

Form PLO 9 (Case Management)
Rochdale MBC Children's Social Care and Legal Services

'The Child's Journey to Permanency' - Public Law Outline Pathways

Pre- Proceedings – 'One referral form'

Legal Planning Meeting and Gateway Report

(This document to be completed by the allocated Social Worker and Solicitor, and quality-assured by the Team Manager)

RECORD OF LEGAL PLANNING MEETING HELD ON... [Insert date]

RECORD OF GATEWAY MEETING HELD ON... [Insert date]

1. Child/ren's details:

Child's Name	DOB & Age	Gender	Address

(Ethnicity and cultural considerations & disability considerations):

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2. Parent/s details:

Name / hold PR	DOB & Age	Gender	Address

3. CURRENT SITUATION

Summary of the child/ren's circumstances highlighting risk of significant harm suffered or likely to suffer (including brief history of LA involvement)

What is the CP Plan/ date of plan, and timescales for work to be completed and reviewed – dates/details?

Has the Child's voice been heard and understood? (Detail when seen and when spoken to)

Professional involvement and services being provided to the child/ren and family

Health information:
Schools information:
Other services information:

4. CASE MANAGEMENT

Date and Summary of **Case Management** issues and outcome leading to Legal Planning meeting

ASSESSMENTS COMPLETED (identify person completing the work)

- | | | |
|--|---------------|----------------|
| 1. Initial | yes/no | outcome |
| Date completed / when will it be completed? | | |
| 2. Core | yes/no | outcome |
| Date completed / when will it be completed? | | |
| 3. Risk assessment | yes/no | outcome |
| Date completed / when will it be completed? | | |
| 4. Parenting/social work/single Assessment Y/N, outcome | | |
| Date completed, or when due? | | |

Alternatives to care proceeding's that have been explored:

*Have the children's interests, been paramount and considered in law; include being brought up their biological family if possible?

*That the Local Authority is obliged to consider all possibilities when considering adoption or care orders. What has been considered (if plan is for permanency)?

*Have support available to the child's natural parents been fully considered by the Local Authority in making their care plan?

(If not, please explain why)

Further support:

Family Group Conference – date of referral and timeframe of work:

Section 20 Accommodation – date and purpose:

5. Part B – RECORD OF **Legal planning MEETING**

(To be completed by Social Worker following the meeting and Quality assured by the Team Manager)

Summary and outcome:

Safeguarding plan (interim plans must be identified as an interim arrangement):

Legal planning meeting solicitor section - Is the legal threshold criteria satisfied? *(Reasoning), is it in the child's interests to be removed from their cares/parents care Yes/No – why?*

6. Public Law Outline

Has a PLO meeting been held?

Has a Letter before proceedings and a schedule of expectations been shared with the parents?

If so, when and what was the outcome?

If not, when will it be issued?

When will the review PLO meetings be held?

7. Commissioning – Pre proceedings

Are there any of the following reports in existence?

(Sections 7/37, expert reports, CAFCASS reports/medical reports/education reports – SEN)

What (& who) expert assessments need to be considered – why? – are they agreed/date and by whom?

8. Legal timeframes for court work

Timescales for the Preparation for Court *(Pre-proceedings work)*

Paperwork required from Social Worker – date:

Actions to be taken by Legal Services and by when:

What is the proposed date of issue?

At what level of Court should the case be heard?

(Magistrates FPC/County or High Court)

Is the Official Solicitor to be invited to act for a party?

(Where a proposed party is believed to have capacity issues sufficient to render them incapable of conducting the litigation and instructing a Solicitor)

If so, provide details:

Any other relevant factors?

(Such as: Immigration and Nationality/Interpretation/Paternity and DNA testing/Security)

9. Date, Summary and outcome of [Legal Gateway meeting](#)

Plan/time frames:

10. REFERRAL FOR SERVICES at point of Legal Gateway consideration

Fostering referral information

Extended Family Care/
Residence Order/Special
Guardianship Order – referral to
fostering date:

Adoption referral information

If the Permanency Plan is
adoption / has adoption services
been contacted?

Name of person preparing the
Child Permanence Report – and
date due:

- *Can the child be placed locally?*
- *Can the child be placed in the North West?*
- *Does the child need to be placed outside the North West?*
- *Is the child part of a sibling group?*
- *Is the plan for siblings to be placed together?*
- *Does the child have any additional needs?*

APPENDIX:**Additional needs if known of child or number of children (if sibling group)**

If the child/ren has an additional need and if appropriate, could you rate the severity of the need on a scale of mild, moderate or severe? For example, there is a wide spectrum of scale for a child with a visual impairment. This could range from a mild impairment (needing glasses) to very severe (having no sight).

Please add any Special Needs, if known, of child/ren	Yes	No	Severity (if appropriate)
AIDS or HIV			
Attachment Difficulties			
Autistic Spectrum Disorder			
Behavioral Difficulties			
Cerebral Palsy			
Developmental Delay/Uncertainty			
Down's Syndrome			
Experience of Neglect			
Experience of Physical Abuse			
Experience of Sexual Abuse			
Fetal Alcohol Syndrome			
Hearing Impairment			
Hepatitis B or C			
Mild learning difficulties			
Mobility impairment			
Parent[s] with history of drug/alcohol abuse			
Parent[s] with severe learning difficulties			
Parent[s] with specific medical condition			
Parental Schizophrenia			
Physical impairment			
Severe emotional difficulties			
Severe learning difficulties			
Severe medical condition			
Sexualized behavior			
Special Educational Needs			
Visual impairment			

By what date is the Adoption Decision Maker's agreement required?	
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<u>Family Group Conference referral information</u>	
<u>Contact service referral information</u>	
<u>Any other services needing to be considered as a referral</u>	
Name:	
Social worker:	
Team manager:	
Lawyer:	

Other:	
Other:	
Date:	