# A close up of a logo Description automatically generatedAppendix 4: Solution Focused Meeting Agenda Template

**1. Purpose –**

Over the past three decades or so, a new approach to helping people has been steadily emerging within education, social work, health and other organisations. This approach is known as *solution oriented approaches* has its origins in therapeutic approaches known as Solution Focused Brief Therapy and Solution Oriented Brief Therapy.

Recommended strategies to Solution Focussed Meetings comprise of;

a. **Start with the solution**: The first step in the solution-focused process is to start by defining the solution, or range of solutions which need to be considered. In essence, this is the goal which should encompass how to create the change or improvement that matters.

b. **Create steps that move you towards the solution**: Once the solution is identified the next stage is to identify interim objectives which move towards the solution. These become the markers in knowing you are moving towards the solution.

c. **Build upon existing strengths of the client and what is working in current practice**: no matter how small or insignificant these strengths may be, the cumulative effect and learning can help us consider what approaches will work best.

**2. Preparation -** In preparation for your meeting: To share with attendees prior the meeting;

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| **AIMS OF THE MEETING:**   * This meeting is being structured as a solution focussed meeting which will draw on collaborative solution-building. * We will spendapproximately 80% of the time on discussing strengths, goals and solution-building and 20% on problem discussion. * The outcome of this meeting should provide a consideration of all the options of support to (the person), and ensure consistency and support across different agencies. * The meeting will focus on what works, with an emphasis on strengths, resources, successes and what people **can** do – not what they can’t. * Participants will be asked to think of solutions from inside and outside of their own organisation. * We will retain a perspective that ‘The problem is the problem, not the person’. * We will develop a clear set of Actions / Outcomes. |

**3. Meeting Agenda**

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| **Client Conference**  **Held at:**  **On:**  **In respect of:**  **AGENDA** |

**Introduction:**

***EXAMPLE: This meeting is held in adherence to Kent & Medway Self-Neglect Policy and Procedures to support people who self-neglect:***

**Chair**:

**Minute taker:**

**Case Officer:**

**Client**: Peter (anonymised name)

**Attendees:** Introduce selves – see attendance list.

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| ***Statement of Confidentiality***  This meeting/conference is held under the multi-agency adult protection policy and protocols and Guidance for Kent and Medway. The matters raised are confidential to the members of the meeting/conference and the agencies that they represent and will only be shared in the best interests of the adult, and with their consent where it is appropriate to obtain it.  The minutes of adult safeguarding meetings are not a verbatim record of the discussions but they are a summary of the discussions and a record of the actions identified to be completed by whom and when.  Minutes of the meeting/conference are distributed in the strict understanding that they will be kept confidential and in a secure place.  The information you have provided will be held and used by Kent / Medway authorities for the purpose of this adult safeguarding enquiry. This process may require us to share this information with partner organisations and other local authorities or agencies to support the protection of adults at risk or children.  In certain circumstances it may be necessary to make this information and/or the minutes of this meeting available to solicitors, the civil and criminal courts, the Disclosure and Barring Service in relation, psychiatrists, professional staff employed by other local authorities or other professionals involved in the welfare of adult(s) at risk or children. Any such disclosure must be recorded. Information may also be disclosed under strict controls in relation to the Data Protection Act 2018 and GDPR. |
| ***Equal Opportunities Statement***  The Kent and Medway adult protection policy and protocols recognize that certain people are the subject of discrimination and disadvantage. Comments that contribute to this discrimination are not acceptable and will be challenged by the Chair and other meeting/conference members. |

Step 1: Current Situation Where we are now.

Step 2: Start with the Solution What do we want to achieve?

Step 3: Problem identification What needs to change to Achieve Step 2?

Step 4: Problem prioritisation Agree what needs to be worked on first.

Step 5: Create Steps for change How we will do this? What is working at the moment? Identify strengths of the client and in existing support.

Step 6: Action planning Agree who will do what and when. Identify core team to ensure effective communication and review

**Step 1 Where are we now?**

1. **Details of Adult at Risk:**

(Select 1 person to provide a summary based on a Multi-Agency Client Chronology).

1. **Views of Client:** (Try to facilitate client attending the meeting, what support would be required? If the client is not attending ensure that their views are sought prior to the meeting).
2. **Confirmation of mental capacity to make a decision regarding ability to prevent harm and self-neglect:**

EXAMPLE 1: P has fluctuating capacity to make decisions about his health and social care needs.

EXAMPLE 2: Professionals have been unable to make sufficient contact with P in order for a Mental Capacity Assessment to be undertaken.

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| **(10 minutes)** |

**Step 2 Start with the Solution: [List on Whiteboard/flipchart]**

* ***Ideally, what does P want to achieve, what do we think needs to be achieved?***

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| **(10 minutes)** |

**Step 3 Problem identification: [List on Whiteboard/flipchart]**

***What needs to change to achieve Step 2?***

***Example:***

* **“What are the issues/concerns which we need to work on to support P?**
* ***E.g. accommodation/ shelter***
* ***Medical***
* ***Mental health***
* ***Emotional wellbeing***
* ***Addiction***
* ***Personal care***

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| **(10 minutes)** |

**Step 4 Problem prioritisation: [List on Whiteboard/ flipchart]**

***Agree what needs to be worked on first.***

* **Which of the above issues will be of the most benefit to focus on first?**
* **Consider who these will be of most benefit too?**

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| **(10 minutes)** |

**Step 5 Create Steps for change - [List on Whiteboard/ flipchart]**

**How we will do this ?**

* **what is working at the moment, identify strengths of the client and in existing support.**
* **In how many ways might we work together on providing support?**
* **Small changes can lead to bigger changes.**
* **What already works? Do more of this.**

***Examples*:**

***Support and advice to frontline agencies***

***Provision of domiciliary support***

***Peter is engaging with…..***

***Peter is accepting support for…….***

***Agencies are talking to each other……***

***Clear expectations of what we can do…….***

***Support for each other between organisations………..***

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| (20 minutes) |

**Step 6 ACTION PLANNING [List on Whiteboard/flipchart]**

**Agree who will do what and when. Identify core team to ensure effective communication and review**

* *“*We have agreed to*provide the following support* in order to*work collaboratively to support P..* **We can complete our Action Plan now.**

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| **What Action:** | *complete* |
| **Who** | *complete* |
| **How** | *complete* |
| **By when** | *complete* |

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| --- | --- |
| **What Action:** | *complete* |
| **Who** | *complete* |
| **How** | *complete* |
| **By when** | *complete* |

* **Date of next meeting to check progress?**
* **Who needs to attend?**
* **How will we keep in contact?**
* **Who should be the core contact team?**

`Thank you all for attending and participating today.