

**MULTI AGENCY RISK MANAGEMENT MEETING - TEMPLATE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Person at Risk of Abuse details** | | | | | | | | | | | | | | |
| **Name:** | | |  | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | |
| **Date of Birth:** | | |  | | | | **Age:** |  | | **Gender: Female  Male** | | | | |
| **Person/Identifier:** | | | |  | | | | | **Date of Referral:** | | |  | | |
| **GP details:** | | | |  | | | | | | | | | | |
| **NHS no.**  **Name of lead agency:** | | | | |  | | | | | | | | | |
| **Name of Chair:** | | | | |  | | | | | | **Date of Meeting:** | | |  |
| **Attendees:** | | | | |  | | | | | | | | | |
| **1.** | | **Statement of Confidentiality & Equal Opportunities/Completion of Signing in Sheet.** | | | | | | | | | | | | |
| **•** | | **These were circulated and read. Signing in Sheet confirms agreement.** | | | | | | | | | | | | |
|  | | **Purpose of the meeting**  **Concerns to be addressed** | | | | | | | | | | | | |
| **2.** | | **Introductions:** | | | | | | | | | | | | |
| **•** | | **Introductions were made by all those who attended** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| **3.** | | **Establish Consent & Wishes/Desired Outcomes of Person at Risk** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| **4.** | | **Consideration of mental capacity and potential need for advocacy (**where there is reason to raise this) | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| **5.** | | **Background/ context of meeting** | | | | | | | | | | | | |
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| **6.** | | **Relevant information sharing** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |
| **7.** | | **Identify Risks to be addressed (also refer to risk assessment and management templates at 11. below)** | | | | | | | | | | | | |
| **a.** | |  | | | | | | | | | | | | |
| **b.** | |  | | | | | | | | | | | | |
| **c.** | |  | | | | | | | | | | | | |
| **8.** | | **Complete Multi Agency Risk Management plan. A/S Risk Management Plan.** | | | | | | | | | | | | |
| **9.** | | **Contingency planning** | | | | | | | | | | | | |
| **10.** | | **Review arrangements – date of next meeting/ closure/ onward referral/** **other actions to be specified** | | | | | | | | | | | | |
| **11.** | | **Risk assessment and management templates** | | | | | | | | | | | | |
|  | **Identified risk** | | | | | **Adult’s own view** | | | | **Factors increasing risk**  (to include understanding of when risk might occur) | | | **Factors decreasing risk**  (protective factors/adult’s network/resources to manage risk) | |
| **1.** |  | | | | |  | | | |  | | |  | |
| **2.** |  | | | | |  | | | |  | | |  | |
| **3.** |  | | | | |  | | | |  | | |  | |
| **4.** |  | | | | |  | | | |  | | |  | |
| **5.** |  | | | | |  | | | |  | | |  | |
| **6.** |  | | | | |  | | | |  | | |  | |
| **7.** |  | | | | |  | | | |  | | |  | |
| **8.** |  | | | | |  | | | |  | | |  | |

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| --- | --- | --- |
| **Proposed action to minimise risk** | | **By whom + timescale** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |