**Initial/Review Meeting** (delete as appropriate)

Confidentiality Clause

The information in this meeting is confidential to those people present. If agencies wish to disclose this information outside this meeting then they will need to contact the family for consent. When there are concerns that a child is, or is likely to suffer significant harm, the parents/carer should be informed that a referral to Social Care is being made. In exceptional circumstances, where you believe that by informing the parent/carer the child will be at increased risk of significant harm, please discuss with the Duty Team Advanced Practitioner.

**Date of Meeting**:

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| **Details of Family Members** |
| **Name**  | **Date of Birth &** **Expected date of delivery** | **School / Nursery** |
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| **Home Address** |
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| **Family members Present** |
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| **Invited** | **Agency** | **Contact details** | **Present?** | **Apologies?** |
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| **Reason for meeting** |
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**Plan**

To meet outcomes; to be healthy, to stay safe, to enjoy and achieve, to make a positive contribution and to achieve economic well-being.

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| **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?** | **What is the negative impact if this need is not met?** | **Need met?****Yes/No****(to be completed at review meeting** |
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| **Name of Lead Practitioner / Keyworker (delete as appropriate)** | **Agency and Address** |
| **Tel** | **E-mail** |

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| **Outcome of the meeting** |
| [ ]  Review Meeting Required[ ]  This is the last meeting – the needs have been addressed[ ]  This is the last meeting – the family have requested that  the meetings cease[ ]  This is the last meeting – the family have moved area[ ]  This is the last meeting – meetings no longer appropriate as referral into a  specialist service. Please state   [ ]  Other. Please state     |
| **Date of review meeting** (if applicable) |  |
| **Venue of review meeting** (if applicable) |  |

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| Families views on meeting and on action plan |
|  |
| **Signed**  | **Date** |