

NORTHAMPTONSHIRE MULTI-AGENCY ADULT RISK MANAGEMENT (ARM) PROCESS

1. Introduction

The Adult Risk Management (ARM) process provides professionals from all agencies with a framework to facilitate effective multi-agency working with individuals aged 16 and above who are deemed to have capacity for a specific decision that may result in serious harm, or death, through severe self-neglect, risk taking behaviour or not being accepting of services offered.

An ARM is **not** a substitute to legislation, assessment and/or all other existing processes (such as Mental Health Act (1983; 1999); Mental Capacity Act (2005), Safeguarding Adults (Care Act, 2014), Multi Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conference (MARAC) and Channel (framework around counter Terrorism). Whilst these processes take precedence, an ARM could be considered alongside if it is felt that it may also support the individual.

2. What is an ARM?

- Works with the individual's strengths;
- Formulates an action plan for an individual with additional care and support needs for whom there are significant concerns about the capacitous decision(s) they are making and the impact that this could have on their safety or for the protection of others;
- An opportunity to ensure that all agencies have offered support and options to an individual whose life is at serious risk of harm;
- Identifies responsibility for specific actions and a mechanism for review and re-evaluation of the action plan;
- A multi-agency approach to risk enablement, identifying actions for individuals/agencies/organisations to reduce or remove risk for the individual whilst considering which professional is best placed to successfully engage with the individual for the implementation of the Risk Enablement Plan; and
- Can be used prior, during or after a safeguarding enquiry, linking with the inter-agency Safeguarding procedures.

Each agency should appoint a lead within their organisation. Key agencies include, but is not limited to:

- Safeguarding leads within Adult Social Care;
- Safeguarding leads within Health Organisations;
- Northamptonshire Fire and Rescue Service;
- Northamptonshire Police;
- Environmental Health Officers;
- Housing;
- Probation Service;
- Alcohol and Drug Services;
- Hospital Safeguarding Leads;
- East Midlands Ambulance Service; and NHS England.

3. Criteria for an ARM

In order to consider an individual for an ARM all the criteria should apply:

1. An individual must have the capacity to make decisions regarding the specific decision(s) that is causing concern;
2. The practitioner has no reason to doubt customer has capacity and should state the reasons and provide proof, where applicable.
3. There is a risk of serious harm or death through severe self-neglect; fire; deteriorating health condition; declining to work with services; targeting by the local community; Hate Crime or Anti-Social Behaviour; sexual violence; or decline to engage with a single agency or other investigations for safeguarding;
4. There is a public safety interest or there are high level of concerns from partner agencies; and

4. Establishing Capacity

The consideration and assessment of an individual's capacity to make a specific decision is a vital element in care planning with adults with additional care and support needs. The framework of the [Mental Capacity Act \(2005\)](#) and Best Interests decision making should be used to support and safeguard individuals who are found to lack capacity for making decisions about specific decisions.

5. Definition of Serious Harm

For the purpose of this policy, "serious harm" refers to the death or injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur.

6. Definition of Self-Neglect

The Social Care Institute of Excellence (SCIE) defines self-neglect as having three possible strands:

1. **Self-care** – lack of care over personal hygiene, health, nutrition or hydration leading to potentially severe harm or death;
2. **Environment** – lack of care leading to squalor or hoarding; and
3. **Refusal of services which may mitigate harm** - such as help with alcoholism, or risk-taking behaviour.

The Care Act (2014) includes self-neglect within adult safeguarding and some self-neglect cases will be managed through the safeguarding procedures under a section 42 enquiry. However, not every case of self-neglect will meet the criteria for a safeguarding enquiry. The critical factor is likely to be if an individual is able to manage their own behaviour to prevent harm to themselves.

7. ARM Meeting

- Any agency can initiate an ARM meeting, not just Northamptonshire County Council's Adult Social Care;
- The agency identifying an individual at risk is responsible for initiating, co-ordinating and leading the ARM meeting (this includes arranging the ARM meeting, collating partnership comments, circulating the minutes);
- The lead agency are responsible for seeking consent for holding an ARM from the individual and they, or their advocate, should be encouraged to participate in the ARM process. If this is not done, the reason should be recorded on the Meeting minutes (Pro Forma 1);
- A lack of consent would not prevent an ARM from taking place. Under common law and the Care Act 2014, a person may act to prevent serious harm from occurring if there is a necessity to do so;
- Children's Services must be invited to the meeting if there are any children who are part of the household, or linked to the individual being considered under an ARM, and a referral must be made via the Multi Agency Safeguarding Hub (MASH) via the Intranet – The referral can be found [here](#);

- Non-statutory, voluntary sector and local community groups should be encouraged to attend where this presents an opportunity to positively engage with the individual;
- Any agency can request attendance of another agency even if the individual may be currently unknown to that agency;
- All partner agencies must ensure appropriate staff are allocated to the ARM with the seniority required to make the necessary decisions on behalf of their organisation; and
- The individual's GP should always be notified, even if the case is deemed as 'no further action required' during the process.

8. Recording the Risk Management Process

The Chair is responsible for agreeing the ARM meeting minutes (Pro Forma 1) and the Risk Enabling Plan (Pro Forma 2) are an accurate reflection of the meeting and are distributed to all involved in a timely manner. Having a minute taker would be best practice but this depends on the capacity of the lead organisation. It is an expectation that the completed ARM meeting (Pro Forma 1) and Risk Enablement Plan (Pro Forma 2) will be circulated within a period of 3 working days to all interested parties, including the GP.

Ensure you allocate a unique ARM Reference No. for your organisation – this should be pre-fixed your organisation i.e. NHFT- NASS- Police- Housing- etc. so that a record of the number of ARMs started and completed is held.

A copy of the completed ARM meeting minutes (Pro Forma 1) and Risk Enablement Tool (Pro Forma 2) **MUST be sent** to NSABDATA@northamptonshire.gov.uk on a quarterly basis.

Each agency is expected to manage, record and hold their own records where an individual is considered under the ARM process. Actions agreed at the ARM need to be initiated immediately by partner agencies and must not rely on the minutes being distributed.

Please refer to the Lead Agency Checklist on page 8 of the Adult Risk Management Toolkit.

9. Reviewing the Risk Enablement process

The lead agency and/or Chair will need to reconvene the meeting at appropriate intervals to review the risk enablement plan. Each member of the ARM meeting has the responsibility for reporting back to the lead agency if they feel a further meeting needs to be convened at an earlier time.

10. Closing an ARM

A decision to exit the ARM process can be made by the multi-agency meeting if the risks have reduced and the individual is no longer felt to be at serious harm. If circumstances change, individuals can be re-considered for the process.

11. Information Sharing

Inter-agency agreements exist to remind professionals of their duty to share information about individual's who may be at risk of harming themselves and/or others with a view to safeguarding all involved. At all times, practitioners required to be mindful of their duties under appropriate legislation and **GDPR**.

12. Human Rights

Human rights are the basic rights and freedoms that belong to every individual in the world, from birth to death and apply regardless of where an individual from, what they believe or how they choose to live their life. Based on shared values of dignity, fairness, equality, respect and independence, they are defined and protected by the [Human Rights Act 1998](#). Whilst an individual's rights can never be taken away, restrictions can be applied under certain circumstances (such as criminal acts or in the interests of national security).

Balancing an individual's right to self-determination and personal freedom with the acknowledgement of the potential of harm that could come from the decisions they are making is a real challenge for all services. Involving the individual is an essential part of the ARM process.

13. Quality Assurance

Each agency is required to maintain records of an ARM and assure the quality of referrals. The Local Authority Safeguarding Adults Team will collect and produce data about the ARM process. Quality will be assured through audits completed quarterly as part of NSAB's Quality & Performance Sub Group.

