Report Templates

for

Complex Adult Risk Management (CARM) Meeting

|  |
| --- |
| * *Form 1 should be completed by a specific agency in the event of being unable to attend an initial CARM meeting.*
* *The report will be used by the CARM Chair to enable a full multi- agency discussion at the CARM meeting.*
* *Please submit your Form 1 report to the CARM Chair prior to the meeting or within the timescales agreed with the Chair via email to:* *SouthTynesideMASHmailbox@northumbria.police.uk*

*Please note that every effort should be made to attend the CARM meeting where possible.* |

FORM 1 – AGENCY REPORT

SECTION 1: CASE DETAILS *(to be completed by CARM Administrator)*

|  |  |
| --- | --- |
| Name of Adult: |  |
| CARM case reference number |  |
| Date of Initial CARM Meeting | Click or tap to enter a date. |
| Time of Initial CARM Meeting |  |
| Venue: |  |
| Name and Contact details of CARM Chair |  |
| Name of professional/agencies in attendance: |  |

SECTION 2: SUMMARY

|  |
| --- |
| *Summary of specific agency involvement with the adult* |
|  |

SECTION 3:

|  |
| --- |
| *What is working well?* |
|  |

SECTION 4: RISKS/CONCERNS

|  |
| --- |
| *Areas of concern / other risks* |
|  |

SECTION 5: ACTIONS

|  |
| --- |
| *Further Actions/request for support* |
|  |

SECTION 6: MAKING SAFEGUARDING PERSONAL

|  |
| --- |
| *Making Safeguarding Personal – what information has the adult shared about how they would like to be supported and what they would like to happen during the CARM process?* |
|  |

|  |  |
| --- | --- |
| Name of Professional completing this report: |  |
| Date this report completed: | Click or tap to enter a date. |

FORM 2 – CARM MANAGEMENT MEETING

|  |
| --- |
| *CARM Confidentiality Statement must be shared with attendees prior to, or read out at the beginning of, the meeting.*  |

SECTION 1: CASE DETAILS

|  |  |
| --- | --- |
| Name of Adult: |  |
| CARM case reference number: |  |

SECTION 2: MEETING DETAILS

|  |  |
| --- | --- |
| Date of CARM meeting: | Click or tap to enter a date. |
| Venue of meeting: |  |

SECTION 3: DETAILS OF PEOPLE ATTENDING THE MEETING *(please add more rows if required)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name*  | *Role* | *Organisation* | *Email* | *Attendance* | *Report submitted* |
|  |  |  |  | Please select | Please select |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

SECTION 4: MAKING SAFEGURDING PERSONAL

|  |  |  |  |
| --- | --- | --- | --- |
| *Is the Adult at risk present?* | Please select | *Are they represented or accompanied by someone?*  | [ ]  Yes[ ]  No |
| *Does the Adult understand the purpose of the meeting?* | Please select | *Name & relationship*  |  |
| *If no, what steps have already been taken?* |
|  |
| *What is important TO the Adult at risk? (What does the person want from this process?)* |
|  |
| *What is important FOR the Adult at risk? (what others want from the process)* |
|  |
| *Any other relevant information* |
|  |

SECTION 5: RISK MANAGEMENT PLAN A COPY OF THE PLAN MUST BE PROVIDEDTO THE ADULT AT RISK

 *(please add more rows if required) (please add more rows if required)*

|  |  |  |
| --- | --- | --- |
| *Descriptions of risks* | *Actions agreed to reduce the risk, by whom and when (if known)* | *Risk rating*(refer to appendix 1) |
|  |  | Please select |
|  |  | Please select |
|  |  | Please select |
|  |  | Please select |
|  |  | Please select |
|  |  | Please select |

SECTION 6: POSITIVE FACTORS

|  |
| --- |
| *Protective Factors: (e.g.; the adult has agreed to a referral to an organisation who can provide support/ Active CARM Meetings)* |
|  |
|  |

SECTION 7: DESIRED OUTCOMES OF THE ADULT AT RISK

|  |
| --- |
| *Desired outcomes of the Adult following the risk management plan:* |
|  |

SECTION 8: CONFLICTS

|  |  |
| --- | --- |
| *Description of any conflict identified?* | *Name of person/agency with conflicting view* |
|  |  |

SECTION 9: LEGAL POWERS & DUTIES

|  |
| --- |
| *Consideration of Legal Powers and Duties (**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)*  |
|  |

SECTION 10: CONSIDERATION OF MENTAL CAPACITY

|  |
| --- |
| *Consideration of Capacity (Those in attendance should consider any reasonable belief the Adult at Risk lacks capacity)*  |
|  |
| [ ]  *No Reasonable belief Adult lacks capacity* [ ]  *Mental Capacity Assessment required (consider executive capacity)* |
| *Name of agency undertaking Mental Capacity Assessment* |  |

SECTION 11: OUTCOME

|  |
| --- |
| *Outcome of the meeting:* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Is a Review meeting required?*  | Please select | *If yes, date of next meeting* | Click or tap to enter a date. |

*Minutes from the meeting to be added here*

FORM 3 - CARM REVIEW MEETING

SECTION 1: CASE DETAILS

|  |  |
| --- | --- |
| Name of Adult: |  |
| CARM case reference number: |  |

SECTION 2: REVIEW MEETING DETAILS

|  |  |
| --- | --- |
| Date of Review Meeting: | Click or tap to enter a date. |
| Venue of Review Meeting: |  |

