Lincolnshire Multi-Agency SELF-NEGLECT Protocol

Lincolnshire
COUNTY COUNCIL
Working for a better future

Lincolnshire Multi-Agency
SELF-NEGLECT
Protocol

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Introduction

It has become widely recognised in recent years that health and social care practitioners find it difficult to respond to self-neglect. Managing long term problems is often complex, and practitioners can be torn between respecting the individual's right to make choices and their duty of care to protect from harm *(Braye et al 2013)*.

A failure to engage with individuals who are self-neglecting may have a serious impact on the health and wellbeing of not only themselves, but also others.

Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults believed to be at risk due to self-neglect, public law does not impose specific obligations on public bodies to take particular action. Instead, authorities are expected to act within the powers granted to them. They must act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act (2005) and consideration should be given to the application of the Mental Health Act (1983) where appropriate.

This guidance should be read in context of the Lincolnshire Safeguarding Adults Board multi-agency policies and procedures. To access this guidance please click **here**.

Please access LSAB's Self-Neglect e-learning training **here**.

If Hoarding is present in the property, please review the Hoarding guidance **here** and undertake the Clutter Scale assessment, appropriate risk assessments and identified referrals (including a referral to the Fire and Rescue Service where Clutter Rating is 4 or above).

Who does the Protocol apply to?

This protocol applies to all agencies supporting the Lincolnshire Safeguarding Adults Board (LSAB) multi-agency self-neglect protocol.

There is an expectation that everyone in partnership with the protocol engages fully to achieve the best outcome for the individual while meeting the requirements and duties of their own agency or Board.

Definition and Characteristics of Self-Neglect

There is no one accepted definition of Self-neglect; the Care Act 2014 defines it as:

> ***"Self-neglect- this covers a wide range of behaviours neglecting to care for one's personal hygiene, health, or surroundings and includes behaviour such as hoarding."***

Gibbons, S (2006) uses a widely accepted definition:

> **"Self-neglect is defined as the '*inability (intentionally or non-intentionally) 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 self - neglecters and perhaps even to their community."***

Self-neglect is characterised by an inability to meet ones' own basic needs and can be intentional or unintentional *(Gibbons et al, 2006)*.

It is particularly prevalent in elderly people, and characteristics of self-neglect are:

- living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- neglecting household maintenance, and therefore creating hazards within and surrounding the property
- portraying eccentric behaviour / lifestyles
- obsessive hoarding (see **LSAB hoarding guidance**)
- poor diet and nutrition, for example evidenced by little or no fresh food in the fridge, or what is there being mouldy
- declining or refusing prescribed medication and / or other community healthcare support
- refusing to allow access to health and / or social care staff in relation to personal hygiene and care
- refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
- repeated episodes of anti-social behaviour – either as a victim or perpetrator
- being unwilling to attend external appointments with professional staff whether social care, health or other organisations (such as housing)
- poor personal hygiene, poor healing / sores, long toenails
- isolation

This list is not exhaustive.

An individual may be considered as self-neglecting and may be at risk of harm when they are:

- unable or unwilling to provide adequate care for themselves
- not engaging with a network of support
- unable or unwilling to obtain necessary care to meet their needs
- unable to make reasonable, informed or mentally capacitated decisions due to mental disorder (including hoarding behaviours), illness or an acquired brain injury
- refusing essential support without which their health and safety needs cannot be met and the individual lacks the insight to recognise this

It is important for practitioners to be mindful that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. A full holistic assessment is required and all other factors should be considered, for example cognitive impairments, poor eyesight and financial constraints may be the cause. People experiencing self –neglect may feel embarrassed about their situation and lack the confidence to come forward and seek support.

It is important that practitioners use all of their communication and assessment skills if self-neglect is suspected to develop the therapeutic relationship. Common reasons for declining support include:

- fear of losing control
- pride in self-sufficiency
- sense of connectedness to their surroundings
- mistrust of professionals

Common responses by those self-neglecting:

- I can take care of myself
- I do my best to make ends meet
- I prioritise and let other things go

Continuity of carers and robust information sharing, both internally and externally, is key to ensure a rapport is built between professionals and the individual. Clear care planning and case management is central to ensuring meaningful contacts.

Intervention

"What price dignity?", Lord Justice Munby's keynote address at LAG Community Care conference: Protecting liberties, London, 14 July 2010.

Lord Justice Munby said:

"What good is it making someone safer if it merely makes them miserable?"

Sensible risk appraisal is essential, which is person centred and facilitates a proportionate response to risk. Over-protective approaches can in themselves cause harm.

Research has found that service involvement is more successful where it:

- is based on a relationship built over time, at the individual's own pace
- is person centred
- remember Ask, Listen, Offer choice and work together, Making Safeguarding Personal
- takes account of the individual's mental capacity to make self-care decisions
- was open and honest about risks and options
- draws on effective multi-agency working

The **Care Act 2014 statutory guidance** includes self-neglect in the categories of abuse or neglect relevant to safeguarding adults with care and support needs. In some circumstances, where there is a serious risk to the health and wellbeing of an individual and all attempts to mitigate the risk have been unsuccessful, it may be appropriate to raise self-neglect as a safeguarding concern. However, interventions on self-neglect are usually more appropriate under the parts of the Care Act dealing with assessment, planning, information and advice, and prevention (Section 9 assessment).

Where it appears to a local authority that an adult may have needs for care and support, the authority **MUST** assess:

(a) whether the adult does have needs for care and support; and

(b) if the adult does, what those needs are.

This is referred to as a 'care and support assessment' or 'section 9' assessment.

It is vital to establish whether the person has capacity to make decisions about their own wellbeing, and whether or not they are able or willing to care for themselves. If an individual lacks mental capacity to make a decision, a best interest meeting will be required to develop an action plan. An adult who is able to make choices may make decisions that others think of as self-neglect.

It is evidenced within previous self-neglect cases submitted to local authorities as a safeguarding concern that it is rare that a safeguarding referral is the most appropriate course of action, and other avenues of support should be explored before a safeguarding referral is considered. A referral should only be made where a person who has care and support needs, is experiencing or at risk of abuse or neglect and cannot take steps to safeguard themselves because of their care and support needs. The legislation makes clear that adult safeguarding responses should be guided by the adult themselves, to achieve the outcomes that they want to achieve.

If the person has capacity to make choices around their living arrangements, their consent should be sought to make a safeguarding referral. If they do not want any safeguarding action to be taken decisions must be fully explained and recorded and other agencies informed and involved, as necessary.

However, a referral to the Local Authority Adult Safeguarding may be made, only if any of the following applies:

- if all other attempts to intervene have failed and:
- if the person's 'vital interests' are compromised – i.e., there is immediate risk of death or major harm
- if others are at significant risk of harm

For referrals, please contact the Customer Services Centre on ***01522 782155***

Where a safeguarding enquiry does commence, the safeguarding process will support agencies to resolve issues of immediate risk, ensure there is a full picture, and there is an agency to monitor in order that the person does not slip through the gaps later.

Carrying out any assessments may be difficult if the person is reluctant. The Department of Health advises that adult social care departments should record all the steps they have taken to complete an assessment of the things that a person wants to achieve and the care and support that they need. Research indicates that intervening successfully depends on practitioners taking time to gain the person's trust and build a relationship and going at the person's own pace.

If it is impossible to complete the assessment, or if the person refuses to accept care and support services, you should be able to show that you have tried, and that information and advice have been made available to the person on how to access care and support and how to raise any safeguarding concerns. All your decisions, and the considerations that have led to them, should be recorded in

light of the person's wishes and their particular circumstances. You should be able to show that whatever action you have taken is reasonable and proportionate.

Multi-agency working

Effective multiagency working is key when working with adults who are at risk from self-neglect. Individuals may have positive relationships with one agency and this should be acknowledged and used to encourage engagement with other services. Multi-agency meetings and multi-agency support plans are key in supporting individuals at risk of self-neglect.

All agencies that are providing care / a service may be involved with the plan, which may include: GP, Adult Social Care, Nursing teams, Therapy teams, Mental health services, Care Agency, Drug & Alcohol services, Fire Service, Police and Ambulance Services, Housing, Environmental Health, Benefits, Ambulance services, voluntary services, animal welfare and any other agency supporting the individual.

The Wellbeing Service is designed to promote confidence in living independently. Following assessment, the range of services they can offer are holistic support generic support, simple aids to daily living, minor adaptations, Telecare, 24-hour responder, and signposting. For more information and for referrals, please click **here**.

Lincolnshire Community and Voluntary Service (LCVS) is a charity working in a variety of ways to support the health and wellbeing of communities and individuals. They work with local groups and charities to provide practical, community-based solutions to social and economic problems and provide a forum for sharing information and knowledge. For more information and for referrals, please click **here**.

Team Around the Adult (TAA) supports the approach offered through:

- the Vulnerable Adult Panel
- or similar District Council multi-disciplinary meeting

The TAA team aim to work with complex cases with the process being overseen by an appointed Principal Practitioner who will act as a coordinator.

The approach will involve the appointment of a Lead Professional, who will usually be the key worker who will:

- engage with the individual
- promote multi-agency working
- utilise a shared IT system

This may be through a case discussion or consultation with this creative multi agency approach aiming to achieve change where more traditional methods don't work. You can find out more about what the TAA team do **here**.

