

Multi-Agency Risk Management (MARM)

First Annual Report 2022-2023

Summary Version

Introduction

In November 2020 the Oxfordshire Safeguarding Adults Board (OSAB) received a report on the Thematic Review into Deaths of Homeless People. The review focussed on the deaths of 9 people between November 2018 and June 2019 in Oxford and made a number of recommendations in regard to how risk is managed in Oxfordshire.

From these recommendations, the Board created the Multi-agency Risk Management (MARM) Framework and invested in an Officer role to coordinate the process and lead the meetings.

This is the first annual report of the Multi-Agency Risk Management framework following its launch in April 2022. The report provides overview of cases to date, highlights emerging themes which have arisen over the period, provides prompt questions for agencies in terms of their engagement in the process and considers how MARM may need to develop.

What is the MARM Framework?

The MARM Framework is designed to support anyone working with an adult where there is a high level of risk and the circumstances sit outside the statutory adult safeguarding framework, but where a multi-agency approach would be beneficial.

It enables a proactive approach which helps to identify and respond to risks before crisis point is reached, focusing on prevention and early intervention.

The referring organisation should have attempted all they can to reduce or minimise risk prior to referring to MARM. If risks remain, the organisation can then refer the case for discussion at a MARM meeting, which is designed to enable a collaborative, coordinated and multi-agency response to risks ensuring timely information sharing, a holistic assessment of risk and the development of multi-agency risk plans.

The framework does not replace single agency risk management arrangements or pre-existing multi-agency case discussion processes (such as Multi-Disciplinary Team (MDT) meetings, MARAC, MAPPA, etc) and instead seeks to support case discussion where no multi-agency case discussion and risk management process exists.

Underpinning Principles

3.1 A failure to engage with people who are not looking after themselves, whether they have mental capacity or not, can have serious implications for their health and wellbeing as well as for the people involved in their care and support.

3.2 All agencies and the individuals employed within them have a vital role to play to make early, positive interventions with individuals and families to facilitate improved outcomes for the adult at risk and make a difference to their lives.

3.3 Where there is risk of harm, appropriate action within an appropriate timescale must be taken. This framework adopts the principle of 'NO DELAY' so that the response is made in a timely fashion with due consideration to the level of presenting risk. In practice, this means that the pace of the process is determined by presenting circumstances and professional judgments about risk.

MARM is not a replacement for any internal multi-agency process and should not be referred into to repeat an MDT in the hope of gaining a different outcome.

Referral into MARM

- Professionals should refer to the **MARM flowchart** which is designed to act as a guide when considering whether a referral needs to be made to the MARM process, or other referrals (i.e. Care Act assessment), to safeguarding adult procedures, or to a more proportionate multi-agency process (for example, MARAC, MAPPA, ASMARAC, Mental Health or Adult Social Care MDTs) in order to respond to a person's presenting circumstances and risks.
- If the MARM flowchart states a safeguarding concern should be raised, and further information is required, refer to **OSAB Understanding Safeguarding (Thresholds Matrix)** which is designed to act as a guide when considering if, and when, a formal safeguarding concern should be raised.
- To raise a safeguarding concern as a professional, there is a link on the OSAB website which provides direct access to Oxfordshire County Council's **'Raising a Safeguarding concern form'**
- If a MARM referral is to be submitted, a **MARM referral form** be completed and sent to Oxfordshire Safeguarding Adults Board.

The OSAB website has a dedicated MARM Framework page which provides a One-Minute Guide to the MARM framework and provides direct links to the documents and website pages highlighted above <https://www.osab.co.uk/resources-and-publications/multi-agency-risk-management-marm-framework/>

MARM Meetings

The MARM framework was new to Oxfordshire in 2022. A MARM Officer was appointed in April 2022 to act as an independent Chair for each meeting, with the role being to prompt discussion and help those attending decide on their respective and/or collective actions. The Chair, as the independent neutral party, is not there to make decisions for the group, commit resources or take any forward actions.

MARM meetings include the person referred, where they wish to participate. This ensures that the meetings are person-centred, and discussions are transparent. Multiple reports from service-users have stated the clear wish for discussions about them to involve them, and MARM has made this its aim throughout the year.

They also serve as a way for all agencies and persons referred to share and hear information at the same time, thus avoiding repetition. Feedback from the participants at meetings is they are often hearing information laid out openly for the first time, as it has not always been communicated to them.

