

Sunderland Safeguarding Adults Board

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complex Adult Risk Management (CARM)

Practice Guidance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Contents**

1. Guidance Summary………………………………………………3

2. Section 1 Invitation to Attend a CARM Meeting……………….5

3. Section 2 Management of the CARM Meeting…………….…..7

4. Section 3 Review of the CARM Meeting………………………12

5. Section 4 Closure and Outcome……………………………….13



**Guidance Summary**

**Criteria for a Vulnerable Adult Risk Management (CARM)**

As agreed by the Sunderland Safeguarding Adults Board, the agency identifying a risk(s) to the Adult will be informed by the Local Authority CARM Administrator who will be the lead agency. The Local Authority and CCG will Chair and coordinate the CARM with support and consultation from partner agencies.

There may be cases where it is appropriate for the chair to change during the process in order to promote the best outcomes for the individual. All relevant agencies involved in the CARM must be notified of any changes to the /chairing arrangements as soon as they occur.

Consent for holding a CARM should be obtained from the Adult whenever possible, and they should be encouraged to participate in the CARM process. However, a lack of consent does not prevent a CARM from taking place. Under common law a person may act to prevent serious harm from occurring if there is a necessity to do so.

In order to consider a person for a CARM meeting **all** the following criteria should apply:

• A person **must have capacity** to make decisions and choices regarding their life;

• There is **a risk of serious harm or death** by self-neglect, fire, deteriorating health condition, non-engagement with services or where an Adult is targeted by local community, is subjected to Hate Crime, Anti-Social Behaviour or sexual violence - and they do not meet the criteria for Safeguarding; Serious harm means death or injury, whether physical or psychological, which is life threatening and / or traumatic and which is viewed to be imminent or likely to occur in the future.

• There is **a potential risk to the health and safety of others in the community**. This could be due to fire risk, cuckooing, drug dealing, hate crime and other crimes committed which could make others feel unsafe in the area; environmental health concerns such as vermin, excess rubbish and unsanitary conditions and any other issue which could impact on the

health and safety of neighbours, visitors, the wider community or professionals who need to enter the property to provide a service.

• There is a high level of **concern from partner agencies**. Any agency can initiate a CARM meeting.

The expectation is that, where appointed, the CARM champion/safeguarding lead within the organisation will exercise professional judgement when referring a case to the process. The Local Authority CARM administrator should be informed of all CARMs initiated via email – (insert SGA email address) The CARM, ’What to Expect’ Leaflet should be completed with the Adult or their advocate, and the CARM Meeting Record used by the lead agency to inform and invite partner agencies to a CARM Meeting. It will also be used to record risks, actions outcomes and reviews for the whole process.

**Section 1**

**Invitation to Attend a CARM Meeting**

The coordinating agency is responsible for arranging and chairing the CARM meeting and any subsequent review meetings. It is essential that attempts are made to include full participation of the Adult's views, whether these are given directly or through an advocate. The lead agency for the adult involved will epepected to support this process.

Think about any barriers that may impact on the Adult’s ability to attend the meeting, for example:

• Venue accessibility;

• How the adult can be included in the meeting process;

• Are there any risks / concerns to consider?

The “What to Expect' Leaflet acts as the invite for the Adult or their advocate to attend the CARM meeting and provides an opportunity for them to give their views. It can be discussed with the Adult either at a face to face or remote meeting prior to the CARM Meeting or posted to the Adult with a stamped addressed envelope for them to return their comments. The Chair should allow time to seek the Adult's views and ascertain whether the Adult will be attending the CARM meeting. It is important to make reasonable adjustments to support the individual to be able to attend their own CARM meeting.

The Referring Agency will complete **'Section 1'** of the CARM Referral and Risk Assessment Form, paying close attention to appropriate & meaningful information regarding professional concerns, the views of the Adult (where known), and the initial risk(s) identified. The Record should include:

• The Adult’s history & current situation;

• The Adult's views & expectations;

• Work has already been undertaken to reach this point/ reduce the risk;

• Agencies which need to be invited / form part of the CARM process;

• An appropriate venue, date & time to hold the CARM meeting;

• The identified risk of serious harm or death;

• How the views of the person can be included. The person, or an appropriate Advocate, may attend.

The Referring Agency will email the CARM Referral and Risk Assessment Form to the Local Authority CARM administrators email address ((insert email address).

All Referrals will be triaged upon receipt to ensure they meet the CARM criteria. If the CARM criteria are met the referring Agency will be informed who the lead agency will be. The Local Authority and CCG designate lead will triage , Chair and coordinate the CARM.

It is the Chair's responsibility to circulate the CARM Referral and Risk Assessment Form to partner agencies using a secure email account or secure delivery. It is recommended that 10 working days are allowed for partner agencies to prepare information and assess any risks prior to the CARM meeting.

