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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** |