



Hampshire Safeguarding Adults Board

Multi-Agency Risk Management Framework

Virtual Meeting Guidelines

Welcome to the Multi-Agency Safeguarding Adults Policy Briefing

Please read the following:

- Turn your camera and video off unless you are speaking
- Please put any questions or comments in the chat box
- 10 minute break
- Q&A session following the presentation
- Presentations will be circulated after the event
- Please complete the post event survey
- Participants will receive a certificate of attendance

Multi Agency Risk Management Workshop Programme

9.30	Welcome and Introduction	Adrian Ridley, HSAB
9.35	Introduction to the Multi Agency Risk Management Framework	Sue Lee, HSAB
10.15	Case Study 1: Local Authority perspective	Daniel Opila, Hampshire County Council
10.30	Case Study 2: District Councils Perspective	Louisa Rice, Test Valley District Council
10:45	Case Study 3: Fire Service perspective	Laura Cane Andrews, Hampshire Fire and Rescue Service
11:00	Break	
11.10	Case Study 4: CCG Perspective	Laura-Jane Osbaldeston, Head of Safeguarding and Vulnerable Adults
11.25	Multi Agency Risk Management Framework and MCA	Jem Mason, Strategic Service Manager, MCA and DOLs
12:25	Closing comments	
12:30	Finish	

Learning outcomes

- Awareness and understanding of the MARM process
- Its uses and benefits
- Key principles and themes underpinning practice
- Practical application of the process
- Case examples to illustrate its successful use
- MARM in the context the Mental Capacity Act
- Practitioners to feel confident about using this process as a tool to:
 - Prevent escalation of risks
 - Address disengagement and vulnerability factors impacting on this
 - Secure better outcomes for adults whose wellbeing and safety may be at risk

Risk Management Framework

- A collaborative 4LSAB development responding 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
 - Multi-agency risk assessment
 - Multi-agency risk man. plans

True or false

1. Adult services are the lead coordinating agency for the Multi-Agency Risk Management process (MARM).
2. MARM 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. MARM 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.

Complex, diverse needs falling between, or span a number of agencies' duties or eligibility criteria

Complex needs and behaviours leading the adult to cause harm to others

On-going needs/behaviour leading to lifestyle choices placing them and/or others at risk

Homelessness

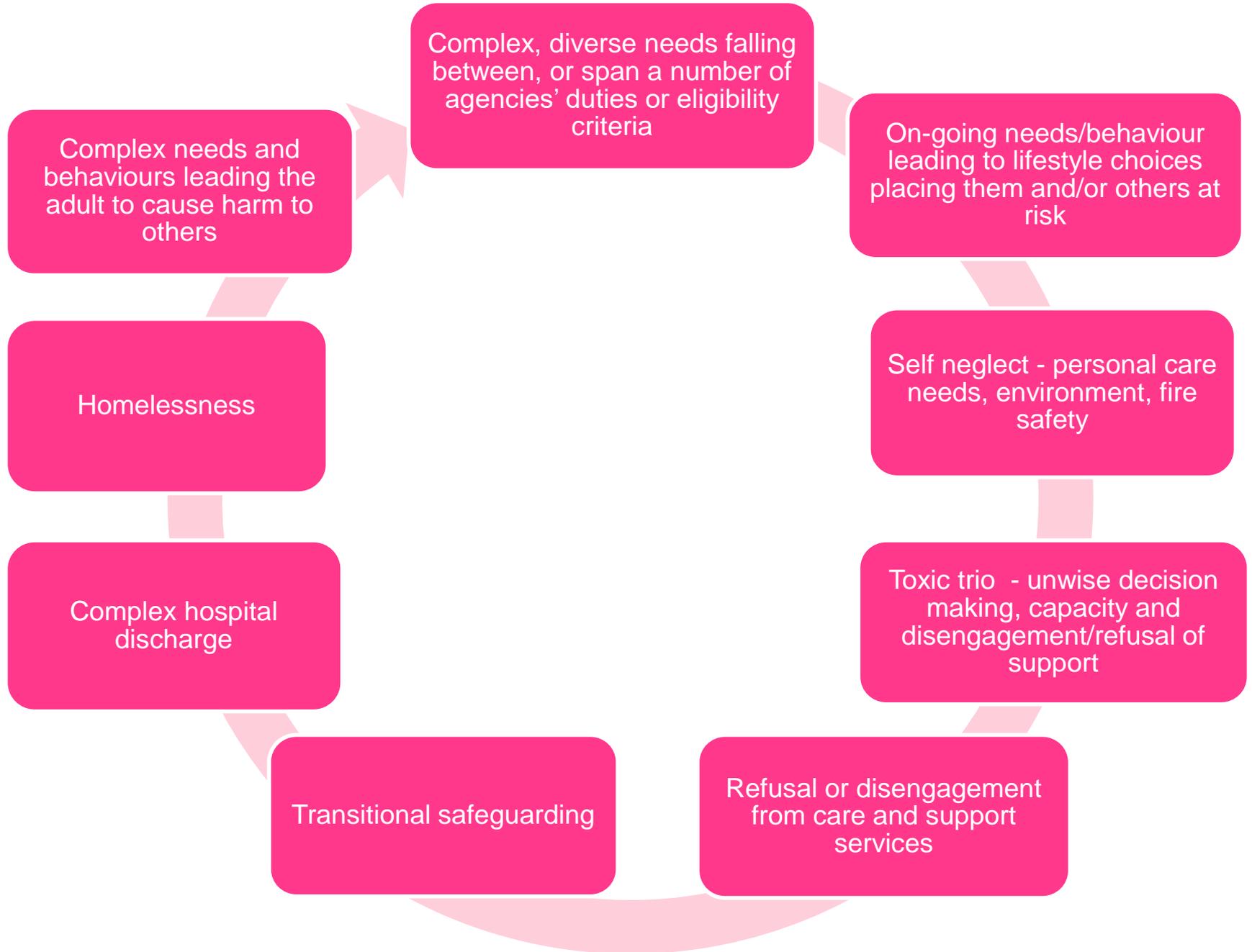
Self neglect - personal care needs, environment, fire safety

Complex hospital discharge

Toxic trio - unwise decision making, capacity and disengagement/refusal of support

Transitional safeguarding

Refusal or disengagement from care and support services



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

- Vulnerability factors placing the adult at a higher risk of abuse or neglect e.g. mate crime, grooming, exploitation, etc.
- Self neglect - 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 e.g. transitional safeguarding;
- On-going needs/behaviour leading to lifestyle choices placing them and/or others at risk;
- 'Toxic Trio' of unwise decision making, capacity and disengagement/refusal of support
- Complex cases involving people with long term and entrenched behaviours
- 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.

MARM v S42 Enquiry

MARM:

Proactive

Chronic issues

Prevention

Early intervention

Within day to day work

S42:

Reactive

Incident and time specific

Crisis intervention

Specific criteria

Common themes across the two:

- Prevention and early intervention
- Person centred
- Strength based approach
- Resilience/future proofing
- Making Safeguarding Personal
- Partnership working
- Family approach
- Trauma informed practice
- Restorative practice

Multi-agency tools and resources available

- MARM podcast
- Risk assessment tool
- Meeting templates – letters, agenda, minutes
- Safeguarding Concerns Guidance
- Information about other risk referral pathways
- Escalation protocol
- Self Neglect guidance
- Hoarding guidance
- One Minutes Guides



Working together to safeguard adults at risk

[What is Abuse or Neglect?](#)

[Keeping Safe](#)

[Report Concerns >](#)



News

Hampshire Safeguarding Adults Board Learning and Development Programme 2021/22 now published

Welcome

Welcome to the Hampshire Safeguarding Adults Board. Our website provides a wide range of useful information and resources for members of the public and professionals who may be concerned about adult abuse or neglect. You will find general information on keeping safe and how to report concerns. For professionals there is a dedicated area which provides access to a wide range of policy and practice guidance.

Quick Links

- [Coronavirus \(COVID-19\) >](#)
- [Keeping Safe >](#)
- [Report Concerns >](#)
- [Safeguarding Adults Policy and Guidance >](#)
- [Members Area >](#)
- [Professionals Area >](#)
- [Safeguarding Adult Reviews >](#)
- [Learning Zone >](#)
- [Lasting Power of Attorney >](#)

Other types of concerns

- [Welfare of a Child >](#)
- [Residential & Nursing Care >](#)
- [NHS Service >](#)
- [Domestic Abuse >](#)
- [Anti-Social Behaviour >](#)
- [Fire Safety >](#)
- [Hate Crime >](#)
- [Modern Slavery >](#)
- [Trading Standards >](#)

[HSAB Professionals Area: 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance](#)

Principles and core themes underpinning practice

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.

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.
- Consent should always be sought wherever possible – discussion about why the meeting is needed, how to involve and maximise the adult's participation.
- MARM can be held without consent or to override the adult's decision but there has to be a lawful basis and the decision recorded.

Person centred approach

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

- Involving the adult as fully as they are able or wish
- 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.

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
 - Person centred working
 - Making Safeguarding Personal.
 - Family Approach
 - Trauma informed approach

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.

What do you understand about the term Trauma Informed Practice and how might this be relevant to the MARM process?

Trauma Informed Practice

- A need to understand reasons behind disengagement with services and to break down barriers - language, approach, etc.
- Goes hand in hand with a strengths based approach – grounded in an understanding of the impact of trauma on a person's behaviour and circumstances.
- Collaborative process between the person being supported by services and those supporting them.
- A longer term approach focussing on building the relationship between the adults and supporters –non judgemental, empathy, trust, mutuality, transparency, empowerment, safety.

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

National SAR Analysis April 2017 March 2019

231 reviews:

- 45% (104) related to self neglect
- 37% (85) related to neglect/AOO

Top poor direct practice themes

- MCA
- Risk Assessment
- Safeguarding
- Working with carers

Top practice recommendation themes

- Risk assessment
- MCA
- Working with care givers
- Care/support

Top poor inter-agency working themes

- Case coordination
- Information sharing
- Safeguarding
- Procedures

Top inter-agency working recommendations

- Case coordination
- Information sharing
- Safeguarding
- Procedures

[National SAR Analysis April 2017 - March 2019](#)

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

A purple speech bubble with a white question inside. The bubble is centered on the page and has a tail pointing towards the bottom left. The text is white and bold.

**Any comments or
questions?**

Case examples



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

Daniel Opila AHC MASH Manager

Adults' Health and Care - How it works

- All calls and referrals to AHC come into the Contact Assessment and Resolution Team – CART to assess the risk level and provide best solution.
- Strength Based Approach 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 for Hampshire County Council.
- The MASH is formed by the co-location of Local Authority (Child and Adult Services), Health, Police, HFRS and housing 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.
- 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, what cannot be achieved at MASH.
- We can recognise certain individual/cases being re-referred to MASH and this may indicate that a more structured and better coordinated solution is needed by working in partnership between most relevant agencies.
- In such cases the MARM framework can offer structure for agencies to address identified risks and give a better understanding of the roles and responsibilities individuals and partners may have.

Case Study 1 - Carol

- Carol has history of mental and physical health needs. Systems show recorded concerns of DA, neglect of self, children and home conditions. She has difficulties engaging with services. Carol has two children at school age and two big dogs, neighbours raised many concerns about her situation in the past.
- Children also reported for not attending school, but CSD recently closed the case as no abuse occurred. There were other concerns for Carol and her children recently reported by various agencies.
- Call received from the council reporting concerns about Carol 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 other organisations, then complaining about lack of support or help provided by Local Authority.
- No one has been able to gain entry or speak to Carol so far.

Case Study 1 - Carol continue

- From reviewing the ongoing concerns of MH, neglect and lack of engagement, this requires a multi-agency response from relevant agencies to work together to plan a way to engage, provide help and support to the whole family.
- There are concerns Carol is not looking after herself and her children. The property is in a bad state, it is not clear if there is or is not an infestation due to refusal accessing the property.
- Carol's MH to be reviewed and address as needed.
- Concerns identified for children's health and safety, need to establish if Carol has ability to provide safe environment for children.
- RSPCA to be considered once dogs have been seen.
- **None of these concerns constitute S. 42 Care Act 2014.**

Rationale for MARM

- Community team to co-ordinate MARM meeting to agree roles and responsibilities for each organisation, agree protection plan with Carol and consider her views and wishes, initially identified partners are:
 - Carol herself if possible, AHC, GP and CMHT,
 - Housing Association, HFRS and Environmental Health
 - CSD and school, Early Intervention Hub
- Community Team to offer an assessment of care and support needs under S. 9 of the Care Act.
- Consider Carol's MH and if there is a need for GP/CMHT mental health assessment in response to her concerns about infestation.
- Provide Carol with information, advice and signpost as needed.

Summary

- Because of the MARM framework being applied to this case, it means the relevant agencies are aware of what each other roles and responsibilities are in relation to the family.
- The meeting agreed which agencies currently best placed to try and engage with service users, while other agencies 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 initiating further MARM review meetings to monitor progress and review action plan.
- **Due to shared relevant information MARM improved coordination of responses from involved agencies resulting in better outcomes for the entire family.**

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 on-line form:

<https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/contact>

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

District Councils Perspective

Louisa Rice

Community Engagement Manager

Test Valley BC

Rachael Wilkinson

Community safety Coordinator

Hart DC.

Safeguarding Partners

❖ **Basingstoke & Deane Borough Council**

❖ **Eastleigh Borough Council**

❖ **Gosport Borough Council**

❖ **Havant Borough Council**

❖ **Rushmore Borough Council**

❖ **Winchester City Council Council**

❖ **East Hants District Council**

❖ **Fareham Borough Council**

❖ **Hart District Council**

❖ **New Forest District Council**

❖ **Test Valley Borough Council**

What services within councils may use the MARM?

- Housing
- Environmental Health
- Health & Wellbeing Teams
- Community Safety
- Safeguarding

What type of concerns have we used a MARM for ?

- Homelessness Prevention
- Hoarding
- Neglect & self neglect
- Domestic Abuse
- Tenancy management issues where mental health is a factor

DISTRICT
SAFEGUARDING
LEADS

MARM PROCESS CASE STUDY REVIEW

FAMILY WITH THREE CHILDREN

Living in a 2 bedroom flat with open plan kitchen – 2 daughters (5 and 10) share one bedroom and son (13) has the other. Parents share a bed in the living room which leaves no space for the family to eat or relax.

Both parents have histories of poor mental health and were both looked after children themselves. Dad in particular struggles as he is diagnosed with EUPD which he is engaging with support for.

Relationship broke down at the start of Lockdown 1 in March 2020 but both parents want to stay living together for childcare and the children are well looked after – however, a number of DA incidents between parents have occurred – low risk and without injury.

INITIAL INDIVIDUAL AGENCY INVOLVEMENT

➤ **Housing Association**

Rent arrears accrued which led to intervention with the family as tenancy was at risk.

➤ **Council Housing team**

Assisted family with budgeting to get rent arrears addressed and reduced.

➤ **Council Health & Wellbeing Officer**

Further support offered to family as it was clear that relationship was under strain.

➤ **Navigator service**

Dad engaged with psychotherapy work to assist with impacts of EUPD and anger management.

➤ **Police**

DA reports and mental health calls received.

INVITEES:

All initial agencies involved

GP

Childrens Services

District Safeguarding Lead

AIMS OF MEETING:

Make all agencies aware of wider issues going on with family

Secure higher banding priority for more suitable housing

Ensure all safeguarding has been covered for children and obtain support for whole family

OUTCOMES

- ✓ Police awareness of situation allowed for greater understanding of the family's situation and more detailed PPN1s to be submitted to CSD.
- ✓ Case history was compiled by Health & Wellbeing Officer with support and input from Navigator, GP and Police for LA Housing.
- ✓ Welfare Assessment completed by LA Housing has increased Priority Housing Need to Band A (highest need).
- ✓ CSD have assessed family and Early Help Hub referral has been completed for more wrap around support for the whole family.
- ✓ Family have been involved and engaged in process and, whilst they declined to attend MARM, they feel positive about the support they have received and feel that the right things have been addressed.

KEY LEARNING FROM PROCESS

Engagement from the individual/family is crucial

Having the right people in the room is the only way to get the bigger picture successfully

Looking at what is best for the whole family/individual needs to be central to process

Follow up needs to be clear and those taking actions be accountable



HAMPSHIRE
**FIRE AND
RESCUE**
SERVICE



ISLE OF WIGHT
**FIRE AND
RESCUE**
SERVICE

Application of the Multi Agency Risk Management Framework

Paul Francis &
Laura Cane-Andrews

A safer Hampshire

Case Study Background- Mrs W

- 76 years of age with poor mobility, smoker, poor mental health, living alone, in a supported housing property.
- History of self neglect and lack of engagement with support services.
- Limited family and social network.
- Fear of agency involvement – due to previous property clearance
- History of fire incidents, concerns for self neglect and unmet care and support needs
- Multiple safeguarding referrals and safe and well intervention – continuous cycle
- Environmental Health involvement (impact on neighbouring properties)
- Housing at risk - breach of tenancy, and failing to engage with improvement notices
- Adult services - undetermined care and support or assess capacity due to refusal of engagement
- HFRS identified a family member (nephew) – Positive influence and agreement for involvement from Mrs W.

Multi Agency Risk Management Meeting

- Initial Risk Management Meeting called by HFRS -attended by HFRS, Housing, Environmental Health, Adult Services and Mrs W's nephew.
- Aims of meeting:
 - What does Mrs W want to happen?
 - Needs of care and support? What are these?
 - Are they being met?
 - Mental Capacity considerations, assessment of understanding?
 - Support historically and currently being offered?
 - Who else is at risk? Friends, neighbours etc.?
 - What control measures are currently in place?
 - What further actions can be provided? And by whom?
 - Identification of lead agency
- Discussion of Risks being presented.
- Action plan formulated and agreed for all agencies to support Mrs W and reduce risks moving forward. Adult Services identified as lead agency.
- Risk Management meeting (Review) 5 weeks later - Action plan reviewed.

Risks Identified

- Self neglect regarding living environment – cooking, mould, possible rodent infestation.
- Risk of fire – High fire loading, rapid development, inability to escape
- Risk of falls – due to fire loading.
- Ignition sources – smoking and cooking.
- Limited access to washing facilities – due to fire loading.
- Health risks due to poor living conditions.
- Appeared to be a deterioration in mental health.
- Social isolation.
- Cycle of refusing support services and interventions.
- Risk of eviction due to breach of tenancy.
- Risk of damage to property & neighbouring properties.
- Other risks associated with self-neglect.

Actions Agreed (overview)

- Adult Services:
 - Consider support worker for Mrs W.
 - Consider capacity assessment for Mrs W in regards to fire risks being presented.
 - Involvement of Health professional(s)
- Environmental Health:
 - As a result of multi agency risk management meeting, no formal action to be taken at this time. Situation to be monitored.
- HFRS:
 - To offer further safe and well intervention to Mrs W, and develop an action plan with Mrs W to reduce fire loading /risks within property.
 - To provide Safe and Well intervention to all neighbouring properties.
 - To provide fire safety presentation at residents coffee morning.
- Nephew:
 - To work with Mrs W in improving and reducing the fire loading and associated risks within her living environment.
- Housing
 - To provide support in removal of unwanted/needed belongings and to delay taking formal eviction proceedings.

Progress 2 - Outcomes

- Engagement of Mrs W with all agencies
- Improved / safer living conditions
- Mrs W agreed to access support from adult / health services
- Health risks reduced
- Escape routes cleared
- Fire loading reduced
- Ignition sources managed
- Improved relations with family members
- Acceptance of support worker from housing, enabling monitoring of risks.
- Tenancy no longer at risk

Learning

- The Multi Agency Risk Management (MARM) Framework ensures a multi agency approach is applied to addressing high levels of risk.
- The MARM Framework enables each agency to demonstrate all necessary actions are being taken to support the adult at risk.
- By using the MARM process, the cycle of concerns being reported, with little or no action being achieved can be broken.
- The MARM process is beneficial in engaging with the family of the adult at risk and ensuring the wishes and feelings of that adult are communicated and included within the action plan.
- The MARM process can assist in actions and progress being set at a pace of the adult at risk.
- Clear and accurate recording of decision making and the rationale behind this can be obtained.
- Monitoring of ongoing risks is achievable allowing the necessary intervention to be put in place at a time when needed.

Questions?



HAMPSHIRE
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SERVICE



ISLE OF WIGHT
**FIRE AND
RESCUE**
SERVICE

Time for a 10 minute break



Case Study 4

'Jane'

Laura-Jane Osbaldeston

Designated Nurse Safeguarding Adults

Head of Vulnerable Adults

Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups

2018

ZERO 
TOLERANCE
POLICY

MARMs instigated



4LSAB Multi-Agency Risk Management Framework

June 2020

Date:

Client Ref No.

STRICTLY CONFIDENTIAL

Dear Colleague,

Re: Multi-Agency Risk Management Meeting

Surname:

Forename:

D.O.B:

Address:

A multi-agency meeting has been called in respect of the above individual.

This meeting is being held under the umbrella of the 4LSAB Multi-Agency Risk Management Framework. This process has been endorsed by the partner agencies of all the Local Safeguarding Adults Boards in Hampshire, Isle of Wight, Portsmouth and Southampton and has been incorporated into each agency's standard operating procedures. All partner agencies have made a commitment to attend and share relevant information under the 4LSAB Information sharing protocol.

The meeting will take place on:

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Initial Actions 2019



- Mental Capacity Assessments
- Security to seek support from police regarding vexatious, high intensity use of call lines
- Share care plan to be developed
- Assessment of mental health through NHS services
- HFRS safe and well visit
- Care provision assessment
- Commissioning of specialist transport company

Further MARMs- 2020

- Police charged Jane
- House clean commissioned (partial)
- Plan for neighbouring houses from HFRS
- Legal advise regarding duty of care when zero tolerance enacted across all agencies
- New transport company visiting weekly- supporting with welfare services



Follow up actions- 2020



- Commissioning of independent mental health assessments
- Clinical waste bins arranged
- Increased attendance at SAS to meet physical health needs following surgery
- Further assessment of care needs by HCC
- Food parcels by borough council
- Deep clean commissioning (ongoing)
- MDT working regarding ambulance deployment

Outcome of MH assessment-2020

- Diagnosis of Autism, Complex Trauma and Depression
- Recommendations provided for:
 1. MDT care planning- MCA questioned
 2. Inpatient assessment, treatment and rehabilitation
 3. Medication review



Actions- 2021



Current

- Induction visit completed with success
- Ongoing weekly attendance at SAS
- Hospital admission commenced
- CPAs will continue during admission with CCG and HCC attendance
- Reablement approach planned with step down care identified
- Ongoing joint working between GP and Psychiatrist





Hampshire
County Council

HSAB Multi-Agency Risk Management Framework

Mental Capacity Act 2005

Capacity and Decision Making

Jem Mason
Service Manager
(Mental Capacity)
Hampshire County Council
Tel: 01962-845724
jem.mason@hants.gov.uk

HSAB Multi-Agency Risk Management Framework

- Self neglect
- Refusal or disengagement from services
- Care by multiple agencies
- Harm to others

“the intention of the Act is not to dress an incapacitated person in forensic cotton wool but to allow them as far as possible to make the same mistakes that all other human beings are at liberty to make and not infrequently do.”

Hedley J in *A NHS Trust v P*
[2013] EWHC 50 (COP)

It's a Free Country (almost)

- Criminal Law
- Civil Law
- Contracts/Service Agreements
- Social values/pressures

Within those limits.....it's a free country and adult autonomy reigns. State responsibility is governed by the Human Rights Act (1998)

Principle 1

A presumption of capacity -

- A person must be assumed to have capacity unless it is established that he lacks capacity.

(MCA 2005 S1(2))

The flip-side of Principle 1

A lack of capacity cannot be established merely by reference to—

- a person's age or appearance, or
- a condition of his, or an aspect of his behaviour, which might lead others to make unjustified assumptions about his capacity.

(MCA 2005 S2(3))

Principle 3

Unwise decisions:

- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

(MCA 2005 S1(4))

Presuming Capacity (-)

“The empowering ethos of the Act has not been widely implemented.....The concept of unwise decision-making faces institutional obstruction due to prevailing cultures of risk-aversion and paternalism.”

(House of Lords, 2014; para. 2)

Presuming Capacity (+)

“The presumption of capacity...is widely misunderstood...It is sometimes used to support non-intervention or poor care, leaving vulnerable adults exposed to risk of harm.”

(House of Lords, 2014; para. 105)

People who lack capacity

- A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance of the functioning in the mind or brain.

MCA (2005) S2(1)

Inability to make decisions—

For the purposes of section 2, a person is unable to make a decision for himself if he is unable—

- a) to understand the information relevant to the decision,
- b) to retain that information,
- c) to use or weigh that information as part of the process of making the decision, or
- d) to communicate his decision (whether by talking, using sign language or any other means).

(MCA 2005 S3(1))

Decisional and/or Executive Capacity?

- Law does not distinguish between them (so tread very carefully to avoid offending Principle 3)
- **But** capacity does have both a decisional and executive aspect
- Assessment of capacity **must be robust** and include ‘executive function’ (e.g. “do I understand the limits of my own ability?”)

Adult Autonomy or Best Interests

- Adhere to Making Safeguarding Personal
- Comply with the HRA (1998)
- ‘Adult Autonomy’ cannot require you to act negligently
- Likewise ‘Best Interests’ provides no protection for negligence

Risk Management Framework

Stage 1 – concern raised:

- Consider mental capacity
- Carry out capacity assessment on the specific issue
- Lack of Capacity likely to lead to S42 enquiry duty

Risk Management Framework

Stage 2 & 3 – multi-agency planning/review

- Consider outcome of mental capacity assessment
- Consider legal remedies potentially available
- Keep mental capacity under review

Court of Protection

- Can be asked to determine capacity (a Judge may require a reluctant person to be assessed)
- High Court Judge sitting in the C of P can also exercise ‘inherent jurisdiction’

<https://autonomy.essex.ac.uk/resources/vulnerable-adults-and-the-inherent-jurisdiction-of-the-high-court/>

Risk Management Framework

- Involvement and the offer of support does not hinge on a request by the adult or anybody else...and is not negated by...refusal (p121)
- This framework promotes an active rather than passive approach...(p122)

Risk Management Framework - Recording

...should include a record of the efforts and actions taken by all agencies involved to provide support (p123)

- Ensures 'active' approach
- Creates a clear picture if needed in Court
- Keeps action plan defensible

Questions