The nominated Chair will be responsible for arranging the minute taker at CARM meetings.

**Receiving an Invitation to Attend a CARM Meeting**

Agencies receiving an invitation to attend a CARM meeting must:

• Gather information held within their organisation about the Adult;

• Take reasonable steps to gather further information if required;

• Liaise with the Lead Agency Chair to confirm attendance or submit a detailed information report to support the CARM process.

**Note:** The Adult may attend the meeting, but consideration should be given to whether their full or partial attendance is necessary and it is recognised that there may be some circumstances where it is not appropriate for the Adult to attend. For example, there may be occasions where full disclosure by professionals may increase the risks or impact on the Adult’s ability to engage with the process, or where the Adult’s presence may impede candid discussion between professionals. In such circumstances, a pre-meeting might be helpful, prior to the arrival of the Adult. The Chair should consider the method of recording the minutes of the pre-meeting and each agency must give consideration to confidentiality and data protection issues. Each agency should consider professional representation; ideally by someone with the appropriate knowledge and expertise in their field and the authority to make decisions on behalf of their agency.

**Section 2**

**The CARM Meeting**

The nominated Chair is responsible for chairing and coordinating the CARM meeting. 'Section 2' of the Referral and Risk Assessment Form provides an aide memoir for the Chair as to what needs to be covered in the meeting. The Chair is also responsible for completing Section 2 of the form.

**Introductions:** The Chair will ask all attendees to introduce themselves, clarifying roles and the agencies represented. The Chair will also ask the Adult or their Advocate if they are in attendance to introduce themselves. The Chair will read out the CARM Information Sharing Confidentially Statement, which makes specific reference to the legal basis for the information sharing in relation to CARM. The Chair will confirm any apologies received and whether a report has been submitted from the agency not in attendance.

These details will be recorded on the CARM Referral and Risk Assessment Form.

**Is the Adult present?** Whilst efforts should be made to have the Adult present at the meeting, at times this may not be achievable or appropriate. The details of a representative/Advocate should be recorded, including the nature of the relationship to the Adult.

The Chair should consider the appropriateness of the representative/Advocate in attending the meeting. The representative/Advocate should be appointed or permitted attendance on the basis of ‘best interests’.

N.B. The CARM meeting may highlight or raise sensitive, confidential information which may not ordinarily be accessible.

The Chair and those in attendance should consider the value of information sharing on a case-by-case basis, having careful regard to the context of the risk or cause for concern. For example, matters of fire risk may not require disclosure of the Adult’s health needs or specific diagnoses. However, factors affecting the Adult’s ability to escape fire (e.g. their mobility) may be relevant when considering risk reduction.

**Does the Adult understand the purpose of the meeting?** All reasonable efforts should be made to explain the reasons for the meeting (i.e. professional concerns) to the Adult. This may be explained in writing; however, an additional verbal discussion might be helpful.

**What is important to the Adult at risk/What is important for the Adult at risk?** This section requires the Chair (and those attending) to provide a distinction on what is important to the Adult and factors which professionals feel contribute to the identified risks.

It provides an opportunity for everyone present to indicate what they think it is important for the CARM process to achieve. This may reflect actions raised in the protection Action Plan. It also provides an opening to explore different, and potentially conflicting, points of view. Effort should be made to negotiate outcomes, but not at the expense of hazard/harm mitigation. For example, in the case of a hoarder, the Adult may want to keep belongings in their home that present a fire hazard. However, the objective of professionals might be to encourage de-cluttering (by regulatory intervention or otherwise)

**Description of risks (including a risk rating):** Set out the risks known to the group. It may be necessary to write a short explanation of the risk and the hazard to which the risk relates. The ‘risk’ may be harm from fire. The ‘hazard’ may relate to a dangerous electrical installation (electrical fire). For example:

• Risk of fire from old electrical installation;

• Risk of infection from poor hygiene and lack of washing facilities;

• Risk of scalding given excessively high water temperature;

• Risk of a fall given poor balance and the absence of a hand rail;

• Risk of malnourishment given difficulties purchasing food due to immobility and financial difficulties.

**Rating the risk:** Each specific risk should be rated by the most appropriately qualified attendee. The rating does not require complex calculation but should broadly reflect the likelihood of harm given the circumstances of the Adult.

If possible, the group should refer to any known guidance, codes of practice or evidence-base. However, risk rating research should not be necessary for this task.

**Actions to reduce the risk:** The Action Plan is a list of activities agreed during the meeting which may reduce the Adult’s exposure to harm

The extent to which risk is reduced will initially depend on the predictions (and professional expertise) of those attending the meeting, and whether the agreed actions are successfully achieved. For this reason, the impact of the actions listed must be evaluated by agencies present, and the need for any CARM Review Meeting considered.

The plan may include a diverse list of actions, some which directly reduce risk (e.g. installing a smoke alarm for fire hazards) and others that may seem less tangible (e.g. financial advice).

