**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.
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**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) |
|       |
| 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\*** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| 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 |
| *
*
 | *
*
 |
| What can be done to reduce the risk?  | What are the dangers/risks if no action is taken? |
| *
*
 | *
*
 |

\*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\*** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

\*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** |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **9** |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **10** |       |       | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |