Vulnerable Adults Risk Management Protocol and Self-Neglect Best Practice Guidance

FINAL

East Riding Safeguarding Adults Board

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What is the VARM and who does it apply to?

VARM stands for Vulnerable Adults Risk Management. The VARM process provides a framework for professionals to facilitate effective multi-agency working with vulnerable adults/adults at risk (adults with care and support needs, whether these are being met or not) 18 or over who are **deemed to have mental capacity** and who are at risk of serious harm or death through self-neglect, refusal of services and/or high levels of risk taking activity. This process and guidance should be used for discussing, identifying, assessing, recording, planning and reviewing the management of this risk, wherever possible in partnership with the adult at risk and with their consent. This process applies in residential care and in the community and should be considered for use in health settings.

The VARM should not be seen as a substitute to legislation and existing processes.

All Agencies should follow existing legislation and their internal processes, including the Mental Health Act, Mental Capacity Act, Safeguarding Adults, MAPPA, MARAC and Channel/Prevent. These processes will be seen as having primacy and the VARM will only be called if the vulnerable adult/adult at risk does not fall within these processes or if it is felt that a VARM will reduce the risk of serious harm or death and support the outcome of another process i.e. to support a section 42 adult safeguarding enquiry.

A VARM should only be used when agencies feel they have exhausted internal mechanisms for managing risk or where formal consultation would enhance the response.

Where there are concerns that the adult at risk has care and support needs (whether or not the local authority is meeting any of those needs), is experiencing, or at risk of, abuse or neglect and 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 then you should consider making a safeguarding referral in the first instance.

The VARM should not be used for managing complaints or anti-social behaviour but for serious harm or death through self-neglect, refusal of services and or high levels of risk taking activity.

The guidance should be used flexibly and in a way that achieves best outcomes for adults at risk promoting a person centred approach. 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.

It is recognised that the dilemma of managing the balance between protecting adults at risk from self-neglect/risk taking activity against their right to self-determination is a serious challenge for all services. All actions need to be considered carefully and be proportionate to the level of risk, including the benefits for the individual of risk taking activity.

This Procedure consists of the VARM Practice Guidance, Toolkit and the Risk Assessment & Management Tool.

Establishing Mental Capacity

Understanding a person's capacity to make a decision is a vital element in care planning with and for, vulnerable adults/adults at risk. A good capacity assessment using the *five key principles of the MCA 2005* is mandatory to decide whether or not any interventions can take place. Where it has been assessed that a person does not have mental capacity to make a decision with regard to their safety and understanding their risk taking behaviours, a Best Interests Decision meeting will be more appropriate which will be led by the lead agency. Please consider at this stage whether the person would benefit from an Independent Mental Capacity Advocate IMCA.

In assessing a person's capacity to make a decision, the principles of the Mental Capacity Act 2005 should be followed. A person lacks capacity if at a specific time; they are unable to make a specific decision because of a temporary or permanent impairment of, or disturbance in, the functioning of the mind or brain. A person is deemed as unable to make a decision if they are unable to understand information relating to the decision, **or** unable to retain the information **or** use the information as part of the process of making the decision, **or** unable to communicate the decision. We would continue to follow the five principles of the MCA 2005 namely a presumption of capacity, a right to support in making decisions, the right to make unwise decisions, that we work within a person's best interests and we use the least restrictive option.

It is important to acknowledge and recognise that capacity may fluctuate with time – someone may lack capacity at one point in time, but may be able to make the same decision at a later point in time. Mental capacity may need to be revisited throughout a VARM process as specific or new decisions arise.

The VARM process should not be used for adults at risk who lack mental capacity, for these adults the Mental Capacity Act and/or Safeguarding process should be applied.

The Care Act (2014) and Self-Neglect

The VARM may be a useful framework to support Self-neglect alongside the safeguarding adult's procedure. Please contact the East Riding Safeguarding Adults Team to report severe cases of self-neglect (using the operational guidance and local harm table)

The Care Act (2014) was implemented in April 2015 and brought about a number of changes which impact upon how self-neglect cases are dealt with.
Within the accompanying statutory guidance for the Care Act (2014), new categories of abuse were added, with "self-neglect" specifically mentioned. As a result, self-neglect is now incorporated as a form of abuse and neglect covered by multi-agency safeguarding adult's policy and procedures.

The statutory guidance's definition of self-neglect is as follows:

"Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding".

Gibbons et al (2006) defined self-neglect as "the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious

consequences to the health and wellbeing of those who self-neglect and perhaps to their community**"**

Forms and indicators of self-neglect may include;

- **Lack of self-care –** this may involve neglecting personal hygiene, nutrition and hydration or health. This lack of self-care may impact upon health (pressure damage, weight loss, dehydration etc.) This type of neglect would involve a judgement to be made about what is an acceptable level of risk and what constitutes wellbeing.

- **Lack of care of one's environment –** this may result in unpleasant or dirty home conditions and an increased level of risk in the domestic environment such as health and safety and fire risks associated with hoarding or excessive attachment to possessions. This may include large numbers of pets. This may again be subjective and require a judgement call to determine whether the conditions within an individual's home environment are acceptable.

- **Refusal of services** that could alleviate these issues **–** this may include the refusal of care services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment.

There are a number of contributing factors which may lead to or escalate self-neglect:-
These include age related changes in physical health or mental health, chronic mental health difficulty, alcohol or drug dependency or misuse, bereavement, a traumatic event, social isolation fear and anxiety.

