NHS Knowsley Clinical Commissioning Group

Knowsley Council

Multi-Agency Risk Assessment and Management (MARAM) Process

1. Background

This Guidance was issued following a number of serious incidents in Knowsley, which raised issues in relation to mental capacity, vulnerability and risk taking behaviour in respect of adults with care and support needs.

Specific issues in relation to the following areas were identified:

- Fire Safety
- Alcohol/drug dependence
- Non compliant or challenging behaviour
- Medical Intervention and Medication
- Self neglect
- Refusal of access to an adult with care and support needs

In addition, although each situation demonstrated a commitment to multi-agency working, there were instances when efforts to support the adult at risk could have benefited from a clearer structure.

Accordingly, the Board decided that the recommendations from the Serious Incident Reviews would be implemented through a multi disciplinary review of current practice in assessing risk, co-ordinated by the Safeguarding Adults and Quality Assurance Unit. The MARAM process was agreed through consultation with a range of organisations across Knowsley and endorsed by the Knowsley Safeguarding Adults Board.

This process mirrors the existing safeguarding process, which ensures that information on adults at risk is shared between agencies and enables the widest range of expertise and resources to come together to deal with instances of abuse or neglect. The Risk Assessment and Management Process will sit alongside this as part of Knowsley's commitment to prevention by identifying, mitigating and managing the risks to adults at risk resulting either from their own choices or behaviour alone or from a range of individual and environmental factors.

2. Scope

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. A robust, multi-agency procedure would allow agencies to demonstrate that they have worked together to do as much as possible. In addition individual practitioners can feel isolated in seeking to engage with some individuals and told us that they would welcome additional guidance in these specific areas.

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 choices or behaviour are likely to result in serious harm, or even death, and single agency involvement has not been effective in managing the risk.

3. How to use the procedure

These procedures are designed to provide guidance to staff seeking to support individuals at risk to live autonomously and independently, whilst seeking to support them to manage, reduce and mitigate any risks resulting from their lifestyle and their choices and decisions.

The Procedures are based on the completion of the suggested Risk Assessment – **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.

The Procedure indicates occasions when it might be appropriate to call a Multi-Agency Risk Management Meeting. Any partner agencies may call a Multi-Agency Risk Management Meeting and other agencies should co-operate by ensuring attendance.

In determining whether it is appropriate to call a Multi-Agency Risk Management Meeting consideration should be given to all other measures/steps that might already have been taken to identify and manage risk. This process is not intended to replace existing arrangements such as MARAC and ASBRAC. However, in some cases it may be helpful to use the Multi-Agency Risk Management Meeting alongside these processes. In these circumstances partner agencies will already have provided information to the MARAC/ASBRAC and this should be considered prior to convening a further Risk Management Meeting.

a) Procedure - Identifying the Risks

A worker from any agency can complete the generic risk assessment which will identify if the individual, or others, are at serious risk, due to their own behaviour or choices or environmental factors in respect of:

- Fire Safety
- Alcohol or drug dependence
- Resistant or aggressive behaviour
- Medical Intervention and Medication
- Self neglect
- Refusal of access to an adult with care and support needs

Each organisation should nominate a member of staff to act as 'Risk Co-ordinator' for the organisation.

b) Specific Guidance

If the generic risk assessment indicates one or more risk area the worker should consult the relevant section for further advice/areas to consider and work through the suggested flow chart for possible decisions and actions. (**See Appendices 2 – 6**) This will prompt consideration of mental capacity in relation to specific decisions.

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 service user should be engaged in this process 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 Multi-Agency Risk Management Meeting should be called. This should then be convened within one week.

c) Information sharing

Remember that the **Data Protection Act 1998** 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. Be open and honest with the individual (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.

Ideally the consent of the person about whom the information is held should be sought. However, there will be occasions when this is not possible and the principle of confidentiality can be overridden in order to safeguard an adult at risk or in the public interest.

You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case; information shared should be proportionate to the level of risk**.**

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.

Article 8.1 of the **Human Rights Act 1998** states that *"everyone has the right to respect for his* (or her) *private and family life, his home and his correspondence".* Disclosing information for a purpose other than for which it was originally obtained constitutes an infringement of this right.

However, Article 8.2 specifies grounds where authorities may limit those rights:

- in the interests of national security, public safety, or the economic well-being of the country
- for the prevention of disorder or crime
- for the protection of health or morals
- for the protection of the rights or freedoms of others

Organisations should show that they have taken the person's rights under the Act into account when deciding to share the information, and should record the grounds for interfering with those rights.

The **Data Protection Act 1998** 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.

d) Convening a Multi-Agency Risk Management Meeting

Staff from any agency can convene a Multi-Agency Risk Management Meeting. In order to manage the potential numbers of meetings managers should ensure that all suggested mitigating actions have already been followed. It may be advisable to seek legal advice in particular circumstances.

The Agency convening the meeting should complete a Risk Management Meeting Request (**Appendix 7**) and circulate it to the member of staff identified as the named Risk Co-ordinator for each agency they request to attend.

All agencies requested to attend should confirm their attendance in advance.

e) The Multi-Agency Risk Management Meeting(s)

The agency convening the meeting should complete a brief report outlining the risks and the steps taken to date to manage or mitigate them. See **Appendix 9**.

The agency convening should consider whether their Risk Management Co-ordinator should chair the meeting. If this is not possible the co-ordinator should identify a suitably experienced member of staff to take on the role.

A suggested agenda is outlined in **Appendix 10**

Where there is multi-agency involvement, the co-ordinator from another agency may take on the role of the chair with agreement.

All participating agencies should ensure that they bring information they may hold in relation to the specific individuals and any experience they may have in dealing with similar situations.

It is not necessary to keep detailed notes of discussions but the Risk Management Plan (**Appendix 11**) should be completed and an agreed timescale for the meeting to reconvene. The Risk Management Plan should also identify the Key Worker who is responsible for co-ordinating the Plan.

