

# Appendix 5 – Risk Assessment and Management Tool

**Vulnerable Adults Risk Management (VARM) Process – Risk Assessment & Management Tool**

|  |  |  |
| --- | --- | --- |
| **RISK ASSESSMENT** | | |
| Name of adult at risk | AIS No | Date of completion of assessment |
| Name/s, agency and contact details of person/s involved in completing the assessment | | |
| Has a capacity assessment been carried out?  If so was the person assessed as having capacity? | | |
| Details of risk/s identified as current or highly likely to occur.  (If not current what evidence do you have of likeliness to occur? Where is the evidence from e.g. service user, carer, workers, previous history etc? What have you done to verify the validity of this information? | | |
| Are you going to proceed to a VARM Meeting? Y/N  Give brief reasons for your response  **In order to consider a person for a VARM meeting the following criteria will be applied:**   * *A person* ***must have capacity*** *to make decisions and choices regarding their life* * *There is a* ***risk of serious harm or death*** *by severe self-neglect, fire, deteriorating health condition, non-engagement with services or where an adult is targeted by local community, is the victim of Hate Crime or Anti-Social Behaviour or the victim of sexual violence, complex drugs and alcohol use, complex homelessness and where they have declined to engage with a single agency or other investigations for Safeguarding* * *There is a* ***public safety i****nterest* * *There are a high level of* ***concerns from partner agencies*** * *( When applicable) Hoarding clutter index and or above 6/Fire Risk* | | |
| What action have you taken to inform and involve the adult at risk | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **RISK MANAGEMENT & PLANNING** | | | |
| Name(s) of workers/individuals involved in the risk management & planning – include organisation(s) and contact details | | | |
| Current Risk factors | Relevant previous risk factors | Source of risk data – service user, workers, files etc | Benefits of risk for individual. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Management Plan** | | | |
| What actions have been agreed? Include risks of carrying out/not carrying these out. | | By whom? | Date to be done by |
| What contingency plans are in place? | | | |
| Name, agency and contact details of lead worker | | | |
| Reviews – please state whether or not there will be a review and timescales including maximum timescale. If it is agreed that there will be no review state why. | | | |
| Membership of core group –name & agency | Contact details – address, phone number and email address | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| Details of anyone other than core group who needs to be informed of the Risk Management Plan | | | |
| How has the Adult at risk been involved and informed of the risk management plan and contributed to the actions and outcomes. If the person and/or their carer are not to be informed, say why not. | | | |
| Date of Meeting |  | | |

|  |  |  |
| --- | --- | --- |
| **RISK MANAGEMENT REVIEW** | | |
| **Review Record – Detail below how the plan agreed above has been implemented.** | | |
| Has contact been made with the individual? Give details including who made contact and when. If no contact state what attempts have been made | Detail what elements of the VARM support plan have been implemented and include dates | |
| Have the risks increased – what has changed? What can be done to address this? At this point rescore risk and include new risk score | Have the risks decreased – what has changed? Is this an ongoing trend? If so can the person be removed from the VARM process? Give reasons for recommendation | |
| **Following the review – What actions have been agreed and who will carry them out?** | | |
| Actions | | Name of worker/ timescales |
|  | |  |
| Date of next review & Venue | | |

**Attendance register**

**To be completed at the end of each meeting/discussion/review**

|  |  |  |
| --- | --- | --- |
| **ATTENDEES: If these details are the same as the core group (section 1) only add signatures. If different please complete.** | | |
| Name/Agency/Job Title | Address/email/phone no. | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **INVITED, PROVIDED INFORMATION BUT DID NOT ATTEND** | | |
| Name/agency/job title | Contact details if available | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| **INVITED AND DID NOT ATTEND – name and agency details** | | |
|  | | |
|  | | |
|  | | |
|  | | |