



## 4LSAB Multi-Agency Risk Management (MARM) Framework

### Guidance on Chairing MARM Meetings

#### Introduction

Chairing multi-agency meetings where complex and sensitive information is disclosed and discussed can be a challenging task, particularly for practitioners who are new to the role of chairing meetings or who may do so infrequently.

Any meetings convened under the Multi-Agency Risk Management Framework should be chaired by someone who, as a minimum requirement, is a senior member of staff (e.g. local authority senior practitioner, Band 7 nurse, police inspector, registered care home manager, voluntary organisation manager or equivalent).

The 6 Principles of adult safeguarding should be promoted throughout the 4LSAB Multi-Agency Risk Management Process by all participants irrespective of which agency is leading and coordinating the process. These principles are:

#### **Empowerment**

People being supported and encouraged to make their own decisions and informed consent - "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

#### **Prevention**

It is better to take action before harm occurs - "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

#### **Proportionality**

The least intrusive response appropriate to the risk presented - "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

#### **Protection**

Support and representation for those in greatest need - "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

#### **Partnership**

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse - "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

#### **Accountability**

Accountability and transparency in delivering safeguarding - "I understand the role of everyone involved in my life and so do they."

## Criteria for calling the MARM meeting

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:

- 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 spanning 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) 'Trigger Trio' of domestic violence, mental health and substance misuse and
- h) 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:

- i) Complex discharges;
- j) An adult being discharge back to a vulnerable situation e.g. homelessness, self-neglect;
- k) Managing complex behaviours/needs during admission;
- l) Continuance of complex case management;
- m) High intensity service users;
- n) An adult's refusal of medical treatment posing significant risk;
- o) Disputes with family members about treatment and discharge arrangements.

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 MARM process provides an effective, coordinated and multi-agency response to these 'critical few' cases and facilitates timely information sharing around risk; holistic assessment of risk; shared risk management plans; shared decision making and responsibility; the adult's involvement and improved outcomes for them.

## **Preparing for the meeting**

In line with safeguarding principles and Making Safeguarding Personal (MSP) a discussion should take place with the person about whom there is concerns to establish if they wish to attend any of the meetings. Where necessary this should include the involvement of their advocate (which may be a family member, friend or neighbour or someone from an advocacy service). There may be situations where an adult may not want to attend, may not be able to attend (for example due to capacity, mental capacity), or exceptionally, where it may not be appropriate for them to attend. Consideration should be given to holding the meeting in a service user friendly space e.g. GP surgery, ward, and somewhere close to where they live or somewhere accessible by public transport should also be considered

Prior to the meeting the member of staff working with the adult who is the subject of the meeting should meet with them to help prepare them to attend; this may include the involvement of their advocate as necessary.

This should include the following matters:

- The purpose of the meeting, what it will cover and its confidential nature.
- Does the person have any particular communication or access needs that will have to be accommodated.
- Who will be attending the meeting and from which agency.
- Will the person be able to attend the whole meeting or part of the meeting e.g. if Police intelligence is being shared it may not be appropriate for the person to attend whilst this is being discussed.
- The Chair should meet with person on the day of meeting prior to it, to be able to introduce themselves and answer any questions about the meeting the person may have.
- Confirm what the person wishes as an outcome from the process or any particular things they do want to happen.

Arrangements to have the minutes of the meeting taken should be made prior to the meeting.

## **The meeting**

A senior member of staff (e.g. local authority senior practitioner, Band 7 nurse, police inspector, registered care home manager, voluntary organisation manager or equivalent) will usually chair any such meetings and formal minutes will be taken. Outcomes are to be identified at the start of the meeting and evaluated at the end. At the meeting the chair will:

- Remind people of the confidentiality statement.
- Ask all those attending to introduce themselves, who they work for and what their roles is. Ask all present to put any electronic devices on silent and confirm that they are able to remain for the whole meeting.
- Ask professionals not to use jargon and advise the person with care and support needs that they can ask for things to be re-phrased or repeated if they do not understand.
- Ensure appropriate support is provided to the adult and/or their representative, that their views and wishes are clearly communicated and considered with their consent

- The Chair should ensure that the agenda, discussion and action planning for the meeting broadly follows that as set in Stage 2 of the MARM meeting.
- Establish if the adult's outcomes have been achieved thus far.
- Facilitate a free and full discussion of the facts to establish the status of the concerns.
- If complex and/or large amounts of information are shared it will be helpful to summarise periodically.
- Formulate a clear risk management plan as appropriate and clarify future deployment of prevention services, risk management and recovery of the adult.
- Facilitate discussion regarding any risk to others and formulate a plan to reduce or remove the risk, in liaison with other agencies.
- Set out plans for additional services or therapeutic interventions and/or changes in service provision or daily routines.
- Identify specific indicators that should trigger a review.
- Have the actions, responsibility and timescales written down and get those present to sign them as a record of what was agreed and a commitment to carrying them out.
- Confirm relevant feedback arrangements to appropriate people.

In complex cases where the risk remains a significant factor, the nature and frequency of review meetings will vary in each case.

The minutes of the meetings should be succinct and contain only essential facts, decisions, recommendations and an outline of the ongoing/long term risk management plan for those concerned. They will be circulated to participants marked 'Strictly Confidential' on a 'need to know basis'. Written reports provided by agencies will not be circulated with the minutes, unless this has been agreed at the meeting. Arrangements for any subsequent meetings should be confirmed.

**Appendix A** provides a checklist of all key actions and decisions to be considered:

## Appendix A: MARM Checklist - Key actions and decisions to be considered

### a) Stage 1 - Concern raised:

#### Key actions:

- Discussion with the person raising the concern.
- Discussion with the person about whom concerns have been raised.
- Ascertain 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 should convene a multi-agency meeting.
- Allocate the case to a lead professional.
- Lead professional compiles a chronology of risk and support offered/in place to date.
- 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 and commit resources for 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 the initiating organisation manager.

### 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 Review Meeting.
- Ensure the adult is given a copy of the risk assessment.

### c) Stage 3 – Review meetings

d)

#### Key actions:

- Involve the adult (and others such as their advocate or members of their social/carer network)
- Update the risk assessment and the escalation and contingency plan.
- Agencies share any new information.
- Consider mental capacity.
- Review multi-agency action plan and revise.
- If insufficient progress has been made, consider an alternative approach.
- Other flexible, creative solutions may need to be explored.
- Agree on-going monitoring and review arrangements.