**Inter-Agency Adult Safeguarding Strategy / Review Meeting Record**

**STRICTLY CONFIDENTIAL**

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| * This meeting should be held under the Teeswide Safeguarding Adults Inter-Agency Procedure. * The matters raised are **confidential** to the members of the meeting and the agencies they represent and will only be shared in the best interests of the adult. * Notes of the meeting are distributed in the strict understanding they will be kept confidential and in a secure place. |

**Please complete all sections of the form in as much detail as possible. You can easily navigate through each section by pressing F11 on your keyboard. To select a tick box, double click on the box and select ‘checked’.**

|  |  |
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| Initial Strategy Meeting Date: |  |
| Time: |  |
| Venue: |  |

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| **PRESENT** | | |
| **Name** | **Job Title** | **Organisation** |
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| **APOLOGIES** | | |
| **Name** | **Job Title** | **Organisation** |
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| **SECTION 1: DETAILS OF ADULT AT RISK OF HARM OR ABUSE** | | | | | | | | | | |
| Full Name | |  | | DOB | |  | ID No. | |  | |
| Address | |  | | | | | Post Code | |  | |
| Placing Authority | |  | | | | | | | | |
| Current Location  (include Ward or Unit if in hospital or Care Home) | | | | |  | | | | | |
| **MENTAL CAPACITY** | | | | | | | | | | |
| Are there any grounds to suggest that the adult may **not** have the capacity to consent to the safeguarding investigation and assessment?  (please provide further details below) | | | | | | | | Yes | | No |
|  | | | | | | | | | | |
| Has a Mental Capacity Assessment been undertaken specifically regarding the safeguarding concerns? (If *Yes*, detail the nature of the assessment completed, brief details only, attach MCA form if appropriate) | | | | | | | | Yes | | No |
|  | | | | | | | | | | |
| Has an Independent Mental Capacity Advocate been appointed? | | | | | | | | Yes | | No |
| Has the adult been invited to attend this meeting?  (If No, please state why) | | | | | | | | Yes | | No |
|  | | | | | | | | | | |
| How does the adult (or their representative) wish to be contacted? | | | | | | | | | | |
| Telephone |  | Face to Face |  | Letter | |  | Email | |  | |
| Email address (if applicable) | | |  | | | | | | | |

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| **SECTION 2: DETAILS OF PERSON WHO RAISED THE CONCERN** | | | | |
| Name |  | Job Title |  | |
| Organisation  (if applicable) |  | Date of Concern |  | |
| Contact Address |  | | Post Code |  |
| Telephone Number |  | | | |

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| **SECTION 3: FAMILY / REPRESENTATIVE(S) OF ADULT** | | | | |
| Name (1) |  | Relationship to Adult |  | |
| Contact Address |  | | Post Code |  |
| Telephone Number |  | | | |
| Name (2) |  | Relationship to Adult |  | |
| Contact Address |  | | Post Code |  |
| Telephone Number |  | | | |

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| **SECTION 4: GP CONTACT** | | | |
| **Name** | **GP Surgery** | **Telephone Number** | **Email** |
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| **SECTION 5: DETAILS OF CONCERN / INCIDENT** | | | | |
| Brief details of concern/incident (summary of current Concern) | | | | |
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| Is the adult aware of this Concern?  (If *Yes*, what are their views? If *No*, please state why) | | | Yes | No |
|  | | | | |
| **HISTORY / CHRONOLOGY OF EVENTS** | | | | |
| Have previous safeguarding concerns been raised regarding this individual?  (If *Yes*, please provide details below) | | | Yes | No |
| **Date of Concern** | **Brief Description** | **Action Taken to Safeguard Adult** | | |
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| **SECTION 6: SUMMARY** |
| Summary of Reports from agencies/attendees and discussions (Ensure that all appropriate agencies/parties have been invited or have had the opportunity to provide information to the strategy discussions) |
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| **SECTION 7: MAKING SAFEGUARDING PERSONAL** | | | | | | | | | | | | | | |
| In the current situation, how safe does the adult feel? (1 = very unsafe, 5 = very safe) | | | | | | | | | | | | | | |
| 1 | |  | 2 | |  | 3 |  | 4 | |  | | 5 | |  |
| What three things would help the adult to feel safe/safer? | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | | | |
| What does the adult (or their representative) want to achieve? | | | | | | | | | | | | | | |
| **Outcome – what are we aiming for?** | | | | **Action required – what needs to be done?** | | | | | **By when?** | | **By who?** | | **Completion Date\*** | |
|  | | | |  | | | | |  | |  | |  | |
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| Professional allocated to support completion of the MSP Survey at the end of the Safeguarding Process | | | | | | | | |  | | | | | |

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| **SECTION 8: ASSESSMENT OF RISK TO THE ADULT** | |
| Risks (action/behaviour) | Benefits of maintaining the current situation |
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| What can be done to reduce the risk? | What are the dangers/risks if no action is taken? |
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\*To be completed at Progress Strategy Meeting

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| **SECTION 9: INTER-AGENCY SAFEGUARDING PLAN** | | | | |
| Summary of actions to protect the adult from harm | | | | |
| **Outcome – what are we aiming for?** | **Action required – what needs to be done?** | **By when?** | **By who?** | **Completion Date\*** |
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\*To be completed at Progress Strategy Meeting

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| If the actions in this plan are not completed we will do the following (contingency plan) |
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| **SECTION 10: OUTCOME OF INITIAL STRATEGY MEETING** | |
|  | 1. Investigation closed at individual’s request |
|  | 1. Abuse not determined / inconclusive |
|  | 1. Risk reduced |
|  | 1. Risk removed |
|  | 1. Risk remains |
|  | 1. Progress Strategy Meeting to be arranged |

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| Any further comments regarding the outcome of the initial strategy meeting should be noted below |
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| This Plan will be reviewed by       on: | | | | | |
| Date |  | Time |  | Venue |  |

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| **SECTION 11: INVITATION / DISTRIBUTION LIST** | | | | | | |
|  | **Name** | **Contact Details** | **Consulted** | **Invited** | **Attended** | **Distribution List** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |