

Record of Multi-Agency Review Meeting

**Please complete all sections of the form in as much detail as possible.
This form must be completed in black ink.**

Venue:

[illegible]

SECTION 1: PURPOSE OF MEETING**SECTION 2: REVIEW OF MINUTES OF THE INITIAL MEETING / REVIEW MEETING****SECTION 3: REVIEW OF PROGRESS**

Implementation of the Multi-Agency Action Plan / Service Provider Improvement Plan including record of plans, reports received, consideration of any further safeguarding referrals or multi-agency concerns.

**SECTION 4: REPORTS FROM ANY INDIVIDUAL SAFEGUARDING INVESTIGATIONS/
ASSESSMENTS****SECTION 5: INFORMATION FROM SERVICE PROVIDER****SECTION 6: REVIEW MULTI-AGENCY ASSESSMENT OF RISK**

Has a suspension of further placements been agreed or removed?

Yes ☐No ☐

Please provide further details below:



Safeguarding Protocol for Responding to Serious Concerns about a Service Provided for Adults

SECTION 7: MULTI-AGENCY ACTION PLAN

The Multi-agency Action Plan will address the following:

- Issues requiring investigation
- Information or advice required in relation to any legal / contractual / registration / employment issues
- Action required ensuring ongoing safety of vulnerable adults
- Identification of specific individuals at risk subject to the Safeguarding Adults procedures

Item/Issue	Task/Action	Desired Outcome	Agency/Person Responsible	Timescale

Item/Issue	Task/Action	Desired Outcome	Agency/Person Responsible	Timescale

SECTION 8: CONCLUSION

It is the conclusion of this multi-agency meeting that on the balance of probabilities Organisational Abuse occurred:

- ☐ Substantiated
☐ Partly Substantiated
☐ Not Substantiated
☐ Not Determined / Inconclusive

Identify type of abuse / neglect:

Discriminatory	Domestic	Financial or Material	Modern Slavery	Neglect and Acts of Omission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational	Physical	Psychological	Self-Neglect	Sexual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9: NEXT MEETING

Date		Time	
Venue			
Signed by Chair Person		Date	