DUMFRIES & GALLOWAY

PUBLIC PROTECTION COMMITTEE

Multi-Agency Risk Management (MARM) Group

Sign-Off and Ownership Details	
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Equality Impact Assessment:	This will strengthen the access to support for those deemed at risk of harm by including those not covered by Adult Support and Protection (ASP) procedures.
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1. INTRODUCTION - WHAT IS MARM?

1.1. Multi-Agency Risk Management Group primary focus is supporting adults at risk of harm aged 16 and over, who have complex needs who are **NOT** supported through any other formal protection systems and in some cases where they are, but risks are high including the possibility of death. These supporting frameworks may include Multi Agency Public Protection Arrangements (MAPPA), Child Protection, Adult Protection processes under adult support and protection legislation, and or an individual subject to formal mental health procedures under mental health and or adults with Incapacity legislation.

1.2. For the group, an individual with complex needs is defined as a person who has complex health and social care needs which impact on their physical, social, and emotional wellbeing. These complicating factors will often include problematic alcohol and drug use which can limit their ability to participate fully in their community and can often result in homelessness and social exclusion.

1.3. Human rights legislation enshrines the right for adults to make choices and decisions about their lives, including the use of alcohol and drugs. A lack of ability to safeguard, which is due to temporary problematic alcohol or drug use, would not in itself result in an individual being considered an “adult at risk”. Even if that means they choose to remain in situations or take part in risk taking behaviours others consider inappropriate. Striking the correct balance between autonomy and protection is challenging for agencies and services who seek to support them.

1.4. Without an additional vulnerability, such as an illness or disability, adult protection intervention would not normally be appropriate. Young people aged 16-18 can be particularly easily influenced and legislation places limits on children not in place for adults such as age limits on access to alcohol.

1.5. However, the ongoing problematic use of drugs or alcohol may take place alongside (and on occasions contribute to) a physical or mental illness, mental disorder, or a condition such as alcohol related brain damage. If this is the case an adult may be considered an “adult at risk”. It must be stressed, however, that it is the co-existing illness, disability, or frailty, which would trigger adult protection considerations, rather than the substance use itself.

1.6. Making formal diagnoses are problematic when alcohol or drug use are regular features of an adult’s presentation, but in each case the multi-agency inquiries under the MARM process should be made to gather as much information as possible about an adult’s condition.

1.7. In addition, because an adult's underlying condition may deteriorate with ongoing alcohol or drug use, inquiries should be made each time an adult protection referral is made, and no assumption should be made about the adult's condition on the information gathered during a previous inquiry. Where it is considered, an adult becomes an adult at risk of harm this should trigger adult protection inquires. (Adult Support and Protection Code of Practice 2014).

2. REFERRAL PROCESS

2.1. A person who is referred to MARM must meet two of the following criteria:

- Has a history of alcohol misuse.
- Has a history of drug misuse.
- Has recently received or is receiving treatment for acute anxiety or depression.
- There are significant concerns about mental health.
- Has a history of self-harm and/or attempted suicide.
- Has attended special education or provision in the past.
- Is at risk of or has a history of repeat offending.
- Is at risk of being homeless or is homeless including sleeping rough/sofa surfing.
- Has been the subject of three or more Adult Concern Reports in the preceding 6 weeks.
- Recurring referrals to emergency services

2.2. If a person is being supported and reviewed through the MARM process and they have contact with children or vulnerable adults, the agency working with the person will share their concerns to the wider public protection agenda.

2.3. The Core Agencies involved will consider and co-ordinate services for a person with complex needs and discuss support services that are most likely to be of benefit to the individual. This list is not exhaustive but may include:

- Adult Services
- Children and Families
- Housing Service
- Community Mental Health Team
- Drug and Alcohol Services

- Criminal Justice Services
- Police
- The Scottish Fire and Rescue Service
- Scottish Ambulance Service

2.4. Other relevant agencies not listed above who are currently involved with a person whose has been referred will be invited to attend a MARM meeting. Where the agency is involved or has had previous involvement, then a summary of this involvement will be requested.

3. OUTCOMES

3.1. The key outcomes for individuals involved in the Multi-agency Risk Management (MARM) Group may include:

- Improved health and wellbeing
- Reduction in Reoffending
- Reducing the number of multiple referrals of adults with significant mental health problems to a range of services
- Sustaining tenancy viability safely
- Reducing and stabilising substance misuse
- Stabilising financial wellbeing

3.2. Outcomes for the person will be measured using the matrix tool based on the views and opinions of the person and their experience and perception of the changes in their lives.

3.3. In measuring these outcomes, it is envisaged that this will serve a dual propose of identifying potential unmet needs for the individual and gaps in resources and services.

3.4. Additionally, the MARM will promote effective communication between services as well as a more integrated and responsive way to help people move towards a healthier, more stable, and sustainable lifestyle.

4. INFORMTION SHARING

4.1. The main legislation upon which local information sharing standards are built, is:

- The Data Protection Act 1998 (DP Act 1998)
- Adults With Incapacity (Scotland) Act 2000 (AWI(S) Act (2000).
- Human Rights Act 1998 (HR Act 1998)

4.2. The Public Protection Chief Officers Group (COG) developed an Information Sharing Guidance which sets out reasons for sharing information, what should be shared and how best to do this. The guidance reminds us that existing legislation does not prevent you from sharing information it actually empowers you where you **know** or **believe** an adult is at risk of harm.

4.3. SharePoint link COGPP here Guidance - All Documents (dgcouncil.net)

5. CONFIDENTIALITY

5.1. It is expected that all agencies participating should observe strict confidentiality in all cases considered by the group. All paperwork relating to the meeting including Referrals, Agendas, Notes, and progress reviews will be stored in accordance with their own agencies established GDPR procedures. Representatives from all partner agencies who are expected to participate in the MARM will be asked to ensure they are aware of the confidentiality agenda.

6. PROCESS

6.1. **The process for MARM is as follows:**

1) Person is identified as a high risk of harm and does not meet the 3-point test under ASP and or other protective legislation, the client is at high risk of harm and meets the 3-point test but there are significant concerns about the continued risk of harm.

2) Matrix tool completed and Consent form signed as appropriate.

3) This will be uploaded to Mosaic.

4) Referrals will have been screened in MASH.

5) MASH will decide if the person is appropriate for MARM.

6) MASH will progress the referral to MARM.

7) Referrals considered appropriate will be discussed at a multi-agency forum. Involving senior managers as core participants.

8) Relevant agencies involved with the person will be invited to attend as appropriate.

9) The outcome of the screening meeting will be recorded on Mosaic.

10) A copy of the referral should be sent out to core members of MARM as soon as possible post screening.

11) Prior to MARM meeting all Core agencies represented will check their service's information systems and bring this information to the MARM meeting

12) The MARM meeting will take place as agreed by the Chair.

13) If the designated core member of the MARM is not able to attend the meeting, then a depute should attend in their place.

