

Multi-Agency Staff Protocol for the Management of Cases of Serious Self-Neglect

Cwm Taf Morgannwg Safeguarding Board	Date: June 2021	Status: Endorsed June 2021
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Multi-Agency Staff Protocol for the Management of Cases of Serious Self-Neglect

1. Introduction

1.1. This Protocol is designed to sit alongside the Multi-Agency Staff Guidance for working with people who self-neglect. The Protocol offers a framework and escalation process for agencies, services and professionals to work together in a co-ordinated and consistent way in order to reduce risk and intervene successfully with people. The aim of the protocol is to offer the best chance of long-term positive outcomes for the person concerned.

2. Self-Neglect and Safeguarding

2.1 Self-neglect is not defined as a sub-category of neglect within Part 7 of the Social Services and Wellbeing (Wales) Act 2014 (SSWA). The Wales Adult Safeguarding Procedures should be triggered when neglect (or abuse) of an adult who may be at risk is suspected and the neglect (or abuse) is occurring because of the actions or omissions of another party, who is responsible for providing care and support.

2.2 However, it is widely recognised that people who seriously self-neglect are often at high risk of sustaining serious harm and fatalities are not uncommon. As with concerns of neglect (or abuse) of adults at risk at the hands of others, a multi-agency strategic approach to protection and risk mitigation is also crucial in cases of serious and complex self-neglect.

2.3 This Protocol applies to adults only. Children and young people approaching adulthood are not included. Harm experienced by people under 18 falls within Child Protection processes as set out in the Wales Safeguarding Procedures, 2019. It may, however, be necessary to refer children to Children's Services if they are at risk of harm as a result of an adult's self-neglect.

2.4 The Escalation Process set out in the Protocol should be triggered in cases of complex self-neglect where serious harm has, or is likely, to occur and existing case management processes have failed to deliver any reduction in risk.

3. Multi-Agency Protocol for Managing Cases of Self-Neglect

Single-Agency Approach

3.1 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.

3.2 Emergency services, such as the Welsh Ambulance Service, South Wales Police and South Wales Fire and Rescue Service will need to make referrals to other agencies that can provide a continuing service to the person. There are already established pathways for this to take place: referrals will usually be made to Adult Social Care in the first instance but may also be made directly to Primary Care services, Environmental Health or to the Housing Provider (if the property is rented). Likewise, referrals to the Fire & Rescue Service can be made if a fire risk assessment is required. These services can also utilise the usual established local pathways for referral into Social Care if necessary.

Multi-Agency Planning Meeting

3.3 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.

The Lead Agency might change as an outcome of the professionals' meeting.

Self-Neglect Partnership Panel (SNPP)

3.4 If, after a period of time agreed at the professionals' meeting, the risks remain high or critical and have not reduced with intervention, or, indeed, the assessed risks have increased, the *Escalation Process* as set out below should be triggered by *the Lead Agency* or by any other agency or professional involved.

3.5 The *Escalation Process* will be invoked by making a referral by email to the Self-Neglect Partnership Panel (see Appendix 1: SNPP referral form). The purpose of the Panel is to provide a mechanism through which agencies can decide and agree on how best to harness resources in order to discharge their statutory duties and protect individuals and the public in a co-ordinated manner.

3.6 The key functions of the Panel are;

- To consider the risk(s) associated with those individuals and, dependent on the presenting problems, determine the most appropriate agency to lead on the multi-agency response.

- To formulate an agreed joint action plan that will have been approved by the Panel partner agencies in order to provide support and guidance for the individuals discussed within the SNPP.
- To promote a high standard of safeguarding focused upon the individual needs of any person referred, as well as considering the risk(s) to the wider community or others.
- To identify and act upon identified themes across services which may contribute to the safety and wellbeing of the individual and to provide direction to agencies in respect of those identified themes.

3.7 The SNPP will:

- Receive referrals and consider cases presented by professionals who may feel that a multi-agency management review is required
- 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, including to

Cwm Taf Morgannwg Safeguarding Board and the relevant Community Safety Partnership.

- Be mindful of the requirements of the Equality Act 2010 and ensure that there is no unlawful discrimination.
- Be mindful of the Human Rights Act 1998 and promote the fundamental rights and freedoms of citizens as set out in this statute.

4. Eligibility and Referral processes

4.1 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.

4.2 Referral process

- All agencies may refer to the panel using the referral form (Appendix 1) which needs to be sent for the attention of the Self-Neglect Partnership Panel. 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
- There will be a Panel for each Local Authority area with a standing membership. The Panel will meet bi-monthly and referrals must be received 2 weeks before the scheduled meeting date.