All participating agencies should commit to ensuring that they discharge all actions allocated to them within the timescale outlined.

In some circumstances it may be appropriate to invite the person and/or a representative or relatives to all or part of the meeting. This will depend on the individual circumstances of each case.

f) Reviewing the Plan

The Key Worker should convene a review meeting in line with the timescale agreed at the original Risk Management Meeting. The Action Plan should be reviewed and updated in the light of experience or if new information is available.

g) Completing the Risk Management Process

Any number of reviews can take place whilst work is being underway to reduce/manage/mitigate the risk. However it may not be possible to eliminate or reduce these to the point where no substantial risks remain as the person is entitled to make choices about how they want to live.

The Review Meeting may consider that no further action is possible or practicable in which case a final review of all the actions taken should be recorded and retained in the file of each agency involved in the Risk Management Process.

The person should be kept informed of actions taken throughout and of any decision to close the process.

h) Other areas of risk

Although specific areas of risk are referred to in this document, the process is not limited to these areas and can be applied in any situation where an individual is making an unwise decision which is likely to have a significant impact.

Appendix 1

Knowsley Multi-Agency Risk Assessment and Management Process

1. Personal / Household Details

Name: **Date of Assessment:**

Address: Date of Birth:

Nature of premises.....

Access allowed? YES / NO Advocate involvement YES / NO

Is the home owned or rented?..... Housing provider : .....

Caring Responsibilities? YES / NO

Dependants ? Please give names and Dates of Births

.....

.....

.....

.....

.....

Please give detail of any current Concerns?

If this person is assessed as lacking capacity to make a particular decision then a Best Interest Meeting should be convened. It is not necessary to also convene a Risk Management Meeting at this time.

2. Fire and Environmental Factors

Is the person over 65?	YES / NO
Does the person have mobility issues that would prevent them leaving the property unaided?	YES / NO
Are there any occupants in the property with a disability?	YES / NO
Does anyone in the property have an illness or take medication whereby they would not understand or react to a fire/alarm?	YES/NO
Is there a fire risk because person is careless when cooking?	YES / NO
Does the person have a dependence on alcohol?	YES / NO
Does the person have a dependence drugs?	YES / NO
Is there a fire risk due to smoking?	YES / NO
Is the person supported by carers?	YES / NO
Do they have a key safe?	YES / NO
Do they live alone?	YES / NO
Is the person a victim of Hate Crime?	YES / NO

If you answer YES to any of the above and the person has capacity to make these decisions please refer to the specialist guidance (**Appendix 2**)

3. Self Neglect and Self Harm (Individuals who may be at risk of personal safety or harm)

Does this person self harm?	YES / NO
Is the person taking medication inappropriately?	YES / NO
Is the person refusing medical attention?	YES / NO
Is the person at risk of malnutrition/dehydration?	YES / NO
Is the person neglecting personal care?	YES / NO
Is the property insecure?	YES / NO

Is the property cluttered or unkempt? YES / NO

Is this recent behaviour? YES / NO

If YES, what has been the deterioration period and what were the triggers to this behaviour?

If you answer YES to any of the above and the person has capacity to make these decisions please refer to the specialist guidance (**Appendix 3**).

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4. Alcohol/drug dependence

Does the person have a dependence on alcohol? YES / NO

Does the person have a dependence on drugs? YES / NO

Is the person refusing treatment services? YES / NO

Is there a negative impact on any of the following:

Physical Health	YES / NO
Mental Wellbeing	YES / NO
Safety and Security	YES / NO
Relationships / dependants	YES / NO
Others (ie neighbours, in the community)	YES / NO

If you answer YES to any of the above and the person has capacity to make these decisions please refer to the specialist guidance (**Appendix 4**).

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5. Medicines Management

Is the person currently receiving medication? YES / NO

When was this medication last reviewed? .....

Is the person refusing medication? YES / NO

Is the person misusing medication? YES / NO

Current Medical and Health & Social Care Intervention:

GP	YES / NO
Hospital	YES / NO
Specialist Services	YES / NO

Mental Health Services	YES / NO
District Nurses	YES / NO
Health & Social Care Services	YES / NO

If you answer YES to any of the above and the person has capacity to make these decisions please refer to the specialist guidance (**Appendix 5**).

6. Resistance / Aggressive Behaviour

(On the part of an adult with care and support needs or carer)

Is the person intimidating towards professionals?	YES / NO
Are there threats of harm to others?	YES / NO
Has there been actual harm to others?	YES / NO
Has there been non compliance with other agencies?	YES / NO
Are they known to the Safer Communities Team?	YES / NO
Are they preventing access to an adult with care and support needs living in the household?	YES / NO
Has there been any police involvement?	YES / NO

If you answer YES to any of the above and the person has capacity to make these decisions please refer to the specialist guidance (**Appendix 6**).

7. How does the person view the situation?

If any risks have been identified, what are the views of the person in relation to them?

Do they recognise the risks?