MARM meetings require commitment from all agencies involved, both in terms of attendance at meetings, but also in sharing information, considering risk management, agreeing actions plans and carrying out agreed actions.

Demographic Information

In total there were enquiries made about 37 people in 2022/23. Of those 37, there were 31 formal referral forms submitted and 6 telephone consultations held of cases that that did not result in a MARM meeting. These that did not result in a MARM were either signposted to making a Care Needs Assessment, a Safeguarding Concern or the referring organisation had an MDT process that was more appropriate to use.

Of the 37 people discussed or referred, the demographics were as follows:-

Gender

- Female – 11
- Male – 25
- Other identity (trans, non-binary, etc) – 1

Nationality;

- White/British - 13
- Other (numbers less than 5) - 11
- Not known/not recorded - 11

Age range

- 21 to 85 years

Faith/religion;

- Unknown/not stated – 36
- Non-Christian – 1

Case Example

Adult C

A young man (20s), living in supported accommodation in the adult homeless pathway.

Concerns around escalation of risks, including; making threats to own life, physical altercations with other residents, risky and impulsive behaviours, not appearing to know how to keep themselves safe, substance use.

During the initial MARM meeting information was shared that Adult C had been homeless since he was 16 due to adverse childhood experiences.

Risks at the time of the initial meeting included; risk of becoming street homeless. Also, risks around mental, physical health and wellbeing decline.

Agencies and services had contact with Adult C over a couple of years prior to the referral to MARM, but this was sporadic and Adult C did not engage for any period of time.

Actions from initial meeting included; Housing Officer met with Adult C at his accommodation at a time to suit him to offer guidance and support around completing a Housing Plan. Drug and Alcohol Service met with Adult C at his accommodation at a time to suit him to assess his current situation and consider what support they could offer. GP offered a face-to-face visit to assess physical and mental health and consider onward referrals if required.

Point of note:

- Adult C has attended and contributed to three of seven meetings held to date.
- When Adult C moved, all relevant and up to date information was not provided by the former supported housing provider.
- There did not appear to have been collaboration between agencies prior to the MARM meetings
- Adult C moved to a different part of the County which affected his place on the Adult Social Care waiting list for a Care Act assessment.
- Adult C has engaged well with support offered.
- Adult C has benefitted from the flexible approach of individual workers within agencies who have provided him with consistency of support.
- Adult C talks of his hopes for the future and understands the commitment he is making will make a difference to his future.

Themes

Referred person's involvement.

The referrer is encouraged to inform the referred person of the referral to MARM, the opportunity to speak with the MARM Officer prior to any meetings, the meeting dates/times, and to offer practical support to help the person attend if they wish to.

Often the referred person is not aware a referral has been made to MARM, or informed of the meetings. There are circumstances where this can be accepted, especially if services have not been able to engage the person. It may also be the case that people are engaging with agencies, but may not wish to be involved directly, of which the reasons can be far reaching. However, we must ensure that the process does not lose sight of the need to include the individual as far as possible.

There is also a need for information to be given to referred persons about perceived and/or assessed risks, i.e. fire risks, risks to tenancies, risks to their health/life. This does not always appear to be taking place (unless the person is attending meetings where risks are discussed). When this does not happen, it can be disempowering as the person is not given the opportunity to make truly informed choices. It also makes Mental Capacity assessments more problematic as the pertinent information to assess against has not always been given.

Referrals being submitted without consideration being given to Care Act referrals or raising of safeguarding concerns.

It became clear that despite directions on OSAB's website, referrers were submitting referrals without consideration of other avenues that may be more appropriate.

On occasions meetings have been held where there do not necessarily appear to be safeguarding concerns, but the person may have eligible care and support needs (once assessed under the Care Act 2014). This approach is designed to raise awareness of the need to refer people to Adult Social Care, how best to present information when making those referrals and what the Local Authority's duties and responsibilities may be towards the person.

Many people's circumstances fall under the remit to raise a safeguarding concern, this is not always taking place. When agencies raise safeguarding concern, if a decision is made to close the concern and not progress to enquiry, this is not always challenged or appealed.

Agencies have at times queried what safeguarding 'does'. Comments have also been made that they do not always raise concerns for a person if several have been closed previously as they do not expect further support to be offered.

There is evidence that agencies do not understand when to refer people for a Care Act assessment. There appears to be a lack of understanding of the difference between Safeguarding and a Care Act assessment. Also, how to escalate a concern or appeal a decision that has been made.