- Referrals should indicate the level of urgency as it may be necessary to convene an ad hoc Panel urgently. This will be the decision of the Chair.
- Referrers will be required to give some indication about the mental capacity of the individual concerned to make decisions about their living arrangements, health or social care needs or any other relevant area of concern.
- 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.
- Reviews should be held as part of the action planning agreed at the meetings. Cases will remain in the Panel process until such time as risks are being safely managed.
- Reviews require clear updates on outcomes so there can be a determination on how risks are being managed or if there is a requirement for additional actions etc.

4.3 Membership

- Mental Health Liaison, South Wales Police
- Community Safety Inspector, South Wales Police
- Local Authority Community Safety Manager
- Housing Solutions
- Supporting People Manager
- Welsh Ambulance Service Trust
- Cwm Taf Morgannwg UHB - Mental Health
- Cwm Taf Morgannwg UHB – Safeguarding
- Cwm Taf Morgannwg UHB – Primary Care
- Community Drug & Alcohol Service
- Local Authority Mental Health Manager
- Local Authority Care & Support Manager
- Local Authority Safeguarding Manager
- Local Authority Learning Disability Service
- Local Authority Older People & Disability Service
- Environmental Health
- Fire & Rescue Service
- National Probation Service

Other agencies/professionals may be co-opted by the Chair on behalf of the Panel in individual cases.

4.5 Chairing Arrangements

The SNPP will be jointly chaired by South Wales Police, the relevant Local Authority Local Authority Adult Services and Housing Manager.

4.6 Information sharing and recording

All individuals attending the meeting will sign a confidentiality statement, which includes a commitment to completing the key actions agreed at the meeting. Minutes will be stored electronically by the CTM Safeguarding Board Business Unit. All individuals involved in the process must also be made aware that the record of this and other meetings could be used as evidence in applications to the Courts or be provided to the Coroner, so they must be properly minuted.

4.7 All information sharing must be GDPR compliant so will

- Comply with existing policies and protocols.
- Have lawful authority
- Be necessary
- Be relevant and proportionate
- Be stored safely and securely.

4.8 All partner agencies will be expected to sign an agreed Information Sharing Protocol to support lawful information sharing.

4.9 Governance

Agencies will at all times retain their full statutory responsibilities and obligations and reporting arrangements as covered by their individual agency policy. The Panel Chairs for each Local Authority area will report to the Cwm Taf Morgannwg Safeguarding Board via the Joint Operational Committee.

4.10 Review

The group's operation and terms of reference will be reviewed annually

4.11 Frequency of Meetings

The Group will meet bi-monthly or will hold an emergency meeting if required as decided by the Chair.

Appendix 1: Self-Neglect Partnership Panel referral form

SNPP referrals should be sent by **email** to: ctmsafeguarding@rctcbc.gov.uk

Referring Agency					
Contact Name					
Telephone/Email					
Date					
Did the initial referral come from another agency?	Y / N	Agency Name			
Name				DOB	
Address				Diversity Data (see back page for options) BAME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBTQ <input type="checkbox"/> Sex M/F/T/N-B	
Accommodation type (Delete as applicable)	NFA/ PRISON/ COUNCIL/ UNKNOWN/ FRIENDS OR FAMILY/ SUPPORTED/ HOSTEL/ PRIVATE/ HOUSING ASSOC/ OUT OF AREA				
Telephone Number				Is this safe to call?	
Please insert any relevant contact information e.g. times to call					
Is the person pregnant?				EDD (if known)	
Children	DOB	Relationship to victim	Relationship to perpetrator	Address	School (if known)

Professional Judgement (moderate risk)	Y / N	High/Critical Risk of Self-Neglect	Y / N
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Risk Indicator Checklist attached	Y/N	SNPP Repeat (within twelve months of previous referral)	Y / N
If Yes, please provide the date listed (if known)			
Is the person aware of the SNPP referral	Y / N	If no, why not	
Is the person able to consent and, if yes, has consent been given	Y / N		
Who does the person prefer to engage with?			
Has the person been referred to any other SNPP?	Y / N	If yes where/when?	

Information: Please outline circumstances

Reason for referral: Please explain the new or elevated risks and why you are making the referral to SNPP

Actions: What action has already been taken to address this issue?

Please provide names and addresses of people from agencies you feel would have relevant knowledge

Name	Title	Address	Contact Number

Signed (Referring Officer):

Agencies taking part in the SNPP commit to undertake actions agreed in the meeting and recorded as part of the action plan set out in the minutes of the meeting.

