



North Lincolnshire

Vulnerable Adults Risk Management (VARM) Policy and Guidance

Document control

Date approved: February 2022

Review date: February 2024

Date	Version	Changes
22 February 2022	Version	Version approved
25 February	Final	Revised references
22 February 2022	Final	Review February 2024

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1. What is the VARM and who does it apply to?

The VARM process provides a framework for professionals to facilitate effective multi-agency working with adults at risk (adults with care and support needs, whether these are being met or not) 18 or over who are **deemed to have mental capacity to make decisions** and who are at risk of serious harm or risk of death through self-neglect, refusal of services and/or high levels of risk-taking activity. This process and guidance should be used for discussing, identifying, assessing, recording, planning, and reviewing the management of this risk, wherever possible in partnership with the adult at risk and with their consent.

The VARM should not be seen as a substitute to legislation and existing processes.

All Agencies should follow existing legislation and their internal processes, including The Care Act 2014, Mental Health Act 1983, Mental Capacity Act 2005, Safeguarding Adults Board Policy and Procedures, *Multi-Agency Public Protection Arrangements* (MAPPA), Multi-Agency Risk Assessment Conference (MARAC) and Channel / Prevent. These processes will be seen as having primacy and the VARM will only be called if the adult at risk does not fall within these processes or if it is felt that a VARM will reduce the risk of serious harm or death and support the outcome of another process i.e., to support a section 42 adult safeguarding enquiry.

A VARM should only be used when agencies feel they have exhausted internal mechanisms for managing risk or where formal consultation would enhance the response. All referrals should be discussed and agreed by the practitioner's line manager.

Where there are concerns that the adult at risk has care and support needs (whether or not the local authority is meeting any of those needs), is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect then you should consider making a safeguarding referral in the first instance.

The VARM should not be used for managing complaints or anti-social behaviour but for serious harm or risk of death through self-neglect, refusal of services and / or high levels of risk-taking activity.

The guidance should be used flexibly and in a way that achieves best outcomes for adults at risk promoting a person-centred approach. It does not, for example, specify which professionals need to be involved in the process, or prescribe any specific actions that may need to be taken as this will be decided on a case-by-case basis.

It is recognised that the dilemma of managing the balance between protecting adults at risk from self-neglect / risk taking activity against their right to self-determination is a serious challenge for all services. All actions need to be considered carefully and be proportionate to the level of risk, including the benefits for the individual of risk-taking activity.

2. Establishing Mental Capacity

Understanding a person's capacity to make a decision is a vital element in care planning with and for, adults at risk. Where it has been assessed that a person does not have mental capacity to make a decision with regard to their safety and understanding their risk-taking behaviours, a Best Interests Decision meeting will be more appropriate which will be led by the lead agency.

In assessing a person's capacity to make a decision, the principles of the Mental Capacity Act 2005 should be followed. A person lacks capacity if at a specific time; they are unable to make a specific decision because of a temporary or permanent impairment of, or disturbance in, the functioning of the mind or brain. A person is deemed as unable to make a decision if they are unable to understand information relating to the decision, or unable to retain the information or use the information as part of the process of making the decision, or unable to communicate the decision. We would continue to follow the five principles of the Mental Capacity Act 2005 namely a presumption of capacity, a right to support in making decisions, the right to make unwise decisions, that we work within a person's best interests, and we use the least restrictive option.

It is important to acknowledge and recognise that capacity may fluctuate with time – someone may lack capacity at one point in time but may be able to make the same decision at a later point in time. Mental capacity may need to be revisited throughout a VARM process as specific or new decisions arise.

The VARM process should not be used for adults at risk who lack mental capacity, for these adults the Mental Capacity Act and / or Safeguarding process should be applied.

The Care Act (2014) now makes integration, cooperation, and partnership a legal requirement on local authorities and on all agencies involved in public care, including, the NHS, independent or private sector organisations, housing, and the Police. Cooperation with partners should enable earlier intervention - the best way to prevent, reduce or delay needs for care and support and safeguard adults at risk from abuse or neglect.

