

## Multi Agency Risk Meeting (MRM)

### 1. Introduction

This guide provides professionals with a tool to facilitate effective multi-agency working with adults who are deemed to have mental capacity, are at risk of serious harm but have difficulty or refuse services to help them. It sets out how professionals can best manage these cases by using a Multi-Agency Risk Management Meeting (MARM). A MARM provides professionals with a platform to discuss their concerns and co-ordinate a multi-agency written action plan which includes those of wider partner agencies which may help the individual to reduce their risk. This meeting also enables this action plan to be reviewed as needed to check the risk to the individual is being reduced and the multi-agency response remains effective, or if the individual is escalating despite interventions being put in place. In these circumstances a referral into adult social care can be made.

The MARM is developed for adults who are considered an 'adult at risk' and have the mental capacity to make choices but that these choices are putting themselves and maybe others at risk. If the adult is assessed as having the capacity to understand the consequences of refusing services, a MARM is a good place to discuss these risks and try and put in place effective responses which could help the individual.

A Multi Agency Risk Meeting should be applied in the following circumstances:

- The adult has needs for care and support (whether the local authority is meeting any of those needs or not) and is experiencing, or is at risk of, abuse or neglect. As a result of those care and support needs the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.
- The adult **has** mental capacity to make decisions and choices about their life.
- The adult's decision making means they are unable to protect themselves from the risk of serious abuse or neglect from themselves or others.
- The adult is not engaging with services to reduce the risk and continues to decide of their own free will not to engage with the support offered, but because of this their self-neglect is escalating putting themselves and/or others at significant harm.

### Considerations for calling a MARM.

Prior to initiating a MARM meeting the professional should consider the following

Have you been working to support the adult but been unsuccessful in engaging them despite having concerns about their risk to themselves and/or others?

You have referred the Adult to the Safeguarding Team to undertake a safeguarding enquiry, but the adult does not currently meet the eligibility criteria for an adult safeguarding S 42 enquiry?

You have attempted to engage the Adult with adult care services (including statutory and or Voluntary and Community Sector (VCS) organisations), but the person does not want to engage or has decided of their free will not to engage with any agencies you have identified as being useful to them eg. GPs, Avon Fire and Rescue Services (AFRS).

You have attempted or have already completed a mental capacity assessment on a time specific and decision specific concerns. (Follow MCA process & consider Best Interest process see KBSP Self neglect policy)

You have checked if the Adult has any dependencies (i.e. children, pets etc.) and appropriate measures have been put in place.

You have already checked if the Adult is known to other services such as Probation, Criminal Justice, Adult Social Care, GPs & Mental Health Services, Drug & Alcohol Services etc and all attempts have been made to engage the person.

### **Organising the MARM**

Any professional or agency can initiate a MARM. The expectation is that the professional calling the MARM will be lead and co-ordinate the meeting, unless the meeting highlights another professional who is better placed to lead and co-ordinate on behalf of the adult. e.g. A professional is identified who the adult already knows and has a relationship with them that can be deemed an effective and trusted one.

Consent for holding a MARM should be obtained from the adult wherever possible, and the adult should be encouraged to participate in the meeting if possible. However, a lack of consent would not prevent a discussion about risks and action planning from taking place. Under common law a person may act to prevent serious harm from occurring if there is a necessity to do so.

Instigating the meeting should be made by the professional following a discussion with their Line Manager to agree the MARM is proportionate and an appropriate response. Once agreed the professional calling the MARM should take the following steps:

Complete Section 1-3 of the Multi Agency Risk Meeting Recording tool below, which will enable you to combine all relevant information that you need for the MARM.

The professional or their senior manager can act as chair of the MARM, and ideally should aim to hold a meeting in five working days but can be flexible to include the adult if they agree to participate but unable to within the required timeline.

Relevant agencies should be identified and a professional/senior manager in each organisation should be contacted to attend the meeting. The person should be at a level in the organisation that enables them to make decisions regarding the use and deployment of their agency's resources.