Diversity Data

Ethnicity

White British
White Irish
White other
Black African
Black Caribbean
Somali
Other black
Mixed race-black Caribbean and white
Mixed race-black African and white
Mixed race other
Asian (non specific)
British Asian
Indian
Bangladeshi
Pakistani
Chinese
Other Asian
Mixed race-Asian white
Other ethnic group
Other mixed race

Sexual Orientation

Heterosexual
LGBTQ

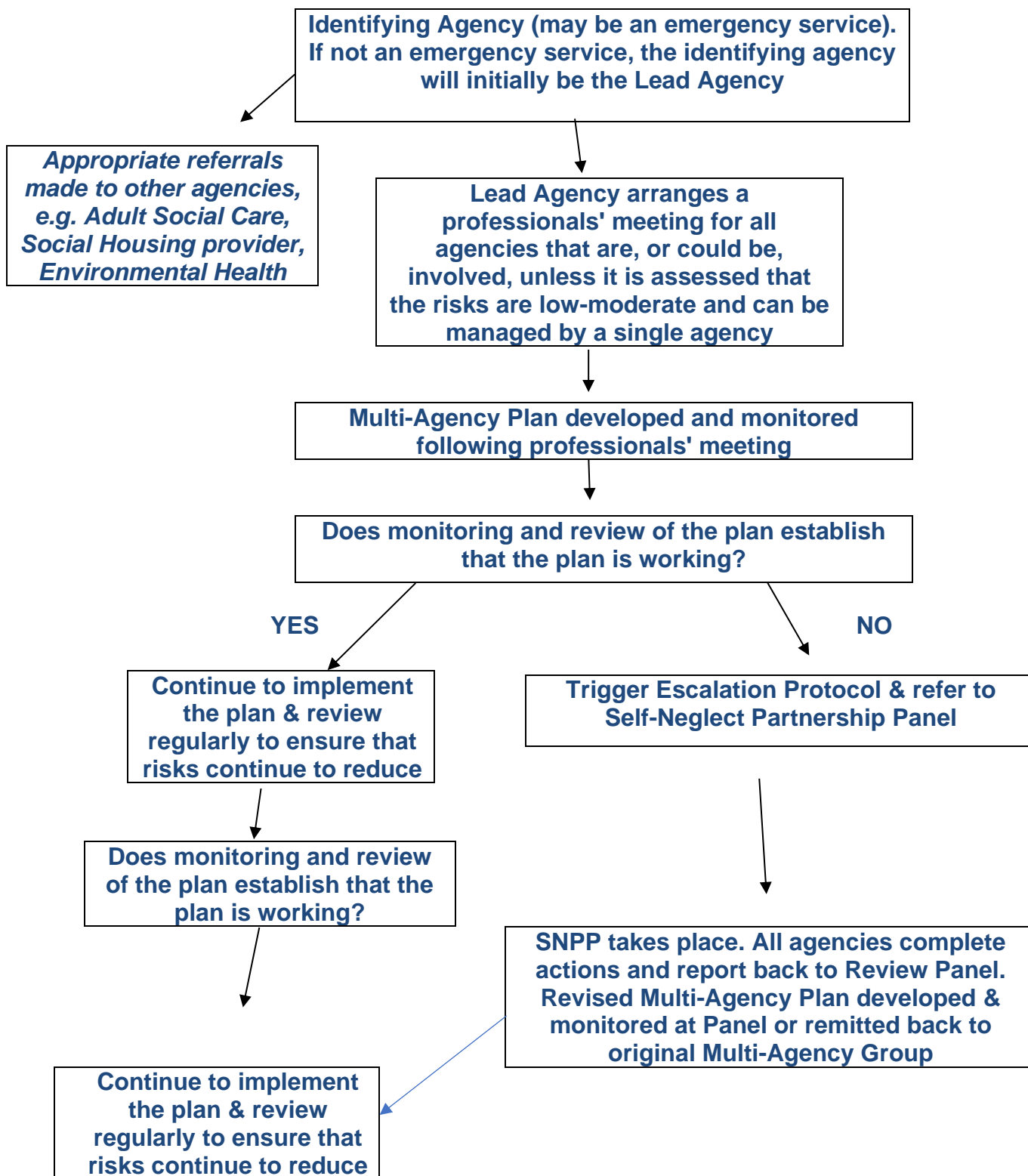
Sex

Male
Female
Transgender
Non-binary

Disability

The Equality Act, 2010 defines a disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Appendix 2: Flowchart for the Multi-Agency Protocol



