

# **Vulnerable Adult Risk Management (VARM)**

**(27 February 2017)**

*We speak your language*

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Polish

*Mówimy Twoim językiem*

---

French

*Nous parlons votre langue*

---

Spanish

*Hablamos su idioma*

---

Slovak

*Rozprávame Vaším jazykom*

---

Chinese

我们会说你的语言

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Bolsover District Council on

**01246 242424** or

North East Derbyshire District

Council on **01246 231111**

## CONTROL SHEET FOR [Vulnerable Adult Risk Management]

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## 1. Introduction

This Vulnerable Adult Risk Management (VARM) policy is a joint policy for Bolsover District Council (BDC), North East Derbyshire District Council (NEDDC) and Rykneld Homes Limited (RHL) to provide guidance for employee's, elected members, board members and the public of the VARM process and to create awareness of how we implement the Derbyshire wide policy and who to contact should a case need to be reported.

BDC, NEDDC, and RHL have adopted the wider Derbyshire Safeguarding Adults Board's (SAB) Vulnerable Adult Risk Management (VARM) policy which provides a *'framework for professionals to facilitate effective multi-agency working, with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect or other risk taking behaviour, for example self-harm or refusal or disengagement of services'*. **See appendix 1**

Each VARM will be assessed on a case by case basis and individual action plans formulated to identify the appropriate agency/department's responsibility to alleviate the risk, therefore the guidance should be used flexibly to achieve the best outcomes.

## 2. Scope

This policy is in line with the adopted Derbyshire Safeguarding Adults Board VARM Policy and has due regard to the Care Act 2014 and its statutory Safeguarding Guidance which replaces the "No Secrets" Guidance 2000.

When assessing VARM cases and carrying out actions we will work within policy and law, therefore all relevant BDC, NEDDC and RHL Policies will be taken into consideration including Risk Management and Equality and Health and Safety. Also to fulfil our legal and statutory duties the policy has due regard to current legislation and any subsequent amendments, including the;

- Equalities Act 2010
- Human Rights Act 1998
- Data Protection Act 1998
- Mental Health Act 2005
- Mental Capacity Act 2005

The policy covers all of the functions and services of BDC, NEDDC and RHL, as well as the operations of partners, contractors and voluntary organisations that deliver services on our behalf, unless they have their own policy which has been recognised as an adequate substitute.

The policy will affect any person with mental capacity aged 18 years and over who is at risk of serious harm or death through self-neglect or other risk taking behaviour including self-harm or refusal or disengagement of services and who does not fall within the primary processes highlighted in section 4.5.

### 3. Principles

The policy acknowledges the commitment of partnership and multi-agency working and sharing information to keep vulnerable people safe.

The policy is based on national legislation and a local framework and links with BDC's and NEDDC's Corporate Aims, which are:

- Providing our Customers with Excellent Service
- Supporting Our Communities to be Healthier, Safer, Cleaner and Greener

The policy directly links to our Corporate Priorities, which are:

- Supporting vulnerable and disadvantaged people
- Increasing customer confidence and satisfaction with our services
- Contributing to improving health and well-being.

This also links with RHL's priorities to:

- Make a positive difference to the lives of our tenants and residents
- Meet the needs of tenants and the communities where they live

## 4. Vulnerable Adult Risk Management (VARM) Guidance

### 4.1 Lead Agencies

The Key lead agencies are:-

- Service Managers & Senior Practitioners within Adult Social Care
- Safeguarding leads within NHS Organisations
- Community Safety Managers in Derbyshire Fire and Rescue Service
- Derbyshire Constabulary
- Environmental Health
- Housing (Council)
- Housing (Rykneld Homes Limited)
- Probation
- Alcohol and Drug Services

### 4.2 Sharing Information

Both Councils and Rykneld Homes Limited is a member of the Derby and Derbyshire Partnership Forum and have signed up to the Sharing of Information Protocol, which can be viewed on the Derbyshire Partnership Forum website at [www.derbyshirepartnership.gov.uk/about\\_us/](http://www.derbyshirepartnership.gov.uk/about_us/).

