

A Guide to Brighton & Hove's Multi-Agency Risk Management Framework (MARM)

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Introduction

Learning from Safeguarding Adults Reviews (SARs) has evidenced that even when adults with multiple and compound needs are receiving support from a range of professionals and agencies there can be an absence of effective multi-agency working. This negatively impacts the person's wellbeing and can result in their continued deterioration, an increase in the risks they face, serious harm and even death.

Recommendations made by independent reviewers in both the Thematic Learning Review and SAR Craig was that a Multi-agency Risk Management (MARM) framework be established in Brighton & Hove to provide an effective, co-ordinated, and multi-agency response in these situations that promotes effective communication, planning and decision-making across the partnerships.

Whilst the Local Authority is responsible for carrying out our duties we are unable to discharge our duties without the support and input of our partners agencies. Our Care Act duties may be achieved through services that are commissioned in the city and it is vital that all partnerships work effectively. Effective partnership working is crucial for better outcomes for people with care and support needs.

[Section 6](#) of The Care Act requires partner agencies, including NHS commissioned services, to co-operate with the Local Authority when exercising any functions in relation to people with care and support needs or their carers.

What is B&H MARM Framework?

B&H MARM Framework is a multi-agency approach which is used where the following Care Act duty applies:-

Section 9 - Local Authorities must carry out an assessment of anyone who appears to have needs for care and support, regardless of whether those needs are likely to be eligible. (Care Act 2014)

The MARM Framework is used where people present with multiple, compound needs and a multi-agency approach is required.

Identification of Multiple Compound Needs

Multiple and compound need, which is sometimes described as complex or intersectional need, is defined as a persistent, problematic, and interrelated combination of two or more of the following primary disadvantages.

- Homelessness
- Domestic violence or abuse
- Mental health, physical health, or psychological issues
- Substance misuse
- Risk of criminal, physical or sexual exploitation



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- Current or historical offending behaviour

A significant proportion of people with multiple and compound needs are neurodivergent; including those with learning disabilities, acquired brain injury (ABI), alcohol related brain damage, Autism Spectrum Disorder (ASD), and Attention Deficit Hyper Disorder (ADHD).

These various needs interact or exacerbate each other, so that several needs are experienced simultaneously.

This definition is not exhaustive and professional judgement should be used to support the identification of individuals with multiple and compound needs. It should be noted that people with multiple and compound needs are more likely to have experienced trauma in childhood and throughout their lives and to live in poverty.

Transitional Safeguarding

Transitional Safeguarding is an 'approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives'.¹ It focuses on safeguarding young people from adolescence into adulthood, recognising that transition is a journey not an event, and that every young person will experience this journey differently.

[Bridging the Gap: Transitional Safeguarding and the Role of Social Work with Adults](#)

states that Transitional Safeguarding is not simply transition planning for people moving from children's to adult social care services. It is about activity that often falls outside of traditional notions of both 'transitions' and 'safeguarding', emphasising a needs-led, personalised approach. It requires practitioners, leaders and all involved in services for children and adults, to consider how they might work together and think beyond child/adult silos for the benefit of young people at a key life stage. Transitional Safeguarding aims to work with young people/adolescents and inform multi-agency safeguarding practices across both Children's and Adults' Services.

Within the MARM process it is important to consider the specific risk of Transitions both at 18 and for Care Leavers at the transition from Local Authority Care Leavers support at either 21 or 25.

There is an equivalent multi-agency panel called Adolescent Vulnerability & Risk Meeting (AVRM) within Children's Services that may propose a MARM referral as part of Transitions Planning.

Multi-Agency Working

Multi-agency working refers to a way of working that involves professionals from different agencies collaboratively combining their skills, expertise and knowledge, with the joint goal of meeting an individual's needs, including multiple and compound needs. Good communication, common goals,

¹ Holmes, D. and Smale, E. (2018) 'Mind the Gap: Transitional Safeguarding – Adolescence to Adulthood.' Dartington: Research in Practice.



