



Oxfordshire Safeguarding Adults Board

Oxfordshire Multi-Agency Risk Management
(MARM) Framework
2023-2024

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1. Executive summary

- 1.1 This guidance has been developed by Oxfordshire Safeguarding Adults Board in partnership with Oxfordshire Countywide Homelessness Steering Group and their respective partner organisations. It sits alongside the Oxfordshire Safeguarding Adults Board Multi-Agency Safeguarding Guidance and is designed to provide guidance on managing cases relating to adults where there is a high level of risk, but the circumstances sit outside of the statutory adult safeguarding framework and for which a multi-agency approach would be beneficial.
- 1.2 The guidance recognises that in complex cases, professionals are often dealing with long term and entrenched behaviours to which responses require a commitment to a longer term, solution-based approach which has at its core, a focus on building trust and a rapport with the adult. The guidance aims to provide an effective, co-ordinated, and multi-agency response to these 'critical few' cases.
- 1.3 The guidance should be viewed and applied in the context of the general provisions of the Care Act 2014 which are intended to promote and secure wellbeing. The statutory guidance to the Care Act 2014 states that agencies should implement robust risk management processes to prevent concerns escalating to a crisis point requiring action under local safeguarding arrangements.
- 1.4 This guidance outlines a helpful framework which involves a shared commitment by Oxfordshire Safeguarding Adults Board partners to work collaboratively on complex cases through an agreed process.

2. Aim of the guidance

- 2.1 This document is intended as an overarching framework and it is the responsibility of respective organisations to develop more detailed workplace guidance around its implementation.
- 2.2 Professionals can often be responding to chronic or entrenched behaviours as part of their day-to-day work. The guidance aims to provide an effective, coordinated, and multi-agency response to these 'critical few' cases to facilitate:
 - Timely information sharing around risk
 - Identification and holistic assessment of risk
 - Development of shared risk management plans
 - Shared decision making and responsibility
 - The adult's involvement and engagement in the process
 - Improved outcomes for the adult at risk.

3. 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. The focus of interventions should be on:
- **Early identification** and assessment of risk through timely information sharing and targeted multi-agency support.
 - **Measures** to minimise the circumstances of risk including isolation, which can make adults vulnerable to harm.
 - **Preventing** the deterioration of a situation or breakdown of a vital support network.
 - **Achieving** the best outcome for the service user, whilst satisfying legal, professional, and organisational responsibilities and duties.
 - **Timely** responses and avoiding unnecessary delays.
 - **Person centred** actions which embrace Making Safeguarding Personal and involve the person as much as possible in all discussions, actions, and take account of the principles of the Mental Capacity Act 2005.
 - **Utilisation** of all available professional competencies and legal frameworks to ensure flexible, innovative and solution focussed approach to mitigating risk.
- 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.
- 3.4 Timescales adopted will be based on judgements about a range of factors such as risk level, complexity of the case or to work in a way that is consistent with the needs and wishes of the adult.

4. Introduction to the Multi-Agency Risk Management (MARM) Framework

- 4.1 The MARM framework is not a replacement for, or to be used to duplicate any internal multi-agency process, for example, Mental Health and/or Care Management processes, statutory Safeguarding, MARAC, MAPPA. It has been designed to offer those organisations who do not have multi-agency processes within their current working practice the opportunity to gain multi-agency consideration and support for the individuals they work with.
- 4.2 The guidance does not replace single agency risk management arrangements and instead seeks to build on and compliment these by providing a multi-agency dimension. Professionals must also refer to relevant statutory frameworks and operational policies which they are required to follow.
- 4.3 There are common themes across statutory Safeguarding responsibilities and the MARM framework, for example, both processes are responding to risk and each is built on the same principles and value-based themes promoting; prevention, person-centred working, developing personal resilience, effective partnership working, strength-based, whole family approach and Making Safeguarding Personal.
- 4.4 The MARM Framework is likely to be useful to any professional who is working with adults experiencing an unmanageable level of risk because of circumstances which create the risk of harm but not relating to abuse or neglect by a third party, such as:
- Vulnerability factors placing them at a higher risk of abuse or neglect including mate crime, network abuse, etc.
 - Self-neglect including hoarding and fire safety.
 - Refusal or disengagement from care and support services.
 - Complex or diverse needs which fall between or span several agencies' responsibilities or eligibility criteria.
 - On-going needs or behaviours placing the adult and/or others at significant risk.
 - Complex needs and behaviours leading the adult to cause harm to others.
 - Impact of mental health and substance misuse.
- 4.5 Each agency has the responsibility to identify when the risk in an individual case has reached a level where multi-agency involvement is needed. This will involve the completion of a holistic risk assessment.
- 4.6 Each agency involved in this process must allocate a lead worker to agree actions and make operational decisions about this case.
- 4.7 The MARM Officer will act as the lead coordinator for the MARM process.
- 4.8 The MARM process is designed to protect and support the person's independence, resilience, ability to make choices and to maximise wellbeing. It will afford opportunities for the individual to be a co-producer of their support rather than solely a consumer of those services.
- 4.9 Respecting an individual's right to make unwise decisions does not mean that their vulnerability should not be addressed through a process of assessing and mitigating

any risks they face. This guidance should be used in situations where there is a concern that an individual's lifestyle or behaviour are likely to result in serious harm, or even death, and single agency involvement has not been effective in managing the risk.