There are factors that may lead to individuals being overlooked;

- The perception that this is a "lifestyle choice."
- Poor multi-agency working and lack of information sharing and communication,
- Lack of engagement from the individual or family;
- Challenges presented by the individual or family making it difficult for professionals to work with the individual to minimise risk,
- An individual in a household is identified as a carer without a clear understanding of what their role includes which can lead to assumptions that support is being provided when it is not,
- De-sensitisation to/from well-known cases, resulting in minimisation of need and risk,
- An individual with mental capacity making unwise decisions,
- Withdrawing from agencies however continuing to be at risk of significant or serious harm,
- Individuals with chaotic lifestyles and multiple or competing needs,
- Inconsistency in thresholds across agencies and teams – level of subjectivity.

The statutory guidance identifies that it can be difficult to assess self-neglect. Specifically, that it may be difficult to distinguish between whether a person is making a capacitated choice to live in a particular way (which may be described as unwise) or whether the person lacks mental capacity to make the decision.

Other key changes (of relevance to how self-neglect is dealt with under the safeguarding adults framework) include the removal of a significant harm threshold and that the adult at risk does not need to be eligible for social care services for a safeguarding adults enquiry to commence.

The Care Act (2014) now makes integration, cooperation and partnership a legal requirement on local authorities and on all agencies involved in public care, including, the NHS, independent or private sector organisations, housing and the Police. Cooperation with partners should enable earlier intervention - the best way to prevent, reduce or delay needs for care and support and safeguard adults at risk from abuse or neglect.

The Care Act (2014) places significant emphasis on the wellbeing principle with decisions being person-led and outcome-focused with informed consent. Local authorities must promote peoples wellbeing when carrying out any of their care and support functions in respect of an individual, including when carrying out safeguarding adults enquiries. The wellbeing principle will be an important consideration in responding to self-neglect cases.

As a matter of practice social care assessments should always be attempted to be carried out and offered, although it is recognised that it will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing. Practitioners and managers should record fully all the steps that have been taken to undertake a needs assessment. This should include recording what steps have been taken to involve the adult and any carer, as required by section 9(5) of the Care Act, and assessing the outcomes that the adult wishes to achieve in day to day life and whether the provision of care and support would contribute to the achievement of those outcomes, as required by section 9(4) of the Care Act. In light of the adult's on-going refusal or capacitated life-style choices, the result may either be that it has not been possible to undertake an assessment fully or the conclusion of the needs assessment is that the adult refuses to accept the provision of any care and support. However, case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is required, reasonable and proportionate in all the circumstances. As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support. In cases where an adult has refused an assessment and services and remains at high risk of serious harm form self-neglect, a s42 enquiry should be undertaken where the criteria of risk to relevant persons apply.

When should a VARM be used and what is the Eligibility Criteria?

The VARM Process Flow Chart should be used for guidance. This includes some risk rating triggers. The VARM should only be used where existing Care Management and Health and Social Care involvement has failed to resolve the issues/risks identified which are causing concern.

The Following criteria should be followed when considering a VARM;

- 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** interest
- There are a high level of **concerns from partner agencies**
- (When applicable) Hoarding clutter index and or above 6/Fire Risk

Serious harm means death or injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur.

It is agreed by the East Riding Safeguarding Adults Board that whichever agency identifies a vulnerable adult that would benefit from a VARM meeting, will initiate the referral for a multi-agency risk assessment meeting through informing the East Riding Safeguarding Adult Team. The local Authority will ensure that when a VARM is required they will be the lead agency and facilitator. It may be identified that another agencies is more appropriate to lead the VARM and in these cases the local authority will arrange this with the VARM senior lead in the partner agency. The expectation is that the VARM will be truly multi-agency and that each agency will agree on an appropriate representative to attend the VARM process when required. The East Riding of Yorkshire Council Safeguarding Team should be kept notified of all VARM processes. It is considered by having a range of agency's (involved or not) it will support, advise and challenge as well as producing a multi-agency solution and action plans.

Consent for holding a VARM should be obtained from the person wherever possible, and the person should be encouraged to participate in the VARM process as fully as possible. The VARM process should be in line with safeguarding Process and should be person-centred and outcome-focused. Details must be sought of what the vulnerable adult at risk's views are and what they would like to happen. A VARM plan is much more likely to succeed if the person has been involved in developing it. Consideration should also be given to gathering the views of other people who are important in the person's life, where consent is provided by the vulnerable adult at risk. Each agency should consider whether advocacy is appropriate and should be offered to the adult at risk. However, a lack of consent would not prevent a VARM from taking place. Under common law a person may act to prevent serious harm from occurring if there is a necessity to do so.

The VARM Meeting

The purpose of this multi-agency meeting is to formulate a multi-agency risk assessment and Risk Management Support plan to reduce the amount of risk. Consideration must be given as to how the views of the vulnerable adult can be included. The person or an appropriate advocate must be invited to attend (unless this would significantly increase the risk). It is acknowledged however that due to the nature of people discussed in a VARM it is likely that they are people who disengage and who often do not have support systems.