This is to ensure that effective communication is made across all organisations. The Data Protection Act 1998 does not preclude the sharing of information to provide an effective service or protect a person from harm, danger and abuse. The appropriate sharing of

information between agencies is vital for the identification of and reduction of abuse or neglect when assessing risk and instigating or attending VARM meetings. However the sharing of data will still need to be carried out in a controlled manner as defined in the Data Protection Act 1998.

### 4.3 Identifying and Reporting Adult at Risk

An adult at risk can be identified by any person/s such as, employee's, elected members, board members, external agency/organisations or members of the public that has concerns about an adult who is at risk of harm through neglect or abuse.

Once an adult at risk has been identified a referral to the appropriate VARM Champion can be made, either by telephone, email or by completing a RHL Referral Form. **See appendix 2.**

If there are any children involved with the adult at risk then a Child Safeguarding referral must be completed, see the relevant organisations Child Safeguarding Policy via the links below for the referring procedures.

[Bolsover District Council Child Safeguarding](#)

[North East Derbyshire District Council Child Safeguarding](#)

[Rykneld Homes Limited Child Safeguarding](#)

### 4.4 VARM Champions

Each organisation/agency has appointed VARM Champions, for both Councils and RHL these are:

<b>VARM Champions Contact Details</b>			
<b>Job Title</b>	<b>Bolsover District Council</b>	<b>North East Derbyshire District Council</b>	<b>Rykneld Homes</b>
Joint Environmental Health Service – Environmental Health Officer	01246 242424	01246 231111	
Housing (BDC) – Housing Needs Manager	01246 593062		
Housing (BDC) - Housing Enforcement Manager	01246 593057		
Housing (NEDDC) – Housing Options Team Leader		01246 217625 Email: <a href="mailto:HousingOptions@ne-derbyshire.gov.uk">HousingOptions@ne-derbyshire.gov.uk</a>	
Housing (Rykneld Homes) – Community Sustainment Manager			Referral Form <i>or</i> 01246 217670

The VARM Champions will assess risk and determine if the Vulnerable Adult meets the criteria set out in section 4.5.

The VARM Champion may attend the meeting themselves or appoint a colleague if this is more appropriate to maximise the best outcome, although if a colleague is appointed they will report regularly to the VARM Champion on the progress of the meetings.

There is no limit to the number of people attending the meetings from any one agency/organisation therefore more than one department from BDC, NEDDC or RHL may attend with any number of officers, however it is essential that an officer who can make decisions within their remit is in attendance.

#### 4.5 Criteria for a VARM

VARM's are designed to protect adults at most risk and who are not managed by other primary processes, therefore it should not be seen as a substitute for the primary processes, such as:

- Multi-Agency Public Protection Arrangements (MAPPA)
- Multi-Agency Risk Assessment Conference (MARAC)
- Channel (Programme for individuals who are at risk of being drawn into terrorism)
- Safeguarding Adults
- Mental Health Act 2005
- Mental Capacity Act 2005

A meeting will only be called if the adult at risk does not fall within these existing primary processes and it will reduce the risk of serious harm or death.

In accordance with national policy and the Derbyshire Safeguarding Adults Board VARM framework, in order to consider a person for a VARM meeting **all** the following criteria should apply:

- A person **must have capacity** to make decisions and choices regarding their life
- There is a **risk of serious harm or death** by 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 and they do not meet the criteria for Safeguarding
- There is a **public safety** interest
- There are a high level of **concerns from partner agencies**.

**Serious harm means 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.**

[Section 42 of the Care Act 2014](#), states the Local Authority must make whatever enquiries necessary to decide whether any action should be taken and by whom if the local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),



(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Derbyshire County Council (DCC) has responsibility for Adult Care therefore in cases where there is self-neglect a Safeguarding referral will be made by BDC/NEDDC/RHL VARM Champions to DCC's Adult Care who will make a decision whether it meets the criteria for safeguarding and a Section 42 enquiry, they will then decide what response is required, which could be;

- that the criteria is not met for safeguarding
- that the criteria is met and the Section 42 will be managed by either DCC or the most appropriate agency.

