## SAFEGUARDING CHILDREN MULTI-DISCIPLINARY TEAM MEETING

STEP 1: FAMILY DETAILS & REASON FOR DISCUSSION

AGENCY COMPLETING FORM: GP					
Child's Name		DOB			
Family Address:			Telephone Number:		
Other Family Members:					
Name:	DOB:	Relationship to child above:	Parental responsibility? Y/N		
Significant others not registered at this practice (eg father)		Significant others not in family home			
Name	DOB	Name	DOB		
	on at safeguarding mee				
		hat requests for the family to be	put on safeguarding meeting		
agenda – include any relevant history					
	Reason for referral to safeguarding office:				
Date:	Details				
Historic and complicating factors					
Additional information:					
Date:	Update				

## STEP 2 – REVIEW NOTES TO ASSESS FOR SAFEGUARDING RISKS

MENTAL HEALTH REVIEW - MOTHER					
Date mental health reviewed?					
Medication prescribed?					
Referral to Wellbeing?					
Risk assessment of notes – MOTHER					
Area of concern	Tick	Please detail			
Domestic violence		1 100000			
Substance misuse					
Alcohol misuse					
Mental health issues					
Wertai Health 133de3					
Has been subject themselves to previous child protection					
proceedings,					
Has had other children subject to child protection					
proceedings					
Has had previous children looked after by the Local Authority					
Has extremely poor hygiene or financial poverty, which is					
likely to hinder caring for the child.					
Risk assessment of notes – PARTNER or significant others					
Area of concern	Tick	Please detail			
Domestic violence					
Substance misuse					
Alcohol misuse					
Mental health issues					
Has been subject themselves to previous child protection					
proceedings  Has had other children subject to child protection					
Has had other children subject to child protection proceedings					
Has had previous children looked after by the Local Authority					
Has extremely poor hygiene or financial poverty, which is					
likely to hinder caring for the child.					

## STEP 3: DETAILS OF SAFEGUARDING MEETING DISCUSSION NAME OF FAMILY: DATE: **Meeting Attendees** Have they contributed to MDT Agency Supporting who meeting? What is going well What are we worried about What needs to happen Historic and complicating factors **NEXT STEPS** Action? Who will do this? By when?

Agreed review dates