

**Multi Agency Risk Management (MARM) Guidance**

**(formally known as What to do if it’s not Safeguarding?)**

**MARM not Harm**

1. **Introduction**

This document is intended to empower all agencies (in their management of risk) to feel confident to instigate multi agency risk management meetings in relation to people with complex needs or circumstances who do not require or meet the criteria for a local authority led adult safeguarding enquiry under Section 42 the Care Act (2014).

Many people with physical or mental health problems who have care and support needs live in complex circumstances and due to this can be vulnerable. People may need support to keep safe, to manage the risks of day to day life and may need coordinated responses from a variety of health, social care, housing or other professionals. However, they are not necessarily experiencing abuse or neglect so will need a coordinated response to keep them safe.

This guidance has been developed among partners agencies on behalf of the Somerset Safeguarding Adults Board to promote a joint approach, across organisations, to the assessment and management of risk of adults with care and support needs where they have complex needs. In all instances we would expect practitioners to consult with their own organisational risk management and adults safeguarding policies and procedure.

However, through use of the Somerset Safeguarding Adults Board Adult Safeguarding Decision Making Tool it may be decided that a safeguarding referral is not required or where, following referral, it has been determined that a Local Authority led safeguarding response is not required.

**2. When and why would we need this multi-disciplinary approach**

A MARM meeting is likely to be useful to any professional who is working with an adult who is experiencing an unmanageable 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. Such circumstances might include:

* ongoing concerns despite Safeguarding Alert not being progressed through formal safeguarding section 42 enquiry work
* 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 spanning 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
* combination of domestic violence, mental health and substance misuse and
* Risks previously addressed via a section 42 enquiry but for which the need for on-going risk management and monitoring has been identified.

In addition to the above, the MARM framework may also be useful in an acute hospital context to address concerns about:

* Complex discharges
* An adult being discharge back to a vulnerable situation e.g. homelessness, self-neglect
* Managing complex behaviours/needs during admission
* Continuance of complex case management
* High intensity service users
* An adult’s refusal of medical treatment posing significant risk
* Disputes with family members about treatment and discharge arrangements.
1. **Involvement of the person**

The 6 Principles of adult safeguarding should be promoted throughout the Multi Agency Risk Management Process by all participants irrespective of which agency is leading and coordinating the process. These principles are:

 Best practice suggest that adults should be encouraged to be involved in all discussions and meetings, in whichever manner works best for them. Unless there is a is a good reason not to, this guidance must be read with the assumption that the person will be aware that there are multi-disciplinary discussions taking place and that they are involved in these discussions, including being invited to participate in any meetings.

If the adult does not wish to be party to a discussion or meeting, their views and wishes in relation to desired outcomes and potential risk management strategies should still be sought and regarded.

If the adult expresses a clear view or wish about any aspect of the decision making process, decisions made should reflect this as closely as possible.

The adult should still be informed of any decisions made and supported to be a part of any subsequent discussions/meetings, if they wish to be.

1. **Things for practitioners to think about ahead of the MARM**

Practitioners will need to be clear from the outset and regularly review the following:

* What exactly is your concern?
* What risks have you identified? Have they changed, have new risks been identified?
* What are the views of the individual, or their representative if appropriate?
* Do you have any concerns about the mental capacity of the individual?
* What agencies do you need input from and why?

If there is reason to question the persons decision making ability practitioners **must consider** ifa mental capacity assessment needs to be undertaken in the first instance, ensuring it is centred around the specific decision that needs to be made. Consideration should also be made to ensuring or appointing an appropriate advocate. If there are concerns about an individual’s capacity **and** they refuse to engage in a capacity assessment despite appropriate adjustments being made in order to facilitate/enable their engagement, then guidance must be sought from senior management within your organisation in the first instance.

1. **Who can instigate / coordinate a MARM meeting**

Any practitioner can instigate a MARM meeting. The organisation with the concerns takes responsibility for organising the first MARM meeting and will work with other agencies to identify and invite all relevant practitioners.

If the person is on a waiting/holding list for an agency, the agency must arrange to allocate a worker or send a suitably qualified and informed representative who can speak about the case from the agency’s perspective.

Consider whether it is appropriate to invite the individual of concern to the first MARM meeting or whether this needs to be held as an initial information sharing meeting.

1. **Key actions within the MARM:**
* The agency calling the meeting must appoint a suitable chairperson and minute taker.
* Within the first MARM the agencies present must agree who will be the lead professional and be clearly recorded within the meeting records. If no allocated worker exists, the lead professional will vary from person to person, depending on the circumstances and will be determined during the multi agency meeting as a defined outcome.
* The person’s capacity (in relation to the decision to be made) should be confirmed at the beginning of the meeting, evidencing why this is thought to be the case.
* An overview of the person’s views and wishes, or those of their family/representative, should be available at the meeting, wherever possible.
* Risks must be clearly identified and assessed in terms of actual and potential harm. Action plans for addressing these risks must be clear, including interventions that have been offered in the past / not been effective. Actions need to be written in a SMART way (Specific – Measurable - Achievable –Relevant – Time-bound) with mutually agreed timescales for implementation and review by the individual(s) responsible for the action.
* If there is non attendance by key agencies then this should be escalated by the lead professional using the Resolving professional Differences guidance. Likewise, in the event of a disagreement as to whether a multi-disciplinary approach is required then in the first instance this should be escalated within the organisation(s) concerned, then if unresolved using the SSAB process for Resolving Professional Differences.
* The meeting must have minutes (taken and stored by the agency chairing the meeting) and agreed actions with timescales for implementation and review.
* Further meetings must also be arranged as required. A template has been provided as Appendix 1 for organisations to use as the basis for the meeting and notes, although it is not intended to be exhaustive and should therefore be adapted as required.
* The minutes of the meeting and any associated records should be saved by each organisation using their own recording systems. There should be an agreed process to ensure that actions have value and are completed / monitored.

**Hints / Tips:**

If you are having difficulty getting people to your meeting, try these tips:

• in your invitation set out why the person is being asked, particularly if there is a specific risk relating to their specialism / service

• make direct contact to explain the importance of their contribution

• escalate where necessary through your line management, using the Resolving Professional Differences process if required

• State clearly how multi-agency approaches seek to prevent harm and mitigate risk

• Ask for them to provide an alternative contact / deputy if they cannot make the meeting

If you have been asked to participate in such a meeting, make sure that you understand why you have been invited - if you do not believe you are the right person explain why and help to identify an alternative. If you cannot make the date / time, send a representative who is briefed with the right information.

1. **Information-sharing**

Please refer to the Somerset Safeguarding Adult Board’s Information Sharing and Safeguarding Adults guidance for guidance which includes information sharing, consent, what to do when someone doesn’t consent, capacity and sharing information with other agencies

If you are not sure if information can be legitimately shared or action taken without the consent of the individual, further advice should be sought from information governance lead in your organisation.

**APPENDIX 1**

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| **MARM Meeting****Organised /Chaired by:** **Date of Meeting:**  |

**Agenda**

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| --- |
| **Concerning;**  |
| **Name:** |  |
| **Address:** |  |
| **Post Code;**  | **Phone Number;** |
| **1 People invited:** |
| Persons Invited: | Job Title, Organisation, Relationship | Attended | Apology | No response | Report received |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
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| 1. **Purpose/ Reason for the meeting**
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| **3. Information Sharing & Confidentiality Agreement:** |
| The matters raised are confidential to the members of the meeting and the agencies they represent and will only be shared in the best interests of the adult/s of concern and with their consent, when it is appropriate to obtain it. Any request to share information should be made through the chair of the meeting.Minutes of the meeting are distributed with the strict understanding that they will be kept confidential and in a secure place. In certain circumstances it may be necessary to make the minutes of this meeting available to solicitors, the civil and criminal courts, the Secretary of State in relation to the Disclosure and Barring Service (DBS), psychiatrists, professional staff employed by other Social Care agencies or other professionals involved in the welfare of the adult(s) at risk. Any such disclosure must be reported to, and recorded by, the meeting chair. |
| **4. Summary of concerns about individual / service from relevant agency reports** *(details of concerns)* |
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| **5. Voice/ views of the individual:***(consider advocacy needs & anyone else affected, as well as the involvement of the person at risk, have they attended today what are their support needs, what information will be shared with them, what outcome do they want?)* |
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| **5. Risks Identified** |
| **1.** |
| **2.** |
| **3.** |
| **4.** |
| **5.** |
| **6** |
| **6. Action Plan to manage/ mitigate risk:** |
| Action Agreed | Person Responsible | Timescale for completion |
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|  |  |  |
|  |  |  |
| **7. Additional actions required:** |
| Actions: including person to be informed if not present/ agreed lead professional | Person responsible | Timescale for completion  |
|  |  |  |
| **8. Further Meetings:** |
| Is a further meeting anticipated? | Yes/No Date |