**Derbyshire 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?** |
|  |
|  |
| **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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|  |  |  |
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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:** |
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| **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:**