The Care Act (2014) places significant emphasis on the wellbeing principle with decisions being person-led and outcome-focused with informed consent. Local authorities must promote people's wellbeing when carrying out any of their care and support functions in respect of an individual, including when carrying out safeguarding adults' enquiries. The wellbeing principle will be an important consideration in responding to self-neglect cases.

As a matter of practice, needs assessments should always be attempted to be offered and carried out, although it is recognised that it will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing. Practitioners and managers should record fully all the steps that have been taken to undertake a needs assessment. This should include recording what steps have been taken to involve the

adult and any carer, as required by section 9 (5) of the Care Act 2014 and assessing the outcomes that the adult wishes to achieve in day-to-day life and whether the provision of care and support would contribute to the achievement of those outcomes, as required by section 9 (4) of the Care Act 2014. In light of the adult's on-going refusal or capacitated life-style choices, the result may either be that it has not been possible to undertake an assessment fully or the conclusion of the needs assessment is that the adult refuses to accept the provision of any care and support. However, case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is required, reasonable and proportionate in all the circumstances.

As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support. In cases where an adult has refused an assessment and services and remains at high risk of serious harm from self-neglect, a s42 enquiry should be undertaken where the criteria of risk to relevant persons apply.

3. When should a VARM be used and what is the Eligibility Criteria?

The VARM Process Flow Chart (Appendix 1) should be used for guidance. The VARM should only be used where existing Care Management and Health and Social Care involvement has failed to resolve the issues / risks identified which are causing concern.

The following criteria should be followed when considering a VARM:

- A person **must have capacity** to make decisions and choices regarding their life.
- There is a **risk of serious harm or death by** severe self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted in the local community, is the victim of hate crime or anti-social Behaviour or the victim of sexual violence, complex drugs and alcohol use, complex homelessness and where they have declined to engage with a single agency or other safeguarding enquiries.
- There is a **public safety** interest (*not always applicable*).
- There is / or are a high level of **concerns from partner agencies**.
- (When applicable) Hoarding clutter index and or above Fire Risk (please refer to the Humberside-wide Hoarding Protocol).

<http://www.northlincssab.co.uk/wp-content/uploads/2019/08/Hoarding-Protocol-10.pdf>.

Serious harm means risk of death or injury (either physical or psychological) which is life threatening and / or traumatic and which is viewed to be imminent or very likely to occur.

It is agreed by the North Lincolnshire Safeguarding Adults Board that, whichever agency identifies an adult at risk that would benefit from a VARM meeting, they will initiate the referral for a VARM Meeting and send to the North Lincolnshire Safeguarding Adult's Board.

The Local Safeguarding Adults Board will ensure that, when a VARM is required, they will coordinate the meeting. All completed VARM referrals should be sent to: SafeguardingAdultsBoard@northlincs.gov.uk

The **VARM referral** form can be found on **appendix 4**.

It may be identified that another agency is more appropriate to lead the VARM and in these cases the Safeguarding Adults Board will arrange this with the VARM Chair and the VARM senior lead in the partner agency. The expectation is that the VARM will be truly multi-agency and that each agency will agree on an appropriate representative to attend the VARM process when required. The North Lincolnshire Safeguarding Board should be kept notified of VARM processes. It is considered by having a range of agencies (involved or not) it will support, advise and challenge as well as producing a multi-agency solution and action plans.

Meeting Administration and Frequency

The VARM will be chaired by The Adults Principal Social Worker for North Lincolnshire Council, and the Safeguarding Adults Board Manager will act as Deputy chair. The North Lincolnshire Adult Safeguarding Board business team will be responsible for arranging meetings and the circulation of agendas and action plans. The panel will meet bi-monthly. With the agreement of the chair, it will be possible to convene special meetings for considering an urgent case.

