4LSAB Multi-Agency Risk Management Framework

June 2023

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1. Introduction to the 4LSAB Multi-Agency Risk Management Framework

This Framework has been developed in partnership with the four Safeguarding Adult Boards in Hampshire, Isle of Wight, Portsmouth and Southampton and their respective partner organisations. It sits alongside the 4LSAB Multi-Agency Safeguarding Policy and Guidance (2020) and is designed to provide guidance on managing cases relating to adults where there is a high level of risk. The circumstances may sit outside the statutory adult safeguarding framework, often referred to as Section 42 of the Care Act 2014, but for which a multi-agency approach would be beneficial. The Framework supports the involvement of the Adult to remain at the center of the MARM process.

This framework should be read in conjunction with the 4LSAB Multi-Agency Safeguarding Policy and Guidance (www.hampshiresab.org.uk) and the 4LSAB related guidance Information Sharing and Prevention and Early Intervention. The framework does not replace single agency risk management arrangements and instead seeks to build on and complement these by providing a multi-agency dimension. Professionals must also refer to relevant statutory frameworks and operational policies which they are required to follow.

This document is intended as an overarching framework, it is the responsibility of respective organisations to develop more detailed local guidance around its implementation.

This framework will be useful to professionals working with Adults who are experiencing a high level of risk from events and circumstances that result in risk of harm to them. Examples of risks that can be associated with the MARM process include:

a) Vulnerability factors placing them at a higher risk of abuse or neglect including mate crime, network abuse, etc.

b) Self-neglect including hoarding, squalor and risk of fire safety.

c) Refusal or disengagement from care and support services.

d) Complex or diverse needs which either fall between or span several agencies' statutory responsibilities or eligibility criteria.

e) On-going needs or behaviour leading to lifestyle choices placing the adult and/or others at significant risk.

f) Complex needs and behaviours leading the adult to cause harm to others.

g) Impact of domestic abuse, mental health and substance misuse.

h) Risks previously addressed via a section 42 enquiry but for which the need for on-going risk management and monitoring has been identified. This should be in relation to a change of risk where the person no longer meets the threshold for section 42.

i) An adult will be considered to be ‘at risk’ under this framework where they are unable (not simply in relation to mental capacity) or unwilling to provide adequate care for themselves.

As can be seen from the range of circumstances described above, the MARM is a proactive approach focusing on prevention and early intervention, with professionals often responding to chronic or entrenched behaviours as part of their day-to-day work. In this way, MARM, differentiates itself from the statutory S42 enquiry process which is intended to respond to a specific incident sometimes at a point of crisis, when specific statutory criteria are engaged. However, there are common themes across the two processes for example, both processes are responding to risk and each is built on the same principles and value based themes promoting prevention, person-centred working, developing personal resilience, effective partnership working, strength based and a whole family approach and Making Safeguarding Personal.

This framework recognises that in complex cases, professionals are often dealing with long term and entrenched behaviours to which responses require a commitment to a longer term, solution-based approach which has at its core, a focus on building trust and a rapport with the adult. The framework aims to provide an effective, coordinated and multi-agency response to these ‘critical few’ cases in order to facilitate:

- Timely information sharing around risk.
- Identification and holistic assessment of risk.
- Development of shared risk management plans
- Shared decision making and responsibility.
- The adult’s involvement and engagement in the process.
- Improved outcomes for the adult at risk.

This framework should be viewed and applied in the context of the general provisions of the Care Act 2014 which are intended to promote and secure wellbeing. The statutory guidance to the Care Act 2014 states that agencies should implement robust risk management processes in order to prevent concerns escalating to a crisis point requiring action under local safeguarding arrangements.

Partner organisations should ensure that they have the mechanisms in place to enable early identification and assessment of risk through timely information sharing and targeted multi-agency support. Multi-Agency Safeguarding Hubs may be one model to support this approach, but they are not the only one. Individual organisations’ policies and strategies for adult safeguarding should include measures to minimise the circumstances of risk including isolation, which can make adults vulnerable to harm.

A toolkit of documents to support this Framework can be found on each of the Southampton, Hampshire, Isle of Wight and Portsmouth websites. This toolkit includes a Chronology template with guidance, MARM FAQs, a flowchart, template letters, a guide to chairing meetings, a meeting minute template, what to expect if you’re attending a MARM meeting and a MARM Checklist.

