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| **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 |
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| Apologies | Role/ Relationship | Relevant Information Shared |
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| **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)** | | |
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| **Risk assessment: risk to the person and/or others** | | | | | | |
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| **Safeguarding Plan: What is the plan to manage these risks?** | | | | | | |
| **Actions** | | **Who will do this?** | | | **When will this be done?** | |
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| **Safeguarding Plan: Arrangements in place to protect others** | | | | | | |
| **Action Planned** | **Times Scales** | | **Person/Agency Responsible** | | | **Contact Details** |
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| **What learning has been identified and how will this be put in to practice:** | | | | | | |
| **Actions** | | **Who will do this?** | | | **When will this be done?** | |
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| **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?** | |
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| **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?** | | | |
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| **Conclusion of Meeting/ Arrangements for Review (if required)** | | | | | | |
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| **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:** | |