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Multi-Agency Working with people who Self-Neglect

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CTM Safeguarding Board Multi-Agency Staff Guidance for Working with People who Self-Neglect & Protocol for the Management of Cases of Serious Self-Neglect

Endorsed by the Safeguarding Board in June 2021

Available at Adult Policies and Procedures | Safeguarding Board, Cwm Taf Morgannwg (cwmtafmorgannwgsafeguardingboard.co.uk)

Consists of a toolkit for practitioners & a protocol for standard single and multi-agency working, with an escalation process for high or critical risk cases to a newly established Multi-Agency Partnership Panel.

Referrals will be accepted for the Partnership Panel from 4th October 2021. There will be a Panel for each Local Authority area and the first Panels will be held from 4 weeks after the launch date. Thereafter, each Panel will meet every 2 months or can meet ad hoc if there is a need.

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What is Self-Neglect?

- Self-neglect involves any failure by an adult to take care of him or herself which causes, or is reasonably likely to cause, serious physical, mental or emotional harm, or substantial loss of assets.
- Self-neglect may also involve living in squalid conditions and/or hoarding behaviour.

- Assessments of self-neglect and hoarding can be influenced by personal, social and cultural values and professionals should always reflect on how their own values might affect their judgement.
- Professionals dealing with concerns about self-neglect and hoarding need to find the right balance between respecting a person's autonomy and meeting their duty to protect the person's wellbeing and the wider public.
- Assessment tools, together with professional judgment, can be used effectively to minimise the risk of individual unconscious bias and provide objective evidence of the degree of risk.

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Indicators of Self-Neglect

Neglect of self may include:

Poor hygiene & poor hair care/ dirty or inappropriate clothing/ malnutrition/ inadequate hydration/ poor dental hygiene/ medical/health needs unmet (e.g. diabetes – refusing insulin, treatment of leg ulcers)/ alcohol/substance misuse/social isolation/situations where there is evidence that a child is suffering or is at risk of suffering significant harm due to self-neglect by an adult

Neglect of the environment may include:

Unsanitary, untidy or dirty conditions which create a hazardous situation that could cause serious physical harm to the individual or others/ Hoarding/ Fire risk (e.g. smoker with limited mobility / hoarder)/poor maintenance of property/keeping lots of pets who are poorly cared for/ presence of vermin/lack of heating/no running water/sanitation/poor finance management (e.g. bills not being paid leading to utilities being cut off, unexplained money drawn from bank/savings account)

The above are often accompanied by a refusal to engage with services

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Causes of Self-Neglect

Causes may be many and varied – working out the root cause is vital

- Self-neglect is often seen in older people for whom physical or mental decline means that the person is no longer able to meet all their personal or domestic care needs independently. In an ageing society, people may outlive their friends and relatives, and become increasingly isolated and lonely, which may contribute to depression and helplessness. Poverty and lack of mobility may exacerbate these and all these factors may contribute to the adult becoming unable to access health, care or maintain their home. Pride and a refusal to accept declining skills to self-care may also play a part in refusing support.
- Mental illness, such as depression, psychosis, obsessive compulsive disorder or personality disorder, may also reduce a person's ability to self-care.
- People with a degree of learning disability who have 'slipped through the net' may also be vulnerable.
- People on the autistic spectrum or those with an acquired brain injury may also struggle to self-care and to manage their environment due to cognitive processing difficulties (finding it difficult to plan, initiate, sequence tasks, and problem solve) and may be fearful of intervention because of difficulties communicating and engaging with others. Making telephone calls can be difficult for people with mental health issues and for those who are on the autism spectrum.
- People who are dependent on substances may also self-neglect either because all their resources are directed at obtaining substances or their chronic degree of intoxication renders them incapable of caring for themselves.

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Hoarding

Hoarding is the persistent difficulty in discarding or parting with possessions, regardless of their actual value.

The behaviour usually has damaging effects – emotional, physical, social, financial, and even legal – for a hoarder and family members.

For those who hoard, the quantity of their collected items sets them apart from other people.

Commonly hoarded items may be newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food and clothing as well as collections of items that have got out of hand and take over the living space.

Indicators of a serious hoarding issue include where

- The level of hoard poses a serious health risk to the person or neighbours
- There is a high risk of fire or infestations by insects or animals
- Hoarding is connected with other concerns of self-neglect, such as neglect of physical health, lack of adequate nutrition
- Hoarding may be linked to serious cognitive decline and lack of capacity to selfcare and care for the environment
- Hoarding is threatening a person's tenancy and they are at risk of being made homeless through closure orders or possession orders.