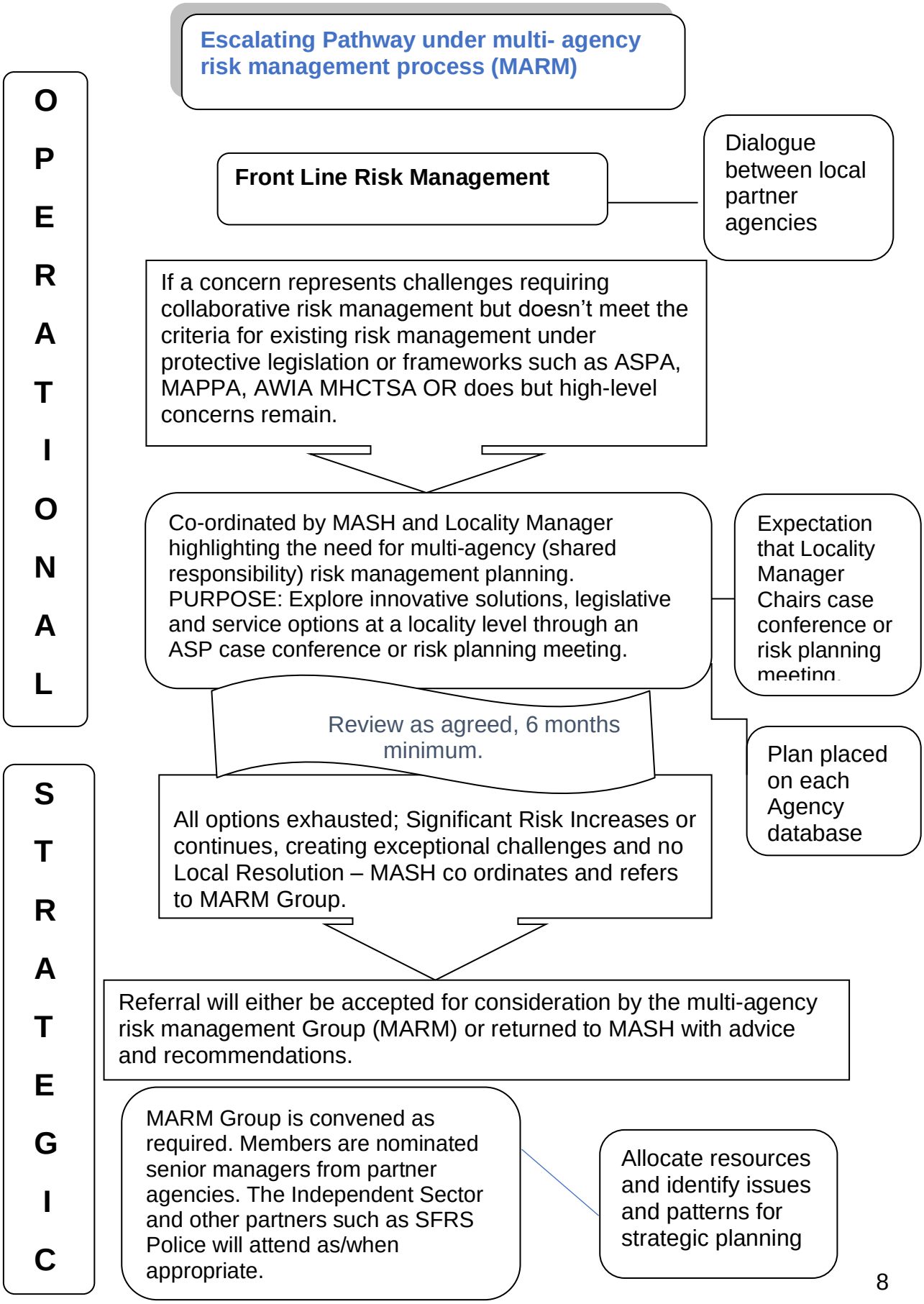
14) The Referrer will be invited to give a summary of their reason for referral and their involvement including the persons view and the outcome of the Matrix tool and or other risk assessment to be agreed.

15) Following discussion, an Action/Support Plan will be agreed with specific actions for identified services/workers and timescales for completion.

16) A Review date will be agreed for the client's case to be returned to MARM.

17) If services are no longer required by the individual and or a safety plan is agreed and in place, and the person is happy and safe they will be discharged from the MARM process.

APPENDIX 1: ESCALATION PATHWAY



APPENDIX 2: ACTION NOTE TEMPLATE

Multi-Agency Risk Management Group Action Note
And
Adult Protection Plan

Name		**Mosaic ID:**	
Date of Meeting		**CHI No:**	

Present:	
Apologies:	

Name; Designation; Agency	**Update/Current Circumstances**

Person View	

Risk Assessment:

Risk from Others: (e.g., abuse, exploitation, domestic violence). **Risk to Others:** (e.g., aggression, violence, associated criminality, drink/drug driving, injecting behaviour, substance use behaviours). **Risk to Self/Neglect:** (e.g., suicide, self-harm, harmful or hazardous substance misuse, overdose, injecting behaviour, mental health/psychological diagnosis, forgetfulness, medical condition, brain injury, alcohol related brain injury Concerns re Capacity Treatment/Welfare Financial, health, BBV, personal care, degree of substance misuse). **Risk to Children:** (e.g., neglect, physical/emotional abuse, impact of substance use). **Risk of Losing Tenancy:** (e.g., eviction notices, arrears, ASBO, pending imprisonment, anti-social complaints, tenancy management skills, institutionalisation, convicted of drug dealing)). **Risk of not Gaining Tenancy: (**e.g., unsafe living situation, repeat homelessness, fire raising convictions, tenancy management skills, institutionalisation)

Protective Factors: (e.g. Commitment/motivation to change, resilient factors, support networks, stability in relationships, employment, housing, substance free)

Risk Factors	**Protective Factors**
Action for Children Considered	**Y/N** (If No give reason below)
Reason:	

Initial Risk Assessment Date:	**6 Monthly Risk Assessment Date:**	**Final Assessment Date:**

Integrated Action Plan

Outcome	**Met**	**Not Met**	**Part Met**	**Action Required**	**By Whom**	**By When**	**Comments**

Review Date:	

APPENDIX 3: RISK RATING TOOL

1. Why do we need this tool?

1.1. Protecting adults at risk: multi-agency policy and procedures to safeguard adults from abuse. Practice Guidance: Safeguarding Adults Risk Assessment & Risk Rating Tool.

