**MINUTE OF TEAM AROUND THE CHILD MEETING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)** |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **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)** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full names of other adults and children living in the household**  | **DOB****(if known)** | **Gender(M/F)** | **Relationship to the child** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Who attended the Team around the Child Meeting?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  |  |  |  |
|  |  |  |  |  |

Information Gathering

|  |
| --- |
| **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)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Summary of Shared Assessment

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

|  |  |
| --- | --- |
|  | **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?**  |

|  |
| --- |
| **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): -** |

|  |  |
| --- | --- |
| **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 |  |

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

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