



Warwickshire
Safeguarding



Vulnerable Adult Risk Management (VARM)

Framework and Policy

Version: v1.0

Date: 12th October 2023

Developed by: Warwickshire Safeguarding Partnership

Review Date: 14th October 2024

Table of Contents

Introduction	3
Governance	3
Process	3
Criteria	4
Mental Capacity	4
Consent	4
Serious risk of harm or death.....	4
Convening a meeting	5
Lead agency responsibility	5
Partner agency responsibility	5
Information Sharing	5
Chairing the meeting.....	6
VARM Closure – Framework	6
Quality Assurance	7
Further information:	7
Death of the adult during the VARM process.....	8
Supporting Documents	8

Introduction

The Vulnerable Adult Risk Management (VARM) seeks to provide Warwickshire with a multi-agency framework to facilitate the management of cases with adults, who are deemed to have capacity, who are at significant risk of harm due to:

- their complex needs,
- where risk cannot be managed effectively by other processes/interventions and,
- where it has proved difficult to engage with the adult

The VARM is not a substitute for:

- Multi-Agency Public Protection Arrangements (MAPPA)
- Multi-Agency Risk Assessment Conference (MARAC)
- Formal adult safeguarding procedures

The significant harm posed to the adult should not relate to abuse or neglect by a third party.

Governance

In the initial stages of the VARM, membership will be under consultation with the wider partnership identifying key agencies and organisations to form a VARM Focus Group.

Current members will have oversight of:

- The launch
- The early stages of the VARM meeting process
- The production of bitesize training informational videos

Process

The aim of the VARM meeting is to complete a multi-agency risk management process to:

- Identify the risks for the individual
- Discuss and agree agency actions and responsibilities
- Record and monitor the agreed action plan
- Agree that risks have been managed and evaluate the outcome

It is the responsibility of each agency to ensure that there is an awareness of the VARM process and the need to contact their safeguarding manager for approval prior to convening a meeting.

The agency that identify an adult at risk that would benefit from a VARM meeting is responsible for:

- Confirming criteria is met
- Being the leading agency to complete the process
- Convening the multi-agency meeting/s
- Maintaining records using the [VARM referral summary form](#)
- Communicating the outcome to the meeting attendees including the identified adult and/or their advocate

Criteria

Mental Capacity

Should the adult **not have capacity** to make relevant decisions, a VARM meeting would not be appropriate. In these situations, the best interest process should follow.

Consent

Steps should be taken by the referring agency to inform the adult that a VARM meeting is being convened and in simple language, explain what the meeting is, the concerns, and what is expected from them. Consideration should be taken regarding which professional is best to engage with the adult. The VARM leaflet should also be utilised to aid this conversation.

If the adult refuses to be a part of the VARM, a meeting should not be delayed. Efforts to obtain consent and the views of the adult should be undertaken.

If consent is not granted by the adult, a decision to convene a meeting may be justified if concerns of significant harm are warranted.

Serious risk of harm or death

The purpose of the VARM meeting is to work in a person centred way and discuss concerns with the adult to minimise their risk of serious harm or death.

Serious harm is defined as something that is life threatening and/or traumatic, and/or the person has suffered reduced capacity or quality of life and from which recovery, whether physical, or psychological, may reasonably be expected to be difficult or impossible.

Such circumstance might include:

- Self-neglect* in which conditions meet:
 - Neglecting medical needs
 - Hoarding behaviours that are a fire risk with clutter within the home of scale 7 or above
 - Poor electrical set up i.e daisy chain of extension cables, electrical appliances buried in their possessions that could lead to potential fire
 - Lack of escape route from property
 - Repeated behaviours that could lead to imminent serious harm
 - Environmental concerns and unsanitary conditions that could impact on the health of the adult and/or wider community
- Refusal and non-engagement with care and support services
- Frequent missing episodes
- Drug and alcohol dependence combined with other complexities or risky behaviours

If you are unsure if concerns for the adult meet the criteria to convene a VARM meeting, the case should be discussed with the designated safeguarding lead within your organisation.

Convening a meeting

A meeting can be convened and facilitated by any partner agency. [Warwickshire Safeguarding](#) should be contacted in the first instance to be issued with a unique reference number and, in the introductory stages, assigned a Chair.

Representation from the following agencies must be in attendance to meet quoracy:

- Health Services
- Social Care and support
- Mental Health Services
- Police (Subject to case requirement)

The following agencies should be routinely invited to VARM meetings:

- Warwickshire Fire and Rescue Service
- Housing Service from the appropriate district and borough council

Other potential partners should be considered on a case-by-case basis. A directory of contacts is available from Warwickshire Safeguarding on request.

Lead agency responsibility

Where criteria is met and the VARM meeting has been agreed by the agency's safeguarding manager, next steps include: (Please see [VARM Practice Guidance](#) for further information)

- Identify and invite agencies to the meeting – including non-statutory, volunteer and local community groups to encourage positive engagement with the adult at risk
- Consider if an agency who is not currently involved with the adult should be invited
- Where children are part of the household or are linked to the adult, Children's Services must be invited to the meeting and a safeguarding referral completed
- Consider how the views of the adult can be included if they do not wish to attend the meeting i.e. returning the ['What to Expect leaflet'](#) or an advocate
- Arrange a suitable venue taking into consideration if the adult has communication or physical needs

A [crib sheet](#) detailing the key steps to convening a VARM meeting is available for the lead agency to refer to and follow.