Risk and needs assessments.

Agencies have their own risk assessments, some of which are focussed on the specialist work they carry out with the person i.e. drug and alcohol treatment, mental health, day to day support etc. This approach can divide a person's risks into siloed assessments that fail to consider them (and their risks) as a whole. The MARM meetings are designed to consider the person from a holistic perspective, with agencies forming agreement on what risks are present in the short, mid and longer term and what actions need to be undertaken to reduce, remove or acknowledge risks remain.

There is also the issue of differences of opinion as to what the risks and needs of a person are, and how they should be met, especially if it does not fit an agency's 'remit', this appears to be magnified when there are more high-level risks. Flexibility of approach is not always easy to attain.

Sharing of information.

Agencies still question whether they should be sharing information with each other. They do so verbally in meetings, but then appear reticent in terms of sharing documentation.

All information should be proportionate and relevant to the situation and where possible shared with the consent of the individual. The Chair reminds agencies that they should refer to their information sharing policies and whilst Data Protection and GDPR need to be considered, it is better to share information than not to.

As this work is done under the auspices of the Safeguarding Adults Board, the **OSAB's information sharing protocol** applies so organisations should be satisfied.

Mental Capacity considerations.

There is little documented evidence to suggest Mental Capacity assessments are being carried out in the cases referred to MARM, despite referred persons having at

times multiple circumstances that might warrant one, i.e. high use of drug and/or alcohol (which can cause impairment), rough sleeping (may have acquired brain injuries), adverse childhood experience (may have experienced trauma) (examples are not exhaustive).

Executive capacity does not appear to be fully understood by some agencies/workers. Executive capacity in its most basic form is about a person being able to make a decision, but goes on to consider whether they can then carry out that decision.

Contact and information sharing outside of MARM meetings.

Actions are agreed during MARM meetings, which include those to be carried out by the person referred (if they were present, and agreed in the meeting) and for agencies/specific workers. Actions are not always carried out. The feedback has been that either an action hasn't been able to be carried out, or it is unknown because the worker/agency does not attend next meetings and information sharing does not appear to be happening outside of the meeting.

There are some great examples of individual workers in agencies who are sharing relevant information in a timely manner.

Geographical boundaries.

If a person moves to another part of the county, this can affect waiting times for assessments, and they may need to register elsewhere for services.

Escalation – incomplete actions/non-attendance.

There needs to be a clear escalation policy when agencies fail to attend and/or share information/updates. If effective collaborative working was taking place, agencies would be holding each other to account.

Frustrations occur when partners do not attend, or do not complete their actions. Also, there are times when partners seem dismissive of the situation or seem to be attempting to gate keep services or 'hand-off' the issues to other people. It can be difficult to challenge this because the Chair has no effective power to insist that any action is taken. How do we hold partners to account on a regular more focused basis, rather than yearly in a report?

Positive reflections

Challenge of power imbalances.

An important part of the role of Chair is challenging power imbalances, this can be between the person being discussed and the other professionals, or between various professionals involved, to ensure a perceived perception of power or authority over another does not inhibit good outcomes.

Attendance at meetings.

The individuals who have attended their meetings have engaged well, considering they are virtual Teams meeting where the majority of faces on the screen will be unfamiliar and where personal information about their circumstances is discussed and they are questioned as to their views, wishes, thoughts and understanding. This could be quite daunting and oppressive, but with the meetings being person-centred and strengths based, it has appeared people feel at ease to contribute and be heard, with one person saying they “felt famous” because “all these people are here for me”.

There are agencies who are consistent in their attendance at meetings which is appreciated and necessary for continuity and moving matters on. There are also examples of individual workers who attend every meeting, and it is clear they think and work flexibly with people, often going above and beyond to support a person to bring about positive outcomes.

If an individual does not want to attend meetings, they are encouraged to ask questions via a trusted worker, or another advocate (i.e. family member, friend) who they may wish to attend in their place. If a person does not want to engage at all it is important that they are advocated for within meetings and any intervention attempted is inclusive and empowering.

Proactive work.

Some agencies will take quick action to meet with a person and offer practical help that they may need straight away, i.e. food parcels, bus pass. This can help start to build a working relationship of trust.

It should be noted that although the numbers are relatively small the work that goes into each person referred into MARM is intense, and there are often several meetings that take place over time.

