**LEGAL GATEWAY PANEL**

*To be completed by the Social Worker and Team Manager, quality assured by Service Manager and emailed to the Panel Business Support by Friday 12 noon.*

|  |  |  |
| --- | --- | --- |
| **Date of Meeting** | | |
| **Attendees** | **Job Role** | **Attended?**  **[Yes/No]** |
|  | Head of Service (Chair) |  |
|  | Childs Social Worker |  |
|  | Childs Social Work Team Manager |  |
|  | Service Manager for Child Protection, CIN & Court |  |
|  | Service Manager for MASH & Assessment |  |
|  | Minute Taker |  |
|  | Early Permanence Managing Practitioner |  |
|  | Case Progression Officer |  |
|  | Legal Advisor |  |

1. **DOCUMENTS ACCOMPANYING THIS MEETING**

|  |  |
| --- | --- |
| 1. Draft SWET |  |
| 1. Draft Care Plan |  |
| 1. LPM legal advice |  |

1. **WHAT IS YOUR REASON FOR ATTENDING LEGAL GATEWAY?**
2. **Child(ren)s Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mosaic ID** | **Name** | **DOB/EDD** | **Age** | **Legal Status** | **Currently living with** | **Health Needs** |
|  |  |  |  |  |  |  |

1. **Connected Children’s details not being considered today:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mosaic ID** | **Name** | | **DOB/EDD** | **Age** | **Legal Status** | **Currently living with** |
|  |  | |  |  |  |  |
| Why not being considered? | |  | | | | |
|  |  | |  |  |  |  |
|  | |  | | | | |

1. **Family Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mosaic ID** | **Name** | **Relationship to child** | **PR?**  **How evidenced** | **English 1st Language/Interpreter used?** | **Health needs?** |
|  |  |  |  |  |  |
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1. **Update:-**

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| --- |
| 1. **Has anything changed for the child since the LPM/last piece of legal advice/last PLO meeting?** |
|  |
| 1. **Is there any updating information since submission of the draft SWET?** |
|  |
| 1. **Is the proposed plan for each child supported/agreed by multi-agency partners & IRO?** |
|  |
| 1. **What is the contingency plan for each if the proposed plan is not agreed?** |
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| 1. **If immediate removal is sought, what will keep the child(ren) safe with current care at home or alternative carer?** |
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|  |

1. **CASE MANAGEMENT OVERSIGHT**

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| **TEAM MANAGER COMMENTS** |
|  |
| **SERVICE MANAGERS COMMENTS** |
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| **LEGAL ADVICE PROVIDED AT LEGAL GATEWAY** |

**DECISION OF LEGAL GATEWAY PANEL**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.31**  SWET/Care Plan to legal by:  Date of letter to parents advising of plan to issue: | | | **Deferred decision**  Due to: |
| **Assessments to be completed** | | | **To evidence** |
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|  | **£** | **When** |
| **Expert** |  |  |
| **Drugs** |  |  |
| **Psychological** |  |  |
| **Psychiatric** |  |  |
| **Court Fee** |  |  |