If the threshold criteria are met the identifying agency will inform the East Riding Safeguarding Adult Team (as the initial single point of contact) who will facilitate and coordinate the attendance at a risk management meeting as the VARM lead or ensure that another partner agency undertakes this lead role. The VARM lead will identify which agencies will be invited to the meeting. Any agency can request attendance of an agency even if the person may be currently unknown to that agency. All partner agencies must ensure appropriate staff are allocated with the required seniority to make decisions on behalf of their organisation.

The VARM lead will chair and record actions of the meeting on the Risk Management Assessment and Risk Management Support Plan Tools and distribute to attendees. Separate meeting minutes should also be taken and distributed. 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 VARM Meetings.

Think Family. If there are children who are part of the household or who are linked to the individual who is being considered under the VARM, Children's Social Care must be invited to the meeting and a Safeguarding Children Referral must be made. Equally if other vulnerable adults may be at risk Adult's Social Care must be invited to the meeting and an Adults Safeguarding Referral must be made if appropriate.

Where possible, the vulnerable adults' views and wishes should be included and if they are not present, there should be detailed reasons for this.

Consideration should be given to ensuring appropriate agencies including non-statutory, voluntary sector and local community groups attend to facilitate the best opportunity to encourage positive engagement with the vulnerable adult. It would be wise to **consider which professional is best placed to engage** – would the vulnerable adult/adult at risk respond more positively to a health, social care or a voluntary agency professional.

It would be advisable to consider asking the GP to attend should the risk/decision involve elements of a person's health and wellbeing, as well as other specialist areas such as swallowing concerns, the SALT team, if nutrition and diet concerns, the Dieticians, a tooth concern, a Dentist etc.

The following Agenda can be followed when chairing a VARM meeting, however the VARM is a flexible process and the agenda may need to be developed to support the individual case;

- Introductions
- Background to the circumstances of the VARM by the referring agency
- Consent & Capacity (to always be discussed)
- Identify Risks (the meeting should be clear on the level of risk to the individual)
- Identify Actions
- Appoint a person to contact the client if not in attendance
- Organise Review Date or Exit Strategy

The VARM meeting will develop the Risk Management Support Plan to see what options are available for encouraging engagement with the Adult. The meeting should **Take a creative and flexible approach** and think about different ways of engaging the person in supporting to reduce the risks.

It is important that there is a consistent communication strategy with all partner agencies to ensure that escalation of risks or changes in a person circumstances that may increase or decrease risk are shared and actioned in a timely way.

Following a period of implementing the Risk Management Support Plan, the meeting may reconvene to review the plan which will be evaluated. The case should not be closed just because

the adult at risk is refusing to accept the plan. It is anticipated that a review plan will be discussed and agreed within the multi- agency meeting.

It is important to be persistent in VARM cases due to the likelihood that the person may refuse services or support when this is first offered. In conjunction with being flexible and creative, professionals may need to repeatedly try to work with a person to reduce risks. Non-engagement at first contact should not result in no further action being taken at a later date or professionals going back to the person and offering further help or support (particularly where risks may have changed or increased.

It is important that at all stages the individual concerned subject to a VARM should be informed of any decision in writing , subject to any expressed wish not to receive any correspondence by the individual concerned.

Even where an individual refuses to engage with services, all agencies must remain open to any requests, referrals made for assistance or services in the future.

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).

Consider the safeguarding of others if you believe anyone else might be at risk i.e. other adults at risk, children and animals.

The person's GP should always be notified even if the case is deemed as 'no further action required' during the screening process.

It is recognised that at times there will be disagreements over the handling of concerns or Professional Differences. 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 or the East Riding safeguarding adult's board.

Inherent Jurisdiction - Adults who have capacity to make decisions which may result in 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.

Recording the VARM

Each agency is expected to manage records and hold the case where an adult is considered under the VARM process.

It is anticipated that vulnerable adult/adults at risk will be informed and involved in the meetings although many will choose to disengage due to their circumstances. The VARM lead should facilitate this.

It is an expectation that any immediate risks will be addressed urgently following the meeting and the VARM Risk Assessment and Risk Management Support Plan will be circulated within a period of 72 hours to all interested parties including the GP and the East Riding Safeguarding Adults Team. Any other meeting notes/minutes should be circulated within one week. Individual Agencies will ensure that this information is held on the person's record.
Actions agreed at the VARM need to be initiated immediately by partner agencies and must not rely on the minutes being distributed.

If it has been agreed that the lead agency is not the local authority a copy of completed VARM meeting records should be submitted to the Local Authority Safeguarding Adults Team, who will collate records for the purpose of quality assurance and data collection.

Reviewing the VARM

The Lead Agency and Chair will need to reconvene the meeting at appropriate intervals to review the risk management plan. The review should look at how the actions from the risk management plan have been achieved, or whether any changes in approach are needed.
It may be that a decision is made to exit the VARM process as the risks may not be assessed as high enough.

If all risks have been identified and actions completed and there are no further actions a decision may be made to close the case or end involvement. This will be based on decisions made with the individuals themselves, their families/carers (if appropriate) and any agencies involved.
Due to the nature of clients referred into this process most will remain vulnerable and the meetings are convened to reduce the risk as far as possible. There may come a point at which all options have been exhausted, and no improvement has been established. In cases where a critical level of harm has been encountered and it has not been possible to reduce risks, senior management must be informed and consulted.

All agencies will have a VARM lead and if required the senior lead may need to convene a meeting with partner VARM leads to support moving a case forward if escalation is required. The VARM leads may also hold other agencies to account through the East Riding Safeguarding Adults Board (ERSAB) if required.

