DONCASTER SAFEGUARDING ADULTS BOARD

DSAB Multi Agency Self-Neglect Guidance

This guide provides insights and strategies for professionals working with individuals experiencing self-neglect

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Target Audience:	**All agencies supporting adults in Doncaster**

Introduction

This multi-agency guidance is to be used for people who may be exhibiting behaviours related to self-neglect, however it is also relevant for any adult at risk who may be refusing or disengaging from one or more services.

It can also be helpful in situations where there are concerns that an adult at risk presenting with self-care risks does not meet the criteria for one or more essential services, and the concern is about the person 'falling through the gap' of service provision.

The guidance is not to be used when the source of risk originates from another person or service. Please always refer such concerns through standard safeguarding processes.

This guidance is only relevant for adults whose usual place of residence is in a community setting, rather than in residential care (where standard safeguarding procedures should be followed).

SELF NEGLECT CHART

The chart below provides key points to consider from identifying Self-Neglect to completing the Self Neglect Action Plan (SNAP)

Within 24 hours

- Identifying an adult is self-neglecting and or hoarding and is causing harm to themselves or others.
- Using Making Safeguarding Personal - start to find out what matters to this person, and from this start to consider a supportive plan together.
- Commence Self-Neglect process together, by completing the self-neglect and or hoarding risk assessment (refer to checklist in the policy and clutter index below)
- Submit a safeguarding referral (see page 6)
- Agree next date of the MDT Meeting/Action Planning depending on risks.
- Alert line manager.

Within 3-5 days

Initiate a meeting around the person (e.g. MDT) and refer to checklist and clutter index in the policy

- Ask if they or someone they trust would like to attend the meeting being organised.
- Ensure the right agencies are involved and part of the initial discussions. (refer to page for list of key contacts to consider inviting to MDT)
- Conclude the MDT to identify level of risk from these risk assessments and confirm roles and responsibilities of all agencies in completing the actions for that level of risk. (consider the checklist in the policy)
- Use referral process to raise a safeguarding adult concern
- Escalate through dispute process if a lead agency cannot be agreed within 3-5 days

Within 5-10 days

- Lead agency to complete and share the Self-Neglect Action Plan from the MDT meeting with the person and partner agencies involved.
- Action plan and risks are reviewed at subsequent meetings until risks are reduced or are stabalised. Lead agency shares oversess action plan that action and timescales met.
- Lead agency presents overview of case/concerns future meetings meetings.
- Relevant agencies continue to share information.
- Risks are reviwed in more detail.
- Create action plan and review period.
- Record minutes and actions.
- Person to be updated on plan by lead professional.
- Submit a safeguarding referral if not already in place.

IDENTIFYING SELF-NEGLECT

Key Practice
- Use the checklist to identify the type of self neglect and risks
- Use the clutter index where there are concerns of hoarding
- Submit a safeguarding referral

Concern that an adult, either with or without mental capacity, who:
- Lack of self-care (neglect of personal hygiene, nutrition, hydration and/health, thereby endangering their safety and wellbeing)
- Not taking prescribed medication
- Lack of care of one's environment (squalor and hoarding)
- Refusal of services that would mitigate the risk of harm

The following will also apply:
- The person does not live in a registered care home*
- The risk of harm derives from the person themselves (through their self-neglect), rather than a 3rd party*
- The unmet care needs are problematic to manage and the risk of harm is increasing.

*Local safeguarding processes should always be used for people living in care homes, or where a third party (for example another person or a service) is the source of risk.

1. Take the time to build rapport and a relationship of trust through persistence, patience and continuity of involvement.
2. Seek to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation's specific role.
3. Work at the individual's pace, spot moments of motivation that could facilitate change, even when the steps towards it are small.
4. Ensure you understand the nature of the individual's mental capacity in respect of each specific self-care decision.
5. Be honest, open and transparent about risks and options.
6. Understand and consider the legal mandates providing options for intervention.

7. Be creative with flexible interventions, including family members and community resources where appropriate.
8. Engage in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals.

