Referral Form of Persons to be Discussed at a Multi-Agency Risk Management (MARM) Meeting

**Please complete the form and send:**

FAO:Helen Kershaw, MARM Officer, Oxfordshire Safeguarding Adults Board.

Email: Oxfordshire.SafeguardingAdultsBoard@Oxfordshire.gov.uk

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| **REFERRER DETAILS** |
| **Name & Job Title** |  |
| **Agency/Organisation** |  |
| **Contact Details –** Address, telephone number and e-mail address |  |
| **Date of Referral** |  |

**IT IS IMPORTANT TO HAVE AN INITIAL DISCUSSION WITH YOUR LINE MANAGER BEFORE COMPLETION OF THIS REFERRAL FORM.**

A MARM meeting is likely to be useful to anyone working with an adult who is experiencing an unmanageable level of risk, as a result of circumstances which create the risk of harm, and there are no single agency risk management arrangements or pre-existing multi-agency case discussion processes in place (such as MDT meetings, MARAC, MAPPA, etc.)

If the circumstances meet the criteria for statutory safeguarding, it must be referred to Oxfordshire County Council’s Adult Safeguarding Team in the first instance. Adult Safeguarding will signpost to the MARM process if it does not meet their criteria.

Such circumstances might include:

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| * Vulnerability factors placing them at a higher risk of abuse or neglect including mate crime, network abuse, etc (but where they do not currently meet the statutory safeguarding criteria);
* Self-neglect including hoarding and fire safety;
* Refusal or disengagement from care and support services;
* Complex or diverse needs which either fall between, or spanning a number of agencies’ statutory responsibilities or eligibility criteria;
* On-going needs or behaviour leading to lifestyle choices placing the adult and/or others at significant risk;
* Complex needs and behaviours leading the adult to cause harm to others;
* Domestic violence, mental health and substance misuse (‘Trigger Trio’ or ‘Toxic Trio’)
* Risks previously addressed via a section 42 enquiry (which has been closed) but for which the need for on-going risk management and monitoring has been identified.
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In addition to the above, the MARM framework may also be useful in an acute hospital context to address concerns about:

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| * Complex discharges;
* An adult being discharged back to a vulnerable situation e.g. homelessness, self-neglect;
* Managing complex behaviours/needs during admission;
* Continuance of complex case management;
* High intensity service users;
* An adult’s refusal of medical treatment posing significant risk;
* Disputes with family members about treatment and discharge arrangements.
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**Information about the person being referred**

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| Name of Adult(s) |  |
| Date of Birth |  |
| Current address (also last known address if the person is homeless/rough sleeping) |  |
| Nationality, Ethnic Origin & First Language |  |
| Faith/Religion |  |
| Disability |  |
| Is the adult subject to an open safeguarding investigation? |  |
| **Adults should be actively encouraged to engage and participate in the management of the risks they are experiencing in their day-to-day life.**Have you sought their consent to bring their case to the MARM?If no, please give reasoning. |  |
| Do your records indicate the person been referred to any other agencies? If yes, please list these and for what purpose they were referred.  |  |

**Family members, recorded next of kin, significant other relationships, or emergency contacts**

*This information is requested to understand more about the influential relationships in their lives as these may represent protective or negative factors in their lives. Add more lines as appropriate.*

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| --- | --- | --- | --- | --- |
| Name | Date of Birth | Relationship to adult/older person | Contact Details | Brief synopsis of their relationship (e.g. supportive friend, abusive partner, etc) |
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**Brief synopsis of case**

***Please outline the events and circumstances that triggered this referral.***

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| *This box will expand to fit content.* |

**Brief synopsis of what your organisation has tried to resolve the issues before making the referral**

***Please outline what steps you have taken to reduce/remove the risks***

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| *This box will expand to fit content.* |

**Chronology of involvement**

***Please use the chronology table below to outline your involvements*** *NOTE: This should only include key events and DOES NOT need to be a detailed chronology at this stage. Key events would be interventions you have tried, referrals to other services that you have made (or are aware of), any instances of abuse, violence, etc, any serious injuries/hospital admissions.*

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| Date and Time | Event |
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