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| **REQUEST FOR LEGAL PLANNING MEETING**  **CHILDREN POTENTIALLY DEPRIVED OF THEIR LIBERTY**  **(AND POTENTIAL CARE PROCEEDINGS)** |
| This form should be completed where a social worker believes that a child or young person is deprived of their liberty.  Social workers should complete each section briefly with key information and this should be submitted prior to a Legal Planning Meeting. |
| THE DEPRIVATION OF LIBERTY **CHECKLIST** SHOULD ALSO BE COMPLETED PRIOR TO A LEGAL PLANNING MEETING |

**Please insert an X in the box(es) applicable to this family**

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| --- | --- |
|  | Child is aged under 16 |
|  | Child is aged 16 and over and lacks mental capacity |
|  | Child is aged 16 and over and there are no concerns about mental capacity |
|  | Child is disabled and has a restrictive support package |

1. **The Child**

|  |  |  |
| --- | --- | --- |
| **Name(s)** | **Sex / Gender** | **Date of Birth** |
|  |  |  |

1. **Current Living Arrangements**

|  |  |
| --- | --- |
| **Type of Placement** | **Please tick insert an X** |
| Birth Parents / Kinship Carers |  |
| Local Authority / IFA foster care |  |
| Children’s Home (registered/pending) |  |
| Unregulated / Unregistered placement |  |
| Child Mental Health Bed / Hospital |  |
| Other – please give details |  |

1. **If there is a plan to change the placement, please give details about the type of placement that has been identified:**

|  |  |  |
| --- | --- | --- |
| **Proposed placement** | **Registered, unregistered or unregulated** | **Length of time for child to stay at the placement** |
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**3a.** **What are the child’s needs?**

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**3b. What harm you think the child would suffer if these restrictions were not applied? Why is this placement considered to be in the child’s best interests, necessary and proportionate?**

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**3c. Has the provider confirmed that they can meet the child’s needs and give safe and suitable care?**

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**3d. Has the provider confirmed agreement with the proposed regime as set out in the accompanying checklist?**

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1. **Legal Status**

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| **Types of order / arrangement in place** | **Date of order / arrangement** |
| s.20 accommodation |  |
| Care order |  |
| Private Law Order (state type and to whom) | CAO / SGO |

1. **Details of any previous court proceedings concerning the child.**

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| --- | --- | --- |
| **Year/Date of Order** | **Type of proceedings** | **Final Order made** |
|  |  |  |
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1. **The Mother**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)** | **Date of birth** | **Nationality** | **Address** |
|  |  |  |  |

1. **The Father (if known)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)** | **Date of birth** | **Nationality** | **Address** |
|  |  |  |  |

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| --- | --- |
| **Does he have parental responsibility?** | Yes / No |
| **If yes, how was this acquired?** |  |

1. **Other carer (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)** | **Date of birth** | **Nationality** | **Address** |
|  |  |  |  |

1. **Set out a brief description of the background, including placement history.**

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1. **Risk of significant harm and impact on the child’s wellbeing.**

| **Concern** | **Impact on the child’s wellbeing / health / development.** |
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1. **Current Safety Plan (if applicable).**

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1. **Assessments completed in respect of the child relating to their current circumstances and/or the child’s presentation.**

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| **Organisation** | **Type of Assessment** | **Date** | **Brief summary of Outcome** |
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1. **Proposed further assessments.**

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| --- | --- | --- |
| **Type of Assessment** | **Who should conduct the assessment?** | **Why is the assessment necessary?** |
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1. **What are the current contact arrangements?**

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1. **What are the views of the child, parents and any carers?**

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1. **Has a thorough search and commissioning exercise been undertaken to identify other potential options? Please set out the attempts made.**

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**Social Worker Details:**

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| --- | --- |
| **Name** |  |
| **Contact Number** |  |

**Team Manager Authorisation.**

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| **Comments** |  |
| **Availability for Panel** | Panel deadline is 5pm on Thursday for Panel on the following Tuesday morning.  Insert date of Panel (that Social Worker & Team Manager are available): |
| **Team Manager’s Name** |  |
| **Contact number** |  |
| **Date of authorisation** |  |

**Head of Service Authorisation.**

|  |  |
| --- | --- |
| **Is an LPM authorised?** | Yes / No |
| **Name of Head of Service** |  |
| **Date of authorisation** |  |

**SEND LPM REQUEST FORM, DOL CHECKLIST AND ANY OTHER SUPPORTING DOCUMENTS NOT ON LCS TO:**

[**nsc.legal@n-somerset.gov.uk**](mailto:nsc.legal@n-somerset.gov.uk)

**by 5pm on Thursday to be included in Panel the following Tuesday**