If a key agency does not nominate an officer to attend, the chair or senior manager nominated to chair the meeting should escalate this at a senior level within that organisation or thereafter to the KBSP Business Manager for resolution.

The meeting should focus on the identification of risk and the formulation of a written action plan agreed by agencies which seeks to reduce the risk of the adult. The Adult at Risk Tool will help collate the necessary information to inform this stage.

The Chair of the MARM should ensure that minutes of the meeting are circulated to attendees within 5 working days, and for setting up any review meetings. The Adult Risk Management Review form will be helpful in reviewing action plans and can be found below.

## Appendix 1 – MARM Risk Assessment Recording Tool

### Section 1: Demographics

| Professional instigating Multi Agency Risk Meeting | Adult's information |
|--|---------------------|
| Name:  | Name:               |
| Professional                                       | Address:            |
| Service:   | DOB:                |
| Contact Number:                                    | Contact Number:     |

|   |  |
|---|--|
| Are there concerns the Adult has problems with their mental capacity which puts themselves and or others at risk? | <input type="checkbox"/> Yes <input type="checkbox"/> No (if you have answered yes & the person has <u>no capacity</u> to make a decision this tool should <u>NOT</u> be used. Follow MCA process as usual). |
|---|--|

|   |                   |
|---|-------------------|
| If yes how many mental capacity assessments have been completed on the Adult?   |                   |
| What date and time was the last mental capacity assessment completed:   | Date<br><br>Time: |
| Please be specific on what was the mental capacity assessment based on. This must be time specific and decision specific. |                   |

|  |  |
|--|--|
| Is the Adult aware you have made a request for a Multi-Agency Risk meeting?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Has the Adult previously been under the care of children services?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know (if don't know check with children services)  |
| Have you informed and invited the Adult, a family member or a friend to the meeting?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No next of kin identified<br><br><input type="checkbox"/> Does not want to attend / lack of engagement |
| If you have not informed the Adult, family, or friend (where appropriate) please do so and invite all parties as part of the action / protection / intervention / risk formulation plan before proceeding. |  |
| If the Adult, family member or friend cannot be invited or does not want to engage with this meeting please be specific about the rationale around this?   |  |
| What date was the Adult initially referred to your service?  | Date:  |

|   |  |
|---|--|
| How many contacts have you had with the Adult since the initial referral? | Telephone contacts:<br>Face to face contacts:<br>Email / in writing / text:  |
| How many contacts have you had with a friend                              | Telephone contacts:  |
| who has a legitimate and a good working relationship with the Adult?      | Face to face contacts:   |
| Does the Adult have formal diagnoses by a medical professional?           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know (contact GP for info) |
| If yes, what is the person's diagnosis?                                   |  |
| When was this diagnosis made? Check with GP if unsure.                    | Date:  |

## Section 2: Actions / interventions/ Protection Plans Previously Considered

| Since the initial referral to the time of initiating a Multi-Agency Risk Meeting have you had enough time to put in place a number of actions/interventions/ safety plans to support the Adult? Please tick the relevant box (s) that applies below.   |     |    |              |
|--|-----|----|--------------|
| Have you considered these options listed below?  | Yes | No | Not relevant |
| Please ensure if there are children involved with this adult and they are at risk due to the individuals self-neglect you MUST make a safeguarding referral to children social care services. <a href="#">Please click here</a> or visit to the website to complete this referral. <a href="https://www.bristol.gov.uk/residents/social-care-and-health/children-and-families/concerns-about-a-child/first-response-for-professionals-working-with-children/make-a-referral-to-first-response">https://www.bristol.gov.uk/residents/social-care-and-health/children-and-families/concerns-about-a-child/first-response-for-professionals-working-with-children/make-a-referral-to-first-response</a> |     |    |              |

