CARM Management Meeting Agenda (example)

***Form 2***

1. Welcome and Introductions *(section 1,2,3)*
* Case details – Adult at Risk details, ref, date, venue
* Apologies
* Attendance - Roles of agencies / professionals / individuals represented & in attendance
1. MSP *(section 4)*
* Focuses on the outcomes desired by the Adult at Risk (whether in attendance or submitted/known)
1. Risk Management Plan *(section 5)*
* Details of the adult at risk and overview of current situation to be addressed.
* Conversation to establish risk from both the person and professional view.
* Confirm whether adult at risk is aware of concern and procedures in place to manage concern
* Views (if known) of the adult at risk, and the outcomes that they are seeking
* Agency involvement (in place / refused)
* Agree severity of risks identified
* Discuss known and perceived risk from the adult’s and agencies perspective
* Discussion regarding practical support and strategies to minimise the risks
* Ensure a risk enabling approach (see appendix 1)
* Agree actions to manage risks and identify triggers for review
* Agree strategy to monitor the risks
1. Positive Factors *(section 6)*
* Identify positive factors for the Adult and build on these where possible
* Agree the risks and detail any signs of safety
1. Desired Outcomes for the Adult at Risk *(template section 7)*
* *Desired outcomes of the Adult following the risk management plan*
1. Conflicts *(section 8)*
* Discuss and resolve any differences of opinion
* Where conflicts remain unresolved, record these
1. Determine any Legal Powers & Duties *(section 9)*
* Those in attendance should consider any legislation, policies or codes of practice which might be relevant to the case. Duties, with associated powers, should be identified and statutory interventions specified.
1. Mental Capacity *(section 10)*
* Decision(s) and associated risks and consequences against which mental capacity has been assessed.
* How capacity assessment was carried out, when and by whom.
* If mental capacity has been assumed, how has this assumption been reached?
* Any identified concerns
* Is a legal review required?
1. Outcome *(section 11)*
* Those in attendance should consider any legislation, policies or codes of practice which might be relevant to the case. Duties, with associated powers, should be identified and statutory interventions specified.
* Discuss and agree who is best placed to talk to the adult at risk, empower them to make decisions and to take action
1. Review – agree timescales for review

Appendix 1

**Risk Enablement**

Risk enablement is the process of balancing decision-making in relation to risk and rights. Practitioners should consider:

* **The strengths of an individual** which may mitigate risks.
* **Balancing risk** between an individual’s human rights and the safety of those around them.
* **The physical, psychological, and emotional impact of taking or not taking a risk.**

This includes the concept of positive risk taking within the process of working with risk. A risk averse practice can inadvertently result in oppression and has the potential to curtail the independence and autonomy of the individual at the centre of practice.

* **The context** including previous and current risk-taking behaviours, previous and current external sources of risk, the ability of the individual’s support network to cope with risk taking.
* **Working proactively** with the individual at risk including looking at patterns beyond the immediate crisis to understand executive functioning.
* **Probability, timescales, external factors**, **and the significance of a potential outcome.** Risk management plans should be flexible and responsive to changes.
* **The potential for risk minimisation.** This is when the risk of harm in your mind is minimised due to factors such as burnout, unconscious bias, or compassion fatigue. Unconscious bias due to an individual’s repeated distressed behaviour can lead to a focus on select information rather than the whole picture. It is a very natural human trait and regular reflection, case discussion, supervision, peer, and managerial support are all there to assist practice.