MARM referral form guidance

Referrer details

Details required	Responses
Your name	
Name of your agency	A MARM referral can come from any 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.*	MARM should not be used as an alternative to management oversight and supervision. Please provide details of the advice provided by your supervisor/manager. For example: *My manager agreed the following actions…* *My manager agreed the referral to MARM for the following reasons…*
Name of supervisor/ manager/Safeguarding Lead	
Their position	
Their email	
Their telephone number	

Details of person being referred

Details required	Responses
Name	
Address	If the adult has no fixed address, is living in a temporary or transient accommodation, it may be appropriate to note this alongside the address. For example: *Rm 123, Express Hotel* *Horsham, RH 12* *This is temporary accommodation provided by the Borough Council.*
Date of birth	If this is unknown, please state: *Not Known*
GP surgery	
Does the adult have the involvement of a carer?	Yes / No
Is the adult a carer themselves?	If yes, you may wish to say more about the nature of the responsibility.
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	

Details required	Responses
Has the adult given consent to this referral being raised with MARM? If not, why not?	Please confirm that consent has been obtained. If you have not been able to confirm consent, or the adult does not consent for the referral, please explain why. For example: *Adult A is currently unable to consent due to their fluctuating mental capacity.*
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.

Within your summary you should:

- Identify the **care and support needs** that the adult appears to have. If you are not certain that the adult has clearly defined care and support needs, then please describe what makes you believe that they do, and why.
- Explain the adult's **current involvement with agencies**. This should include contact with GP, mental health services and voluntary agencies such as Turning Tides.
- Provide details of any **current packages of care or support**.
- Provide a **brief background** to the case, including any relevant medical concerns, housing concerns, involvement with police or adult social care.
- Describe the **actions you have taken so far**, to progress the case/manage risk. It is helpful to include dates and outcomes of key meetings.
- Include details of **assessments that have been carried out**, including (but not limited to) social care assessments, Mental Health Act assessments and mental capacity assessments.
- Include **evidence of multi-agency working**. This does not necessarily have to include a Multi-Disciplinary Team (MDT) meeting. If there has not been an MDT, note the other ways in which you have engaged with other agencies. If there has been no multi-agency working, please explain why.
- State any **other forums**, such as the Sussex Hoarding Forum, where this case has been heard.
- Provide an **overview of the current situation** for the adult as the case stands, and what you believe makes this case high risk.

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.

If there are specific outcomes that need to be addressed for the adult, please state them in this section. For example:

To mitigate current risk, Adult A requires:

- *Access to services*
- *Resolution with their housing needs*
- *Access to care assistance*
- *Support with their health needs*