MAKING SAFEGUARDING PERSONAL

If a practitioner or a member of the public is concerned that a person is at risk of harm due to self-neglect, they should have an initial discussion with the person and be open abut their concerns. This provides an opportunity for the person to share information about their circumstances and will enable a clearer understanding of risk and urgency. Where possible, information should be shared with consent and, the wishes of those who do not consent to have their information shared should be respected. However, information may be shared without consent where there is a risk to the safety of the person or other people.

6 Principles of Safeguarding

- Empowerment
- Partnership
- Proportionate
- Protection
- Prevention
- Accountability

Once a practitioner identifies that an adult is at risk of or is self-neglecting, they should discuss this with the person by using the approach of Making Safeguarding Personal to ensure they are involved as much as possible.

Consent should be sought where possible to share information, however practitioners will need to alert their manager to the adult being at risk. It is important to immediately refer any concern of this nature, through standard safeguarding processes, within your agency.

Submit a Safeguarding Referral

The Care Act 2014 (statutory guidance updated March 2016) identifies self-neglect as a category of abuse and neglect, therefore determine that the safeguarding duties outlined, apply equally to self neglect cases. However the Care Act statutory guidance acknowledges:

"This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support."

This guidance is based on the premise that where an adult is engaging and accepting of assessment and/ or support services, that are appropriate and sufficent in meeting their care and support needs, including those relating to self-neglect, then the adult is not demonstrating that they are "unable to protect themselves" from experiencing or the risk of self-neglect. In such circumstances, standard adult assessment and support service provision, will be the most proportionate and least intrusive way of addressing the self-neglect risks. In these circumstances, the duty and need to undertake enquiries under section 42 of the Care Act will not be triggered or necessary.

However please submit a safeguarding concern detailing the Self Neglect Action Plan and conversations and steps taken to manage the risks.

Submitting a referral should not delay initiating an MDT or completing the Self Neglect Action Plan.

Clutter Index Rating

As people may have very different understandings of what a cluttered home might look like, it can be difficult to effectively communicate the concerns about someone's circumstances. As such, the clutter index rating was developed.

The clutter index provides images for a kitchen, bathroom and living room, in increasing levels of clutter that are rated.

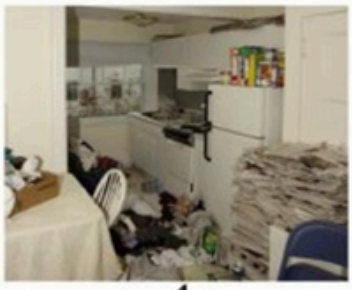
Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in the room.

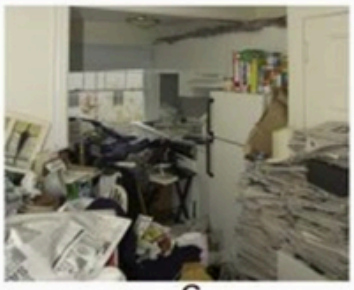

1


2


3


4


5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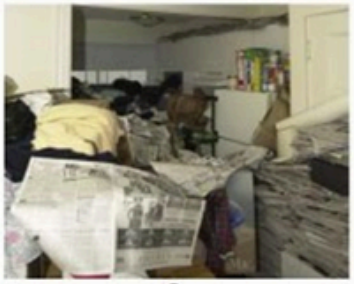
7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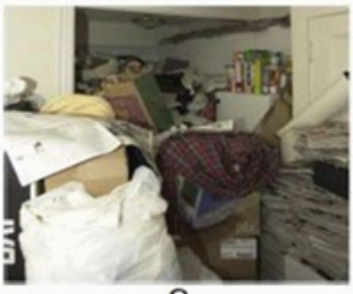

9

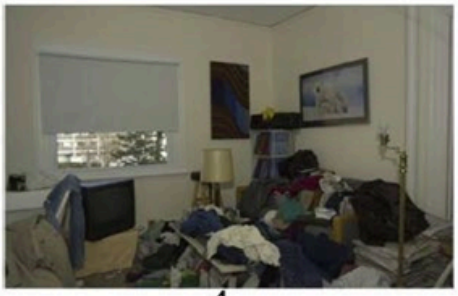
Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in the room.