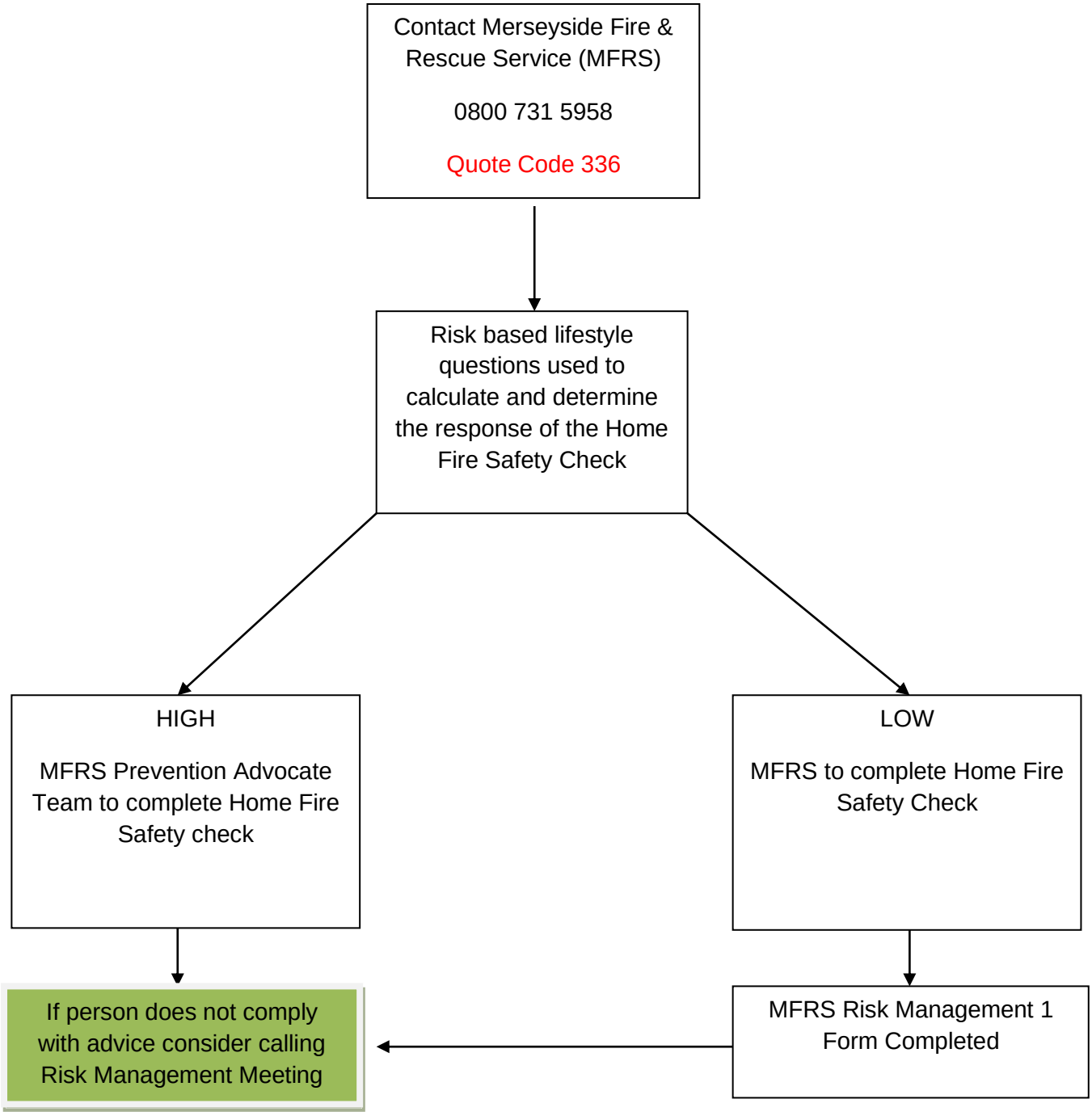
8. Are they placing other people at risk?

9. Involvement of others

Name	Relationship to the person	Contact details

Appendix 2

Concerns about Fire Safety – Possible Approaches to Risk Assessment and Management



Fire Safety – Possible Approaches to Risk Assessment and Management

Both personal and environmental factors influence the degree of risk.

1. Merseyside Fire and Rescue Service's current Home Safety Strategy is to target individuals who are aged 65 years old or over or who are at a high risk of fire in the home.

2. Referrals from partner agencies will be risk assessed and where appropriate appointments made for a Fire Prevention Advocate to undertake a Safe and Well Visit.

3. Particular factors increase the risk. These include:

    - Over 65 (52 per cent of all fire-related fatalities in dwelling fires were 65 years old and over in 2015/16)
    - Limited Mobility hampering means of escape
    - Sensory or mental health issues whereby the individual may not react to a fire/alarm
    - Careless Cooking
    - Alcohol
    - Drugs (Prescription or illegal)
    - Smoking
    - Supported by Carers
    - Has a Key Safe
    - Lives Alone
    - Victim of Hate Crime

4. If you are concerned contact Merseyside Fire & Rescue Service on **0800 731 5958** who will carry out a Safe and Well visit and identify measures that can be put in place to eliminate or reduce the risk level.