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understanding, and teamwork is essential for effective multi-agency working.
([1.1.3. Sussex Safeguarding Adults Policy](#))

Each individual experiencing multiple, compound needs is unique and the multi-agency approaches that are available to assess their care and support needs, provide and co-ordinate any support they require may include the following,

Involving partner agencies in assessments and reviews using the wellbeing principles including assessments of risk

As a Local Authority we are duty bound to adapt our work to the individual circumstances of the person with care and support needs and we do this in a proportionate way. This will frequently mean that work with people with multiple and compound needs is more in depth and multi-layered.

If a person is experiencing multiple, compound needs it is vital to involve partner agencies in assessments and reviews.

Assessment of Risk

Local Authority Practitioners will use risk tools to deepen an understanding of risk and will rely on partners to contribute to develop a common formulation of risk and assist in planning actions. An assessment of risk isn't a static risk and as risk can change over time it may be that partner agencies contribute to risk formulation on multiple occasions.

Ongoing Community Support

The Local Authority relies on partner agencies to provide practical and emotional support in order to assess and review individual's care and support needs. There may also be occasions where a partner agency may be asked to support a person with oversight from the Local Authority.

S.11 Care Act – Refusal of Assessment

This section of the Care Act is applicable if a person is refusing a needs assessment but they have the appearance of care and support needs, are experiencing or at risk of abuse or neglect and are unable to protect themselves from this risk. The Local Authority will make best use of the person's existing networks to try to engage with the person and this may include Multi-Agency Meetings.

Care and Support Plans and Safeguarding Plans

It is standard practice to involve relevant partner agencies in care and support planning and where the safeguarding duty applies for Safeguarding Planning. This will include email or telephone communications, involvement in Multi-Agency Meetings and, when a partner agency is delivering an element of a



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person's care and support, that partner agency will be named in a person's Care and Support Plan and/or Safeguarding Plan.

Mental Capacity Act

When a person lacks the capacity to make a particular decision at a particular time there are different people who become the decision maker on that person's behalf. That decision maker is not always the Local Authority and, depending on the decision to be made, the decision making could be the responsibility of a partner agency. For example, where a decision is required concerning a person's capacity to consent to treatment including medication.

Even where people experience multiple, compound needs some day-to-day decisions may be straightforward, but some may require more detailed assessment and consideration. There will be different decision makers at different points in the person's care journey and identifying who is the decision maker for which decisions will form an integral part of any multi-agency planning.

Where the Local Authority is the decision maker the Local Authority will frequently involve relevant partner agencies. Conversely the Local Authority will support assessments of mental capacity where a partner agency is the decision maker. Partner agencies may be asked to contribute to Best Interest decision making.

Mental Health Act

When an assessment under the Mental Health Act is being considered the Local Authority will involve all relevant partner agencies.

Sussex Safeguarding Adults Policies and Procedures

Working effectively together is critical during safeguarding work to ensure that a high standard of coordinated care is provided to the adult, allowing them to feel better supported and more engaged within their own care. Multi-agency working allows for best practice, experience and skill sharing, increasing learning opportunities and leads to positive working relationships which in turn, increases the likelihood of positive outcomes for the adult.²

Partnership working is time effective and improves joint working between agencies and professionals that have different roles and expertise.

(DHSC, [Revisiting Safeguarding Practice](#))

² [Sussex Safeguarding Adults Policy and Procedures, 1.1.3](#)



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Sussex Safeguarding Escalation and Resolution Protocol

This protocol provides an escalation and resolution process for disagreements between agencies or professionals in relation to adult safeguarding. The protocol can be found [here](#).

Brighton and Hove MARM Framework

The MARM Framework is used where there is a risk of death or serious harm and, despite work with the individual and multi-agency working, the risks remain high and work with the person, or attempts to work with the person have not reduced this risk.

In these circumstances, partner agencies can request that a person be considered for a Multi-Agency Risk Management Meeting (MARM). As the Local Authority's Care Act duty to assess applies, the responsibility for processing referrals and, as required, arranging a MARM Meeting will sit with the Local Authority.

