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**Solihull Local Safeguarding Children Partnership**

**Core Group Meeting Record**

**SECTION 1. Core Group membership**

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| **Name of Child/Family** |  | | |
| **Date of this Core Group Meeting** |  | | |
| **Date Child Protection Plan Started:** |  | | |
| **Date, time and venue of next Child Protection Conference:** |  | | |
| **Persons Present** | **Relationship to Child or Agency** | **Report Provided YES/NO** | |
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| **Absent core group members** |  | **Report**  **Provided**  **YES/NO** | **Apologies**  **YES/NO** |
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| **Were the minutes of the previous meeting received by Core Group members within 10 days of the meeting? YES/ NO/ NA** *This option is only ‘NOT APPLICABLE’ for the first core group meeting.*  Comments: |

**Section 2. Progress against the Child Protection Plan agreed at conference.** Core Group to review plan and progress and consider the details to achieve outcomes.

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| Frequency of visits to the child: *Core Group members must review together the frequency of direct contacts with a child/young person and reflect on the value of these contacts to reassure itself that every opportunity is being given to them to talk about their feelings and views on their welfare and safety as well as their views on their experiences of the services being offered to them. Included in this will be observations of pre-verbal children* | | | |
| **Outcome Sought** | **What Needs to Happen (tasks)** | **Person(s) Responsible** | **Timescale agreed** |
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| **Risk 1** | Why we are worried?/area needing change: | | |
| **Outcome Sought** | **What Needs to Happen (tasks)** | **Person(s) Responsible** | **Timescale agreed** |
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| Progress on actions: | | | |

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| **Risk 2** | Why we are worried?/area needing change: | | |
| **Outcome Sought** | **What Needs to Happen (tasks)** | **Person(s) Responsible** | **Timescale agreed** |
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| Progress on actions: | | | |

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| **Risk 3** | Why we are worried?/area needing change: | | |
| **Outcome Sought** | **What Needs to Happen (tasks)** | **Person(s) Responsible** | **Timescale agreed** |
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| Progress on actions: | | | |

**Section 3. Updating Information**

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| **Update from Core Group members using Signs of Safety and Wellbeing:** *Please record initials of person providing feedback and record when child has been seen, what the child’s views are and whether there has been any changes to the household.* | |
| **What is going well?**  **Strengths and Protective factors** |  |
| **What is not going well? Concerns and Risk factors** |  |

Based on the discussion above, are there any further risks/needs and actions which should be incorporated into the plan?

*If new risks have been identified or if risk has increased the Lead Social Worker should discuss with the Child Protection Conference Chair and their line manager to consider if an earlier Review Conference is needed. Consider if another agency should be included in the Core Group membership*

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| **Risk/Need** | Why we are worried?/area needing change: | | |
| **Outcome Sought** | **What Needs to Happen (tasks)** | **Person(s) Responsible** | **Timescale agreed** |
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**Section 4. Contingency Plan**

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| What is the consensus regarding the progress made in relation to the Child Protection Plan? Has timely progress been made to safeguard the child(ren)’s welfare? If not, what actions are needed to protect the child from further risk. | | | |
| **Outcome Sought** | **What Needs to Happen (tasks)** | **Person(s) Responsible** | **Timescale agreed** |
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**Section 5. Threshold discussion.**

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| **Does everyone in attendance agree that the Child Protection Plan is safeguarding the child(ren)? Is there enough evidence of sustained positive change to consider recommending to the next CP Conference that the CP plan may no longer be required (subject to current progress being maintained and no further significant incidents/concerns being reported)?**  YES/NO  *The Lead Social Worker should note the views of Core Group Members and consider if progress has been made and is likely to be sustained. If not, what is the contingency plan?*  Comments: |

**Section 6. Effectiveness of the Core Group**

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| **Has the absence of any core group member (agency or family member) impeded the group’s ability to check progress against the plan?**  YES/NO  **Has each member of the core group carried out the actions in the Child Protection Plan?**  YES/NO  Comments:  **In the event of a professional disagreement in actions or analysis please record the issues and actions to be taken to resolve this and who will undertake these actions:**  Comments:  **Has this Core Group been rescheduled from another date? YES/ NO**  **If YES, what is the rationale for rescheduling the meeting?**  Comments: |

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**Section 7. Details of next Core Group Meeting**

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| **Date** |  | **Time** |  | **Venue** |  |
| **THIS RECORD MUST BE DISTRIBUTED TO ALL MEMBERS OF THE CORE GROUP WHETHER OR NOT THEY WERE PRESENT FOR THIS MEETING**.  NB: Distribution should be recorded in CareFisrt under the observation heading – Core Group Decision. Within 10 working days | | | | | |