5. The Safe and Well visit is centred on the occupier rather than the building.

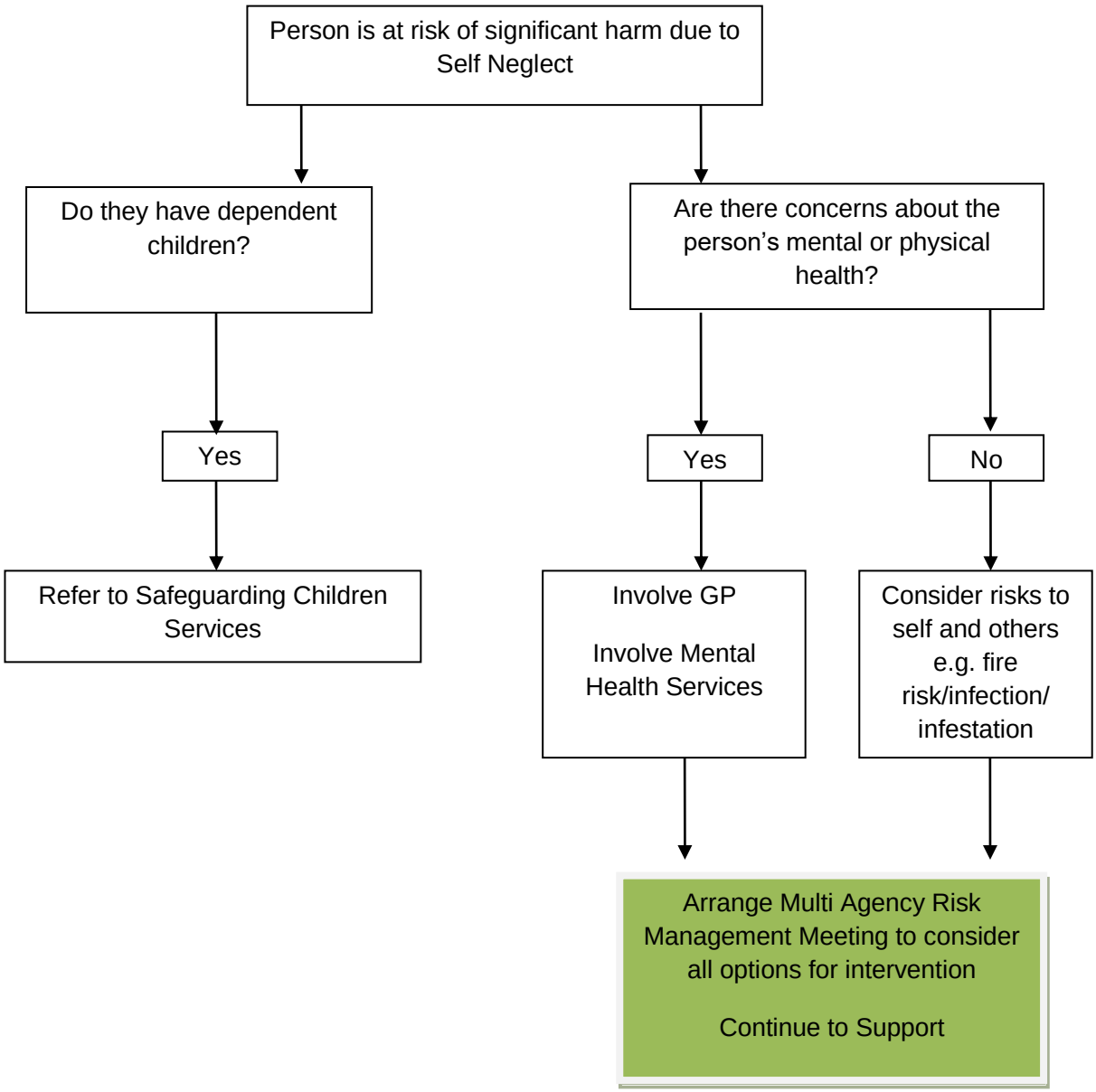
6. Mersey Fire and Rescue can provide, where deemed necessary, appropriate and proportionate safety equipment to reduce the risk of fire to its lowest level.

7. If the person is reluctant to follow any fire prevention or other advice and risk factors are present, consider calling a Risk Management meeting.

Appendix 3

People Who Self Neglect – Possible Approaches to Risk Assessment and Management

(Flow chart for possible action)



People Who Self Neglect – Possible Approaches to Risk Assessment and Management

1. People who self neglect may be at risk of harm and their personal safety compromised.

2. Self neglect generally takes place over a period of time. If there has been a more rapid change in the person's behaviour or their ability to cope can the reason be identified and fixed without more formal intervention?
   Speak to family or friends to try to understand what has changed. Contact GP and other Health Professionals involved.

3. If the person has caring responsibilities for an adult or child living in the household then their self neglect will almost certainly impact on the person they are caring for.
   In most cases, a Safeguarding referral should be made. Contact the MASH Tel: 0151 443 2600 for advice about a child or adult at risk.

4. Whilst discussions or Risk Management Meetings are taking place it is important to continue to offer support from your agency.

5. There are no easy or instant solutions – the following is offered as guidance as to the potential options and possible consequences.

Possible Interventions	Legal Basis	Reasons to use	Possible Consequences
Safeguarding Enquiry	Care Act 2014 (Sec 42) This repeals the power under Sec 47 of the National Assistance Act 1948.	An adult has needs for care and support and is at risk of or is experiencing neglect and is unable to protect him/herself. The Multi-agency Risk Management Guidance can be used to support decision making.	Person's wishes must be taken into account where they have capacity to understand the process of Enquiry.

Possible Interventions	Legal Basis	Reasons to use	Possible Consequences
Removal from Home	Powers of entry are given by the **Environmental Protection Act 1990** and **Public Health Act 1936**	A person is living in conditions detrimental to their health or the health of others	Does not really allow for any further action other than removal
Eviction	Failure to take proper care of a property is in breach of a tenancy agreement and someone could be declared intentionally homeless under the **Homeless Persons Act 1977**	If the condition of the property or other factors are having a severe and detrimental effect on the neighbourhood	Could be challenged under **Disability Discrimination Act 1995** If person has care and support needs there is then a responsibility to re-house them
Mental Health Assessment	**Mental Health Act 1983** people with a mental disorder can be detained for their own health or safety or to protect others where treatment cannot be provided otherwise	Could be considered if the person or others are at serious and imminent risk	Self neglectful behaviour may not be related to mental illness. May only offer short term intervention - even if the person is admitted to hospital he/she may be soon discharged
Guardianship	Section 7 of the **Mental Health Act 1983 –** allows determination of where someone with a mental disorder should	Could be useful if someone has a recognised mental disorder and there is appropriate accommodation	These powers are quite limited and tend to be used with people who are generally compliant

Possible Interventions	Legal Basis	Reasons to use	Possible Consequences
	live	available	
Declaration of Mental Incapacity	The **Mental Capacity Act 2005** requires a presumption of capacity. However, if a formal capacity assessment finds the person lacks capacity to make a particular decision, the decision can be made in their best interests	Even if the person is assessed as having capacity initially, this can be revisited if their condition deteriorates. It is possible to apply to the Court of Protection for a Health and Welfare Deputyship which can give authority for decisions regarding accommodation and care	Many people who self neglect have capacity It is possible that capacity may fluctuate and decisions may be open to challenge

6. Decisions to initiate any of the above options may be taken during a Multi-agency Risk Management Meeting. Alternatively, a Multi-agency Risk Management Meeting may result from any single agency implementation of one of these options.

