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| **SSAB Multi-Disciplinary Meeting Record** |

Where there is more than one professional discipline or organisation working alongside an individual that they have specific concerns regarding, but who does not require a formal adult safeguarding response at this time, it can be helpful for them and any other involved individuals and organisations to hold a multi-disciplinary meeting to share information and agree a joint approach.

The information shared should include what is known by those in attendance including: historical knowledge, currently situation, risks, family or support networks (please note that this is not intended to be an exhaustive list)

This document is designed to provide a basic framework for the discussion and additional information should be added as required

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| **Meeting convened by** |
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| **Individuals/Organisations Invited** |
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| **Apologies Received** |
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| **How has the adult and, where appropriate, people who are important to them been involved in this meeting (if they have not been involved explain why).** |
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| **Notes of the discussion** |
| These **must** include the views and thoughts of the adult and, where appropriate, those who are important to them where possible. Describe the information that is shared, what is working well and what people are worried about. Then complete the action plan overleaf with all actions agreed.Please add additional rows below as required. |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| **Is a further multi-disciplinary meeting required (if not explain why)** |
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| **When and where will it take place** |
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| **Who will be responsible for organising it** |
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| **Action Plan – this must be completed at the first multi-disciplinary meeting and updated at any subsequent meetings.** |
| A copy of the plan should be shared with the individual, and where appropriate, those who are important to them along with all organisations involved in supporting them. Please add additional rows below as required.  |
| **Date of meeting** | **What is the specific****Outcome** | **What actions or support is required to achieve the outcome** | **Who will do this** | **Date this will be reviewed** | **Date action completed** |
| Click to enter a date |  |  |  | Click to enter a date | Click to enter a date |
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