# HIGH RISK BEHAVIOURS POLICY IN RELATION TO SELF-NEGLECT

## Multi-Agency Policy and Procedure

**Policy Cover Information**

| Policy number | | Version number | 1.0 | Status | Draft |
|---|---|---|---|---|---|
| Implementation lead | Ann Smith, Head of Adult Care and Support | | | Implementation date | April 2018 |
| Policy approved by | Cornwall and Isles of Scilly Safeguarding Adults Board and the Community Safety Partnership | | | Date approved | |
| Review date | December 2019 | | | | |

**Policy Control Sheet**

| Policy title | Cornwall & Isles of Scilly High Risk Behaviour Policy in relation to Self-Neglect |
|---|---|
| Purpose of policy | To outline how Cornwall Council, Devon & Cornwall Police and the local NHS will work with partners to ensure the safety of individuals displaying high risk behaviours, in line with new statutory guidance published following passage of the Care Act 2014. |
| Policy author(s) | Ann Smith, Head of Service, Practice, Quality and Safeguarding |
| Lead Director(s) | Members of Cornwall & Isles of Scilly SAB |
| Target audience | Frontline staff and members of the public |
| This policy should be read alongside | Multi-agency Hoarding Protocol and The Self Neglect Policy |
| Related Procedures | Cornwall and Isles of Scilly Multi-Agency Adult Safeguarding Policy |
| Monitoring and review lead | Head of Adult Care and Support, Practice, Quality and Safeguarding |
| Consultation and Engagement | Self-Neglect and Hoarding Task and Finish Group and the Cornwall and Isles of Scilly Safeguarding Adults Board |
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| Internet link | |

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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.

This multi-agency policy and procedure has been written to provide guidance and a framework for professionals around safeguarding adults who are displaying high risk behaviours and 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 for council led multi-agency collaboration and actions for people who present with high risk behaviours. Whilst this 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 self-neglect which 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.[1] As a result of this change in the law the Cornwall and Isles of Scilly Safeguarding Adults Board (CIoS SAB) convened a task and finish group to write this policy which was approved at its meeting in April 2018.

This policy should be read alongside the Self Neglect policy and reflects the impacts that high risk behaviours have on individuals and those close to them.

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

- Promote the safety and wellbeing of adults who are displaying high risk behaviours and / or self-neglecting in Cornwall & the Isles of Scilly;
- Improve multi-agency communication pathways; and
- Utilise the resources in Cornwall & the Isles of Scilly more efficiently.

The multiagency safeguarding duty under the Care Act includes adults

[1] Guidance (paragraph 14.17)

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.[2] High risk behaviours may lead the adult to put themselves in situations where they are abused by others due to their lifestyle choices and the effect this may have on others. 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 self-neglect/ hoarding[3]

This policy does not cover individuals who:

- Lack the mental capacity in relation to understanding the consequences of their actions (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 panel.

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 is clear in its statutory guidance around the sharing of information. 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;

[2] Care Act 2014 section 42; Guidance (paragraphs 14.6 and 14.62-14.67)
[3] Guidance (paragraph 14.44)

- 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.[4]

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.[5]

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.

A range of other research has also been undertaken nationally including:

- Self-Neglect and Adult Safeguarding: Findings from Research, SCIE
- Skills for Care: Self-neglect: A Study into Workforce Development Issues
- Protecting Vulnerable People from Being Drawn into Terrorism

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

In addition to these principles, the CIoS SAB will ensure that the approach

[4] Guidance (paragraph 14.11)
[5] Guidance (paragraph 14.13)

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.

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. [6]

## D. High Risk Behaviour Framework

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 / 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

[6] Guidance (paragraphs 14.14/5 and 14.92)

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 individuals' high risk behaviours. The panel will ensure that the HRBP is applied appropriately and in accordance with the principles underpinning adult safeguarding.[7]

## E. Practice in Cornwall and the Isles of Scilly

Strategic responsibility for managing high risk behaviour in Cornwall and the Isles of Scilly rests with the CIoS SAB; The Board has established a dedicated referral panel for complex cases, which draws on the views of other partner organisations as appropriate.

