

**Legal Gateway Panel Social Work Report and Minutes**

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| **Social Worker:** |  |
| **Case Supervisor:** |  |
| **Submission Date:** |  |

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| **Name of Child/Young Person** | **DOB** | **PID** |
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| **Name of Parent/Carer** | **DOB** | **Relationship to child/ Young Person** |
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| **Child’s Legal Status: Is the child subject to any legal interventions?** |  |

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| **Date of Final Hearing (If applicable)** |  |

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| **Child Protection Status** |  |
| **Is the child subject to a Child Protection Plan** | Choose an item. |
| **Category of Registration** | Choose an item. |
| **Secondary reasons underlying the main registration** |  |

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| **Brief background of the case and why this case is being presented to panel? Details of the precipitating event(s) and the risk management plan currently in place:** *(Include: the key facts/dates of the case, the risks to the child(ren)* |
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| **Harm***(Evidence of Actual Harm, what does that look like for the child?)* |
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| **What supporting documents have you attached?** (child’s care plan, chronology, specialist assessment, SWET etc) |
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| **How are the risks impacting on the child(ren)?** *(Each child’s individual position must be detailed)* |
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| **Complicating Factors** *(What’s making this harder to deal with? What is the family safety plan, how long has this been tried and tested and why is it not working?)* |
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| **Safety** (This addresses the harm and are proven and tested over time) |
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| **Strengths within the child/family** *(Resources of family and friends, engagement)* |
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| **Does the child or Young Person have any Special Education Needs** (an EHCP, SEN support?) |
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| **What are the child(ren)’s views?** *(These must be explicitly stated; for younger children this will be observational)*: |
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| **What help and support has been provided to the child(ren) and the family to date and how have they responded to this? Has it made a difference to the child(ren)’s lived experience(s)** *(what is the current plan and what difference has it made?)* |
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| **Analysis:** (why this case is being presented to panel) |
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| **What service or resource is being asked for today and how this will meet the needs of the child(ren)?** |
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| **What impact/ change are you seeking with this service/ resource/ placement?** |
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| **What decisions are you seeking?** |
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| **What are the implications of this? (include cost, impact on child/family, service, resources)** |
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| **Recommendations:** |
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| **Date of previous panel** | **Decision** |
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| **Progress since the last presentation to panel** |
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| **Plan going forward** |
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| **Social Worker Signature** | **Date** |
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**END OF SOCIAL WORKER REPORT**

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| **Team Managers comments** |
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| **Team Managers Signature** | **Date** |
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| **Service Managers Comments** |
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| **Service Managers Signature** | **Date** |
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**Panel Recording**

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| **Panel Date** |  |

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| **Panel Attendees** |
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| **Actions agreed by Panel** | **By Whom** |
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| **Costs approved at today’s panel** |
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| **Case Tracker details** |
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| **Panel Chairs Signature** | **Date** |
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