7. The decision-making abilities and mental capacity of people who refuse services should be reviewed regularly by health and social care professionals

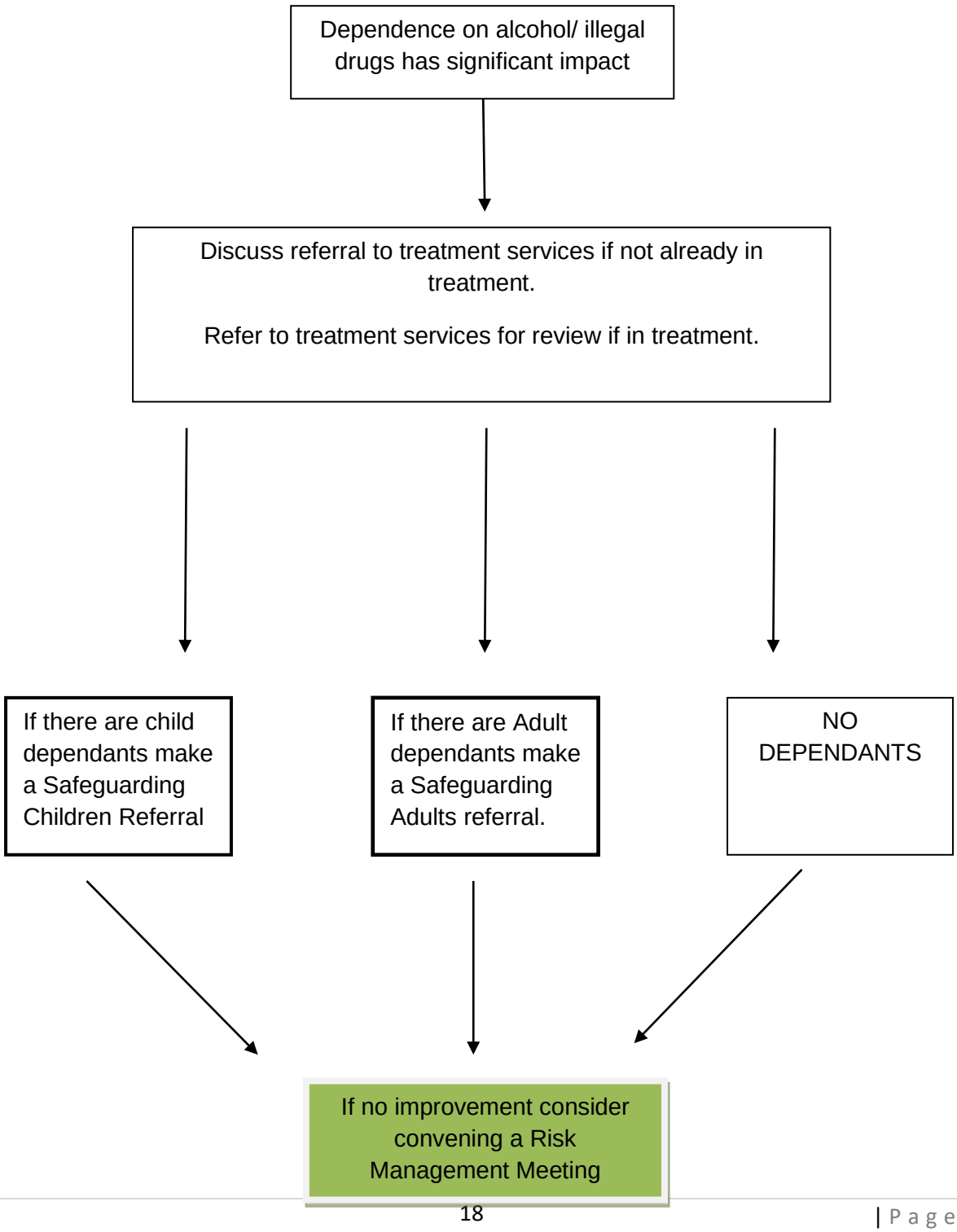
8. Managers should ensure that staff involved in trying to support people who self neglect receive regular support and supervision

9. Staff should be aware that supporting the person to change is unlikely to happen in the short term. Any change in behaviour is only likely to happen once a relationship of trust has been established. Research in this area suggests that a 'slow-burn' approach is required. (Professor Suzy Braye).

Appendix 4

People who are dependent on alcohol/drugs – Possible Approaches to Risk Assessment and Management

(Flow chart for possible action)



People who are dependent on alcohol/drugs – Possible Approaches to Risk Assessment and Management

There is overwhelming evidence of biological, psychological and social factors contributing to alcohol and drug dependence. It is helpful to look at people's behaviour in this context and to approach risk management from a multi-agency perspective.

1. People dependent on drugs and/or alcohol can be difficult to support.

2. Substantial risk – to life, limb or serious physical impact to self or others.

3. A judgemental approach can create barriers making it less likely the person will engage with support/treatment. Substance misuse services try to offer a holistic approach.

4. However, if the person has parenting/caring responsibilities, adopt a watchful approach; **there is likely to be an impact** on dependent children and adults.

    - If you think alcohol/drug dependence is impacting on the safety and wellbeing of others, **make a Safeguarding Referral** (Children or Adults Tel: 0151 443 2600)**.**

5. If the person refuses intervention discuss with your line manager and consider calling a Multi-Agency Risk Management Meeting

6. Alcohol/drug dependence may also place the person at risk of exploitation, for example theft, harassment or assault**. All individual incidents of abuse should be reported as Safeguarding Concerns.**

7. People with mental health problems may also be dependent on alcohol and/or drugs resulting in complex, multiple risk factors for them and for those around them. In these circumstances a Multi-Agency Risk Assessment Meeting will allow information and concerns to be shared.

