

Multi Agency Meeting Minutes Proforma

Strictly Confidential – the contents of this report are intended for members of the meeting and should not be shared with any other agency or individual without the consent of the Chair.

Date	
Time	
Venue	

Agency leading the meeting	
Chair	
Contact Number	

Details about Person/s	
Name	
Date of Birth	
Address	
Relevant ID Number (LL / NHS No.)	

Others invited to the meeting (agencies)			
Name	Relationship to Person	Contact Details	Present at meeting (if not, state reason)

1. Purpose of the Meeting – To co-ordinate a multi-agency meeting to share information, assess risk and produce a plan to minimise the potential risk to and/or from an adult at risk.

2. Background / history of involvement with the person/s

3. Is the person being discussed been made aware of the meeting YES/NO if Yes were they invited to attend?

4. Are there any doubts about the person's capacity to understand the consequences of the risks? If so, a mental capacity assessment is required

5. What evidence is there that the risks to the person/s are very high (likely to lead to significant harm if nothing changes)?

6. Is the person at risk of Self Harm/Suicide?

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7. What is working well? are there any factors in the person's situation which provide safety? How do you know these have made the person safer?

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8. Are there any risks to others within the situation (particularly consider children or other adults)? If so, how will these be addressed?

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**9. Record the views and wishes / outcomes of the person/s.
Consider cultural customs and language**

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10. Does the individual have any caring responsibilities/Is the individual a carer

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11. Views of family / advocate / significant others
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12. How Is the person currently engaging with any agencies? Is there evidence of missed appointments.
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13. Has consideration been given as to whether Safeguarding Adults thresholds are met, is any action required under alternative processes?

- Is the person an Adult at Risk who is receiving/may receive care services?
- Is the person experiencing/at risk of abuse, neglect, self-neglect?
- Can the person protect themselves from Harm?

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14. Which Agency is currently leading the process and are they the most appropriate agency to continue? If not, state which agency will lead the process.
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15. Are there any agencies not present who should be involved in future meetings?
If so, please include plan for contact in the action plan.

16. Completed and outstanding Assessments

List key Assessments to be completed where relevant

Assessment	Date complete	Outstanding
Care Act		
Mental Capacity Assessment Is there evidence of a mental disorder		
Best Interest meeting		
DOLS contact DOLS team for advice if required.		
Consideration for Community DOLS		
Carers Assessment		
Risk Assessment		
Self-Neglect toolkit		
DASH RIC domestic abuse stalking and harassment -Risk Indicator checklist		
Continuing Health Care -Decision Support Tool		

17. Recommendations and Outcomes

Action	By Who	By When

18.What is the contingency plan if further risks are identified by any agency prior to the next meeting?

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19.What is the plan to discuss the outcome of the meeting with the person/s if not present ?

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20.Consideration for escalation

Does the case need to be referred to

1. Legal Gateway meeting – for CEC staff only
2. Complex safeguarding meeting

21.When will the next multi-agency meeting take place?

Date of Next Meeting:

Signature:

Chair:

Date:

The completed record should be circulated securely to all present at the meeting and, where appropriate, any agencies who were invited but did not attend.