



## **HIGH RISK BEHAVIOURS ESCALATION POLICY**

### **Multi Agency Policy and Procedure**

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## **Acknowledgements**

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### **A. Policy Statement**

Difficulty in engaging with individuals who are pursuing high risk behaviours or not looking after themselves may have serious implications for an individual's health and wellbeing. It can also impact on the individual's family, local community and wider services. A number of Safeguarding Adults Reviews commissioned by the Gloucestershire Safeguarding Adults Board (GSAB) have identified the need for a formal multi agency approach to be adopted in such cases (e.g. 'SJ', 'YB'<sup>1</sup>).

These multi agency policy and procedures have been written to provide guidance and a framework for professionals around safeguarding adults who are displaying high risk behaviours and/or at high risk of self-neglect. This policy is designed to be used once all other individual agency risk assessment and risk management approaches have been considered and tried.

This policy introduces a formalised process of escalating cases requiring council-led multi agency collaboration and actions for people who present with high risk behaviours, and will be co-ordinated by the Safeguarding Adults Service at Gloucestershire County Council (GCC). Whilst the process will offer a high risk management framework and process it should not be employed in isolation of specialist or clinical care pathways, but as an additional layer of risk management when specialist or clinical pathways have been exhausted or require external partnership input.

### **B. Introduction**

The Care Act 2014 extended the definition of abuse and neglect to include

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<sup>1</sup> SARs are published on the GSAB website: <https://www.gloucestershire.gov.uk/gsab/safeguarding-adults-board/safeguarding-adults-reviews/>

self-neglect; this covers a wide range of high risk behaviours including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

This policy should be read alongside Gloucestershire's Self-Neglect Best Practice guidance<sup>2</sup>.

The purpose of the High Risk Behaviour Escalation Policy (HRBEP) is to:

- promote the safety and wellbeing of adults who are displaying high risk behaviours and/or self-neglecting;
- improve multi agency communication pathways; and
- utilise the resources in Gloucestershire more efficiently.

The multi agency safeguarding duty under the Care Act includes adults with care and support needs and those adults who may have support needs and who due to their high risk behaviours are believed to be at risk of abuse and/or self-neglect. High risk behaviours may lead the adult to put themselves in situations where they are abused by others due to their lifestyle choices. This policy guidance will be referred to where all previous attempts to provide support have failed and the individual is believed to be:

- severely self-neglecting or engaging in high risk behaviours;
- not engaging with a network of ongoing support;
- at risk of severe harm or death; and
- a significant risk to other people due to their behaviour.

This policy does not cover individuals who:

- lack mental capacity in relation to understanding the consequences of their actions as described by this policy; or
- are in situations where there are other avenues of support which can still be tried, for example a multi agency risk management meeting.

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<sup>2</sup>Guidance available at: <https://www.gloucestershire.gov.uk/media/2081798/gloucestershire-best-practice-guidance-self-neglect-revised-march-2018.pdf>

The duty to manage information safely and within the confines of legislation is of paramount importance in protecting people and making them feel safe. However, when appropriate, the sharing of confidential information between partners is vital to safeguarding and ensuring people receive the help and support they need. The Care Act and the recent General Data Protection Regulations (GDPR) are clear in their guidance that information can be shared if it is vital to safeguard the individual or the public.

### **C. Key Principles**

The Adult Safeguarding responsibilities are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- stop abuse or neglect wherever possible;
- safeguard adults in a way that supports them in making choices and having control over their lives;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

Adult safeguarding activity should be guided by the following six key principles which are taken from the Care Act:

- **Empowerment** – People being supported and encouraged to make their own decisions, giving informed consent;

- **Prevention** – As it is always better to take action before harm occurs;
- **Proportionality** – The least intrusive response appropriate to the risk presented;
- **Protection** – Support and representation for those in greatest need;
- **Partnership** – Local solutions through services working with their communities;
- **Accountability** – Accountability and transparency in delivering safeguarding.

These principles apply to all statutory sectors and settings including further education colleges, welfare benefits, housing, wider local authority functions and the criminal justice system.

Appendix B outlines key legislation which may be relevant in addressing complex cases of high risk behaviour.