8. Be clear about the desirable outcomes – these should be agreed and shared across agencies. It might not be possible to resolve all issues, particularly if the person does not want support, but it is just as important to **manage and mitigate the most serious risks** through a Multi-Agency Risk Management Meeting.

9. Addiction and Dependency, and the impact on someone's everyday life can be a difficult concept to understand, particularly in the light of choice and capacity considerations. A national Serious Case Review (2011) regarding Ms Y, a young woman who died from the consequences of chronic alcohol consumption, concluded that there was insufficient understanding of addiction and dependency in services:

   "There is the view represented in some (reports) that Ms Y was always exercising her choice and this would override all other considerations. When presenting as drunk the conclusion would often be that this was a conscious lifestyle choice rather than this being viewed as a manifestation, or symptom, of serious illness. A key finding from this review is how an alcohol dependent individual with serious health issues and in need of safeguarding was consistently viewed as making lifestyle choices that appeared to determine the quality and level of services made available"

   A key learning point from the Review was that Ms Y's alcohol dependency was viewed as a conscious lifestyle choice rather than a serious illness and that therefore a vulnerable young woman was not adequately safeguarded when she became a victim of violence nor was she offered the support and services available to other people with a life-threatening disease.

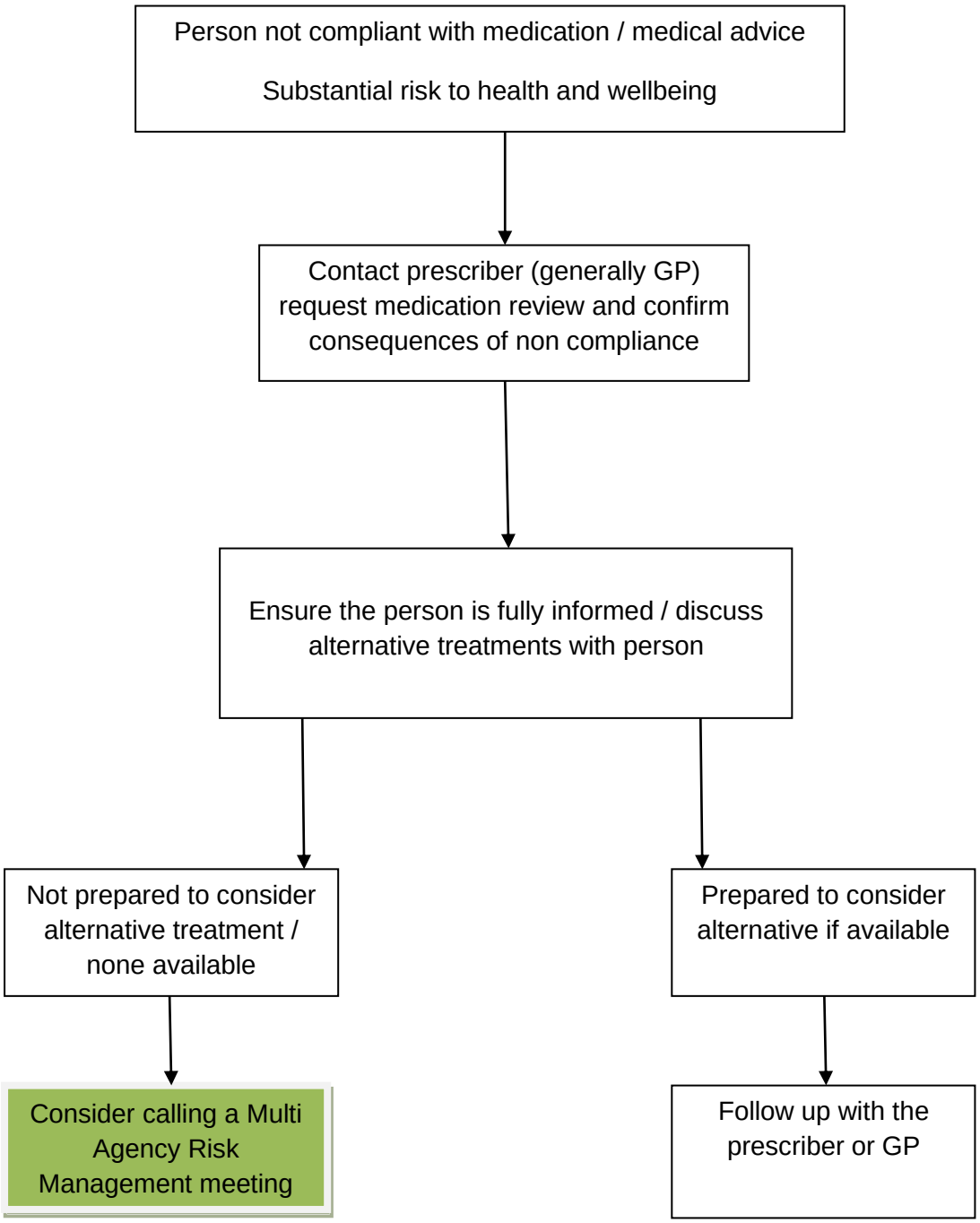
10. A thorough assessment of capacity is required in cases of addiction/ dependency. **Try to explore whether the person has the capacity to understand the full implications of their choices and actions** and remember this can fluctuate.

11. **Be consistent and always continue to offer to engage**. Don't be restricted to a reactive response – continue to offer a preventive and proactive approach designed to offer the potential for change and rehabilitation. People may have low or fluctuating motivation to receive help.

Appendix 5

People who are Non-Compliant with Medication or Medical Service

(Flow chart for possible action)



People who are Non-Compliant with Medication or Medical Service

1. If you believe someone is not taking their prescribed medication or making lifestyle choices that may affect this e.g. by continuing to use alcohol etc, then you should:
   - Document this
   - Contact the prescriber to request a medication review and to discuss the consequences of non-compliance
   - Contact the GP if you are concerned that someone is taking non-prescribed, 'over the counter' medicines at a level which could have a significant impact on their health

2. Ensure that any risks to physical/mental health are fully explained to the person, with details of any timescale for these effects - agree with prescriber who will do this.

