

Multi Agency Risk Management Guidance (MARM)

Helen Duncan

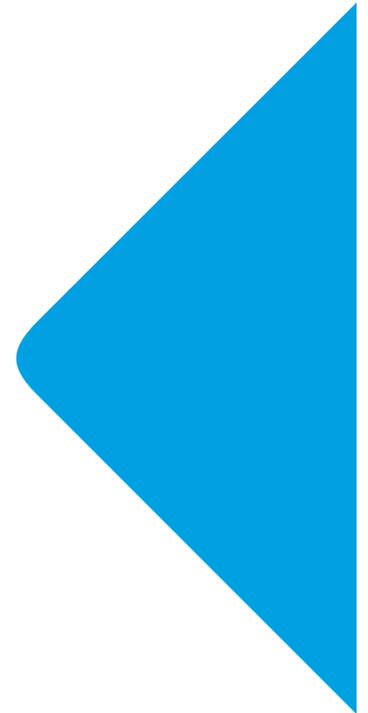
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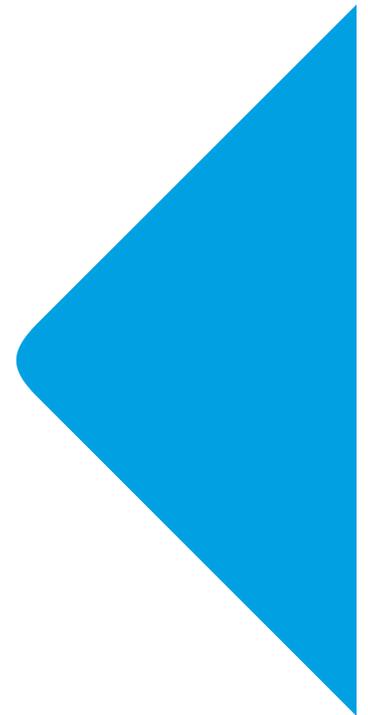
Key Safeguarding Adults Legislation

- The Care Act (2014)
- Human Rights Act (1998)
- Mental Capacity Act (2005)
- Data Protection Act 1998



What does the Care Act Say?

- The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case where the Local Authority have reasonable cause to suspect that an adult in its area;
 - has needs for care and support
 - is experiencing or is at risk of abuse or neglect AND
 - as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it



Care Act Statutory Guidance (1.12)

Wellbeing Principle and Self Neglect

The concept of wellbeing is very important when responding to someone who self-neglects, where it will be crucial to work alongside the person, understanding how their past experiences influence current behaviour. The duty to promote wellbeing applies equally to those who, for a variety of reasons, may be difficult to engage.

g) **The need to protect people from abuse and neglect.** In any activity which a local authority undertakes, it should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues, but should be a general principle applied in every case including with those who self-neglect.

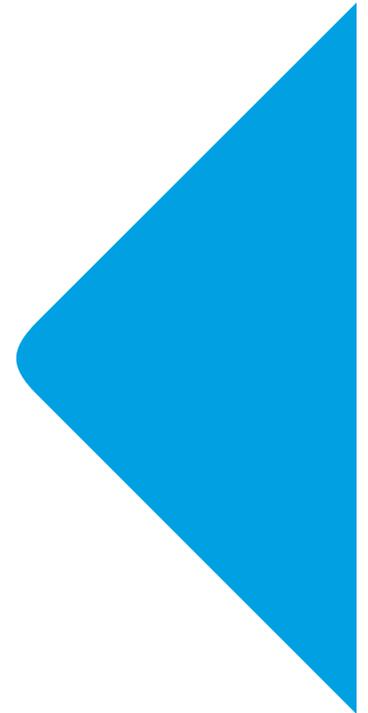
h) **The need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.** For achieving the purpose for which the function is being exercised. Where the local authority has to take actions which restrict rights or freedoms, they should ensure that the course followed is the least restrictive necessary. Concerns about self-neglect do not override this principle.