The Chair will be responsible for:

- Working with VARM administration to prioritise submitted cases for each panel.
- Agreeing the panel agenda with VARM representatives.
- Keeping time at each panel through competent and skilled chairing.
- Working with other VARM representatives to ensure the smooth running of each panel.

The Chair is not responsible for ensuring that identified action points are correctly followed up. It is the responsibility of the presenting practitioner / VARM representative to ensure identified actions are implemented and followed up on their case.

Meetings will be held on a bi-monthly basis. If no referrals are received five working days in advance of the panel, the meeting will be cancelled. In exceptional circumstances additional meetings may be arranged at the discretion of the chair.

Each panel will receive a maximum of six cases, allocating a slot to present, discuss and agree actions on each case. The slot should consist of:

- the presentation of the case.
- the need to include the views and wishes of the adult and / or their representative.
- covering the agency's own view of risk and possible solutions and asking for the views of others, and.
- for agreeing actions.

Consent for holding a VARM should be obtained from the person and / or their representative wherever possible, and the person should be encouraged to participate in the VARM process as fully as possible. The VARM process should be person-centred, and outcome focused. Details must be sought of what the adult at risk's views are and what they would like to happen. The VARM outcome is much more likely to succeed if the person has been involved in developing it.

Consideration should also be given to gathering the views of other people who are important in the person's life, where consent is provided by the adult at risk. Advocacy should be considered where appropriate. However, a lack of consent would not prevent a VARM from taking place.

4. The VARM Meeting

The purpose of this multi-agency meeting is to formulate a multi-agency support plan to reduce the amount of risk. Consideration must be given as to how the views of the adult at risk can be included. The person or an appropriate advocate must be invited to attend (unless this would significantly increase the risk). It is acknowledged, however that due to the nature of people discussed in a VARM they may wish to disengage.

The identifying agency will inform the North Lincolnshire Safeguarding Adult Board SafeguardingAdultsBoard@northlincs.gov.uk who will facilitate and coordinate the attendance at a VARM meeting. The Adults Principal Social Worker for North Lincolnshire Council will assess each referral received into the Safeguarding Adult Board to ensure the eligibility criteria are met.

The VARM chair will identify which agencies will be invited to the meeting. Any agency can request attendance of an agency even if the person may be currently unknown to that agency. All partner agencies must ensure appropriate representation with the required seniority to make decisions on behalf of their organisation.

The VARM lead will chair and record actions of the meeting on the Risk Management Assessment and Risk Management Support Plan Tools and distribute to attendees. It is important to agree timescales for each part of the process (to prevent the case “drifting”). This will be different for each case dependent on individual circumstances. It is also important to ensure that any decisions made are accurately recorded on the Risk Management Support Plans for each case following the VARM Meeting.

Think Family. If there are children who are part of the household or who are linked to the individual who is being considered under the VARM, Children’s Social Care must be invited to the meeting and a referral to children’s services must be made. Equally if other adults may be at risk Adult’s Social Care must be invited to the meeting and a safeguarding adult concern form should be completed if appropriate.

Where possible, the adults at risk and / or their representatives views and wishes should always be included and if they are not present, there should be detailed reasons for this. If the adult at risk is unable to, or does not want to attend, their views and wishes should still be included and heard in the meeting.

Consideration should be given to ensuring appropriate agencies including non-statutory, voluntary sector and local community groups attend to facilitate the best opportunity to encourage positive engagement with the adult. It would be wise to consider which professional is best placed to engage, for example would the adult/adult at risk respond more positively to a health, social care, or a voluntary agency professional.

It would be advisable to consider asking the GP to attend should the risk / decision involve elements of a person’s health and wellbeing, as well as other specialist areas such as swallowing concerns, the SALT team, if nutrition and diet concerns, the Dieticians, a tooth concern, a Dentist etc.

The following Agenda can be followed when chairing a VARM meeting, however the VARM is a flexible process, and the agenda may need to be developed to support the individual case.

