**MINUTES**

**Care Team Meeting (Client’s Name)**

**Date:** XX/XX/XX

**Starting Time:** 00:00pm

**Location:**

**Convenor:**

**Minutes:**

**Present:**

**Apologies:**

**Agenda Items:**

* Introductions
* Impact Statement (Client’s name, or X on behalf of client’s name)
* Update/reports (Name of service/professional)
* Child/ren (update/report)
* Risk Assessment and Safety Planning (any updates)

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| --- | --- | --- |
| **Agreed Actions** | **Person Responsible** | **By When** |
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**Finishing Time:**