



Hampshire Safeguarding Adults Board

Multi-Agency Risk Management Framework

Risk Management Framework

- Collaborative 4LSAB development - response to learning from serious cases.
- Multi-agency, proactive approach - to identify/respond to risks before crisis point reached.
- Recognises the duty to protect from foreseeable harm even when the adult doesn't want to engage
- Multi-agency process for managing high risk, complex cases sitting outside statutory s42 enquiry process.
- Complex cases involving people with long term and entrenched behaviours.
- A relationship based approach focusing on building trust and rapport.
- Provides a collaborative, coordinated and multi-agency response ensuring:
 - Timely information sharing of risk
 - Holistic assessment of risk
 - Development of shared risk plans

Used when circumstances present an unmanageable level of risk to the organisation:

- Vulnerability factors place the adult at a higher risk of abuse or neglect including mate crime, network abuse, etc.;
- Self neglect including personal care needs, environment, 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;
- 'Toxic Trio' of domestic violence, mental health and substance misuse
- On-going needs/behaviour leading to lifestyle choices placing them and/or others at risk;
- Complex needs and behaviours leading the adult to cause harm to others;
- Risks previously addressed via a section 42 enquiry but for which the need for on-going risk management and monitoring has been identified.

When might someone be at risk?

An adult is considered to be 'at risk' when s/he is unable or unwilling to provide adequate care for him/herself and:

- Is unable to obtain necessary care to meet their needs; and/or
- Is 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
- Is unable to protect themselves adequately against potential exploitation or abuse; and/or
- Has refused essential services without which their health and safety needs cannot be met but a lack of insight to recognise this.

Process

- Any agency can initiate – it takes the lead coordinating role with responsibility for convening and chairing the initial meeting.
- Purpose is to gain a holistic overview of current risks and agreement of a shared risk management plan.
- As far as possible, the adult should be included and involved in the process and in developing the risk management plan.
- If the collaborative assessment highlights circumstances which are more appropriately dealt with elsewhere, a referral should be made
- Process continues until the identified risks are either resolved or managed to an acceptable level.
- Any on-going support necessary to maintain well-being and safety should be agreed before the case is transferred back into the ‘business as usual’ case work.

Use in the hospital context

- Complex discharges
- People being discharged back to a vulnerable situation
- Homelessness
- Self neglect
- Managing complex behaviours/needs during admission
- Continuance of complex case management during admission
- High intensity service users
- Refusal of treatment posing significant risk
- Patient/family dispute about care, treatment and discharge
- Significant discharge delay

Some evidence that MARM supports admission avoidance and demand management

Key considerations in risk assessment

- Underlying medical conditions
- Functional and cognitive abilities of the person
- Underlying mental health substance misuse issues
- Mental capacity
- Care and support offered/in place
- Engagement in care and support plans
- Family and social support networks
- Money management and budgeting.
- Observation of the home situation and environmental factors
- Engagement in activities of daily living
- Neighbourhood visiting by voluntary organisations
- Internal/external factors hindering implementation of decisions
- Environmental health monitoring
- Public safety and risks to others.
- Impact of the situation on the individual.

MARM v S42 Enquiry

MARM:

Proactive

Chronic issues

Prevention

Early intervention

Within day to day work

S42:

Reactive

Incident specific

Crisis intervention

Specific criteria

Common themes across the two:

- Person centred
- Making Safeguarding Personal
- Prevention
- Future proofing/Resilience
- Partnership working
- Strength based approach
- Whole Family approach

Multi-agency tools and resources available

- Escalation protocol
- Hoarding guidance
- Risk assessment tool
- Meeting templates – letters, agenda, minutes
- Guidance on raising a concern and referral pathways

Wrap around themes

Capacity, consent and control

- An adult's right to make apparently unwise decisions which have risks and to refuse support should be respected.
- Assessment of an adult's mental capacity should include consideration of their executive function e.g.

“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 about how to minimise risks to be given to the person who (with capacity) has refused to accept support.
- Information also about how to access reassessment in the future
- Decisions (either by the adult or the agency) should be kept under constant review

Person centred approach

Guiding principles when supporting people who may experience difficulties in engagement:

- Involving the adult as fully as they are able
- Building a picture about the person – clues about why/how behaviours developed.
- A right to make apparently unwise lifestyle choices and to refuse support.
- Premise that the person is best placed to judge their wellbeing.
- Presence of long term, entrenched behaviours requires a commitment to a long term, solution-based approach.
- A focus on building trust and rapport.
- Attention the person's views, wishes, feelings and beliefs.
- Responses need to be balanced with personal rights, freedoms and be the least intrusive.

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- Information and advice about how to minimise risks to be given to the person who (with capacity) has refused to accept support
- Information also about how they can access reassessment in the future should they change their minds.
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Strengths based approach

- Collaborative process between the person being supported by services and those supporting them.
- Working together to determine an outcome that draws on the adult's strengths and assets.
- Protects and supports the person's independence, resilience, ability to make choices and maximise wellbeing.
- Provides opportunities for the individual to be a co-producer of their support rather than solely a consumer of those services.
- Strengths based working underpins a number of core approaches both within adult/child services:
 - Promoting wellbeing
 - Prevention
 - Whole family working
 - Person centred working
 - Making Safeguarding Personal.

Family Approach

- Secures better outcomes for children/ adults with care and support needs by co-ordinating the support they receive.
- Identifies families in the greatest need - support provided at the right time before crisis point is reached.
- A focus on the whole family - sharing any wellbeing or safety concerns about a child or an adult with care and support needs within a family setting
- Addresses the range of needs within a family through holistic assessment and coordination,.
- Understanding of wider family issues affecting the overall wellbeing of the family and individual being worked with.
- Deals with multiple, entrenched and serious issues having a serious impact e.g. 'trigger trio' of domestic abuse, mental health and substance misuse.
- How are these needs impacting on the 'principal client' and how might meeting these needs benefit them?
- Can engage families, either when they haven't engaged and/or they haven't benefited from traditional service approaches.

Successful partnership working

Partnership with the adult, family and wider network and fellow professionals.

Effective partnership working achieves better outcomes for the adult and is enabled by:

- Timely sharing of vital information.
- Avoidance of a 'refer on' culture.
- Whole family approach.
- Attention to developing or strengthening a support network.
- Clarity re respective roles and responsibilities of partner agencies.
- A solution focused, relationship based approach.
- Co-ordination and management of case work and interface with other processes.
- Regularly reviewing and communicating progress.
- Ability to provide professional challenge to resolve issues and where necessary, escalation.

Learning from serious cases – key messages for practice

- Self neglect and other complex needs highlight need for a process where s42 duties aren't engaged.
- Effective partnerships – adult, families, professionals
- Making safeguarding personal – building confidence, resilience
- Safeguarding support used as a means of preventing future harm
- All agencies taking responsibility for safeguarding
- 'Toxic Trio' - capacity, unwise decision making, disengagement
- Capacity not an excuse to walk away - a professional duty to protect from foreseeable harm
- Relationship based approach - build trust to address long term, entrenched behaviours
- Capacity assessments taking into account a person's executive capacity
- Challenge and escalation when decisions/actions are not in the best interests of the adult
- Professional curiosity

Professional curiosity

A proactive mind set and communication skill to explore and understand what is happening within an environment rather than making assumptions or accepting things at face value.

In practice, this requires practitioners to consider:

- Am I remaining CURIOUS and INQUISTIVE about what I'm seeing and assessing?
- Indicators of potential harm?
- Indicators that a tipping point may have been reached where not to intervene, poses significant risk to wellbeing and safety

Record keeping

- Essential that records are contemporaneous and kept from the time that a concern about an adult may be at risk was raised.
- Completion of chronologies for each agency involved is an essential element of safe practice in situations of risk, self-neglect and during the risk assessment process.
- Lead agency should consider and action the compilation of one central chronology to aid analysis of risk.
- Best practice in recording is based on key principles of partnership, openness and accuracy.
- Effective recording is part of the total service to the service user.

Defensible decision making

A defensible decision is one where:

- All reasonable steps taken to avoid harm.
- Use of reliable assessment methods.
- Information collected is thoroughly evaluated.
- Decisions are recorded and carried out.
- Policies and procedures have been followed.
- Practitioners and their managers adopt a proactive, investigative approach.

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

- Are a contemporaneous record maintained in a legible and approved system and format.
- 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

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**Any comments or
questions?**

True or false

1. Adult services are the lead coordinating agency for the Multi-Agency Risk Management process.
2. The MARM process can only be used if the adult's care/support needs meet the service's eligibility criteria.
3. The adult's consent is required in order for the MARM process to proceed.
4. When an adult who has mental capacity, makes a decision placing him/herself and s/he refuses support, there is no further role for agencies.
5. The adult's engagement in the process is desirable but not essential.
6. Health and social care agencies have legal duties to promote wellbeing and prevention.
7. The MARM process goes hand in hand with the strengths based approach.
8. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted.

Table discussions

On your table, discuss examples of difficult high risk cases from your practice:

- 1) What were the challenges and blockages?
- 2) What things were 'enabling' factors?
- 3) What aspects of the Multi-Agency Risk Management Framework will help your future practice?

For each question, agree one headline to feedback.