1


2


3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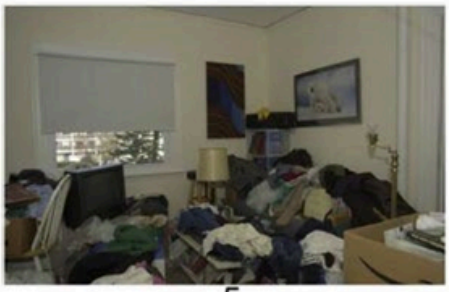
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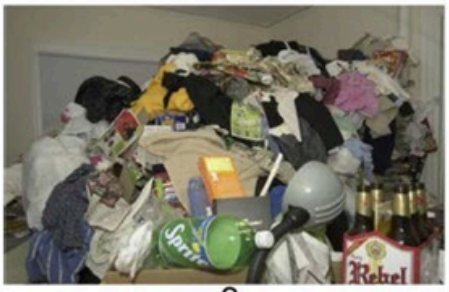
6


7


8



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ORGANISE

Key Practice

- Organise an MDT from the list of key contacts.
- Refer to the checklist in the Self-Neglect Policy
- Consider raising a safeguarding referral if there are risks from others

Consider a Safeguarding Referral and plan the MDT Meeting, the first responding agency should also lead on contacting and bringing together other agencies and services that it feels are relevant to the risks presented.

It is essential that the service/agency that first identifies the concern takes initial ownership of organising the MDT meeting.

There may be occasions when a safeguarding concern will not meet the Section 42 criteria for an adult safeguarding enquiry and an alternative response is required to enable a multi-agency evaluation of risk and an agreement on what actions need to be done and by whom.

This would usually include services already involved known to the person, but it may also include professionals, services or agencies that can bring appropriate expertise to the situation, for example the Fire Service if there are perceived fire risks, or a Mental Capacity Act lead if expertise is needed around the persons decision making capacity. The GP for the individual should also be invited as a key member who can provide information about the individual and understand from other partners, the risks identified.

The purpose of the initial meeting is to inform agencies, share concerns and determine responsibilities to the person.

Interventions will need to be unique to the situation, but might involve:

Being there

- Maintaining contact; building relationships
- Monitoring risk and wellbeing
- Identifying opportunities and motivations

Practical assistance

- Help to support with daily living activities e.g. safe food storage or preparation areas; that improve wellbeing and reduce risks whilst providing opportunities to build up trust
- Assistance and support look after the welfare of pets

Risk reduction

- Fire safety measures – addressing immediate risks, including those caused by smoking in unsafe environments
- Responses to immediate health risks e.g. preventative actions relating to deteriorating health conditions, such as skin integrity, diabetes and or safe use of medication
- Adaptations and repairs to the home that make the accommodation more habitable, safer and help build trust.
- Safe substance use schemes (support for a set level of consumption)

Therapeutic interventions

- Support with specific mental health conditions or support to change the way in which an individual might think about themselves
-

Change of environment

- Moving home (together with support to minimise the risk of future environments deteriorating)
- Short-term respite

Building social networks and interests

- Building upon the person's interests, including any that led to self-neglect
- Reducing social isolation
- A forward-looking focus on lifestyle, companionship and activities (helping to let go of / replace previous lifestyles)