1.2. The Safeguarding Adults Risk Assessment/Risk Rating Tool is designed to consider:

- The adult at risk's eligibility for adult safeguarding services.
- The adult at risk's mental capacity to make decisions regarding the risk(s).
- The severity of the current risk(s).
- The potential risks if safeguards or improvement measures are not put in place.
- Whether safeguarding interventions are working, using one simple and easy to track numerical risk rating.

1.3. Measuring the level of risk is crucial to determining both a service user and/or carer's eligibility for services and to shaping an appropriate response to their needs. Risk issues must be discussed with the individual(s) and carer(s) concerned, unless there is evidence that doing so may heighten the risks.

1.4. There is a balance to be struck between enabling people to have choice and control over their lives and ensuring that they are free from harm, exploitation, and mistreatment.

1.5. As partners in the adult safeguarding process, difficult judgements have to be made in determining this balance. This tool is intended to aid **professional judgements** by providing a clear, standardised framework for assessing risk as part of the adult support and protection process.

2. When should this tool be used?

2.1. Key Stages for completion/review.

2.2. **Alert**: A risk assessment should be carried out as part of initial enquiries *when the presenting risks indicate safeguarding concerns*. *This will assist in planning under the duty to inquire process and whether the adult safeguarding process is the most appropriate response to the alert.*

2.3. **Planning meeting discussion:** The risk assessment may be revised on the basis of new information. The risk assessment should be used to inform any interim protection plan put in place to safeguard the Adult(s) at Risk.

2.4. **Investigation**: Information gathered at this stage of the process will indicate whether the individual(s) is at risk of *significant harm* now and in the future and the risk assessment should be revised accordingly.

2.5. **Case Conference**: The risk assessment should be revisited to incorporate information from the investigation and should be used to inform the revised protection plan.

2.6. **Review**: The effectiveness of the protection plan should inform the risk assessment and it should be revised accordingly. The revised risk assessment will inform any ongoing protective measures.

2.7. *Any agency with concerns regarding domestic abuse, stalking and harassment and 'honour'-based violence should complete a Coordinated Action Against Domestic Abuse-Domestic Abuse, Stalking and Harassment (CAADA-DASH) Risk Identification Checklist (RIC). Cases identified as high risk should be referred to the local Multi Agency Risk Assessment Conference (MARAC).*

3. Key Considerations for Risk Assessment

3.1. The safety and protection of the Adult at Risk, Carers & their environment.

3.2. The chronology and pattern of pertinent events.

3.3. The balance of the right to Independence against the likelihood of significant harm arising from the situation.

3.4. Assessment of mental capacity with reference to the Adult with Incapacity legislation.

3.5. Consideration of the involvement of others in the risk assessment, alongside the adult at risk's capacity to consent to the sharing of information.

3.6. Monitoring and review arrangements to determine whether safeguarding interventions are effective.

4. How to use the Adult Safeguarding Risk Assessment

4.1. **Part One: Risk Assessment**

4.2. The assessment considers risk in **6 distinct categories**.

(1) What kind(s) of harm (including self-harm) has been threatened or inflicted? How severe/ serious and are there any children and/or other adults at risk involved:

(2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?

(3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?

(4) Referring to the chronology, is there a pattern of history for the adult at risk and/or person alleged to be causing the harm? How long has this particular incident been happening?

(5) What has been the impact on the person's independence, health, and wellbeing?

(6) How much/ what kind of support does the person normally require?

4.3. **Each category must then be rated as:**

Low risk: No safeguarding action is taking place and/or safeguarding issues have been fully addressed.

Moderate risk: Safeguarding Protection Plan is/remains in place.

High risk: Protection Plan is being implemented. Legal action is being taken. The abusive behaviour is persistent and / or deliberate.

Severe risk: Life may be in danger, risk of major injury or serious physical or mental ill health. The incidents are increasing in frequency and/or severity.

4.4. **Part Two: Numerical Risk Rating**

4.5. Having rated the risk level for each risk area **one overall numerical risk rating** should then be recorded using the Risk Rating Tool. This tool can be found, alongside additional guidance, at the end of the Risk Assessment. This rating can be reviewed to check that interventions are working. The numerical rating uses the same categories of **Low**, **Moderate**, **High,** or **Severe** risk.

