

## Salford High Risk Advisory Panel referral check list

In the referral to the Salford High Risk Advisory Panel the referrer is required to demonstrate that all attempts to engage the adult, their family and friends have been tried and been unsuccessful.

Below is a checklist of possible approaches for you to consider before submitting the referral to the Salford High Risk Advisory Panel.

Please review this list and consider if there are any other possible actions that should be tried before the referral to the panel is made.

- Have you considered using the Salford Royal Foundation Trust health non concordance policy if appropriate where the person is not engaging with life sustaining or other essential health treatment?
- Can you demonstrate that you have worked with the Adult and have been unsuccessful with engaging the Adult and you still have concerns about the Adult's welfare & safety?
- Has there been a safeguarding enquiry but with no desired outcome as the person does not want to engage or is making an unwise decision on their free will not to do so, or where the risk remains?
- Have you held a **Multi-Agency Safeguarding Meeting** as part of your protection plan but with no desired resolution because the Adult does not want to engage or is choosing to make an unwise decision not to do so?
- Have other multi-agency meetings been held to consider the identified concerns?
- Have you attempted to engage the Adult with services, but the person does not want to engage or is making an unwise decision?
- Have you attempted to engage the Adult with Community Health Services to address health issues, but the person has chosen not to engage?
- Have you attempted to engage the Adult with mental health services due to current mental health concerns with his / her consent, but they have chosen not to engage?
- Have you attempted to engage the Adult to psychological services due to psychological concerns in line with the agreed psychological pathway, but they have chosen not to engage?
- Have you attempted to engage the Adult with Alcohol and Drug services due to concerns of illicit drug use and alcohol dependency, but they have chosen not to engage?
- Have you attempted to engage the Adult with Housing and Homeless services due to accommodation issues, but they have chosen not to engage?
- Have you attempted to engage the Adult with the Police and Fire Service?
- Have you attempted to engage the Adult with his / her GP?
- Have you attempted to engage the Adult with the Voluntary Sector not linked to statutory services?
- Have you considered / referred to Salford Multi-Agency Risk Assessment Conference for domestic violence?
- Have you checked if the Adult has any dependencies (i.e. children, pets etc.) and appropriate measures have been put in place?

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- Have you checked if the Adult is known to Probation, Criminal Justice Mental Health Service and all attempts have been made to engage the person?
- Have you advised the Adult to seek an Advocate for their best interest?
- Have you considered appointee-ship with a provider, family member or Local Authority?
- Have you approached legal services for advice and support and considered inviting legal to the HRP meeting?

Actions which can help to get engagement in self-neglect are suggested by Braye et al. (2015) as:

Theme	Examples
Building rapport	Taking the time to get to know the person, refusing to be shocked
Moving from rapport to relationship	Avoiding kneejerk responses to self-neglect, talking through the interests, history and stories
Finding the right tone	Being honest while also being non-judgmental, separating the person from the behavior
Going at the individual's pace	Moving slowly and not forcing things; continued involvement over time
Agreeing a plan	Making clear what is going to happen; a weekly visit might be the initial plan
Finding something that motivates the individual	Linking to interests (e.g. hoarding for environmental reasons, link into recycling initiatives)
Starting with practicalities	Providing small practical help at the outset may help build trust
Bartering	Linking practical help to another element of agreement – bargaining
Focusing on what can be agreed	Finding something to be the basis of the initial agreement, that can be built on later
Keeping company	Being available and spending time to build up trust
Straight talking	Being honest about potential consequences

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Finding the right person	Working with someone who is well placed to get engagement
External levers	Recognizing and working with the possibility of enforcement action

It is important to consider in multi-agency partnership settings which agency is best placed to work with an adult who is disengaging to build links and trust.

**Possible approaches that have been shown to work well are summarized below:**

Theme	Examples
Being there	Maintaining contact; monitoring risk/capacity, spotting motivation
Practical input	Household equipment, repairs, benefits, 'life management'
Risk limitation	Safe drinking, fire safety, repairs
Health concerns	Doctors' appointments, hospital admissions
Care and support	Small beginnings to build trust
Cleaning / clearing	Proportionate to risk, with agreement, 'being with', attention to what follows
Networks	Family/ community, social connections, peer support
Therapeutic input	Replacing what is relinquished; psychotherapy/mental health services
Change of environment	Short term respite, a new start
Enforced action	Setting boundaries on risk to self & others