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| **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**](mailto: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) | | | |