Appendix 3: Risk Indicator Checklist - Self-Neglect &/or Hoarding

FACTORS	GUIDANCE		
1.The vulnerability of the person	Less vulnerable	More vulnerable	<ul style="list-style-type: none"> Does the person have mental capacity to make decisions with regard to care and support/accommodation etc? Does the person have a diagnosed mental disorder? Does the person have an alcohol or drug dependency? Does the person have any informal support network? Does the person accept support services? Does the person understand the challenges they are facing?
2.Types of seriousness of Self-Neglect/Hoarding	Low risk	Moderate	High/Critical
Self-Neglect			
Hoarding Property			
Hoarding Household Functions			
Hoarding Health & Safety			
			This tool does not replace professional judgement and does not aim to set a rigid threshold for intervention but seeks to provide a framework to support professional decision-making.
3. Level of Self-Neglect/Hoarding	Low Risk	Moderate Risk	High Risk
			<p>Determine if the hoarding /self-neglect is:</p> <ul style="list-style-type: none"> A Fire Risk Impacting on the person's wellbeing (Care Act 2014 definition)? Preventing access to emergency services? Affecting the person's ability to cook, clean and general hygiene? Creating limited access to main areas of the house? Is the person at increased risk of falls?
4.Background to self-neglect/Hoarding	Low Impact		Seriously affected
			<ul style="list-style-type: none"> Does the person have a disability that means that they cannot care for themselves? Does the person have mental health or substance dependency issues and to what extent? Has this been a long-standing problem? Does the person engage with services, support and guidance offered? Are there social isolation issues?
5.Impact on Others	No-one else affected	Others indirectly affected	Others directly affected
			<p>Others may be affected by the self-neglect or hoarding. Determine if:</p> <ul style="list-style-type: none"> Are there other vulnerable people (children or adults) within the house affected by the persons hoarding /self-neglect? Does the hoarding /self-neglect prevent the person from seeing family and friends? Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of Abuse or Neglect by another party	No suspicion of abuse or neglect by another party	Some indicators present	Reasonable suspicion exists
			<p>Determine if there is reason to suspect:</p> <ul style="list-style-type: none"> That the self-neglect/hoarding is an indicator that the person may be being abused or neglected by someone else That a crime may be taking place That the person is being targeted for abuse or exploitation from local people <p>If any of the above apply, seek advice from MASH Adult Safeguarding Teams. Complete Safeguarding Report.</p>
7.Legal Frameworks	No current legal issues	Some legal issues but not currently impacting	Serious legal issues
			<p>Try to determine whether:</p> <ul style="list-style-type: none"> The person is at risk of eviction, fines, non-payment issues There is an environmental risk that requires action- Public health issues

- There are safeguarding and animal welfare issues
- Fire risks that are a danger to others

Types and Seriousness	Examples of concerns that might be managed by a single agency approach.	The examples below are likely to require a multi-agency, co-ordinated approach. If any professional perceives that the person is in immediate danger, 999 should be called.	
LEVEL OF RISK	LOW RISK	MODERATE RISK	HIGH/CRITICAL RISK
Self-Neglect	<ul style="list-style-type: none"> • Person is accepting of support and services (beware disguised compliance) • Health care needs are being addressed • Person is not losing weight • There are no carer issues • Person has access to social and community activities • Person is able to manage daily living activities • Personal hygiene is good 	<ul style="list-style-type: none"> • Access to support services is limited • Health care and attendance at appointments is sporadic • Person is losing or of low weight • Person's mental health and wellbeing are being affected • Person has limited social interaction • Carers are not present • Person has limited access to social and community activities • Person's ability to manage daily living skills is compromised • Personal hygiene is becoming an issue 	<ul style="list-style-type: none"> • The person refuses to engage with services • Health care is poor and there is deterioration in health • Weight is reducing and the person is noticeably under-weight • Wellbeing is affected on a daily basis; the person's mood is low, and they may be expressing thoughts of self-harm or suicide. • Substance misuse (alcohol, illicit or prescription drugs) is an additional complicating factor • Person is isolated with little or no support from family/friends • Person does not engage in social or community activities • The person cannot manage daily living activities • Hygiene and personal care are poor and may be causing health conditions (e.g. scabies, pressure sores, untreated wounds, infections) • Aids and adaptations are refused or not accessed • Repairs are refused
Hoarding Property	<ul style="list-style-type: none"> • All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to fire service to visit and install. • All services functional and maintained in good working order. 	<ul style="list-style-type: none"> • Only one major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not Maintained • Evidence of indoor items stored outside 	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp

	<ul style="list-style-type: none"> Garden is accessible, tidy and maintained 	<ul style="list-style-type: none"> Evidence of light structural damage including damp Interior doors missing or blocked open 	<ul style="list-style-type: none"> Interior doors missing or blocked Evidence of indoor items stored outside
Hoarding - Household Function	<ul style="list-style-type: none"> No excessive clutter, all rooms can be safely used for their intended purpose All rooms are rated 0-3 on the clutter Rating scale No additional unused household appliances appear in unusual locations around the property Property is maintained within terms of any lease/tenancy agreements where appropriate Property is not at risk of action by Environmental Health 	<ul style="list-style-type: none"> Clutter is causing congestion in the living spaces and is impacting on the use of rooms for their intended function Clutter is causing congestion between the rooms and entrances Room scoring is between 4-5 on the Clutter Rating Scale Inconsistent levels of housekeeping throughout the property Some household appliances are not functioning properly and there may be additional units in unusual places Property is not maintained within the terms of the lease or tenancy agreement where applicable Evidence of outdoor items stored outside 	<ul style="list-style-type: none"> Clutter is obstructing the living spaces and is preventing the use of rooms for their intended purpose Room scores 7-9 on the Clutter Rating Scale and not used for their intended purpose Beds inaccessible or unusable due to clutter or infestation Entrances, hallways and stairs blocked or difficult to pass Toilets, sinks not functioning or not used Resident at risk due to living environment Household appliances are not functioning or inaccessible and no safe cooking environment Resident is using candles Electrical wiring appears unsafe or gas supply is turned off No evidence of housekeeping being undertaken Evidence of outdoor clutter being stored indoors Broken household items not discarded e.g. broken plates or glass Concern for deteriorating mental health and wellbeing Notice of seeking possession or eviction proceedings in progress Environmental health enforcement action being considered or in progress
Hoarding Health & Safety	<ul style="list-style-type: none"> Property is clean with no odours No rotting food No concerning use of candles No concern over flies Resident is managing personal care No writing on the walls Quantities of medication are within appropriate limits, in date & stored appropriately 	<ul style="list-style-type: none"> Kitchen & bathroom are not kept clean Offensive odour in the property Resident is not maintaining safe cooking environment Some concern about the quantity of medication or its storage or expiry dates No rotting food No concerning use of candles Resident trying to manage personal care but struggling No writing on the walls Light insect infestation (bed bugs, animal fleas, cockroaches, ants etc) 	<ul style="list-style-type: none"> Human urine and or excrement may be present Excessive odour in the property, may also be evident from the outside Rotting food may be present Evidence may be seen of unclean, unused and or buried plates & dishes. Broken household items not discarded e.g. broken glass or plates Pungent odour can be smelt inside the property or from outside Inappropriate quantities or storage of medication Concern with the integrity of the electrics Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics Concern for declining mental health

	<ul style="list-style-type: none"> Personal protective equipment is not required 	<ul style="list-style-type: none"> Personal protective equipment required (gloves, boots, face mask, hand sanitiser, insect repellent) 	<ul style="list-style-type: none"> Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish etc) Visible rodent infestation
Hoarding - Safeguarding of children, family members, animals	<ul style="list-style-type: none"> No Concerns for household members 	<ul style="list-style-type: none"> Children or vulnerable adults living in the property - will require reporting to MASH Animals in the property who appear to be unwell, malnourished or with skin conditions - may require reporting to RSPCA 	<ul style="list-style-type: none"> Hoarding on clutter scale of 7-9 Children or adults at risk living in the property - will require reporting to MASH Animals in the property who appear to be very unwell, malnourished or with skin conditions - will require reporting to RSPCA
RESPONSIBILITY	CAN BE MANAGED VIA SINGLE AGENCY BUT ANY WORKERS ENGAGE WITH THE PERSON AND WORK COLLABORATIVELY ON ALL ISSUES	<p>IF MODERATE RISK IS IDENTIFIED IN ANY DOMAIN, THE FOLLOWING ACTIONS WILL BE REQUIRED</p> <p>HOUSING OFFICER (IF SOCIAL HOUSING LANDLORD) OR SOCIAL WORKER ARRANGES A MULTI-AGENCY MEETING TO SHARE INFORMATION AND DEVELOP A CO-ORDINATED INTERVENTION PLAN WHICH IS REVIEWED AT REGULAR AGREED INTERVALS. A LEAD AGENCY AND LEAD PROFESSIONAL ARE IDENTIFIED.</p>	<p>IF ANY HIGH/CRITICAL RISK IS IDENTIFIED IN ANY DOMAIN, THE FOLLOWING ACTIONS WILL BE REQUIRED.</p> <p>REFERRAL TO SELF-NEGLECT PARTNERSHIP PANEL IS MADE BY THE LEAD AGENCY OR ANY AGENCY/PROFESSIONAL INVOLVED WITH THE PERSON.</p>