



Complex Adult Risk Management (CARM)

Guidance for practitioners working in Herefordshire and
Worcestershire

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Complex Adult Risk Management (CARM) Guidance

1. Introduction

This guidance seeks to provide front line practitioners with a framework to facilitate effective working with adults who are at risk of harm due to their complex needs, and where the risks cannot effectively be managed via other processes or interventions, such as section 9 care and support assessment or section 42, safeguarding enquiry under the Care Act 2014. The Complex Adults Risk Management (CARM) guidance is used when the adult's engagement with support is intermittent or where it has proved difficult to engage with the adult, and they continue to be at risk, and an individual agency procedures have not been able to resolve the problem(s). For cases of self-neglect please see local guidance. [Self-Neglect and Hoarding Policy](#).

This guidance is only to be used where all efforts have been made to complete a mental capacity assessment and where the person is deemed to have capacity around the decisions that place them at risk, but continues to place themselves at risk of serious harm, or death, or poses a risk to others. Where it is established the adult lacks capacity the Mental Capacity Act should take precedence and action should be taken under the principles of Best Interest.

Section 3 of this document explains how the MCA should be applied in relation to this framework in more detail.

Follow this link to go to the Herefordshire Safeguarding Adults Board (HSAB) MCA guidance [HSAB Mental Capacity Act](#) and this link for the Worcestershire Safeguarding Adults Board (WSAB) MCA guidance [WSAB Mental Capacity Act](#)

[Follow this link for Mental Capacity Code of Practice](#)

This guidance is expected to be used with people who are found in the following types of situations:

- Is unable / or there has been a difficulty to engage them in the necessary care / essential services to meet their care and support needs; and/or
- Is unable / or there is a difficulty to engage them in an assessment of their needs / mental capacity; and/or
- Is unable to protect themselves against potential exploitation* or abuse; and/or

- Has on-going needs or behaviours which lead to choices placing the person at high risk

*Where exploitation is a risk factor you will need to also refer to the [West Mercia Police exploitation pathway](#) Worcestershire are joining the two processes together so an initial referral should be made through the CARM process.

There is a strong professional commitment to autonomy in decision making and to the importance of supporting the individual's right to choose their own way of life, although other value positions, such as the promotion of dignity, or a duty of care, are sometimes also advanced as a rationale for interventions that are not explicitly sought by the individual (SCIE Report 46 (2001)).

The CARM guidance sets out a co-ordinated, multi-agency response designed to protect adults deemed most at risk and ensures that appropriate responses reduce the risk of harm to the individual.

This multi-agency guidance should be used when agency strategies have not resulted in any meaningful improvements for the adult. It should be used flexibly and in a way that achieves best outcomes for the adult. It does not, for example, specify which professionals or practitioners need to be involved in the process, or prescribe any specific actions that may need to be taken as this will be dependent on the needs of each individual. The CARM framework should enable an open and transparent process and should not take place without the knowledge of the person unless there are clear overriding reasons that you shouldn't. Where this is the case, the rationale for this should be noted at all stages.

2 Scoping the CARM Support Planning Meeting

Where an adult meets the conditions above, any practitioner from any agency can, and should, initiate the CARM process. This is done by completing the referral form (appendix 2). They must scope which practitioners need to be involved in a support planning meeting. This should include representatives from any agency that is currently engaged with the individual but also any agency not involved but could provide appropriate support. A list of possible agencies is available at Appendix 1. **Please note that the expectation is that the person who initiates the CARM process will Chair the initial meeting, but not necessarily future meetings.**

It is important to note that any agency can call a CARM meeting and initiate the process, this does not need to be Adult Social Care. The person who takes forward future meetings **does not necessarily have to be the person who initiates the first meeting.**

Having completed the referral form (appendix 2) the agency initiating the referral must then organise an initial multi-agency support planning meeting.

This must take place within 10 working days. Consideration should be given to ensuring that the meeting is accessible to the individual who the meeting is about. However, where the person does not want to attend, then the level of risk and speed that the meeting needs to take place should be the next considerable factor. The invitation to the meeting (appendix 3) must be sent out, to all practitioners working with the adult, along with a copy of the referral form (appendix 2).

In Worcestershire copies of these forms should be submitted to the WSAB CARM coordinator via the CARM email account:

The adult should be invited to attend the meeting, with an advocate or interpreter as appropriate. Where there are specific grounds for the person not to be present, the reason for this must be noted in the meeting minutes. If they decline and/or don't identify an advocate someone will be nominated to provide feedback to the individual. A letter should also be sent to the person and/or their carer /advocate, where applicable. Where possible this should be given to them in person and the rationale for the meeting carefully explained.

The local SAB will advise those making a referral on the most appropriate way forward.

Link to Herefordshire Safeguarding email address
Safeguarding@herefordshire.gov.uk

Link to Worcestershire Safeguarding board email address
CARM@worcestershire.gov.uk

3 Establishing Mental Capacity

Capacity or lack of capacity is a vital element in support planning with, or on behalf of, adults who are at risk of harm. Mental Capacity should be assessed prior to making a CARM referral. The CARM framework should not be used for those individuals who are assessed as lacking capacity around the decisions they are making. In these cases, the Best Interest process should be initiated.

However, it is acknowledged that sometimes it can be difficult to make a conclusive assessment. Any concerns relating to the adult's mental capacity, associated with the situation, must be discussed and minuted at the beginning of each CARM meeting.

Once a person's capacity has been discussed, planning can follow one of the following routes, either:

- i) In the case of lack of capacity, a decision to follow the Mental Capacity Act (MCA) Guidance to work in the individual's 'best interests', or
- ii) In the case of believed capacity, to follow the Complex Adults Risk Management Process.

Where capacity is not known a CARM meeting still needs to be held and establishing capacity should be the first agenda item to be discussed at the CARM meeting

4 CARM Support Planning Meeting

The agenda for the CARM Support Planning meeting can be found in appendix 4.

Once it is clear, or it is believed that the adult has capacity to understand the concerns of the practitioners, a Support Planning meeting should develop a multi-agency CARM Support Plan, using appendix 5, The CARM Safety Plan. This enables the most significant concerns to be considered and an appropriate support plan to be identified. These should be identified in order of priority and it is recommended that the top 3 priorities are addressed first. In completing this the following areas should be considered: following:

- Record when, where and by whom the capacity assessment was carried out and the outcome.
- Identify what is going well and the supporting factors in the adult's life
- Document evidenced based risk factors and threat to life.
- Where possible, the adult's views and wishes/desired outcomes should be included and if they are not present, there should be detailed reasons for this. Record what needs to change to support safety and reduce risk.
- Consider all options for encouraging engagement with the adult for example who would the individual respond to / work with effectively, who should take the role as the Lead Practitioner. Note that this person may not necessarily be a professional from one of the key agencies, for example, this could be someone from a voluntary or community agency, such as an outreach worker. (A list of potential agencies is available at Appendix 1).
- Professionals should also consider, where appropriate, the support that family members or other people supporting them might require and again consider who is best placed to engage and support them.
- Develop a support plan with clear actions, agreed outcomes and timescales.
- If the person has not attended the plan needs to clearly outline how the details of the support plan will be shared with the individual.
- Consider contingency arrangements if the support plan is unsuccessful.
- Set clear review dates and times.

- Ensure notes from the meeting are accurately recorded and circulated within 10 working days of the meeting.
- The record should include the agency and reason for any professional difference of opinion.
- Any objections or concerns raised by the individual, the person supporting them or advocate should also be recorded.

5 Review

The Support Planning meeting should reconvene at regular intervals, and at least every six months, to discuss the progress in engaging with the individual and the effectiveness of the plan. This meeting must also include a review of the actions and agreed outcomes to ensure they are still relevant and affirmation of the mental capacity assessment. The current level of risk should also be considered. This is particularly important where there is difficulty in engaging with the individual.

Timescales can be adjusted to meet the needs of the individual. It is however important to ensure that practitioners do not allow the support plan to drift for any other reason, the case should **not be** closed simply because the adult is refusing to accept the plan as practitioners need to work to engage the person.

All changes to the plan or timescales must be clearly documented and agreed by all members of the meeting, alongside how the person will be informed if they do not attend the meeting.

It is recommended that where there is disagreement which cannot be resolved at the Support Planning meeting or actions require additional resource to be committed, which are beyond the remit of the representatives at the planning meeting approving, the case is referred to an executive panel, made up of senior representatives from the organisations signing up to this framework, who will identify ways to move activity forward.

