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



**Version:** 5

**Effective from:** April 2025

**Please list all agencies involved with the adult who is the subject of this referral:**

| **Agency** | **Key contact if known** |
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## 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](mailto: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 note: if you have not discussed this case with your supervisor/manager, your referral may be returned to you for this oversight and support 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)? | Please refer to the Guidance for Referrers for information to include |
| 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 refer to the [MARM Guidance for Referrers](https://www.westsussexsab.org.uk/policy-and-protocols/safeguarding-practice-procedures-and-protocols/#Self-NeglectProcedure) for further information.

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

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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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