Multi-Agency High-Risk Behaviour Procedure (Including Self-Neglect/Hoarding)

MID AND WEST WALES REGIONAL SAFEGUARDING BOARD

Version	Revision Date	Owner	Date approved by Exec Board	Review Date
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Name of Policy / Procedure / Guidance	Multi-Agency High-Risk Behaviour Procedure (Including Self-Neglect/Hoarding)
Consultation Period	
Date of Publication	
Review Date	

Dissemination/ Implementation

Agencies are requested to undertake the following in order to ensure the implementation of this Policy/Procedure/Guidance:

MAWWSB	• Place on MAWWSB website within policy section • Send to Partner Agencies for dissemination • Disseminate to partner agencies training leads for inclusion within training as appropriate • Update relevant training to reflect Policy/procedure/ guidance
All Partner Agencies	• Disseminate Policy/Procedure/Guidance to all Service Leads/ Heads of Service/Safeguarding leads/ staff via appropriate communication channels e.g. LOGs • Place within own website and include a link with MAWWSB Website https://www.cysur.wales/ • Update in house Policies and Procedures to reflect Policy/Procedure/Guidance as appropriate. • Update in house training to reflect process as appropriate.

Assurance

Agencies will be requested to undertake the following in order to assure the MAWWSB with regards to dissemination and implementation of this policy:

MAWWSB	• To seek assurance from Partner Agencies that implementation has occurred
Partner Agencies	• To provide MAWWSB with assurance that the above implementation have been completed

Contents

A. Procedure Statement

Poor engagement with individuals who are pursuing High-Risk behaviours or self-neglecting may have serious implications for their health and wellbeing. These behaviours can also impact on the individual's family, local community, and wider services. Several Adult Practice Reviews (APRs) and Multi-Agency Professional Forums (MAPFs) undertaken in the Mid and West Wales Safeguarding Board area have identified the need to accept concerns of this nature as meeting the criteria of neglect for safeguarding purposes and to adopt a formal multi-agency framework to assist the management of concerns of this nature consistently across the region.

This multi-agency procedure has been written to provide a clear framework for professionals working to safeguard individuals who are displaying High-Risk behaviours or at High-Risk of self-neglect. It is designed to be used once all other individual agency risk management plans have been considered and implemented. This process does not replace Multi-disciplinary team meetings, which would ordinarily be convened to manage risk but provides an escalation route for high-risk cases.

This procedure introduces the process for escalating concerns relating to high-risk behaviours for consideration at a Multi-Agency High-Risk Panel (MAHRP) led by the local authority. The panel will further consider the existing risks and agree additional actions where appropriate. The process will be coordinated by the Safeguarding Adults team in each local authority however, **it should not be employed in isolation of existing specialist support, but as an additional layer of risk management when all other interventions have been exhausted and a heightened level of multi-agency partnership input is required.**

Quick guide to the High-Risk Behaviour Procedures

1. It will normally be the responsibility of any agency/individual providing ongoing support to the individual to make the report and request a Multi-Agency High-Risk Behaviour Panel meeting (MAHRBP) via local safeguarding route.

2. A safeguarding report (MARF) should be made if there is reasonable cause to suspect the person is an *adult at risk of abuse or neglect* as defined within the Social Services and Wellbeing (Wales) Act 2014, and there appears to have been acts of neglect and/abuse by a third party.

3. Where the person appears to have a need for care and support, a referral for a care and support needs assessment should be made to social services. Similarly, where the person appears to have specific health needs, a referral should be made to appropriate Health Services. The person should be made aware of the referral and consent should be sought before doing so.

4. The agency/individual identifying the concern must consider the referral process guidance before deciding to request a Multi-Agency High-Risk Behaviour Panel (MAHRBP).

5. A 'Lead Agency' and a "Lead Worker" will be agreed at an early stage – i.e. at the initial MAHRBP meeting. This should be the most appropriate agency involved with the person.