- Introductions.
- Confidentiality. (Confidentiality Statement read).
- Background to the circumstances of the VARM by the referring agency.
- Consent & Capacity (to always be discussed).
- Identify Risks (the meeting should be clear on the level of risk to the individual).
- Identify Actions.
- Appoint a person to contact the adult at risk if not in attendance.
- Organise Review Date or Exit Strategy.

The VARM meeting will develop a support plan to see what options are available for encouraging engagement with the adult. The meeting should take a creative and flexible approach and think about different ways of engaging the person in supporting to reduce the risks.

It is important that there is a consistent communication strategy with all partner agencies to ensure that escalation of risks or changes in a person circumstance that may increase or decrease risk are shared and actioned in a timely way.

Following a period of implementing the Risk Management Support Plan, the meeting may reconvene to review the plan which will be evaluated. The case should not be closed just because the adult at risk is refusing to accept the plan. It is anticipated that a review plan will be discussed and agreed within the VARM meeting.

It is important to be persistent in VARM cases due to the likelihood that the person may refuse services or support when this is first offered. In conjunction with being flexible and creative, professionals may need to repeatedly try to work with a person to reduce risks. Non- engagement at first contact should not result in no further action being taken at a later date or professionals going back to the person and offering further help or support (particularly where risks may have changed or increased).

It is important that at all stages the individual concerned subject to a VARM should be included in any decision making. Even where an individual refuses to engage with services, all agencies must remain open to any requests, referrals made for assistance or services in the future.

Consider the safeguarding of others if you believe anyone else might be at risk i.e., other adults at risk, children, and animals.

The person's GP should always be notified even if the case is deemed as 'no further action required' during the screening process.

Inherent Jurisdiction

Adults who have capacity to make decisions which may result in placing themselves at risk of significant harm or death may require further judicial intervention to ensure their safety. This is most likely to occur if the adult continually fails to engage with professionals and all other options have been exhausted.

There may be occasions when the courts are prepared to intervene in the case of an adult at risk, even when they have the capacity to consent, for example, where an adult is receiving undue pressure or coercion from a third party. The Court's purpose is not to overrule the wishes of an adult with capacity, but to ensure that the adult is making decisions freely. Legal advice should always be sought when Inherent Jurisdiction may be a factor / consideration.

5. Recording the VARM

The adult at risk should be involved and consulted in the meetings although some may choose to disengage due to their circumstances. The VARM lead agency should facilitate this.

It is an expectation that any immediate risks will be addressed urgently following the meeting and the VARM Risk Assessment and Risk Management Support Plan will be circulated within a period of 72 hours to all interested parties including the GP and the North Lincolnshire Safeguarding Adults Team.

Actions agreed at the VARM need to be initiated immediately by partner agencies and must not rely on the actions being distributed.

6. Reviewing the VARM

The Chair will need to reconvene the meeting at appropriate agreed intervals to review the risk management plan. The review should look at how the actions from the risk management plan have been achieved, or whether any changes in approach are needed.

It may be that a decision is made to exit the VARM process as actions taken may have already reduced the risks.

If all risks have been identified and actions completed and there are no further actions a decision may be made to close the case or end involvement. This will be based on decisions made with the individuals themselves, their families / carers (if appropriate) and any agencies involved.

Due to the nature of adult referred into this process most will remain at some kind of risk and the meetings are convened to reduce the risk as far as possible. There may come a point at which all options have been exhausted and no improvement has been established. In cases where a critical level of harm has been encountered and it has not been possible to reduce risks, the referring agency will escalate to their senior manager for advice.

All agencies will have a VARM lead and if required they may need to convene a meeting with partner VARM leads to support moving a case forward if escalation is required.

The review date can be brought forward if a situation changes at any given time and each member of the VARM will need to report back to the lead agency if they feel a further meeting needs to be reconvened. The shared decision will be recorded highlighting any monitoring that may be in place. It will also be clear that future concerns will be reassessed if the person is agreeable and motivated to become involved in the future or if risk increases.