Care Act Statutory Guidance (14.7)

Adult safeguarding – what it is and why it matters

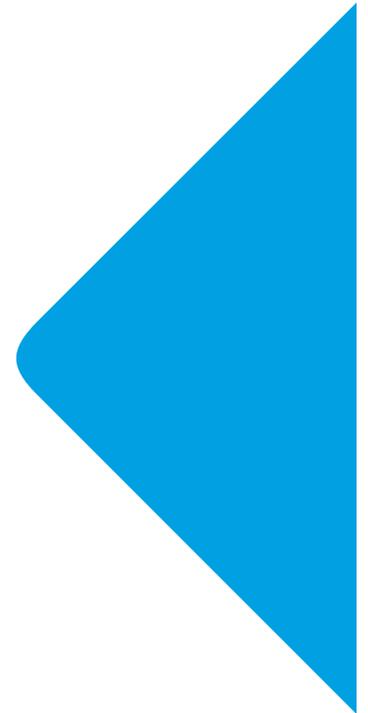
Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.



MARM guidance

This guidance must only to be used where the adult:

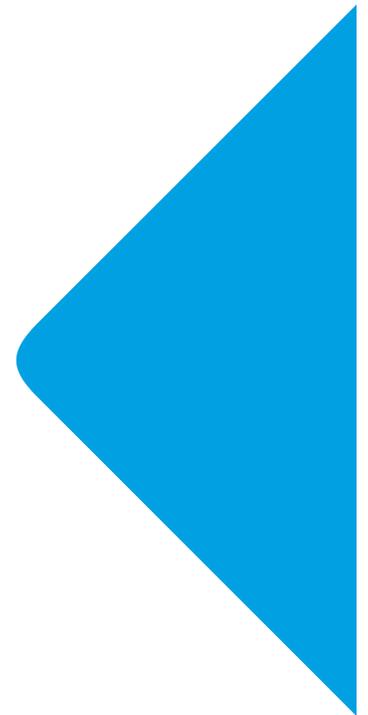
- **has the mental capacity** to understand the risks posed to them,
- they continue to place themselves at risk of serious harm or death, **AND**
- refuse or are unable to engage with **necessary** care and support services.



MARM guidance

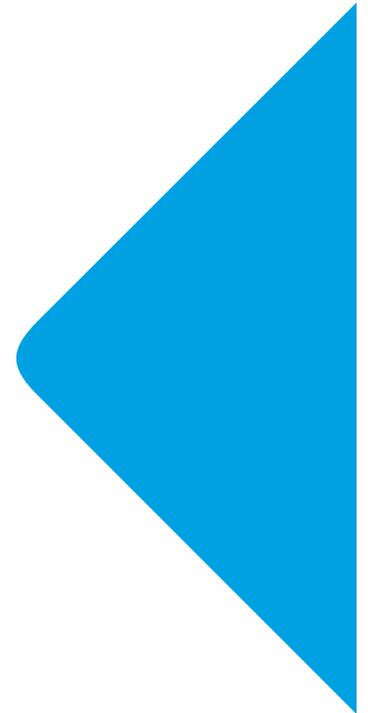
It is essential to note that the adult must be considered to have need for care and support in line with the definition contained within the Care Act (2014); Care & Support Statutory Guidance (09/07/2018) and the Care & Support (Eligibility Criteria) Regulations (2015):

- (a) the adult's needs arise from or are related to a physical or mental impairment or illness
- (b) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified
- (c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.



MARM guidance

- “There is strong professional commitment to autonomy in decision making and to the importance of supporting the individual’s right to choose their own way of life, although other value positions, such as the promotion of dignity, or a duty of care, are sometimes also advanced as a rationale for interventions that are not explicitly sought by the individual” SCIE Report 46 (2001)

