Multi-Agency Risk Management
**R****eferral form**

**Version:** 4

**Effective from:** April 2024

## Guidance

**Before submitting a Multi-Agency Risk Management (MARM) referral, please:**

* **Read the MARM Guidance for Referrers; this includes an example MARM referral form**
* **Refer to the MARM Protocol**

The criteria for MARM is as follows:

* The adult appears to have care and support needs;
* Efforts have been made to reduce risk, and work with others to do this, and there continues to be a significant concern about the well-being and safety of the adult;
* The adult has a service or agency currently involved;
* An agency’s risk assessment must have been completed and submitted with each referral.

Once completed, please email your referral and an up-to-date risk assessment, securely to: SafeguardingAdultsBoard@westsussex.gov.uk.

## Referral form

### Referrer details

| **Details required** | **Responses** |
| --- | --- |
| Your name |  |
| Name of your agency |  |
| Position |  |
| Your email |  |
| Your telephone number |  |
| Is your supervisor/manager/Safeguarding Lead aware of this case and your referral? If not, please explain why. *Please be aware that if you have not discussed this case with your supervisor/manager, your referral may be returned to you for this oversight first.* |  |
| Name of supervisor/ manager/Safeguarding Lead |  |
| Their position |  |
| Their email |  |
| Their telephone number |  |

### Details of person being referred

| **Details required** | **Responses** |
| --- | --- |
| Name  |  |
| Address |  |
| Date of birth |  |
| GP surgery |  |
| Does the adult have the involvement of either a formal/paid carer or, informal carer (e.g. family, friend, neighbour)? |  |
| Is the adult a carer themselves? |  |
| Is the adult a care leaver? |  |
| Please state any protected characteristics relevant to the adult in terms of the following:* Age
* Disability
* Gender reassignment
* Marriage and civil partnership
* Pregnancy and maternity
* Race
* Religion or belief
* Sex
* Sexual orientation
 |  |
| Has the adult given consent to this referral being raised with MARM? If not, why not? |  |
| Has the adult recently had a Mental Capacity Assessment? Please document relevant details. |  |

**Reasons for referral**

Briefly outline the reasons for your referral and a summary of the case, the risks, and concerns. Do not copy and paste detailed information directly from your recording system. Include a summary of all actions undertaken by your agency, or actions which you know about taken by other agencies.

Please ensure you have presented any Hoarding concerns to the West Sussex Hoarding Forum before presenting the case to the MARM subgroup.

Please refer to the Guidance for Referrers for information to include.

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### Summary of risks

Please tick all that apply.

| **Risk** | **Risk present?** |
| --- | --- |
| Refusing to engage with support |  |
| Self-neglect |  |
| Hoarding |  |
| Fire |  |
| Eviction/homelessness |  |
| Unsafe environment |  |
| Risk of harm to others |  |
| Risk to children living with the person  |  |
| Other, please specify  |  |

### Desired outcomes

Please detail the help that you are hoping to access from your MARM subgroup referral.

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