7. Record Keeping

Each agency is expected to manage their own records and ensure any VARM action plans are attached to individual's records.

It is an expectation that any immediate risks will be addressed urgently following the meeting and the VARM risk assessment and risk management plan will be circulated within a period of 72 hours to all interested parties.

Individual agencies will ensure that this information is attached to the adult's case record.

8. Information Sharing

The Care Act 2014 states that information sharing should be consistent with the principles set out in the Caldicott Review published 2013 “Information to share or not to share: the information governance review” ensuring that:

Information will only be shared on a ‘need to know’ basis when it is in the interests of the adult.

- Confidentiality must not be confused with secrecy.
- informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.
- Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing and wherever possible the Caldicott Guardian should be involved.
- Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis, within agency policies and the constraints of the legal framework
- Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.
- The decisions about what information is shared and with who will be taken on a case-by-case basis. Whether information is shared and with or without the adult at risks consent.

The information shared should be:

- Necessary for the purpose for which it is being shared.
- Shared only with those who have a need for it.
- Be accurate and up to date.
- Be shared in a timely fashion.
- Be shared accurately.

- Be recorded proportionately demonstrating why a course of action was chosen – I did this because..... I ruled this out because..... I chose this because.....
- Be shared securely.

9. Human Rights Considerations

It is an essential part of the process that people are involved as far as possible and have a right to privacy and to make unwise decisions if they have capacity to do so. However, the Human Rights Act gives primacy to the Right to Life (HRA 1998 article 2). However, a decision may sometimes be overridden due to public safety concerns. The VARM meeting is an opportunity to ensure that all agencies have offered support and options to individuals whose life is at serious risk or harm.