2. Underpinning Principles

The following principles should be applied and integrated into risk management policy and practice across all organisations:

- The MARM Framework cannot be used instead of the safeguarding process. The MARM Framework is for high-risk concerns that have been assessed as not meeting the Care Act 2014 Section 42. If in doubt, contact your local Adult Social Care department for advice. Further information and guidance on raising a Safeguarding Concern can be found here: 4LSAB Safeguarding Concerns (hampshiresab.org.uk)

- The MARM Framework is not a statutory process, however member agencies of the SAB have signed up to the framework and it is expected that their staff will use it. There are no standard agencies that must attend, and in some cases the individual will not be known to Adult Social Care. Consideration should be given to inviting agencies with expertise or who may be able to support the individual e.g., substance misuse, domestic abuse etc. MARM can consider the need for a Care Act S9 needs assessment.

- All professionals and other staff have a vital role to play to make early, positive interventions with individuals and families so as to make a difference to their lives, preventing the deterioration of a situation or breakdown of a vital support network.

- All agencies should work together to achieve the best outcome for the service user, whilst satisfying legal, professional and organisational responsibilities and duties. Each agency involved in this process must allocate a lead worker to agree actions and make operational decisions about this case. The multi-agency forum must also identify someone to act as the lead coordinating professional for the process.

- The support offered or provided under this Framework will form part of the organisation's 'business as usual' process.

- Where there is risk of harm, appropriate action within an appropriate timescale must be taken. This framework adopts the principle of 'NO DELAY' so that the response is made in a timely fashion with due consideration to the level of presenting risk. In practice, this means that the pace of the process is determined by presenting circumstances and professional judgments about risk.

- Timescales adopted will be based on judgements about a range of factors such as risk level, complexity of the case or to work in a way that is consistent with the needs and wishes of the adult.

- Any agency or professional can initiate a multi-agency risk management meeting. However, a responsible manager from that organisation should be involved in the decision-making process.

- Responses should be person centred and designed around the needs and wishes of the adult who will be actively encouraged to engage and participate in the

management of the risks they are experiencing in their day-to-day life.

- Responses must reflect the five key principles of the Mental Capacity Act 2005 in which the adult is assumed to have capacity (unless it is proved otherwise) and able to make their own decisions (and not be treated as incapable of making a decision just because their decision may seem unwise).

3. Practice Guidance

The strengths-based approach is at the core of the MARM process. It should be experienced as a collaborative process between the person being supported by services and those supporting them in order to determine an outcome that draws on the person's strengths and assets.

- The MARM process is designed to protect and support the person's independence, resilience, ability to make choices and to maximise wellbeing. It will afford opportunities for the individual to be a co-producer of their support rather than solely a consumer of those services. Personalised information, advice, support and good advocacy are essential.

- Consideration of mental capacity should be made regularly throughout the process. Where a person is found to lack capacity in any area of decision-making, a best interest decision will be made, and this must take into account the adult's views and wishes in accordance with the Mental Capacity Act Code of Practice. The MARM framework must only be used where the adult has the mental capacity to understand the risks posed to them.

- Having access to information and advice will assist the adult to make informed choices about support and will help them to weigh up the benefits and consequences of different options. Information and advice can enable the person to keep themselves safe in the first place by helping them understand their situation and what is needed to keep themself safe now and in the future.

- Professionals should aim to involve (preferably with the consent of the adult) relatives and informal carers, friends.

- Professionals should adopt a flexible, innovative and solution focused approach to mitigating risk.

- The multi-agency risk management plan must be proportionate and focussed on the prevention, reduction or elimination of future risk of harm. This plan will be jointly owned by the adult and the professionals working with them.

- Professionals will be responsible for recognising, assessing, and recording areas of risk and actively responding to the identified risks. This includes the on-going monitoring and review of all risks.

- Professionals should seek legal advice at various stages throughout process from within their organisation as appropriate.

- All decisions and actions taken throughout the process must be accurately recorded, and a note made of all those involved in the decision-making process and the rationale for the decision made. This is to support defensible decision making, a guide to which is outlined in section six.

- Anyone, including service users, their family or carers and professionals, who feel these principles are not being met in practice have the right to make constructive challenge about this. There should also be opportunities for professionals to escalate any concerns both within and across their organisations. Appropriate challenge and escalation are an essential part of partnership working and professional responsibilities to achieve high standards. On occasion, this may necessitate challenging poor practice when staff in one partner agency have concerns about the way in which staff within another agency are delivering their practice. This could also include a lack of engagement with the MARM process. In such circumstances, there must be a respectful challenge about the action or inaction taken. For guidance on resolution of disagreements, please refer to the 4LSAB Escalation Policy.

4. Overview of the Multi-Agency Risk Management Process

- A MARM meeting can be called and led by any Agency – it is not solely an Adult Social Care responsibility.

- Risks are fluid and can change, so there should be regular consideration of whether a case should be referred to Adult Social Care. Just because something would not meet Safeguarding criteria at the start of the MARM process doesn't mean that this may change as things progress.

