# Barnsley Safeguarding Adults Board Vulnerable Adults Risk Management Model

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## Introduction

This Guidance seeks to provide professionals with a framework to facilitate effective working with adults who are deemed to have mental capacity and who are at risk due to severe self-neglect, refusal to engage with services or abuse by a third party, where that risk may lead to significant harm or death. The VARM guidance can also be used to consider other risk situations, such as where an adult is a 'frequent caller' to services or where a single agency is struggling to maintain a high risk situation and a risk management meeting needs to be convened.

The process should compliment and dovetail with the Care Act 2014 and Making Safeguarding Personal (MSP).

## Guidance

Capacity or lack of capacity is a vital element in support planning with, or on behalf of, adults who are at risk of severe self-neglect or significant harm.

Once a person's capacity has been established, planning can follow one or two routes either:

i. In the case of lack of capacity, a decision to follow Mental Capacity Act (MCA) Guidance to work in the individual's 'best interests' and where required invoke the inter-agency safeguarding procedures or
ii. In the case of capacity, to follow the Adult at Risk, Risk Management Process.

If the Adult at Risk is assessed as having capacity to understand the consequences of refusing services, then a Risk Management meeting should be convened to ensure the following.

1. Establish capacity and record when, where and by whom the assessment was carried out.
2. Critique the Support Plan and discuss with a network of professionals alternative options for engaging with the Adult at Risk.

   Need to consider which professional is best placed to engage – would the Adult at Risk respond more positively to a health, social care or a voluntary agency professional?

   (The Serious Case Review, (now known as the Safeguarding Adults Review) written following the murder of 'F' revealed a lifelong history of negative involvement from both the Mental Health services and from the Social Services Children and Families department. She had been held under Section on several occasion and all her children had been removed from her care. In planning an approach towards 'F', this information would have been vital as she would have been unlikely to engage positively with either the Mental Health Services or Social Services in the first instance).

3. Having established an alternative /holistic Support plan, the adults at risks' resistance to engagement should be tested by the re-introduction of the new plan by the person or the agency most likely to succeed ( this would have been decided at the Risk Management Meeting – see above).

4. If the plan is still rejected, the meeting should reconvene to discuss a review plan. The case should not be closed just because the adult at risk is refusing to accept the plan. Appropriate advice must be taken as to a reasonable review plan, including the consideration of the timescales to be applied (for example from a Team manager, Service Manager/Head of Service/Legal).

In summary, the following sequence of events should be applied:

- Test capacity
- Alternative Support Plan
- Test Resistance
- Review

It is important to agree timescales for each part of the process (to prevent the case 'drifting'). This will be different 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 Risk Management/Review Meeting. Where possible, the Adult at Risk' views and wishes should be included and if they are not present, there should be detailed reasons for this.

It should be clear what the agreed actions are who is responsible for carrying our actions and the timescales involved. Disagreements should also be clearly documented. At the end of the process, whatever the outcome, all parties involved with the VA should receive written communication as to the outcome of this intervention and should be accompanied by a Risk Management Plan and /or Protection Plan where required. This process does not and should not affect an individual's human rights, but seeks to ensure that the Local Authority ( in partnership with other relevant agencies ) extends its duty of care in a robust manner and as far as is reasonable.

The dilemma of managing the balance between protecting adults at risk from self-neglect against their right to self-determination is a serious challenge for all services.

Applying this robust process should ensure all reasonable steps are taken to ensure safety, by a multi-agency group of professionals.

This model will be critical for the reasons outlined above, but in addition will anticipate the possible extension of the definition of adults who may be in need of safeguarding (to include those at risk of harm as a result of self-harm/self-neglect).

## Capacity

The Mental Capacity Act 2005 was implemented in April 2007 and is accompanied by the Code of Practice.

The following principles are set out in Section 1 of the Act and will need to form the basis of all work in relation to adults at risk, to ensure best practice.

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make decisions unless all practical steps to help them to do have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done or decision made for or on behalf of a person who lacks capacity must be in their best interests.
- Before the act is done, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action

Section 2 of the Act provides that a person who lacks capacity, if at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment or disturbance that is permanent or temporary.

This is a diagnostic test which could cover, but is not limited to ,a range of difficulties, such as a psychiatric illness, learning disability, dementia, brain damage or even a toxic confusional state, as long as it has the necessary effect on the functioning of the mind or brain, which causes the person to be unable to make a decision.

Each decision must be considered separately. General assessments of capacity are not accepted. It is not acceptable, for example, to conclude that someone 'lacks capacity' in a general or 'global sense.

Capacity, or lack of, must refer to a particular decision. The question of whether a person lacks capacity to make a particular decision, at the time when the decision needs to be made, must be decided on the balance of probabilities, i.e. more likely than not.

Section 3 of the Act defines what being 'unable to make a decision' means:

- The person is unable to understand the information of the decision relevant to the decision.
- Unable to retain the information.
- Unable to use the information as part of the process of making the decision.
- Unable to communicate the decision

**Best Interests**

If a person is deemed in lacking capacity, all circumstances' must be considered in deciding whether something is in a person's 'best interest'. The Act gives further guidance on particular factors to be taken into account in Section 4.

None of the factors carry any more weight or priority that another: the list is not exhaustive but should enable an objective assessment of what is in the person's best interest to be made.

Consideration as to whether the person is likely to have capacity at some time and if so, when, must be given. This suggests the non-urgent decisions can be left if there is a likelihood of the person regaining capacity. The person in question should also be as fully involved as possible.

Factors to be considered:

- Encourage Participation
  - Do whatever is possible to permit and encourage the person to take part, or to improve their ability to take part, in making the decision.
- Identify all relevant circumstances
  - Try to identify all the things that the person who lacks capacity would take into account if they were making decision or acting for themselves.
- Find out the person's views
  - Try to find out the views of the person who lacks capacity, including:
  - The person's past and present wishes and feelings – theses may have been expressed verbally, in writing or through behaviour or habits.
  - Any beliefs and values ( e.g. religious, cultural, moral or political) that would be likely to influence the decision in question.
  - Any other factors the person themselves would be likely to consider if they were making the decision in acting for themselves.
- Avoid discrimination
  - Do not make assumptions about someone's best interests simply on the basis of the person's age, appearance, condition or behaviour.
- Assess whether the person might regain capacity
  - Consider whether the person is likely to regain capacity (e.g. after receiving medical treatment). If so, can the decision wait until then?
- Consult others
  - If it is practical and appropriate to do so, consult other people for their views about the person's best interest and to see if they have any information about the person's wishes and feelings, beliefs and values. In particular, try to consult:
  - Anyone engaged in caring for the person
  - Close relatives, friends or others who take an interest in the person's welfare
  - Any attorney appointed under a Last Power of Attorney or Enduring Power of Attorney made by the person
  - Any deputy appointed by the Court of Protection to make decisions for the person

## Referral Process

The referral will be screened as outlined in the guidance by the safeguarding duty officer who will determine the level of risk, any immediate requirements to protect and who in which agency is best placed to lead on the process.