6 Closure

When working with an adult under the CARM guidance there must be agreement, by all professionals involved in providing support, that this is no longer required before this process is closed. The main reasons for closure would be:

1. The adult is now engaging with professionals to reduce the risks
2. The risk is reduced to a level that there is no longer a risk of harm or death
3. The adult is deceased

7 Important Considerations

7.1 Professional Differences

It is recognised that at times there will be professional disagreements regarding decisions. These disagreements may occur when:

- The adult is not considered to meet eligibility criteria for assessment or services
- There is disagreement as to whether adult safeguarding procedures should be invoked
- There is dispute about the adult's mental capacity to make specific decisions about managing risks
- The adult is deemed to have mental capacity to make specific decisions and is considered to be making unwise decisions
- Professionals place different interpretations on the need for single/joint agency responses
- Professionals feel that meeting the needs of the adult sits outside of their work remit
- Information is requested and there are concerns about confidentiality

Where professional disagreements cannot be resolved the HSAB / WSAB professional disagreements process should be invoked. Follow this link to read the guidance [Herefordshire SAB professional disagreements process](#) or [Worcestershire's Safeguarding Escalation Policy](#).

7.2 Protection v Self Determination

The dilemma of managing the balance between protecting adults at risk from harm against their right to self-determination is a serious challenge for all services.

The CARM process does not and should not affect an individual's human rights, but should seek to ensure that all agencies exercise their duty of care and that reasonable steps are taken, to protect the adult

This model will be critical for the reasons outlined above, but in addition will anticipate the possible extension of the definition of adults who may be in need of safeguarding (to include those at risk of harm as a result of self-harm or of harming another).

7.3 Inherent jurisdiction

The High Court has power to intervene in cases where a person with capacity is at risk of life changing harm or death and they have declined assistance. Presumption is always to protect Article 8 rights, which respect a person's right to private and family life, and the burden of proof for significant harm lies with the local health or social care authority.

[use of Inherent Jurisdiction](#)

For further details refer to the [Social Care Institute for Excellence \(SCIE\) Guidance 'Gaining access to an adult suspected to be at risk of neglect or abuse' October 2014.](#)

7.4 Data Protection and Information Sharing

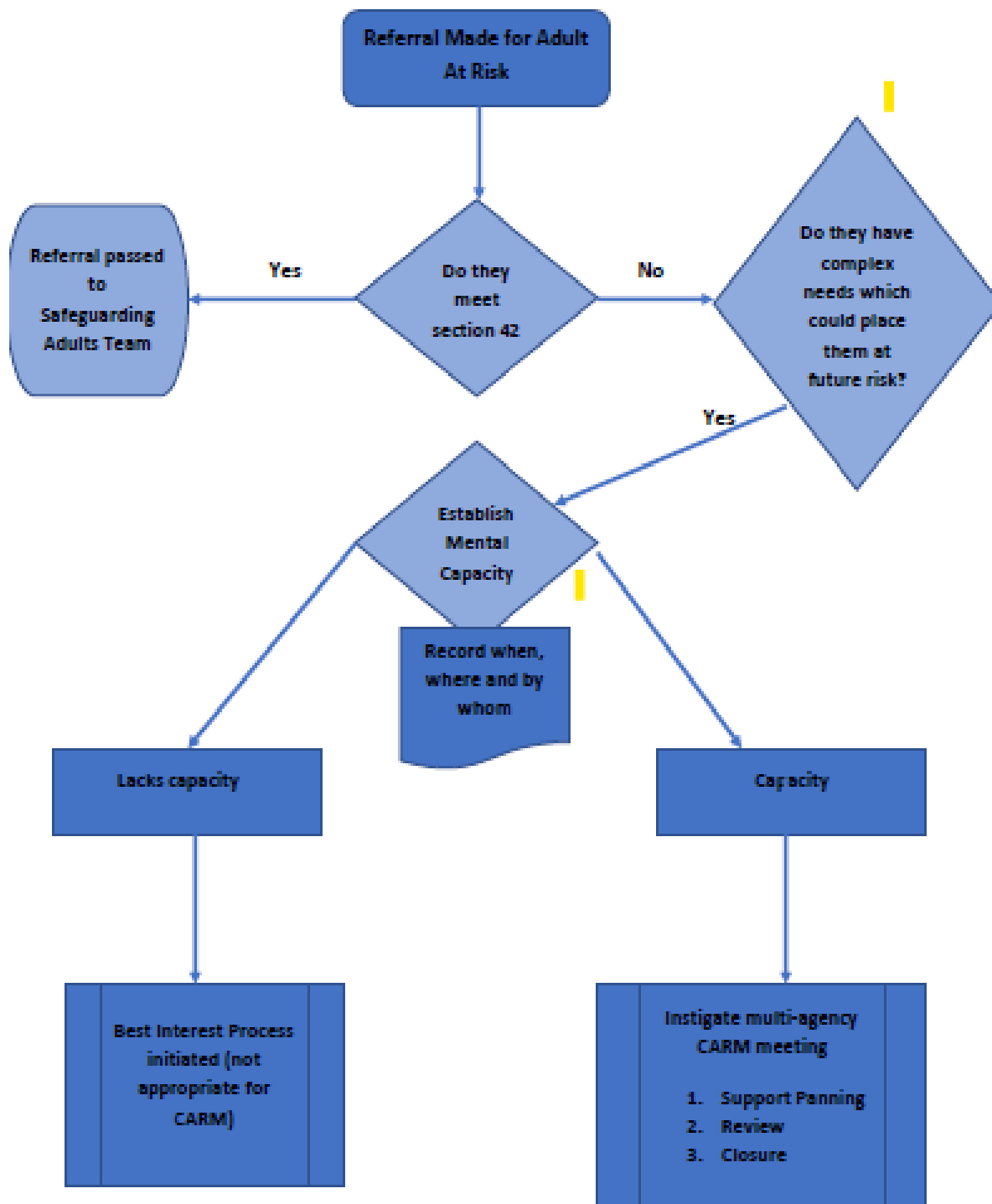
Data will be held in accordance with the respective SABs local information sharing agreement. –