- There is not a centrally held register for MARM meetings: records should be held by organisations and kept securely in line with their organisational information governance policy.

- A MARM meeting is not a crisis meeting at short notice. MARM meetings are called when needed rather than on a regular schedule.

- The adult should have mental capacity to understand the concerns that have been raised, and they should remain at the centre of the MARM process.

- It is best practice for the key professional to meet with the individual beforehand and ensure they are aware of what the meeting is for, who will be there and what to expect and that if they are unable/don't wish to attend that their voice is heard. Agencies should consider in advance how best to work with the adult to meet any special needs or requirements that they may have to ensure that that remain at the centre of the process.

- It is recognised that safeguarding arrangements for young adults need to take account of their individual safeguarding needs. The 4LSAB Framework for managing risk and safeguarding people moving into adulthood aims to strengthen the safeguarding support available to young adults aged 18 years with pre-existing vulnerability and risk factors as they move into adulthood. This Framework is designed to enhance and build on existing safeguarding arrangements ensuring these are relevant to safeguarding at risk young people. It is recommended that this Framework be referred to when dealing with risk in such circumstances. 4LSAB Framework for managing risk and safeguarding people moving into adulthood May 2022 (hampshiresab.org.uk)

- At the end of the MARM meeting, consider if a MARM Review Meeting is required and arrange a mutually convenient date, time and venue for this, ensuring that the person at risk agrees and is updated and given the opportunity to attend the review if they wish to do so.

- When the MARM process is closed, then it is important to make sure that the individual concerned is made aware of this as well as what steps have been put into place to support them to mitigate risk.

The nature of any involvement centres on whether the adult concerned has the mental

capacity to make decisions. A person may have mental capacity and yet disagree with the views of the professional. This right is a right that cannot be taken away from a person who has mental capacity. It does not preclude the professional from entering into a dialogue with the person in order to explore the area of concern.

Involvement and the offer of support does not hinge on a request by the adult or anybody else and is not negated by a third party's refusal to grant access to the adult, or by the adult's refusal to participate.

An adult's right to make unwise decisions which have risks and to refuse support should be respected. At the heart of this is the Person-Centred Approach and understanding the things that are important to the person, that the risks still need to be identified, advice and information about the risks identified by professionals should be shared with the person including the implications of involvement and non-involvement. However, the assessment of the person's mental capacity should include consideration of their executive function as well as their ability to understand e.g., can they manage in practice any risks and safety implications of the choice or decision being made. In other words, the person should consider:

"Do I understand the limits of my own ability and the risks and safety implications of the choice or decision being made"?

Information and advice should be provided about how to minimise risks to be given to the person who (with capacity) has refused to accept support as well as how to access support or a re-assessment in the future.

Mental Capacity Act and Best Interests

When someone is believed to be lacking mental capacity to make decisions for themself staff should always consider:

- Is there a need to formally assess and record that the person who is believed to be lacking mental capacity - to make a specific decision - is in fact mentally incapable of making that decision?

- Is it likely that the person may regain mental capacity in the future and therefore should be involved and can make that decision for him/herself in the future?

- The wishes, feelings, values and beliefs of the person who has been assessed as lacking mental capacity.

- The views of family members, parents, carers and other people interested in the welfare, if this is practical and appropriate, of the person who has been assessed as lacking mental capacity.

- The views of any person who holds a valid Lasting Power of Attorney (finance and/or welfare) made by the adult now lacking capacity (the Office of the Public Guardian can advise if a power of attorney is valid.)

- The views of any deputy appointed by the Court of Protection to make decisions on the person's behalf.

- Whether any decisions that need to be made have in fact already been made based merely on the appearance, age, medical condition or behaviour of the person who has been assessed as lacking mental capacity, to do so would be unlawful.

- Whether people are motivated by a desire to bring about the death of the person who has been assessed as lacking mental capacity or are making assumptions about the quality of that person's life.

- Are they unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury; and/or

- Are unable to protect themselves adequately against potential exploitation or abuse; and/or

- Has refused essential services without which their needs cannot be met, and this is placing their health and overall physical safety at risk but they do not have the insight to recognise this.

- Any other information that may be relevant.

5. Identification and assessment of risk

Effective joint working to identify and assess risk.

Where a person with needs of care and/or support is refusing support and in so doing so is placing him/herself or others at risk of serious harm, advice and information should be shared with the adult about the risk(s) of involvement or non-involvement. Each agency involved with the adult should, as part of usual case management arrangements maintain a chronology of key events and complete and document their internal risk assessment and management plan.

Professional judgement will determine whether or not the level of risk has reached an unmanageable level for the organisation, however it is important to consider this alongside the person and their significant others, their involvement from the beginning can be informative and empowering where this is the case, a multi-agency risk management process should be set in motion which any agency can initiate and by doing so, becomes the lead coordinating agency with responsibility for convening and chairing the initial meeting. Repeat MARM meetings with no change should be constructively challenged and consideration for alternative actions where appropriate taken. Please see appendix 1 and 2 for case study examples.

The multi-agency risk assessment should consider the following aspects of the situation:

Risk Assessment Factors

- The home situation and environmental factors.
- Engagement in activities of daily living.
- Functional and cognitive abilities of the person.
- Medical conditions.
- Mental health conditions or substance misuse issues.
- Factors that hinder or prevent the adult's implementation of decisions.
- Domiciliary care and other services offered/in place.
- Engagement in care and support plans.
- Family and social support networks.
- Environmental health monitoring.
- Neighbourhood/community support.
- Money management and budgeting.
- Impact of the situation on the individual.
- Public safety and risks to others.
- Domestic Abuse.

This risk assessment may highlight circumstances or risks which would be more appropriately dealt with under another process such as a care review, Care Programme Approach meeting, multi-agency risk assessment conference (MARAC), family group conference, Channel Panel or S42 enquiry.

6. Support and management

Building trust and a positive relationship with the adult

The adult should, as far as possible, be included and involved in the assessment process and in developing a risk management plan to reduce or eliminate identified risks. The process should take into consideration what is important to them, what drives the position they are taking, how they perceive the identified risks. Under normal circumstances, the person should be invited to attend any meetings with them being offered any support needed to enable them to participate fully. This support may also include offering and

arranging an advocate if the adult is likely to experience substantial difficulty in participating in the meetings.

Where the adult continues to refuse all assistance and they have been assessed as having the mental capacity to understand the consequences of this decision, this should be fully recorded. This should also include a record of the efforts and actions taken by all agencies involved to provide support.

An assessment of mental capacity should be carried out if appropriate, to determine if the person has the capacity to make specific decisions. Where a person is unable to agree to have their needs met because they lack the mental capacity to make this decision, then the 'best interest' decision making process should be used.

If the multi-agency risk management process has not been able to mitigate the risk of any behaviour which could result in serious harm, the professionals involved should consider what actions they can take to try and mitigate the risks around the individual as part of a multi-agency risk management plan and should consider making a referral to Adult Social Care. The local authority should then assess the risks of the case as well as the steps already taken to minimise presenting risks. The Local Authority can determine what if any, further steps are required in accordance with the duty under section 42 of the Care Act 2014 to undertake a safeguarding enquiry.

In cases of self-neglect, it is important to note that this does not necessarily prompt a s42 enquiry, however it always will if all three criteria (abuse/neglect and care and support needs) are met, these cases should always be referred to the Local Authority for consideration. There may come a point when the adult is no longer able to protect themselves by controlling their own behaviour, without external support.

7.Stages of the process

MARM recognises that in complex cases, professionals are often dealing with long term and entrenched behaviours to which responses require a commitment to a longer term, solution-based approach which has at its core, a focus on building trust and a rapport with the adult.

The framework aims to provide an effective, coordinated and multi-agency response to risk management to facilitate timely information around risk and the development of a shared and holistic risk assessment and management plan.

a) Stage 1 - concern raised:

Key actions:

- Discussion with the person raising the concern including a discussion with the person about whom concerns have been raised.
- What (if any) care and support the person is receiving is in place.
- Ascertain whether any children or other vulnerable adults are at risk.
- Consider the mental capacity of the person (decisional and executive) and if appropriate, carry out a capacity assessment on the specific issue.
- Consider whether referral to another process would be more appropriate including a Care Act 2014 s42 Enquiry, Mental Capacity Act 2005 code of practice.
- Consider whether the circumstances of the case engage the s42 enquiry duty.
- If no to the above, the responsible manager to call a multi-agency meeting.
- Allocate the case to a lead professional.
- Lead professional compiles a chronology of risk and support offered/ in place.
- Contact involved agencies (or agencies who may have a potential future role).
- Each agency to be asked to identify a lead professional.
- Consider how the adult will be involved and if advocacy support is needed.
- Meeting to be chaired by a manager from the 'initiating organisation'.

b) Stage 2 - multi-agency risk management planning meeting:

(The purpose of the meeting will be to consider the situation and clarify whether any further action can be taken, making the necessary recommendations)

Key actions:

- Provide a summary of any care and support offered or in place.
- Outline of the nature of the concerns and risks to the adult and others.
- Consideration of the adult's mental capacity.
- Produce a collaborative and holistic assessment of the risks.
- Identify any legal powers and remedies potentially available.
- Agree who will act as lead coordinating professional for the process and note if this changes.
- Agree information sharing arrangements.
- Agree a contingency and an escalation plan.
- Identify who is best placed to engage with the adult at risk.
- Consider how the adult will be involved and kept up to date, especially if they are not in attendance.
- Agree who and how to engage with the adult and relationship building.
- Agree a SMART action plan, with timescales a named lead against each action.
- Set date for a review meeting.
- Ensure the adult is given a copy of the risk assessment.

c) Stage 3 – review meetings

(A focus on the support needed to ensure the adult's on-going well-being and safety. Multi-agency monitoring, and review process will continue until the identified risks are either resolved or managed to an acceptable level)

Key actions:

- Involve the adult and others in line with the adults wishes (e.g. advocate. family, etc.).
- Identify and agree the on-going support agencies will be making available.
- Update the risk assessment, the escalation and contingency plan.
- Agencies share any new information.
- Consider mental capacity.
- Review multi-agency action plan.
- Agree on-going monitoring and review arrangements.
- Agree when the case will be referred back into the relevant case management process for on-going support.
- If closing the MARM process inform all parties involved.

Recording

A contemporaneous record of the process must be maintained throughout. This process should reflect the key decisions made about what actions will/will not be taken and by whom and the underlying rationale. Practitioners should ensure that their recording in individual cases not only reflects the good practice highlighted in this framework below but also relevant legal, professional and organisational information governance requirements and standards. The following guidance explains how information within the MARM process should be recorded in order to demonstrate defensible decision making:

A defensible decision is one where:

- All reasonable steps have been taken to avoid harm.
- Reliable assessment methods have been used.
- Information has been collected and thoroughly evaluated.
- Decisions are recorded and subsequently carried out.
- Policies and procedures have been followed.
- Practitioners and their managers adopt an investigative approach and are proactive.

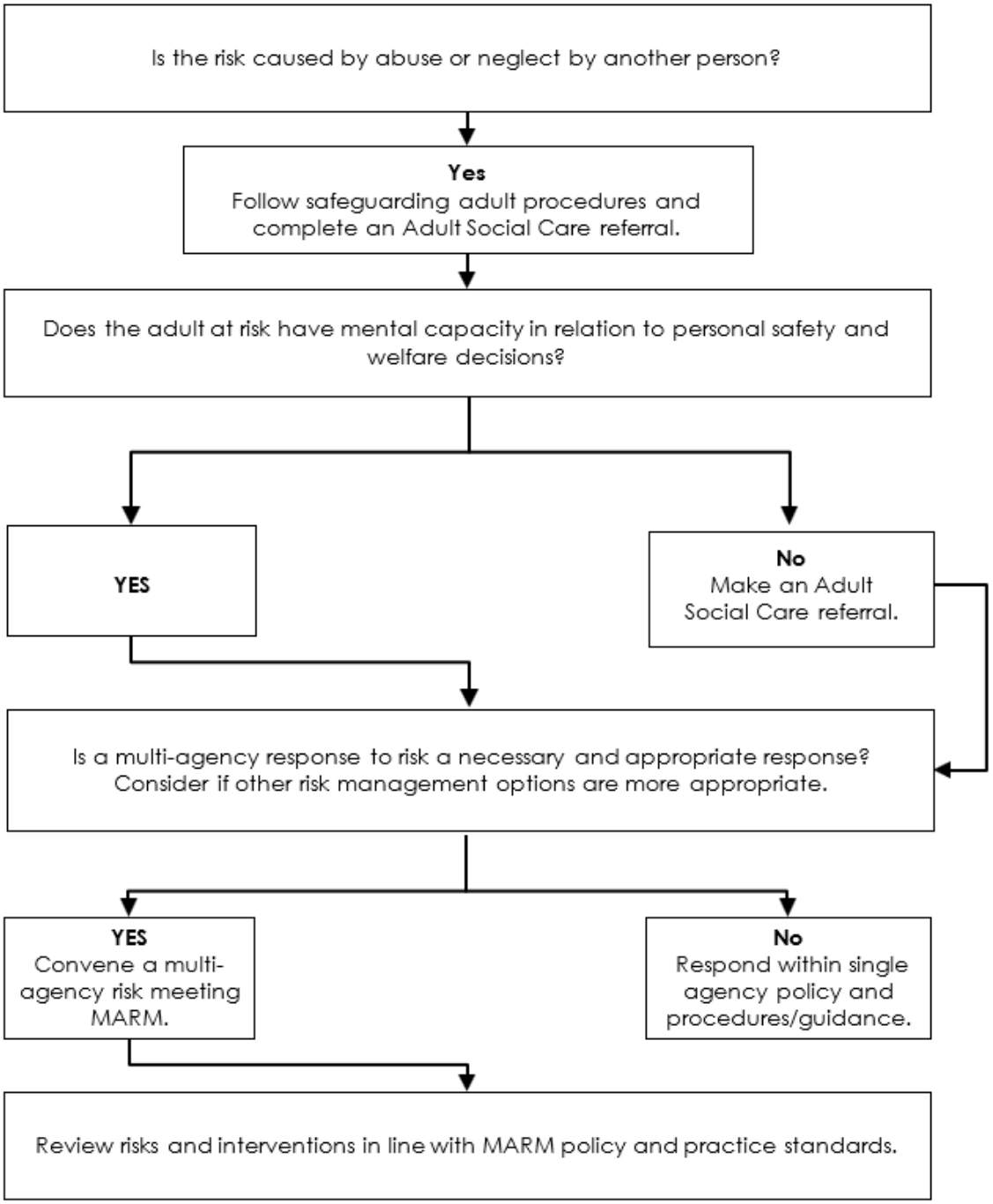
Decisions are defensible if they address the points above, and:

- A contemporaneous, legible record is maintained.
- An approved system and format is used.
- Specify the rationale behind the decision in relation to the circumstances.
- Include references to relevant legislation and guidance.
- Are retained with other records about the individual (or organisation).
- Are 'signed' and dated by the person making the record.

8. MARM Flowchart

This flowchart should be referred to by any professional who is working with adults experiencing a high level of risk as a result of circumstances which create the risk of harm, but not relating to, abuse or neglect by a third party.

Before calling a MARM, consider if there is a more appropriate multi-agency process to respond to the presenting circumstances and risks. For example, person-centered planning meeting, care review, family group conference, Care Programme Approach review, tenancy review etc.)



9. Legal and Policy Context

Legislation linked to or supporting application of the MARM process:

a) **Care Act 2014**
Section 1 – Wellbeing and prevention
Section 6 – Carers
Section 9 - Assessment
Section 42 – Safeguarding enquiry (neglect, abuse and self- neglect)

b) **Public Health Act 1936** allows District/Borough Councils to give notice to owners or occupiers of premises if those premises are *"in such a filthy or unwholesome condition as to be prejudicial to health".* The notice can require the owner or occupier to clean the premises. If they do not, the District/Borough Council can arrange to carry out the works themselves.

c) **Health Services and Public Health Act 1968** – including S.45: Duty to make arrangements for promoting the welfare of old people.

d) **Health and Care Act 2022 -** the Health and Care Act 2022 (the Act) contains the biggest reforms to the NHS in nearly a decade, laying the foundations to improve health outcomes by joining up NHS, social care and public health services at a local level and tackling growing health inequalities. The majority of the Act is focused on developing system working with integrated care systems (ICSs) being put on a statutory footing through the creation of integrated care boards (ICBs). It also moves the NHS away from competitive retendering by default and towards collaborative delivery. The registration authority is the Care Quality Commission.

e) **Mental Health Act 1983** (revised and extended in 2007) provides a comprehensive legislative framework to support the needs of both children and adults. It is based on the presumption that the right of people who have been assessed as having a 'disorder or disability of mind or brain' is safeguarded when they are being admitted to or treated within a psychiatric hospital. In addition, as much care and treatment as possible, both in hospital and outside, should be given on an informal basis – where the individual patient is able to exercise their own judgement in the matter (with certain additional safeguards in place for children and young people) - and in the least restrictive conditions possible. The Act also presumes that the main emphasis of care is care within local communities, not within hospital settings. S.135 specifically provides the authority to seek a warrant authorising a police officer to enter premises if it is believed that someone suffering from mental disorder is *being ill-treated or neglected or kept otherwise than under proper control* anywhere within the jurisdiction of the Court or, *being unable to care for himself, is living alone in any such place*. Mental Health Act 1983 (revised 2007)

f) **Mental Capacity Act 2005** became operational during 2007. Underpinning the Act are five statutory principles, the most important of which centre on the presumption of capacity unless proven otherwise, and the requirement to enable mentally capable individuals (aged 16+) to make decisions for themselves, even where those decisions may be at variance with what other people and organisations feel would be best. The MCA also provides a statutory framework to enable social care (and allied disciplines) to intervene in the lives of a person (aged 16+) where it can be demonstrated that, in relation to a specific decision that needs to be taken, the person lacks mental capacity to make that decision and therefore a decision needs to be made by a third party in the person's best interests. From April 2009, the Mental Capacity Act 2005 has made it unlawful to deprive of his/her liberty any adult person lacking mental capacity who is living in a care home or staying in a hospital. This can only be lawful if a Deprivation of Liberty Standard Authorisation is in place or a decision has been made to this effect by the Court of Protection. https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Local Policies and Guidance