In Cornwall, 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:
    - 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 capacity to understand the risks associated with their situation;
    - Urgent health and safety risks;
    - Pending enforcement action creating risk of losing home; and/or

[7] Guidance (paragraph 14.13)

- A vulnerable person living where facilities have been disconnected.

If staff are unsure whether to follow this process for a particular case, discussion with your organisational safeguarding lead is strongly advised. Alternatively, the Head of Adult Care and Support, Practice, Quality Assurance and Safeguarding or the Safeguarding Service Manager (via Cornwall Council Triage) can also advise.

If an adult at risk declines an assessment or care and support services, S11 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.

**Step 1** - Capacity Assessment

**Key question** – The Mental Capacity Act ("MCA") considers specific decisions. In having followed the first three Principles of the Act -

- Principle 1 - *Assume* the person has capacity unless it can be proved otherwise;
- Principe 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.*

***and*** in having applied the 'Two Stage Test' of capacity - does it appear that the individual concerned lacks the capacity to decide on the specific decision (e.g. on the likely consequences of deciding *or* not deciding – such as the risk arising from this action).

*High risk behaviour and self-neglect is the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community.*

If the outcome at step 1 is that the 1st principle of the Mental Capacity Act cannot be applied then a full capacity assessment must be undertaken and if it is established that the individual lacks capacity around their care and support needs, decisions should be made in their best interests. In the event of a disputed decision that cannot be resolved the Best Interest process should be followed and the CIoS SAB Safeguarding Adults Multi-Agency Policy will be invoked.

However, if the individual is able 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 a ways that puts 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 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 CIoS SAB and the Community Safety Partnership (CSP) 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 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 which are leading to self-neglect in Cornwall and the Isles of Scilly and ensuring that the individual is central to the process;
- Enhance existing plans to minimise risk and ensure agreement in the multi-agency risk decision making going forwards 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 the resources in Cornwall and the Isles of Scilly 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
- To review actions from previous cases to ensure there has been positive impacts 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. Those actions will mirror those of the multi-agency escalation policy.

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 alternative resources/ further financial commitments 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. The chair of the panel will rotate on a regular basis:

- Devon & Cornwall Police;
- Cornwall Council (Adult Care and Support Safeguarding, Housing and Legal services);
- Cornwall Housing Ltd;
- Cornwall Foundation Trust (CFT); and
- Cornwall Fire and Rescue and Community Safety.

Other appropriate agencies may be involved as necessary, including:

- Other health services (Clinical Commissioning Group, Royal Cornwall Hospitals Trust, General Practitioners);
- Community Protection (Environmental Health);
- 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 should be sought and included.

### 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 key worker 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

1. The referral form (appendix C) must be completed for all cases being presented and sent to the Head of Adult Care and Support, Practice, Quality Assurance and Safeguarding five working days prior to the panel meeting;
2. 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;
3. The key worker will advise if persons are attending and any particular requirements-access/language/time;
4. If the panel needs to have representation from the individual in confidence, this will be arranged;
5. The HRB panel Chair will ensure panel members receive all details in advance of the panel meeting;
6. The HRB panel administrator will acknowledge the referral form and any additional minutes or notes and send to the key worker and Head of Adult Care and Support, Practice Quality Assurance and Safeguarding;
7. Once agreed HRB panel administrator will be responsible for sending out all the information;
8. The HRB panel administrator will record outcomes & recommendations on Mosaic;
9. The HRB panel administrator will ensure any follow up requirements are picked up at future HRB panel meetings as required. The action plan will be owned by the key worker and the individual concerned; and

10. The HRB panel will meet as a minimum, 10 times per year to discuss new cases and to receive progress updates on the actions from existing cases. All meetings must be quorate and the Head of Adult Social Care, Practice, Quality Assurance and Safeguarding can call extraordinary meetings as required.

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. 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 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 CIoS SAB and the CSP on a quarterly basis. Positive outcomes of where actions have made a difference will be shared (anonymously) at both 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 CIoS SAB Information Sharing Procedure 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 between agencies, it should only be shared:

- where relevant and necessary;
- with the relevant people who needs 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*"

## K. Policy Review

In all cases our aim is to ensure that the most appropriate support is put in place as quickly as possible and the performance management arrangements will ensure this is regularly monitored. We will work with user representative groups and advocacy organisations to continue shaping this policy to take into account information from complaints or other reviews to ensure it is as effective as possible.

This policy will be formally reviewed in 2019.

## Appendix A - Risk Assessment Matrix

The table below is the Council's corporate risk matrix and is the same standard 5x5 approach as many other organisations.

Once the risk to the individual has been assessed, it is important to establish the significance of the risk. The *impact **x** likelihood* score can be plotted using the matrix below.

A residual risk score of 6 or less is generally considered acceptable will require no further action other than continued good care and support and management practices to ensure that the relevant controls are still operating effectively.

A residual risk score of 8 -16 may require the implementation of additional actions to be taken, although this depends on the nature of the risk to the individual.

A residual risk score of 20 or more requires the implementation of additional support urgently, as this level of residual risk is unacceptable to an individual. At this stage, the HRBP Panel should be informed of the situation.

| **Likelihood** / **Impact** | **Remote** | **Unlikely** | **Possible** | **Probable** | **Certain** |
|---|---|---|---|---|---|
| **Catastrophic impact on individual** | 5 | 10 | 15 | 20 | 25 |
| **Moderate impact on individual** | 4 | 8 | 12 | 16 | 20 |
| **Limited impact on individual** | 3 | 6 | 9 | 12 | 15 |
| **Minimal impact on individual** | 2 | 4 | 6 | 8 | 10 |
| **No impact on individual** | 1 | 2 | 3 | 5 | 5 |

Red = high risk
Amber = medium risk
Green = low risk

Risks should be regularly reviewed and assessed to ensure they are still current and to reflect the changing situations of individuals.

## Appendix B – 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 1988** 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** 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 governs how your personal information is used and shared by organisations. Organisations must demonstrate that they are using, sharing and storing your information lawfully. In addition, your 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

referral unit. 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 C**

<table>
<tr><td colspan="2">REFERRAL FORM 1<br><br>High Risk Behaviour Panel Referral Form<br>Please complete the form to the best of your knowledge</td></tr>
<tr><td>Name:</td><td>Database identifier (e.g. MOSAIC no, NHS No, Police ref no):<br><br>Any other relevant identifier e.g. photograph</td></tr>
<tr><td rowspan="2">Address:<br><br>Telephone number(s)<br>Home:<br><br>Mobile:</td><td>Date of Birth:</td></tr>
<tr><td>Does the person have mental capacity in respect of the issues being presented?<br>Yes ☐ No ☐<br><br>Is the person aware of the referral?<br>(If no please state reason)<br><br>Yes ☐ No ☐</td></tr>
<tr><td colspan="2">Member of staff making the referral:<br><br>Team, agency they come from:<br><br>Date:<br><br>Will individual/Carer/family member be attending panel? Yes ☐ No ☐<br>If yes please give details:<br><br>Interpreter? Yes ☐ No ☐</td></tr>
<tr><td colspan="2">What would you like the HRB panel to consider? List the identified risks of harm.</td></tr>
<tr><td colspan="2">Where support has been declined, record identified reasons and offers of support as far as you are aware.</td></tr>
<tr><td colspan="2">Record the persons own initial understanding of the risk</td></tr>
</table>

| Are you aware if there issues of conflict between person and/or family/carer and /or staff members and/or members of the public?<br><br>Yes ☐ No ☐<br><br>If yes please give details: |
|---|
| In your experience has a safeguarding alert ever been raised about this person?<br><br>Yes ☐ No ☐<br><br>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. |
| Signed: Name: Staff member<br><br>Signed: Name: Manager<br><br>Team:<br><br>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 D

**<u>Multi-Agency High Risk Behaviour Meeting</u>**
**<u>Agenda</u>**

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 alert/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**