Cleaning / clearing

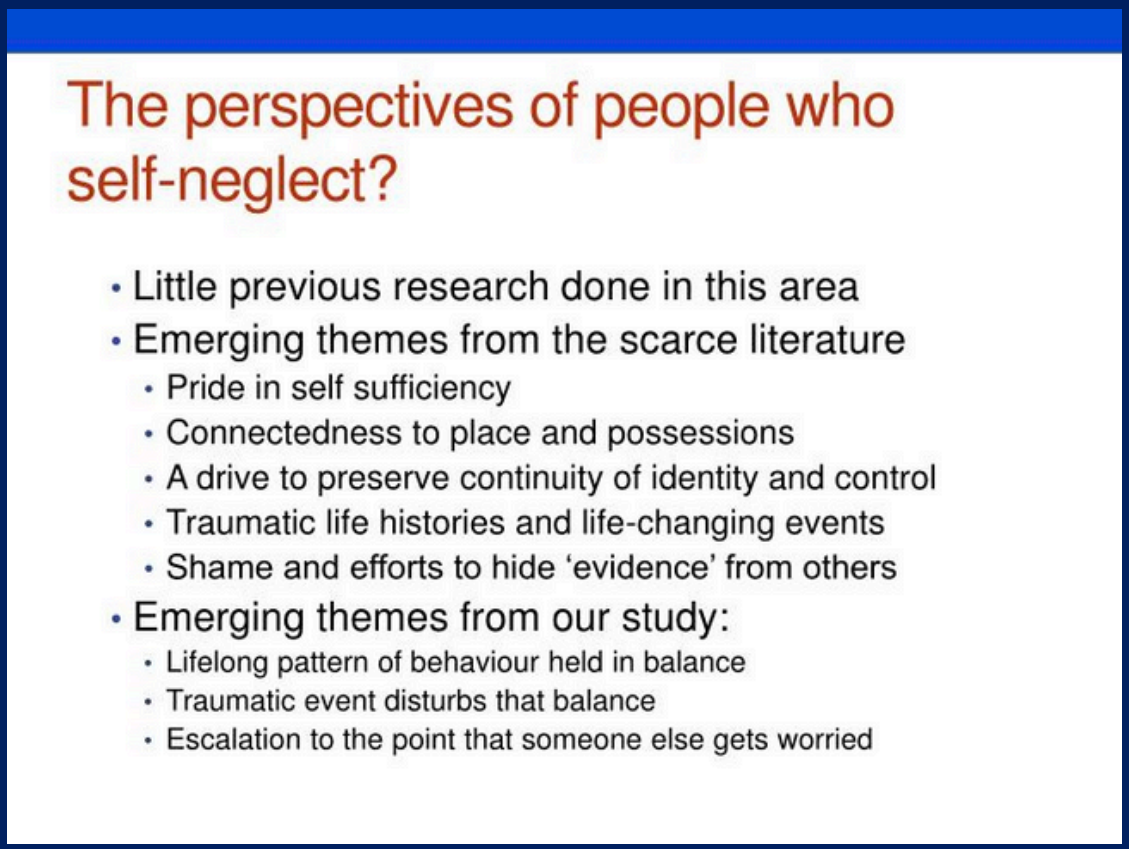
- Deep cleaning or removal of hoarded material (although often this is found to work best when done in agreement and as part of an overall planned intervention). Sometimes a partial reduction will be more easily achievable – the aim is proportionate risk-reduction

Enforced action

- Setting boundaries on risks to self and others
- Recognising and working with the possibility of enforcement action

Care and support

- Support with bills and paperwork – often along with the identification of benefits that can be applied for
- Negotiations around assistance with cleaning, laundry, medication management and personal care
- Prompting around daily living tasks
- Agencies will need to work with people to offer support in ways the person feels able to accept



Consider the following at the MDT Meetings:
• Please refer to the risk assessment guidance.

Key Contacts for MDT Meetings*

Named Professional	Organisation	Contact details
Safeguarding Adults Team	Doncaster Bassetlaw Teaching Hosp	Dbh-tr.safgeuarding@nhs.net
Complex Lives Team Manager	Complex Lives Team, City of Doncas	Nicola.milnes@doncaster.gov.uk
Senior Practitioner	Safeguarding Adults Hub, City of Do	Carol.turner-brown@doncaster.gov.
Safeguarding & ASB Team	St Leger Homes	Julie.jablonski@stlegerhomes.co.uk
Designated Safeguarding Leads	South Yorkshire Fire & Rescue	dfox@syfire.gov.uk
Stronger Communities Co-ordinator	Wellbeing Team, City of Doncaster C	Richard.mills@doncaster.gov.uk
Housing Manager	Environment Agency, City of Doncas	Joanne.Robinson@doncaster.gov.uk
Safeguarding Adults Team	RDASH	rdash.safeguardingadults@nhs.net
Advanced Customer Support	Department of Works and Pensions	Joanna.Stevens@DWP.GOV.UK
South Yorkshire Police	Police Sergeant	daniel.lindley@southyorkshire.police.uk

*Please use the contacts above where there is no representation already identified and you require this for the SNAP meeting.

SELF-NEGLECT ACTION PLAN

The Pathway MDT meeting is the forum where the issues are outlined, risks are assessed and an action plan to mitigate that risk is formulated. It is important at this stage to confirm the lead agency overseeing delivery of the action plan. The lead agency will not necessarily be the same as the first responding agency.