Safeguarding referrals to DCC can be made by completing the Safeguarding referral form or by contacting Call Derbyshire on 01629 533190 or 01629 532600 outside of office hours. **See appendix 3**

For more information on the Safeguarding procedures see the relevant organisations Safeguarding policies which can be found via the links below.

[Bolsover District Council Safeguarding Policy](#)

[North East Derbyshire District Council Safeguarding Policy](#)

[Rykneld Homes Limited Safeguarding Policy](#)

If an individual reports a hate crime incident to you and is **not eligible** under the Safeguarding or VARM criteria then ask if the victim/complainant/witness is willing for the incident to be reported, only in this case consent must be given. If they are complete the Hate Incident Report Form promptly and within 24 hours of receipt of the complaint. The form and the Hate Crime policy, for further guidance, are available on the Council's Intranet and Website.

#### **4.6 Establishing Capacity**

The Council will adhere to the five statutory principles of the [Mental Capacity Act 2005](#), which are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

#### **4.7 Obtaining Consent**

Wherever possible consent for holding a VARM and encouragement to participate in the process from the adult at risk will be sought, however a lack of consent would not prevent a VARM from taking place. Under common law a person may act to prevent serious harm from occurring if there is a necessity to do so.

#### **4.8 The VARM Meeting**

To Implement a Risk Management Plan the Derbyshire SAB VARM policy should be followed. **See appendix 1.**

Any agency can initiate a VARM meeting and it was agreed by Derbyshire SAB that whichever agency identifies an adult at risk that would benefit from a VARM meeting, that agency will both lead and coordinate the multi-agency risk assessment.

If BDC, NEDDC or RHL is the lead organisation then the VARM champion or nominated colleague will decide and invite other departments and/or external agencies/organisations which can include the voluntary sector. The adult at risk or an advocate may attend if appropriate. As lead they will also record actions of the meeting on the Risk Management Meeting Record document. **See appendix 4.**

BDC, NEDDC and RHL are committed to attend multi-agency risk assessments as invited by other lead agencies/organisations, the VARM champions will decide who should attend to achieve the best possible outcome.

#### **4.9 Funding**

Limited funding is available from DCC to support risk reduction/improvement actions agreed at VARM meetings, however this is only available where no other funding is possible. The VARM champions will assess whether an application for funding is required and an application form is to be completed.

#### **4.10 Monitoring**

A copy of the completed VARM meeting records will be submitted to DCC Safeguarding Adults Team, who will collate records for the purpose of quality assurance and data collection. Any data will be securely transferred in line with the security of transferring data procedures and data protection policy.

VARM cases will be internally monitored on a quarterly basis and recorded on the PEFORM system through the Joint Housing Strategy Team.

BDC Elected Members will be updated periodically.

## **5. Responsibility for Implementation**

Joint Executive Director, Paul Hackett  
VARM Champions

## Joint Housing Strategy

All employees of BDC, NEDDC and RHL should be aware of the VARM policy and procedures to enable identification and report potential adults at risk.

## 6. Appendices

### **Appendix 1**



## Derbyshire Safeguarding Adults Board v.3.0 1 VULNERABLE ADULT RISK MANAGEMENT (VARM) POLICY

### **Introduction**

This policy provides professionals with a framework to facilitate effective multi-agency working with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect or other risk taking behaviour for example self-harm or refusal or disengagement of services.

The Care Act 2014 now includes self-neglect as a category of abuse.

**The process should not be seen as a substitute to existing processes**, including the Mental Health Act, Mental Capacity Act, MAPPA, MARAC and Channel. 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 meeting will reduce the risk of serious harm or death.