The meeting record should specify the individual/agency that has been tasked with an action and any anticipated completion or review dates.

**Description of conflict identified:** Conflict of opinion may arise for any number of reasons. This is an opportunity to describe the nature of the conflict and the persons/agencies involved. For example, a Fire Officer or Environmental Health Officer may demand the removal of materials from a hoarded property for the purpose of fire prevention and/or vermin management, but another attendee may feel that this is a violation of the lifestyle choices of the Adult.

**Legal Powers and Duties considered:** 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 within the Action Plan.

Agencies may have discretionary powers which could be applied, and these should be recorded, where appropriate, even if not enacted. In all cases, any impact on the provisions of the Human Rights Act 1998 (e.g. Article 8 - the right to respect for private and family life) must be taken into account. This includes where a third party is affected directly or indirectly by the behaviour or life choices of the Adult.

There is an assumption that CARM Chairs will be aware of applicable legislation which may include:

• Human Rights Act 1998 – European Convention for Human Rights;

• Mental Capacity Act 2005;

• Care Act 2014;

• Mental Health Act 1983;

• Public Health Act 1936;

• Housing Act 2004 – Housing Health and Safety Rating System Regulations 2005;

• Environmental Protection Act 1990;

• Fire and Rescue Services Act 2004;

• Regulatory Reform (Fire Safety) Order 2005.

**Outcome of the Meeting:**

The Chair should verbally summarise the recorded risks and agency actions identified. It is the responsibility of the individual agency to ensure agreed actions are completed within the timescale identified, and the impact on the identified risk is evaluated.

The Chair may task an action to an agency if they are absent or unable to attend. It remains the responsibility of the individual agency appointed, rather than the Chair, to complete such actions.

A decision may be made during the CARM that another pathway is more appropriate to manage the risks. Examples of these might be Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983 or any other statutory legislation. For example, those present may identify that the Adult meets the criteria for safeguarding procedures. In these cases, it may be necessary to close the CARM and conduct a meeting under Safeguarding procedures.

Where it is identified that the risks have been reduced or removed, a decision will be made that the CARM can be closed. This needs to be recorded in the Closure of CARM part of the form.

**Review Meeting Required:** The Chair will decide in consultation with the agencies attending the CARM meeting whether a further meeting is required, and the timeframe for this to happen. It is more than likely that a Review Meeting will be required to record actions taken and evaluate the impact of these on the identified risks. The Chair will need to consider whether any other agencies could usefully contribute to a Review Meeting and invite them accordingly.

The Review Meeting may decide that the Adult no longer meets CARM criteria. In such cases, the CARM process should close and the decisions should be recorded appropriately in Referral and Risk Assessment Form.

**Following the CARM Meeting:**

It is the Chair’s responsibility to ensure that Section 2 of the CARM Referral and Risk Assessment Form is completed accurately and circulated to invited agencies (whether in attendance or not), using secure email. Where a minute taker has formally recorded the meeting, the minutes should be included with the Referral and Risk Assessment Form. The Chair must identify how information from the CARM will be shared with the Adult and should communicate details of any review meetings to the Adult or their Advocate using the guidance detailed in this document.

**Section 3**

**CARM Review Meeting**

The Chair responsible for the CARM Review Meeting should record updates in the Update and Actions section of the CARM Referral and Risk Assessment Form.

Agency Update: Each agency will provide an update on the impact of agreed actions taken and details of any outstanding actions. It is the responsibility of each of the attendees, and not the Chair, to follow up and complete actions assigned to them.

Additional actions: CARM attendees may identify appropriate actions in addition to those specified in previous meetings. Any additional actions that may be required should be recorded in this section, with details of the individual / agency responsible for the action and the agreed time scales. This section of the Record should not include outstanding actions.

The Chair will decide whether a further Review Meeting is required and make the necessary arrangements (if applicable). See guidance below on recording Closure of CARM.

The Chair will circulate the updated CARM Referral and Risk Assessment Form following the meeting.

**Section 4**

**Closure of CARM**

The Chair should complete this section when it has been agreed that the CARM process can be closed.

**Date of closure:** This identifies the date that the CARM process concludes. This does not prohibit the re-opening of a CARM should it be necessary at a later point.

**Reason for closure / update from Chair / Evaluation of Meeting:** This gives the Chair the opportunity to summarise and conclude discussions and actions agreed, as well as any legislation applied, in reaching the conclusion of the CARM. 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.

Where an Adult chooses to remain in a situation that places them at risk from identified harms this should be noted. The views of each agency in respect of the CARM closure and details of the risks which remain should be documented. It is recognised that it may not be possible to address all concerns/risks identified, but the role of CARM is to ensure that each agency has taken all reasonable steps to support the Adult to recognize and reduce risks of death and serious harm.