Balancing individuals 'rights and agencies' duties and responsibilities

All individuals have the right to take risks and to live their life as they choose. These rights will be respected and weighed when considering duties and responsibilities towards them. They will not be overridden, other than where it is clear that the consequence would be seriously detrimental to their, or another person's health and wellbeing and where it is lawful to do so. Staff will also consider the rights:

- to privacy and information sharing under the Data Protection Act, weighed against the level of risk; and
- of others who may be affected.

Staff working with individuals who self-neglect should consider the support other agencies could provide, including:

- **District Council**
- **Housing and Environmental Services**
- **Mental Health Services** If you are concerned that the person is suffering from mental ill-health, or that their mental health is impacting on decision making, please discuss with their GP and consider if a referral to mental health services is appropriate.
- **Health Services** If the individual is registered with a GP it is paramount that they are contacted to advise on the current health position of the patient. The GP will also be able to advise on other health professionals involved with the patient and ensure they are involved in the multi-agency plan.
- **The Police** Lincolnshire Police will respond to urgent cases where life may be at risk. Our officers will work with partners to agree suitable safeguarding strategies for all individuals concerned. We are committed to sharing information with our partners to identify those in need of support.
- **Fire & Rescue Services** If you identify any risks relating to fire, please refer to Lincolnshire Fire & Rescue Services please visit their website **Fire & Rescue** and complete the electronic referral form. If the patient does not consent, but you consider them to be at high risk, or believe the risk to others is high risk, please telephone the **Community Fire Safety Team** on **01476 565441** and discuss the concerns. Consent should always be sought where possible, but when the patient does not consent this should not prevent a referral as you can refer for staff safety and public safety.
- **Wellbeing Service**
- **Neighbourhood Working/Team**
- **Voluntary services**
- **Ambulance Services** Ambulance services do not case-hold, however they often attend people who self-neglect and can provide additional information on how a person is

managing. Ambulance services also have frequent caller teams and safeguarding teams who may be able to support in attendance at multi-agency meetings to support the individual moving forward.

- **Children Safeguarding**
- **Adult Safeguarding**

If required, please refer to the LSAB Professional Resolution and Escalation Policy on the LSAB website. https://www.lincolnshire.gov.uk/safeguarding/lsab/4

If the individual you are working with is homeless, please refer to the **Lincolnshire Homelessness Strategy** and contact the relevant District Council.

Good practice identified through research *(Braye et al 2014)* found that at the heart of self- neglect practice is a complex interaction of **KNOWING**, **BEING** and **DOING**:

> **KNOWING** as in understanding the whole person, their history, its significance to their current situation, along with their knowledge that underpins professional practice
>
> **BEING** in the context of being on the journey with the patient, showing professional qualities of respect, empathy, honesty, reliability, integrity and staying alongside.
>
> **DOING** in the sense of balancing hands-on and hands-off approaches, ever seeking the tiny opportunity for consent, doing the small things that may lead to negotiations for the bigger things. It also includes referrals to others that can help.

Evidence shows that improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help, some research has shown that they rarely go back to their old lifestyle, although this sometimes means receiving help over a long period. This may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

References

Braye S, Orr D and Preston-Shoot M (2013) *A Scoping Study of Workforce Development for Self-Neglect Work*. Leeds: Skills for Care.

Susanne Gibbons*, Primary Care Assessment of Older Adults with Self-Care Challenges,* The Journal for Nurse Practitioners*,* 2006*,* 2*, 5, 323*

Lauder, W. et al (2006) *Factors influencing nurses' judgements about self-neglect cases.* Journal of Psychiatric and Mental Health Nursing; 13: 279-287.

