Vulnerable Adult Risk Management Model
VARMM

1. Introduction & Governing Principles

1.1 This model provides a framework to support Adults (at risk) as defined in the Care Act 2014, three stage test

An adult aged 18 or over whose care and support needs/circumstances meet the three stage test below

1. Has needs for care and support (whether or not the local authority is meeting any of those needs) AND

2. Is experiencing, or at risk of, abuse or neglect AND

3. 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.

Adults who have capacity to make the decision(s) resulting in harm that may lead to their death or serious/life threatening harm should be managed within this process.

If the circumstances meet the above three stage test then ensure the case is recorded as a Safeguarding Concern

1.2 All interventions should be based on the 6 core principles in the Care Act (section 42 – 46) for managing safeguarding (including self-neglect)

The six key principles that underpin all adult safeguarding work are:

Empowerment
Personalisation and the presumption of person-led decisions and informed consent
"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention
It is better to take action before harm occurs.
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality
Proportionate and least intrusive response appropriate to the risk presented.
"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."

Protection
Support and representation for those in greatest need

"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able."

Partnership
Providing local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
"I know that staff treats any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

Accountability
Accountability and transparency in delivering safeguarding
"I understand the role of everyone involved in my life."

These 6 principal will require evidencing throughout the safeguarding process.

1.3 The Care Act 2014 places the lead responsibility for managing adult safeguarding within the 'Local Authority' working with the police who will lead on any criminal concerns relating to an Adult at Risk. The Act allows the local authority to delegate this role and cause others to undertake the necessary enquiries.

In addition the 'Act' places a 'duty to co-operate' on the Safeguarding Adults Board members and requires other organisations to work in partnership with the Board.

1.4 Mental Capacity should be presumed

The **Mental Capacity Act 2005 (MCA 2005)** is designed to protect and restore power to **adults** who may lack or have reduced **Capacity** to make certain decisions at certain times. One of the ways it does this is by putting adults at the heart of the decision-making process.

Capacity describes a person's ability to make a specific decision at a specific time. An individual is deemed to lack Capacity if at the time, a decision is required, and he/she is unable to make that decision because of an impairment or disturbance in the functioning of the mind or brain. This may be temporary or permanent.

The following **5 principles** apply for the purposes of this Act:

- A person must be assumed to have Capacity unless it is established that he/she lacks Capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise or bad decision.
- An act done or decision made, under the Act for or on behalf of a person who lacks Capacity must be done, or made, in his/her best interests.

- 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.

The Functional Test of Capacity;

In order to decide whether an individual has the mental capacity to make a particular decision you must decide whether there is an impairment of, or disturbance in, the functioning of the person's mind or brain.

The person will be unable to make a particular decision if after all the appropriate help and support to make the decision has been given to them; they cannot do the following things.

1. Understand the information relevant that decision
2. Retain the information
3. Use or weigh the information as part of the process or making the decision
4. Communicate their decision by any means

Best Interest decisions may need to be made as the adult's capacity fluctuates due to alcohol, drug use etc

Best Interests;

If an assessment of capacity concludes that the person lacks the mental capacity to make the relevant decision, the decision maker must consider the following key factors in determining what is in the person's best interests;

1. Likelihood of regaining capacity
2. Relevant circumstances
3. Participation of the individual
4. Past and present wishes
5. Views of others
6. Beliefs and values
7. Consideration of life sustaining treatment.
8. Not making judgements based on a person's age, gender disability etc.
9. Least restrictive alternative

1.5 When the Risk Management model should be used.

- 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 adult is making that decision of their own free will.

And

- Where existing care management and health and social care involvement has failed to resolve the issues.

OR

- The adult is making a free and informed choice to remain in an abusive relationship that cannot be referred to MARAC for assessment

And

- Where the Risk Matrix score is 10 or above.

