**SOCIAL WORKER REPORT FOR INITIAL LAC LEGAL PLANNING MEETING**

**DATE OF LEGAL PLANNING MEETING:** To Be Confirmed After SM Approval

**NAME OF CHILD(REN)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **LL ID** | **AGE** | **Gender** | **Ethnic Origin** | **Address** | **Date LAC** | **Legal Status** | **Date of Order** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**NAME OF PARENTS/CARERS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **LL ID** | **AGE** | **Gender** | **Ethnic Origin** | **Address** | **Relationship To Child(ren)** | **PR?** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

**CASE INVOLVEMENT**

**Social Worker:** Click here to enter text.

**Team Manager:** Click here to enter text.

**IRO / Independent Chair:** Click here to enter text.

**Supervising Social Worker:** Click here to enter text.

**DATE OF PREVIOUS LPM(S)**

Click here to enter text.

**REASON FOR LPM (TO INCLUDE HISTORIC ISSUES)**

Click here to enter text.

**DETAILS OF SUPPORT AND ASSESSMENTS PROVIDED TO DATE, INCLUDING COMMENTS/VIEWS FROM EXTERNAL AGENCIES**

Click here to enter text.

**WHAT IS YOUR PROPOSED PLAN?**

Click here to enter text.

**WHAT IS YOUR PROPOSED CONTACT PLAN?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | **Contact With** | **Relationship to Child** | **Level of Support and Supervision** | **Frequency and Duration** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Additional Details:** Click here to enter text.

**OTHER CONSIDERATIONS**

**Additional Information Required:**

* Current genogram;
* Up-to-date chronology;
* Most recent set of decisions and recommendations from LAC review (if applicable);
* All previous assessments (e.g. s.47, core assessments etc.) (if applicable);
* Police disclosure/s (if available and relevant);
* Proposed support plan detailing support and financial package;
* Final care plan from previous proceedings (if applicable); and
* Final judgement from previous proceedings (if available).

**Service Manager Agreement**

**Request for LPM considered by Service Manager and approval given for LPM to be booked.**

**Name: ………………………………………**

**Signature: …………………………………**

**Date: ………………………………………..**

|  |
| --- |
| **ANNEX TO CONSOLIDATED LEGAL PLANNING MEETING REQUEST AND RECORD**  **PLO ANNEX DOCUMENTS CONSIDERED** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **i** | **PLO Annex documents required to be attached to the application for a Care Order:** | | | |
|  |  | | | |
| **Document(s)** | | | **Yes/No** | **Comments** |
| Chronology. | | |  |  |
| Genogram(s). | | |  |  |
| The current assessments relating to the child(ren) and/or the family & friends which are relied upon. (i.e. s.47/single assessment/connected persons assessment). | | |  |  |
|  | | | | |
| **ii** | **PLO checklist documents required to be served upon the respondents to any care application on the date of issue:** | | | |
|  |  | | | |
| **Document(s)** | | | **Yes/No** | **Comments** |
| Previous court orders & judgements/reasons. | | |  |  |
| Any other assessment materials relevant to the key issues, including Section 7 and 37 reports. | | |  |  |
| Copies of any PLO checklist (B) documents relied upon (see below). | | |  |  |
| Single, joint or interagency materials e.g. Health, education, Home Office & immigration tribunal documents. | | |  |  |
|  | | | | |
| **iii** | **A full checklist of PLO checklist (B) decision-making records no older than 2 years before the date of the LPM (unless reliance is placed on the same by the social worker). Copies of records relied upon should be produced, including:** | | | |
|  | |  | | |
| **Document(s)** | | | **Yes/No** | **Comments** |
| Record of key discussions with family (i.e. case records). | | |  |  |
| Key LA minutes and records for the child e.g. Record of child protection conference, working agreements. | | |  |  |
| Pre-existing care plans (e.g. Child in Need plan, Looked after Children’s care plan, child protection plan). | | |  |  |
| Letter before Proceedings. | | |  |  |

**RECORD OF MEETING**

**ATTENDEES:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Service** |
|  |  |  |
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**MINUTES OF MEETING:**

Click here to enter text.

**LEGAL ADVICE:**

Confidential legal advice given. Threshold met / not met.

**ORDER(S) SOUGHT (IF APPLICABLE):**

Click here to enter text.

**PRE-PROCEEDINGS DETAILS (IF APPLICABLE):**

Click here to enter text.

**CASE PROPOSALS – OUTCOMES AND ACTIONS:**

Click here to enter text.

**DATE OF NEXT LPM (IF APPLICABLE):**

Click here to enter text.