

 **Multi-Agency Professionals’ Case Meeting**

**Summary Document**

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| **Name of child** |  |
| **Date of meeting** |  |
| **Name and Agency of those present** |
|  |
| **Name and Agency of those absent:** |
|  |
| **Identify status** *(i.e. child protection, child in need, early help),* **aim and purpose for the meeting:** |
|  |
| **What is working well?** |
|  |
| **What are we concerned about?** *(You may not be able to specify exactly what your concerns are, so it may help to consider a number of* [*hypotheses*](https://westmidlands.procedures.org.uk/assets/clients/6/Hypotheses%20%28to%20help%20articulate%20concerns%29.pdf)*)* |
|  |
| **What needs to happen-** *(*[*SMART*](https://westmidlands.procedures.org.uk/assets/clients/6/SMART%20and%20SMARTER%20planning%20%28final%29_1.pdf) *outcomes)* |
|  |
| **Actions** | **By Who** |  **When** |
|  |  |  |
|  |  |  |
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