6. The person should always be informed of the MAHRBP meeting and invited to attend if appropriate.

7. It will be the responsibility of all agencies to prioritise MAHRBP meetings and to fully co-operate with the process, giving such meetings the same importance as those managed under the Wales Safeguarding Procedures https://safeguarding.wales/

8. A MAHRBP meeting will be scheduled monthly in each local authority area. Additional meetings will be convened if or when appropriate. The meeting will be chaired by a senior officer within the local authority and information will be shared as per the Mid and West Wales Regional Information Sharing Protocol. If there are no case to discuss or review the chair will make a decision on cancellation,

9. Participants of the panel will consider any risk assessments (including the risk assessment within the referral) which have been undertaken to date and decide what actions are required to engage and communicate with the person, by whom and by when.

10. Participants of the panel will agree a date for a review meeting. A record of the meeting will be made and distributed as soon as possible after the meeting takes place.

11. While the Lead Worker will be responsible for coordinating and leading the work to engage the person, it remains the responsibility of all other agencies to work in partnership with the aim of improving the wellbeing of the person of concern and minimising risks to them and others where possible. The Lead Worker role may change at any time if there are strong reasons to do so, but this decision should be clearly agreed, recorded, and communicated to all those involved.

12. Following initial attempts to engage the person and minimise risks, subsequent meetings will be held to review progress. Further review meetings will be arranged as and when required.

13. Creative approaches may well be needed to engage the person, additionally, assessments such as those for care and support or a Carer's assessment may lead to services being provided.

14. The High-Risk Behaviour Panel process will only be closed when a clear reduction in risk can be demonstrated or when all attempts to reduce risks have been exhausted and the person with capacity chooses to continue with the behaviour.

15. Any intervention or plan should properly balance the need to intervene to prevent risk of harm and the person's right to make decisions that others might regard as unwise or eccentric.

16. At the point of closure, a plan should be drawn up to establish ongoing arrangements for monitoring the situation (as appropriate) or properly document the reasons why no further involvement is required. This plan should include detail of how the person and others within in the person's network can raise further concerns or changes in circumstances in the future. Detail of closure will be communicated to the most Senior Officer within the referring and other appropriate agencies.

17. Any professional differences which cannot be resolved during this process should be addressed as per the regional [Resolution of Professional Differences Protocol](#).

Managing Information

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 Social Services and Wellbeing (Wales) Act 2014 and the recent General Data Protection Regulation (GDPR) are clear in their guidance that information can be shared if it is vital to safeguard the individual or the public. Please also refer to the [Regional Information Sharing Protocol](#).

B. Introduction

The safeguarding duties set out in part 7 of the Social Services and Wellbeing (Wales) Act 2014, do not extend to individuals who display High-Risk behaviors which puts them at risk of harm or individuals who do not look after themselves well, resulting in self-neglect. Concerns of this nature suggest that the person is at risk from their own actions or inactions, and as such do not meet the criteria for an adult safeguarding report to be made to social services. Self-neglect 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 the Mid and West Wales Multi-Agency High-Risk Behaviour Policy (Including Self-Neglect/Hoarding), [Regional Adult Safeguarding Threshold Guidance](#), and the [Wales Safeguarding Procedures](#).

The purpose of this procedure is to:

- Promote the safety and wellbeing of adults who are displaying high-risk behaviours and/or self-neglecting.

- Improve multi-agency collaboration and communication in relation to managing High-Risk behaviours and self-neglect.

- Utilise multi-agency resources in the Mid and West Wales region more efficiently.

High-risk behaviours may lead the adult to put themselves in situations where they are abused by others due to their lifestyle choices. **If there is reasonable cause to suspect that an adult is at risk of abuse by a third party, a safeguarding report <u>must</u> be made to the local authority via the regional [Multi-Agency Referral Form](#).** This policy will be referred to where all previous attempts to provide support have failed and the individual is believed to be:

a. severely self-neglecting or engaging in High-Risk behaviours;

b. not engaging with a network of ongoing support;

c. at risk of severe harm or death; or is a significant risk to other people due to their behaviour. *(if the person they present a risk to meets the definition of an adult at risk, a safeguarding report to the local authority must be made)*

C. Key Principles

This policy and procedures will apply the person-centered principles of Adult Safeguarding and the legal duties set out in Part 7 of the Social Services and Wellbeing (Wales) Act 2014 as well as the key principles set out in the Mental Capacity Act 2005. (See Multi Agency High-Risk Behaviour Practice Guidance)

D. High-Risk Behaviour Management Framework

This framework aims to assist professionals to protect individuals where all other avenues of support and other resources for the individual have been explored and exhausted. It will ensure that a multi-agency assessment of risk is undertaken, and an agreed plan developed to engage the person with support services where possible.

