



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

RISK ASSESSMENT		
Name of Service User	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? Give brief reasons for your response	Y/N	
Are you going to inform the person? Y/N Give reasons for your response		



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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

Information verified as
current and accurate? By
whom?



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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



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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

It should be assumed that the service user and/or carer will be informed of the VARM process and Risk Management Plan via the pro forma letter. Please say who will send this letter and when. If the person and/or their carer are not to be informed, say why not.

Date of Meeting	
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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



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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/JobTitle	Address/email/phone no.	Signature



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INVITED, PROVIDED INFORMATION BUT DID NOT ATTEND

Name/agency/job title	Contact details if available

INVITED AND DID NOT ATTEND – name and agency details
