

Multi Agency Risk Management Framework (MARM) Stage 1 - MARM consideration request

This form must be completed in **full** and submitted to the assigned team in your authority in order for a case to be considered under the MARM Framework. It is important to note that submitting a MARM request **does not** result in a discharge of duty for the professionals/agencies involved. Please ensure that you have referred to the [MARM Framework](#) before submitting this form.

Individuals Details

Name		Date of Birth		Address	
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Referrer Details

Name		Job Title		Local Authority Team	
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Are there any issues regarding the individuals mental capacity in respect of the issues being presented? (Yes/No)

Answer		If yes, give details including any differing perceptions/points of view and any attempts at resolution.	
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Are there any identified risks or potential risks which are not addressed/managed by the Support Plan/Care Plan? (Yes/No)

Answer		If yes please give details:	
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Is the individual aware that a MARM referral is being made? (Yes/No)

Answer		<p>If yes, please summarise their views using the Making Safeguarding Personal principles as a guide.</p> <p>If no, please explain why they have not been made aware.</p>	
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Are there issues of conflict between the individual and/or family/carer/advocate and /or other professionals? (Yes/No)

Answer		If yes please give details:	
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To your knowledge, has a safeguarding concern ever been raised about this person? (Yes/No)

Answer		If yes, please give details. Date(s), Type of harm/concern, Outcome(s)	
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Please provide any other information relevant to the case

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Has this case been discussed in supervision? (Yes/No)

Answer		If yes, please give details, who with and date.	
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Please supply the following information with the referral.

Risk Assessment - Mandatory

Current Risk management plans

Current assessment

Current support plans

Evidence of how the individual has been involved in the risk decision making - mandatory

Once completed in full send form and supporting documentation to the assigned team in your authority:

Outcome of MARM consideration request

Accepted under MARM Framework? Yes/No

Answer

If no, please provide rationale why

Next steps to be taken by Local Authority

Date referrer informed of outcome

Name, Title and Organisation of professional considering MARM referral