The focus of this multi-agency approach is to ensure that the individual is given the best opportunity to benefit from any potential or actual support by:

- empowering them as far as possible to understand the implications of their actions; and

- clearly communicating options when other support or services have been unsuccessful or repeatedly declined.

 This will be achieved by ensuring:

- Engagement with the person is facilitated by the most appropriate person/agency.

- A shared, multi-agency understanding and commitment to working with the person who is engaging in the high-risk/self-neglecting behaviour.

- Appropriate assessment and recommended management of the risk by collective agencies.

- Robust action planning and recording is agreed should the individual engage with services or not; and all organisations uphold their duties of care.

Escalation to a MAHRBP meeting may not be appropriate for all individuals, and each referral will be initially screened by the local authority adult safeguarding team. A decision to progress will be based on the detail provided in the referral form and the requirements of the referral process. The screening process will also consider whether the person may be an adult at risk as defined in the Social Services and Wellbeing (Wales) Act 2014, in which case formal safeguarding procedures will be triggered.

E. Practice in Mid and West Wales

Strategic responsibility for managing High-Risk behaviour and self-neglect in the Mid and West Wales area sits with the Mid and West Wales Regional Safeguarding Board (RSB). The Board has established this policy and procedures to assist in the management of such risks. The approach within this region is collaborative and relies on the involvement and expertise of various partner organisations as appropriate.

Examples of high-risk behaviours include, but are not limited to the following factors:

1. There is a concern that the person's inability to control their own behaviour results in them being unable to protect themselves, e.g. dependency on alcohol, drugs or other substances, self-harm.

2. Self-neglect where there is significant risk associated with:

   - a person refusing care and support
   - a person refusing to engage with necessary services
   - a person's hygiene is poor and causing physical health problems
   - a person's behaviours have a significant impact their own health or well-being or the health and wellbeing of others

3. Hoarding where there is significant risk associated with:

   - Fire Hazards
   - Established lack of capacity to understand the risks associated with their situation
   - Urgent health and safety risks
   - Pending enforcement action creating risk of losing home
   - and/or a person living where facilities have been disconnected

If, following discussion with line managers, staff are unsure whether to request a MAHRBP meeting then a discussion with their organisations safeguarding lead is strongly advised. Alternatively, the Safeguarding Adults team in each local authority can advise.

F. The Referral Process

Before making a referral, please use risk matrix below to consider the seriousness of the situation. If you believe the behaviours of the person you are concerned about are in the red (High-Risk) category, then please complete the MAHRBP referral form (Appendix A)

In all instances consider;
Does the person have capacity to make decisions with regard to issues such as care and support/housing/risks?
Does the person have a diagnosed mental illness?
Does the person have support from family or friends?
Does the person accept care and treatment?
Does the person have insight into the problems they face?

In all instances, all workers should have attempted to engage with the person, develop a rapport, supporting the person to address concerns and engage with support. Please see guidance document regarding obtaining a capacity assessment.

Low risk	Moderate risk	High-Risk
Person is accepting support and services Health care is being addressed Person is not losing weight Person accessing services to improve wellbeing There are no carer issues Person has access to social and community activities Person is able to contribute to daily living activities Personal hygiene is good The indicators below may also imply low risk. Each is contextual, dependent upon individual circumstances they may trigger concern in the moderate risk category Access to support services is limited but there are no other factors of concern Health care and attendance at appointments is sporadic but there is evidence of limited or no impact on health/wellbeing and the person has capacity to make the decision	The indicators below may also imply low risk. Each is contextual, dependent upon individual circumstances they may trigger concern in the high-risk category. Consideration given to the context, if information is known about, for example, cause of weight loss and whether other professionals are involved. The person refuses to engage with necessary services, they have capacity and there is limited or no evidence of their health/wellbeing being adversely affected Health care is poor and there is deterioration in health Weight is reducing Wellbeing is affected on a daily basis Person is isolated from family and friends Care is prevented or refused The person does not engage with social or community activities and this is having an impact on the health and wellbeing of the individual The person does not manage daily living activities Hygiene is poor and causing skin problems	Where moderate concerns have been raised and despite all efforts they continue and/or increase. The person refuses to engage with necessary services and where their health and wellbeing is being adversely affected and where there is evidence of trying to engage and work with the person Health care is poor and there is deterioration in health and there is no overt cause and/or professionals involved Weight is reducing Wellbeing is affected on a daily basis and there is no overt cause and/or professionals involved. Person is isolated from family and friends, this may not be a lifestyle choice Care is prevented or refused despite efforts to engage the person The person does not engage with social or community activities and this is having a significant impact on health and wellbeing of the individual The person does not manage daily living activities despite a plan being in place to support the person with these

Person is of low weight Person's wellbeing is partially affected Person has limited social interaction Carers are not present Person has limited access to social or community activities Person's ability to contribute toward daily living activities is affected Personal hygiene is becoming an issue	Aids and adaptations refused or not accessed Issues raised by carers Possible coercion by informal carers	Hygiene is poor and causing skin problems despite efforts to work with the person to improve this Aids and adaptations refused or not accessed despite efforts being made to engage the person Issues raised by carers Possible coercion by informal carers
Response and responsibilities		
Single agency response	Minimal risk is often managed via single agency response. If in doubt consultation from other agencies should be sought and documented. Clear documentation of plans and decisions made should be kept. Chronologies evidencing improvement and/or deterioration should be maintained. In some instances, professional judgement may result in a multi-agency response, i.e. MDT (with the consent of the person) in order to minimise and reduce risk.	High-Risk should involve a multiagency response. Clear documentation of plans and decisions made should be kept. Chronologies evidencing improvement and/or deterioration should be maintained. Consideration should be given as to whether the safeguarding threshold has been met. Professional judgement may result in a referral to safeguarding for a MAHRBP meeting.
Examples of concerns that do not require a referral to Safeguarding a MAHRP meeting or Safeguarding can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the High-Risk need to be reported – Use professional judgement.		

G. Guide to the MAHRBP Referral Form

The referral form (appendix A) is in two parts.

<u>Part 1</u> **- Risk assessment**

1. Identified risks of harm

List all the risks of harm that have prompted the MAHRBP referral form to be completed. These are the risks that need to be addressed through the MAHRBP process. 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. Assess the identified risks by using the signs of safety risk

scoring tool. For example, if three risks have been identified you would need to have a risk rating score for each one. The tool is designed to structure thinking about the perception of risk and aids the discussion in relation to risk management strategies/plans. Score the risks using the persons own assessment of risk and the referring agency's assessment. The person's view may be gleaned from recent attempts to engage them in support.

The risk rating score will determine whether the referral should progress to Part 2 and subsequent submission to the local authority. It is an integral part of the referral form and the MAHRBP process. It will be used as the principal document at MAHRBP meetings and used to assess whether the risks are increasing or decreasing**.**

Part 2 requires further detail about the person, concerns, safety measures and involvement of others as below:

1. What is the concern?

Provide a summary of the circumstances that have required the MAHRP 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 MAHRBP to be convened. Include patterns of concerns and details of any recent escalation.

2. What would you like the MAHRBP to consider?

Please provide a summary of the support already provided and the reason why multi-agency involvement/support is required.

3. The person's own initial views and 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. Involvement of the person or others at the panel meeting

As with most interventions, it is important to ensure that the person has an opportunity to participate in the discussion and any decisions, which impact on their lives. This must be explored and encouraged where appropriate.

5. Where support has been offered and accepted or declined.

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.

6. Strengths and safety factors

The panel will adopt a strength-based approach to supporting individuals who display high-risk behaviours. Please provide details of the person's strengths and things that are working well for them, including people who are a positive influence.

7. Views of others

It is important to gain the views of others who know the person well. These views can often provide another perspective and identification of additional strengths or risks.

8. Conflicts

To keep everyone safe, it is important that the panel and any practitioners working with the person are fully informed of any current, potential or historical conflicts or confrontations.

9. Safeguarding

It is important to understand if any previous safeguarding reports have been made in relation to the person as this may indicate additional concerns which need to be considered and formal safeguarding procedures invoked.

10. 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.

11. Any other information

This allows for any relevant additional information to include for the panel to consider.

12. Others involved

Please provide details of any other people or organisations involved with the person. This will provide a fuller picture of support being provided. It may be appropriate to invite this person/organisation to the panel meeting.

Making the referral

The referral form (appendix A) must be fully completed and sent to the Safeguarding Adults Team within the appropriate local authority area.

- The local authority safeguarding team will acknowledge and screen the referral.

- If appropriate or possible the person and/or identified representative (consider advocacy) will be contacted to advise of the referral, seek their views and clarify

if they would like to attend the meeting.

- Based on the information in the referral form (including risk score in part 1) and any other information the safeguarding team may obtain they will advise the MAHRBP chair as to whether the case should progress to a panel meeting or not. In exceptional cases the chair may override this decision.

- Any decision not to proceed to panel will be discussed with the referrer.

H. Multi-Agency High-Risk Behaviour Panel (MAHRBP) meeting

- The panel will meet monthly in each local authority area to consider new cases and review any ongoing cases. Urgent/ad-hoc meetings can be convened as necessary.

- The MAHRBP is intended to be used only as an exception and in more extreme cases, particularly where the individual agency that has identified a risk is unable to effectively address the concerns. It aims to provide professionals with a framework to facilitate effective working with adults who are exhibiting high-risk behaviours including self-neglect/hoarding.

- The panel will report regularly to the Mid and West Wales Safeguarding Board with an anonymised evaluation of the outcomes of the risk management plans it has developed. The panel may also agree additional protocols and guidance for staff as necessary, recognising the complexity of the subject matter.

- The panel meeting should follow the format as outlined in the Multi-Agency High-Risk Behaviour Panel meeting agenda (Appendix C), as this sets out the points that will need to be discussed and assessed during the meeting. The panel will apply a Signs of Safety approach to support decision-making and evaluate/assess risk. The panel will appoint a lead agency and lead worker to avoid duplication. The key objectives of the panel are listed below:

  - Ensure that the case has been raised at an individual agency level, and all appropriate actions taken

  - Review and understand why individual agency actions put in place to date have not been successful

  - Collaboratively discuss, evaluate and agree risk levels

  - Identify appropriate actions/ interventions to enhance or replace existing plans to minimise risk

  - Promote the safety and wellbeing of individuals displaying High-Risk behaviours ensuring they remain central to the process

  - Utilise agency resources creatively and flexibly to respond to complex/high-risk

situations

- Ensure multi-agency decision making in relation to individuals who display high-risk behaviours

- Record multi-agency decision making and actions including when all interventions have been exhausted

- Identify resource gaps and escalate accordingly

- Provide support, guidance and direction to agencies in the management of complex cases, including conflict resolution

- Continuously review actions to ensure there has been positive impact on the individual.

- The MAHRBP 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 significant concerns. The panel may make recommendations that require consideration of alternative resources and may seek to reverse previous decisions.

- Core members of the MAHRBP will include sufficiently senior individuals who can contribute effectively to the assessment of risk and the risk management response. Representatives from other organisations may also be invited to attend where they are involved or have expertise to contribute. **Core panel members will include representatives from the following organisations:**

  - Dyfed Powys Police

  - Local Authority (including Adult/ Integrated Social Care, Mental Health, Adult Safeguarding, Housing Options and Legal services)

  - Hywel Dda University Health Board

  - Powys Teaching Health Board

  - Mid and West Wales Fire and Rescue Service

Other appropriate agencies may be involved as necessary, for example:

  - Other health services

  - Probation Services

  - Environmental Health

- Other local authorities

- Housing Providers and Support Agencies

- Public Health and Public Protection

- Welsh Ambulance Service (NHS) Trust – WAST

- Education Providers/Youth Services

- Substance Misuse services

- Care and support agencies, and

- Voluntary, community and specialist sector agencies

Referral to other services can also be considered in advance of or following the meeting. Wherever possible the meeting should include the person of concern. If the person declines to be involved or it is not appropriate for them to attend, their views must be sought and included. If the person chooses not to attend or is unable to, an appropriate person will be identified at the meeting to feedback the outcome of the meeting to them.

- Core members of the panel must attend all meetings and non-attendance will be recorded and shared with the Regional Safeguarding Board. Other agencies will be called upon as appropriate.

- If the person is attending the meeting any particular requirements e.g. access/language etc. will be discussed and arranged.

- 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 can be represented by their preferred representative/advocate.

- The MAHRBP Chair will ensure panel members receive the referral form and any other appropriate information in advance of the meeting.

- The MAHRBP administrator will keep a record of all meetings any associated documents on the local authority information system. Minutes and action plans will be circulated in a timely fashion.

The MAHRBP administrator will ensure any follow up requirements are reported back to the panel as required. The associated action plan will be owned by the panel collectively and the individual concerned.

Discontinuing the MAHRBP process

Regular meetings will be held until a clear reduction in risk can be evidenced.

Where the MAHRP process is no longer required, for example, because the risks have been removed or are manageable within the normal care and support management process, the reasons for discontinuing the process should be clearly recorded.

> **Dismissing Self- Neglect and other High-Risk Behaviours as a lifestyle choice without proper consideration of the person's circumstances is not acceptable.**

Where The Risk Remains

All agencies must be consulted in relation to the decision to discontinue the MAHRBP process where a significant risk remains. Where there are continuing or unaddressed concerns, these should be escalated to the appropriate senior officer in each organisation and the director of social services within the local authority. Support must be provided to any worker who continues to manage the risk.

Consideration should be given to legal frameworks such as the Court of Protection if the person is assessed as lacking capacity in relation to the risks associated with their behaviours.

I. Performance Management and Policy Review

The effectiveness of this framework in supporting individuals who are displaying high-risk behaviours will be reported to the RSB on a quarterly basis. Positive outcomes of where actions have made a difference, or concerns that have arisen, will be shared (anonymously) at Regional Safeguarding Board 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 [Regional Information Sharing Protocol](#) 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 should only be shared between agencies:

a. where relevant and necessary

b. with the relevant people who need some or all of the information, and

c. When there is a specific need for the information to be shared at that time

d. Requests for information must be directed to the chair and will be considered and discussed with Information Governance Officers within the local authority

e. No information can be shared without permission from the MAHRBP meeting chair

Mid and West Wales

Multi-Agency High-Risk Panel Referral Form and Risk Assessment

Name of person of concern:	Click or tap here to enter text.
Address:	Click or tap here to enter text.

Part 1 - Risk Assessment

Record your professional judgement on the level of risk **and** record the person of concern's judgement on the level of risk.

For each risk listed please score on a scale of **0 to 10**.

10 = Confident the person is safe and no longer requires support

0 = Concerned about safety to the extent that the person is extremely likely to cause significant/serious harm to themselves or others

Please provide an explanation for the scores.

Hoarding

If the concern relates to hoarding, please use the clutter image rating tool and provide your score below:

Room	Score (0-9)
Kitchen	
Bedroom	
Bathroom	

Risks

What are you worried about for the person if things stay the same?

What is the person worried about if things stay the same?

Risk 1

Your Worry: (Please be specific and clear, e.g. physical health, substantial weight loss, mental health, emotional health, health and safety of those around them)

Click or tap here to enter text.

Person of concern's worry:

Click or tap here to enter text.

Risk score

Your risk score	10	9	8	7	6	5	4	3	2	1	0
Person's risk score	10	9	8	7	6	5	4	3	2	1	0

Explanation:

Click or tap here to enter text.

Risk 2

Your Worry: (Please be specific and clear, e.g. physical health, substantial weight loss, mental health, emotional health, health and safety of those around them)

Click or tap here to enter text.

Person of concern's worry:

Click or tap here to enter text.

Risk score

Your risk score	10	9	8	7	6	5	4	3	2	1	0
Person's risk score	10	9	8	7	6	5	4	3	2	1	0

Explanation:

Click or tap here to enter text.

Risk 3

Your Worry: (Please be specific and clear, e.g. physical health, substantial weight loss, mental health, emotional health, health and safety of those around them)

Click or tap here to enter text.

Person of concern's worry:

Click or tap here to enter text.

Risk score

Your risk score	10	9	8	7	6	5	4	3	2	1	0
Person's risk score	10	9	8	7	6	5	4	3	2	1	0

Explanation:

Click or tap here to enter text.

Risk 4

Your Worry: (Please be specific and clear, e.g. physical health, substantial weight loss, mental health, emotional health, health and safety of those around them)

Click or tap here to enter text.

Person of concern's worry:

Click or tap here to enter text.

Risk score

Your risk score	10	9	8	7	6	5	4	3	2	1	0
Person's risk score	10	9	8	7	6	5	4	3	2	1	0

Explanation:

Click or tap here to enter text.

Risk 5

Your Worry: (Please be specific and clear, e.g. physical health, substantial weight loss, mental health, emotional health, health and safety of those around them)

Click or tap here to enter text.

Person of concern's worry:

Click or tap here to enter text.

Risk score

Your risk score	10	9	8	7	6	5	4	3	2	1	0
Person's risk score	10	9	8	7	6	5	4	3	2	1	0

Explanation:

Click or tap here to enter text.

Your Total Risk Score	
Total Risk Score	

Please assess and consider the score and level of risk you have identified carefully and exercise your professional judgement before submitting this referral. The level of risk identified must be very high before a service will be provided under this policy, and all other reasonable options and services to reduce risk should have been explored and offered to the service user. Seek advice from your line manager or local authority safeguarding team if you are unsure or need advice.

Part 2

*Please complete the form to the best of your knowledge and send to the Safeguarding Adults team in your local authority area. Please put "Multi- Agency High-Risk Behaviour Panel referral" in the email subject line and **ensure you submit part 1 and part 2 of the referral form together.***

Name of person of concern:	Click or tap here to enter text.
Database identifier if known (e.g.Care First, WCCIS, NHS no, Police Ref no):	Click or tap here to enter text.

Address:	Click or tap here to enter text.
Tel Numbers:	**Home:** Click or tap here to enter text. **Mobile:** Click or tap here to enter text.
Date of birth:	Click or tap to enter a date.
Does the person have mental capacity in relation to the issues being presented?	Yes ☐　　No ☐　　Don't know ☐
Has the person consented to the referral? (if no, please state the reason for overriding consent below)	Yes ☐　　No ☐　Don't know ☐
Does the person have an advocate? (If No consider appointing an advocate)	Yes ☐　　　No ☐　　Don't know ☐
Name of person making this report:	Click or tap here to enter text.
Organisation:	Click or tap here to enter text.
Detail of your involvement with the person:	Click or tap here to enter text.

1. **Summary of the concern? (please include pattern of behaviour and evidence of escalation of risk)**

   Click or tap here to enter text.

2. **What would you like the MAHRBP to consider?**

   Click or tap here to enter text.

3. **The views and wishes of the person:**

Click or tap here to enter text.

4. Does the person/family member/Carer/Advocate wishes to be attend the panel meeting?

<div align="center">

Yes ☐   **No** ☐

</div>

If yes, please give details:

Click or tap here to enter text.

5. List support that has been offered and accepted or declined.

Support offered	Accepted	Outcomes achieved	Declined	Reasons

6. Strengths/ safety factors

What do you see as working well? (existing safety factors)

What does the person see as working well? (existing safety factors)

What do you feel needs to happen next?

