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**Report for Legal Gateway Panel**

* **Complete Section A and D for all requests**
* Complete Section A for Legal Advice
* Complete Section B for funding requests
* Complete Section C for Placement Request
* Section D to be completed for all requests

Please forward completed booking form to [**SCT\_ResourcesPanel@sandwellchildrenstrust.org**](mailto:SCT_ResourcesPanel@sandwellchildrenstrust.org)

**The booking form should be emailed with the header LGP request and include the impact chronology, cultural genogram and the social work assessment.**

**Form to be submitted by Monday 12 noon for Panel on Wed pm**

**Section A – Complete for all requests including Legal Advice**

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| --- | --- | --- | --- |
| Child(ren’s) Names |  | LCS number |  |
| DOB and age |  | Gender |  |
| Address |  | Ethnicity |  |
| Current Placement |  | Current Legal Status/ Plan |  |
| Does the child have an EHCP? |  | Date of last assessment |  |
| Social Worker/Team  Team Manager  Service Manager  IRO/CPCC |  | Request for:  ***Please check the boxes applicable*** | Legal Advice  Legal Advice &  Placement  Request  Funding |
| Reason for request at Gateway Panel and Expected Outcome  ***Please provide a brief summary to explain reason for request and expected outcome from the planned attendance at Legal Gateway Panel – include timescales and proposed costs if applicable*** |  | | |
| Attached Documents  *If documents have not been completed, then please provide a rationale* | Impact Chronology (must be attached)  Cultural Genogram (must be attached)  Social Work Assessment (must be attached)  Rationale if documents have not been included: | | |
| Could this family be considered for FDAC? (Family Drug and Alcohol Court) | Yes  No  Not applicable | | |
| Could a Foster to Adopt placement be considered for this child(ren)? | Yes  No  Not applicable | | |
| Parents Name(s) | PR Yes  No | DOB |  |
| Address |  | Ethnicity |  |
| Are parents to be informed of the proceedings? | Yes  No  ***Please provide rationale if answer is no:*** | | |
| Other Siblings  living elsewhere:  ***Please include names, DOB, address and placement type*** |  | | |
| **For legal advice**, provide details of previous Proceedings relating to subject child, siblings, parents of the children, if applicable?  ***Please provide names, dates and outcomes*** |  | | |
| Family network details  ***Please include name, DOB, relationship*** |  | | |
| Has a Family Group Conference or family meeting been held? | FGC Yes  No  ***Please provide rationale if the answer is no.*** | | |
| Please provide brief details of the outcomes of initial enquiries and/or assessments of connected persons |  | | |
| Summary of Assessment of Wider Family Support  ***Please include vulnerabilities, concerns and strengths that affect their capacity to safeguard the child/young person and promote their well-being*** |  | | |
| **About the child/ren**  Child Impact Analysis  Details of child’s needs, including education, health and disability  **Analysis of Risk**  **What are the identified risks to the child(ren) and what is the impact of these risks on the children? Include any protective factors**  Description of the child’s day to day lived experiences |  | | |
| The child/ren’s wishes and feelings and how these have been identified |  | | |
| Summary of the work undertaken with the family. **Please include assessments, work undertaken by Family Support, MST, FST and the outcome of any tools completed to understand and assess risk eg DARAC, GCP2** | |  |  |  |  | | --- | --- | --- | --- | | **Date** | **Organisation** | **Description of assessment/intervention** | **Outcome and effectiveness** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | |
| Analysis of parenting capability | |  | | --- | | **Mother** Include vulnerabilities, concerns and strengths which impact upon parenting capacity. | |  | | **Father** Include vulnerabilities, concerns and strengths which impact upon parenting capacity. | |  | | **Other members of the household and/or person(s) with parental responsibility** Include vulnerabilities, concerns and strengths which impact upon parenting capacity. | |  | | | |

**Section B – Funding Requests**

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| --- | --- |
| **Request for Funding**  ***Please provide costs, timescales and two quotations*** | DNA Testing  Drug & Alcohol Testing  Cognitive Assessment  PAMS (external)  Any Other Specialist Assessment  *Please provide further details:*  Other Options for Funding  *Please provide further details:* |
| What other resources have been considered and exhausted? |  |
| **What are the proposed outcomes or expected impact?** *This must be a clear outcome focused assessment of need and plan and evidence of how proposed placement will meet needs.* |  |
| **Panel decision(s)** |  |
| **Head of Service**  **Signature & date** |  |

**Section C – Placement Request**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Placement type and cost |  | | |
| Proposed Placement |  | | |
| What planning has been completed for post-18 accommodation? (if applicable) |  | | |
| How will the proposed placement meet the child’s needs |  | |
| Will the placement involve a school move? | Have the virtual school been consulted? Yes  Is the proposed school move during Key Stage 4? Yes | |
| Views of Health |  | |
| Views of Nursery/School |  | |
| Views of Virtual School |  | | |
| Views of IRO |  | | |
| Views of other agencies |  | | |
| **Panel decision(s)** |  | | |
| **Head of Service**  **Signature & date** |  | | |
| **Section D – Views and Decisions** | |  | |
| What is your plan within care proceedings, during pre-proceedings or, in the event, that threshold is not met? |  | | |
| Child’s views |  | | |
| Parent’s views |  | | |
| Views of any other significant person including the IRO/CPCC |  | | |
| Team Manager Comments |  | | |
| TM Signature and Date |  | | |
| Service Manager Comments |  | | |
| SM Signature and Date |  | | |

**Record of Legal Gateway Panel**

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| --- | --- |
| Attendees & Date of Panel |  |
| Panel Minutes |  |
| Legal Advice |  |
| Panel Chair Signature, Date and comments where funding is approved |  |
| Outcome(s) | Continue to work to plan Yes  No  N/A  Pre-proceedings to be initiated Yes  No  N/A  Issue care proceedings Yes  No  N/A  Agreement to Placement Request Yes  No  N/A  Agreement to Funding Request Yes  No  N/A  Other **(please provide narrative)** |

**Section E – Actions – For completion by Panel Administrator - *complete one section only***

|  |  |  |
| --- | --- | --- |
| **Agreed Actions**  ***(Continue to work to plan)*** | **Date** | **To be completed by** |
| *Referral to Family Group Conference* |  |  |
| *Referral to FST/ MST* |  |  |
| *Complete tools eg DARAC, GCP2, IVA* |  |  |
| *Expert Assessments*  *DNA testing*  *Psychological Assessment*  *Cognitive Assessment*  *PAMS*  *Together and Apart*  *Parenting Assessments*  *Community Based Assessment* |  |  |
| *Update Social Work Assessment* |  |  |
| *Complete direct work* |  |  |
| *Update Safety Plan* |  |  |
| *Return to Legal Gateway Panel* |  |  |
| *Other* |  |  |

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| **Agreed Actions**  ***(Initiate Pre-Proceedings)*** | **Date** | **To be completed by** |
| *Letter to be sent to parents* |  |  |
| *Pre-Proceedings discussion with Service Manager* |  |  |
| *Pre-proceedings meeting with parent(s)* |  |  |
| *Pre-Proceedings Review Panel* |  |  |
| *Referral to FGC* |  |  |
| *Complete tools eg DARAC, GCP2, IVA* |  |  |
| *Update Social Work Assessment* |  |  |
| *Referral to Pre-birth Panel* |  |  |
| *Expert Assessments*  *DNA testing*  *Psychological Assessment*  *Cognitive Assessment*  *PAMS*  *Together and Apart*  *Parenting Assessments*  *Community Based Assessment* |  |  |
| *Other* |  |  |

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| --- | --- | --- |
| **Agreed Actions**  ***(Initiate proceedings)*** | **Date** | **To be completed by** |
| *Agreed date for paperwork to be sent to legal* |  |  |
| *Agreed date to issue care proceedings* |  |  |
| *Referral to FGC* |  |  |
| *Referral to FDAC* |  |  |
| *Foster to Adopt placement (if appropriate)* |  |  |
| *Expert Assessments*  *DNA testing*  *Psychological Assessment*  *Cognitive Assessment*  *PAMS*  *Together and Apart*  *Parenting Assessments*  *Community Based Assessment* |  |  |
| *Notification to Adoption at Heart* |  |  |
| *Date of Early Permanence Panel* |  |  |
| ***PANEL ADMINISTRATOR TO SEND THIS FORM TO HOS FOR CIC WHERE A PLACEMENT REQUEST IS REQUIRED*** |  |  |
| ***Other*** |  |  |