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| **Multi-Agency Record of Child in Need Network Meeting** |

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| **Date of Network Meeting:** |  | **Time of Meeting:** |  |
| **Venue:** |  | | |

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| **Children and young people's names** | **Date of birth** |
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**People present**

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| **Name** | **Role** | **Organisation** | **Contact Number** |
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**Apologies**

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| **Name** | **Role** | **Organisation** | **Contact Number** |
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| **Review of the initial or existing Child in Need Plan** |

Pull through existing CIN Plan (one per family) and Review the effectiveness of the plan (last column) within network meeting.

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| **What do we want to achieve?** | **How are we going to do it?** | **Who and By When? (family member, extended family, friend, practitioner, other) and by When** | **Review at each Network Meeting -has it happened?** |
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| **Review Notes (in brief)** |

**Legal Status**

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| **New agreed actions:**  (bullet point) |  |

**Child / young person's needs** (for each child)

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| **New agreed actions:**  (bullet point) |  |

**How the children are looked after / parenting**

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| **New agreed actions:**  (bullet point) |  |

**Family, home, community and support networks**

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| **New agreed actions:**  (bullet point) |  |

**Child or young person's comments**

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**Parent's or carer's comments**

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| **Meeting Outcome** |

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| **Continued child in need?** | | | | **Yes**   **No** | | |
|  | **If yes:** | | | | | |
|  |  | **Is legal advice needed?** | | **Yes**  **No** | | |
|  | **Next Network Meeting date / time / venue:** | | | | |
|  |  | **Child in Need review date / time / venue:** | | | | |
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| **If closure to child in need:** | | | | | | |
|  | | **Escalate to Child Protection?** | | | | **Yes**  **No** |
|  | | **Closure to Children’s Social Care?** | | | | **Yes**  **No** |
| **If closure to Social Care:** | | | | | | |
|  | | **Co-ordinated multi agency support required / lead professional?** | | | **Yes**  **No** | |
|  | |  | **Name and contact details of lead professional:** | | | |
|  | | **Universal support required?** | | | **Yes**   **No** | |
| **Details of any support required following closure:** | | | | | | |

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| **Updated CIN Plan** |

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| **Child(rens)/young Person(s) Name:** |  |

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| **Date plan agreed:** |  | **Date Plan to be reviewed** |  |

List outcomes in order of importance, one plan per family addressing the individual needs of child(ren). Distribute copies amongst all Network Group members.

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| **What do we want to achieve?** | **How are we going to do it?** | **Who and By When? (family member, extended family, friend, practitioner, other) and by When** |
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**What might happen if this plan is not followed?**

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