3. Ask prescriber to consider whether any alternative treatments may be available.

4. If there are no alternatives, non-compliance continues and this has a significant impact on the person's health and wellbeing, convene a Risk Management Meeting and consider inviting any health professionals involved, for example:
   - Pharmacists
   - GP
   - District Nursing
   - Specialist Community Health
   - Mental Health Team
   - Hospital Clinician
   - Occupational Therapists/Physiotherapists
   - Medicines Management Technician

5. Consider a different approach if any other professional has a positive relationship or any family members etc who may be influential.

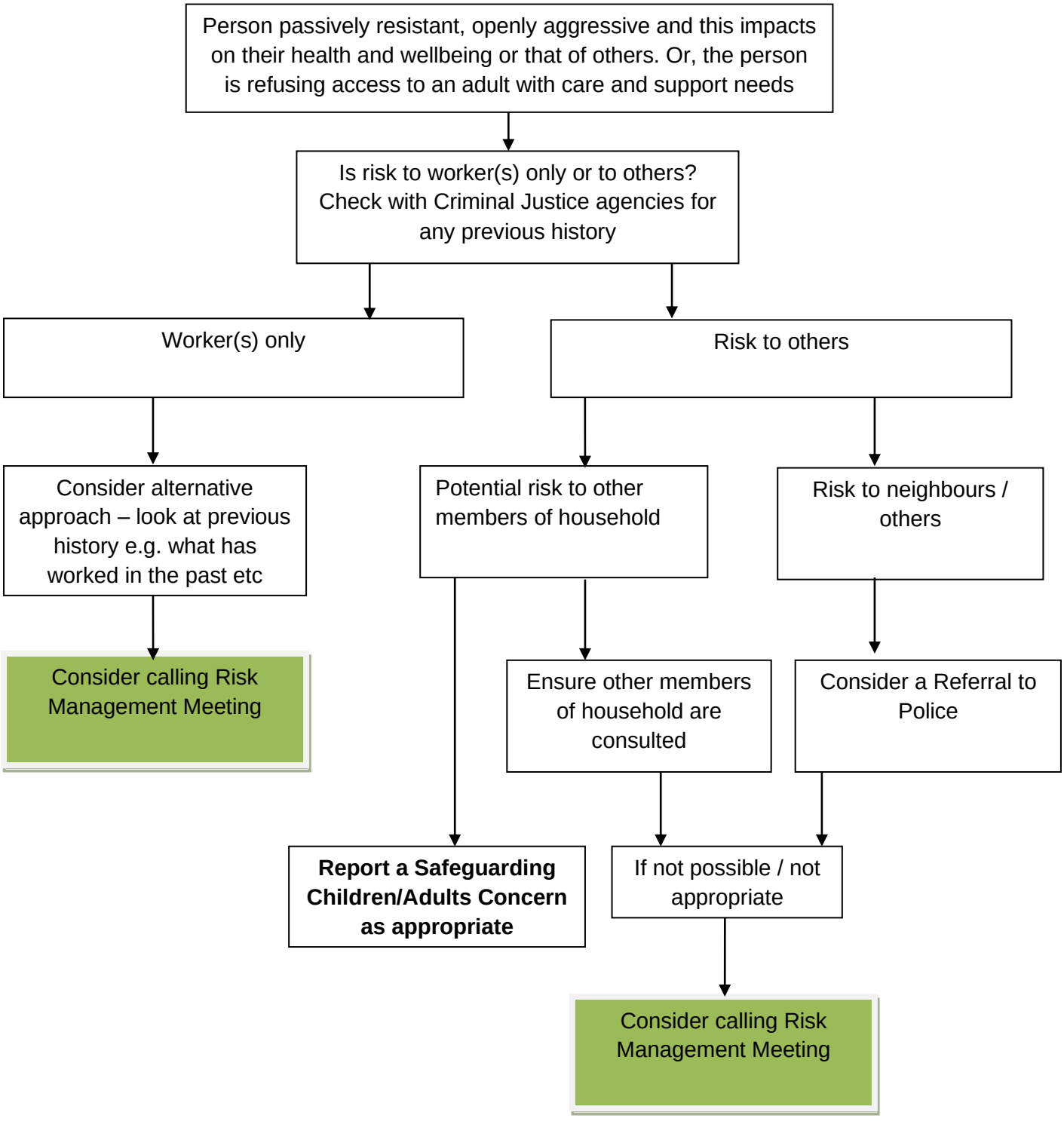
6. If non-compliance continues the person may develop symptoms so ensure the issue is raised regularly to encourage compliance.

7. If a person with capacity continues not to comply and this starts to impact on mental capacity, a fresh capacity assessment should be completed in relation to this. If the conclusion is that the person lacks capacity then a Best Interest meeting should be convened.

Appendix 6

People who are Passively Resistant or Aggressive (Need for Agency Intervention)

(Flow chart for possible action)



People who are Passively Resistant or Aggressive (Need for Agency Intervention)

In some situations, people can use intimidation and resistance to keep agencies at arm's length.

Intimidation has many forms ranging from the more obvious threats, such as shouting and use of abusive language, to the less obvious use of silence, creating a powerful presence and intimidation.

The following may be helpful to consider:

1. **Always ensure you are safe**
   Take responsibility for your own personal safety and follow procedures such as visiting in pairs, carrying a mobile phone, having a call-back procedure at the end of your visit and parking your car facing the way you intend to leave. Consider if any relevant training is available. Always discuss your plans with your line manager.

2. **Identify resistant behaviour**
   Record dates and descriptions of any behaviour that indicates resistance or intimidation. Look back at the case history on a regular basis to see if there is a recurring pattern. Time spent reading case information is always useful and may reduce the amount of time you need to invest in working with the family further down the line. Include a ‘flag’ or ‘hazard’ on electronic systems to inform other professionals as appropriate.