In addition to these principles, members of the GSAB will ensure that the approach is consistent with Making Safeguarding Personal by:

- engaging with individuals wherever possible about the outcomes they want from the start and throughout the process; and
- ascertaining the extent to which those outcomes were realised at the end.

#### **D. High Risk Behaviour Framework**

The aim of this document is to help promote people's independence and wellbeing by supporting and empowering them to prevent and manage risks of harm and to transform people's experience of safeguarding support. These

actions will ensure that wherever possible, safeguarding actions respond to what they want and reflect the principles of Making Safeguarding Personal (MSP). This will involve working with families, carers or advocates where appropriate and will examine the impacts of high risk behaviours on those individuals.

This document aims to assist professionals in protecting individuals where all other avenues of support and other resources for the individual have been explored. This framework ensures that an agreed plan can be instigated immediately should the person start to engage with services.

The focus of this document is to ensure that the individual is able to benefit from potential and actual support; the policy and procedure aims to ensure that:

- individuals engaging in high risk behaviours are empowered as far as possible to understand the implications of their actions; and
- options are communicated when other support or services have been repeatedly declined by the individual.

The document provides a structure using a multi-disciplinary approach when an individual's high risk behaviours place them or others at risk of serious harm or death. This is to ensure:

- engagement with the adult is facilitated by the most appropriate person / agency;
- a shared, multi agency understanding and commitment to working with the individual who is engaging in the high risk behaviour;
- appropriate assessment of the management of the risk by the individual agency;
- robust action planning is agreed and in place, should the individual engage or not; and

- agencies and organisations uphold their duties of care.

As this process may not be appropriate for all safeguarding cases it includes an assessment gateway that involves escalation to a multidisciplinary panel to consider any cases referred on the basis of an individual's high risk behaviours. The panel will ensure that the HRBEP is applied appropriately and in accordance with the principles underpinning adult safeguarding.

## **E. Practice in Gloucestershire**

GSAB has established a dedicated referral panel for complex cases, which draws on the views of other partner organisations as appropriate.

The starting point will be that an adult safeguarding enquiry is not always the best response to a concern about high risk behaviours. Conditions that make it more likely to overturn this assumption on a particular case include, but are not limited to the following factors:

- there is a concern that the person is unable to protect themselves by controlling their own behaviour;
- self-neglect where there is significant risk associated with the following:
  - wellbeing is affected on a daily basis;
  - the individual is refusing care and support;
  - the person refuses to engage with necessary services;
  - hygiene is poor and causing physical health problems.
- hoarding where there is significant risk associated with:
  - risk of fire;
  - established lack of understanding of the risks associated with their



situation;

- urgent health and safety risks;
- pending enforcement action creating risk of losing home; and/or
- an adult at risk living where facilities have been disconnected.

If, following discussion with line managers, staff are unsure whether to follow this process for a particular case, discussion with your organisational safeguarding lead is strongly advised. Alternatively, the Safeguarding Adults team can also advise.

If an adult at risk declines an assessment or care and support services, section 11 of the Care Act states that all practicable steps must be taken to assess the individual and an assessment must take place even without consent if the person is identified as high risk. Alongside this a risk assessment must be carried out to determine the level of seriousness of each identified risk. Information should be gathered and shared with other relevant professionals who may have a contribution to make in managing or monitoring the risks.

## **F. The Referral Process**

### **3-Step Pre-assessment Gateway to a Panel Assessment**

For all referrals, use this 3-step pre-assessment gateway to assess the need for escalation to a panel assessment. The pre-assessment gateway sets out key questions for practitioners to consider at each step so all referrals should commence at step 1. A flowchart has been provided at Appendix D to assist with the referral decision making process.

#### **Step 1 - Capacity Assessment**

**Key question** - does the person have the mental capacity to make the

decision in question and to understand the consequences of that decision? In considering this question, the principles of the Mental Capacity Act (“MCA”) must be followed:

- Principle 1 - *Assume* the person has capacity unless it can be proved otherwise;
- Principle 2 - Take all *practicable steps* to help the person to decide; and
- Principle 3 – A person should not be treated as incapable of making a decision because their decision may appear *unwise*.

