Leicester Safeguarding Adults Board

WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE

Safeguarding Adults Board LEICESTERSHIRE & RUTLAND

Leicester, Leicestershire and Rutland

Vulnerable Adult Risk Management (VARM)

Guidance

Version 1 (01/4/2017)

Vulnerable Adult Risk Management (VARM) Guidance

Introduction

This guidance seeks to provide front line professionals with a framework to facilitate effective working with adults who are at risk due to self-neglect, where that risk may lead to significant harm or death and the risks are not effectively managed via other processes or interventions. The VARM guidance is used when the adult refuses to engage with services and yet the risk is significant. It is essential to note that the adult must be considered to have a potential need for care and support as well as self-neglect. If the risk from self-neglect is not at the level which may lead to significant harm or death then the VARM process would not be followed.

This guidance is only to be used where the adult has the mental capacity to understand the risks but continues to place themselves at risk of serious harm or death. Where the adult lacks capacity the Mental Capacity Act should take over and action should be taken under Best Interests.

The definition of self-neglect can vary considerably across professions. For the purposes of this guidance however, self-neglect can be any of the following:

- the inability to care for one's self and/or one's environment, including hoarding
- a refusal of essential services
- a failure to protect one's self from abuse by a third party **(where "normal" adult safeguarding processes are not applicable or sufficient)**. An example of this may be where the adult refuses to engage with the Safeguarding Processes but evidence suggests that the friendships they are keeping are putting them at risk. The Safeguarding Adult thresholds are met, however taking the route of formal safeguarding would be against the Making Safeguarding Personal principles and likely to reduce engagement and reduce positive outcomes.

The VARM guidance sets out a co-ordinated, multi-agency response designed to protect adults deemed most at risk and ensure that any significant issues raised are appropriately addressed.

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

Scoping the VARM Support Planning Meeting

Where an adult at risk meets the criteria for this guidance, the VARM lead co-ordinator (i.e. the practitioner initiating the VARM process) should scope which practitioners need to be involved in planning meetings. It is important to note that any agency can lead on the VARM process and this does not need to be Adult Social Care.

Depending on the urgency of the case, it may be necessary for professionals to prioritise the VARM planning meeting. Invitees will be determined on a case by case basis but would ordinarily involve representatives from all key agencies who are **or** should be linked to the case.

When scoping invitees, consideration should be given as to which person might be best to engage the adult at risk

***note that this person may not necessarily be a professional from one of the key agencies. For example, this could be someone from a voluntary agency, such as an outreach worker**

Where appropriate and whenever possible, the adult at risk should be invited to attend the meeting, with an advocate or interpreter as appropriate.

Establishing Mental Capacity

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. Therefore the adult at risk's mental capacity in respect of the specific concerns associated with the case should be discussed at the beginning of each VARM meeting.

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 the 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.

There is strong professional commitment to autonomy in decision making and to the importance of supporting the individual's right to choose their own way of life, although other value positions, such as the promotion of dignity, or a duty of care, are sometimes also advanced as a rationale for interventions that are not explicitly sought by the individual (SCIE Report 46 (2001)).

VARM Support Planning Meeting

Once it is clear that the adult concerned has capacity to understand the consequences of refusing services, the Support Planning meeting in developing a VARM Support Plan should do the following:

1. Record when, where and by whom the capacity assessment was carried out.
2. Document evidenced based risk factors of significant harm and threat to life.
3. Record service users desired outcomes.
4. Record what needs to change to support safety and reduce risk.
5. Consider all options for encouraging engagement with the Adult at Risk

   Need to consider which professional is best placed to engage – The Support Plan should consider - would the adult at risk respond more positively to a health, social care or a voluntary agency professional (or other)?[1]

6. Professionals should also consider, where appropriate, the support that carers or others might require and again consider who is best placed to engage and support them.
7. Develop a support plan with clear actions and timescales.
8. Consider contingency arrangements if the support plan is unsuccessful.
9. Set clear review dates and times.
10. Ensure notes from the meeting are accurately recorded and circulated within 10 working days of the meeting.

Test Resistance

Having established a Support Plan, the adult at risks' resistance to engagement should be tested by the introduction of the Support Plan by the person or the agency most likely to succeed (this would have been decided at the Support Planning Meeting – see above).

Review

If the plan is still rejected, the Support Planning meeting should reconvene to discuss and review the plan. The case should **not be** closed simply because the adult at risk 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 (e.g. from a Line Manager/Head of Service/Legal).

[1] The Serious Case Review written following the murder of 'F' revealed a lifelong history of negative involvement from both the Mental Health services and from the Social Services Children and Families department. She had been held under Section on several occasions and all her children had been removed from her care. In planning an approach towards 'F', this information would have been vital as she would have been unlikely to engage positively with either the Mental Health Services or Social Services in the first instance.