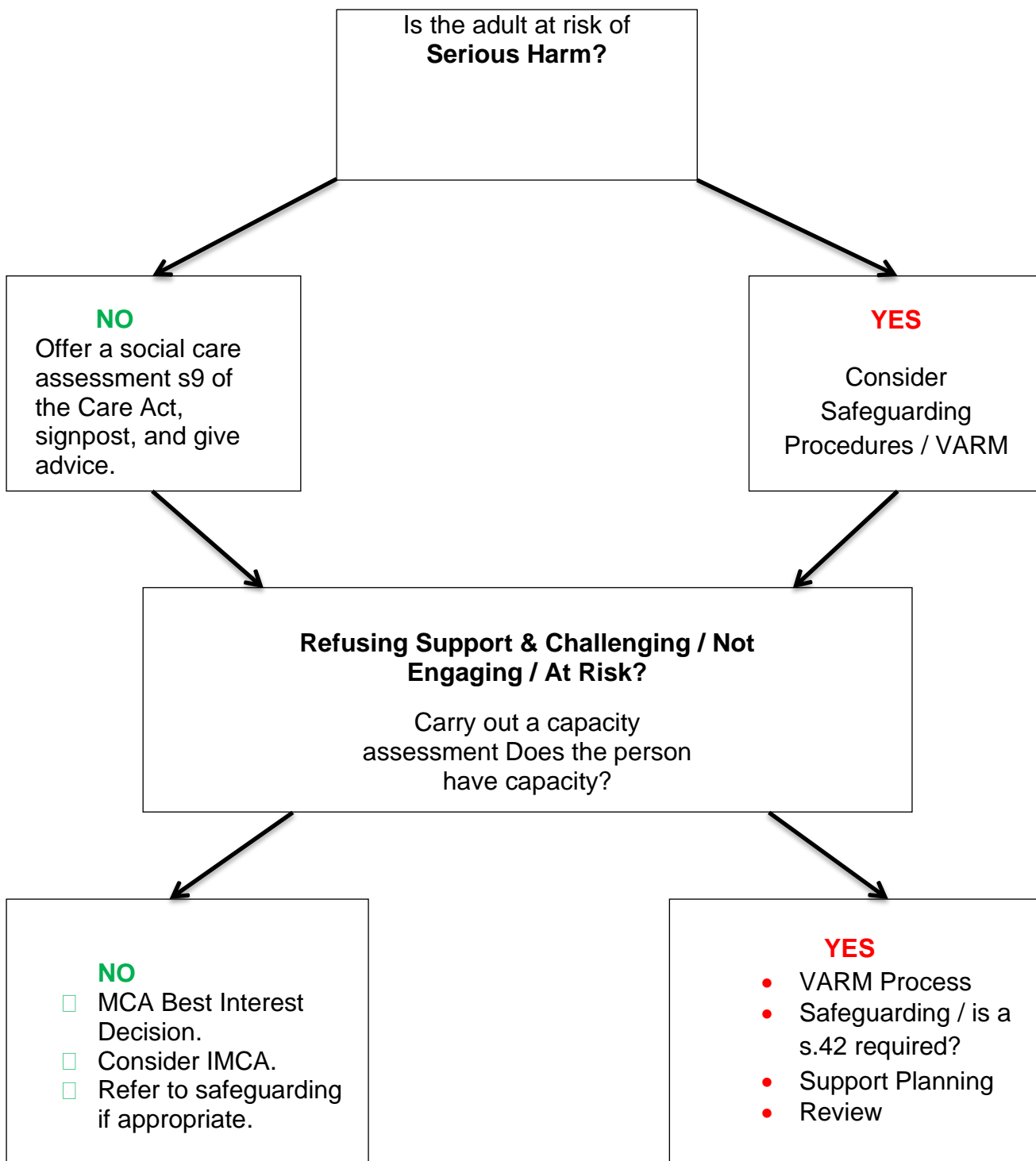
10. Quality Assurance

Each agency is required to maintain records of the VARM and assure the quality of referrals. The [Safeguarding Board Business Team](#) will collect and produce data about the VARM process and outcomes. Quality will be assured through audits completed as part of the Protection and Accountability or Prevention and Proportionality of the North Lincolnshire Safeguarding Adults Board.

Where adults have died as a result of serious risk, self-neglect or harm, considerations should be made about a referral for a Safeguarding Adults Review to the Safeguarding Adults Board.

Appendix 1 – VARM Process Flow Chart

(Deciding on the use of the VARM process)



Appendix 2 – VARM Information Sheet

Introduction

This leaflet provides information for members of the public and professional staff about the way agencies respond to situations when a VARM is implemented. It is vital that organisations working with adults at risk look at such situations and ensure that all reasonable and lawful actions have been taken. This process is called a VARM for short.

“What is the VARM Process?”

The VARM is a multi-agency framework to facilitate effective working with adults (*persons may choose to make unwise decisions / person has got significant needs/* with care and support needs whether these are being met or not) aged 18+ who are deemed to have mental capacity and who may be at risk of serious harm or death through severe self-neglect, risk taking behaviour or refusal of services.

“Why are you having a meeting about me?”

The Agency / Agencies that have been working with you recently feel that your circumstances fall into the following categories and want to make sure that everything has been done to work with you. You can attend or an appropriate advocate may attend on your behalf.

In order to consider a person for a VARM meeting the following criteria will be applied:

- A person **must have capacity** to make decisions and choices regarding their life.
- There is a **risk of serious harm or death** by severe self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence, complex drugs and alcohol use, complex homelessness and where they have declined to engage with a single agency or other investigations for Safeguarding.
- There is a **public safety** interest.
- There is a high level of **concerns from partner agencies**.
- (When applicable) Hoarding clutter index and / or Fire Risk.

Serious harm means risk of death or injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur.

“What if I object? Can I refuse to participate?”

You may refuse to participate, however due to the risks identified the meeting will go ahead and we would far rather that you be present so that you can have your say.

“Who can I ask to help me at this meeting?”