The review date can be brought forward if a situation changes at any given time and each member of the VARM will need to report back to the lead agency if they feel a further meeting needs to be reconvened. The shared decision will be recorded highlighting any monitoring that may be in place. It will also be clear that future concerns will be reassessed if the person is agreeable and motivated to become involved in the future or if risk increases.

Information Sharing

Interagency agreements already exist to protect individuals against experiencing serious harm and Caldicott Principals exist to protect agencies sharing information on a need to know basis in

order to prevent harm. Each agency needs to be aware of the principals of sharing information and be aware of the threshold of sharing information on a "need to know basis".

Human Rights Considerations

It is an essential part of the process that people are involved as far as possible, and have a right to privacy and to make unwise decisions if they have capacity to do so. However the Human Rights Act gives primacy to the Right to Life (HRA 1998 article 2). However a decision may sometimes be overridden due to public safety concerns. The VARM meeting is an opportunity to ensure that all agencies have offered support and options to individuals whose life is at serious risk or harm.

Quality Assurance

Each agency is required to maintain records of the VARM, and assure the quality of referrals. The Local Authority Safeguarding Adults Team will collect and produce data about the VARM process. Quality will be assured through audits completed as part of the Quality Assurance and Performance Sub-Group of the East Riding Safeguarding Adults Boards.

Where adults have died as a result of serious risk, self-neglect or harm considerations should be made about a referral for a Safeguarding Adults Review to the Safeguarding Adults Board. Pleases consult the ERSAB website for further details www.ersab.org.uk

Case Studies

These are examples where cases have met the threshold for a VARM meeting;

Mrs X

Mrs X is in her early 70's. She lives alone in council property. She is well known to the Authority and has been receiving direct payments for a number of years.

Over the years there has been a reoccurring pattern of Mrs X having relatively little communication with the council when carers are in place to almost constant communication when there is an issue with personal assistants/carers.

When support is no longer available she has struggled to find anyone willing to work for more than a few months. During these times Mrs X is in almost continuous dialogue (which may be abusive) in attempting to gain care/support for herself.

She is only willing to accept carers or hours of provision that she is able to specify and refuses entrance to some service providers.

There are also issues of engagement with the assessment and review process, which make it difficult to undertake a robust assessment/reassessment of eligible needs.

Mrs X continues to refuse an assessment.

Mrs X reports that her health conditions are deteriorating.

Mrs X is not currently registered with a G.P.

Mrs R

Mrs R lives in her owner occupied property with her husband; following the death of her husband she contacted adult social care several times for support.

Mrs R would ask for an assessment and would go through with the assessment and often accept services then would quickly disengage with services and take an instant dislike to care staff.

Mrs R's property was in a very unkempt state, she hoarded and her home was full to capacity with everything she declined to throw away. At one stage she refused to throw away left over food.

She had always had dogs and she had two very large dogs who she adored.

The outside of her property was also unkempt, she put food down for birds and this attracted vermin. Her neighbours then became intolerant.

Involvement from Adult Social Care commenced in 2004. The property was not only unkempt it was unhygienic and becoming an environmental issue.

It soon became apparent that Mrs R would only accept support at her pace and often not at all.

Visits would include supporting her to bag cardboard, newspapers at first and only if the Social Worker promised she would recycle. This may have seemed a small step but we were making some headway in at least making a clear pathway through her property.

The case was time consuming but she would not engage with an agency or a support worker.
Mrs R's health was deteriorating; she was getting frequent infections but would not seek medical assistance.

Mr C

Mr C is a 20 year old man with autism. Mr C lives alone in a privately rented flat in the city centre.

Mr C is regularly visited by a group of young men that he describes as 'friends'. Mr C reports to his family that he sometimes finds it difficult to buy food or pay his rent as he lends money to his friends or they use it to buy beer for them all to drink.

The police have been called a number of times to the flat as they have had reports of anti-social behaviour for a group of young men and fighting.

Mr C has a college placement but his attendance has been become increasingly infrequent.

Mr C has been contacted by Adult Services on a number of occasions but is refusing to engage with services and says that the young men are his friends and he doesn't want any support.

Mr C's family have reported seeing less of him and are very worried that he may be becoming a victim of hate /mate crime.

Mr A

Mr A is a man who lives in a detached house on his own in a rural village. Concerns were sent through to the Safeguarding Adults Team by Mr A's neighbours and also his GP, who were worried about his health and wellbeing.

Mr A does not have any money and has no income. He will not claim any benefits and does not wish to look for a job. He is not of retirement age.

Mr A's property is in disrepair and he has no gas, electric or hot water. Mr A survives by foraging food, being given food by neighbours and by accessing local food banks. Mr A cooks inside his house using an old gas BBQ and an oil lamp.

Mr A is very isolated and does not have any means of transport. He has no friends and is estranged from his sister.

Mr A did have a mental health breakdown many years ago and a neighbour thought he could have Schizophrenia.

Mr A appears malnourished and does not go to the Doctors. Mr A frightens his neighbours.

Mr B

Mr B is a man who has recently separated from his wife and now lives in their family home on his own.
Mr B's son called the Safeguarding Adults Team concerned about his wellbeing.

Mr B is an alcoholic and drinks approximately two bottles of white wine a day. He also smokes heavily, approximately one large pouch of tobacco a day.