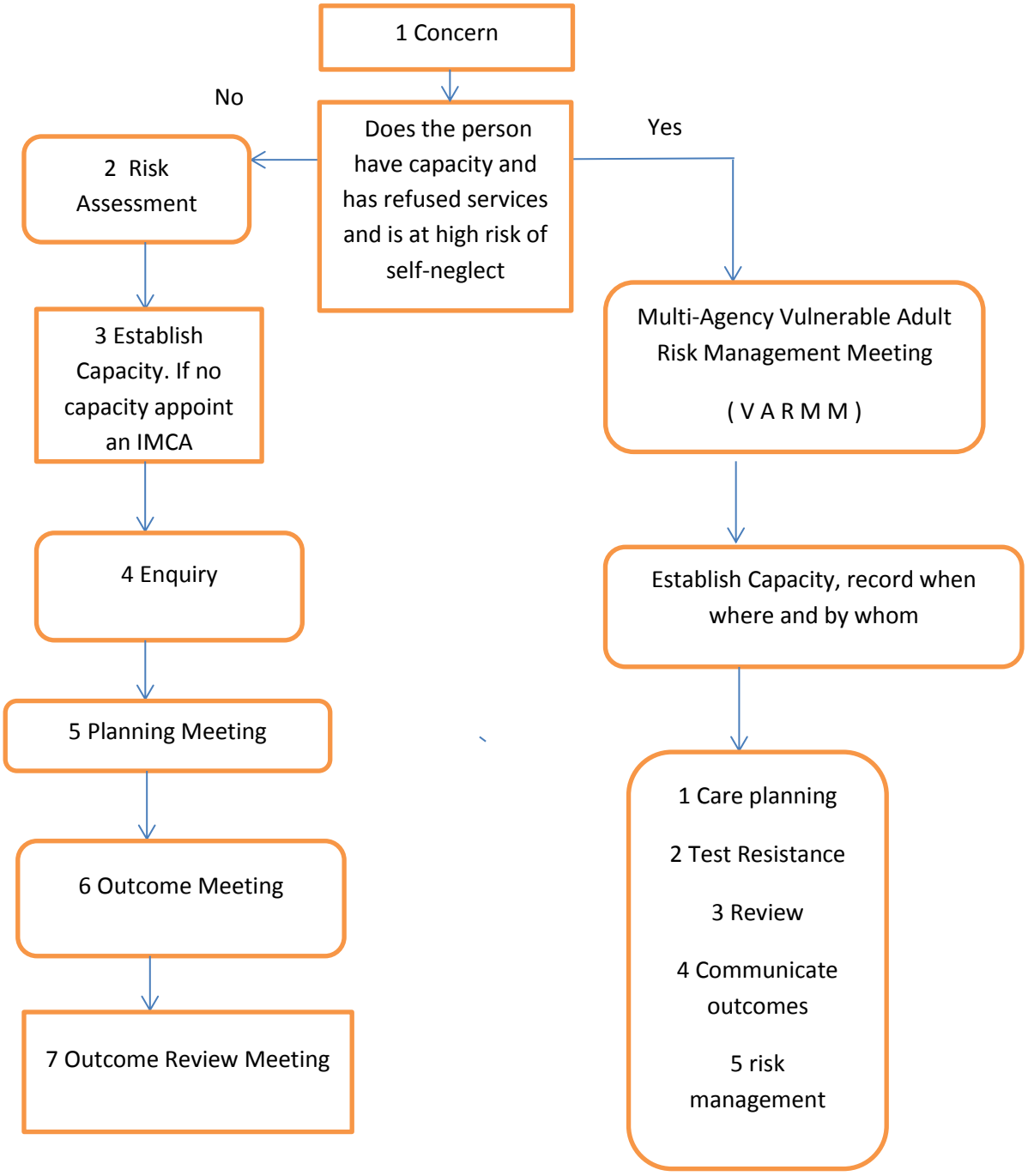
A risk management meeting should be convened with other interested professionals and interested parties where required.

The risk assessment tool should be used to record all interventions however limited.

Information sharing is a vital component in the management all vulnerable adult situations. It is therefore imperative that all agencies involved or known to the adult receive an outcome letter and a copy of the risk management plan/protection plan.

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

## VARMM Guidance Flowchart



Barnsley Safeguarding Adults

## Vulnerable Adult Risk Assessment Tool

| | | | | | |
|---|---|---|---|---|---|
| **Name** | | | | **ID** | |
| **D O B** | | **AGE** | | **Ethnic Origin** | |
| **Address** | | | | | |

| | |
|---|---|
| Details of presenting Risks | |
| Date of Risk management discussion/ meeting | |
| Contact details of Lead Person for Risk Management discussion/ meeting | |
| Establish Capacity and record, where and by whom | |

# Barnsley Safeguarding Adults

| Risk identified | Level of Risk | Likelihood to occur | Comments |
|---|---|---|---|
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| Possible benefits and /or harms of the risk |
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| Service users desired outcomes of taking the risk | Service user's mental capacity to make that specific decision |
|---|---|
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| | |

| Is there a conflict identified (please tick) | Yes | | NO |
|---|---|---|---|
| If so, what is the conflict | Name of person with conflicting view | | |
| | | | |
| | | | |
| | | | |

| Who else has been consulted about these concerns and what are the views? | |
|---|---|
| Name/ Agency | |
| | |
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| Risk management plan<br><br>List each section that could reduce or mitigate the risk | Action by whom | Actin by date | Review date |
|---|---|---|---|
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| | | | |

| Is a protection Plan required? ( please tick) | Yes | | No | |
|---|---|---|---|---|

| List of individual / agencies to whom this information will be shared with. | |
|---|---|
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|---|---|
| Signature of Assessor completing this form | |
| Signature of Service user | |
| Date of signature | |