Closure

When working with an adult under the VARM guidance, there must be agreement by all professionals involved in the case that this is no longer required before this process is closed. The main reasons for closure would be:

1. The adult at risk is now engaging with professionals to reduce the risks
2. The risk is reduced to a level that there is no longer a risk of significant harm or death
3. The adult at risk is deceased

4 STEP SUMMARY

- Establish capacity
- Develop/Review the Support Plan
- Test Resistance
- Review

Important Considerations

Timescales

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 could be via a separate risk assessment or within the minutes of the Support Planning Meetings.

Within the Support Plan, it should be clear what the agreed actions are, who is responsible for carrying out the actions and the timescales involved. Disagreements should also be clearly documented.

Professional Differences

It is recognised that at times there will be disagreements over the handling of concerns. These disagreements typically occur when:

- The adult at risk is not considered to meet eligibility criteria for assessment or services
- There is disagreement as to whether adult protection procedures should be invoked There is dispute about the adult at risk's mental capacity to make specific decisions about managing risks
- The adult at risk is deemed to have mental capacity to make specific decisions and is considered to be making unwise decisions

- Professionals place different interpretations on the need for single/joint agency responses
- Professionals feel that meeting the needs of the adult at risk sits outside of their work remit
- Information sharing and confidentiality

Professionals involved in this process should always try to work out their differences. Where there are irreconcilable and significant differences between professionals however, consideration should be given to including an agreed neutral third party. It may also be necessary to consider escalating the case to more senior decision makers within organisations

Protection v Self Determination

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

This process does not and should not affect an individual's human rights, but seeks to ensure that the relevant agencies exercise their duty of care in a robust manner and as far as is reasonable and proportionate.

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).

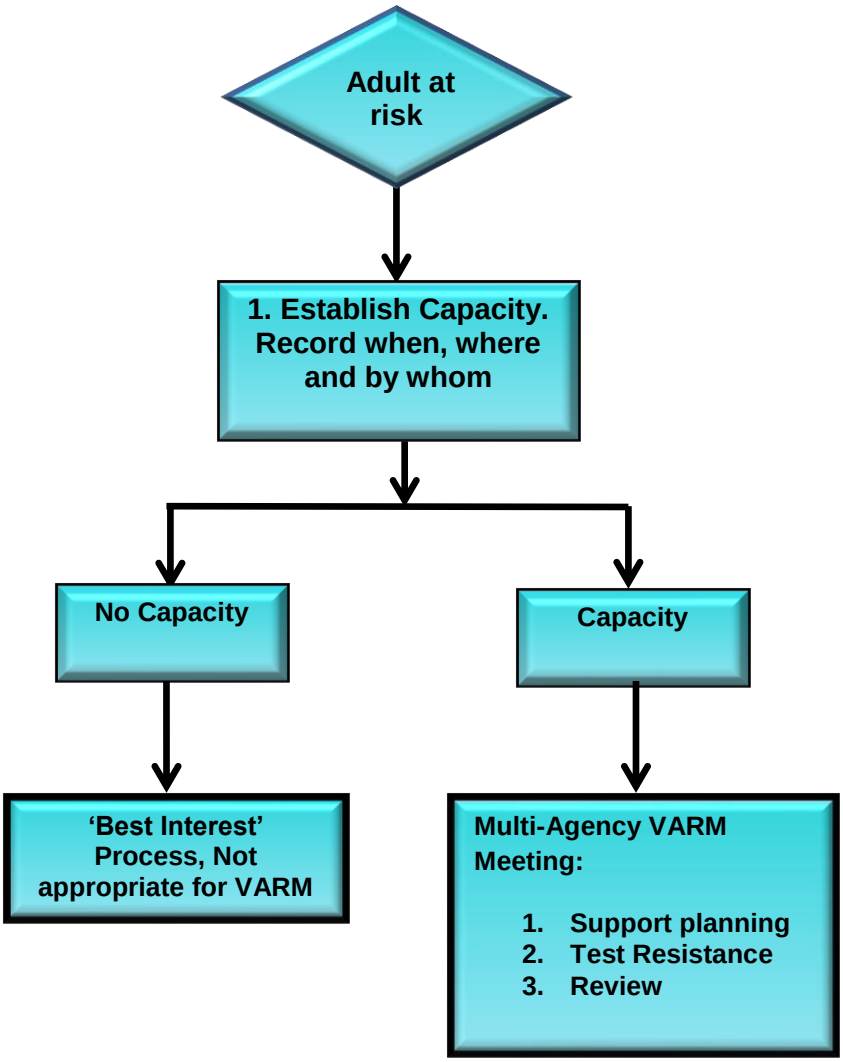
Where possible, the Service User's views and wishes/desired outcomes should be included and if they are not present, there should be detailed reasons for this.

