

**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** |
|  |  |
| **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.** |  |  |  |  |

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