



Gloucestershire Safeguarding Adults Board

Multi-agency Adult Risk Management MARM Meeting record

Section 1 – Invitation to a MARM Meeting

Lead agency/co-ordinating agency contact details	
MARM reference number	
Lead Agency	
Name of Chair	
Job Role	
Contact Details	
Telephone Number	
Email	

MARM Risk Management Meeting Details	
Date & Time of Meeting	
Venue / Teams details	
Address	
Postcode	
Telephone Number	

Person at Risk	
Name	
Date of Birth	
Age	
ID Reference (eg. NHS)	
Address	
Postcode	
Telephone Number	
Email	
GP Surgery (if known)	

Does the person have any confirmed medical diagnosis which would be relevant to MARM?

Yes No

If Yes – Please provide details below:

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Are there any other Adults at the property?	
Name	
Date of Birth (if known)	
Relationship to adult at risk	
Are they known to services?	
Further info	

Are there any Children at the property?	
Name	
Date of Birth (if known)	
Relationship to adult at risk	
Are they known to services?	
Further info	

If there are any children in the home – please ensure that Children’s Services are notified that the MARM process is underway.

What indicates a risk of serious harm or death?

Main reasons for MARM – Select all that apply

- Anti-Social Behaviour
- Cuckooing
- Domestic Abuse
- Financial Abuse
- Fire Risk
- Harassment
- Hoarding
- Home Conditions
- Homelessness
- Mental Health Risks
- Abuse from others
- Risk of death (self)
- Risk of death (others)
- Sexual Exploitation
- Self-Injury
- Self-Neglect
- Sexual Abuse
- Substance Misuse

What are the risks to members of the community?

Which other agencies are concerned?

Does the person have capacity to understand the identified risks?

Has all of the MARM criteria been met?

Yes No

What does the person want to happen?

What steps have you taken to try and involve them in the process?

Has the What to Expect Leaflet been shared with the Adult at Risk?

Yes No

Has the What to Expect Leaflet been shared with the MARM Coordinator via MARM@Gloucestershire.gov.uk?

Yes No

Does the person want someone to support / represent them at the meeting?	
Name	
Relationship to adult at risk	
Contact details	
Further info	

Agencies required at the MARM – Select all that apply

- Adult Social Care**
- Fire Service**
- Police**
- Environmental Health**
- Housing**
- Drug and Alcohol Services**
- Children’s Social Care**
- Hospital Staff**
- GP / Homeless Healthcare**
- Domestic Abuse Services**
- Mental Health**
- Probation**
- Charity sector services**
- Other**

Further information about required agencies (if needed)

Section 2 – Initial MARM Meeting

The MARM confidentiality statement must be read out, or given, to attendees at the start of the meeting – confirm that this has taken place:

Yes No

Meeting Details	
Date of the Meeting	
Time of Meeting	
Venue (in person or online)	

Attendee Details	
Name	
Organisation	
Email	
Attended / Apologies?	
Report Submitted?	

Attendee Details	
Name	
Organisation	
Email	
Attended / Apologies?	
Report Submitted?	

Attendee Details	
Name	
Organisation	
Email	
Attended / Apologies?	
Report Submitted?	

Attendee Details	
Name	
Organisation	
Email	
Attended / Apologies?	
Report Submitted?	

Was the person at risk present?

Yes No

Were they represented or accompanied by someone?

Yes No

Did the advocate or supporting person understand the purpose of MARM?

Yes No

If no – What steps have been taken

Advocate / Supporter Details	
Name	
Relationship to adult at risk	

What does the adult at risk want from this process?

What does the adult at risk need from this process?

Notes from the meeting to be added here

Actions from the meeting to be added here	
Action - 1	
To be completed by who?	
To be completed by when?	
Action - 2	
To be completed by who?	
To be completed by when?	
Action - 3	
To be completed by who?	
To be completed by when?	
Action - 4	
To be completed by who?	
To be completed by when?	

GSAB Multi-Agency Risk Management (MARM – Meeting Record (Sections 1 & 2)

Description of any conflict between Professionals identified	
Name of person with conflicting view	
Agency	

If a further MARM Meeting needed?

Yes No

Details of review (if needed)	
Date	
Time	

Have concerns escalated or decreased – provide details

Section 3 – Review MARM Meeting

The MARM confidentiality statement must be read out, or given, to attendees at the start of the meeting – confirm that this has taken place:

Yes No

Meeting Details	
Date of the Meeting	
Time of Meeting	
Venue (in person or online)	

Attendee Details	
Name	
Organisation	
Email	
Attended / Apologies?	
Report Submitted?	

Attendee Details	
Name	
Organisation	
Email	
Attended / Apologies?	
Report Submitted?	

Attendee Details	
Name	
Organisation	
Email	
Attended / Apologies?	
Report Submitted?	

Attendee Details	
Name	
Organisation	
Email	
Attended / Apologies?	
Report Submitted?	

Was the person at risk present?

Yes No

Were they represented or accompanied by someone?

Yes No

Did the advocate or supporting person understand the purpose of MARM?

Yes No

If no – What steps have been taken

Advocate / Supporter Details	
Name	
Relationship to adult at risk	

What does the adult at risk want from this process?

What does the adult at risk need from this process?

Notes from the meeting to be added here

Actions from the meeting to be added here	
Action - 1	
To be completed by who?	
To be completed by when?	
Action - 2	
To be completed by who?	
To be completed by when?	
Action - 3	
To be completed by who?	
To be completed by when?	
Action - 4	
To be completed by who?	
To be completed by when?	

GSAB Multi-Agency Risk Management (MARM – Meeting Record (Sections 1 & 2)

Description of any conflict between Professionals identified	
Name of person with conflicting view	
Agency	

If a further MARM Meeting needed?

Yes No

Details of review (if needed)	
Date	
Time	

Have concerns escalated or decreased – provide details

Section 4 – Closure of the MARM process

Closure Details	
Date of closure	
Reason for closure	

Outcome:

- Risks have reduced
- Risks have been removed
- Risks have remained
- Risks have increased
- Safeguarding Referral raised
- No further action
- Adult has passed away
- Criteria no longer met

Provider further details

The actions that have been identified are legal, necessary and proportionate to the circumstances based on the information shared in these meetings.

This is a true and accurate record of the MARM meeting.

The insertion of the MARM chair name below replaces the normal handwritten signature to denote compliance of the above statement.

Closure confirmation by Chair	
Name	
Role	
Date	