Mr B has COPD and uses inhalers. These have now run out and he has not gone back for another prescription meaning he is struggling to breathe.

Mr B's son had been trying to get him to the GP because of the above concerns but also as he has issues with eye sight (he is still driving) and pressure sores on his sacral area which are visibly weeping and soaking through his bedding. Mr B does not see a GP or District Nurse about this. Mr B is losing weight and son thinks he is malnourished.

Mr B has also told his son he may be depressed but does not want any help at the moment.
Mr B will on occasion be incontinent. Son states his father does not have any continence issues but simply chooses not to use a toilet – using a bucket or simply soiling his pants and leaving them on the toilet.

The house is in a state of disrepair thought it does have gas, electricity and water and Mr B does have an income to purchase food with.

Mr B's wife has disclosed that he was abusive towards her and is anxious to go back. When home she would try to keep the house in order.

Mr D

Mr D is a man who was reported to the Safeguarding Adults Team following a Fire/Police incident in his terraced house.

Mr D hoards and there are rooms in his house that are inaccessible due to the level of hoarding and the Fire Service believe a fire in the property would be fatal to Mr D as he would not be able to evacuate safely and the hoarding would accelerate the fire.

The house is in disrepair. The walls are thick yellow from heavy cigarette smoking and the floor and walls are rotting in parts.

There is faeces on the bathroom floor and on the toilet which does not work, and flies in the property.

Mr D smokes heavily and puts his cigarettes out either on the floor or wall. There is a pile of ash half way up the wall where he has been putting cigarettes out.
The shower and bath is blocked and Mr D cannot use it.
Mr D does not have a chair to sit on or a bed, and sleeps on the floor. All food in Mr D's fridge is rotten.

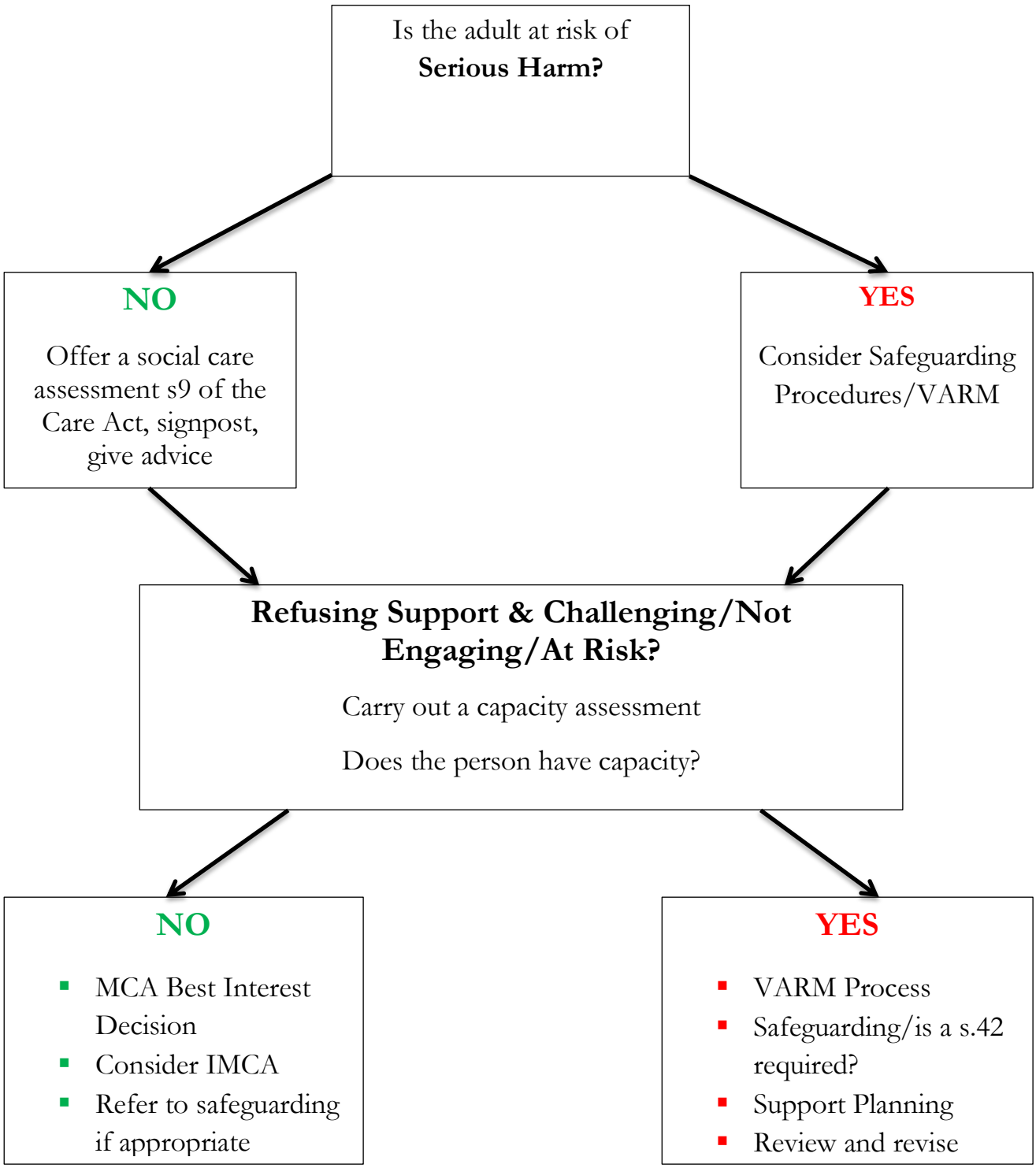
Mr D keeps motor oil in his house. Mr D uses an electric heater in one room which has papers and boxes piled in front of it.

Mr D collects old weapons. During one visit by environmental health a WWI mortar bomb was found as was a rifle, a bayonet and a grenade. These were not confirmed as being safe and decommissioned.

Mr D does not have any mental health conditions to the referrer's knowledge but does not go to his local GP often.

VARM Process Flow Chart

(Deciding on the use of the VARM process)



Appendix 1 - Legal Options

There are many legislative responsibilities placed on agencies to intervene in or be involved in some way with the care and welfare of adults who are believed to be vulnerable.
It is important that everyone involved thinks pro-actively and explores all potential options and wherever possible, the least restrictive option e.g. a move of the person permanently to smaller accommodation where they can cope better and retain their independence.
The following outline a summary of the powers and duties that may be relevant and applicable steps that can be taken in cases of dealing with persons who are self-neglecting and/or living in squalor. The following is not necessarily an exhaustive list of all legislative powers that may be relevant in any particular case. Cases may involve use of a combination of the following exercise of legislative powers.

Environmental Health

Environmental Health Officers in the Local Authority have wide powers/duties to deal with waste and hazards. They will be key contributors to cross departmental meetings and planning, and in some cases e.g. where there are no mental health issues, no lack of capacity of the person concerned, and no other social care needs, then they may be the lead agency and act to address the physical environment.

Remedies available under the Public Health Acts 1936 and 1961 include;

- Power of entry/warrant to survey/examine (sections 239/240)
- Power of entry/warrant for examination/execution of necessary work (section 287)
- Enforcement notices in relation to filthy/verminous premises (section 83) – applies to all tenure.

Remedies available under the Environmental Protection Act 1990 include;

- Litter clearing notice where land open to air is defaced by refuse (section 92a)
- Abatement notice where any premise is in such a state as to be prejudicial to health or a nuisance (sections 79/80)

Other duties and powers exist as follows;

- **Town and Country Planning Acts** provide the power to seek orders for repairs to privately owned dwellings and where necessary compulsory purchase orders.
- The **Housing Act 2004** allow enforcement action where either a category 1 or category 2 hazard exists in any building or land posing a risk of harm to the health or safety of any actual or potential occupier or any dwelling or house in multiple occupation (HMO). Those powers range from serving an improvement notice, taking emergency remedial action, to the making of a demolition order.
- Local Authorities have a duty to take action against occupiers of premises where there is evidence of rats or mice under the **Prevention of Damage by Pests Act 1949.**

- The **Public Health (Control of Disease) Act 1984** Section 46 sets out restrictions in order to control the spread of disease, including use of infected premises, articles and actions that can be taken regarding infectious persons.

Housing – Landlord Powers

These powers could apply in Extra Care Sheltered Schemes, Independent Supported Living, private-rented or supported housing tenancies. It is likely that the housing provider will need to prove the tenant has mental capacity in relation to understanding their actions before legal action will be possible. If the tenant lacks capacity, the Mental Capacity Act 2005 should be used.
In extreme cases, a landlord can take action for possession of the property for breach of a person's tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard. This would be under either under Ground 1, Schedule 2 of the **Housing Act 1985** (secure tenancies) or Ground 12, Schedule 2 of the **Housing Act 1988** (assured tenancies).

The tenant is responsible for the behaviour of everyone who is authorised to enter the property. There may also be circumstances in which a person's actions amount to anti-social behaviour under the **Anti-Social Behaviour, Crime and Policing Act 2014**. Section 2(1)(c) of the Act introduces the concept of "housing related nuisance", so that a direct or indirect interference with housing management functions of a provider or local authority, such as preventing gas inspections, will be considered as anti-social behaviour. Injunctions, which compel someone to do or not do specific activities, may be obtained under Section 1 of the Act. They can be used to get the tenant to clear the property or provide access for contractors. To gain an injunction, the landlord must show that, on the balance of probabilities, the person is engaged or threatens to engage in antisocial behaviour, and that it is just and convenient to grant the injunction for the purpose of preventing an engagement in such behaviour. There are also powers which can be used to require a tenant to cooperate with a support service to address the underlying issues related to their behaviour.

Mental Health Act 1983

Sections 2 and 3 of the Mental Health Act 1983

Where a person is suffering from a mental disorder (as defined under the Act) of such a degree, and it is considered necessary for the patient's health and safety or for the protection of others, they may be compulsorily admitted to hospital and detained there under Section 2 for assessment for 28 days. Section 3 enables such a patient to be compulsorily admitted for treatment for up to 6 months, this can then be renewed for a further 6 months and then yearly if necessary.

Section 7 of the Mental Health Act 1983 – Guardianship

A Guardianship Order may be applied for where a person suffers from a mental disorder, the nature or degree of which warrants their reception into Guardianship (and it is necessary in the interests of the welfare of the patient or for the protection of other persons.) The person named as the Guardian may be either a local social services authority or any applicant. A Guardianship Order confers upon the named Guardian the power to require the patient to reside at a place specified by them; the power to require the patient to attend at places and times so specified for the purpose of medical treatment, occupation, education or training; and the power to require

access to the patient to be given, at any place where the patient is residing, to any registered medical practitioner, approved mental health professional or other person so specified.

In all three cases outline above (i.e. Section 2, 3 and 7) there is a requirement that any application is made upon the recommendations of two registered medical practitioners.

Section 135 Mental Health Act 1983

Under Section 135, a Magistrate may issue a warrant where there may be reasonable cause to suspect that a person believed to be suffering from mental disorder, has or is being ill-treated, neglected or kept otherwise than under proper control; or is living alone unable to care for themselves. The warrant, if made, authorises any constable to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove them to a place of safety.
Section 135 lasts 72 hours and is for the purpose of removing a person to a place of safety with a view to the making of an assessment regarding whether or not Section 2 or 3, or 7 of the Mental Health Act should be applied.

Section 136 Mental Health Act 1983

Section 136 allows police officers to remove adults who are believed to be "*suffering from mental disorder and in immediate need of care and control*" from a public place to a place of safety for up to 72 hours for the specified purposes. The place of safety could be a police station or hospital.

Community Treatment Orders (CTOs)

If a person has been in hospital under the Mental Health Act, a responsible clinician (usually a Psychiatrist) can arrange for a person to have a Community Treatment Order (CTO). This means the person will have supervised treatment when they leave hospital. The person will need to follow the conditions of a CTO. The conditions aim to make sure the person gets the appropriate treatment and can also be used to try and protect the person from harming themselves or other people. Conditions can include where the person will live or where they will go to get treatment. A person can be brought back to hospital if they break the conditions of their CTO.

Power of Entry

The Police can gain entry to a property if they have information that a person inside the property was ill or injured with the purpose of saving life and limb. This is a power under Section 17 of the Police and Criminal Evidence Act 1984.

Inherent Jurisdiction

There have been cases where the Courts have exercised what is called the 'inherent jurisdiction' to provide a remedy where it has been persuaded that it is necessary, just and proportionate to do so, even though the person concerned has mental capacity.
In some self-neglect cases, there may be evidence of some undue influence from others who are preventing public authorities and agencies from engaging with the person concerned and thus preventing the person from addressing issues around self-neglect and their environment in a positive way.
Where there is evidence that someone who has capacity is not necessarily in a position to exercise their free will due to undue influence then it may be possible to obtain orders by way of injunctive relief that can remove those barriers to effective working. Where the person concerned has permitted another reside with them and that person is causing or contributing to the failure of the person to care for themselves or their environment, it may be possible to obtain an Order for their removal or restriction of their behaviours towards the person concerned.
In all such cases legal advice should be sought.

Animal welfare

The **Animal Welfare Act 2006** can be used in cases of animal mistreatment or neglect. The Act makes it against the law to be cruel to an animal and the owner must ensure the welfare needs of the animal are met. Powers range from providing education to the owner, improvement notices, and fines through to imprisonment. The powers are usually enforced by the RSPCA, Environmental Health or DEFRA.

Fire

The Fire and Rescue Service can serve a Prohibition or Restriction notice (under the **Regulatory Reform (Fire Safety) Order 2005**) which takes immediate effect where the standard of general fire precautions provided has fallen so far below the expected standards, that relevant persons are placed at risk of death or serious injury.

The term 'premises' includes domestic premises **other than premises consisting of or comprised in a house which is occupied as a single private dwelling**.

In this sense a prohibition notice may not be issued on the relevant person in the domestic premises above a commercial undertaking; rather the notice may extend the scope of the term 'premises' to include the domestic dwelling within the prohibition. A prohibition notice may only be served on a direct responsible person or an article 5(3) duty holder.

For situations in which relevant persons in domestic premises over commercial premises are at risk so serious that the premises ought to be prohibited or restricted, enforcing authorities should consider prohibiting the commercial premises in the first instance. Where this action does not spare relevant persons from the risk of death or serious injury e.g. commercial and domestic premises share a common staircase which terminates in a kitchen and the prohibiting of the commercial premises does not reduce the risk to relevant persons, the scope of the term 'premises' may be broadened to include the domestic premises that do not constitute a house occupied as a single private dwelling.

Where an enforcing authority intends to use a prohibition notice to such an extent as to bring domestic dwellings (forming a house in multiple occupation) within its scope, the enforcing

authority is expected to liaise with the local housing authority; albeit that if the enforcing authority fails to do so, the notice continues to be valid.

The above information has been taken from the Collected Perceived Insights into and Application of The Regulatory Reform (Fire Safety) Order 2005 – commonly referred to as 'The Enforcers Guidance'

Mental Capacity Act 2005

In the event that the individual is assessed as lacking the capacity to make decisions about their care needs, the powers to provide care to those who lack capacity are contained in the Mental Capacity Act 2005. Professionals must act in accordance with guidance given under the Mental Capacity Act Code of Practice when dealing with those who lack capacity and the overriding principal is that every action must is carried out in the best interests of the person concerned.

Where a person who is self-neglecting and/or living in squalor does not have the capacity (and this has been assessed) to understand the likely consequences of refusing to cooperate with others and allow care to be given to them and/or clearing and cleaning of their property a best interest decision can be made to put in place arrangements for such matters to be addressed. A best interest decision should be taken formally with professionals involved and anyone with an interest in the person's welfare, such as members of the family.

The Mental Capacity Act 2005 provides that the taking of those steps needed to remove the risks and provide care will not be unlawful, provided that the taking of them does not involve using any methods of restriction that would deprive that person of their liberty. However where the action requires the removal of the person from their home then care needs to be taken to ensure that all steps taken are compliant with the requirements of the Mental Capacity Act. Consideration needs to be given to whether or not any steps to be taken require a **Deprivation of Liberty Safeguards** application.

Where an individual resolutely refuses to any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Act are anticipated, it will be necessary to apply to the Court of Protection for an order authorising such protective measures. Any such applications would be made by the person's care manager who would need to seek legal advice and representation to make the application.

Emergency applications to the Court of Protection

An application may be made to the Court of Protection to secure an urgent or emergency court order in certain circumstances, e.g. a very serious situation when someone's life or welfare is at risk and a decision has to be made without delay. The court will not make an urgent order unless the court decides it's a serious matter with an unavoidable time limit.
Where an emergency application is being considered, relevant legal advice must be sought.

Appendix 2 - VARM Information Sheet

Introduction

This leaflet provides information for members of the public and professional staff about the way agencies respond to situations when a VARM is implemented.
It is vital that organisations working with adults at risk look at such situations and ensure that all reasonable and lawful actions have been taken. This process is called a **Vulnerable Adult Risk Management** framework or VARM for short

"What is the VARM Process?"

The VARM is a multi-agency framework to facilitate effective working with vulnerable adults (with care and support needs whether these are being met or not) aged 18+ who are deemed to have mental capacity and who may be at risk of serious harm or death through severe self-neglect, risk taking behaviour or refusal of services

"Why are you having a meeting about me?"

The Agency/Agencies that have been working with you recently feel that your circumstances fall into the following categories and want to make sure that everything has been done to work with you. You can attend or an appropriate advocate may attend on your behalf.

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

Serious harm means death or injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur.

"What if I object? Can I refuse to participate?"

You can, but the meeting will go ahead anyway and we would far rather that you be present so that you can have your say.

"Who can I ask to help me at this meeting?"

If you would like someone to support you before and during this meeting, you can ask an Advocate to help you. An Independent Advocates job is to help you to be actively involved in any process relating to your care and support. In East Riding advocacy is delivered by cloverleaf

"What if you make decisions that I don't agree with?"

The purpose of this meeting is for the agencies involved to ensure that you are safe and making wise choices about your care and welfare. The meeting will identify actions to reduce the amount of risk which they consider that your circumstances pose to yourself and others. This will take the form of a multi-agency Risk Assessment Support Plan.
We want your views to be included but will take the appropriate action to protect you and others.

How will this help me?

This will vary depending on the complexity of your circumstances, however ultimately we want to keep you and others free from harm.

"Where do I go if I need help in the future?"

This will depend on the type of support that you already receive and you will be advised of the name and contact details of other agencies who can support you to maintain your care and welfare

For further information about the VARM process, please contact the East Riding Safeguarding Adults Board (ERSAB);

Tel: 01482 396940

Email: safeguardingadultsteam@eastriding.gcsx.gov.uk

Appendix 3 - Adult at Risk Letter - The example letter below can be modified to individual circumstances.

Dear……

We are writing to inform and invite you to a **Vulnerable Adults Risk Management Meeting (VARM)** that we are holding regarding your circumstances on …….. .

The Agencies that have been working with you recently feel that you may be at high/serious risk of harm; however you have been reluctant to engage with adult services to reduce those risks.

The Vulnerable Adult Risk Management Meeting is a multi-agency meeting to ensure that all reasonable and lawful actions have been taken by involved professionals to reduce risks, keep you safe and to support and encourage your wellbeing. I enclose a leaflet that explains the meeting purpose to you.

The meeting participants will identify actions to reduce the amount of risk which they consider that your circumstances pose to yourself and others. This will take the form of a Multi-Agency Risk Assessment Plan.

You do not have to attend this meeting however we would far rather that you be present or send us your comments so that you can have your say and these can be shared at the meeting.

If you would like to discuss the meeting further, or require an advocate to support you before or during this meeting, or attend on your behalf, please feel free to contact me so this can be arranged.

If you choose not to attend we will write to you to share the issues identified and the Risk Management Plan following the meeting.

Yours sincerely

Appendix 4 - VARM Meeting Agenda

- Introductions
- Purpose of the VARM
- Eligibility criteria met
- Background to the circumstances of the VARM by the referring agency
- Consent & Capacity of the individual (Confirmation of mental capacity, how the individual has been involved , the individual views and /or representatives
- Updates from any other agency
- Identify Risks for the individual
- Identify risks for others (other vulnerable adults, children, animals)
- Identify Actions , timescales, roles and responsibilities
- Communication strategy between organisations (consider triggers and escalation of risk)
- Consider how the update will be communicated with the adult at risk if not in attendance
- Organise Review Date or Exit Strategy
- AOB

Confidentiality

All information exchanged in this meeting is for the express use of the members of the Vulnerable Adult Risk Management Meeting for safeguarding the individual adult/s concerned and for the prevention of further harm, abuse or neglect and must not be used for any other purpose. Information should not be shared except as part of the action plan or with the agreement of the Chair.

Appendix 5 – Risk Assessment and Management Tool

Safeguarding is everybody's business

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	