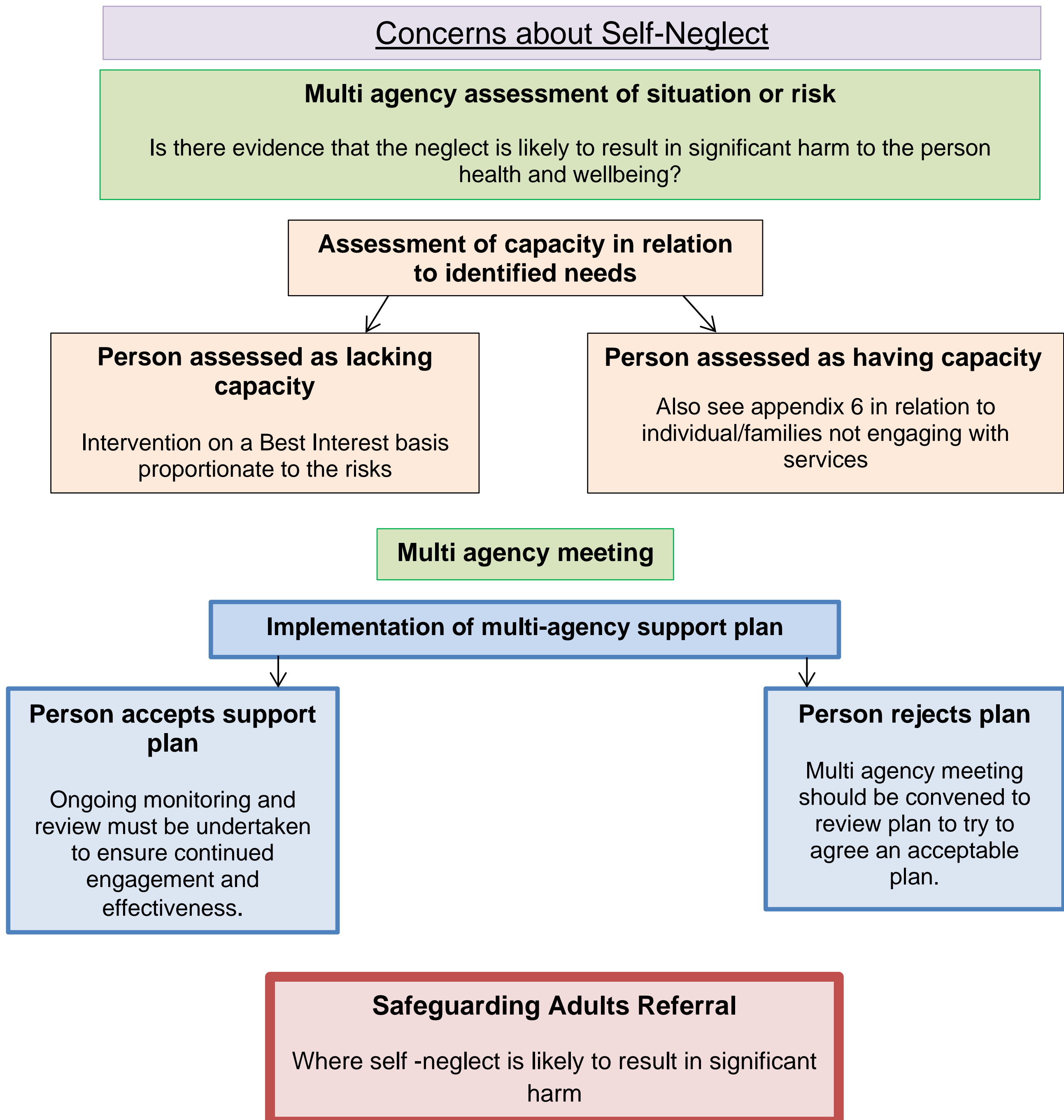
Lauder, W. et al (2005a) *A framework for good practice in interagency interventions with cases of self-neglect.* Journal of Psychiatric and Mental Health Nursing; 12: 2, 192-198.

Lauder, W. et al (2005b) *Self-neglect: the role of judgements and applied ethics. Nursing Standard;* 19: 18, 45-52.

Department of Health and Social Care (2013) *Statement of Government Policy on Adult Safeguarding*

Appendix 1

Procedure flowchart



Appendix 2

Individuals/ family NOT engaging with services

Consider:

Are you …

- Colluding?
- Relieved?
- Avoiding conflict?
- Do you feel at risk?
- Who should you talk to and share your concerns / feelings?

Strategies to consider….

- Calls
- Home visits
- Joint visits
- Letters
- Appointments
- Other agencies
- GP contact
- Trusted family member
- Line manager discussion
- Safeguarding
- Take action

DO NOT CLOSE CASE

Concerns?

- MCA
- Mental Health
- Safeguarding
- Family pressure
- Family acting as gatekeeper.
- Capacity but still vulnerable
- Situational capacity
- Duress.

NEXT STEPS

Seriously consider a face to face Multi- Agency Strategy Meeting & Risk Assessment

- Consider Mental Capacity Assessment
- Consider a Mental Health Assessment
- Consider seeking legal advice
- Safeguarding alert on records

Do not assume that someone else is doing something – actively check with other agencies known to be in contact with the person

- Discuss with line manager and Corporate Safeguarding Team

Inaction could lead to:

Risk to patient: Abuse, Neglect, Injury, Death

Risk to practitioner: Lack of confidence, Disciplinary action

Risk to Organisation: Safeguarding Adult Review, Organisation reputational issues Negative media coverage, Compensation/damages being paid