**Initial Meeting Before Proceedings Minutes**

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| **Name(s) of Children** | **Date of Birth**  | **Mosaic Number** |
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| --- | --- | --- | --- |
| **Name of Parent/Carer** | **Date of Birth** | **Address** | **Parental Responsibility (Yes or No)** |
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|  |  |  |  |
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| --- | --- |
| **Date of Meeting:** |  |
| **Venue of Meeting:** |  |

**Attendees:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Role:**  | **Telephone/Email:** |
|  |  |  |
|  |  |  |
|  |  |  |

**Summary of the Local Authority concerns, what is working Well and what needs to happen?**

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**Interventions/Services already provided and outcome of these**

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**Parents response to concerns and overall summary**

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**Support Network identified by parents and potential family and friend carers**

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**Next Steps, Safety Plan and Expectations Agreed**

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| **Actions/Expectation** | **By Whom** | **Date** |
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**Date for Review Meeting before Proceedings**

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**Chair Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role**  | **Signature**  | **Date** |
|  |  |  |  |

*Minutes to be distributed to all attendees within 5 working days.*