If you would like someone to support you before and during this meeting, you can ask an Advocate to help you. An Independent Advocates job is to help you to be actively involved in any process relating to your care and support. An advocate can be a professional or a family member or friend. If you would like an advocate, we can facilitate this on your behalf.

“What if you make decisions that I don’t agree with?”

The purpose of this meeting is for the agencies involved to ensure that you are safe and making wise choices about your care and welfare. The meeting will identify actions to reduce the amount of risk which they consider that your circumstances pose to yourself and others. This will take the form of a multi-agency Risk Assessment Support Plan.

We want your views to be included but will take the appropriate action to protect you and others.

“How will this help me?”

This will vary depending on the complexity of your circumstances, however ultimately, we want to keep you and others free from harm.

“Where do I go if I need help in the future?”

This will depend on the type of support that you already receive, and you will be advised of the name and contact details of other agencies who can support you to maintain your care and welfare.

Appendix 3 - VARM Meeting Agenda

- Introductions.
- Purpose of the VARM.
- Eligibility criteria met.
- Confidentiality (Statement).
- Background to the circumstances of the VARM by the referring agency.
- Consent & Capacity of the individual (Confirmation of mental capacity, how the individual has been involved, the individual views and / or representatives).
- Updates from any other agency.
- Identify Risks for the individual.
- Identify risks for others (other adults, children, animals).
- Identify Actions, timescales, roles, and responsibilities.
- Communication strategy between organisations (consider triggers and escalation of risk).
- Consider how the update will be communicated with the adult at risk if not in attendance.
- Organise Review Date or Exit Strategy.
- AOB.

Confidentiality

All information exchanged in this meeting is for the express use of the members of the VARM Meeting for safeguarding the individual adult/s concerned and for the prevention of further harm, abuse or neglect and must not be used for any other purpose. Information should not be shared except as part of an action plan or with the agreement of the Chair.

Appendix 4 – VARM Referral Form

The Vulnerable Adults Risk management (VARM)

REFERRAL FORM

MANDATORY			
All cases that are deemed complex with high risks that cannot be sufficiently mitigated, referred or managed under any other process should be considered for referral after consultation with your Line Manager.			
Please send completed referrals to safeguardingadultsboard@northlincs.gov.uk			
Please consider the below options as your reason for considering this referral high risk			
	YES	NO	
1) REPEATING INCIDENTS:			If yes, how many incidents?
a) Have there been a number of incidents involving the same individual for at least 6 months prior to this referral?:			
b) If yes, are these incidents increasing in severity or frequency after initial input and service provision being provided?:			
2) ACTION TAKEN SO FAR TO MITIGATE RISK:			If yes, please provide brief details outlining failed actions for 2a-d:
a) Supervision			
b) Escalation			
c) MDT			

d) Date of most recent discussion	DATE:		
3) SPECIFIC ACTIONS TAKEN TO DATE TO MANAGE RISKS:			
a) Has there been an assessment of care and support needs completed?			If yes, please provide the date this was carried out:
b) Has the person refused to engage?			If yes, please list the number of attempts with dates:
c) Has a Section 42 safeguarding enquiry been triggered?			If yes, please provide the date it was triggered:
d) Have referrals been made to other services as necessary in order to mitigate risks?: i) Housing services ii) LFB iii) Environmental Health iv) Community Mental Health Services v) Safer Neighbourhood Team vi) ASB vii) DSV services			If yes, please state which referrals and the referral's date:
e) Is there a current up to date risk assessment management plan available?			

f) If Enforcement/Safer Neighbourhoods Team involved who are the contacts? :	
4) KEY RISK FACTORS FOR DISCUSSION:	
<p>Please take into consideration the victim's own perception of risk and:</p> <ul style="list-style-type: none"> a) Impairment that may limit mobility or capacity/learning difficulties b) Mental health issues c) Drug or alcohol misuse d) Limited support network e) Anything else that constitutes risk f) Complex DSV 	

