Hampshire County Council

# **AHC MASH** (Multi Agency Safeguarding Hub) **and the MARM** (Multi Agency Risk Management Framework)

# Adults' Health and Care - How it works

- All calls and referrals to AHC come in to the Contact Assessment and Resolution Team – CART to assess the risk level.

- Strength Based Approached will be applied through the assessment process.

- Welfare and wellbeing concerns will be addressed by most appropriate actions.

- As soon as a safeguarding concern is raised about an 'adult at risk ' CART will triage these concerns and transfer to an allocated worker.

- If unallocated or "Fast Track" rule applied case will be transferred to AHC MASH to follow with S 42 enquiries.

# What is the MASH?

- The MASH acts as a front door for children and adult safeguarding concerns in to Hampshire County Council.

- The MASH is formed by the co-location of Local Authority (Child and Adult Services), Health, Police and HFRS agencies working in partnership as a sealed intelligence hub. This allows for the assessment of risk, timely decisions and actions where required.

- The MASH role is to make evidence based, informed and defensible decisions. To establish which agencies are best placed to take a lead and agree roles and responsibilities of other agencies. This could be agreed at the planning meetings or through discussions with key agencies.

# Co-ordinated responses to safeguarding concerns:

- At the present time MASH is able to case hold to address concerns at the earliest opportunity. There are certain cases that, due to the high level of complexity, will require coordinating within community setting.
- Such cases including complex risk, self harm/neglect, lack of engagement, hoarding or domestic abuse will require actions focusing on engagement and management over a longer period of time, which cannot be achieved at MASH.
- We recognise certain individual/cases being re-referred to MASH and this may indicate that a more structured and better coordinated solution is needed through the longer time.
- In such cases the MARM can offer structure for agencies to address risk and give a better understanding of the roles and responsibilities individuals and partners may have.

# Case Study C.

- C. has identified mental and physical health needs. History shows concerns of neglect of home conditions and difficulties engaging with services.
- Children also reported not attending school, but CSD recently closed the case. There were many concerns for C. and her children recently reported by various agencies.
- Call received from the council reporting concerns about C. who is making complaints that bugs and birds were infesting her property and getting into her skin, she even wrote to the MP about it. She has been refusing help from housing association and then sends terrible messages to them to say they are not helping. No one has been able to gain entry.

# **Case Study C.** continue

- From reviewing the ongoing concerns of MH, neglect and lack of engagement, this requires a multi-agency response for all agencies to work together to plan a way to engage to provide help and support to the whole family.
- There is concerns C. is not looking after herself and property is in a bad state, it is not clear if there is or is not an infestation due to no one accessing the property.
- C's MH to be reviewed. Concerns for children's health and safety and if C. has the ability to currently parent her children?
- RSPCA to be considered once dogs have been seen.
- **None of these concerns constitute S. 42 Care Act 2014.**

# Rationale for MARM

- MASH referring to the community team to coordinate the MARM with other agencies and agree roles and responsibilities for each organisation.
- Community Team to offer an assessment of care and support needs and consideration of C's MH and if there is a need for CMHT involvement. Provide information, advice and signpost as needed.
- MASH will share relevant information with the following services asking them to link with the team and contribute to the MARM:
  - C. herself, AHC, GP and CMHT
  - Housing Association and Environmental Health
  - CSD and school, Early Intervention Hub

# Case Study D.

- PPN1 received which states that D. called Police reporting that last night someone has poured a black oily substance over her rear door and windows and tried to set light to the outside of her house. On Police arrival further damaged found to front door and window of property which appears to have had eggs thrown at it, red substance (possibly ketchup) and glue.
- D. admitted to Police that she had been smoking cannabis which has not helped her mental health/ paranoia and appeared very confused and couldn't clarify what exactly had happened.
- Police tried to find alternative addresses for D. tonight however she was adamant that she had nowhere else to go and that she wanted to stay at home. Safeguarding advice was given around keeping her doors secure, keeping her phone charged and nearby, flagged address and 999 advice.

# **Case Study D.** continue

- Report received from HFRS following a safe & well visit was undertaken and disclosed that she is being targeted by local youth in relation to her mental health including: Verbal abuse, eggs have been thrown at her property, banging on her windows and doors, attempting to gain access to her property, and threats to burn her.
- D. wants to move to a new house and housing association is sorting a management move for her, but this may take weeks.
- D. has history of MH, smoking cannabis and suicidal attempts. She is open to CMHT who are in the process of attempting to arrange a review appointment with her, although she is not currently engaging with them.
- **None of these concerns constitute S. 42 Care Act 2014.**

# Rationale for MARM

- It would appear that current situation is impacting negatively upon D's mental health and her safety. D. has given consent for a referral to be made to Adults Health & Care.
- MASH are sending to the social care mental health and substance misuse team to complete assessment of D's. needs to determine if she has eligible care and support needs and identify the risk due to the ongoing concerns of hate crime and lack of engagement with services.
- Community team to co-ordinate MARM meeting to agree role and responsibilities for each organisation, agree protection plan with D. and consider her views and wishes, initially identified partners are:

- D. herself and AHC MH,
- CMHT and GP,
- Hampshire Fire & Rescue Service and Police,
- Housing Association.

# Summary

- Because of the MARM being applied to these cases, it means the relevant agencies are aware of what each others roles and responsibilities are in relation to the service user.
- The meeting highlighted the agencies currently best placed to try and engage with service users, while others are continuing to monitor and respond as necessary.
- It could reduce the pattern of re-referrals and prevent further incidents through relevant agencies remaining involved and making further referrals or initiating a further MARM review meetings for services in a new area for more transient clients
- **Due to shared relevant information MARM improved coordination of responses resulting in better outcomes for the clients.**

# How to report safeguarding concerns:

**Adults Health & Care - 0300 555 1386**

Between 8.30am-5.00pm, Mon-Thurs and 8.30am – 4.30pm on Friday or via email: **adult.services@hants.gov.uk**

**Out of Hours - 0300 555 1373**

After 5.00 pm until 8.30am Mon-Thurs. After 4.30pm on Friday-8.30am Monday and all day on Bank Holidays.

**Safeguarding Advice Line - 01962 847214** office hours

**Text phone - 0300 555 1390**