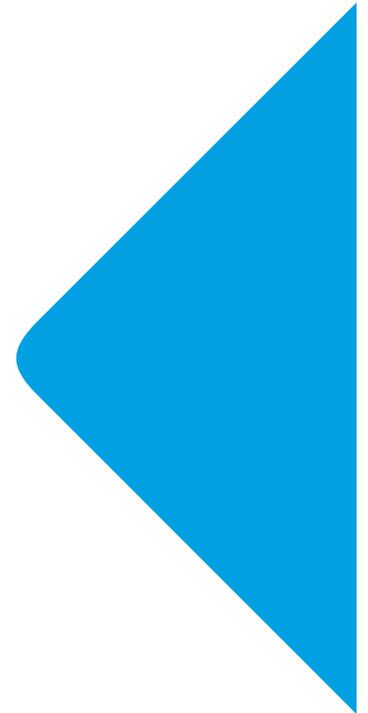


MARM guidance

- **NB: Consider which professional is best placed to engage with the adult**
- The MARM Risk Action Plan should consider if the adult would/may respond more positively to a health, social care or a voluntary agency professional (or other person)?
- The Serious Case Review written following the murder of 'F' revealed a lifelong history of negative involvement from both the Mental Health Services and from the Social Services Children and Families Department. She had been detained under a Mental Health Act (1983) Section on several occasions and all her children had been removed from her care. In planning an approach towards 'F', this information would have been vital as she would have been unlikely to engage positively with either the Mental Health Services or Social Services in the first instance.

MARM guidance

- Applying this robust process should ensure all reasonable steps are taken to ensure safety, by a multi-agency group of professionals. This model will be critical for the reasons outlined above, but in addition will anticipate the possible extension of the definition of adults who may be in need of safeguarding (to include those at risk of harm as a result of self-harm/self-neglect).



Case Scenario

Scenario 1

Marie has a diagnosis of Motor Neurone Disease, she lives with her son (age 20) and her twin children (age 11). Marie has a history of alcohol misuse and continues to drink alcohol daily, varying amounts.

Marie has a Community Psychiatric Nurse (CPN) who has made contact with Adult Social Care (ASC) as she has concerns regarding Marie's eldest son, his violent behaviour and his drug taking. The CPN made contact with ASC a year ago regarding the same concerns and following Marie having a broken arm, although there was no evidence that this was caused by the son at the time it was thought that the son was involved. This was investigated by ASC, however Marie refused to engage and the case was closed. CPN also has concerns regarding the housing estate that Raj lives on and the son's involvement with other people on the estate and risks as he owes money and one of the windows has been boarded over due to it being smashed. The CPN has also raised that Raj is at risk of eviction due to her son's behaviour



Case Scenario

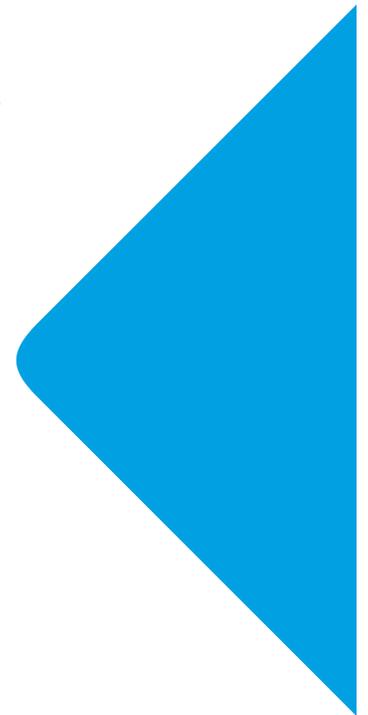
Scenario 2 continued

Marie has capacity to make decisions and has not made any allegation regarding her son, however the CPN is concerned about the significant risk of harm to Marie from her son and the risk to Marie of being a target from the local community and also how her health needs would be met if she lost her home.

Marie has not agreed to this ASC referral.

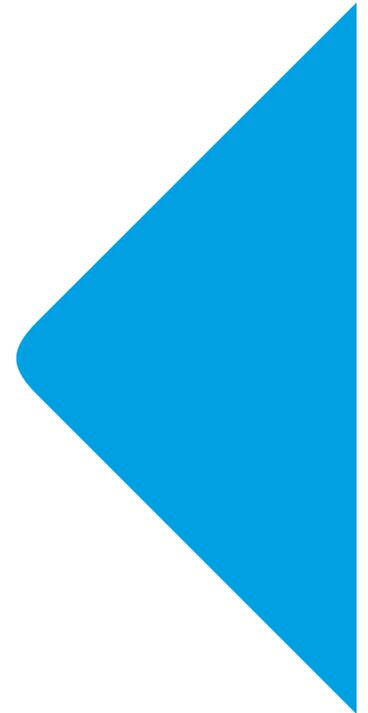
In this situation the Safeguarding Adults (SGA) threshold is clearly met, however Marie is not engaging with ASC, she refuses an assessment and has the capacity to do so. It would be appropriate in this situation for the CPN or contact ASC and request a MARM meeting with all agencies involved to discuss how to move this forward.