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1. Have you demonstrated you have worked with the Adult on a minimum of 4 months when the initial concerns were raised? You have been unsuccessful to engage the Adult and you still have concerns about the adult's welfare & safety. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. You have referred the Adult to the Safeguarding Team to undertake a safeguarding enquiry but with no desired outcome and the person does not want to engage or is deciding of their free will not to do so.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. You have attempted to engage and or signposted the adult with Adult Care services and or other agencies previously, but the person does not want to engage or is making a decision of their free will not to do so.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. You have attempted or have completed a mental capacity assessment on a time specific and decision specific concerns. (Follow MCA process & consider Best Interest process).   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. You have attempted to engage the Adult with mental health services due to current mental health concerns with his / her consent.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. You have attempted to engage the adult with Alcohol and Drug services due to concerns of illicit drug use and alcohol dependency.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. You have attempted to engage the Adult with Housing and Homeless services due to accommodation issues.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. You have attempted to engage the Adult with the Community Safety and Fire Service (if hoarding has been identified as a risk).  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. You have attempted to engage the Adult with his / her GP.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. You have considered / referred to MARAC for domestic violence.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. You have checked if the Adult has any dependencies (i.e. children, pets etc.) and appropriate measures have been put in place.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. You have checked if the Adult is known to Probation, Criminal Justice  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. You have advised the Adult to seek an Advocate for their best interest where applicable  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |
|--|--|
| 14. Insert any other relevant information here ie. Other agencies/organisations involved, or relevant info pertaining to the adult which should be considered e.g pets etc |  |
|--|--|

### Risk Assessment Tool

Table below indicates risks which may be associated with risk of harm to self / suicide, risk of harm to others, or indicators of exploitation and vulnerability. If yes is answered to any indicator, please complete the proceeding table.

| Risk Harm to Self / Suicide   | Harm to Others / Violence Indicators   | Exploitation / Vulnerability Indicators   |
|---|--|---|
| <ul style="list-style-type: none"> <li>▪ Recent suicide attempts?</li> <li>▪ Incidents of self-harm?</li> <li>▪ Concerns from others about risk of harm to self / others?</li> <li>▪ Belief of no control over their life?</li> <li>▪ Experiencing/ responding to command hallucinations?</li> <li>▪ Expressing high levels of distress?</li> <li>▪ History of suicide / self-harm within the family or social networks?</li> <li>▪ Expressing feelings of helplessness/ worthlessness, hopelessness?</li> <li>▪ Lives alone – social isolation?</li> <li>▪ Psychiatric diagnosis?</li> <li>▪ Recently being involved in the criminal justice system? Court, police, prison, probation?</li> <li>▪ Recent discharged from a mental health hospital?</li> <li>▪ Separated / divorced / widowed?</li> <li>▪ Substance misuse (Alcohol / Drugs)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Have there been any past or current incidents?</li> <li>▪ Incident (s) of violence and aggression?</li> <li>▪ Is person know not police and or under the probation service?</li> <li>▪ Recently released from prison?</li> <li>▪ Carrying or use of weapons?</li> <li>▪ Dangerous impulsive act (s)?</li> <li>▪ Admission to secure settings?</li> <li>▪ Evidence of arson / fire setting?</li> <li>▪ Paranoid delusion about others (including children)?</li> <li>▪ Violent command hallucination?</li> <li>▪ Preoccupation with violent fantasy?</li> <li>▪ Any expression of concern from others about risk of violence or sexual abuse?</li> <li>▪ Sexually inappropriate behaviour?</li> <li>▪ Abuse of others</li> <li>▪ Exploitation of others?</li> <li>▪ Signs of anger / frustration?</li> <li>▪ Substance misuse</li> <li>▪ Is person on the sex offenders register?</li> <li>▪ Known person triggers (Grooming, alcohol / drug dependent, loneliness etc)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Abuse by others (sexual, physical, financial, neglect, emotional, psychological, discrimination)</li> <li>▪ Domestic violence</li> <li>▪ Homeless</li> <li>▪ Religious / spiritual persecution?</li> <li>▪ Disinhibited behaviour?</li> <li>▪ Grandiose Ideas?</li> <li>▪ Impulsive behaviour?</li> <li>▪ Rape / sexual assault? (previous or current – on going)</li> <li>▪ Inability to maintain safe environment ?</li> <li>▪ Wandering going missing ?</li> <li>▪ Presence of negative social contacts?</li> <li>▪ Falls / mobility problems / untreated medical issues?</li> <li>▪ Drugs and alcohol use?</li> <li>▪ Forced marriage?</li> <li>▪ Communication problems?</li> </ul> |



**Risk Assessment – if you have ticked any of the above indicators, please complete section below**

Any additional risk factors not included above.

History – Previous interaction or relevant information which is useful

Current Risks

Factors Increasing Risks

Factors Reducing Risks

#### Section 4: Risk Formulation

Please tick only one box that best describes the person's level of risk:

| No Risks   | Low Risks  | Medium Risks  | Moderate Risks   | High Risks   |
|--|--|---|--|--|
| <p>No risk identified – take no action &amp; signpost.</p> | <p>Concerns are managed and support provided by the service.</p> <p>Appropriate provision in place as well as a comprehensive package of care / support plan up to date. Adult engaging well with providers / agencies and with family members/ friends.</p> | <p>On-going concerns about risk from self and from others.</p> <p>Relevant agencies are aware including Health and Social agencies including the police</p> <p>On-going protection plan is being developed.</p> <p>Requires on-going support from local agencies including family and friends if appropriate.</p> | <p>Adult not engaging fully and presents with on-going complex issues. Often making unwise decisions. Is putting self at risk and there are opportunities for a perpetrator (s) to exploit and abuse.</p> <p>Requires support and monitoring from multiple agencies.</p> <p>Escalate to line manager for advice and support.</p> <p>Requires a <u>planned</u> multi-agency meeting.</p> <p>Multi Agency Risk meeting review is needed in two months.</p> | <p>On-going exploitation / abuse to life or risk from others or to others due unwise decision making and continuous poor engagement with agencies.</p> <p>All adult protection options have been exhausted with no resolution.</p> <p>Multi Agency Risk meeting been completed with an action plan.</p> <p>Escalate to senior manager.</p> <p>Inform all relevant agencies working with adults.</p> <p>Multi Agency Risk meeting review needed in 1 month.</p> |
| <p><input type="checkbox"/>0</p>                           | <p><input type="checkbox"/>1</p>   | <p><input type="checkbox"/>2</p>  | <p><input type="checkbox"/>3</p>   | <p><input type="checkbox"/>4</p>   |

|  |   |
|--|---|
| <b>Does further multi-agency work need to continue or has an action plan been developed for single agency input?</b> | <input type="checkbox"/> Multi Agency Plan<br><input type="checkbox"/> Single agency              |
| <b>Timescale for review/meetings?</b>  | <input type="checkbox"/> Review within 1 month<br><input type="checkbox"/> Review within 2 months |
| <b>Date of next Review Meeting (should be agreed at this meeting)</b>  | Date:    Time:<br>Rationale for Decision:   |

### Section 5: Risk Safety Plan / Intervention / Actions

**Please be specific what has been agreed as part of the action plan and interventions**

Large empty rectangular box for notes or additional information.

| <b>Attendance at this Meeting</b> |                                |                        |
|-----------------------------------|--------------------------------|------------------------|
| <b>Name</b>                       | <b>Role &amp; Organisation</b> | <b>Contact Details</b> |
|                                   |                                |                        |
|                                   |                                |                        |
|                                   |                                |                        |
|                                   |                                |                        |
|                                   |                                |                        |

**Appendix 2: Review Template**

| <b>Person requesting review meeting</b>  | <b>Adult details</b> |
|--|----------------------|
| Name:  | Name:                |
| Professional   | Address:             |
| Service:   | DOB:                 |
| Review previous actions/intervention.  |                      |
| Review Risk Assessment – include details of reduction of risk and continuing or increasing risk. |                      |
| Review and update actions/interventions  |                      |

Do current risks warrant further multi-agency action? YES/NO

Rationale for decision

**Attendance at this Meeting**

| Name | Role & Organisation | Contact Details |
|------|---------------------|-----------------|
|      |                     |                 |
|      |                     |                 |
|      |                     |                 |
|      |                     |                 |
|      |                     |                 |