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

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|       |
| **New agreed actions:**(bullet point) | *
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**How the children are looked after / parenting**

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|       |
| **New agreed actions:**(bullet point) | *
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**Family, home, community and support networks**

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