

Multi-Agency Risk Management (MARM) Protocol

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Background

This protocol supports partners of the East Sussex Safeguarding Adults Board (SAB) to achieve successful outcomes when working with adults with multiple and complex needs who remain at high risk of harm despite previous interventions.

The Multi Agency Risk Management (MARM) group includes representation from East Sussex SAB partners and the voluntary and statutory sector. The group has the authority to use resources and make decisions to proactively support adults with [multiple complex needs](#) and mitigate risks.

This protocol explains the role of the MARM group, their responsibilities and the referral process. This should be read in conjunction with the:

- East Sussex SAB [Assessing and Supporting People with Multiple and Complex Needs - Guidance for Positive Practice](#)
- [Sussex Safeguarding Adults Policy and Procedures](#)
- [Sussex Information Sharing Guide and Protocol](#)

Purpose of the MARM group

The purpose of the MARM is to support adults with multiple and complex needs. To do this the group will:

- Ensure that multi-agency communication and information sharing takes place on a regular basis.
- Identify strategic and operational actions to mitigate risks.
- Escalate risks to senior agency officers that require a strategic or system-level response. For example, decision-making for interventions outside of standard eligibility thresholds.
- Work with agencies to set up a 'team around the person' to develop a co-ordinated response to support adults who are at high risk. This also includes individuals who may fall below agency thresholds.
- Support professionals in managing individuals where all options have been explored within the current threshold criteria and existing multi-agency functions are unable to reduce risks, such as:
 - Safeguarding adults
 - Multi-Agency Risk Assessment Conference (MARAC)
 - Multi-Agency Public Protection Arrangements (MAPPA).
- Consider high risk, multiple and complex needs cases where the initial safeguarding enquiry has been unable to reduce or mitigate risk.

- Unblock barriers that prevent risk mitigation and promote a flexible multi-agency response to supporting individuals with multiple complex needs.
- Identify the lead agency responsible for the individual from existing agencies (in cases where this is not clear) and find solutions in an informed way.
- Support agencies to reach agreement and adopt strategies for individuals at risk about risk decisions and management of those risks where they are manageable.
- Provide a clear and comprehensive review of multi-agency risk assessment and management plans and agree a risk mitigation plan.

The MARM group will consider and advise on individual cases where:

- An individual, or others are at significant risk because the individual is not engaging, or is unable to engage with services, and existing multi-agency functions are unable to manage the risks.
- All options have been explored within the current threshold criteria, and existing multi-agency functions (safeguarding adults, MARAC or MAPPA) are unable to reduce the level of risk.
- There are significant challenges for services and agencies managing the level of risk.

Definition of multiple and complex needs

Multiple and complex needs is defined as experiencing a combination of four of the five primary disadvantages or needs at the same time:

- Violence and abuse
- Poor mental health
- Homelessness
- Drug and or alcohol dependency
- Offending behaviour.

The intensity and frequency of needs and the level of risk as a result of those needs are factors to consider. Some individuals may have multiple and complex needs with a moderate level of risk present whilst others may have a higher risk.

Primary areas of disadvantage or need are defined as:

- **Violence and abuse** - being a victim of interpersonal violence and abuse. Such as having been raped or sexually assaulted or suffering violence, or subjected to coercive control by any perpetrator.

- **Poor mental health** is defined as struggling to cope due to mental health difficulties having a detrimental effect on someone's wellbeing and functioning. Mental illness may also be present which may or may not be diagnosed. Self-neglect, mental capacity issues and hoarding may also be present. This definition also includes poor mental health as a result of trauma that continues to impact on an individual. This can also include trauma that maybe as a result of loss of child residence arrangements.
- **Homelessness** - a broad definition is:
 - not having a settled place to stay, such as sofa-surfing (staying with family or friends because the individual affected has no home of their own)
 - staying in temporary or refuge accommodation, or
 - rough sleeping (street homelessness).
- **Drug and / or alcohol dependency** A broad definition is:
 - not only regular use of illegal street drugs but also over the counter and prescribed medications
 - 'harmful' drinking of alcohol
 - dependence on cannabis.
- **Offending Behaviour** - Having contact with the criminal justice system, including the police, probation and or Community Safety Services.

The definition is not exhaustive and professional judgement should be used to identify those who are struggling to cope, and those who may need support and safeguarding interventions.