If there is reason to doubt that the person has capacity to make the specific decision, a capacity assessment must be undertaken. If it is established that the individual lacks capacity to make the decision (e.g. on the likely consequences of deciding *or* not deciding – such as the risk arising from this action), the Best Interests process must be followed and referral to the HRBP will not be necessary.

However, if the individual has the capacity to understand the likely consequences of their action, continue to step 2.

### **Step 2 - Degree of High Risk Behaviours and Self-Neglect**

**Key question** - does there appear to be evidence that the behaviour is likely to result in serious harm to the individual’s health and wellbeing and/or of harm to others?

An individual may be displaying the following high risk behaviours and therefore considered to be self-neglecting:

- unable, or unwilling to provide adequate care and support for themselves;
- unable to obtain necessary care and support to meet their needs;

- unable to protect themselves adequately against potential exploitation or abuse;
- refusing essential care and support without which their health and safety needs cannot be met; and
- acting in ways that put others at risk.

An individual may be considered to be displaying high risk behaviours when they are disengaging from, or do not have the means to, engage with services and people who are trying to help them. Their actions may lead to a decline in their overall health and wellbeing (including mental and physical health).

High risk behaviour indicators may include:

- neglecting personal hygiene impacting upon health;
- neglecting home environment, with an impact upon health and wellbeing and public health issues. This may also lead to hazards in the home due to poor maintenance. Not disposing of refuse leading to infestations;
- poor diet and nutrition leading to significant weight loss or other associated health issues;
- lack of engagement with health and other services/ agencies;
- hoarding items – excessive attachment to possessions; people who hoard may hold an inappropriate emotional attachment to items;
- mental health or mental capacity issues;
- substance misuse;
- homelessness;
- rough sleeping.

This list is neither definitive nor exhaustive. Where an individual refuses to participate in an assessment, information obtained from a range of other sources may hold the key to determining risk. Assessments should be informed by the views of carers and/or relatives as well as by the views of the individual themselves, wherever possible.

**If step 2 applies, continue to step 3.**

Step 3 - All appropriate steps must have been exhausted by the agencies involved

There must be a pattern of behaviours in relation to at least one of the categories listed in step 2. The pattern should be clearly evidenced.

Evidence should also clearly demonstrate:

- risks arising from the behaviours; and
- all other appropriate steps to assist via multi agency Risk Management meetings have been tried and were unsuccessful.

**If steps 1 to 3 apply, the agency raising the initial concern should make a referral for consideration by the panel. Referrals should be made using the referral pro forma in appendix C.**

### **G. The High Risk Behaviour (HRB) Panel**

The HRB Panel is a multi agency panel that is intended to be used only as an exception in more extreme cases, particularly where the individual agency that has identified a risk is unable to address it themselves. It aims to provide professionals with a framework to facilitate effective working with adults who are exhibiting high risk behaviour and/or self-neglect.

The panel will report regularly to the GSAB with an evaluation of the outcomes of

the risk management plans it has developed. The panel will also agree additional protocols and guidance for staff as necessary, recognising the complexity of the subject matter.

### **The HRB Panel Meeting**

The panel meeting should follow the format as outlined in Appendix D (multi agency high risk behaviour meeting agenda), as this sets out the points that will need to be discussed and assessed during the meeting. The key objectives of the panel are listed below:

- ensure that the case has been raised at an individual agency level, discussed through supervision with managers prior to escalating through the HRB panel and appropriate actions taken;
- review why the individual agency actions put in place to support the individual have not been successful;
- promote the safety and wellbeing of adults displaying high risk behaviours and ensuring that the individual is central to the process;
- enhance existing plans to minimise risk, ensure agreement in the ongoing multi agency risk decision making and to ensure that resources are used creatively and flexibly to respond to complex need;
- provide a forum where staff at different levels within partner organisations can share risk decision making when teams or individuals are concerned about managing the level of risk;
- examine the effectiveness of and improve multi agency communication pathways to ensure effective support;
- utilise local resources more efficiently and effectively and identify where there may be gaps in resources;
- provide support, guidance and direction to staff in the management of

complex cases, including conflict resolution; and

- review actions from previous cases to ensure there has been positive impact on the individuals.

The HRB panel will make recommendations about what would be reasonable in terms of managing the risks which can be balanced against the rights of all concerned.

