Moray East Children & Families Team



**CHILD PROTECTION CORE GROUP MEETING**

## Minute and action plan of the Review Meeting:

|  |  |
| --- | --- |
| Name of the child/young person |   |
| Date of birth |  |
| Home Address |  |
| Parent(s) names |  |
| Carers name |  |
| Carers address |  |

**Date of Last Case Conference/Core Group Meeting:**

### Date of Review:

**AGENDA**

1. **Update of Action Plan since last meeting**
2. **Update of Risk Assessment Form 3a**
3. **Home Circumstances**
4. **Education**
5. **Health**
6. **Professional supports**
7. **Any dissent**
8. **AOCB**

### RECORD OF DISCUSSION

**Update of Action Plan since last meeting**

**Update of Risk Assessment Form 3a**

**Home Circumstances**

**Education**

**Health**

**Professional supports**

**AOCB**

**Any dissent**

### SUMMARY OF ACTION TO BE TAKEN

**ALTERNATIVE ACTION IF REQUIRED**

**ATTENDANCE AT THE REVIEW**

Please list all those who attended the Review and whether they should receive all/part of the record.

|  |  |
| --- | --- |
| **Name and Role/Relationship** | **Parts of record to be provided.** |
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List anyone invited who was unable/did not attend and whether they should receive all/part of the record.

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| **Name and Role/Relationship** | **Parts of record to be provided.** |
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**DATE, TIME AND VENUE OF ALL CORE GROUP MEETINGS:**

**DATE, TIME AND VENUE OF REVIEW CHILD PROTECTION CASE CONFERENCE:**

|  |
| --- |
| **Part 6 above is an accurate record and complete record of the Review meeting.** |
| **Signed** ………………………………. **Name** **Date**  |

**NB**

Any inaccuracies or omissions to this minute should be notified to the Chairperson in writing within 14 days of receipt.

**ACTION PLAN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTION PLAN****WHAT IS THE ISSUE/CONCERN?** | **SMART OBJECTIVES** | **AGENCY WHICH WILL CARRY OUT WORK** | **WORK TO BE DONE/RESOURCES/STRATEGIES TO BE USED** | **TIMESCALES IN WHICH WORK IS TO BE DONE** | **HOW WILL PROGRESS BE MEASURED?** |
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