**MINUTE OF TEAM AROUND THE CHILD MEETING**

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| **NAME OF CHILD/YOUNG PERSON** |  | **Team Around the Child meeting (choose Initial/Review)** | Initial  (Click box to select) |  | Review  (Click box to select) |  |
| **Sex** | Male  Female  **(Click box to select)** | **Identified Gender** |  | | | |
| **Current address/placement address** |  | **DOB/ Expected**  **Due Date** |  | | | |
| **Date of Team Around the Child Meeting** |  | **Time/Venue** |  | | | |
| **School/Nursery if applicable** |  | **Named Person and address** |  | | | |
| **Lead Professional and address (when identified)** |  |  |  | | | |

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|  | **Parent/Primary Carer#1** | **Parent/Primary Carer#2** |
| **Name of Parent/Primary Carer** |  |  |
| **Relationship to child** |  |  |
| **Home address with postcode** |  |  |
| **Parental Rights and Responsibilities (Yes/No)** |  |  |

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| **Full names of other adults and children living in the household** | **DOB**  **(if known)** | **Gender (M/F)** | **Relationship to the child** |
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| **Name of any parent or sibling who does not reside with the child** | **Address & telephone number** | **DOB**  **(if known)** | **Gender (M/F)** | **Has Parental Rights & Responsibilities** Y/N/not known |
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**Who attended the Team around the Child Meeting?**

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| **Delete as appropriate** | **NAME & ROLE** | **IN ATTENDANCE/**  **APOLOGIES** | **REPORT**  **SUBMITTED (Y/N?)** | **CHRONOLOGY**  **SUBMITTED (Y/N?)** |
| **CHILD/YOUNG PERSON** |  |  |  |  |
| **PARENT / PRIMARY CARER** |  |  |  |  |
| **PARENT / PRIMARY CARER** |  |  |  |  |
| **REVIEWING OFFICER** |  |  |  |  |
| **LEAD PROFESSIONAL** |  |  |  |  |
| **NAMED PERSON** |  |  |  |  |
| **MINUTE TAKER** |  |  |  |  |
| **PROFESSIONALS/**  **OTHERS** |  |  |  |  |
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Information Gathering

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| **Single or Multi-Agency Child’s Chronology (for subsequent meetings begin from date of last meeting)** | | | |
| **Date of Event** | **Significant Event** | **Action Taken; Agency; & Outcome, if known** | **Age of child at time of incident (years & months)** |
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Summary of Shared Assessment

We, including the child and family, have identified through a shared assessment:

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|  | **Shared Assessment** |
| **Shared Assessment** | **What are the family’s and child’s/young person’s strengths and how can we build on them?** |
| **What is working well?** |
| **What is getting in the way of this child or young person’s wellbeing?** |
| **Do we have all the information we need to help this child or young person and their family?** |
| **What can we do now to help this child or young person and their family?** |
| **What can our agencies do to help this child or young person and their family?** |
| **What additional help, if any, may be needed from others?** |

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| **Future Planning** |
| * Bullet Points of agreed actions   **Comments (if decision is made that an IRD or referral to SCRA is required, please note who will make referral): -** |

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| **OUTCOMES FROM TEAM AROUND THE CHILD MEETING** | **Yes/No** |
| Agree child’s plan |  |
| Identify lead professional |  |
| Consider rfa/referral |  |
| Consider MACC |  |
| Consider IRD |  |
| Consider referral to SCRA |  |

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| **Arrangements for Review (if applicable)** |
| Review Date:  Time:  Venue: |

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| **Signed by Chairperson:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |