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Description automatically generatedDerbyshire Safeguarding Adults Board**

**Multiagency Adult Risk Management**

**Meeting record**

**Section One – Invitation to Multiagency Adult Risk Management Meeting**

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| **Lead agency/co-ordinating agency contact details** | |
| **MARM reference number** |  |
| **Lead agency/co-ordinating agency** |  |
| **Name of chair** |  |
| **Job Role** |  |
| **Contact details** |  |
| **Telephone number** |  |
| **Email** |  |
|  | |
| **MARM Risk Management meeting details** | |
| **Date and time of the meeting** |  |
| **Venue Name/Microsoft Teams** |  |
| **Address** |  |
| **Postcode** |  |
| **Venue telephone number** |  |
|  | |
| **Person at risk** | |
| **Name** |  |
| **DOB** |  |
| **Age** |  |
| **PIN/NHS/ID number** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone number** |  |
| **Mobile** |  |
| **GP Name/Surgery details** |  |
|  | |
| **Does the person have any confirmed medical diagnosis which would be relevant to MARM?** | |
| **Yes** | **No** |
|  | |
| **Are there any people at the address/sharing the accommodation?** | |
| **Name** |  |
| **DOB** |  |
| **Relationship to the adult at risk** |  |
|  | |
| **Are there any children living at the address/sharing the accommodation?** | |
| **Name** |  |
| **DOB** |  |
| **Are they subject to Child Protection Proceedings?** |  |
| **Please confirm the Chair has contacted Childrens services to inform that the MARM process is underway** |  |
|  | |
| **Risks** | |
| **What is the risk of serious harm or death?** |  |
|  | |
| **Main reasons for MARM – please select three reasons** | |
| **Anti-social behaviour**  **Cuckooing**  **Domestic abuse**  **Financial abuse**  **Fire risk**  **Harassment**  **Hoarding**  **Home conditions**  **Homelessness**  **Mental health risks**  **Risk of abuse from others**  **Risk of death (self)**  **Risk of death (others)**  **Risk of sexual exploitation**  **Self-harm**  **Self-neglect**  **Sexual abuse**  **Substance misuse (alcohol)** |  |

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| **What are the risks to members of the community?** |  |
| **What other agencies are concerned?** |  |
| **Risk to children living with person?** |  |
| **Does the person have the capacity to understand the identified risk?** |  |
| **Has all the MARM criteria been met?** |  |
| **What are the views of the person and what do they want?** | |
|  | |
| **Please record here what attempts have been taken to involve the person in the process?** | |
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|  | |
| **Please confirm the What to Expect Leaflet has been shared with the adult at risk, and it has been returned to the MARM administrator** |  |
|  |  |
| **Does the person at risk want someone to represent or support them at the meeting, if so please provide details.** | |
| **Name** |  |
| **Relationship** |  |
| **Contact details** |  |
|  | |
| **Agency required at the MARM meeting** | |
| **Adult Care**  **Fire**  **Police**  **EMAS**  **Environmental Health/Housing**  **Community Safety Partnership**  **Drug and Alcohol Service**  **Children's Social Care**  **NHS**  **Domestic Abuse Services**  **Mental Health**  **Probation**  **GP**  **Faith Organisation**  **Other** |  |
| **Further information about required agencies (if necessary)** | |
|  | |

**Section 2 - Management Meeting**

|  |  |
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| **The MARM Confidentiality Statement must be read out at the beginning of the meeting (please see staff guidance for information, please confirm this has taken place** | |
| **Yes** | **No** |
| **Date of the MARM meeting** |  |
| **Venue of MARM meeting** |  |

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| **Details of people attending the meeting** | | | | | | | |  |
| **Name** | **Organisation** | | **Role** | **Email** | | **Attended/Apologies** | | **Report submitted** |
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| **Is the person at risk present?** | | | | | | | | |
| **Yes** | | | | | **No** | | | |
| **Are they represented or accompanied by anyone?** | | | | | | | | |
| **Yes** | | | | | **No** | | | |
|  | | | | |  | | | |
| **Does the advocate or supporting person of the adult understand the purpose of the MARM meeting?** | | | | | | | | |
| **Yes** | | | | | **No** | | | |
| **If no, what steps have been taken?** | | | | |  | | | |
| **Name** | | | | |  | | | |
| **Relationship to the adult at risk** | | | | |  | | | |
|  | | | | | | | | |
| **What is important TO the adult at risk?**  **(What do they want from the process?)** | | | | |  | | | |
| **What is important FOR the adult at risk?**  **(What is needed from the process?)** | | | | |  | | | |
|  | | | | |  | | | |
| **Please add minutes from the meeting here** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Action Plan, actions from the meeting, please add here** | | | | | | | | |
| **Action** | | **To be carried out by whom** | | | | | **By when** | |
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| **Description of conflict between professionals identified?( in relation to the MARM actions)** | | | | | | | | |
|  | | | | | | | | |
| **Name of person with conflicting view** | | | | |  | | | |
| **Agency** | | | | |  | | | |
|  | | | | | | | | |
| **Outcome of the meeting, is a Review meeting Required?** | | | | | | | | |
| **Date** | | | | | **Time** | | | |

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| **Please revisit whether concerns have escalated, and the Safeguarding Adult decision Making Guidance needs to be reviewed** | | | | | |
| **Please provide details** | | | | | |
| **Section Three – Review** | | | | | |
| **Date of MARM Review meeting:** | | | | | |
| **Details of the people attending the review meeting** | | | | | |
| **Name** | **Organisation** | **Role** | **Email** | **Attended/**  **Apologies** | **Report submitted** |
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| --- | --- | --- |
| **Please add minutes from the meeting here** | | |
|  | | |
|  | | |
| **Action Plan, actions from the meeting, please add here** | | |
| **Action** | **To be carried out by whom** | **By when** |
|  |  |  |
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**Section Four – Closure of the MARM process**

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| **Date of closure:** |  |
| **Reason for closure – update from chair:** | |
|  | |
| **Increase in level of risk** |  |
| **Safeguarding Adults referral raised** |  |
| **No further action** |  |
| **Adult has died** |  |
| **Criteria no longer met** |  |
|  |  |
| **Risk reduced** |  |
| **Risk removed** |  |
| **Risk remained** |  |
| **Please add details:** | |

**The actions that have been identified are legal necessary and proportionate to the circumstances based on the information shared in this meeting. This is a true and accurate record of the MARM meeting.**

**The insertion of the MARM chair name below replaces the normal handwritten signature to denote compliance of the above statement name date signature of vulnerable adult.**

**Name:**

**Date:**

**Adult:**