Likely agencies would include the CPN, Psychiatrist, GP, Housing, ASC, Police, Children's Services and Marie would be asked to attend but if she refuses she must be advised that the meeting is happening and that she will be informed of the outcome.



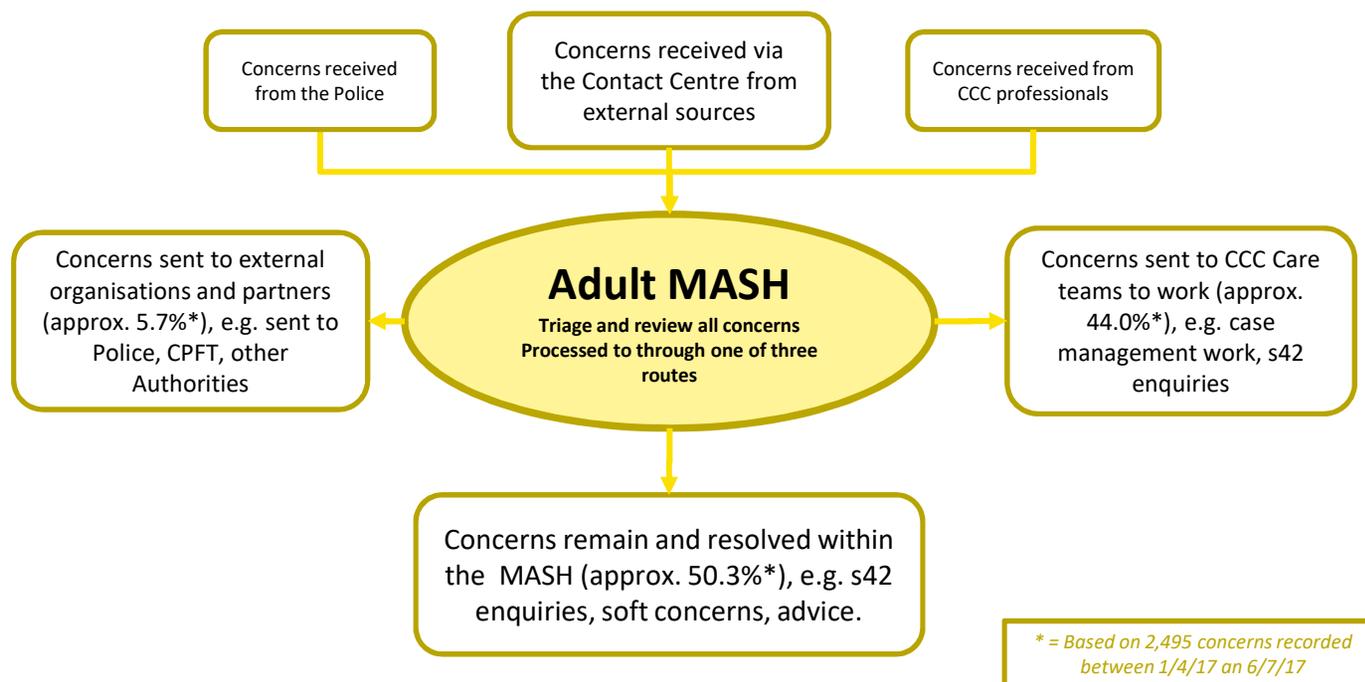
Considerations

- Human Rights
- Implementation
- Reporting
- Resource
- Safeguarding Adult Reviews
- Shared Risk Ownership



Adult Multi Agency Safeguarding Hub (MASH)

To refer a safeguarding concern please telephone: 0345 045 5202



Any questions or comments?

