**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:** |
|       |       |       |
|       |       |       |
|       |       |       |
| **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?** |
|       |
| **What is important TO the person at risk? (What does the person want from this process?)** |
|       |
| **What is important FOR the person at risk? (What others want from the process)** |
|       |
| **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 |
|       |       | 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:** |
|       |
| **Outcome of the meeting:** |
|       |
| **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 |

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

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

|  |  |
| --- | --- |
| **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:** |
|       |
| **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:** |       |
|  |  |
| **Section 5 - Outcome of the VARM** |  |
|  |  |
| **Risk removed:** | Please select |
| **Risk reduced:** | Please select |
| **Risk remained:** | Please select |

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| **Details:** |
|       |

**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):**