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| **Legal Gateway Panel Document** |

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| **NAME OF CHILD** |  |
| **ICS No.** |  |
| **D.O.B** |  |
| **NAME OF SOCIAL WORKER** |  |
| **TEAM MANAGER** |  |
| **CHILDRENS SENIOR MANAGER** |  |
| **IRO** |  |

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| **GENOGRAM /NETWORK (Essential)**  **WHAT ARE WE WORRIED ABOUT?**  **Past harm, what was the first and worst incident?**  **Current harm, most recent incident?**  **HOW IS THIS IMPACTING THE CHILD?**  **COMPLICATING FACTORS**  **WHAT IS WORKING WELL? (What safety is in place for the child)**  **PROPOSED PLAN FOR PANEL’S CONSIDERATION** |

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| **Legal Gateway Panel**  **Date of Panel**  **Chair of Panel**  **Attendees**  **Key Issues Discussed**  **Decision and Rationale**  **Actions** |

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| **Legal Advice** |