The MARM Framework has links with the following 4LSAB policies and practice guidance, these can be used together if required:

- 4LSAB Safeguarding Concerns
- 4LSAB Multi-Agency Safeguarding Policy and Process
- 4LSAB Multi-Agency Guidance on Prevention and Early intervention in Adult Safeguarding
- 4LSAB Multi-Agency Guidance on Responding to Self-Neglect and Persistent Welfare Concerns
- 4LSAB Multi-Agency Hoarding Guidance
- 4LSAB Multi-Agency Escalation Protocol
- 4LSAB and 4LSCP Family Approach
- 4LSAB Multi-Agency Guidance on Information Sharing
- 4LSAB Multi-Agency Framework for Managing Risk and Safeguarding People Moving into Adulthood
- 4LSAB Multi-Agency Fire Safety Framework
- 4LSAB Multi-Agency Protocol for Pressure Ulcers and Adult Safeguarding
- 4LSAB Multi-Agency Protocol for Fall and Adult Safeguarding

10. Templates to support the application of the MARM process

A range of tools and resources are available to support practitioners in using the MARM Framework. Please click on the following links to access the templates:

MARM Chairing Meetings Guidance
MARM Meeting Invite Generic
MARM Meeting Invite Detailed
MARM Planning Meeting Agenda
MARM Planning Meeting Minutes
Chronology Template (Word)
Chronology Template (Excel)

One Minute Guides (OMG) are also available which explain a number of underpinning themes and approaches. Please click on the following links to access these guides:

OMG to Managing Difficult Conversations
OMG to Advocacy
OMG to Making Safeguarding Personal
OMG to Mental Capacity Act
OMG on the MARM Framework

11. Example of a process for managing high risk cases

Area	Key actions	Outcomes
a) High risk cases	To produce a team 'risk register' reflecting all high-risk cases. • All cases on the Register must be allocated to a named professional. • An Alert must be added on to the client record system file to reflect high risk status. • The Register will be available to duty officers to assist in triaging calls. • The duty officer will alert the named professional of any contact from or about a person on the Register. • The Register will be reviewed and updated on a weekly basis. • If a person is removed from the Register, the manager will ensure that the alert is taken off the client record system. • The Register will be revised to indicate if there is an active multi- agency risk management process or another process such as a s 42 enquiry, MARAC, Channel Panel, etc. • Supervisors will review (with the relevant lead professional) all cases which are on the register. • The following criteria will be used to determine high risk cases:	Active case load focuses on the "critical few". Complex, high-risk cases are managed effectively.

Area	Actions	Outcomes
	• Vulnerability factors placing them at a higher risk of abuse or neglect including mate crime, network abuse, etc.; • Self-neglect including hoarding and fire safety; • Refusal or disengagement from care and support services; • Complex or diverse needs which either fall between, or span a number of agencies' statutory responsibilities or eligibility criteria; • On-going needs or behaviour leading to lifestyle choices placing the adult and/or others at significant risk; • Complex needs and behaviours leading the adult to cause harm to others and • Risks previously addressed via a s42 enquiry but for which the need for on-going risk management and monitoring has been identified. • Impact of domestic abuse, mental health and substance misuse.	
Managing refusal or disengagement from support	Agree process for responding to non-delivery of support e.g.: • *Allocation* • *Review of support needs* • *Capacity assessment on specific areas of decision-making* • *Monitor delivery of support* • *Agree a reporting and escalation protocol with care provider*.	Prevention and early involvement re service users who have disengaged form support. Improved risk management of these clients.

	Agree thresholds at which the provider must inform the lead coordinating professional of undelivered 1 to 1 support and a trigger point for a review. Agree a standard regarding frequency of the provider's review of individual support plans (to be included in contracts) – monthly. Refer to Multi-Agency Risk Management Framework if concerns escalate. Agree criteria for referring the case for a s42 enquiry.	Timely reviews of support needs and adjustments as necessary to support plans.

Appendix 1 - Case Study 1

1. Themes:			
Homelessness		Interface between S42 and MARM	
Struggle to engage		Hoarding	
Fluctuating capacity		Exploitation	
Transitional safeguarding		Alcohol/substance misuse	**X**
Consent not given for MARM		Fire risk	**X**

2. Overview of Case:

HIWFRS was attending regular incidents to a lone female occupier who was leaving her cooking unattended whilst intoxicated. The occupant had poor mobility and poor mental health and hoarding in her home on the clutter rating scale of 8 and 9.
HIWFRS were in a regular cycle of: attending fire incidents due to cooking of smoking materials where the individual would be intoxicated, reporting safeguarding concerns to the local authority, and completing safe and well visits with the occupant

The safeguarding concerns were triaged and passed to the Local Authority Adult Services Team. As the individual had been assessed to have full capacity to understand and control the risks being presented statutory safeguarding thresholds under the Care Act 2014 were not met.