What does the person feel needs to happen next?

7. Views of others
What is the perception of risk/concerns according to people within the person's close network?

	Person	Views/ Concern
1		
2		
3		
4		

8. Conflicts
Are you aware if there are issues of conflict between the person and family/ Carer/ staff/ members of the public etc?

Yes ☐   **No** ☐   **Don't Know** ☐

If yes, please give details:

9. Safeguarding
Has a safeguarding concern ever been reported in relation to this person?

Yes ☐   **No** ☐   **Don't Know** ☐

If yes please give details:

10. What existing factors increase or decrease the likelihood of harm occurring?

	Factor	increase	Decrease
1			

2			
3			
4			

11. Any other comments or information relevant to the situation:

12.List any other people or organisations you know are currently working with the person and give brief details of their involvement:

Date of referral: Click or tap to enter a date.

If possible please attach:
- Copies of any capacity assessment(s)
- Support plan
- Evidence of how the person has been involved decision making
- Any other appropriate documentation

Appendix B

MULTI-AGENCY HIGH-RISK BEHAVIOUR PANEL MEETING AGENDA
(Template)

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1. **Welcome and Introductions**

   - Roles of agencies/professionals/individuals represented

   - Apologies

2. **Details of the person of concern**

- Confirm whether the adult at risk is aware of referral/ present at meeting

- Referring agency to discuss referral and escalating concerns

- Views (if known) of the adult at risk and the outcomes they are seeking (in person if present or via advocate)

   Agency Involvement

- Details and any other agency involvement. This may include previous support offered, accepted or declined together with any reasons for refusing services.

- Chronology of previous referrals received.

3. **Details Of Mental Capacity**

- Decision(s) and associated risks and consequences against which mental capacity (including 'executive functioning') 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 viewpoint required?

4. **Assessment of Risk**

- Agree severity of risks identified using SOS risk scoring tool

- Participants to score risk based on information provided in referral and discussion at the meeting

5. **Practical Support and Strategies to Minimise the risks**

- Agencies to identify practical support and strategies available to engage the person and minimise the risks.

6. **Agree Lead agency/Lead worker**

- Identify lead agency/ lead worker and any support they require

7. **Agree a Risk management plan**

- Details of actions required by which agency

8. **Communication with the person of concern**

- Agree who is best placed to speak with person to empower them to make decisions and to take action

9. **Review**

- Agree timescales for review

Appendix C – High-Risk Behaviour Flowchart

If, at any stage in the process, you consider the person to be an adult at risk, a referral must be made to the Adult Safeguarding Team.

Concerns identified which relate to risky behaviour, self-neglect or hoarding
Refer practitioner to High-Risk Behaviour (including Self-Neglect and Hoarding) Policy/Procedure

Risk assessment to take place using risk matrix

Low or medium-risk

Threshold not met for escalation through this process. Care and support work to continue. This can include single or multi-agency meetings. Advice to be sought on how to support the individual going forward.

Consider appropriate legislation e.g. SSWBA, Mental Capacity Act as part of any support plan.

Risk level increases and escalates

Risk level remains or reduces

High-risk

Referral to be submitted to Local Authority Adult Safeguarding Team.

Referral to be assessed and screened by Safeguarding Team.

Referral does not meet threshold for Multi-Agency High-Risk Behaviour Panel

Referral meets threshold for Multi-Agency High-Risk Behaviour Panel

Assigned back to referrer

Multi-Agency High-Risk Behaviour Meeting
Adult Safeguarding Team to convene under Self-Neglect/Hoarding Procedures

Multi-agency risk management plan agreed

Risk removed or reduced

Risk remains

Ongoing Monitoring Agreements

Escalation and ongoing monitoring process/ repeat Multi-Agency Review Meetings

Risk addressed

Risk remains

At ALL stages in the process, THINK:
Person-Centred Practice
Mental Capacity
Whole Family
Exercise Professional Judgement

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Panel to consider legal options and ongoing management of risk. Panel members to escalate to senior management within agencies.