**North Somerset Council**

**Multi-Agency Risk Management (MARM) Closure Summary**

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

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| **Adult at Risk** | Full Name (inc. pronouns): |
| Date of Birth: |
| Address: |
| Ethnicity: |
| Home Phone Number: |
| Mobile: |
| Email: |
| Preferred Language: |

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| **Summary of Concerns:** |  |
| **Referring Agency/Professional:** |  |
| **Date of Referral:** |  |
| **Date Discussed at Initial MARM Meeting:** |  |
| **MARM Review Meeting Held?** Yes / No |  |
| **Lead Agency for Review Meetings:** |  |
| **Was Person Involved?**  Yes/No |  |
| **If Yes, how were they involved and did they attend any MARM meetings?** |  |
| **Reason for Closure:**  Record whether the risk was removed, reduced, stayed the same or increased.  Record rational for closure to MARM. |  |
| **Scale Question:** From 1 – 10, how does the adult at risk now feel regarding the concerns that have been raised?  1 = Unconcerned about the risks.  5 = Understands they need some support.  10 = Wants support to mitigatethe risks. |  |
| **Will this case be reviewed?** *Record if it was agreed to review the closure at a later date.* |  |