In addition the purpose of this CARM framework meets Principle 7 of the Caldicott guidance which states : The duty to share information for individual care is as important as the duty to protect patient confidentiality Health and social care professionals should have the confidence to share confidential information in the best interests of patients and service users within the framework set out by these principles

[Link to Herefordshire's Information Sharing Agreement](#)

[Link to Worcestershire's Information Sharing Protocol](#)

Fig 1 Diagram of CARM Guidance Flowchart



8 Case Scenarios where the CARM process may be appropriate

Scenario 1

Raj has a diagnosis of Motor Neurone Disease; he lives with his son (age 20) and his twin sons (age 11). Raj has a history of alcohol misuse and continues to drink alcohol daily, varying amounts.

Raj has a Community Psychiatric Nurse (CPN) who has made contact with Adult Social Care (ASC) as she has concerns regarding Raj's eldest son, his violent behaviour and his drug taking. CPN made contact with ASC a year ago regarding the same concerns and following Raj having a broken arm, although there was no evidence that this was caused by the son at the time it was thought that the son was involved. This was investigated by ASC, however Raj was not engaged with the investigation, and the case was closed. CPN also has concerns regarding the estate that Raj lives on and the son's involvement with other people on the estate and risks as he owes money and one of the windows has been boarded over due to it being smashed.

Raj has capacity to make decisions and has not made any allegation regarding his son, however the CPN is concerned about the significant risk of harm to Raj from his son and the risk to Raj of being a target from the local community.

Raj has not agreed to this ASC referral.

In this situation the criteria for a Safeguarding Adults enquiry is clearly met, however Raj is not engaging with Adult Social Care, refuses an assessment and has the capacity to do so. It would be appropriate in this situation for the CPN or ASC to call a CARM meeting with all agencies involved to discuss how to move this forward. Likely agencies would include the CPN, Psychiatrist, GP, Housing, ASC, Police, Children's Services. Raj would be asked to attend but, if he refuses to be advised that the meeting is happening and the outcome of the meeting.

Scenario 2

Alice lives in a council flat. She is known to be a woman who hoards but has not previously neglected her own hygiene and health needs. Housing officers have intervened in the past, following concerns raised by neighbours. They have advised Alice that she needs to keep her hoarding behaviour under control so that it does not become a fire or health and safety risk.

An immediate neighbour calls the housing office to complain about the smell coming from Alice's flat. She says that Alice seems increasingly unable to cope and is looking dirty and dishevelled. She is also not seen going out as much as before.

The housing officer, Don, visits. Alice answers the door and does look dirty and unwell. There are unpleasant odours coming from the flat. Alice will not allow Don entry to the house.

Don asks Alice why she thinks things might be getting more difficult for her. Alice says that her mother recently died. She was close to her mother, who also used to help her and encourage her to keep the hoarding behaviour under control. Don notices that the property is looking worse than his previous visits and that Alice has lost weight and does not appear well. He also noted that Alice appears to be smoking in the property, something that she did not do previously.

