**Position of Trust Planning Meeting Minutes**

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| **Chair** |  | **Date** |  |
| **Start time** |  | **Finish time** |  |
| **Venue** |  | **Minute Taker** |  |
| **Person in Position of Trust** |  | **Employer and Role** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Present** | | |  | | |
| **Apologies** | | |  | | |
| **Non-Attendees** | | |  | | |
| **Confidentiality statement (to be read to attendees)** | | | Those present are reminded that this meeting is strictly confidential. Discussion s should not be shared outside of the meeting. All agencies should develop procedures to ensure that the minutes are retained in a confidential and appropriately restricted manner. The minutes will aim to reflect that all individuals who are discussed at the meetings should be treated fairly, with respect and without discrimination. All decisions undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to race, gender sexuality and disability.  Minutes of this meeting could be shared as part of criminal, civil or disciplinary proceedings, or as part of investigations concerning whether an individual should be barred from working with children or adults with care and support needs.  If further disclosure is considered to be appropriate, permission must be sought from the Chair.  The minutes should not be photocopied or shared without the agreement of the Chair. | | |
| **Purpose of the meeting** | | | To discuss the action required when an employee or volunteer who works with adults with care and support needs has;  Behaved in a way that has harmed a child or vulnerable person, or may have harmed a child or vulnerable person;  Possibly committed a criminal offence against or related to a child or vulnerable person; or  Behaved towards a child, children or vulnerable person in a way that indicates they may pose a risk of harm to adults with care and support needs.  Behaved or may have behaved in a way that indicates they may not be suitable to work with adults with care and support needs. | | |
| **Detail of the allegations.** | | |  | | |
| **How this is relevant to their employment.** | | |  | | |
| **Relevant Information** | | | Details of the person’s family circumstances /children / adults with care and support needs  Details of any police involvement or criminal offences  Details of any adult safeguarding enquiries or background information | | |
| **Risk Assessment** | | |  | | |
| **Discussion and evaluation of the information** | | | What are we worried about?  What is complicating the situation?  What is going well?  Is there sufficient information to conclude the allegation at this stage?  If not, is further investigation required to determine the outcome of the allegation?  Is there an associated sec 42 enquiry – if not, should there be?  Is there evidence of criminal behaviour which may pose a risk to adults with care and support needs?  Is the person in any other role with adults with care and support needs formally or informally? | | |
| **Agree support to person in position of trust.** | | |  | | |
| **Agree feedback mechanism to the referrer (who, what, when.)** | | |  | | |
| **Planning the management of the allegation.** | | | What needs to happen?  Is there a role for the police; adult’s services or a workforce issue to follow up?  Should the person be suspended?  Should other action be taken?  Agree an action plan and review date. | | |
|  | Agreed actions from this meeting | | | By Whom | By When |
| **1** |  | | |  |  |
| **2** |  | | |  |  |
| **3** |  | | |  |  |
| **4** |  | | |  |  |
| **5** |  | | |  |  |
| **Strategy for media enquiries.** | |  | | | |
| **Analysis/ Next steps / further meetings.** | |  | | | |
| **A.O.B.** | |  | | | |

**This record is issued in the belief that it accurately reflects the meeting. Please contact the Chair within 7 days of receipt to record any inaccuracies or omissions. This record is confidential and is not to be reproduced or copied to others without the chair's approval.**