MARM referral criteria

The criteria for referral to the MARM are:

- The adult has multiple and complex needs.
- All options have been explored within current threshold criteria and existing multi-agency functions, such as safeguarding adults, MARAC, MAPPA, and / or completion of a mental capacity assessment, and these have not reduced the level of risk and there is significant concern for the wellbeing of an individual.
- The adult must be known to a service or agency even if the individual is not engaging or is unable to engage with them. The adult does not need to be open to Adult Social Care & Health.
- An agency's risk assessment must be completed and submitted to the MARM with each referral.

Membership

The following agencies are members of the MARM:

- Adult Social Care & Health, East Sussex County Council (ESCC)
- NHS East Sussex Clinical Commissioning Group (CCG)
- Sussex Police
- East Sussex Healthcare NHS Trust (ESHT)
- Safer East Sussex Team
- Rough Sleepers Initiative, ESCC
- East Sussex District and Borough Councils
- Sussex Partnership NHS Foundation Trust (SPFT)
- Sussex Community NHS Foundation Trust (SCFT)
- Change, Grow, Live (CGL)
- National Probation Service (NPS)
- East Sussex Fire and Rescue Service (ESFRS)
- Other SAB partners as and when required.

All MARM group members, including representatives from SAB partner agencies, need to have the authority to approve resources that might require decision-making outside of standard eligibility thresholds for intervention. This will help the group to proactively utilise resources and take decisions to make progress with referred cases and mitigate risks.

MARM group meetings can take place when there is representation from the Chair, the referring agency, and each of the three statutory agencies:

- Sussex Police
- NHS East Sussex CCG
- Adult Social Care & Health.

In order for MARM meetings to be quorate the Chair, Adult Social Care & Health, Sussex Police, and NHS East Sussex CCG must attend all meetings.

Agencies who are not SAB partners involved in cases will be invited to attend MARM meetings as required.

Members who refer cases are expected to attend and discuss the case with the MARM group. The referring agency senior manager is also expected to attend the MARM. They can invite the officer from their agency who has the most knowledge of the case.

Members' responsibilities

MARM group members are responsible for:

- Committing their agency to actions and arranging these to be carried out.
- Referring cases to the group and making colleagues in their agency aware of the MARM referral process.
- Bringing to the MARM group any information, involvement, actions or case work carried out with an adult. This may include relevant information from an allocated professional working directly with the person referred (if applicable).
- Providing the MARM with information on agencies involved with the person. This should also include consulting with the Rough Sleeper Initiative (RSI) to establish if SPFT and ESHT staff seconded to the RSI service are involved.
- Notifying agencies involved with a client when a referral is made to the MARM group.
- Providing a well-briefed representative if a member is unable to attend. They must be able to fully contribute to the discussions, make decisions and allocate resources on behalf of their organisation.

The referring agency is responsible for:

- Considering all options within current threshold criteria, and existing multi-agency functions, such as safeguarding adults, self-neglect procedures, undertaking mental capacity assessments, MARAC and MAPPA, before referring to the MARM.
- Cases presented to the MARM group.
- Undertaking actions until the person they refer is discharged from the MARM process or the case is escalated where necessary.
- Acting on the advice and guidance given at MARM meetings. This may involve delegating actions to other agencies including the lead agency identified by the MARM.
- Updating their own recording systems with the MARM record of actions and referral forms relating to the MARM.

Meeting administration, frequency, recording and information sharing

The MARM group will meet once a month. Each MARM meeting will be chaired by the Head of Adult Safeguarding (Adult Social Care & Health) who will be responsible

for scheduling the meetings and circulating papers. Meetings will be scheduled for a maximum of two hours and cases will be capped at six per meeting.

Member agencies are responsible for submitting referrals, risk assessments and research information to the MARM. This should be sent at least 10 working days before the MARM meeting.

The MARM Chair, Adult Social Care & Health, NHS East Sussex CCG, and Sussex Police will meet five working days before each group meeting to decide which referrals meet the MARM criteria. They must also agree which member agencies will attend the MARM meeting based on their case involvement and their potential to contribute.

For cases that do not meet the referral criteria, the Chair will advise the referring agency about where the case can be redirected to. Where the criteria is met, meeting invites and papers will be sent to the relevant agencies. The referring agency will always be invited to attend the group meeting. The Chair will notify member agencies that do not need to attend. If there are no cases the MARM will not be convened.

Where it is not clear who should be the lead agency, the MARM will invite all agencies involved to agree which agency will lead on a case.

The MARM group is an advisory group and therefore will not 'hold cases'. It may however decide to schedule specific cases for further discussion(s) to follow up on agreed actions.

The MARM will record the agreed actions and timeframes for each agency.

Information gathering and sharing is key to the assessment, identification, and management of risk. The use and sharing of information by the MARM group will respect confidentiality and the principles outlined in the Data Protection Act and Caldicott Guidelines. Their actions will be proportionate to the individual's level of risk and their circumstances. All agencies should refer to the [Sussex SAB's Information Sharing Guide and Protocol](#).

Consent to share information

If an adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are a number of circumstances where professionals can reasonably override such a decision, including when:

- The adult lacks the mental capacity to make that decision. This must be properly assessed and recorded in line with the Mental Capacity Act 2005.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.

- Other people are, or may be, at risk, including children.
- Sharing the information could prevent a serious crime.
- A serious crime has been committed.
- The risk is unreasonably high and duty of care to the individual or others has to be considered.
- Staff in a position of trust are implicated.
- There is a court order or other legal authority for taking action without consent.

In such circumstances, it is important to keep a record of the decision-making process. Professionals should seek advice from managers in line within their organisations' policy before overriding the adult's decision, except in emergency situations.

Managers should make decisions based on whether there is an overriding reason which makes it necessary to share information without consent. They must also consider if acting without consent is proportionate if there is no less intrusive way of ensuring safety. Follow legal advice where appropriate.

If the decision is to take action without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why.

If there are any other adults or children at risk of abuse, please seek advice from the Safeguarding Lead for your organisation and consider referrals to Health and Social Care Connect (HSCC) or the Single Point of Advice (SPOA).

Governance and review

A report will be presented to the East Sussex SAB on a quarterly basis on progress of the MARM.

The MARM group will run as a pilot from December 2021 to June 2022.

A review will be completed in June 2022 to consider the themes from referrals, emerging issues and the chairing arrangements.

Statutory agencies are requested to seek feedback from individuals with lived experience of their support. This will help to identify outcomes as part of the review of the pilot.

The outcome of the pilot will be reported to the SAB.

How to make a referral

Agencies making a referral must not delay intervention before a MARM group meeting. Respond to any safeguarding concerns before making a referral to the MARM group using the following guidance:

- [Quick guide for considering a referral to MARM](#)
- [Guidance on Raising Concerns about Abuse and Neglect](#)
- [Sussex Safeguarding Adults Policy and Procedures](#)

Referrals to the MARM group do not replace the existing multi-agency functions. Agencies must always consider and utilise those options where appropriate.

Any agency can make a referral to the MARM. The referring officer needs to have signed consent from an operational, service, or senior manager to refer to the MARM group.

A risk assessment needs to be included with each referral. The risk assessment should cover the following areas:

- Vulnerability factors placing the person at a higher risk of abuse or neglect
- Self-neglect factors including hoarding and fire safety
- Refusal or disengagement from care and support services
- Complex or diverse needs which either fall between or cover a number of agencies' statutory responsibilities or eligibility criteria
- Ongoing needs or behaviour placing the adult or others at significant risk
- Complex needs and behaviour leading the adult to cause harm to others
- Domestic violence and abuse, mental ill health and substance misuse
- Risks previously addressed via multi-agency functions but for which the need for ongoing risk management and monitoring has been identified because the risk had not been reduced.

All reasonable attempts should be made to gain consent from the adult for the referral. If the adult is not willing to give consent or refuses to engage and the worker remains concerned for the adult's safety and or welfare, or the safety or welfare of others, that should be recorded on the referral form.

An adult who has mental capacity to make a decision and chooses voluntarily to live with a level of risk, is entitled to do so. Where the level of risk is very high, agencies should make a referral to the MARM group and consider if the Inherent Jurisdiction of the Court may apply. If so, see the [consent to share information section](#) and seek legal advice.

To make a referral to the MARM group the [MARM referral form](#) must be completed by the referring agency. Send completed referral forms via email with a current risk assessment to MARM@eastsussex.gov.uk . Referrals will need to be received at least 10 working days before the group meets.

The referring agency will be expected to attend the meeting to present their referral and contribute to the case discussion.

Quick guide for considering a referral to MARM

Before considering a referral to the MARM group:

- Ensure there is a risk assessment in place that identifies all the risks and attempts to mitigate these.
- If a single agency response has not mitigated risk (which could include recommendation from a single agency complex case risk panel), consider if a multi-agency response is necessary and proportionate. If so, organise a planning, professional, risk management meeting. Agree an action plan to reduce the level of risk to the adult and keep it under review.
- If all avenues of risk management have been explored within the agency and on a multi-agency basis, and the risk remains high, consider referral to the MARM.

When referring to the MARM, complete the referral form and send it with your agency's current risk assessment to MARM@eastsussex.gov.uk