Alice refuses a referral to Adult Social Care or her GP. Don believes that the risk to Alice's health and well-being is increasing and there is evidence of significant fire risk. Don has no concerns about Alice's mental capacity.

Don contacts Adult Social Care, the GP, the fire service and housing support to arrange a CARM meeting. Don also ensures that Alice is invited and the reasons for the CARM explained.

Scenario 3

Simon lives in his own house that he bought from the Local Authority many years ago. Simon has a history of stroke and requires support with his mobility, personal care and accessing the community. Adult Social Care have been involved for some time and there is a care package in place, however several different care agencies have now pulled out of Simon's care and refused to go back. There is now only one care agency left who are starting to be reluctant to go into Simon's property for the following reasons:

- Local known drug dealers frequent the property and are a risk to visiting care staff, also a risk to Simon.
- Simon is known to be verbally abusive and racist with the care staff.
- Simon spends his money on a local prostitute who is vulnerable in her own right and often presents at the local hospital with bruising, the police believe this is from her "violent boyfriends".
- Simon contacts the police claiming that his wallet/money has been taken from his house but then retracts his statement, when the carers visit he will often make accusations of them interfering. The carers are unable to do any shopping due to no money being in the property.

Simon is at high risk of pressure sores and has had these before, the inability for the care agency to provide personal care is increasing this risk and Simon has diabetes

that is adding to this risk. He will often ring the police stating he has no money and demanding a food parcel. Housing are not happy with the antisocial behaviour and complaints from the neighbours.

It is clear that the criteria for a Safeguarding Enquiry has been met here, however Simon refuses to engage and agencies are unsure what can be done. As a result Adult Social Care arrange a CARM meeting and follow the CARM process. Agencies involved: Housing, Community Nurse, Police, New Futures, GP, a representative from the hospital, Adult Social Care and the domiciliary care provider. Simon is asked to all the meetings but refuses to attend and refuses an advocate.

Appendix 1: Other Professionals/Agencies

Different agencies will be able to do different things. Supporting an adult who is at risk of harm is rarely a single agency issue.

There are a number of agencies and departments who may be able to help including

- Adult Social Care (including safeguarding services where there have been previous referrals)
- Health – GP or District Nurse (DN)
- The Acute Hospital Trust
- Police
- Mental Health Services
- Legal Services
- Domiciliary care providers
- Community Psychiatric Nurse (CPN)
- Advocacy provider
- Voluntary or community organisations
- Counselling or therapy services
- Multi-Agency Tasking and Coordination (MATAC)
- Environmental Health
- Housing Association / private landlord
- Falls advisor
- Children’s services or child safeguarding
- RSPCA
- Fire Service*
- Debt advice service
- Ambulance Service
- Drug and Alcohol Services
- Homelessness Services
- Domestic Abuse Services

This list is not exhaustive and other organisations or people who are known to the adult or could add value to the support plan should also be invited.

*The Fire Service and Environmental Health are of particular importance where a person is hoarding items which may pose a high risk of fire at the property or create health concerns. While a person’s consent to involve these services should always be sought, it may be necessary to override the person’s wishes if they are at risk of serious injury, or to people’s health or death if a fire occurs. Properties with large amounts of hoarded items also present a risk to any fire fighters called to attend an incident. Experience has shown that people may be more willing to allow Fire Service workers into their property than other professionals.

Appendix 2: REFERRAL FORM 1

CARM Form

Please complete the form to the best of your knowledge and send to your line manager to be agreed and subsequently send to those agencies that you wish to invite to the CARM support and planning meeting.

**In Worcestershire please also submit a copy to the WSAB CARM coordinator*

Name:	
Database identifier (e.g. MOSAIC/LAS, ERIC PRN, NHS no, Police Ref no):	
Address:	
Tel Number(s) Home: Mobile:	
Date of birth:	
Does the person have mental capacity in relation to the issues being presented?	Yes No Don't know
Date an assessment of capacity attempted/completed and by whom	Person Assessing Date
Is the person aware of the referral? (if no, please state the reason)	Yes No
Will individual/family member/carer be attending the panel meeting?	Yes , please give details: No please explain why:
What would you like the CARM meeting to consider? List the identified risks of harm:	
If there is any evidence of self-neglect has a referral been made to Adult Social Care as set out in section 11 (page 16) of the Self Neglect and Hoarding Policy .	
Have all possible options or approaches been considered? If they have please provide details of what has already been attempted.	
Where support has been declined, record identified reasons and offers of support as far as you are aware:	