The Vulnerable Adults Risk Management process is a multi-agency procedure to discuss, identify and document risk for high risk cases, and formulate an action plan identifying appropriate agency responsibility for actions. It also provides a mechanism for review and re-evaluation of the action plan.

The VARM process requires each lead agency to appoint a “champion” or lead within their agency. Safeguarding Adults Board representatives will be responsible for appointing a suitable lead or “champion” within their organisation. In Derbyshire there are established champions in the following agencies:-

- Service Managers & Senior Practitioners within Adult Social Care
- Safeguarding leads within NHS Organisations
- Community Safety Managers in Derbyshire Fire and Rescue Service
- Derbyshire Constabulary
- Environmental Health Officers
- Housing
- Probation
- Alcohol and Drug Services

### **Establishing 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 capacity to exert a choice over a decision with regard to their safety 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 an 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.

Further information and guidance on Mental Capacity Act Assessments and Best Interests can be found at:- <http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-of-practice-0509.pdf>

## **Criteria for VARM**

In order to consider a person for a VARM meeting **all** the following criteria should apply:

- A person **must have capacity** to make decisions and choices regarding their life
- There is a **risk of serious harm or death** by 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 and they do not meet the criteria for Safeguarding
- There is a **public safety** interest
- There are a high level of **concerns from partner agencies**

Serious harm means 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.

Any agency can initiate a VARM meeting. The expectation is that the appointed VARM champion will exercise professional judgement when referring a case to this process.

**In cases where there is self-neglect a SAFEGUARDING referral will be made to Adult Care who will make a decision whether it meets the criteria for safeguarding and a Section 42 enquiry is made. The local authority will then decide which is the appropriate process (safeguarding or VARM) and who is best placed to coordinate and lead. There could be a number of agencies who take the lead.**

The local authority will decide what response is required. The response could be that

- The criteria is not met for safeguarding
- The criteria are met and the Section 42 will be managed by either the Local Authority or the most appropriate agency.

It was agreed by Derbyshire Safeguarding Adults Boards that whichever agency identifies an adult at risk that would benefit from a VARM meeting, that agency will both lead & coordinate the multi-agency risk assessment.

Consent for holding a VARM should be obtained from the person wherever possible, and the person should be encouraged to participate in the VARM process. However, a lack of consent would not prevent a VARM from taking place. Under common law a person may act to prevent serious harm from occurring if there is a necessity to do so.

## **VARM Meeting**

If the threshold criteria are met the lead agency will coordinate attendance at a risk management meeting. The VARM lead will identify which agencies will be invited to the meeting.

**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 Safeguarding Children Referral is made.**

Consideration should be given to inviting appropriate agencies including non-statutory, voluntary sector and local community groups to facilitate the best opportunity to encourage positive engagement with the adult at risk.

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 staff are allocated 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 Meeting Record document.

The purpose of this multi-agency meeting is to formulate a multi-agency risk assessment and identify actions to reduce the level 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 may attend. Due to the nature of people discussed in a VARM it is likely that they are people who disengage and who often do not have support systems.

The following agenda should be followed when chairing a VARM meeting

- Introductions
- Background to the circumstances of the VARM by the referring agency
- Consent & Capacity Issues
- Identify Risks
- Identify Actions
- Appoint a person to contact the client
- Organise Review Date or Exit Strategy

The VARM meeting will consider and critique the Risk Management Plan to see what options are available for encouraging engagement with the Adult. This critique should include a consideration of which professional is best placed to successfully engage with the person, for example; whether the person would respond more positively to a health or a voluntary agency professional?

Following a period of implementing the risk management 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 reviewed plan will be discussed and agreed within the multi-agency meeting.

### **Recording the Risk Management Process**

Each agency is expected to manage, record and hold the case where an adult is considered under the VARM process. The VARM documentation will then be completed and coordinated by the appointed lead agency.

It is anticipated that adults at risk will be informed and involved in the meetings although many will choose to disengage due to their circumstances.

It is an expectation that the Risk Management Meeting Record will be completed fully and will be circulated to all attendees within a period of two weeks.