The panel will offer a reflective space for consultation, reconciliation, problem solving and agreement in cases where the levels of risk raise concerns. The panel may make recommendations that require consideration of alternative resources and may seek to reverse previous decisions.

The core HRB panel will include key senior individuals that can contribute and commit to the assessment of risk and/or the risk management response. In addition, this may also include representatives from other organisations who have particular roles or expertise to contribute and who are able to support the individual presenting the case.

Core panel members will include representatives from the following organisations:

- Gloucestershire Police;
- Gloucestershire County Council (Adult Social Care, Safeguarding Adults and Legal services);
- Gloucestershire Clinical Commissioning Group; and
- Gloucestershire Fire and Rescue Service.

Other appropriate agencies may be involved as necessary, including:

- Other health services (Gloucestershire NHS Foundation Trust, 2gether Trust, Primary Care, Gloucestershire Care Services);

- Environmental Health
- District/Borough Councils
- Housing Providers and Support Agencies;
- Public Health and Public Protection;
- The South West Ambulance Service Trust;
- Substance Misuse Services;
- Care and Support agencies; and
- The Voluntary and Community Sector.

Referral to other services can also be considered in advance of or following the meeting if attendance is not possible. Wherever possible the meeting should include the adult at risk. If the person declines to be involved or it is not appropriate for them to attend, their views must be sought and included.

Members of the HRB panel will be called on as appropriate to meet to consider cases referred. This will be on an 'as required' basis.

### **Discontinuing the HRBP review process**

Where the HRB review process is no longer required, for example, because the risks have been removed or are manageable within the normal assessment and care and support planning process, the reasons for discontinuing the HRB review process should be clearly recorded. The named point of contact must be consulted in relation to the decision to discontinue the HRB review process where a significant risk remains. Where there are continuing or unaddressed concerns, these should be escalated to the senior responsible officer or the chief executive officer of the organisation concerned. In addition, the individual's key worker must be advised.

## **H. Guide to the Referral Form**



- The referral form (appendix C) must be completed for all cases being presented and sent to the Safeguarding Adults Team at GCC.
- The referral form (appendix C) will be sent to the individual and/or preferred representative (consider advocate) in advance to clarify if they would like to attend.
- The key worker will advise if the Adult is attending and any particular requirements e.g. access/language/time.
- If the panel needs to have representation from the individual in confidence, this will be arranged.
- If the adult is not attending in person, they must be represented by their preferred representative/advocate.
- The HRB panel Chair will ensure panel members receive all details in advance of the meeting.
- The HRB panel administrator will acknowledge the referral form and any additional minutes or notes and send to the key worker and Head of Safeguarding Adults.
- Once agreed the HRB panel administrator will be responsible for sending out all the information.
- The HRB panel administrator will record outcomes & recommendations on GCC database.
- The HRB panel administrator will ensure any follow up requirements are reported back to the panel as required. The action plan will be owned by the key worker and the individual concerned.

The referral form is required to be submitted with all cases as follows:

**1. What is the activity/situation requiring an assessment of risk?**

Provide a brief summary of the circumstances that have required the HRB

referral to be completed. This should be brief but sufficient for someone who is not currently involved to understand the presenting concerns and the need for the HRBP to be convened.

## **2. List the identified risks of harm**

List all those risks of harm that have required the HRB referral to be completed. These are the risks that need to be addressed through the HRB. There may be other risks in the person's life that are already managed effectively and do not need to be included in this assessment.

## **3. Record the person's own initial understanding of the risk**

Use this section to record the person's assessment of their current circumstances. This should include the risk as it is currently, before the risk assessment process is undertaken or any risk management plan proposed. This will help inform the assessment and ensure the person's views are kept central to the process.

## **4. Where support has been declined, record identified reasons and offers of support**

Sometimes the concerns will arise from a person's decision not to accept support or the difficulty experienced in engaging the person about the risks they are facing. If this is the case, seek to understand the reasons for these decisions and how support can be offered in a manner the person finds acceptable to them. Use this section to evidence attempts to engage the person in concerns about their safety. If a review is being held, record the actions taken since the last HRB panel meeting.