When to Refer to the Local Authority for a MARM Meeting

- ✓ When an adult with care and support needs is causing a high level of concern or may be at risk of death or serious harm and all other avenues have been explored.
- ✓ The Care Act Assessment is complete. These assessments must be made available to MARM and include a clear formulation of risk.
- ✓ Where that assessment could not be completed due to an inability to engage the person or the person's refusal of assessment and the Local Authority is enacting its duties under Section 11 of the Care Act and relevant processes followed (See [S11 Care Act Refusal of Assessment](#))
- ✓ The person has an allocated keyworker or lead professional
- ✓ All other practice support is exhausted including supervision and additional practice advice
- ✓ A multi-agency meeting has been convened or attempts have been made to convene such a meeting
- ✓ A multi-agency plan has been formulated and tested

The MARM is not:

- A forum to discuss low level or emergency concerns
- A substitute for other processes including line management, supervision, safeguarding or mental capacity work
- A substitute for other multi-agency work under the Care Act
- A replacement for existing advice from other Panel arrangements such as MARAC (Multi Agency Risk Assessment Conference), MAPPA (Multi Agency Protection Panel Arrangements) or existing legal advice.



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Who can refer to the MARM?

If the criteria above are met the Local Authority (any team or Directorate) or their partner agencies can request that a person be considered for a MARM Meeting.

The Local Authority Partner Agencies include:

Change, Grow, Live

East Sussex Fire and Rescue Service

The Probation Service

South East Coast Ambulance Service

Sussex Community NHS Foundation Trust

Sussex Partnership NHS Foundation Trust

Sussex Police

University Hospital Sussex NHS Foundation Trust

This list is not exhaustive. Any partner agency can refer into the MARM.

Referrals can also be considered from outside of Brighton and Hove.

MARM Referral Process

Once a person is identified as meeting the criteria for the MARM their allocated keyworker or professional completes the B&H MARM Referral Form

<https://www.bhsab.org.uk/documents/marm-referral-form/>

This must have sign off by a Senior Manager within their organisation. In the case of referrals from staff within BHCC Health, Care and Wellbeing this should be an Operations Manager or equivalent.

The Manager then emails the referral form and any other relevant forms, care plans, risk assessments to the dedicated inbox MARM@brighton-hove.gov.uk

The Local Authority will review and triage within 5 working days.

The Local Authority triage process will involve a discussion with the referring agency and an exploration of next steps.

When a referral has been found to require a MARM Meeting the Local Authority are responsible for scheduling and overseeing the process.

MARM Membership

The MARM Meeting is comprised of the MARM Chair (BHCC Senior Manager), the referring agency, the allocated BHCC Practitioner and their supervisor/manager.

The MARM Meeting requires a minimum of two agencies, including the Local Authority, to be quorate.



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The Local Authority will invite the referring agency and any other relevant professionals from partner agencies.

Any partner agencies who are invited to a MARM Meeting but are unable to attend should provide a written summary of their involvement and how they can contribute to the multi-agency plan to the MARM Chair via the MARM inbox.

The person themselves will not attend the meeting but the practitioner should clearly represent their views and wishes.

Frequency

The MARM will meet monthly via MS Teams. Once the referral criteria are met, the referral will be booked into the next available MARM Meeting and invitations distributed.

Preparation for MARM

All MARM members will review the person's referral form and case record prior to the meeting.

Recording and Actions

The MARM Chair is responsible for recording and communicating actions and/or recommendations. If there is new work for a Local Authority Team, the MARM Chair will directly contact the relevant BHCC manager to discuss.

Whilst the MARM Meeting will not seek to reverse decisions previously agreed by staff or seek to change assessments that have been made, it has the authority to make recommendations (including the allocation or additional resources) and reserves the right to instruct Local Authority practitioners based on the information provided. It will ensure that legal advice is sought where necessary.

Recommendations and any actions will be agreed by the MARM Chair, assigned to individuals at the MARM Meeting and recorded directly onto the Eclipse (BHCC) case management system. These recommendations and actions will also be communicated by email to the individuals who were invited to or attended the MARM Meeting.

Members are responsible for taking assigned actions away and ensuring they are carried out.