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

A copy of completed VARM meeting records should be submitted to the local Authority Safeguarding Adults Team, who will collate records for the purpose of quality assurance and data collection.

### **Reviewing the Risk Management process**

The Lead Agency & Chair will need to reconvene the meeting at appropriate 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 the risks may not be assessed as high enough.

If all risks have been identified and actions completed and there are no further actions a decision may be made to close the case. Due to the nature of clients referred into this process most will remain at risk and the meetings are convened to reduce this risk as far as possible.

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 lead agency if they feel a further meeting needs to be reconvened.

### **Information Sharing**

Interagency agreements already exist to protect individuals against experiencing serious harm and Caldicott principals exist to protect agencies sharing information on a need to know basis in order to prevent harm. Each agency needs to be aware of the principals of sharing information and be aware of the threshold of sharing information on a “need to know basis”.

Information can be shared to protect the vital interests of the vulnerable adult (DPA 1998 sch2). Further information on Information Sharing can be found at [http://www.derbyshirepartnership.gov.uk/images/Derbyshire%20Partnership%20Forum%20ISP%20-%20v%203%204\\_tcm39-112507.pdf](http://www.derbyshirepartnership.gov.uk/images/Derbyshire%20Partnership%20Forum%20ISP%20-%20v%203%204_tcm39-112507.pdf)

### **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.

## Quality Assurance

Each agency is required to maintain records of the VARM, and assure the quality of referrals. The local authority Safeguarding Adults Teams will collect and produce data about the VARM process. Quality will be assured through audits completed as part of the Performance Subgroups of the relevant Safeguarding Adults Boards.

The Local Authority will record details of the VARM where serious self-neglect is occurring as part of the Safeguarding requirements.



## Appendix 2

We will treat all the personal information on this referral in confidence and in accordance with the Data Protection Act 1998. Personal information will be only be shared as part of Vulnerable Adults Risk Management Process and The Derbyshire Safeguarding Adults Board.



## Vulnerable Adults Risk Management (VARM) Process Referral Form

Name	
Address	
Date of Birth	
Telephone number	
Other Occupants:	

### Referring Officers Concerns & Background

### Other Agency Concerns & Involvement

Criteria Check List	Yes	No	Not Known
Does the tenant have capacity			
Is there a risk of serious harm or death			

Is there a public safety interest			
Concerns from partner agencies			

**Key Agencies Involvement to Attend**

Adult Social Care		Children's Social Care	
Health Organisation		Hospital Safeguarding	
Fire & Rescue		Women's Aid	
Police / PSH Officer		Faith Organisations	
Environmental Health		Financial Inclusion	
Probation		Community Safety Partnership	
Drug & Alcohol Services		Housing Support	
Other:			

Referring Officer	
Date	

**Appendix 3**

## Referral Form

When completing the referral form please consult the Derby and Derbyshire Safeguarding Adults Procedures.

**FOR ALL SAFEGUARDING REFERRALS PLEASE TELEPHONE the relevant local authority to make the referral before submitting this form.**

**For Derby City**, please call 01332 640777 or 01332 786968 outside of office hours. You can also fax this form to Adult Social Care on 01332 643299.

**For Derbyshire County**, please contact Call Derbyshire on 01629 533190 or 01629 532600 outside of office hours.

If you have an email address with the following suffixes (@gsi.gov.uk, @gsx.gov.uk, @gcsx.gov.uk, @nhs.net, and @pnn.police.uk, @cjsm.net) you can email this form securely to the email addresses below: (Please note that these email inboxes are not monitored out of hours)

