

Vulnerable Adult Risk Management (VARM) Framework

Introduction

This guidance seeks to provide professionals with a framework to facilitate effective working with adults who are at risk due to self-neglect, refusal of services or abuse and or exploitation by a third party, where that risk may lead to significant harm or death. This model provides a framework to support vulnerable adults (as defined by 'No Secrets' DoH 2000) and those working with them. It should be applied when a vulnerable adult with mental capacity makes choices that could result in serious harm injury or death.

This VARM framework is intended for use in the following circumstances:

- Where an adult has capacity to make the decision(s) that is creating significant concern for agencies about the adults safety and/or wellbeing (risk of serious injury/death)

And

- The risk arises from the individual's refusal to engage with services and/or self neglect in one or more areas of their lives

And

- Where existing agency involvement have tried and been unable to resolve the issues.

Process

It is always best practice to inform the vulnerable adult that the VARM is being initiated; however the vulnerable adult's refusal to engage with service may be a cause of concern. Request for a VARM should not therefore be delayed because it is impossible to engage with the individual. The vulnerable adults consent should be sought, but a decision to initiate the process without consent may be justified if there are concerns that the vulnerable adult is at risk of significant harm.

VARM is a multi-agency meeting and cannot be undertaken by one service in isolation. These complex cases can sometimes divide agencies and a multi-agency approach will promote better understanding of each other's roles and help to prevent any misunderstandings or conflicts.

The VARM process can be initiated by any partner agency and will be facilitated and led by the Vulnerable Persons Unit (VPU). However the initial VARM meeting should routinely include individuals from the following key agencies:

- NHS Rotherham / Clinical Commissioning Group
- RMBC, Adult Safeguarding,
- RMBC Adult Social Care
- RMBC Housing and Neighbourhood Services
- Rotherham Foundation Trust
- RDASH
- South Yorkshire Fire & Rescue
- South Yorkshire Police (VPU/PPU)
- Voluntary and Community sector

Other potential partners should be considered on an individual case by case basis.

Information Sharing

There is a duty placed on public agencies under the Human Rights Act (1998) to intervene to protect the rights of citizens. The organisation that you work for will also have a Code of Conduct that places a duty of care to service users upon you. The information exchanged under this Framework will be used for the purpose of protecting the individual from significant harm. Wherever possible the individual should be informed of the need to share their information unless this would increase their risk of harm.

Guidance

Capacity or lack of capacity is a vital element in support planning with, or on behalf of, adults who are at risk of self-neglect.

Once a person's capacity has been established, planning can follow one of two routes, either:

- i) In the case of lack of capacity, a decision to follow Mental Capacity Act (MCA) Guidance to work in the individual's 'best interests', or
- ii) In the case of capacity, to follow the Vulnerable Adults Risk Management Process.

If the Client is assessed as having the capacity to understand the consequences of refusing services, then a VARM meeting should be convened. This is a bespoke cross agency meeting to develop and co-ordinate activity to address the needs of identified vulnerable adults and provide a multi-agency response where interventions have tried and failed.

It is essential that all agencies involved once a case enters the VARM framework, should notify their Senior Managers within 24 hours of this decision being made. This will ensure that senior managers are aware and can support workers with high risk cases that may result in attendance in coroner's court, challenges in the press etc. and assess any organisational risks.

Once the need for a VARM has been identified in agreement with Senior Managers, a referral will be made to the VPU. The Safeguarding Adults Office should also be notified on a VARM notification form

The meetings will be chaired by Chief Inspector South Yorkshire Police and will be scrutinised by the Vulnerable Adults Panel (VAP).

The aims of the VARM meeting will:

- Reduce risk and improve outcomes for individuals and for services.
- Provide a balance of support for the individual and the needs of the organisations involved
- Establish capacity and record when, where and by whom the assessment was carried out.
- Critique the Support Plan and discuss with a network of professionals alternative options for encouraging engagement with the Vulnerable Adult.
- To provide a multi-agency framework to monitor and manage risks and record agreed outcomes
- To identify service development to achieve the required outcome for the individual

Need to consider which professional is best placed to engage –supported and co-ordinated by case workers within VPU/VPT

Having established an alternative/holistic Support Plan, the adult at risks' resistance to engagement should be tested by the re-introduction of the new plan by the person or the agency most likely to succeed (this would have been decided at the Risk Management Meeting – see above).

Where the adult at risk continues to refuse services, good practice would involve the person or agency documenting the risks / risky behaviour and the adult at risk signing this as understanding and agreeing that they understand the risks involved.

If the plan is still rejected, the meeting should reconvene to discuss a review plan. The case should **not be** closed just because the adult at risk and is refusing to accept the plan. Appropriate advice must be taken as to a reasonable review plan, including consideration of the timescales to be applied.

In summary, the following sequence of events should be applied:

- Test capacity
- Risk Assess
- Alternative Support Plan
- Engage and advocate
- Test Resistance
- Review

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. This should be within the minutes of the Risk Management/Review Meetings. Where possible, the Service User’s views and wishes should be included and if they are not present, the reason for this should be clearly documented.