SECTION 3: DETAILS OF PEOPLE ATTENDING THE REVIEW MEETING

|  |  |  |  |
| --- | --- | --- | --- |
| *Is the Adult at risk present?* | [ ]  Yes [ ]  No | *Does the Adult understand the purpose of the meeting?* | [ ]  Yes [ ]  No |
| *Are they represented or accompanied by someone?*  | [ ]  Yes [ ]  No | *If Yes, Name & relationship*  |  |

|  |
| --- |
| *Attendees (please add more rows if required)* |
| *Name*  | *Role* | *Organisation* | *Email* | *Attendance* | *Report submitted* |
|  |  |  |  | Please select | Please select |
|  |  |  |  | Please select | Please select |
|  |  |  |  | Please select | Please select |

SECTION 4: RISK MANAGEMENT REVIEW

|  |  |
| --- | --- |
| *Confirm the Adult at Risk has a copy of the Risk Management Plan:* | [ ]  Yes [ ]  No |
| *RISK MANAGEMENT PLAN Update and actions (please add more rows if required)* |
| *Agency update and any outstanding actions* | *Action by whom* | *Date* |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| *Additional actions (please add more rows if required)* | *Action by whom* | *Date (if known)* |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |
|  |  | Click or tap to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
| *Risk Level following review of Risk Plan:* | [ ]  LOW  | [ ]  MEDIUM  | [ ]  HIGH |

|  |
| --- |
| *Any other relevant information*  |
|  |

SECTION 5: ESCALATIONS

|  |  |
| --- | --- |
| *Is there a need to escalate a concern or appeal a decision that has been made?* | [ ]  Yes [ ]  No |
| *Which agency should the escalation be submitted to?*  |  |

***The actions that have been identified are considered to be legal, necessary, and proportionate to the circumstances based on the information shared in this meeting. This is a true and accurate record of the CARM meeting.***

*Minutes from the meeting to be added here*

FORM 4 – CARM CLOSURE MEETING

SECTION 1: CASE DETAILS

|  |  |
| --- | --- |
| Name of Adult: |  |
| CARM case reference number: |  |

SECTION 2: CLOSURE DETAILS

|  |  |
| --- | --- |
| Date of closure: | Click or tap to enter a date. |
| *Closed at the request of Adult at Risk:* | [ ]  Yes [ ]  No |
| *Reason for closure:* |
| *Update from chair:* |
|  |
| *Evaluation: (Summarise and conclude discussions and actions agreed, as well as any legislation applied, in reaching the conclusion of the CARM)*  |
|  |

SECTION 3: RISK OUTCOME

|  |
| --- |
| *Following the CARM process is/are the risk/s:* |
| [ ]  Removed [ ]  Reduced\* [ ]  Remains\* |
| *\*Risk Level at closure of CARM where Risk is Reduced or Risk Remains:* | [ ]  LOW  | [ ]  MEDIUM  | [ ]  HIGH |
| *Agency Views on CARM Outcome (please add more rows if required)* |
| *Agency* | *Comments* |
|  |  |
| *Adult’s Views on CARM Outcome (If Known)* |
|  |

|  |
| --- |
| *What other action has been taken?* |
| ​​ ☐​ No Further Action  ​​☐​ Signposting to other Services such as GP, CNTW, third sector ​​ ☐​ Referral to police MARAC, MAPPA ​​☐​ Referral to Adult Social Care for Section 9 Care Act assessment ​​ ☐​ Referral for Carers assessment  [ ]  Safeguarding Referral  [ ]  Alternative legal framework – MAPPA, MSET etc |

SECTION 4: CONFLICTS *(CARM meetings are often complex by nature and any conflicting views, lack of engagement by the Adult, or other relevant factors should be detailed by the Chair. The Chair can also comment on shortfalls and triggers for re-referral into the process)*

|  |  |
| --- | --- |
| *Description of any conflict identified?* | *Name of person/agency with conflicting view* |
|  |  |
|  |  |
|  |  |

SECTION 6: ESCALATIONS

|  |  |
| --- | --- |
| *Is there a need to escalate a concern or appeal a decision that has been made?* | [ ]  Yes [ ]  No |
| *Which agency should the escalation be submitted to?*  |  |

SECTION 6: CLOSURE

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of Chair (The insertion of the CARM Chair’s name in this box replaces the normal hand-written signature to denote compliance with the above statement)* |  | *Date* | *Click or tap to enter a date.* |
| *Adult at risk signature (if agreed)* |  |

*Minutes from the meeting to be added here*

APPENDIX 1 – RISK MATRIX

Where risks are reasonably foreseeable an assessment should be made of the likelihood of an undesirable outcome against the consequences of it occurring. This matrix is to be used to screen the significance of the risk(s).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  Consequence → | 5 |  |  |  | **HIGH** |  | A traffic light with different colored lights  Description automatically generated |
| 4 |  |  | **MEDIUM** |  |  |
| 3 |  | **LOW** |  |  |  |
| 2 |  |  |  |  |  |
| 1 |  |  |  |  |  |
|  | 1 | 2 | 3 | 4 | 5 |
|  | Likelihood → |