Derby City	<a href="mailto:DDadultsocialcare@derby.gov.uk.cjsm.net">DDadultsocialcare@derby.gov.uk.cjsm.net</a>
Amber Valley Area (Ripley, Alfreton, Belper)	<a href="mailto:AC.BSAmbervalley@derbyshire.gcsx.gov.uk">AC.BSAmbervalley@derbyshire.gcsx.gov.uk</a>
Bolsover Area (Clowne, Whitwell)	<a href="mailto:AC.BSBolsover@derbyshire.gcsx.gov.uk">AC.BSBolsover@derbyshire.gcsx.gov.uk</a>
Chesterfield Area	<a href="mailto:AC.BSChesterfield@derbyshire.gcsx.gov.uk">AC.BSChesterfield@derbyshire.gcsx.gov.uk</a>
Erewash (Long Eaton, Ilkeston)	<a href="mailto:AC.BSErewash@derbyshire.gcsx.gov.uk">AC.BSErewash@derbyshire.gcsx.gov.uk</a>
High Peak Area (Glossop, Buxton)	<a href="mailto:AC.BSHighpeak@derbyshire.gcsx.gov.uk">AC.BSHighpeak@derbyshire.gcsx.gov.uk</a>
Matlock Area	<a href="mailto:AC.BSHQ@derbyshire.gcsx.gov.uk">AC.BSHQ@derbyshire.gcsx.gov.uk</a>
North East Area (Clay Cross/Dronfield/Eckington)	<a href="mailto:AC.BSNorthEast@derbyshire.gcsx.gov.uk">AC.BSNorthEast@derbyshire.gcsx.gov.uk</a>
South Dales Area (Ashbourne, Swadlincote, Shardlow, Willington, Hilton, Etwall)	<a href="mailto:AC.BSSouthDales@derbyshire.gcsx.gov.uk">AC.BSSouthDales@derbyshire.gcsx.gov.uk</a>

**Please note:** sending person identifiable information using the above email addresses may amount to a breach of Data Protection legislation if you do not send from a secure email address to a secure email address.

### ALL QUESTIONS MUST BE COMPLETED IN FULL

Any incomplete forms will be reported to agency safeguarding leads for quality assurance.

DETAILS OF THE ADULT					
<b>Name of relevant adult:</b>		<b>Date of Birth</b>		<b>Ethnic Origin</b>	
<b>Address:</b>		<b>Telephone Number:</b>			
<b>Present location of adult if different from above:</b>					
<b>Is the adult aware of the referral?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>If no, why not:</b>		
<b>What does the adult want to happen as an outcome of the referral?</b>					
<b>Have they consented to the referral?</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Have they got Capacity under the MCA to consent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Known <input type="checkbox"/>
	Date of assessment		
Is the adult able to independently represent their views and wishes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Who would the adult like to support or represent them?			
Does the adult need referral to formal advocacy support or services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

STATUTORY SAFEGUARDING CRITERIA	
What care and support needs does the adult have?	
How do these needs prevent the adult keeping themselves safe?	

CATEGORY OF ALLEGED ABUSE/RISK OF ABUSE									
Physical	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Psychological/ Emotional	<input type="checkbox"/>	Financial/Material	<input type="checkbox"/>	Discriminatory	<input type="checkbox"/>
Domestic Abuse	<input type="checkbox"/>	Sexual Exploitation	<input type="checkbox"/>	Neglect/Acts of Omission	<input type="checkbox"/>	Modern Day Slavery	<input type="checkbox"/>	Organisational	<input type="checkbox"/>
Self-Neglect	<input type="checkbox"/>								

DETAILS OF ALLEGED ABUSE/RISK OF ABUSE				
Details of alleged abuse/ risk of abuse/ concerns. Please give as much detail as possible about what the concerns are, what has happened and what risk of future abuse/harm has been identified (Who is involved, What has happened, Where has it happened, When did it happen, How has it happened)				
What immediate safeguarding action has been taken?				
Where has the alleged abuse occurred or is likely to occur (if this is a regulated setting, please provide full address and postcode)				
Date of suspected abuse:			Time of suspected abuse	
Have the police already been informed? (NB: If you suspect a crime has occurred please contact the police)	Yes	<input type="checkbox"/>	If yes, what is the incident number?	
	No	<input type="checkbox"/>		
	Unknown	<input type="checkbox"/>		