APPENDIX 4 - SAFEGUARDING RISK ASSESSMENT TOOL TEMPLATE

Name of Adult at Risk					
Has an assessment of eligibility for Community Care services been completed?					
Is the person an 'Adult at Risk' as defined in Adult Support and Protection (Scotland) Act 2007 | Care Information Scotland (careinfoscotland.scot)					
DoB/ Age:		Gender:		Reference no:	
Address:					

Are any children present in the household of the adult at risk / person alleged to be causing the harm /location of abuse: (Yes/No)
If yes, alert Child MASH and provide details below (name, DoB):

Name of person alleged to be causing the harm:	
Person alleged to be causing the harm's relationship with the adult at risk:	
Context in which the alleged incident(s) took place:	

Does the adult at risk have Mental Capacity to understand the presenting risk(s)?
For an overview of capacity Adults with incapacity: guide to assessing capacity - gov.scot (www.gov.scot)
Stage 1. Is there an impairment of, or disturbance in the functioning of a person's mind or brain? *If so,*
Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?
If the adult at risk lacks the mental capacity to understand the presenting risks has an advocate or Independent Mental Capacity Advocate been appointed?
If the person has capacity, has s/he agreed that this investigation be pursued?
See 2 stage test of capacity above.

If the person has not agreed, please summarise reasons for their reluctance here (e.g., anxiety about future relationship with the person alleged to be causing the harm, fear of retaliation, reluctance to lose perceived benefits from relationship):

Does the person alleged to be causing the harm have capacity to understand the risk(s)?

Add the chronology of relevant events for both the adult at risk and person alleged to be causing the harm below (attach a separate sheet if necessary).

APPENDIX 5: DUMFRIES AND GALLOWAY PUBLIC PROTECTIONPARTNERSHIP CHRONOLOGY OF SIGNIFICANT EVENTS TEMPLATE

Name:
DOB:

Single Agency
Reference NO:
e.g., Mosaic
xxxxx CHI Number

Date & Time Age of the Person	Source	Name & Role of Practitioner Recording Significant Event	Significant Event	Event Details	Impact	Outcome/Actions Taken

On the basis of the evidence available, your professional judgement and experience, assess the risk which the adult at risk faces from the person alleged to be causing the harm. The indicators of risk are based on Guidance in 'No Secrets', 2000	
INDICATOR ***Please note: Responses/summaries should include the Adult at Risk's own perception of the level of risk. If these are not recorded the reason for this must be given.***	RATING **Low risk:** No safeguarding action is taking place and/or safeguarding issues have been addressed. **Moderate risk:** Safeguarding Protection Plan is/remains in place. **High risk:** Protection Plan is being implemented. Legal action is being taken. The abusive behaviour is persistent and / or deliberate. **Severe risk:** Life may be in danger, risk of major injury or serious physical or mental ill health. The incidents are increasing in frequency and/or severity.

1) What kind(s) of harm has been threatened or inflicted? How severe/ serious and are there any children and/or other adults at risk involved:	List categories of abuse, and assess severity in each case: a) b) c) d)
2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?	Assess likelihood that abuse will: a) Continue b) Escalate
3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?	Assess likelihood that abuse involved: a) Premeditation b) Threats c) Violence d) Other coercion
4) Referring to the chronology, is there a pattern of history for the adult at risk and/or person alleged to be causing the harm? How long has this particular incident been happening?	For each risk, assess duration and repetition.
5) What has been the impact on the person's independence, health, and wellbeing?	Assess severity of impact on the person's: a) Independence b) Health c) General Wellbeing **Overall Impact:**
6) How much/ what kind of support does the person normally require? Has a Carers Assessment been undertaken? Describe briefly here:	Support needs assessed as:

RISK SUMMARY

View of the allocated Professional:
Views of the Individual:
Views of Carer(s) others:

SUMMARY OF ACTIONS:			
Action	Desired outcome	Person responsible	Timescale (date)

Is this a second or subsequent assessment? If so, please indicate the dates here and in what ways it is different from previous assessments.

Date of previous risk assessment	Points of difference

Name of Worker Completing Assessment:
Role:
Sign & Date:
Manager/Senior Practitioner:
Role:
Sign & Date

APPENDIX 6: RISK RATING TOOL

How to use the Risk rating Tool

Consider the risks highlighted above. The grid below allows one numerical value to be assigned to the overall risk.