Adult at risk details	
Name (include any aliases):	
Date Of Birth:	
Gender:	
Sexuality:	
Address (& landlord/tenancy status if known):	
Ethnicity:	
PID number:	
Does the person have a Disability?:	Yes / No
Consent given for information to be shared or best interest decision?:	Yes / No
Is the adult at risk safe to contact? If Yes please include safe contact details (e.g. mobile/ email & any specific hours safe to contact)	Yes / No
Basis of referral & relevant risk factors	
<i>Please provide summary of reasons for referral. Please include case history, agencies involved and state clearly the <u>risk factors</u>:</i>	
What outcome are you hoping to achieve by referring to the VARM?	
Adult at risk aware of VARM Referral? If No, please state why:	Yes / No
Referrer's Name & Agency	
Case manager/lead contact	
Telephone / Email	

Date referred to VARM	
----------------------------------	--

Appendix 5 – Risk Assessment and Management Tool

VARM Process – Risk Assessment & Management Tool

RISK ASSESSMENT		
Name of adult at risk	PID No / reference number	Date of completion of assessment
Name/s, agency and contact details of person/s involved in completing the assessment		
Has a capacity assessment been carried out? If so, was the person assessed as having capacity? v		
Details of risk/s identified as current or highly likely to occur. (If not current, what evidence do you have of likelihood to occur? Where is the evidence from e.g. service user, carer, workers, previous history etc.? What have you done to verify the validity of this information?		
Are you going to proceed to a VARM Meeting? Give brief reasons for your response.	Y/N	
In order to consider a person for a VARM meeting the following criteria will be applied:		

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- There is a **risk of serious harm or death** by severe self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence, complex drugs and alcohol use, complex homelessness and where they have declined to engage with a single agency or other investigations for Safeguarding.
- There is a **public safety** interest.
- There are high levels of **concerns from partner agencies**.
- (When applicable) Hoarding clutter index and or Fire Risk.

What action have you taken to involve the adult at risk.

RISK MANAGEMENT SUPPORT PLAN

Name(s) of workers/individuals involved in the risk management & planning – include organisation(s) and contact details

Current Risk factors

Relevant previous risk factors

Source of evidence
– service user,
workers, files etc.

Views of the adult
at risk

Risk Management Plan

What actions have been agreed? Include risks of carrying out/not carrying these out.

By whom?

Date to be done by

What contingency plans are in place?

Name, agency and contact details of lead worker

Reviews – please state whether or not there will be a review and timescales including maximum timescale. If it is agreed that there will be no review, state why.

Membership of core group –name & agency

Contact details – address, phone number and email address

Details of anyone other than core group who needs to be informed of the Risk Management Plan	
How has the Adult at risk been involved and informed of the risk management plan and contributed to the actions and outcomes. If the person and/or their carer are not to be informed, say why not.	
Date of Meeting	

RISK MANAGEMENT REVIEW

Review Record – Detail below how the plan agreed above has been implemented.

Has contact been made with the individual? Give details including who made contact and when. If no contact state what attempts have been made

Detail what elements of the VARM support plan have been implemented and include dates

Have the risks increased – what has changed? What can be done to address this? At this point rescore risk and include new risk score

Have the risks decreased – what has changed? Is this an ongoing trend? If so, can the person be removed from the VARM process? Give reasons for recommendation

Following the review – What actions have been agreed and who will carry them out?

Actions

Name of worker/ timescales

Date of next review & Venue

Appendix 6 – Meeting Attendance Register

Attendance register

To be completed at the end of each meeting/discussion/review

ATTENDEES: If these details are the same as the core group (section 1) only add signatures. If different please complete.		
Name/Agency/Job Title	Address/email/phone no.	Signature

INVITED, PROVIDED INFORMATION BUT DID NOT ATTEND		
Name/agency/job title	Contact details if available	

INVITED AND DID NOT ATTEND – name and agency details	