**Restricted**

***INSERT RELEVANT LOGO***

**Self-Neglect and Hoarding Multi-Agency**

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| --- |
| **Adult at Risk of Abuse details** |
| Name:       |
| Address:       |
| Date of Birth:       | Age:       | Gender: Male [ ]  Female [ ]  |
|  |
| Person/Identifier:       | Date of referral:       |
|  |
| GP details:       |
| Name of lead agency:       |
|  |
| Name of Chair:       |
|  |
| Date of Meeting:       |
| 1. **Statement of Confidentiality & Equal Opportunities/Completion of Signing in Sheet.**
 |
| * These were circulated and read, Signing in Sheet confirms agreement.
 |
|        |
| 1. **Introductions:**
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| * Introductions were made by all those who attended
 |
|        |
|  |
| 1. **Background**
 |
|         |
| 1. **Relevant Information Sharing (from each agency represented)**
 |
|         |

Risk Management Meeting Notes Template

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| 1. **Consideration of Capacity & Potential Need for Advocacy**
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|        |
| 1. **Establish Consent & wishes/desired outcomes of Adult at Risk.**
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|        |
| 1. **Identify Risks – Risk Management & Reduction Plan**

***Note:*** *The contents of the risk management and reduction plan must be transferred to a separate risk and assessment plan that should be updated as necessary to reflect any changing circumstances.* |
| **IDENTIFY RISK** | **ACTION TO BE TAKEN** | **BY WHOM** | **BY WHEN** |
|       |       |       |       |
|  |