The individual had a history of self neglect and reluctance to engage with support services – compounded by a fear of agency involvement in her life due to a bad experience where her house had a deep clean when she was previously in hospital.

Due to the ongoing fire risks and the frequency of HIWFRS attendance, the local HIWFRS Community Safety Officer (CSO) decided that a MARM meeting was required. The MARM meeting was chaired by the HIWFRS CSO as the professional and organisation who had arranged the meeting. The MARM meeting was attended to by the relevant organisations and professionals known to the individual, the individual herself and her son and daughter. Due to Covid-19 the meeting was held virtually over Microsoft Teams.

The risks and situation were discussed at the meeting, with actions being identified and a review meeting being arranged. At the review meeting, HIWFRS remained the lead agency and the CSO chaired the meeting.

The review meeting identified that the actions identified at the first meeting had been completed, as a result of this the fire risks had been significantly reduced and the individual had re-connected with her family and felt less isolated and happier in general.
The MARM meeting also enabled the individual to gain a further insight into the concerns which she could not gain during her engagement with HIWFRS during the fire incidents as she was often intoxicated.

All attendees at the review MARM decided another meeting was not required.

4. Strengths/Challenges

Strengths:

- The son and daughter being involved in the MARM process and meeting was very beneficial – they could provide support to the individual, but attending the meeting also enabled them to gain an understanding of the risks and situation first hand from the professionals who had concerns.
- The MARM meeting provided an opportunity for the individual to gain a further understanding of the risks and events that had occurred whilst she was intoxicated that she did not remember. The discussions had with the professionals and the HIWFRS personnel provided an opportunity for increased insight into the risks and reflection.
- All professionals who attended the MARM meetings acknowledged the benefit of knowing what other organisations / professionals were doing with / for the individual – this reduced professionals and organisations working in silo.

Challenges:

- It was initially thought that the individual would not be able to attend the MARM meeting herself due to it being held virtually – options were explored for this and her son took his laptop to her property for the meeting and they logged into Teams together.
- A difficulty experienced was with HIWFRS identifying which organisations the individual was known to and therefore who should be invited to the MARM meeting. There was also a difficulty in identifying family / NOK. This information had to be obtained from Adult Services as HIWFRS could not obtain it directly from the individual as during HIWFRS engagement with her she was often intoxicated.
- A delay in initiating the MARM meeting was experienced as initially HIWFRS recommended to Adult Services that a MARM should be arranged. Adult Services informed HIWFRS they would explore a MARM but no arrangements were made – this resulted in HIWFRS CSO initiating instead.

5. Outcomes and post-MARM work

The MARM resulted in HIWFRS not returning to the individual's address and the MARM meeting reducing the presenting fire risk. The engagement from Services enabled the situation to be monitored and increased support to be initiated before the risks increased to unmanageable levels again.

Appendix 2 - Case Study 2

1. Themes:			
Homelessness		Interface between S42 and MARM	
Struggle to engage	X	Hoarding	**X**
Fluctuating capacity		Exploitation	
Transitional safeguarding		Alcohol/substance misuse	**X**
Consent not given for MARM			

2. Overview of Case:

Elderly gentleman widowed a few years earlier had begun to over-indulge in alcohol placing high demand on primary care services frequent caller to 999 and fluctuating capacity due to alcohol would result in lack of engagement.
He had been taken advantage of from his use of prostitutes to provide company and he had lost a lot of money.
The MARM was used to build a plan around meeting his health needs and engagement.
Recommendations were made into the provision of a small package of care to support him.
He was evicted due the lack of maintenance and neglect in his property.

As a result of the MARM a new sheltered housing provider felt supported enough to grant him accommodation in their warden-controlled site.
He was offered bereavement support and companionship from the small care package.
This allowed him to cut down drinking and he again began to engage with primary care services so his physical health improved.

3. Strengths/Challenges

Strengths:
The Multi agency working to the same goals

Challenges:
His lack of engagement & fluctuating capacity due to alcohol. Building relationships and trust with providers greatly helped.

4. Outcomes and post-MARM work

The outcome was closed to MARM & although he still consumes alcohol it is a 'manageable' amount reducing his overall health risks. The package of care ceased and the network of support comes from his housing provider.