**Multi Agency Risk Management (MARM) Strategic Risk Panel**

**Referral Form**

**Key documents to be referenced on the referral form are:**

* + MARM outcome and risk plan documentation.
  + Capacity assessment documentation if applicable.
  + The minutes of the multi–agency meeting where the decision to refer was made outlining the risk and rationale for the referral.

## **Please note copies of these will need to be submitted with the referral**

These documents are attached with the referral **Y/N**

The referrer should also ensure that where any legal advice has been given that this is noted on the referral form.

Referrals should be sent to [bsp@bury.gov.uk](mailto:bsp@bury.gov.uk)

**Referrer’s details**

|  |  |
| --- | --- |
| **Referrer name** |  |
| **Role of referrer** |  |
| **Contact Details (telephone, email)** |  |
| **Work base and address** |  |
| **Organisation** |  |
| **Name and contact details of manager who has approved the referral** |  |
| **Date Submitted:** |  |
| **Time submitted:** |  |
| **Person who will attend panel to present the case (usually TM or chair of the meeting)** | Please include an email address so that the meeting invitation can be shared |

**Adult’s details**

|  |  |
| --- | --- |
| **Adult’s first name(s)** |  |
| **Adult’s Surname** |  |
| **Liquid Logic /NHS number** |  |
| **Any known aliases** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |

**Details of reason for the referral**

Please provide a synopsis of the persons circumstances including:

**The causes for concern**

* + **Overview of actions taken to date** (for adults already discussed at panel this will be an update of the action log)
  + **Has legal advice been sought**? If so, what specifically was asked and what was the response?
  + **Are all the agencies involved** who have a role and are they engaging/attending meetings?

## **Managing the risk**

* + **What is working** and what are the opportunities to do something differently?
  + **What are the barriers/issues** that you are not managing to progress?

## **Making Safeguarding Personal**

* + **What does the individual want**? What do they feel would make the biggest difference?
  + **Are there friends and family** that the adult engages with, or who would like to be more involved who we can work with (with the adults’ s consent)?

The details of the professional decision making and rationale which has led to the referral to the Bury Strategic Risk Panel.

Risks should be recorded in the risk assessment below as part of the referral.

|  |
| --- |
| **Brief Summary of the persons circumstances** |
|  |
| **Please state the views, wishes and feeling of the adult or their advocate or representative?** |
|  |
| **Rationale for referral to Bury MARM Strategic Risk Panel** |
|  |
| **Date of the multi-agency meeting which made the professional decision to refer to the Bury MARM Strategic Risk Panel.** |
|  |
| **What you believe would make a difference** |
|  |
| **Is the adult open to any other multi-agency partnership considerations e.g. MARAC (Multi-Agency Risk Assessment Conference) / MAPPA (Multi-agency public protection arrangements) or Improving Adult Lives** |
|  |

**Risk Assessment**

Identified Risks for the adult. Please refer to MARM outcome and risk Plan

Matrix to be used to assess level of risk.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk Rating Matrix to be used** | | | | |
| **Likelihood** | **Potential Consequence** | | | |
| **Negligible** | **Minor** | **Moderate** | **Major** |
| Almost Certain | Medium | Medium | High | Very High |
| Likely | Medium | Medium | High | High |
| Possible | Low | Medium | Medium | Medium |
| Unlikely | Low | Medium | Medium | Medium |
| Rare | Low | Low | Low | Medium |

|  |  |  |
| --- | --- | --- |
| **Current identified risks that have been presented to the MARM Strategic Risk Panel for advice and consideration** | **Please provide update on action taken to minimise risk including dates** | **Please rag rate each risk – using**  **the matrix above** |
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## **Capacity**

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| --- | --- |
| **Are there any concerns or doubt regarding the adult’s capacity in respect of the identified risks which are being presented to the panel?** | * Yes * No |
| Date of mental capacity assessment which evidences whether the person **has capacity** or **deemed to lack capacity** as per MCA process (attached a copy to the referral) |  |

**Consent/engagement of adult for referral**

|  |  |
| --- | --- |
| **Is the Adult aware you have made a referral to the Bury MARM Strategic Risk Panel?** | * Yes * No   If no, why not? |
| **Has the Adult previously been under the care of children services?** | * Yes * No * Don’t Know (if don’t know check with children services) |

**Health**

|  |  |
| --- | --- |
| **Does the Adult have a formal diagnosis by a medical professional?** | * Yes * No (if no, please contact GP to confirm) |
| **If yes, what is the person’s diagnosis?** |  |

**Other relevant information**

|  |
| --- |
| **Have there been any other multiagency meetings in relation to these concerns? E.g. Bury Multi-Agency Public Protection Arrangements, Bury Multi-Agency Risk Assessment Conference, or another multi-agency**  **meeting? If so, please give detail overview of outcome.** |
|  |
| **Has any legal advice been sought in relation to this individual and the level of risk? Please give detail below re date advice sought and advice given.** |
|  |
| **Any other comments or information relevant to the concerns?** |
|  |

**Significant others (including adults and children)**

The details of any other significant adults included children should be recorded. Where there are no details, this should be recorded as not applicable (N/A).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Address** | **Relationship to referred adult** | **Known to service** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Partner agencies known to have been involved with this adult.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency name** | **Contact name** | **Contact details including telephone number and email address** | **Are they still involved?** |
|  |  |  |  |
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Please note below a guide to the risk ratings for the MARM Strategic Risk Panel:

|  |  |  |
| --- | --- | --- |
| Low/medium Risk | High Risk | Very High Risk |
| * Concerns are managed and support provided by the service. * Relevant agencies are aware of the risks including Health and Social agencies including the police / PPIU. * Appropriate provision in place as well as a comprehensive package of support whether formal or informal is in place. * Adult engaging well or reluctantly with provider’s   /professionals/ agencies and with family members/ friends.   * Requires on-going support and close monitoring from local agencies including family and friends if appropriate | * Adult not engaging fully and presents with on- going complex issues. * Engagement is inconsistent. * Often making unwise decisions. * Is putting self at risk and there are opportunities for a perpetrator(s) to exploit and abuse. * Requires support and monitoring from multiple agencies. * Can be managed by standard safeguarding/multi- agency process | * On-going exploitation / abuse * Risk of life or risk from others or to others due unwise decision making * continuous poor engagement with agencies   /professionals /carers (formal and informal), family or friends.   * Possible evidence of coercion and the person not making decision of their own free will. * Possible evidence of fluctuating capacity * All adult protection options have been exhausted with no resolution. * Discussion at High-Risk Advisory Panel * Actions reviewed at High-Risk Advisory Panel |

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# **Feedback from Strategic Risk Panel (to be shared with referrer)**

|  |  |
| --- | --- |
| Decision / Actions Required |  |
| Rationale |  |
| Date |  |

# Bury MARM Strategic Risk Panel referral checklist

In the referral to the Bury MARM Strategic Risk Panel the referrer is required to demonstrate that all attempts to engage the adult, their family and friends have been tried and been unsuccessful.

# Below is a checklist of possible approaches for you to consider before submitting the referral to the Bury MARM Strategic Risk Panel.

Please review this list and consider if there are any other possible actions that should be tried before the referral to the panel is made.

* Have you considered using the Health non concordance policy if appropriate where the person is not engaging with life sustaining or other essential health treatment?
* Can you demonstrate that you have worked with the Adult and have been unsuccessful with engaging the Adult and you still have concerns about the Adult’s welfare & safety?
* Have you held MARM protocol multi-professional meetings and have been unable to reduce presenting risks because the Adult does not want to engage or is being prevented from engaging is choosing to make an unwise decision not to do so?
* Have other multi-agency meetings been held to consider the identified concerns?
* Have you attempted to engage the Adult with services, but the person does not want to engage or is being prevented from engaging or is making an unwise decision?
* Have you attempted to engage the Adult with Community Health Services to address health issues, but the person has chosen not to engage or is being prevented from engaging?
* Have you attempted to engage the Adult with mental health services due to current mental health concerns with his / her consent, but the person has chosen not to engage or is being prevented from engaging?
* Have you attempted to engage the Adult to psychological services due to psychological concerns in line with the agreed psychological pathway, but the person has chosen not to engage or is being prevented from engaging?
* Have you attempted to engage the Adult with Alcohol and Drug services due to concerns of illicit drug use and alcohol dependency, but the person has chosen not to engage or is being prevented from engaging?
* Have you attempted to engage the Adult with Housing and Homeless services due to accommodation issues, but the person has chosen not to engage or is being prevented from engaging?
* Have you attempted to engage the Adult with the Police and Fire Service?
* Have you attempted to engage the Adult with his / her GP?
* Have you attempted to engage the Adult with the Voluntary Sector not linked to statutory services?
* Have you considered / referred to Bury Multi-Agency Risk Assessment Conference for domestic violence?
* Have you checked if the Adult has any dependencies (i.e. children, pets etc.) and appropriate measures have been put in place?
* Have you checked if the Adult is known to Probation, Criminal Justice Mental Health Service and all attempts have been made to engage the person?
* Does the adult meet the criteria for statutory advocacy and have you made an advocacy referral? If the adult does not meet the criteria, have you advised the Adult to seek an Advocate to support them?
* Have you considered appointee-ship with a provider, family member or Local Authority?
* Have you approached legal services for advice and support and considered inviting legal to the Strategic Risk Panel meeting?

Actions which can help to get engagement in self-neglect are suggested by Braye et al. (2015) as:

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| --- | --- |
| **Theme** | **Examples** |
| Building rapport | Taking the time to get to know the person, refusing to be shocked |
| Moving from rapport to relationship | Avoiding kneejerk responses to self-neglect, talking through the interests, history, and stories |
| Finding the right tone | Being honest while also being non-judgmental, separating the person from the behaviour |
| Going at the individual’s pace | Moving slowly and not forcing things; continued involvement over time |
| Agreeing a plan | Making clear what is going to happen; a weekly visit might be the initial plan |
| Finding something that motivates the individual | Linking to interests (e.g. hoarding for environmental reasons, link into recycling initiatives) |
| Starting with practicalities | Providing small practical help at the outset may help build trust |
| Bartering | Linking practical help to another element of agreement – bargaining |
| Focusing on what can be agreed | Finding something to be the basis of the initial agreement, which can be built on later |
| Keeping company | Being available and spending time to build up trust |
| Straight talking | Being honest about potential consequences |
| Finding the right person | Working with someone who is well placed to get engagement |
| External levers | Recognising and working with the possibility of enforcement action |

It is important to consider in multi-agency partnership settings which agency is best placed to work with an adult who is disengaging to build links and trust.

Possible approaches that have been shown to work well are summarised below:

|  |  |
| --- | --- |
| **Theme** | **Examples** |
| Being there | Maintaining contact; monitoring risk/capacity, spotting motivation |
| Practical input | Household equipment, repairs, benefits, ‘life management’ |
| Risk limitation | Safe drinking, fire safety, repairs |
| Health concerns | Doctors’ appointments, hospital admissions |
| Care and support | Small beginnings to build trust |
| Cleaning / clearing | Proportionate to risk, with agreement, ‘being with,’ attention to what follows |
| Networks | Family/ community, social connections, peer support |
| Therapeutic input | Replacing what is relinquished; psychotherapy/mental health services |
| Change of environment | Short term respite, a new start |
| Enforced action | Setting boundaries on risk to self & others |