

**Multi-Agency Risk Assessment and Management (MARAM) Guidance**

**September 2023**

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# Policy Summary

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| **Related document(s)** | Safeguarding Adults in Halton Policy and Procedures |
| **Superseded document(s)** | Not Applicable |
| **Equality Impact Assessment** | Completed |

***This policy has been based on the Multi-Agency Risk Assessment and Management (MARAM) Process Guidance, July 2022 – Warrington Borough Council and we would like to acknowledge the use of this document in the development of this policy.***

## Background and Aims

The Multi-Agency Risk Assessment and Management (MARAM) process is designed to assist practitioners seeking to support individuals at risk to be able to continue to live independently, by providing support to manage, reduce and mitigate such risks. The MARAM does this by drawing together practitioners to develop solutions to problems in case management that have become fixed. It focuses on high intensity service users, or those who choose not to engage or may be hard to engage with, who for whatever reason, engage in risky behaviours that are not captured by other safeguarding processes. The MARAM is developed for adults who are considered to have the mental capacity to make choices that we believe places them at risk. If the adult is assessed as having the capacity to understand the consequences of refusing services/engaging in risky behaviours, then holding a Multi-Agency Risk Assessment and Management Meeting should be considered.

Eligibility for care and support needs should always be considered and assessed to ensure that individuals who meet the criteria as per the Care Act 2014, are offered the relevant services where eligibility is founded, even if they are not willing to accept those services.

Following a multi-agency audit on the theme of self-neglect, it was identified that a MARAM process would provide a structured framework to support professionals to work together on more challenging cases and consider risks and actions on a multi-agency basis.

## When to call a MARAM Meeting

This guidance should be used in situations where there is significant concern that an individual’s lifestyle choices or behaviour may result in serious harm, or even death, and single agency involvement, or the involvement of a number of agencies, has not been effective in managing the identified risk. **It can follow on from or precede a formal safeguarding enquiry, or run as a stand-alone meeting.**

### **Identifying Risk**

The guidance is based on the completion of the suggested planning document – **Appendix 1** (or agency risk assessment if one is already in place) to identify if there are specific risks in relation to any of the areas covered by this procedure. If one or more are identified there is a suggested process for decision taking and action in respect of each **Appendix 2-6.**

Some of the commonly occurring issues identified in cases where professionals might hold a MARAM meeting include:

* **Alcohol/drug dependence**
* **Mental health**
* **Non-compliant or challenging behaviour**
* **Complexities around Medical Intervention, Medication and Diagnosis**
* **Self-neglect/Self-harm/hoarding**
* **Refusal of access to an adult with care and support needs**
* **Fear of statutory bodies**
* **Homelessness/inappropriate environment**
* **Domestic Abuse combined with other complexities**

In determining whether it is appropriate to call a MARAM meeting, consideration should be given to all other measures/steps that already have been taken to identify and manage risk. This process is not intended to replace other multi-agency arrangements however, in some cases, it may be helpful to use MARAM alongside these processes. Where partner agencies have already provided information to other processes, this information should be considered prior to convening a further risk management meeting.

Examples of some other processes that can be considered are:

* **Safeguarding Enquiry**
* **MDT Meeting**
* **MARAC**

Where this is the case, practitioners should challenge aspects of practice that they do not feel are in the best interests of adult at risk by using the HBC Adult Social Care Complaints Policy. Halton Borough Council ‘s Adult Social Care complaints process is available to view at:

[**Adult Social Care Complaints**](https://www4.halton.gov.uk/Pages/councildemocracy/AdultSocialCareComplaints.aspx)

### **Service User Involvement and Capacity**

At all stages the service user should be engaged in this process and supported to understand the risks and, hopefully, accept support to minimise them.

The Mental Capacity Act has, rightly, enshrined that all adults have the right to make choices and decisions for themselves, even if these may place them at risk. Staff from a range of partner and provider agencies work together to support individuals to live as fully and independently as possible but are sometimes faced with situations in which an adult with care and support needs may be at risk as a result of their own decisions or behaviour.

It is not possible to eliminate all risks that people may face or experience as a result of their own choices and decisions. In these circumstances all agencies are potentially at risk from allegations that they did not do enough to reduce or manage these risks.

