|  |
| --- |
|  |
| **Outcome Meeting Minutes**  |
| **Name of Adult at Risk:**  |  |
| Date of Meeting  |  |
| How did the meeting take place?  |  |
| People Invited  | Role/ Relationship  | How did they attend |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Apologies  | Role/ Relationship | Relevant Information Shared  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Information About the Person at Risk**  |
|  |
| **Summary of Concerns**  |
|  |
| **Desired Outcomes: Changes the person wants to achieve**  |
|  |
| **Summary of actions taken and findings** |
|  |
| **Views of relevant parties (Present or not)**  |
|  |

|  |
| --- |
| **Risk assessment: risk to the person and/or others**  |
|  |
| **Safeguarding Plan: What is the plan to manage these risks?**  |
| **Actions**  | **Who will do this?** | **When will this be done?**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Safeguarding Plan: Arrangements in place to protect others** |
| **Action Planned**  | **Times Scales**  | **Person/Agency Responsible**  | **Contact Details**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **What learning has been identified and how will this be put in to practice:**  |
| **Actions** | **Who will do this?** | **When will this be done?**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Does the learning need to be shared with wider organisations? Who is responsible for this action?**  |  |
| **Other Actions required:** |
| **Actions** | **Who will do this?** | **When will this be done?**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **What are the views of the person at risk (and/or their representative) on these plans? Does the Person at risk feel safer?**  |  |
| **Desire outcomes: Have the changes wanted by the person at risk been achieved?**  |
| **Desired Outcomes of the person at risk:** | **Have these been met?** |
|  |  |
|  |  |
|  |  |
| **Conclusion of Meeting/ Arrangements for Review (if required)** |
|  |
| **Since the safeguarding concerns was raised:** |
| **Has the risk reduced?** | **Has the risk been removed?**  | **Does the risk remain?**  |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Is a SAR referral required?**  | **Who will be leading this?**  |
| [ ]  Yes [ ]  No |  |

|  |  |
| --- | --- |
| **Is a Single Agency Review required?** | **Who will be leading this?**  |
| [ ]  Yes [ ]  No |  |
| **Has the managing the risk protocol been considered?**  |
| [ ]  Yes [ ]  No |
| **Comments. :** |
| **Name of Enquiry officer leading on enquiry****Or professional leading on Provider lead enquiry:** **Date:**  |