

Part B

SAFEGUARDING ADULTS STRATEGY DISCUSSION MEETING (STRICTLY CONFIDENTIAL)

To be completed following the conclusion of the Safeguarding Adults Strategy Discussion Meeting.

To be completed and forwarded to the Safeguarding Adults Team ordinarily within 5 working days of the Alert being raised.

Part B completed by: _____

Job title: _____

Agency (please be specific): _____

Address: _____

Telephone: _____ Date: _____

Email: _____

Name of alleged victim/adult at risk: _____

Address of alleged victim/adult at risk: _____

Date of Notification of Alert (Part A): _____

Date of Strategy Discussion Meeting: _____

Was the **alleged victim/adult at risk** present at the Strategy Discussion Meeting? Yes No

Has the alleged victim/adult at risk the mental capacity to make his/her own decisions? Yes No

If the answer to the above question is no, do they fit the criteria to involve an Independent Mental Capacity Advocate (IMCA)? Yes No

If the answer to the above question is yes, has a referral been made to the Mental Capacity Advocacy Service? Yes No

If it is not appropriate for the use of an IMCA, have other advocacy services been considered? Yes No

If an advocate has been requested please provide details:

Independent Service: _____

Informal (family/friend): _____

If the **alleged perpetrator** does not have capacity, do they fit the criteria to involve an Independent Mental Capacity Advocate (IMCA)? Yes No

If the answer to the above question is yes, has a referral been made to the Mental Capacity Advocacy Service? Yes No

If it is not appropriate for the use of an IMCA, have other advocacy services been considered? Yes No

If an advocate has been requested please provide details:

Independent Service: _____

Informal (family/friend): _____

Name of agency/organisation/service co-ordinating the Strategy Discussion Meeting:

Name of Chairperson of the Strategy Discussion Meeting and Job Title:

1 AGENCIES INVOLVED IN STRATEGY DISCUSSION MEETING

(Please tick as many as apply)

Adult Services <input type="checkbox"/>	Commission for Social Care Inspection <input type="checkbox"/>	Independent Care Home <input type="checkbox"/>	Legal Services <input type="checkbox"/>
Sunderland Teaching Primary Care Trust <input type="checkbox"/>	Police <input type="checkbox"/>	Independent Day Service <input type="checkbox"/>	Northumberland Tyne & Wear NHS Trust <input type="checkbox"/>
Sunderland Royal Hospital <input type="checkbox"/>	Voluntary Agency <input type="checkbox"/>	Independent Home Care Agency <input type="checkbox"/>	Education/ community services <input type="checkbox"/>
Alleged victim/ adult at risk <input type="checkbox"/>	Family member(s) /relatives/carer of alleged victim/ adult at risk <input type="checkbox"/>	Independent advocate for alleged victim /adult at risk <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged victim/adult at risk <input type="checkbox"/>
Alleged perpetrator <input type="checkbox"/>	Family member(s) /relatives/carer of alleged perpetrator <input type="checkbox"/>	Independent advocate for alleged perpetrator <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged perpetrator <input type="checkbox"/>
Housing association/ Housing Strategy/ Sheltered Housing Scheme <input type="checkbox"/>	Safeguarding Adults Team <input type="checkbox"/>	Financial representative including Welfare Rights, Receivership Administrative Team or bank/ building society <input type="checkbox"/>	Representative from Domestic Violence services <input type="checkbox"/>
Community Mental Health Partnership <input type="checkbox"/>	Learning Disabilities Partnership <input type="checkbox"/>	Sunderland City Council <input type="checkbox"/>	Other Local Authority <input type="checkbox"/>
Childrens Services <input type="checkbox"/>	Other (Please Specify): <input type="checkbox"/> _____		

2 OUTCOME OF STRATEGY DISCUSSION MEETING

1. *No Further Action or,	Basis for decision:
2. Decision to Undertake a Safeguarding Adults Assessment/ Investigation or,	Basis for decision:
3. *Other Action to be Taken	Basis for decision: Please identify what other action is to be taken:

*Please attach any additional information as evidence to support decision taken and/or to provide evidence of any other action(s) taken.

Has a referral to the PoVA List been made? Yes No being considered

Has a referral to MAPPA or Non-MAPPA been made? Yes No being considered

Signature of Safeguarding Manager: _____

Date Part B Completed: _____

Minutes of the Strategy Discussion Meeting Attached
To follow: by (date) _____

Action Plan produced at the Strategy Discussion Meeting Attached
To follow: by (date) _____

Please complete and return Part B of the Form, immediately upon completion to:

**The Safeguarding Adults Co-ordinator
Safeguarding Adults Team
Leechmere Training Centre
Carrmere Road
Sunderland
SR2 9TQ**

Please remember to attach any additional information to be sent in with the Part B, as necessary. Additional Information Attached: Yes No