- Estimate how **likely** the overall risk is using the table below (rare to almost certain). The table will assign a score to the estimated likelihood.
- Estimate the likely **outcome** of the overall risk (negligible to catastrophic). The table will assign a score to the estimated likelihood.
- Multiply the two scores together to give a risk rating

The risk rating should then be rated using the following scale:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Severe risk

This numerical score can then be tracked across the course of the safeguarding process to give a clear indication as to whether interventions are working or not. Additional information to help with assigning a numerical risk rating can be found on the pages below.

	Likelihood				
Likelihood score	**1**	**2**	**3**	**4**	**5**
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Further Guidance on the Risk Rating

The risk rating is based on the combination of the **likelihood** of a hazardous event occurring and the **consequence** of that event.

Likelihood

This is a measure of the chance that the hazardous event will occur. An example of low likelihood is where a person is mugged in the streets as he was returning from church. It is a one-off incident unlikely to happen again. An example of a high likelihood is where the carer verbally abuses the person, and the interaction is daily, or the carer is the relative the person lives with.

Almost certain	Will probably occur frequently	5
Likely	Will probably occur frequently but not as a persistent issue	4
Possible	May occur	3
Unlikely	Not expected to occur	2
Rare	Would only occur in exceptional circumstances	1

Consequence

This is the outcome of the hazardous event. It is assessed according to the impact the event had on the person. A broken bone and subsequent recovery would have a major consequence to the person, whereas a bruised knee following a fall would be a minor consequence.

Table 2

Level	Injury/risk of harm to Victim	Injury/risk of harm to others	Cost/to individual/and others	Risk/cost to organisation as a public service
Catastrophic	Unanticipated death, multiple severe injury, repeated abuse despite safeguards resulting in permanent disability, criminal offences etc	Large number of people abused/neglected, assaults against staff, number of criminal offences etc.	Death, significant deterioration in health and wellbeing, total loss of independence etc	National adverse publicity, irreparable damage to reputation, litigation etc
Major	Major permanent loss of function related to acts	Theft from many vulnerable adults, risk of assaults and verbal abuse	Prolonged medical admission, change to living arrangements,	Widespread/ sustained adverse

	of abuse, fractures leading to disability, theft of significant cost or from someone in position of trust, sexual abuse etc, Significant self-neglect requiring hospitalisation, possible criminal offence	against staff or others, access to medical /social care denied leading to significant health problem, possible criminal offences etc	total loss of independence, persistent risk of assault to staff and others with risk of care withdrawal and impact on health and well-being etc	publicity, increased public and regulatory scrutiny

Level	**Injury/risk of harm to Victim**	**Injury/ risk of harm to others**	**Cost to individual/and others**	**Risk/cost to organisation as public service**
Moderate	Semi-permanent harm leading to 1month-1yr of increased support and rehabilitation, some loss to independence, theft from stranger, controlling carer/relative, persistent verbal abuse/ significant psychological damage, some level of self neglect/non-compliance etc	Harm/ risk of theft to vulnerable others, persistent poor-quality care, resulting in people's health and wellbeing impacted on, more than one incident of medium to low level institutional abuse, rude and abusive carers, failure to act on complaints, development of and poor management of pressure ulcers grade 3 and above, etc	Medium to low level harm, mainly psychological, anxiety, depression as a reaction requiring medical intervention, pain, and discomfort, semi-permanent, loss of independence etc	Widespread or low-profile adverse publicity
Minor	Short-term injury, one-off incident, and low-level theft,	One-off verbal abuse with multiple victims	Anxiety and being upset which responds to reassurance, no	Adverse publicity

	shouted at by spouse, other relative, development of pressure sores grade 2 and above	and against staff, One-off incident of rudeness by care giver or perpetrator towards others and staff	real loss to independence or level of function	
Negligible	Minor harm, one incident of undignified care, delays in service due to a one-off shortage of staffing	Development of grade one pressure sores with no management plan or ineffective care plan for a number of patients, one incident of undignified care due to other factors etc.	Anger and frustration for victim, staff being rudely addressed	none

APPENDIX 7: LINKS TO ADULT SUPPORT AND PROTECTION LEGISLATION

Adult Support and Protection (Scotland) Act 2007 (legislation.gov.uk)

Adult Support and Protection revised Code of Practice - gov.scot (www.gov.scot)

Adults with Incapacity (Scotland) Act 2000 (legislation.gov.uk)

Supported Decision Making 2021.pdf (mwcscot.org.uk)