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.

Those people who are unable to understand the risks posed to them will automatically be protected through the application of the Mental Capacity Act and following due process time and decision specific MCA assessments must be undertaken, best interest decisions made, advocacy support provided and any prior wishes considered to ensure safeguards are in place as appropriate by the key professionals involved in the care and treatment of the individual.

It must also be noted that such a process may have a negative impact on the individual’s emotional wellbeing as such a sensitive approach must be taken to discuss the process and ascertain views where possible. It is the responsibility of the practitioner to consider how the views and wishes of the individual are gathered and shared throughout the process.

**Appendix 10** provides a useful case study to demonstrate how a MARAM works.

## Who can call a MARAM meeting?

Any practitioner working for **any agency** that is a member of Halton Safeguarding Adults Board (the proposer). The partner agencies who are members of Halton Safeguarding Adults Board are:

Halton Borough Council

NHS

Police

Fire & Rescue Service

North West Ambulance Service

Probation

Healthwatch

SHAP

Age UK

Housing

## How to call a MARAM meeting

**Preparation**

Practitioner (proposer) raises their concerns with their Line Manager or equivalent seniority suggesting that a MARAM takes place to manage the risks. Line Manager to make a decision about whether or not the risks identified merit holding a MARAM, if agreed;

Proposer or relevant administrator acting on their behalf contacts all involved and arranges the meeting. A template is available (**Appendix 7). Due consideration should be given to ensuring that the voice of the adult can be heard clearly and reflected on during the meeting. This might mean that the adult themselves are invited if it is appropriate, or an advocate, this will depend on the individual circumstances of the case and can’t be prescribed within this process.**

Within the MARAM process, it is essential that we are open and honest with the individual in question (and/or their family 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.

Proposer prepares a synopsis of the person that is the subject of the MARAM meeting, and a detailed description of the circumstances that form that reason for the concerns. **Appendix 8 provides a template for this.**

If possible, and time appropriate, the proposer send the synopsis in advance of the meeting along with this guidance document.

The Line Manager of the proposer is the facilitator of the MARM, they are responsible for ensuring that each person is heard and they lead on the problem-solving and solution-finding element of the meeting, supported and challenging attending practitioners to resolve the shared concerns. Sometimes, it may be necessary for a more senior officer to Chair/facilitate a MARAM; this would be a matter for the proposer’s Line Manager to consider and seek advice about within their own service.

The proposer makes very brief notes about the discussions held, and records the agreed actions for everybody in attendance (**Appendix 9 provides a template action plan).** The proposer issues this meeting record to everybody in attendance, and records this on their own organisation’s records management system. The attendees carry out their actions and keep their own copy of the meeting record.

### **Suggested Agenda**

* **Introductions, welcome and apologies**
* **Confidentiality Statement (Appendix 11)**
* **The views and wishes of the person at risk**
* **Synopsis – the proposer shares a pen picture of the adult with the attendees giving a synopsis of the situation that has caused them to call a MARAM meeting**
* **Sharing of information – each attendee provides their perspectives and understandings about this situation and their understanding about how and why the adult is affected**
* **Action Planning – practitioners to work together to seek to resolve the issue and set out agreements and actions that mitigate or address the risks identified**

## Closing the MARAM

If the risks are fully mitigated, no further MARAM is needed. If it deemed necessary by the proposer and their Line Manager to call a further MARAM meeting because risks remain high, then a further meeting may be required.

# Appendices

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| **Appendix Number** | **Title** | **Document** |
| 1 | MARAM Planning document |  |
| 2 | Fire Safety – Possible approaches to Risk Assessment and Management |  |
| 3 | People who Self-Neglect – Possible approaches to Risk Assessment and Management |  |
| 4 | People who are dependent on alcohol/drugs – Possible approaches to Risk Assessment and Management |  |
| 5 | Non Adherence to Prescribed Medication |  |
| 6 | People who are passively resistant or aggressive |  |
| 7 | MARAM meeting invitation template |  |
| 8 | Report to MARAM meeting |  |
| 9 | Action Plan template |  |
| 10 | Case Study |  |
| 11 | Confidentiality Agreement/Statement |  |