## **5. Risk assessment & analysis section**

Take each identified risk of harm in turn and complete the Risk Assessment and Analysis questions (Appendix A). For example if three risks of harm have been identified you would need to have three completed Risk Assessment &

Analysis sections. You will need to copy and paste this section to create more Risk Assessment & Analysis sections if you need them. The questions are designed to structure thinking about who is affected by the concerns, how often the concerns may occur/recur, the evidence for this and the consequences of the incident occurring/recurring.

## **6. What existing factors increase/decrease the likelihood of harm occurring?**

The questions about which factors increase/decrease the risk of harm occurring/recurring are there to structure thinking as to how the risk may come about and hence how it can be best managed. Note, these factors are not the additional services or forms of support that can be provided; instead this section tells you about the underlying issues. It is the understanding of these underlying issues that should be used to inform the development of a Risk Management Plan.

### **I. Performance Management and Policy Review**

The effectiveness of this framework in supporting individuals who are displaying high risk behaviours will be reported back to the GSAB on a quarterly basis. Positive outcomes of where actions have made a difference, or concerns that have arisen, will be shared (anonymously) at GSAB meetings. Any data that can be gathered and used to baseline our performance in this area will be shared with the group.

### **J. Information Sharing**

The GSAB Information Sharing Protocol<sup>3</sup> should be referred to when making decisions to share information. Additional legal advice may occasionally be required. Information about adults, children and young people at risk

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<sup>3</sup> Guidance available at: <https://www.gloucestershire.gov.uk/media/2081532/gsab-information-sharing-guidance-may-2018.pdf>

between agencies should only be shared:

- where relevant and necessary;
- with the relevant people who need some or all of the information; and
- When there is a specific need for the information to be shared at that time.

The guiding principles: *“Decisions on sharing information must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded”.*

*Care Act 2014 chapter 14.131*

## Appendix A – Key Legislation

- **The Care Act 2014** which came into effect from 1st April 2015 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support.
- **Working Together to Safeguard Children (2015)** Statutory guidance on inter-agency working to safeguard and promote the welfare of children
- **The Children Act 1989** allocates duties to local authorities, courts, parents, and other agencies in the United Kingdom, to ensure children are safeguarded and their welfare is promoted. It centres on the idea that children are best cared for within their own families; however, it also makes provisions for instances when parents and families do not co-operate with statutory bodies.
- **The Human Rights Act** sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.
- **Public Health Act 1936 and 1961** contains provisions to deal with verminous premises.
- **Housing Act 2004** gives the power to the Local Authority to inspect a property to identify any hazards (including structural hazards) that would be likely to cause harm and to take enforcement action where necessary to reduce the risk to harm.
- **The Homelessness Reduction Act 2017** A new duty to prevent homelessness for all eligible applicants threatened with

homelessness, regardless of priority need. This extends the help available to people not in priority need, with local housing authorities supporting them to either stay in their accommodation or help them find somewhere to live and should mean fewer households reach a crisis situation.

- **Part 7, Housing Act 1996 (as amended by the Homelessness Act 2002)** the legislation also requires authorities to assist individuals and families who are homeless or threatened with homelessness and apply for help.
- **Regulatory Reform (Housing Assistance) (England & Wales) Order 2002 (RRO)** introduced a new general power enabling local housing authorities to provide assistance for housing renewal with a much greater degree of flexibility for LAs in devising a policy to deal with poor condition housing, both in terms of the policy tools available and their ability to work in partnership with others.
- **Mental Health Act 1983** is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
- **Mental Capacity Act 2005** The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:
  - by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process; and
  - by allowing people to plan ahead for a time in the future when they might lack the capacity, for any number

- **Environment Protection Act 1990** allows a local authority to serve an abatement notice in relation to any premises in such a state as to be prejudicial to health or a nuisance.
- **Building Act 1984** enables urgent action to be taken to remedy defects to premises which are in such a state as to be prejudicial to health or a nuisance.
- **Prevention of Damage by Pests Act 1949** places a duty on the council to take action against the owners/occupiers of land where there is evidence of pests.
- **Public Health (Control of Disease) Act 1984 Section 46** imposes a duty on Local Authority to bury or cremate the body of any person found dead in their area in any case where it appears that no suitable arrangements for the disposal of the body have been made. Costs may be reclaimed from the estate or any person liable to maintain the deceased.
- **Anti-social Behaviour, Crime and Policing Act 2014** includes the steps relevant authorities can take to apply for orders relating to anti-social behaviour.
- **Data Protection** legislation, including the General Data Protection Regulations (GDPR), governs how personal information is used and shared by organisations. Organisations must demonstrate that they are using, sharing and storing information lawfully. In addition, information should not be stored for longer than is necessary.
- **Children's Safeguarding** - If a child is at risk of harm due to the high risk behaviours by an adult then Children's Safeguarding Procedures apply and a referral must be made to the Multi Agency