It should be clear on the agreed actions, who is responsible for carrying out the actions and the timescales involved. Disagreements should also be clearly documented. Co-ordination of actions will be undertaken by case workers within the VPU.

All disagreements will be referred to the Vulnerable Adult Panel (VAP). The VAP is a meeting of senior managers positioned at an appropriate level in their organisation to deliver an organisational perspective, able to provide information valuable to the process and able to make decisions regarding the movement of resources to meet demand. The VAP will be chaired by Service Manager Safeguarding Adults, RMBC, who will convene the meeting as and when required inviting the appropriate senior managers, identified by the VARM, to attend.

This process does not and should not affect an individual’s human rights, but seeks to ensure that the Council (in partnership with other relevant agencies) extends its duty of care in a robust manner and as far as is reasonable.

The dilemma of managing the balance between protecting adults at risk from self-neglect, abuse and exploitation against their right to self-determination is a serious challenge for all services.

Applying this robust process should ensure all reasonable steps are taken to ensure safety, by a multi-agency group of professionals.

This model will be critical for the reasons outlined above, but in addition will anticipate the possible extension of the definition of adults who may be in need of safeguarding (to include those at risk of harm as a result of self-harm/self-neglect and sexual exploitation).

Exiting the VARM Framework

Only when:

- All outcomes are achieved
- Risk is reduced as far as possible and all agency involvement and support has been explored.

All cases exiting the VARM must be referred to VAP for final sign off.

Capacity

The Mental Capacity Act 2005 was implemented in April 2007 and is accompanied by the Code of Practice.

The following principles are set out in Section 1 of the Act and will need to form the basis of all work in relation to adults at risk, to ensure best practice:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make decisions unless all practicable steps to help them to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made for or on behalf of a person who lacks capacity must be in their best interests.
- Before the act is done, or the decision made, regard must be had as 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.

Section 2 of the Act provides that a person lacks capacity if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment or disturbance that is permanent or temporary.

This is a diagnostic test which could cover, but is not limited to, a range of difficulties, such as psychiatric illness, learning disability, dementia, brain damage or even a toxic confusional state, as long as it has the necessary effect on the functioning of the mind or brain, which causes the person to be unable to make a decision.

Each decision must be considered separately. General assessments of capacity are not accepted. It is not acceptable, for example, to conclude that someone 'lacks capacity' in a general or "global" sense.

Capacity, or lack of, **must** refer to a particular decision. The question of whether a person lacks capacity to make a particular decision, at the time when the decision needs to be made, must be decided on the balance of probabilities, i.e. more likely than not.

Section 3 of the Act defines what being 'unable to make a decision' means:

- The person is unable to understand the information relevant to the decision.
- Unable to retain the information.
- Unable to use the information as part of the process of making the decision
- Unable to communicate the decision

Best Interests

If a person is deemed to be lacking capacity, all circumstances must be considered in deciding whether something is in a person's 'best interests'. The Act gives further guidance on particular factors to be taken into account in Section 4.

None of the factors carry any more weight or priority than another; the list is not exhaustive but should enable an objective assessment of what is in the person's best interest to be made.

Consideration as to whether the person is likely to have capacity at some time and if so, when, must be given. This suggests the non-urgent decisions can be left if there is a likelihood of the person regaining capacity. The person in question should also be as fully involved as possible.

Factors to be considered:

- Encourage participation
 - do whatever is possible to permit and encourage the person to take part, or to improve their ability to take part, in making the decision
- Identify all relevant circumstances
 - try to identify all the things that the person who lacks capacity would take into account if they were making the decision or acting for themselves
- Find out the person's views
 - try to find out the views of the person who lacks capacity, including:
 - the person's past and present wishes and feelings – these may have been expressed verbally, in writing or through behaviour or habits.
 - any beliefs and values (e.g. religious, cultural, moral or political) that would be likely to influence the decision in question.
 - any other factors the person themselves would be likely to consider if they were making the decision or acting for themselves.
- Avoid discrimination
 - Do not make assumptions about someone's best interests simply on the basis of the person's age, appearance, condition or behaviour.
- Assess whether the person might regain capacity

- consider whether the person is likely to regain capacity (e.g. after receiving medical treatment). If so, can the decision wait until then?
- If the decision concerns life-sustaining treatment
 - Do not be motivated in any way by a desire to bring about the person's death. They should not make assumptions about the person's quality of life
- Consult others
 - if it is practical and appropriate to do so, consult other people for their views about the person's best interests and to see if they have any information about the person's wishes and feelings, beliefs and values. In particular, try to consult:
 - anyone previously named by the person as someone to be consulted on either the decision in question or on similar issues
 - anyone engaged in caring for the person
 - close relatives, friends or others who take an interest in the person's welfare
 - any attorney appointed under a Lasting Power of Attorney or Enduring Power of Attorney made by the person
 - any deputy appointed by the Court of Protection to make decisions for the person