Or

- Where the Risk Matrix score is less than 10, but there is no coordinated multiagency response to the case and how risk is monitored

1.6 Duress

Undue Influence

The concept of 'undue influence' applies where a person has capacity to conduct a financial or property transaction (usually related to gifts or wills), but they have been not just influenced but, unduly influenced by someone else. If there is evidence of coercion or undue pressure, this is known as 'express undue influence'. Usually there is no such evidence, but there may have been 'presumed undue influence applied. '

There are three initial points in relation to undue influence:

a) The unduly influenced person has mental **Capacity** to take the decision in question;
b) The person is influenced to enter into a transaction concerning a gift or will, in such a way that it is not of his or her own free will;
c) There are two legal types of undue influence. One is called 'express' undue influence that applies to both gifts and wills; the other is called 'presumed' undue influence and applies to gifts only' Consent should not therefore always be accepted at face value, since some adults may need protection from emotional manipulation and exploitation.

In addition to undue influence, the courts can simply set aside gifts or wills on the grounds that the person lacked capacity at the relevant time.

In Domestic Violence/ Abuse the experience of duress and coercive control can be of a similar in nature:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour,

violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

The government defines controlling and coercive behaviour in the following way:

"Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour." "Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

This definition, which is not a legal definition, includes 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Controlling or Coercive behaviour in an intimate or family relationship is now a criminal offence, which may result in imprisonment for up to 5 years or a fine or both. (See guidance for Serious Crime Act 2015 Section 76)

1.7 Advocates should be considered

Independent Care Act Advocates - guidance

The Local authority must arrange an independent advocate to facilitate the involvement of a person in their assessment, in the preparation of their care and support plan and in the review of their care plan, as well **as in safeguarding enquiries and SARs** if two conditions are met.

That if an independent advocate were not provided then the person would have: -

(1) Substantial difficulty in being fully involved in these processes and second,

(2) There is no appropriate individual available to support and represent the person's wishes, who is not paid or professionally engaged in providing care or treatment to the person or their carer.

The role of the independent advocate is to support and represent the person and to facilitate their involvement in the key processes and interactions with the local authority and other organisations as required for the safeguarding enquiry or SAR.

The nature of safeguarding concerns is likely to mean that adults who would ordinarily be able to engage in assessments may struggle to engage with safeguarding due to distress,

embarrassment, fear etc. It is essential that assumptions are not made about adults who previously had little difficulty in engaging with assessments when receiving and responding to a safeguarding concern.

This Duty to involve an advocate applies in all settings including people living in the community; this duty does not include prisons.

Other Factors to consider

Did the adult require support from family/friend to engage with assessment for services etc?

- Does any alleged source of harm have a close relationship with the adult or is the alleged source of harm the person who would have assisted with assessments?
- Will the section 42 Enquiry involve contact with agencies the adult has not previously had contact with (police, courts, etc)?
- Would the family/friends supporting the person be likely to encourage very risk adverse solutions

2. Process

2.1 The adult should always be consulted

The Care Act and the introduction of Making Safeguarding Personal (MSP) requires contact and a conversation with the adult to establish their views and agree outcomes, in some case this may be difficult but all contacts should be based on the following key principles

1: Building a trusting relationship

Remain calm and do not show shock; however always take an empathic approach - you are a human being too and not a robot.

2: Helping people to disclose

Only after establishing this initial acceptance and starting to build trust can you go on and discuss the situation and risks - in a person-centred approach you may have to switch between stages many times as the disclosure of information and identification of risks is both therapeutic and cathartic.

You must use the person's own language and constantly check your understanding; don't assume what they think or feel. When you record what they have said, continue to write it in their own words.

Only report what they say, not what you think they mean. The person's account, and your record of it, is important information and can make the difference between a successful or negative outcome for them.

Stage 3: Establishing what the person wants

Sometimes they may have a very clear view but often they have not thought that far ahead. They may have a number of outcomes in mind, not all of which are compatible or even possible.

Do not leap ahead and immediately discount the unrealistic outcomes, but listen and note. Only then can you begin the task of helping them look towards their future and planning what can happen. Their views on outcomes may change throughout the process.

Stage 4: Personal centred risk management

It is natural that you will want to make the person as safe as soon as possible, but safety is relative.
People often want to be both safe and to maintain unsafe relationships.