Reflective questions for Professionals in Oxfordshire

Senior Managers

1. Does your organisation have an internal escalation/sign off policy for situations where Practitioners and Managers believe all that can be done, has been done to support a person who is still living with high level risks?
2. Would your organisation benefit from a holistic risk assessment where all agencies working with a person have agreed to provide and share information, to ensure risk assessments do not silo a person's risks and are updated regularly?
3. Would your organisation benefit from a holistic needs assessment where all agencies working with a person have agreed to provide and share information, to ensure needs are understood by all, and are updated regularly?
4. Does your organisation accept information shared by other agencies and weigh it up against the work your organisation is undertaking with the person, or is information at times dismissed?
5. How is legal literacy incorporated into the work of your organisation? How do you know Managers and Practitioners are utilising skills in this area?
6. What does the term 'professional curiosity' mean within your agency, and how do you support Managers and staff to embed this in their work?
7. How can your organisation improve outcomes for people with multiple and complex needs? What changes need to be implemented to ensure people who 'do not fit the criteria' are not passed around different organisations, eventually receiving support from one agency (usually a 3rd sector/voluntary agency)?
8. Are you able to offer reassurances that attempts at phone contact and/or phone assessments are adequate for people who have been referred due to concerns around hoarding or sleeping rough?
9. In exceptional circumstances, a MARM may be held if agencies are calling MDTs and are not other organisations/agencies attendance. Is this being escalated at appropriate levels to those agencies and to the Board?
10. Is MARM well known and utilised by your organisation? If it is, what works well and what does not. If it is not, what are the reasons for that and if there are development ideas, please make them know to the Board.

Managers and Team Leaders

1. How is 'professional curiosity' embedded in your work and that of Practitioners you manage? What support do you offer to encourage this?
2. How is legal literacy embedded in your work and that of Practitioners? What support do you offer to encourage and ensure it is being used?
3. Safeguarding Adult Reviews (SARs) highlight how outcomes could have been different had agencies not worked in silos and shared information. How are information sharing policies embedded in your work and that of Practitioners? Are you confident timely, relevant, and proportionate information is being shared?
4. How do you support Practitioners who go 'above and beyond' in their work with individuals? How do you ensure they are supported appropriately and are not overburdened due to their skill level?
5. When resources are low i.e. staffing levels, how do you escalate the problem and manage workloads and ensure workers are not overburdened, potentially leaving them and the people they work with at risk of harm?
6. Are you aware of an internal escalation/sign off policy for situations where Practitioners believe all that can be done, has been done to support a person who is still living with high level risks?
7. Under what circumstances would you raise a safeguarding concern? Is it only Managers who raise these within your organisation or is it Practitioners too? How do you ensure appropriate concerns are raised, in a timely manner, and appropriately challenge decisions to close if this does not appear correct?
8. Are you confident Practitioners will provide feedback to you when agencies do not appear to be carrying out their duties or responsibilities towards a person, and why it is important for this to be highlighted? If you are, how do you escalate these concerns?
9. Are you able to offer reassurances that attempts at phone contact and/or phone assessments are adequate for people who have been referred due to concerns around hoarding or sleeping rough?
10. Is MARM well known and utilised by your organisation? If it is, what works well and what does not?

Practitioners

1. What is your understanding of the term 'professional curiosity' and how do you apply this in your work?
2. What is your understanding of the term 'legal literacy' and how do you apply legal literacy this in your work?
3. Under what circumstances would you raise a safeguarding concern when working with a person, and what is your understanding of the purpose of raising a safeguarding concern? Do you know how to raise a safeguarding concern, and how would you know the safeguarding concern has been received/dealt with?
4. What is the difference between raising a safeguarding concern and submitting a referral for a Care Act assessment? What are the differences between the two?
5. What is your understanding of how and when you can share information about a person with another worker outside of your agency?
6. Is transparency at the forefront of the work you undertake with a person? Do you seek their views, thoughts and wishes about decisions to be made, or concerns you may have about them?
7. Are you supported by Managers/Seniors when conflicts of interest arise in your work, for instance, with other Practitioners or the person you are working with? What does that support look like and is it effective?
8. What support is offered to you by Managers/Seniors when you are overstretched in your work or have dealt with a difficult situation, and is it effective?
9. What support are you given to support people you work with in a flexible way? What happens if the way of working does not quite 'fit the criteria or remit' of your agency?
10. What is your understanding of the MARM framework? Would you benefit from further information about it and how it can support your work and the person you are working with?