**North Somerset Council**

**Multi-Agency Risk Management (MARM) Referral Form**

**This document has been approved by North Somerset Safeguarding Adults Board**

**All MARM Referral forms must be sent to Care Connect.**

**By email from secure accounts to:** [care.connect@n-somerset.gov.uk](mailto:care.connect@n-somerset.gov.uk)

|  |  |
| --- | --- |
| **Adult at Risk** | Full Name: |
| Date of Birth: |
| What gender does the person identify as? *state pronouns used if applicable* |
| Address: |
| GP: |
| Home Phone Number: |
| Mobile: |
| Email: |
| Preferred Language: |
| Is an interpreter required? |
| Care and support needs, or significant impacts on the person’s life: *e.g. adverse childhood experiences, substance misuse, homelessness etc* |
| **Why is a referral to MARM being made?**  *Risks and presenting circumstances* |  |

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| --- | --- |
| **Person’s representative/**  **family/**  **advocate/LPA** | Name: |
| Relationship to adult at risk: |
| Home Phone Number: |
| Mobile: |
| Email: |

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| --- | --- |
| **Referring Agency/**  **Professional** | Name: |
| Position: |
| Organisation: |
| Phone: |
| Email: |
| Alternative contact/Deputy: |
| **Date of Referral** |  |

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| **Which agencies are involved with supporting this person?** |  | | |
| **Have you informed these agencies you are referring the person to MARM?** | Yes |  | IMPORTANT NOTE: It is the responsibility of the referring agency to inform other agencies that are supporting the person that a referral to MARM is being made. This is to reduce duplicate referrals and to prepare the agencies to attend MARM meetings if required |
| No |  |

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| **Involving the Adult at Risk** | | | | | | |
| The adult at risk should be presumed to have mental capacity to make decisions in relation to the risk, or a capacity assessment should indicate they have capacity regarding the matter. The adult should be consulted at as early stage as possible to gain their consent to refer to MARM. | | | | | | |
| **Has the adult’s capacity to make decisions about the risk been assessed?** | Yes and they lack capacity. | |  | | | IMPORTANT NOTE: If person has been assessed to lack capacity in relation to the matter then decisions should be made according to the Mental Capacity Act 2005 Best Interests principles and a referral to MARM is not appropriate. |
| Yes and they have capacity | |  | | |
| No, capacity has not been assessed but there is no reasonable belief to doubt their capacity. | |  | | |
| **Does the adult at risk have any communication needs?** |  | | | | | |
| **Has the adult at risk consented to being contacted as part of the MARM process?** | Yes |  | | | | |
| No |  | | | | |
| **Would the adult at risk like to be involved with the MARM process?** | Yes |  | | If the answer is ‘yes’ please advise how they would like to be involved. | | |
| No |  | |
| **What views or wishes have the adult at risk, or their representative expressed?** |  | | | | | |
| **Scale Question: From 1 – 10, how does the adult at risk feel regarding the concerns that have been raised?**  **1 = Unconcerned about the risks.**  **5 = Understands they need some support.**  **10 = Wants support to mitigate the risks.** |  | | | | | |
| **Has a risk assessment been completed with the person?**  IMPORTANT NOTE: MARM will only accept referrals where the risk has attempted to be mitigated but remains high. | **Yes** – *please attach your risk assessment to this referral form.* | | | |  | |
| **No** -  *please complete the risk assessment below.* | | | |  | |

**Risk Assessment**

Name of person at risk:……………………………………………………………………………………………………………………………………………..

Name of professional completing this risk assessment:…………………………………………………………………………………………………………

Date risk assessment completed:………………………………………………………………………………………………………………………………….

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| **What is the concern?**  *What is the risk? Potential harm caused to person or someone else.* | **Risk Rating**  *Low, Medium, Significant or High* | **What could be done to reduce the risk?** | **What plan has been agreed with the person?**  *If the person has not agreed to any proposal put forward by your agency then record this here.* | **Revised Risk Rating**  *If risk remains ‘High’ or unmitigated MARM threshold is met.* |
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**Instructions for Risk Assessment**

1. This risk assessment is designed to be used with the person you are concerned about.
2. In collaboration with the person use the matrix below to assess the ‘likelihood’ and ‘severity’ of the risk and assign a risk rating. When assessing please consider the following points:

• The risk of harm to self, whether from accidents, self-neglect or self-harm

• The risk of harm from others, including physical and sexual violence, psychological harm, neglect or exploitation

• The risk of harm to others

• The risk of loss of independence or breakdown of support.

• Also consider the potential benefits of the risk for that person.

1. Discuss with the person what could be done to reduce this risk and record the decision made.
2. Use the matrix again to assess the ‘likelihood’ and ‘severity’ of the risk once the decision is in place and assign a new risk rating.
3. If the risk remains ‘High’ then complete the referral form to request a MARM meeting.

Risk Matrix:

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| --- | --- | --- | --- | --- |
| **Likelihood** | **Severity** | | | |
| **1. No risk of injury/harm** | **2. Slight risk of injury/harm** | **3. Moderate risk of injury/harm** | **4. Serious risk to life** |
| **4. Certain to happen** | Low | Significant | High | High |
| **3. Likely to happen** | Low | Moderate | Significant | High |
| **2. Moderately likely to happen** | Low | Moderate | Significant | High |
| **1. Unlikely to happen** | Low | Low | Moderate | Significant |