There is an important distinction between putting people at risk and enabling them to choose to take reasonable risks. The emphasis must be on sensible risk appraisal, not risk avoidance.

Always look for the least restrictive option and go through the alternatives with the person. You may need the support of the multi-agency team to analyse the risks and to manage them in a balanced way.

Always appraise the risks with the person and take them through the consequences of the options so that they actively develop their own risk management plan.

Stage 5: Putting the person in control

You can never promise complete confidentiality in abuse/self-neglect cases nor can you totally predict outcomes, but you can put the person at the centre of the whole process by giving them as much control of the decision-making as possible.

They may have had power stripped away from them, but you can support them to rebuild their confidence and power over their own life. This can be achieved by explaining what the options are, the extent of your own powers and those of the police, the legal protections and procedures and how they can seek justice.

While you will have your own ideas (and those of other professionals) on how the case should progress, it is important that you share them with the person and build the safeguarding plan around what they want. Where it is not possible to do this then you must explain why but re-emphasise what is within their control.

It is always best practice to inform the vulnerable adult that the risk management model is being initiated; and if it is not possible to engage the adult an early discussion about the

risks and possible management plan should not be delayed.. The adults consent should be sought, but a decision to initiate the process without consent may be justified if there are concerns that the adult is at risk of significant harm or death

The Adult should be informed of all meetings and encouraged to contribute or attend and should be offered the opportunity to identify outcomes that they will be willing to work towards that will improve their safety

2.2 Face to Face (risk assessment in tools)

Attempts must be made to talk to the adult, with consideration of which worker/organisation might be best placed to complete this conversation. It might be helpful to consider involving family or friends if a positive and enabling relationship exist with the adult.

Some of the key principles of the face to face meeting include

- Explaining the purpose of the meeting and confirm that the adult is willing to discuss the safeguarding concern and what they would like as an outcome(s)
- Asking the person to explain in their own words what they feel the risks and consequences are to their safety and what they feel would help them reduce them (e.g. supportive family, friends, faith groups, changes to financial management etc.)
- If the person does not address all the areas identified in the risk assessment, explain the additional areas of concern and ask them for their views about the accuracy / relevance and consequences/impact of these risks to them and how they propose to reduce or manage these risks
- Asking the person to outline what help agencies can give them to make them feel safer both short and longer term. For each topic spend some time teasing out what exactly they would like and giving feedback as to whether or not these are realistic outcomes. (e.g. – would like to win lottery and move to Spain – this is unlikely to happen).
- Explain that in some cases we will need to take action as other adults may be at risk and give them the option to be updated as the section 42 enquiry progresses
- Agree a set of outcomes
- Agree with the adult what their role and the role and responsibilities of others involved in the enquiry will be?
- Complete a sheet with key outcomes listed on it and a list of contact names and numbers
- If active risks remain explore and if possible agree with the adult the actions that they or a family or other family members/friends can take to reduce these and which agencies will be able to help if they are contacted
- Provide a list of contact details for relevant organisations this should be left with the individual, including a timetable for contact with the person by you as the named worker

Risk tools

The following tools may be helpful to consider in exploring with the adult what might help the adult outline/share their views about their situation, their perception of the risks and whether they are willing to engage with any interventions

1) Mapping tool.
   The purpose of this tool is to support the adult to identify the people and networks that are important to them/relationships they are involved with and whether these individuals/networks are an asset /and provide help in enabling risk risks to be managed,

   Mapping relationships allows the person to take control of the risks in their lives by engaging people/relationships/networks that will be able to assist them to stay safe; it will also provide an opportunity to identify any individuals within their current networks who may be a risk (even if they are not currently identified as the alleged source of harm)

Family	**Friends and non paid relationships**
Paid support	Networks

Complete for each area of concern identified and record what the adult feels is working, this may contribute to reducing the risks linked to this concern – is also it possible that the risks may increase depending on the information shared

What is NOT working – Explore with the Adult at Risk what maybe possible to reduce these areas to improve safety

This model will pull out any tensions/conflicts/inconsistencies and strengths in managing risk and any issues not identified in the relationship mapping allowing the Adult at Risk and the worker to focus in on the impact on the following people

- The adult
- Family and friends
- Networks/community
- Other – including organisations

The below can be used for each concern/risk identified and using any information gathered from use of the previous information examine the following – it may be possible to prepopulate this in advance of the visit and consider if easy read or other information can be provided to support the adult's involvement in the discussion (especially around the law)

Who	Impact – current and possible	What is the impact of not supporting the adult to take risks – lost opportunities	Is there a legal view on this – Mental Capacity Act/Human Rights Act/ etc.
Adult			
Family/friends			
Networks/community			
Other – identify who			

From this it may be possible to agree a list of options/actions and which are acceptable to the Adult at Risk

For each risk list all the possible outcomes with the adult and/or their family/friend/advocate - then agree with the adult if they are

- ✓ Keen to try this
- ✓ May be willing to try this
- ✓ Not willing to try this

Getting the adult to explore their reasons for the decision would be helpful

From this a "shopping list" of tasks can be agreed detailing

- ✓ Who will do
- ✓ What they will do
- ✓ When
- ✓ How they will communicate back to the adult on their progress
- ✓ What they will do if the option is not available following the discussion

Finally it is important to support the adult to retain control about decisions in their lives (unless they chose to delegate them) or feel that they are not important to them and they want to "opt out" of these decisions

It may be that some decisions they will NOT be able to have control over as there may be risks to other adults etc. which may mean actions and decisions will need to be taken without their consent (they should be informed unless doing so places other Adults at Risk)

Adults should be supported to

- ✓ Identify the decisions that are important to them relating to the risk management model
- ✓ Identify how they will be involved

- ✓ Identify which decisions will be outside of their control and why and what information they can be given and at what stage

2.3 Multi Agency Process

The risk management must be a multi-agency process 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 others roles and help to prevent any misunderstandings or conflicts.

2.4. The process can be initiated and led by any partner agency. However the decision to exit/enter the risk management process must be made by a safeguarding manager, who may attend the meetings or may make the decision based on information gathered at the meetings. Attendance of key individuals from the following agencies should be explored and the individuals identified below have agreed to assist in identifying an appropriate worker to attend these meetings.

3. Information Sharing

3.1 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.

3.2 Individuals being considered within the risk management process may have a pressing social need and as such any intervention, including information sharing must be either with their consent or under a duty of care, acting in their best interests or undertaken to secure a legitimate aim i.e. to prevent a crime or protect the public.

The information exchanged under this procedure will only be used for the purpose of protecting the individual from significant harm.

3.3 Wherever possible consent will be requested from the individual regarding the sharing of information, however, if this is not possible e.g. because of a refusal to engage, or if there is a refusal to give consent to information being shared, you will need to consider the possible implications for the individual and others of not sharing the information. The need to protect the individual or the wider public may outweigh an individual's right to confidentiality. Decisions to share information about an individual under this procedure should be taken by the organisation and not a member of staff acting on their own. This should not however create a delay in the information being shared.

Wherever possible the individual should be informed of the need to share their information unless this would increase their risk of harm.
This process is in line with the General Data Protection Regulations (GDPR) 2018 and the Data Protection Act 2018.

4. The Initial Risk Management Meeting

4.1 The Initial Meeting should collate information from all agencies to ensure that all risk factors are considered and their consequences explored. The VARMM risk assessment and management tool must be completed in the meeting by the agency that initiated the process, and the meeting must agree a risk matrix score.

Scoring the risk

Using the risk matrix below a risk score can be calculated.

4.2 Service user risk

Low	Medium	High
Harm that would be unlikely to require medical, criminal or other intervention and would be unlikely to cause serious harm (in the short term) if the adult refuses to cooperate **(1)**	Harm that would require medical, criminal or other intervention to prevent serious /life threatening harm to the adult. The adult's failure to engage will result in serious harm if interventions are not agreed. **(2)**	Harm that may result in permanent harm or death without interventions **(3).**

This score should be multiplied by the score below – likelihood to agree the level of response.