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Working with people who self-neglect: a ‘Care Frontational Approach’

A short-term case management approach to people who chronically self-neglect is unlikely to be successful in the longer-term. Successful work with people who self-neglect needs -

- relationship building,
- gaining trust,
- careful listening,
- assessing capacity at both a decision making and executive functioning level and ensuring that assessments are recorded thoroughly on a decision specific basis and reassessing capacity over time.
- taking account of the person’s history and why they may have begun to self-neglect.
- a person-centred focus which attempts to establish a relationship of trust and cooperation that can facilitate greater acceptance of support
- Gaining insight into family background and work by professionals to explore the motivation and understanding behind decisions to decline services
- Not accepting superficial refusals of service, which leave professionals working reactively to each crisis rather than proactively engaging with repeated refusals of support
- Monitoring changing needs in order to be ready to respond if/when the individual did recognise the need for help and may be prepared to engage.
- Developing legal literacy and recording the legal basis for decisions.
- sensitive challenge and moving from a ‘tell me’ to a ‘show me’ approach

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Working with people who self-neglect

The 3 Principles

1. '***Knowing'*** the individual, their unique history and the significance of their self-neglect complements the professional knowledge resources that practitioners bring to their work.

2. Understanding is achieved through ways of '***being***': personal and professional qualities of respect, empathy, honesty, patience, reliability and care – the ability to 'be present' alongside the person while trust is built.

3. '***Doing***' professional practice in a way that combines hands-on and hands-off approaches is important: seeking the tiny element of latitude for agreement, doing things - often practical things - that will make a small difference while negotiating for the bigger changes, and being clear about when enforced intervention becomes necessary.

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Assessment of risk

The risk assessment should include consideration of risks such as;

- Whether the person is refusing medical treatment/medication; is this life threatening?
- Whether there is adequate heating, sanitation, water in the home.
- Whether there are signs of the person being malnourished e.g. may be signs of begging for food or scavenging in bins or visibly thin.
- The condition of the environment – poor state of repair, vermin such as rats or flies or hoarding of pets.
- Whether there is evidence of hoarding
- Whether there are gas or electrical safety issues
- Whether there are serious concerns over level of personal or environment hygiene
- Whether the person may be suffering from untreated illness, injury or disease, may be physically unable to care for themselves or may be depressed.
- Whether the adult has serious problems with memory or decision making, signs of confusion or dementia rendering them unable to care for themselves
- Whether there are associated risks to children

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Assessing Capacity

When an adult refuse to engage and appears to be at serious risk of harm, a detailed and specific capacity assessment of both decision making and executive functioning skills is critical in helping to determine how best to intervene. This is not a one-off event but a series of repeated assessments to build an understanding of a person's ability to make informed decisions and to implement these decisions.

If the person refuses initial contact, it is important not to close the case whilst uncertainly remains about the level of risk and the person's capacity to make informed decisions about their circumstances and need for support.

The Mental Capacity Act 2005 states that a person is unable to make a decision for themselves if they have a permanent or temporary impairment to the functioning of their mind or brain (diagnostic test) and they are unable

(a) to understand the information relevant to the decision or

(b) to retain that information or

(c) to use or weigh that information as part of the process of making the decision, or

(d) to communicate the decision (whether by talking, using sign language or any other means) (functional test)

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Assessing Capacity

Capacity is a complex attribute, involving not only the ability to understand the consequences of a decision but also the ability to execute the decision.

This commonly known as ‘talking the talk & walking the walk’.

The absence of executive functioning may not be recognised without a ‘show me’ approach, and the person may be deemed to be making a capacitated choice when, in reality, they are not able to carry through the necessary actions to keep themselves safe.

With regard to people who hoard there may be underlying mental disorders such as obsessive-compulsive disorder (OCD) which impact on their decision-making ability with respect to their hoard.

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Practice Tools

These are attached to the Toolkit

1. Clutter rating Scale
2. Questions for Professionals to ask
3. Risk Indicator Checklist

These are all attached to the Toolkit

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Relevant Legislation

1. Social Services & Well-Being (Wales) Act 2014
2. Mental Capacity Act 2005
3. Mental Health Act 1983
4. Inherent Jurisdiction of the High Court
5. Public Health Act 1936
6. Environmental Protection Act 1990
7. Crime & Policing Act 2014 (section 76-93) Part 4, Chapter 3 of the ASB Premises Closures
8. Landlord & Tenant Act 1985, Case Law and the Tenancy Agreement
9. Human Rights Act 1998

The Toolkit sets out the legislation in some detail, along with relevant services in all 3 Local Authority areas.

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Multi-Agency Protocol for Managing Cases of Self-Neglect

Single-Agency Approach

In most cases, agencies will work together where necessary and risks to the person who is self-neglecting will be managed effectively. The agency/professional who first becomes aware of the person (the identifying agency) will consider whether

(a) they are in a position to work with the person themselves on a single-agency basis,

b) whether there is a more appropriate agency to work with the person and, if so, the identifying agency should make the appropriate onward referral or

c) whether the person has needs that require a multi-agency approach. This decision will depend on the nature and complexity of the person's needs and risks.

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Multi-Agency Planning Meeting

The first agency (outside of the emergency services) involved with the person will initially be considered as the Lead Agency: if it becomes apparent that there are a number of different agencies involved, or who need to be involved, with the person and the risks are assessed as moderate or high, then the Lead Agency will make whatever referrals are necessary and will arrange a professionals meeting at an early stage in their involvement in order to develop a multi-agency plan to support the person. The meeting and any subsequent review meetings should be minuted and shared, along with the multi-agency plan, amongst the different professionals/agencies in the meeting.

Self-Neglect Partnership Panel (SNPP)

The SNPP will

- Receive referrals and consider cases presented by professionals that meet the criteria
- Operate proactively rather than reactively with respect to the management of risk.
- Agree a robust multi-agency risk management plan that has been formulated at the SNPP, as there will be high/critical risks associated with the individual and/or others in the community.
- Ensure all actions agreed at the meeting are SMART (specific, measurable, achievable, realistic and timely)
- Receive update reports from agencies prior to follow-up/review Panel meetings
- Maintain an action list in order to record where actions have been completed and identify incomplete actions
- Review incomplete actions at the beginning of the next SNPP meeting & require explanations if an action has not, or cannot, be completed
- Effectively share information across partner agencies, where appropriate and proportionate to do so, which must be GDPR compliant unless there are lawful and defensible over-riding reasons to share.
- Analyse themes from the evidence presented and where pertinent, make recommendations to other appropriate bodies or partnerships,
- Be mindful of the requirements of the Equality Act 2010 and ensure that there is no unlawful discrimination & the Human Rights Act 1998 to promote the fundamental rights and freedoms of citizens as set out in this statute.

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Referral criteria

1. The person is assessed as being at high/critical risk as a result of self-neglect (see risk indicator checklist – appendix 3) and there is evidence that the person is not engaging meaningfully with services.

2. The person has come to the attention of a number of partner agencies as a result of their behaviours and actions, which raises significant concern for their well-being and/or safety as well as the safety of others and interventions to date have not successfully managed the risks.

3. A referral to the SNPP is for the purpose of escalating the above for consideration outside of previous multi-disciplinary team (MDT) or multi-agency processes such as Care and Support under the Social Services and Well-Being (Wales) Act 2014 or Care and Treatment Planning (CTP) under the Mental Health (Wales) Measure 2010.

4. Referrals to SNPP should only be made where there is clear evidence that the presenting problems demonstrate high or critical risks where it has not been possible to manage the complexity within the usual case management frameworks.

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Referral process

- All agency/professional may refer using the standard referral form (at the end of the Protocol document).
- Referrals should be sent to the Business Unit for the Cwm Taf Morgannwg Safeguarding Board will act as the Single Point of Referral for all three Local Authorities within the Region.
- The email address for referrals is **ctmsafeguarding@rctcbc.gov.uk**
- Each Local Authority area will have a panel with a standing membership of relevant agencies. The Panel will meet bi-monthly and referrals should be received 2 weeks before the scheduled meeting date (dates available on request).
- Referrals should indicate the level of urgency as it may be necessary to convene an ad hoc Panel and should include the completed Risk Assessment tool. This will be the decision of the Chair.
- Referrals will be presented by the referrer or by a representative of the referring agency so their attendance will be required and an allocated time will be provided as part of the invitation process.
- Cases will remain in the Panel Review process until such time as risks are being safely managed.
- Reviews require clear updates on actions/outcomes so there can be a determination on how risks are being managed or if there is a requirement for additional actions etc.

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Thank you for listening

ANY QUESTIONS?

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