**Complex Adults Risk Management
(CARM)
Meeting Invitation Template**

Our Ref

Your Ref

Agency Address

RE:

Dear

I am writing to you to invite you to a multi-agency meeting concerning *NAME* which will involve the following practitioners:

Practitioner 1 -

Practitioner 2 -

Practitioner 3 -

Practitioner 4 -

The meeting will be held on *DATE*, between *TIME* and *TIME* hours at *VENUE*. Please could you respond regarding your attendance at this meeting by contacting *CO-ORDINATOR OF MEETING*

This CARM process aims to support good practice in information sharing about the needs of adults deemed to be at risk as part of preventative services. In so doing all sharing and storing of information should be done lawfully and in compliance with GDPR regulations and the data protection act.

Yours sincerely

Complex Adult Risk Management (CARM)
Multi Agency Support Planning Meeting
Agenda

- 1. Welcome and introduction**
 - Apologies
 - Roles of agencies / professionals / individuals represented
- 2. Details of the adult**
 - Confirm whether adult is aware of concern and procedures in place to manage concern
 - Views (if known) of the adult, and the outcomes that they are seeking.
 - Agency involvement (in place / refused)
- 3. Confirmation of mental capacity**
 - Decision(s) and associated risks and consequences against which mental capacity has been assessed.
 - How the 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 view required?
- 4. Assessment of risk indicators**
 - What are we worried about
 - Agree severity of risks identified
- 5. What is going well**
 - what supporting factors are there
- 6. Discussion regarding practical support and strategies to minimise the risks**
- 7. Agree actions to manage risks and identify triggers for review**
- 8. Agree who is best placed to be the lead practitioner in this process**
- 9. Discuss and agree who is best placed to talk to the adult, empower them to make decisions and to take action**
- 10. Agree strategy to monitor the risks**
- 11. Review – agree timescales for review**

CARM Safety Plan

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.

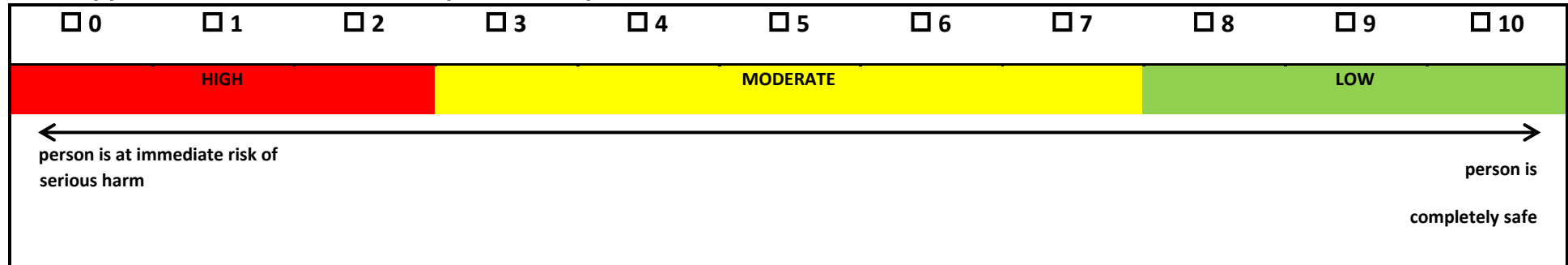
The level of risk should be assessed and agreed by all those attending the meeting.

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?



How will we know that the person is safe?

ACTION NEEDED TO ACHIEVE THIS	WHO WILL DO THIS	BY WHEN

--	--	--

CONCERN 2

What are we (agencies and / or the person) worried about?

If this happened, what would be the impact on the person?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 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

--	--	--

CONCERN 3

What are we (agencies and / or the person) worried about?

If this happened, what would be the impact on the person?

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 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

--	--	--

CONCERN 4

What are we (agencies and / or the person) worried about?

If this happened, what would be the impact on the person?

□ 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

CRISIS PLAN - 'WHEN THIS HAPPENS WHO CAN DO WHAT?'

crisis situation	action we will take

PEOPLE CONTRIBUTING TO THIS PLAN

name	agency	contact details

ASSESSMENT COMPLETED BY		ROLE		DATE	
-------------------------	--	------	--	------	--