



Derbyshire Safeguarding Adults Board

Multiagency Adult Risk Management

Meeting record

Section One – Invitation to Multiagency Adult Risk Management Meeting

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 | <input type="checkbox"/> |
| Cuckooing | <input type="checkbox"/> |
| Domestic abuse | <input type="checkbox"/> |
| Financial abuse | <input type="checkbox"/> |
| Fire risk | <input type="checkbox"/> |
| Harassment | <input type="checkbox"/> |
| Hoarding | <input type="checkbox"/> |
| Home conditions | <input type="checkbox"/> |
| Homelessness | <input type="checkbox"/> |
| Mental health risks | <input type="checkbox"/> |
| Risk of abuse from others | <input type="checkbox"/> |
| Risk of death (self) | <input type="checkbox"/> |
| Risk of death (others) | <input type="checkbox"/> |
| Risk of sexual exploitation | <input type="checkbox"/> |
| Self-harm | <input type="checkbox"/> |
| Self-neglect | <input type="checkbox"/> |
| Sexual abuse | <input type="checkbox"/> |
| Substance misuse (alcohol) | <input type="checkbox"/> |

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

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

Details of people attending the meeting

Name

Organisation

Role

Email

Attended/Apologies

Report submitted

☐

Name

Organisation

Role

Email

Attended/Apologies

Report submitted

☐

Name

Organisation

Role

Email

Attended/Apologies

Report submitted

☐

Name

Organisation

Role

Email

Attended/Apologies

Report submitted

☐

Name

Organisation

Role

Email

Attended/Apologies

Report submitted

☐

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

Action

To be carried out by whom

By when

Action

To be carried out by whom

By when

Action

To be carried out by whom

By when

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

Please revisit whether concerns have escalated, and the Safeguarding Adult decon 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 ☐

Name Organisation

Role Email

Attended/Apologies Report submitted ☐

Name Organisation

Role Email

Attended/Apologies Report submitted ☐

Name Organisation

Role Email

Attended/Apologies Report submitted ☐

Name Organisation

Role Email

Attended/Apologies Report submitted ☐

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

Action

To be carried out by whom

By when

Action

To be carried out by whom

By when

Action

To be carried out by whom

By when

Section Four – Closure of the MARM process

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: