This form should be completed by, or on behalf of, the Lead Professional for any child who is receiving Early Help where a multi-agency meeting is required to plan and co-ordinate actions.

|  |
| --- |
| Confidentiality Clause  The information in this meeting is confidential to those people present. If agencies wish to disclose this information outside the meeting they will need to contact the family for consent. When there are concerns that the child/ren has, or is likely to, suffer significant harm, the parents/ carer should be informed that a referral to Children’s Social Care will be made. In exceptional circumstances where it is believed that by informing the parent/ carer the child/ren will be at increased risk of significant harm, advice should be sought from the Duty and Assessment team on (01253) 477299. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Child(ren) Subject of Meeting – (please include unborn babies)** | | | |
|  |  |  |  |
| **Name(s)** |  | **DOB or EDD** |  |
|  |  |  |  |
| **Address inc. postcode** |  | **Gender** |  |
|  |  |  |  |

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| **Lead Professional’s details** | | | |
|  |  |  |  |
| **Name** |  | **Job title** |  |
|  |  |  |  |
| **Agency** |  | **Contact No.** |  |
|  |  |  |  |
| **Email** |  |  |  |
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| **Meeting Details** | | | |
|  |  |  |  |
| **Date of meeting** |  | **Initial or Review meeting** |  |

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| **Please record everyone invited to attend the meeting** | | | | |
|  |  |  |  | |
| **Family Member/ Professional Name** | **Relationship to child/ Agency** | **Contact Number** | **Attended** | **Update Provided** |
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| **Summary of the discussion**  (Agreed actions should be recorded on the following Action Plan) | | | |
|  | | | |
| **Child/ young person’s comments**  (For the following questions record comments on changes already made, on the current plan and any disagreements) | | | |
|  | | | |
| **Parent/ carer’s comments** | | | |
|  | | | |
| **Professional’s comments** | | | |
|  | | | |
| **Any other comments** | | | |
|  | | | |
| **Outcome of the meeting** | | | |
|  | | | |
| **Review meeting required** | Yes/ No |  |  |
|  | | | |
| **Record reason if not** | | | |
| Stepped down to Universal support |  | Stepped up to Statutory support |  |
| On request of the family |  | Support is being provided from another source |  |
| The family have moved area |  | Other (please record) |  |
|  |  |  |  |
| **Date of review meeting** |  |  |  |
|  |  |  |  |
| **Venue of review meeting** |  |  |  |
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| **Action Plan** | | | | | |
| **Need - (indicate any unmet need)** | **Action – what needs to happen?** | **Who will complete the action?** | **By when will this action be achieved?** | **How will you know that things have improved?** | **Progress**  **(to be completed on review)** |
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**Name of Lead Professional………………………………………….**

**Date of action plan (and reviews)……………………………….**

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|  | **Consent statement for information storage and information sharing**  We have collected the information in this meeting record so that we can understand what help you and/or your family may need. If we cannot meet all of your needs we may need to share all or part of this information with the other organisations specified below, so that they can help us to provide the services you need. If we need to share information with any other organisation(s) later to offer you more help we will ask you about this before we do it.  We will treat your information as confidential and we will not share it with any other organisation unless we are required by law to share it or unless you will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.  I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to: | | | | | | | | | | | | |  |
|  | Me and family  This infant, child or young person for whom I have parental responsibility  This infant, child or young person for whom I am a carer | | | | | | | | | | | | |  |
|  | I have had the reasons for information sharing explained to me and I understand those reasons.  **‘By completing this section and ticking the ‘yes’ button you as a practitioner confirm that you have received signed, written consent on the original copy of the early help assessment and that the family, child or young person understand and agree that you will share the information with other agencies should this be required’  Yes** | | | | | | | | | | | | |  |
|  | I agree to the sharing of information, as agreed, between the services listed below | | | | | | | | Yes | |  | No |  |  |
|  | |  | | --- | |  | | | | | | | | | | | | | | |
|  | **Parent or carer** | | | |  |  | |  | |  | | | |  |
| Signed | |  | | Name |  | | Date | |  | | | |
|  |  | |  | |  |  | |  | |  | | | |
|  | **Child or young person** | | | | | | | | | | | | |
|  | Signed |  | | Name | | |  | Date | |  | | | |  |
|  |  | | | | | | | | | | | | |  |
|  | **Practitioner’s signature** | | | | | | | | | | | | |  |
|  | Signed |  | | Name | | |  | Date | |  | | | |  |

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|  | **Exceptional circumstances: concerns about significant harm to a child or young person**  If at any time during the course of this assessment you are concerned that a child or young person has suffered or is likely to suffer significant harm you must contact Blackpool Council Children’s Social Care Duty and Assessment Team on (01253) 477299 and follow Blackpool Safeguarding Children Board (BSCB) procedures which can be found at [www.blackpoolsafeguarding.org.uk](http://www.blackpoolsafeguarding.org.uk). The statutory guidance ‘*Working Together to Safeguard Children*’ (HM Government, 2015) sets out the responsibilities of all agencies to safeguard children.  If a decision is made to make a referral to Blackpool Children’s Social Care then you should inform the parent, carer and where appropriate, the young person before making such a referral unless to do so would place the child at increased risk of imminent significant harm. |  |