|  |  |
| --- | --- |
| BMBC logo left b&w |  |
|  |  |
|  |
| **Barnsley Multi-agency VARMM** |
|  |  |  |
|  | **Name of person** |  |
|  | **Address** |  |
|  | **Location** |  |
|  | **Date of Meeting** |  |
|  | **(N.B A copy of minutes must be sent to –** **adultprotection@barnsley.gov.uk****)**  |
|  |  |  |
| **In Attendance:** |  |
|  |
| **Apologies:** |  |
|  |
| **Purpose of Meeting?**To co-ordinate a mutli-agency meeting to share information, assess risk and produce a plan to minimise the potential risk to and/or from a vulnerable adult.**(Enter Clients Name)**Please explain why client or patient did not attend the meeting. |
| **Pre family meeting**(If the chair person decides to have a pre-family meeting to explain the purpose of the meeting and discuss their views/case issues… please record the outcome of these decisions) |
| **Case Situation** (Consider all relevant circumstances. Key worker to provide succinct case overview, why we are here, what brought us to this meeting, etc.?) |
| **Does the person have capacity?**(What are the specific mental capacity issues, who assessed them, are they recorded and what are the outcomes? What is their understanding of the potential cause, queries of this situation?) |
| **Regaining of Mental Capacity –** Where appropriate |
| **What are the specific risks to this person and/or others?**(Usually care, finances, possibly treatment, something else?)\*Record individual risks and rate on a risk scale i.e. low, medium, high.(Refer to Thresholds document) |
| **What are the person’s wishes, past and present views, feelings beliefs and values?** |
| **What are the views of others?**(Consider everyone’s views and record these, can include: family, carers, relatives, others as per case needs ect.)  |
| **Is there an advocate?** (What are their views?) |
| **What actions and interventions have taken place to date?** |
| **Conclusion/Outcomes**(Reflect on the discussions of each point in the pro-forma and attempt and encourage all to reach an agreed overview of the issues and outcomes.) |
| **Recommendations/Outcomes** (Be specific, names/ people/ lead agency for each issue/identifies tasks with time frames. Set a review date.)**1.****2.****3.****4.****5.****6.****7.****8.****9.****10.****Chair persons** (Name, title, signature and date)  |