- 4.10 All decisions and actions taken throughout the process will be accurately recorded, and a note made of all those involved in the decision-making process and the rationale for the decision made. This is to support defensible decision making.
- 4.11 The MARM Framework is a proactive approach focusing on prevention and early intervention, rather than crisis management.

The following sections have 'best practice tips' for agencies, highlighted by this symbol



5. Guidance and considerations for referring agencies

5.1 Mental Capacity Act 2005 and Best Interest Decisions

- Consideration of mental capacity should be made regularly when working with an adult (over the age of 16).
- The Mental Capacity Act Code of Practice confirms that assessments of capacity should be undertaken by the most relevant professional working closely with the adult, depending on the nature of the decision being assessed.
- Where a person is found to lack capacity in any area of decision-making, a Best Interest Decision will be made, and this must consider the adult's views and wishes in accordance with the Mental Capacity Act (MCA) Code of Practice.
- Assessment of capacity may involve input from a number of professionals. Where capacity is less clear, there may be times when there are differences between professionals. It is key that these are resolved in a constructive way, and not allowed to slow the work of supporting and protecting the person.
- Having access to information and advice will assist the adult to make informed choices about support and will help him/her/they to weigh up the benefits and consequences of different options. Information and advice can enable the person to keep themselves safe in the first place by helping him/her/them understand their situation and what is needed to keep him/her/them safe now and in the future.



Presumption of capacity is a principle of the Mental Capacity Act 2005. It should therefore not be presumed a person 'lacks capacity' because they appear to be making 'unwise' decisions or disagreeing with the views of professionals.

If a decision is made not to carry out a Mental Capacity Act assessment, this should be documented and justified.

It is important to document that the specific risks a person is exposed to have been discussed with them and the reasons why it is considered they are able and willing to take those risks.

5.2 Identification and assessment of risk

- This Framework promotes an active rather than a passive approach to supporting an adult whose circumstances place them at risk.
- Each agency involved with the adult should, as part of usual case management arrangements maintain a chronology of key events, complete and document their internal risk assessment and management plan.
- Any risk assessment should consider both concerns and protective factors in a person's life.
- Where a person with needs of care or support is refusing support and in so doing so is placing him/her/them or others at risk of serious harm, advice and information should be shared with the adult about the risk(s) of involvement or non-involvement, and how to access reassessment in the future should they change their mind.
- It is important that decisions (either by the adult or the agency) are kept under constant review and re-evaluated as circumstances change or new information becomes available.
- Professional judgement will determine whether the level of risk has reached an unmanageable level for the agency.



At this stage workers should discuss potential actions with their line manager and ensure that referrals to other services for specialist assessments etc. are expedited.

At all stages the person should be encouraged to engage and supported to understand the risks and, hopefully, accept support to minimise them.

However, if this approach is not successful, and the worker believes that the person is still facing substantial risks to health and wellbeing then a referral for a MARM meeting should be considered/submitted.

5.3 Information sharing

- The Data Protection Act 2018 and Human Rights Act 1998 are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
- Organisations should show that they have taken the person's rights into account when deciding to share information and should record the grounds for interfering with those rights (justification).
- The Data Protection Act 2018 allows for information to be shared where there is an overriding public interest or justification for doing so.
- This Guidance endorses the principles that in sharing information only the minimum amount of personal information necessary should be disclosed, that information held by any of the parties should be accurate, and that information will be stored and shared securely by all parties.



Be open and honest with the person (and/or their family/support network where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

It is ideal to seek consent from the person who is being referred to MARM. However, there will be occasions when it is not possible and the principle of confidentiality can be overridden to safeguard an adult at risk, or in the public interest.

Information can be shared without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You need to base your judgement on facts, and information shared should be proportionate to the level of risk posed.

Consider safety and well-being. Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions. Information sharing should be necessary, proportionate, relevant, adequate, accurate, timely and secure. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

6. How MARM works (the process)

6.1 Referral

- Agencies should refer to the Referral Pathway when they are working with an adult and have determined the level of risk has reached an unmanageable level for the agency.