4.3 Likelihood of risk

Low	Medium	High
History of refusing services/interventions, will sometimes accept services on a short term basis. Does engage with some agencies for specific purposes – e.g. GP, housing etc **(Score - 3)**	History of refusing services and regularly refuses to talk to services about the concerns or agrees to actions which are never achieved. Currently refusing to engage with key services relating to health or social care **(Score - 4)**	History of refusing services and interventions, currently refusing to engage with any services unless under duress –e.g court proceedings for rent arrears, fire regulations etc **(Score - 5)**

The Initial Meeting will be convened by the service that initially identified the concern. At this Initial Meeting the risk matrix score will be agreed.

<u>Risk Matrix Score</u> = Risk to service user X the Likelihood of the risk.

4.4 Where the matrix score is **10 or above, the risk management process must be initiated.**

4.5 Where the matrix score is **below 10, the following should be considered** to determine if the process is appropriate:

- Are agencies working together in a coordinated way with a shared understanding of each others roles and responsibilities to the vulnerable adult?
- Are agencies clear about the factors that would indicate that the risk is escalating and know what to do if this is the case?
- What is the person saying about the risks and are they able to make choices to reduce them?

If the answer is' No' to either of the above questions, the risk management process should be initiated.

If the score is 9 or below, then using this process should be a multi-agency decision made at the initial meeting.

4.6 If the case enters the process **a lead co-coordinator must be identified** whose role is to coordinate the multiagency plan and ensure that the reviews are held in a timely manner.

4.7 If the case is not progressed within process, the meeting must agree multi-agency complex case management and monitoring arrangements, and identify a clear pathway back into Safeguarding should the situation deteriorate as well as clarifying what factors would constitute deterioration/increase in risk.

This decision must be communicated to the adult and their views sought, where possible

5. Reporting and recording

5.1 It is essential that all agencies involved once a case enters the risk management process, 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.

5.2 The decision to enter the process should be recorded on the related paperwork (see attached)

6. Using the Risk Assessment and Management Tool

6.1 It is essential in to:

- Show evidence of a decision specific capacity assessment involving the individual, demonstrating that the individual has capacity to make the decision giving rise to

the concern

- Demonstrate evidence of a robust risk assessment and risk management strategy
- Maintain clear communication strategies between relevant workers, managers, organisations etc
- Evidence clear recording mechanisms for each case.

6.2 The Risk Assessment and Management Tool will not replace professional judgment but aims to provide guidance around the issues and processes that will need to be considered in managing risk.

6.3 An exemplar is available which identifies the type of case that would benefit from the process

7. Managing risks

7.1 Once a Risk Management Plan has been agreed at the Initial Meeting, a core group should be identified and a Lead Coordinator appointed to oversee it. Multi-agency reviews should be held within the timescales below:

Total Matrix Score Review Scales

3 - 9 – review within 50 working days of agreeing the Risk Management Plan
10 -15 – review within 25 working days of agreeing the Risk Management Plan.

8. Review process

8.1 The review should involve a virtual or actual meeting with all of the agencies involved with the Risk Management Plan to assess if:

- they have had any contact with the individual in the review period – if not, what attempts have been made to engage with the individual?
- the person has accepted any elements of the risk management plan. If yes, what elements and how frequently?
- the risks have increased – detail what has changed and rescore matrix
- the risks have decreased – detail what has changed and rescore matrix

8.2 If the risks have increased and the contact decreased an actual meeting may be necessary.

8.3 The Review Meeting will revise the Risk Management Plan and set the next review date.

9. **Exiting the Risk Management process**

- If/when the risk reduces and the Matrix score drops below 10, the process should be exited.
- **Unless** there are ongoing issues with multi-agency working.
- At the point of exiting there should be:
- A clear record of how the situation is to be monitored when and by whom and
- A clear pathway back into risk management process should the situation deteriorate & clarity about what factors would constitute deterioration/ increase in risk (Exit Plan).