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| **Planning Meeting Minutes** | | | | | |
| **Name of Adult at Risk:** | |  | | | |
| Date of Meeting : | |  | | | |
| How did the meeting take place? | |  | | | |
| Is this the first meeting?  Dates of previous meetings: | | Yes  No | | | |
| 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** | | | | | |
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| **Nature of Concerns** | | | | | |
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| **What is the nature of the alleged abuse ?** | | | | | |
| Physical | Neglect and Acts of Omission | | Sexual exploitation | | Sexual |
| Discrimination | Modern Slavery | | Emotional/Psychological | | Organisational |
| Self neglect | Financial & Material | | Domestic Abuse | |  |
| **Views of the person at risk (and/or their representative) about the concerns** | | | | | |
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| **Desired outcomes: Changes the person at risk wants to achieve** | | | | | |
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| **Views of relevant parties (Present or not)** | | | | | | |
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| **Risk assessment: risk to the person and/or others** | | | | | | |
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| **Is the alleged abuser in a position of trust?** | | | | Yes  No | | |
| **Is an informal carer involved?**  *Explore Carers needs* | | | | Yes  No | | |
| **Has a Carers’ assessment been considered?** | | | | Yes  No | | |
| **Actions taken to support carer:** | | | |  | | |
| **Safeguarding Plan: What arrangements are in place for the person’s safety?** | | | | | | |
| **Investigation action plan:** | | | | | | |
| **Actions** | **Timescales** | | | **Person/ Agency responsible** | | **Contact details** |
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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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| **Does an organisational safeguarding need to be progressed?** | | | | Yes  No | | |
| **Review Arrangements** | | | | | | |
|  | | | | | | |
| **Safeguarding Response: Actions required to respond to concerns?** | | | | | | |
| **Actions Planned** | **Timescales** | | | **Person/ Agency Responsible** | | **Contact Details** |
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| **Safeguarding Response: Actions required to respond to concerns to others?** | | | | | | |
| **Actions Planned** | **Timescales** | | | **Person/ Agency Responsible** | | **Contact Details** |
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| **Who will keep the person at risk (and/or representative) up to date with progress?** | | | | | | |
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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?** | | | Yes  No | | | |
| **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:** | | | | | | |