



# 4LSAB Multi-Agency Risk Management Framework

June 2020

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

This guidance 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 designed to provide guidance on managing cases relating to adults where there is a high level of risk, but the circumstances may sit outside the statutory adult safeguarding framework but for which a multi-agency approach would be beneficial.

This guidance should be read in conjunction with the 4LSAB Multi-Agency Safeguarding Policy and Guidance ([www.hampshiresab.org.uk](http://www.hampshiresab.org.uk)) and the 4LSAB related guidance Information Sharing and Prevention and Early Intervention. The guidance 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 and so it is the responsibility of respective organisations to develop more detailed workplace guidance around its implementation.

This guidance is likely to be useful to any professional who is working with adults 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 as:

- a) Vulnerability factors placing them at a higher risk of abuse or neglect including mate crime, network abuse, etc.
- b) Self-neglect including hoarding and fire safety
- c) Refusal or disengagement from care and support services
- d) Complex or diverse needs which either fall between, or span a number of 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 violence, 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.

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 guidance 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 guidance 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 guidance 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.

## 2. Underpinning Principles

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

- 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 - and the individuals employed within these - should work together to achieve the best outcome for the service user, whilst satisfying legal, professional and organisational responsibilities and duties.
- The support offered or provided under this Framework will form part of the organisation's 'business as usual' process.
- Partner organisations should ensure that they have in place mechanisms that enable early identification and assessment of risk through timely information sharing and targeted multi-agency support.
- 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.
- All professionals should be aware of the rights of individuals in law and of the duties, powers and responsibilities of local authorities, health, housing, police as well as other agencies.
- 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 and, therefore, be able to make their own decisions (even unwise ones).
- 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.
- 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.
- It is vital that the adult has as much control and choice as possible, and that process is guided by their needs and circumstances. Personalised information, advice, support and good advocacy are essential components to this.
- Having access to information and advice will assist the adult to make informed choices about support and will help him/her 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 him/her understand their situation and what is needed to keep him or herself safe now and in the future.
- Professionals should aim to involve (with the consent of the adult) relatives and informal carers, friends, etc. as much as possible in the process as a means of building and/or strengthening the adult's support network.
- Professionals should adopt a flexible, innovative and solution focused approach to mitigating risk. This may involve trying out new ways of working or retrying previous ideas.

- 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.
- Consideration should be given to involving agencies who have previously provided a service to the adult but have now closed their file – they may hold important information, and may not be aware of any new risks.
- If you are the lead agency, you have the role of ascertaining what other agencies duties are – never make assumptions another agency is already dealing with a situation.
- Effective risk management is underpinned by clear, timely information sharing within and across organisations.
- 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 from within their own 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 is an essential part of being 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. 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](#).

### 3. Overview of the Multi-Agency Risk Management Process

A failure to engage with people who are not looking after themselves, whether they have mental capacity or not, can have serious implications for their health and well-being as well as for the people involved in their care and support. An adult will be considered to be 'at risk' under this framework where 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 do not have the insight to recognise this.

The nature of any involvement centres on whether the adult concerned has the mental capacity to make decisions that have legal force. 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 apparently unwise decisions which have risks and to refuse support should be respected. 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 him/herself 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 Enduring Power of Attorney or a 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.
- 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.
- Any other information that may be relevant.

This Framework promotes an active rather than a passive approach to supporting an adult whose circumstances place them at risk. However, information and advice about how to minimise risk should be given to the individual who, with capacity, has refused to accept support together with information about how they can access reassessment in the future should they change their minds. It is important that decisions (either by the adult or the agency) are kept under constant review and re-evaluated as circumstances change or new information becomes available.

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, and a meeting minute template.

#### **4. 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. 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.

The purpose of the multi-agency risk management process is to ensure timely information sharing between agencies, to gain a holistic (multi-agency) overview of presenting risks and to develop a shared risk management plan. Decisions should be recorded and continually reviewed throughout the process.

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

## Risk Assessment

- Observation of the home situation and environmental factors
- Engagement in activities of daily living
- Functional and cognitive abilities of the person
- Underlying medical conditions
- Underlying mental health conditions or substance misuse issues
- Internal or external factors hindering 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 visiting by voluntary organisations
- Money management and budgeting.
- Impact of the situation on the individual.
- Public safety and risks to others.

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.

## 5. 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. 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 notifying the relevant authority with safeguarding responsibilities (the local authority) of the steps taken (assuming the multi-agency lead has received consent to share personal information or deems it is necessary due to the exemptions in the Data Protection Act 1998). The local authority should then assess the circumstances of the case as well as the steps already taken to minimise presenting risks in order to 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. If further steps are deemed necessary, then these might be undertaken in the context of a statutory safeguarding enquiry process but not necessarily.

In cases of self-neglect, it is important to note that this does not necessarily prompt a s42 enquiry and decisions should be made on a case by case basis and will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. This process will not affect an individual's human rights, but it will ensure that respective partner agencies exercise their duty of care in a robust manner as far as is reasonable.

## 6. 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 guidance aims to provide an effective, coordinated and multi-agency response to these 'critical few' cases in order 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.
- Discussion with the person about whom concerns have been raised.
- What (if any) care and support the person is receiving from what agency.
- Ascertain whether any children or other vulnerable adults are at risk.
- Consider the mental capacity of the person (decisional and executive)
- If appropriate, carry out a capacity assessment on the specific issue.
- Consider whether referral to another process would be more appropriate.
- 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).
- Set up a multi-agency risk planning meeting.
- Attendees should be able to make decisions on behalf of their agency.
- 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.
- 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.
- 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
- Involve others in the 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.
- If insufficient progress has been made, consider an alternative approach.
- Other flexible, creative solutions may need to be explored.
- Revise 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.

#### Recording

A contemporaneous record of the process must be maintained throughout the process reflecting 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 guidance 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.

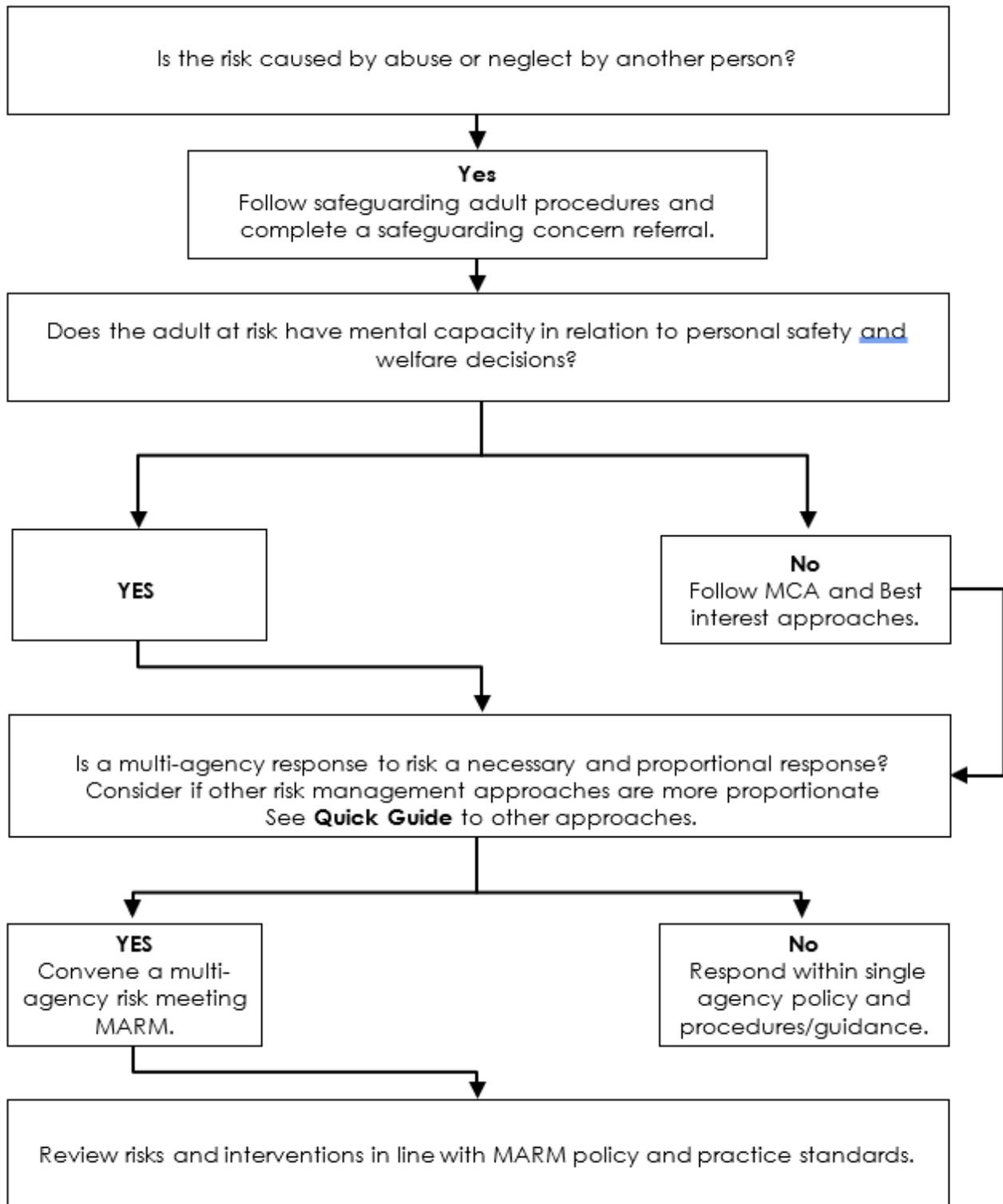
## 7. MARM Flowchart

This flowchart should be referred to by any professional who is working with adults 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.

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

An adult at risk places themselves at a serious risk of harm due to:

- a) Vulnerability factors placing them at a higher risk of abuse or neglect including mate crime, network abuse, etc.
- b) Self-neglect including hoarding and fire safety
- c) Refusal or disengagement from care and support services
- d) Complex or diverse needs which either fall between or span a number of 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 behaviour leading the adult to cause harm to others
- g) Domestic violence, 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.



## 8. 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 Social Care Act 2008](#) introduced a new single regulatory framework for health and social care. The registered person - usually the owner or manager - has a duty to inform the registration authority within 24 hours of any event that threatens the well-being of any resident (Regulation 18 notification). 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.

### Local Policies and Guidance

The MARM Framework has links with the following 4LSAB policies and practice guidance:

- [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](#)

### 9. 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](#)

## 10. Example of a process for managing high risk cases

Area	Key actions	Outcomes
<p><b>a) High risk cases</b></p>	<p>To produce a team 'risk register' reflecting all high-risk cases.</p> <ul style="list-style-type: none"> <li>• All cases on the Register must be allocated to a named professional.</li> <li>• An Alert must be added on to the client record system file to reflect high risk status.</li> <li>• The Register will be available to duty officers to assist in triaging calls.</li> <li>• The duty officer will alert the named professional of any contact from or about a person on the Register.</li> <li>• The Register will be reviewed and updated on a weekly basis.</li> <li>• If a person is removed from the Register, the manager will ensure that the alert is taken off the client record system.</li> <li>• 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.</li> <li>• Supervisors will review (with the relevant lead professional) all cases which are on the register.</li> <li>• The following criteria will be used to determine high risk cases:</li> </ul>	<p>Active case load focuses on the "critical few".</p> <p>Complex, high risk cases are managed effectively.</p>

Area	Actions	Outcomes
	<ul style="list-style-type: none"> <li>• Vulnerability factors placing them at a higher risk of abuse or neglect including mate crime, network abuse, etc.;</li> <li>• Self-neglect including hoarding and fire safety;</li> <li>• Refusal or disengagement from care and support services;</li> <li>• Complex or diverse needs which either fall between, or span a number of agencies' statutory responsibilities or eligibility criteria;</li> <li>• On-going needs or behaviour leading to lifestyle choices placing the adult and/or others at significant risk;</li> <li>• Complex needs and behaviours leading the adult to cause harm to others and</li> <li>• Risks previously addressed via a s42 enquiry but for which the need for on-going risk management and monitoring has been identified.</li> <li>• Impact of domestic violence, mental health and substance misuse.</li> </ul>	
<b>Managing refusal or disengagement from support</b>	<p>Agree process for responding to non-delivery of support e.g.:</p> <ul style="list-style-type: none"> <li>• <i>Allocation</i></li> <li>• <i>Review of support needs</i></li> <li>• <i>Capacity assessment on specific areas of decision-making</i></li> <li>• <i>Monitor delivery of support</i></li> <li>• <i>Agree a reporting and escalation protocol with care provider.</i></li> </ul>	<p>Prevention and early involvement re service users who have disengaged from support.</p> <p>Improved risk management of these clients.</p>

	<p>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.</p> <p>Agree a standard regarding frequency of the provider's review of individual support plans (to be included in contracts) – monthly.</p> <p>Refer to Multi-Agency Risk Management Framework if concerns escalate.</p> <p>Agree criteria for referring the case for a s42 enquiry.</p>	<p>Timely reviews of support needs and adjustments as necessary to support plans.</p>
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