Date of Death (if applicable)			
Does making this referral place anyone at risk of harm including other adults or children? (Think Family- please make a referral to children's services if you have concerns for the welfare or safety of a child)	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
	If yes please detail		
Has the abuse or neglect been directly observed?	Yes	<input type="checkbox"/>	If yes by whom?
	No	<input type="checkbox"/>	
	Unknown	<input type="checkbox"/>	

DETAILS OF THE PERSON WHO HAS ALLEGEDLY CAUSED HARM							
Name of person alleged to have caused harm			Date of Birth				
Address							
Is this person:	A carer	<input type="checkbox"/>	Family member	<input type="checkbox"/>	Partner	<input type="checkbox"/>	
	Professional	<input type="checkbox"/>	Stranger	<input type="checkbox"/>	Unknown/ other	<input type="checkbox"/>	
	Details of relationship						
Is the person who has allegedly caused harm/abuse aware of the referral?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DETAILS OF THE PERSON MAKING THIS REFERRAL			
Name of referrer and referring agency			
Address			
Telephone no		E-mail:	
Signature of referrer	[by typing your name you are signing this electronic form]		
Print name			
Date alert raised in referring agency			
Date form completed		Time	

ADDITIONAL INFORMATION



Derby Safeguarding Adults Board  
Derbyshire Safeguarding Adults Board

**Vulnerable Adult Risk Management Meeting Record**

Appendix 4

<b>Name of Adult at Risk</b>	Click here to enter text.		<b>PIN/ ID/ NHS Number</b>	Click here to enter text.	
<b>DOB</b>	Click here to enter text.	<b>Age</b>	Click here to enter text.	<b>Ethnic Origin</b>	Click here to enter text.
<b>Address</b>	Click here to enter text.				
<b>Telephone number</b>	Click here to enter text.				
<b>GP details</b>	Click here to enter text.				

<b>Other people living/sharing the accommodation (Including Children)</b>	
<b>Name</b>	Click here to enter text.
<b>Address</b>	Click here to enter text.
<b>DOB</b>	Click here to enter text.
<b>Relationship to adult at risk</b>	Click here to enter text.

<b>Lead/ Co-ordinating Agency contact details</b>
Click here to enter text.

<b>1. What is the risk of serious Harm or Death?</b>		
Click here to enter text.		
<b>2. What are the Public Safety issues?</b>		
Click here to enter text.		
<b>3. What other Agencies are concerned?</b>		
Click here to enter text.		
<b>4. Does the person have the capacity to understand the identified risk?</b>	<b>YES/Unknown</b>	<b>NO</b>
	Click here to enter text.	Click here to enter text.

<b>VARM Criteria met?</b>	<b>YES</b> Click here to enter text.	<b>NO</b> Click here to enter text.
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Agreed by: (Insert name of VARM Chair) Click here to enter text.
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<b>What are the views of the Adult and what do they want? (please also record here what attempts have been taken to involve the Adult in this process)</b>
Click here to enter text.

<b>Who does the person want to represent/support them?</b>	
Name	Click here to enter text.
Contact details	Click here to enter text.

<b>Adult care</b>	Click here to enter text.	<b>Health Organisation</b>	Click here to enter text.	<b>Fire &amp; Rescue</b>	Click here to enter text.	<b>Police/PSH Officer</b>	Click here to enter text.	<b>Environmental Health/Housing</b>	Click here to enter text.
<b>Housing support</b>	Click here to enter text.	<b>Drug &amp; Alcohol Services</b>	Click here to enter text.	<b>Children's Social care</b>	Click here to enter text.	<b>Hospital</b>	Click here to enter text.	<b>Women's Aid</b>	Click here to enter text.
<b>Mental Health</b>	Click here to enter text.	<b>Probation</b>	Click here to enter text.	<b>GP</b>	Click here to enter text.	<b>Faith Organisation</b>	Click here to enter text.	<b>Community Safety Partnership</b>	Click here to enter text.
<b>Other</b>	Click here to enter text.								