For example, it is essential to clarify whether the concerns have met the criteria for a formal adult safeguarding Section 42 response. If there is a Section 42 enquiry into the concerns, the practitioner leading on the S.42 enquiry from the local authority should attend the meeting and will always lead on the action plan.

If there is no formal safeguarding Section 42 process, then the lead agency should be the agency that is best placed to oversee the risks. Where partners do not pursue a Self-Neglect Action Plan (SNAP) meeting and plan (for those few occasions were someone is self-neglecting, and no meeting has been arranged) they need to provide rationale and case recordings and escalate to your organisations Safeguarding Lead. Confirming the lead agency should take into consideration the duties and responsibilities of the respective agencies involved, as well as practical issues such as the needs and risks of the person, and the likelihood of that agency being able to have a consistent and continuous relationship with the person, that is not time limited.

GP practices (including the Practice Safeguarding Lead) are often in a good position to be involved in the MDT, particularly if the risks are predominantly around healthcare needs, or the other services involved are subject to frequent change and can't provide the person with crucial longer term support and oversight of risk. This includes home visits as often people who self neglect are unable to engage with health related appointments.

Determining the levels of risk and action taken to mitigate the risk will be included in the next MDT meeting.

Self-Neglect Action Plan (SNAP)

(To complete at MDT Meeting)

(Complete Section 1 at the initial MDT

Section 2 at each review meeting, and attendance sheet at EVERY MDT)

Section 1

1. Name of Adult		**Date of birth**	/ /
2. Address of Adult (if homeless state)			
3. Unique Identifier (eg NHS Number)			
4. Date of Assessment /face to face conversation to establish outcomes			
5. Name od Lead Agency/Role			

6. Name(s) of workers/individuals involved in the risk assessment /face to face.

7. What does the adult want as outcomes?

Assessing the levels of risk (please refer to the checklist)

8. Current Risk factors (refer to the checklist and include clients insight to self-neglect / hoarding and outcomes of mental capacity assessments)	9. Relevant previous risk factors	10. Source of risk data – service user, workers, files etc. Information verified as current and accurate?

Clutter image ratings where Hoarding Identified

Living Room …….. Bedroom 1 …….. Other rooms, please state: ……

Kitchen …….. Bedroom 2 …….. ……

The risk has been assessed as: (using the risk assessment guide identify the level of risk – Tick as appropriate)	Low Risk	Moderate Risk	High Risk

Rationale for the decision:

Risk Management plan

Please detail what actions will be taken, when, by whom, and what contingency plans have been agreed

What action will be taken	By whom	By when

Membership of core group (Name)	Contact details
	Lead Agency of Self-Neglect Action Plan
Timescale for Self Neglect / Hoarding re	Moderate risk review within 50 working days High risk review within 25 working days

Date of next Review Meeting		

End of section 1

This completed form should be stored on the leading organisations system
Senior Managers should be informed and updated on high risk cases

Section 2 - Multi-agency Self Neglect / Hoarding Review Meeting

Date of Review:		Lead Agency (name)	

To be completed at each review meeting (Virtual or Actual)

Review Record – Detail below how the Risk Management Plan has been implemented. Include any outstanding actions

Contact with the individual? By whom, when, if not what attempts have been made?	Have any elements of the self-neglect Management Plan been im

Have the risks increased – what has changed? What can be done to address this? At this point rescore risk using the clutter image rating / complex lives rating and Assessment Tool Guidelines	Have the risks decreased – what has changed? At this point rescore risk. Have the outcomes agreed with the adult been met? Is it appropriate to exit this self-neglect / hoarding procedure?

Revised Self Neglect Action Plan or Exit Plan: What actions have been agreed and who will carry them out?		
Action	Name of workers	Timescales
Date of next review	Venue – if meeting	
Organisational Risk score – high/medium/low. Who will notify the relevant service manager -		
Name of Service manager notified of the risks,	Contact details/ Telephone Number:	

Date Notified to senior manager	

This completed form should be stored on the leading organisations system
Senior Managers should be informed and updated on high risk cases

Attendance register
To be completed at the end of each MDT meeting (Actual or Virtual)

Name	Contact Details	Signature