**Section 1 – Invitation to Vulnerable Adult Risk Management Meeting (VARM)**

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| **Lead/co-ordinating agency contact details** | |
| **VARM Case Reference Number (to be requested via the VARM Administrator):** |  |
| **Lead agency / co-ordinating agency :** |  |
| **Name of chair:** |  |
| **Job role:** |  |
| **Contact details:** |  |
| **Telephone:** |  |
| **Email:** |  |

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| **VARM Risk Management Meeting details** | | | |
| **Date of meeting:** |  | **Time of meeting:** |  |
| **Venue name:** |  | | |
| **Address:** |  | | |
| **Post code:** |  | | |
| **Venue tel. number :** |  | | |

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| **Person at risk** | | | | | |
| **Name:** |  | | | | |
| **DOB:** |  | **Age:** |  | **PIN/ID/NHS Number:** |  |
| **Address:** |  | | | **Post code:** |  |
| **Telephone number:** |  | | **Mobile / other tel.** |  | |
| **GP details:** |  | | | | |
| **Does the person at risk have any confirmed diagnosis which would be relevant to VARM?** | **If yes, please provide details:** | | | | |

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| **Are there any people living at the address/sharing the accommodation ?** | | |
| **Name:** | **DOB:** | **Relationship to person at risk:** |
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| **Are there any children living at the address, and are any of them subject to a Child Protection Plan?** | Please select |  |
| **Name:** | **DOB** | **Relationship to person at risk** |
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| **Please confirm Childrens Services have been contacted to inform that the VARM process is underway** | Please select |

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| **Does the person at risk want someone else to support or represent them at the meeting? If so, please give details** | |
| **Risks** | |
| 1. **What is the risk of serious harm or death?** | **Please select three risk reasons:**  Anti-social behaviour  Cuckooing  Domestic abuse  Financial abuse  Fire risk  Harassment  Hoarding  Home conditions  Homelessness  Mental health risks  Risk of abuse from others  Risk of death (self)  Risk of death (others)  Risk of sexual exploitation  Self-harm  Self-neglect  Sexual abuse  Substance misuse (alcohol)  Substance misuse (drugs) |
| 1. **What are the risks to members of the community?** |  |
| 1. **What other agencies are concerned?** |  |
| 1. **What is the risk of children living with person?** |  |

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| **Does the person have the capacity to understand the identified risk?** | Please select |
| **VARM criteria met?** | Please select |

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| **What are the views of the person and what do they want? (If known). Please also record here what attempts have been taken to involve the person in this process.** |
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| **Please tick to confirm that the ‘What to Expect’ leaflet has been shared with the Service User (if possible, please return completed leaflets to the VARM Administrator via email).** | Please select |

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| **Does the person at risk want someone else to support or represent them at the meeting? If so, please give details** | |
| **Name** |  |
| **Relationship** |  |
| **Contact details** |  |

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| **Agency required** | | | |
| **Adult Care** | **Fire** | **Police** | **EMAS** |
| **Environmental Health/Housing** | **Community Safety Partnership** | **Drug and Alcohol Service** | **Children’s Social Care** |
| **NHS** | **Domestic Abuse Services** | **Mental Health** | **Probation** |
| **GP** | **Faith Organisation** | **Other** |  |
| **Please specify:** |

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| **Further information about required agencies (if necessary)** |
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**Section 2 – Management Meeting**

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| **VARM Confidentiality Statement must be read out at the beginning of the meeting (please see staff guidance for further information).** | | | | |
| **Date of VARM Meeting** | |  | | |
| **Venue of meeting** | |  | | |
| **Details of people attending the meeting** | | | | |
| **Name & position/role** |  | | | |
| **Organisation and address** |  | | | |
| **email** |  | | | |
| **Status** | Please select | | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Is the person at risk present?** | Please select | **Are they represented**  **or accompanied**  **by someone?** | |
| **Does the person understand the purpose of the meeting?** | Please select | **Name & relationship:** |  |
| **If no, what steps have already been taken?** | | | |
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| **What is important TO the person at risk? (What does the person want from this process?)** | | | |
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| **What is important FOR the person at risk? (What others want from the process)** | | | |
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| **Any other relevant information / minutes from the meeting to be added here:** | | | |
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| **ACTION PLAN** | | |
| **Descriptions of risks** | **Actions agreed to reduce the risk, by whom and when (if known)** | **Risk rating** |
|  |  | Please select |
|  |  | Please select |
|  |  | Please select |
|  |  | Please select |
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| **Description of any conflict identified?** | **Name of person/agency with conflicting view:** |
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| **Desired outcomes of the person following the protection action plan:** | | | |
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| **Outcome of the meeting:** | | | |
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| **Review meeting required?** | Please select | **If yes, date of next meeting:** |  |
| **Please revisit whether concerns have escalated, and the Safeguarding Adult Decision making guidance needs to be reviewed** | **Provide details:** |  |  |

**Section 3 – Review**

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| **Date of Risk Management Review Meeting** | | |  | |
| **Details of people attending the review meeting** | | | | |
| **Name & position/role** |  | | | |
| **Organisation and address** |  | | | |
| **email** |  | | | |
| **Status** | Please select | **Report submitted** | | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Name & position/role** |  | | |
| **Organisation and address** |  | | |
| **email** |  | | |
| **Status** | Please select | **Report submitted** | Please select |

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| **Any other relevant information / minutes from the meeting to be added here:** |
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| **ACTION PLAN**  **Update and actions** | | |
| **Agency update and any outstanding actions** | **Action by whom** | **Date** |
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| **Additional actions** | **Action by whom** | **Date (if known)** |
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**Section 4 – Closure of VARM**

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| **Date of closure:** |  |
| **Reason for closure / update from chair / evaluation of meeting:** | |
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| **Increase in level of risk, Safeguarding Adults referral raised:** | Please select |
| **No further action:** | Please select |
| **Adult has died:** | Please select |
| **Criteria no longer met:** | Please select |
| **Other:** | Please select |
| **Other details:** |  |
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| **Section 5 - Outcome of the VARM** |  |
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| **Risk removed:** | Please select |
| **Risk reduced:** | Please select |
| **Risk remained:** | Please select |

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| **Details:** |
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**The actions that have been identified are legal, necessary, and proportionate 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 below replaces the normal handwritten signature to denote compliance with the above statement.

**Name:**

**Date:**

**Service User signature (if agreed):**