Referral & Risk Assessment Form

**SECTION 1: ADULT’S DETAILS (*To be completed by the Referring Agency)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Adult at Risk** | | | | | | | |
| **Name:** |  | | **PIN/ID/NHS/LAS No:** | | |  | |
| **DoB:** | Click or tap to enter a date. | | **Age:** | |  | **Gender:** | Choose an item. |
| **Address:** |  | |  | | |  | |
| **Tel No:** |  | | **Mobile No:** | | |  | |
| **GP:** |  | | | | | | |
| **Consideration of Adult Safeguarding Section 42 Duties:** | * **The adult has needs for care and support (whether or not any of those needs are being met)** * **The adult is experiencing, or is at risk of, abuse or neglect** * **As a result of those needs, they are unable to protect themselves against the abuse or neglect or the risk of it.** | | | | | | |
| **CARM applies when s42 criteria is NOT met** | * **Safeguarding procedures must take primacy over the CARM process - where the s42 criteria is met, a Safeguarding enquiry must take place.** * **DO NOT progress the CARM referral & refer to Safeguarding.** | | | | **Confirm the s42 duty DOES NOT apply:** | | **Yes  No** |
| **Was the Adult at Risk previously LAC?** | **Yes  No** | | |  | |  | |
| **Is the Adult at Risk aware of the referral?** | **Yes  No** | | | **Does the Adult at Risk consent to the referral?** | | **Yes  No** | |
| **Does the Adult at Risk wish to attend the CARM meeting/meetings?** | **Yes\*  No** | | | **\*If Yes, then the referrer must make arrangement for the adult to attend.** | | | |
| **Confirm you have arrangements in place for the Adult at Risk to attend.** | | **Yes  No**  **Planning Stage**  **Not Applicable** | |
| **\*CARM meetings will be held on MS Teams unless the referrer or Adult at risk wishes to meet in person. Where this is the case, it is the responsibility of the referrer to arrange a suitable venue.** | | | | | | | |
| **Venue (if applicable)** | |  | | | | | |
| **Further information you wish to share in relation to accommodating the needs of the Adult at Risk where they have chosen to attend.** | |  | | | | | |

**SECTION 2: REFERRERS DETAILS (*To be completed by the Referring Agency)***

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Agency/Service:** |  | | |
| **Role:** |  | | |
| **Tel No:** |  | **Mobile no:** |  |
| **Email:** |  | | |

**SECTION 3: DETAILS OF AFFECTED OTHERS (*To be completed by the Referring Agency)***

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| **Other people living at the address/sharing the accommodation (including children)** | | |
| **Name** | **DOB** | **Relationship** |
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**SECTION 5: RISK/S (*To be completed by the Referring Agency)***

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| **What is the risk of harm or death?** |  |
| **What actions have been taken to address immediate risk/s?** |  |
| **What are the public safety issues?** |  |
| **Which other agencies are involved/concerned?** |  |
| **Does the person have the capacity to understand the identified risk/s?** | **Yes  No** |
| **CARM criteria met?** | **Yes  No** |

**SECTION 6: Making Safeguarding Personal (*To be completed by the Referring Agency)***

|  |  |
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| **What are the views of the adult at risk and what do they want (if known)?** | |
|  | |
| **Has the adult consented to the CARM referral?**  *The adult & their representatives should be invited to the meeting, where possible. This needs to be demonstrated clearly and any decision not to seek consent, or to override the adult consent should have a lawful basis and should be clearly recorded.* | **Yes  No** |

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| **Please record what attempts have been taken to involve the Adult in this process?** | |
|  | |
| **Does the Adult at risk want someone else to support or represent them at the meeting?** | **Yes  No** |
| **If Yes, please provide details below** |  |
| **Name** |  |
| **Relationship** |  |
| **Contact details** |  |

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| **Agencies Required** | | | |
| **Adult Social Care** | **State which service/dept.** | **Tyne and Wear Fire and Rescue Service** | |
| **Environmental Health** | | **Community Safety Partnership** | |
| **South Tyneside Homes** | **State which dept.** | **Therapeutic Services** | **State which service.** |
| **Housing provider** | **State which Provider.** | **NEAS** | |
| **Police** | **State which dept.** | **Children & Families Social Care** | **State which service/dept.** |
| **Drug and Alcohol Service** | **State which service.** | **Public Health** | |
| **NHS** | **State which service/dept.** | **Domestic Abuse Services** | |
| **CNTW** | **State which service/dept.** | **Probation Service** | |
| **GP** | | **Advocacy Organisation** | |
| **Other** | **State which agency.** | | |
| **Further information about agencies required (if necessary)** | | | |
|  | | | |

**Please email the completed referral to:** [SouthTynesideMASHmailbox@northumbria.police.uk](mailto:SouthTynesideMASHmailbox@northumbria.police.uk)

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| Glossary of terms | |
| CARM | Complex Adult Risk Management |
| Adult at Risk | The person (Adult) who is at risk of serious harm or death |
| Agency | Organisation or service. |
| Consent | Permission for something to happen or agreement to do something. |
| Risk | A situation involving exposure to danger or harm. |
| Public Safety | The prevention of and protection from events that could endanger the safety and security of the public. |
| Criteria | The elements to be reached to be able to decide. |
| Process | A series of actions or steps taken to achieve a particular end. |
| Venue | The place where the meeting takes place. |

***--------------FOR OFFICE USE ONLY-------------***

**SECTION 7: CARM CRITERIA:** ***(FOR OFFICE USE ONLY)***

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| In order to initiate a CARM meeting the following conditions must apply: | | Criteria Met |
| 1. | The adult has the **mental capacity** to make decisions and choices about their life; | Yes  No |
| 2. | There is a risk of **serious harm** (physical or psychological) which is life-threatening and/or traumatic, and which is viewed to be imminent or very likely to occur, **or death or due to non-engagement with services** and they do not meet the criteria for a safeguarding referral; **OR** | Yes  No |
| 3. | There is the **potential of death and or life changing injuries** and/or **a potential risk to the health**  **and safety of others**. | Yes  No |
| 4. | There is **a high level of concern from partner agencies.** | Yes  No |
| 5. | The s42 duty DOES NOT apply. | Yes ☐ No ☐ |
| Initiate a CARM meeting | | **Yes ☐ No ☐** |

**SECTION 8: CARM CHECKLIST: *(FOR OFFICE USE ONLY)***

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|  | A Safeguarding adult referral is required. CARM should NOT proceed where the s42 duty is met. | Yes  No |
|  | Has the Adult at risk provided consent? | Yes  No |
|  | Has the adult been informed of the meeting? | Yes  No |
|  | Have arrangements been made for the adult to attend the meeting? | Yes  No |
|  | Are any special requirements needed for the meeting?  If yes, please specify below: | Yes  No |
|  | Are the views of the Adult at Risk known? | Yes  No |
|  | What steps have been made to verify capacity?***\*NB if capacity is assumed, ensure group discussions regarding matters of capacity are undertaken prior to the adult entering the meeting.*** | |
|  | Verify agreement that there is a risk of SERIOUS HARM OR DEATH.  *\*NB a short pre-meeting without the adult may be appropriate in some circumstances but justification for this should be recorded.* | Yes  No |
|  | Chair to have advance details of the advocate who is attending the meeting. | Provided |
|  | Does the adult have any significant vulnerabilities/risks to adults or children? | Yes  No |
|  | If Yes, what action, is to be taken: | |