Inherent Jurisdiction

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

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

VARM Guidance Flowchart



Case Scenarios where the VARM process may be appropriate

Scenario 1

Raj has a diagnosis of Motor Neurone Disease, he lives with his son (age 20) and his twin sons (age 11). Raj has a history of alcohol misuse and continues to drink alcohol daily, varying amounts.

Raj has a CPN who has made contact with ASC as she has concerns regarding Raj's eldest son, his violent behaviour and his drug taking. CPN made contact with ASC a year ago regarding the same concerns and following Raj having a broken arm, although there was no evidence that this was caused by the son at the time it was thought that the son was involved. This was investigated by ASC, however Raj refused to engage and the case was closed. CPN also has concerns regarding the estate that Raj lives on and the son's involvement with other people on the estate and risks as he owes money and one of the windows has been boarded over due to it being smashed.

Raj has capacity to make decisions and has not made any allegation regarding his son, however the CPN is concerned about the significant risk of harm to Raj from his son and the risk to Raj of being a target from the local community.

Raj has not agreed to this ASC referral.

In this situation the SGA threshold is clearly met, however Raj is not engaging with Adult Social Care, refuses an assessment and has the capacity to do so. It would be appropriate in this situation for the CPN or ASC to call a VARM meeting with all agencies involved to discuss how to move this forward. Likely agencies would include the CPN, Psychiatrist, GP, Housing, ASC, Police, Children's Services and Raj would be asked to attend but if he refuses to be advised that the meeting is happening and the outcome of the meeting.

Scenario 2

Alice lives in a council flat. She is known to be a woman who hoards but has not previously neglected her own hygiene and health needs. Housing officers have intervened in the past, following concerns raised by neighbours. They have advised Alice that she needs to keep her hoarding under control so that it does not become a fire or health and safety risk.

An immediate neighbour calls the housing office to complain about the smell coming from Alice's flat. She says that Alice seems increasingly unable to cope and is looking dirty and disheveled. She is also not seen going out as much as before.

The housing officer, Don, visits. Alice answers the door and does look dirty and unwell. There are unpleasant odours coming from the flat. Alice will not allow Don entry to the house.

Don asks Alice why she thinks things might be getting more difficult for her. Alice says that her mother recently died. She was close to her mother, who also used to help her and encourage her to keep the hoarding under control. Don notices that the property is looking worse than his previous visits and that Alice has lost weight and does not appear well. He also noted that Alice appears to be smoking in the property, something that she did not do previously.

Alice refuses a referral to Adult Social Care or her GP. Don believes that the risk to Alice's health and well-being is increasing and there is evidence of significant fire risk. Don has no concerns about Alice's mental capacity.

Don contacts Adult Social Care, the GP, the fire service and housing support to arrange a VARM meeting. Don also ensures that Alice is invited and the reasons for the VARM explained.

Scenario 3

Simon lives in his own house that he bought from the Local Authority many years ago. Simon has a history of stroke and requires support with his mobility, personal care and accessing the community. Adult Social Care have been involved for some time and there is a care package in place, however several different care agencies have now pulled out of Simon's care and refused to go back. There is now only one care agency left who are starting to be reluctant to go into Simon's property for the following reasons:

- Local known drug dealers frequent the property and are a risk to visiting care staff, also a risk to Simon
- Simon is known to be verbally abusive and racist with the care staff
- Simon spends his money on a local prostitute who is vulnerable in her own right and often presents at the local hospital with bruising, the police believe this is from her "violent boyfriends"
- Simon contacts the police claiming that his wallet/money has been taken from his house but then retracts his statement, when the carers visit he will often make accusations of them interfering. The carers are unable to do any shopping due to no money being in the property.

Simon is at high risk of pressure sores and has had these before, the inability for the care agency to provide personal care is increasing this risk and Simon has diabetes that is adding to this risk. He will often ring the police stating he has no money and demanding a food parcel. Housing are not happy with the antisocial behaviour and complaints from the neighbours.

It is clear that the SGA threshold has been met here, however Simon refuses to engage and agencies are unsure what can be done. As a result Adult Social Care arrange a VARM meeting and follow the VARM process. Agencies involved: Housing, Community Nurse, Police, New Futures, GP, a representative from the hospital, Adult Social Care and the domiciliary care provider. Simon is asked to all the meetings but refuses to attend and refuses an advocate.