**Appendix One**

**Record of Multi-Agency Initial Meeting**

* This meeting is held under the guidance provided by the Darlington Safeguarding Partnership’s Executive Strategy Procedure
* The matters raised are **confidentia**l to the members of the meeting and the agencies

that they represent.

* Minutes of the meeting are distributed on the strict understanding that they will be kept confidential and in a secure place.
* A copy of these minutes will be provided to the DSP Business Unit.
* These minutes must not be shared outside the meeting without the agreement of the

Chair.

**Please complete all sections of the form in as much detail as possible.**

|  |  |
| --- | --- |
| **Name of Service Provider:** |  |
| **Initial Meeting Date:** |  |
| **Time:** |  |
| **Venue (if applicable):** |  |

**Xx**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME** | **ORGANISATION** | **CONTACT DETAILS** | **INVITED** | **ATTENDED** | **APOLOGIES** | **NAMED CONTACT** | **DATE NOTES CIRCULATED** |
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| **SECTION 1: PURPOSE OF MEETING:** |
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| **SECTION 2: DETAILS OF SAFEGUARDING ADULT CONCERNS/ENQUIRIES AND OUTCOME FO SAFEGUARDING ENQUIRIES:** |
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| **SECTION 3: DETAILS OF MULTI-AGENCY CONCERNS:** |
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| **SECTION 4: INFORMATION KNOWN ABOUT THE SERVICE PROVIDER:** |
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| **SECTION 5: MULTI-AGENCY ASSESSMENT OF RISK** | | |
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| **Has a suspension of further placement been agreed?** | **Yes** | **NO** |

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| **SECTION 6: 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** |
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| Agency responsible for communicating outcome of the meeting to the service provider / organisation / individual at risk |  | |
| Relevant DSP Member notified | **Yes** | **No** |
| DSP Informed | **Yes** | **No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 7: NEXT MEETING** | | | |
| **Date:** | **Time:** | | **Venue:** |
| **Signed:** | | **Date:** | |