<b>Date of Risk Management Meeting</b>	Click here to enter text.					
<b>Details of people attending the meeting</b>						
Name	Role and Organisation and Address	Email	Attended	Apologies	Not Attended	Report Submitted
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click	Click here to	Click here to enter	Click here	Click here	Click here	Click here

here to enter text.	enter text.	text.	to enter text.	to enter text.	to enter text.	to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

### Meeting Details

<b>Is the Adult at risk present?</b>	<b>Yes</b> Click here to enter text.	<b>No</b> Click here to enter text.	<b>Represented/accompanied by:</b>
<b>Does the Adult understand the purpose of the meeting?</b>	<b>YES</b> Click here to enter text.		<b>NO</b> Click here to enter text.
<b>If NO - What steps have been taken to address?</b>	Click here to enter text.		

<b>What is Important TO the adult at risk? (what does the adult want from this process)</b>	<b>What is Important FOR the adult at risk? (what others want from this process)</b>
Click here to enter text.	Click here to enter text.

<b>Description of risks</b>	<b>Risk rating High, Medium, Low</b>
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.



	text.
Click here to enter text.	Click here to enter text.

Protection Action Plan		Action by whom	Action by Date	Review Date
1	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

3	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
4	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
5	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
6	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
7	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
8	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
9	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
10	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Description of any conflict Identified?	Name of person/agency with conflicting view
Click here to enter text.	Click here to enter text.

<b>Desired outcomes of the Adult following the Protection plan:</b>	
Click here to enter text.	
<b>Legal Powers and Duties considered</b>	
1	Fire and Rescue Services Act- duty to provide fire safety advice, attend fires and other emergencies to save life.
2	Fire Safety Order- Duty on responsible persons(Generally owner/landlord) to provide suitable and sufficient fire risk assessments to consider all relevant persons (tenants)
3	Section 47 – Public Health Act 1984= Environmental Safety

4	Human Rights Act 1998 (right to private and family life)
5	Mental Capacity Act 2005 (allows for intervention if assessment deems person lacks capacity)
6	Mental Health Act 1983 (allows for intervention if assessment deems person has mental disorder)
7	Care Act 2014
8	Housing Act 2004- Duties on housing authorities
9	Occupier liability Act

<b>Contingency plan</b>			
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<b>Date Protection Plan agreed:</b>	Click here to enter text.	<b>Service User Signature if agreed/required</b>	Click here to enter text.
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<b>Closure Summary</b>
Click here to enter text.

<b>Closure Outcomes (tick applicable)</b>					
Referral to agency	Click here to enter text.	Advice and Guidance provided	Click here to enter text.	Family Support	Click here to enter text.

No Further action	Click here to enter text.	Individual does not wish to proceed	Click here to enter text.	Civil Action	Click here to enter text.
Support not accepted	Click here to enter text.	Criminal investigation/prosecution	Click here to enter text.	Person Deceased	Click here to enter text.

Risks Removed	Click here to enter text.
Risks Remain	Click here to enter text.
Risks Reduced	Click here to enter text.

<b>Review meeting required</b>	<b>YES</b> Click here to enter text.	<b>NO</b> Click here to enter text.
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<b>If yes – Date of next meeting</b>	Click here to enter text.
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**REVIEW**

<b>Outstanding actions</b>	<b>Action by whom</b>
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Additional actions		Action by whom	Action by Date	Review Date
1	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
4	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
5	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

<b>Date of closure:</b>	Click here to enter text.	<b>Service User Signature if agreed/required</b>	Click here to enter text.
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**The actions that have been identified are considered to be legal, necessary and proportional to the circumstances based on the information shared in this meeting. This is a true and accurate record of the VARM meeting.**

The insertion of the VARM Chair's name in this box replaces the normal hand written signature to denote compliance with the above statement.

<b>Name:</b>	Click here to enter text.
<b>Date:</b>	Click here to enter text.