Safeguarding Hub (MASH). Where a child is in immediate danger, the police should be called.

- **Multi-Agency Risk Assessment Conferences** are undertaken where individuals are at risk of murder or domestic abuse.



## Appendix B

### REFERRAL FORM

#### High Risk Behaviours Panel Referral Form

Prior to completing this form, please contact the Safeguarding Adults team to discuss the referral on 01452 425879 or by email at [safeguardingadultsservices@gloucestershire.gov.uk](mailto:safeguardingadultsservices@gloucestershire.gov.uk)

*Please complete the form to the best of your knowledge and send to the Safeguarding Adults Team at:*

*[SafeguardingAdultsServices@gloucestershire.gov.uk](mailto:SafeguardingAdultsServices@gloucestershire.gov.uk)*

*Please put "high risk behaviours panel referral" in the subject line.*

Name:	
Database identifier (e.g. LAS no, NHS no, Police Ref no):	
Address:	
Tel No: Home: Mobile:	
Date of birth:	
Please list the person's care and support needs	
Does the person have mental capacity in relation to the issues being presented?	Yes                  No
Is the person aware of the referral? (if no, please state the reason)	Yes                  No
Member of staff making the referral:	
Team/agency:	
Date:	
Please list the actions taken so far to manage the risks, e.g. multi agency risk management meetings; section 42 safeguarding enquiry; referral to Blue Light Project; referral to Complex Case Cell etc. (if none, please follow these routes prior to making a referral under this policy).	

Will the individual/family member/carer be attending the meeting?	
Yes	No
If yes, please give details:	
What would you like the HRB Panel to consider? List the identified risks of harm:	
Where support has been declined, record identified reasons and offers of support as far as you are aware:	
Record the person's own initial understanding of the risk:	
Are you aware if there issues of conflict between person and/or family/carer and/or staff members and/or members of the public?	
Yes	No
If yes, please give details:	
In your experience has a safeguarding concern ever been raised about this person?	
Yes	No
If yes please give details:	
What existing factors increase or decrease the likelihood of harm?	
Any other comments or information relevant to case:	
List any other people or organisations that you know who are currently working with the person and give brief details of their involvement:	
Staff Member Signed:	Name:
Manager Signed:	Name:
Team:	
Date:	

**If possible please attach:**

- Copies of any capacity assessment(s)

- Support plan if there is one
- And any other evidence of how the person has been involved in the risk decision making
- Any other appropriate documentation

## Appendix C

### **Multi Agency High Risk Behaviour Meeting** **Agenda**

#### **1. Welcome and introduction**

- Apologies
- Roles of agencies/professionals/individuals represented

#### **2. Details of the adult at risk of self-neglect**

- Confirm whether adult at risk is aware of safeguarding concern/procedures in place to manage concerns of self-neglect
- Views (if known) of the adult at risk, and the outcomes that they are seeking.
- Agency involvement (in place/refused)

#### **3. Confirmation of mental capacity**

- Decision(s) and associated risks and consequences against which mental capacity has been assessed.
- How capacity assessment was carried out, when and by whom.
- If mental capacity has been assumed, how has this assumption been reached?
- Any identified concerns.
- Is a legal view required?

#### **4. Assessment of risk indicators**

- Agree severity of risks identified

#### **5. Discussion regarding practical support and strategies to minimise the risks**

#### **6. Agree actions to manage risks and identify triggers for review**

#### **7. Discuss and agree who is best placed to talk to the adult at risk, empower them to make decisions and to take action**

#### **8. Agree strategy to monitor the risks**

#### **9. Review – agree timescales for review**

**APPENDIX D**

