**Appendix 5**

**Adults Name:**

**Date of Meeting:**

**Lead Practitioner :**

**Confirmation of Mental Capacity (where unknown please provide information on how this will be assessed)**

**Details of notes from meeting (attached or embedded in document)**

**Timescale and date for review**

|  |
| --- |
| **CARM SAFETY PLAN****FOR MOST SIGNIFICANT CONCERNS** **Please Ensure that these are shown in order of priority.****The level of risk should be assessed and agreed by all those attending the meeting.** **Please indicate in the notes Where there is a difference of opinion on the level or risk and why**  |
| **CONCERN 1** |  |
| **What are we (agencies and / or the person) worried about?** |
|  |
| **If this happened, what would be the impact on the person?** |
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| **🞏 0** | **🞏 1** | **🞏 2** | **🞏 3** | **🞏 4** | **🞏 5** | **🞏 6** | **🞏 7** | **🞏 8** | **🞏 9** | **🞏 10** |
| **HIGH** | **MODERATE** | **LOW** |
|  |
| **person is at immediate risk of serious harm** | **person is** **completely safe** |
|  |

 |
| **How will we know that the person is safe?** |
|  |
| **ACTION NEEDED TO ACHIEVE THIS** | **WHO WILL DO THIS** | **BY WHEN** |
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|  |  |  |

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| **CONCERN 2** |  |
| **What are we (agencies and / or the person) worried about?** |
|  |
| **If this happened, what would be the impact on the person?** |
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| **🞏 0** | **🞏 1** | **🞏 2** | **🞏 3** | **🞏 4** | **🞏 5** | **🞏 6** | **🞏 7** | **🞏 8** | **🞏 9** | **🞏 10** |
| **HIGH** | **MODERATE** | **LOW** |
|  |
| **person is at immediate risk of serious harm** |  | **person is** **completely safe** |

 |
| **How will we know that the person is safe?** |
|  |
| **ACTION NEEDED TO ACHIEVE THIS** | **WHO WILL DO THIS** | **BY WHEN** |
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|  |  | **`** |

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| **CONCERN 3** |  |
| **What are we (agencies and / or the person) worried about?** |
|  |
| **If this happened, what would be the impact on the person?** |
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| **🞏 0** | **🞏 1** | **🞏 2** | **🞏 3** | **🞏 4** | **🞏 5** | **🞏 6** | **🞏 7** | **🞏 8** | **🞏 9** | **🞏 10** |
| **HIGH** | **MODERATE** | **LOW** |
|  |
| **person is at immediate risk of serious harm** |  | **person is** **completely safe** |

 |
| **How will we know that the person is safe?** |
|  |
| **ACTION NEEDED TO ACHIEVE THIS** | **WHO WILL DO THIS** | **BY WHEN** |
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| **CONCERN 4** |  |
| **What are we (agencies and / or the person) worried about?** |
|  |
| **If this happened, what would be the impact on the person?** |
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| **🞏 0** | **🞏 1** | **🞏 2** | **🞏 3** | **🞏 4** | **🞏 5** | **🞏 6** | **🞏 7** | **🞏 8** | **🞏 9** | **🞏 10** |
| **HIGH** | **MODERATE** | **LOW** |
|  |
| **person is at immediate risk of serious harm** |  | **person is** **completely safe** |

 |
| **How will we know that the person is safe?** |
|  |
| **ACTION NEEDED TO ACHIEVE THIS** | **WHO WILL DO THIS** | **BY WHEN** |
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| **CRISIS PLAN - 'WHEN THIS HAPPENS WHO CAN DO WHAT?'** |
| **crisis situation** | **action we will take** |
|  |  |
|  |  |
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| --- |
| **PEOPLE CONTRIBUTING TO THIS PLAN** |
| **name** | **agency** | **contact details** |
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| **ASSESSMENT COMPLETED BY** |  | **ROLE** |  | **DATE** |  |