Partner agency responsibility

All partner agencies identified to be part of the VARM meeting must complete the designated section on the referral form to bring with them to the meeting. This appropriate member of their agency must have the required seniority to make decisions on behalf of the organisation.

Information Sharing

The information exchanged under this framework is used to protect and safeguard the individual from significant risk and harm.

The information gathered by the referring agency should be proportionate, relevant and on a 'need to know Basis'.

Due consideration should be given to ensure that the voice of the adult is reflected clearly in the recording prior to sharing with partners.

It is of utmost importance that the referral document will need to be signed by a supervisor / line manager prior to being circulated.

Chairing the meeting

(Please refer to ['What Makes a Good Chair'](#) for further information.)

The chair holds responsibility for clarifying whether any further action can be taken focusing on supporting the adult's on-going wellbeing and safety. The meeting should be flexible and risk-assessments should be considered on a case-by-case basis.

Key actions within the meeting include:

- Produce a SMART multi-agency [risk management plan](#) which:
 - Fully explores the risks known to the group
 - What is important to the adult / do they understand the risk?
 - Rate the risk on the scale (reflection of likelihood of harm)
 - Note actions to reduce the risk and define timescales
 - Note any conflicts of opinion
- Agree contingency and escalation plan
- Agree on-going action monitoring arrangements
- Set date for the review meeting (if considered appropriate)
- Ensure a copy of the risk management plan is shared with the adult and attendees
- Ensure a copy of the meeting minutes and risk management plan is retained on the adult's file.

The lead agency holds responsibility for minuting the meeting, completing the risk management plan and sharing the outcome with agencies and the adult. The minutes and risk management plan should be clear and concise throughout the process, reflecting the key decisions, by whom and the underlying rationale and any agreed timescales.

It is the responsibility of the attendees to make the necessary arrangements and carry out their actions within the agreed timescales.

Should concerns within the meeting grow and cross into safeguarding Section 42 threshold, these concerns must be escalated to Warwickshire Social Care and Support.

VARM Closure – Framework

If the risks are fully mitigated or reduced as far as possible, no further VARM meetings are needed.

Where the adult is not engaging; this should be noted and the views of each agency, in respect of closure, should be documented. There may be occasions when all of the concerns and risks

identified may not be addressed. It is essential to take reasonable steps to reduce and recognise any risk to life or serious harm.

It is important to ensure that professionals do not allow the case to be closed simply because the adult is not accepting the plan.

When the VARM process for an adult has been closed, the Warwickshire Partnership Business Team should be notified via wsab@warwickshire.gov.uk via the [outcome form](#).

Quality Assurance

Agencies must maintain the records of VARM meetings in which they are involved as they are responsible for collating and reporting information to the VARM Focus Group as required.

An audit of the process for quality assurance purposes will be agreed by the VARM Focus Group as required.

Further information:

Mental Capacity

Step 1: The Mental Capacity Act 2005 (MCA) is very clear in its first principle that assessments must start from the assumption that a person has capacity to make decisions unless it is established otherwise.

It is important to recognise from within the second principle that an unwise decision alone cannot lead to the finding of incapacity, even when these decisions are irrational or irresponsible.

Step 2: The question must be asked what is the specific decision that needs to be made at that point in time and not their ability to make decisions in general. This is referred to 'the matter' in law and must be sufficiently identified prior to conducting an assessment.

Step 3: The functional test, contained in section 3 of the MCA states that a person is unable to make the decision in question if they are unable to:

- understand the information relevant to the decision;
- retain that information;
- use or weigh that information as part of the process of making the decision;
- communicate their decision (whether by talking, blinking, squeezing hand etc)

Please note: it is important that support and detailed options are available to adults under evaluation so that they can be fairly assessed.

Step 4: Record keeping of what you have done above should be kept to demonstrate you have complied with the principles and processes of assessing capacity. The [MCA code of practice](#) provides more detailed guidance on this.

Best Interests Decisions

Best interest decisions can only be made for adults who have been assessed under the requirements of the MCA as lacking capacity to make a decision.

It is normally the 'decision maker's' responsibility to decide what would be in the adult's best interests. The best way to work out who is the decision maker is to consider who would need consent or permission to carry out the decision and would they be able to evidence that they have applied the principles and processes of the MCA to gain protection from liability. For example, in cases where social services are responsible for making arrangements, it would probably be the social worker involved. If the decision needs to be made about a medical or dental treatment, then the person carrying out the treatment would become the decision maker.

It is important that a record is kept of the process when working out the best interests for each decision and outcome. Including:

- How the decision was reached
- The views and wishes of the adult (particularly if they differ from the decision made)
- Reason for reaching decision
- Who was consulted
- Any factors that were taken into account (i.e. cultural factors)

Death of the adult during the VARM process

Where a person dies whilst within the VARM process:

- The coroner must be informed
- Consider a [Safeguarding Adult Review \(SAR\) referral](#). Discuss with your agency's Adult Safeguarding Lead

Supporting Documents

- [Dedicated Webpage](#) will all of the supporting documents available for download
- [What to Expect Leaflet](#)
- [VARM Practice Guidance](#)
- [VARM Flowchart](#)
- [What Makes a Good Chair](#)
- [VARM Referral Summary Form](#)
- [VARM Risk Management plan](#)