3. **Be open with the person**
   If you think someone is using resistant behaviour, tell them as soon as you recognise it. Use straightforward, jargon-free language and back up your argument with dates and examples. Some examples you could include:
   - Agreeing to keep appointments and not doing so
   - Hostility or non co-operation
   - Agreeing to undertake individual actions and failing to achieve or complete them

4. **Consider a fresh approach**
   If possible, find out what any previous staff did to manage resistant behaviour from that particular person. Was their approach successful? If not, you may need to find another way to work with the person.

5. Reassess the basis of your contact

Be clear with the person about the reason for your visit and explain why it is important. Talk through what the person has to gain from cooperating. Equally important is to detail the negative consequences of continued resistant behaviour.

6. The person is at risk

If you consider that this person is placing themselves or others at significant risk consider legal powers relevant to the urgency of the situation and convene a Risk Management Meeting.

7. Prevention of access to an adult with care and support needs

Such situations are often complex and highly sensitive and, if they are to be resolved successfully and safely, will need sensitive handling by skilled practitioners. All attempts to resolve the situation should begin with negotiation, persuasion and the building of trust. Denial of access may not necessarily be a sign of wrong-doing by the third party; it may be an indication of lack of trust of authority, guilt about their inability to care or fear that the adult will be removed from the home. It is vital that until the facts are established the practitioner adopts an open minded, non-judgemental approach. (SCIE Guidance October 2014).

8. Legal powers

If access continues to be prevented consider legal powers relevant to the urgency of the situation (see below) and convene a Risk Management Meeting.

Mental Capacity Act 2005

An application may be made to the Court of Protection under the MCA to facilitate gaining access to an adult who lacks capacity, or there is a reason to believe lacks capacity, in a case of suspected neglect or abuse, where that access is being denied or impeded. The Court's permission to make an application will be needed.

Police and Criminal Evidence Act 1984

If there is 'risk to life and limb': Section 17(1)(e) of PACE gives the police the power to enter premises without a warrant in order to save life and limb or to prevent serious damage to property. This represents an emergency situation and it is for the police to exercise the power.

Mental Health Act 1983 Section 115

An approved mental health professional (AMHP) may at all reasonable times enter and inspect any premises (other than a hospital) in which a mentally disordered person is living – if the professional has reasonable cause to believe that the person is not receiving proper care.

Inherent jurisdiction

Inherent jurisdiction describes the power of the High Court to hear a broad range of cases, including those in relation to the welfare of adults, so long as the case is not already governed by procedures set out in rules or legislation. Where there is a concern that constraint, coercion or the undue influence of a third party may be preventing an adult's ability to make free decisions, recourse to the Court's jurisdiction may be used to assist professionals in gaining access to assess the adult.

For further details refer to the Social Care Institute for Excellence (SCIE) Guidance *'Gaining access to an adult suspected to be at risk of neglect or abuse' October 2014*.

Appendix 7

Risk Management Meeting Invitation Template

Our Ref: Agency LOGO

Your Ref: Agency Address

Date:

RE:

Dear

I am writing to you to invite you to a multi-agency meeting concerning *NAME* which will involve the following practitioners:

Practitioner 1 -
Practitioner 2 -
Practitioner 3 -
Practitioner 4 -
Lead Practitioner -

The meeting will be held on *DATE*, between *TIME* and *TIME* hours at *VENUE*. Please could you respond regarding your attendance at this meeting by contacting *CO-ORDINATOR OF MEETING*

This Risk Management process aims to support good practice in information sharing about the needs of adults deemed to be at risk as part of preventative services. In so doing all sharing and storing of information should be done lawfully and in compliance with the data protection act.

Yours sincerely

NAME **Lead Practitioner**

Appendix 8

Report to Risk Management Meeting

(to be completed by the agency convening the meeting)

Recommendations from serious incidents have highlighted the need for shared Multi-agency Risk Management arrangements.

This document aims to enable and support good practice in information sharing about the needs of adults deemed to be at risk as part of preventative services. Information will be shared when there are concerns that a person is at risk of significant harm. In so doing all sharing and storing of information should be done lawfully and in compliance with the Data Protection Act.

The person's wishes must be sought and respected if safe and practicable to do so. However, it must be explained to him/her that where there is a significant impact on his/her health and wellbeing, or that of anyone else, then information will be shared to safeguard them and/or anyone else.

Date and Time of Meeting : Venue:		Document Completed By: Role: Agency:		
Name of Person at Risk :		Date of Birth :		
Present Location of Person at Risk :				
People / Agencies invited to the Meeting :				
Person at risk				
Representative				
Name	Role / Relationship	Agency	Last Contact with the person	Attended ✓

Reason for Concern	Relevant Information

How long has the current situation been going on, if known?

Appendix 9

Risk Meeting Agenda

1. Introductions, welcome and apologies
2. Confidentiality statement
3. The views and wishes of the person at risk
4. Outline of risks and actions to date
5. Contributions from others
6. Agree actions and complete Risk Management Plan
7. Nominate keyworker – all actions to be reported to keyworker within agreed timescale
8. Agree follow up meeting

Appendix 10

Multi Agency Risk Management Plan

Individual at risk

Name :

Date of Birth :

Date of Risk Management Meeting :

Area of Risk *(Delete areas of risk which do not apply)*	**Risk Identified**	**Actions Required**	**Worker Responsible and by when**	**Outcome / Update**
Fire and environmental Hazard				
Self Neglect / Harm				
Substance Misuse				

Medicines / Medical Intervention				
Resistance / Aggressive behaviour				
Other – please describe				

All completed actions must be reported to the key worker within the agreed timescales.

Agreed Key Worker	Role	Agency	Contact Details	

Date of Review:

Keyworker has responsibility to reconvene a further meeting within the timescale agreed.

Signature (Individual at risk) : **Date:**