<https://www.osab.co.uk/wp-content/uploads/2023/06/MARM-Referral-Pathway.pdf>

- The flowchart is designed to help agencies consider whether the circumstances require a more proportionate multi-agency process to respond to the presenting circumstances and risks, for example, care management processes, care review, MARAC, ASMARAC, Care Programme Approach etc., referral into statutory safeguarding processes, or referral to the MARM framework.
- If the result of the flowchart is to refer for a MARM meeting, the referring agency should complete the MARM referral form with as much information as is proportionate and relevant in the circumstances.

<https://www.osab.co.uk/wp-content/uploads/2023/06/MARM-Referral-Form.docx>

- Once the referral is received by the designated MARM Officer, an initial triage discussion is undertaken between the MARM Officer and the Safeguarding Operations Manager, Oxfordshire County Council. This is to consider whether the person's situation may be best served by the raising of a formal safeguarding concern, remaining under the MARM framework or be referred to another process.
- Following the initial triage discussion, the MARM Officer contacts the referrer to hold an initial discussion, which will include asking whether the person being referred wishes to be involved in the MARM meetings, and if so, to what extent.
- If the MARM Framework is appropriate, the MARM Officer will convene a Multi-agency Risk Management Meeting (MARM) after identifying currently involved agencies and other agencies whose input is required.
- The aim will be to hold a MARM meeting within two weeks of the referral being received by the MARM Officer.

6.2 Multi-agency risk management meeting (MARM)

- The purpose of the meeting will be to consider the situation and clarify whether any further action can be taken, making the necessary recommendations.
- The meeting will include a review of mental capacity, will agree a current risk assessment, consider professional competencies, legal powers and agree an action plan.
- The person referred should, as far as possible, be included and involved in the assessment process and in developing a risk management plan. This also extends to (with the consent of the adult) relatives and informal carers, friends, etc. as much as possible in the process as a means of building and/or strengthening the adult's support network.
- The person referred is invited to attend any meetings and offered support needed to enable them to participate fully. This support may include offering and arranging an advocate if the person is likely to experience substantial difficulty in participating in the meetings.
- The MARM action plan will be proportionate and focussed on the prevention, reduction, or elimination of future risk of harm.
- A responsible manager from invited organisations will be involved in the decision-making process.
- All decisions and actions taken throughout the process will be accurately recorded by the MARM Officer, and a note made of all those involved in the decision-making process and the rationale for the decision made to support defensible decision making.
- The MARM plan will be jointly owned by the person referred (adult) and the professionals working with them.

6.3 Review meetings

- Review meetings will be convened by the MARM Officer in line with the action plan and timescales previously agreed at the MARM meeting.
- The purpose of the review meeting is to monitor progress on the multi-agency action plan and agree any further actions, or if escalation is required.
- The review meeting will:
 - Update on the engagement of the person (and others such as their advocate or members of their social/carer network)
 - Involve the adult (or relevant others with the person's consent)
 - Agencies to share updated information.
 - Consideration of mental capacity.
 - Review the multi-agency action plan. If insufficient progress has been made, consider an alternative approach, exploring flexible and creative solutions.
 - Revise the risk assessment and the escalation of contingency plan.
 - Agree on-going monitoring and review arrangements.

7. Escalation

- 7.1 If the MARM process has not been able to mitigate the risk of any behaviour which could result in serious harm, the professionals involved should consider notifying the relevant authority with safeguarding responsibilities (the local authority) of the steps taken (assuming the MARM Officer has received consent to share personal information or deems it is necessary due to the exemptions of the Data Protection Act 1998).
- 7.2 The local authority should then assess the circumstances of the case as well as the steps already taken to minimise presenting risks to determine what, if any, further steps are required in accordance with the duty under section 42 of the Care Act 2014 to undertake a safeguarding enquiry. If further steps are deemed necessary, then these might be undertaken in the context of a statutory safeguarding enquiry process, but not necessarily.
- 7.3 Professionals should seek legal advice from within their own organisation, as is felt appropriate, if there are concerns about lawfulness of actions or lack thereof.
- 7.4 Anyone, including the person, their family or carers and professionals, who feel these principles are not being met in practice have the right to make constructive challenge about this. There should also be opportunities for professionals to escalate any concerns both within and across their organisations.
- 7.5 Appropriate challenge and escalation is an essential part of being part of partnership working and professional responsibilities to achieve high standards. On occasion, this may necessitate challenging poor practice when staff in one partner agency have concerns about the way in which staff within another agency are delivering their practice. In such circumstances, there must be a respectful challenge about the action or inaction taken. For guidance on resolution of disagreements, please refer to the Oxfordshire Escalation Policy.