



Kent and Medway Multi-Agency Policy and Procedures to Support People who Self-Neglect

**Approved by K&M Safeguarding Adults Board
10th September 2014**

**Date: September 2014
Review date: September 2015**

Document Control Sheet

Title of the guidance	Self-neglect; multi-agency procedures.
Purpose of the guidance	To outline to all partner agencies, the procedure for identifying and working with individuals who self-neglect.
Target audience	Adult social care staff, health staff, police staff, ambulance staff, service providers, district councils and other partner agencies.
Action required	To use the guidance to support working practice.
This guidance supersedes	Any local previous self-neglect guidance/ procedures.
This guidance should be read alongside	<p>Kent and Medway Multi Agency Policy, Protocols and Guidance for Safeguarding Adults at Risk</p> <p>Local guidance relating to:</p> <ul style="list-style-type: none"> ○ assessment ○ reviews ○ risk ○ case recording ○ MCA
Policy Lead/Author	Safeguarding Leads: Carol McKeough - Kent Sallyann Baxter- Medway
Produced by	Social Care, Health and Wellbeing Directorate of KCC and Medway Council Children and Adults Directorate
Implementation date	October 2014
Review Date	September 2015

Contents

POLICY

Introduction	4
Aim of the Policy and Procedures	4
Key Principles	5

DEFINITIONS

Self-Neglect	6
An Adult at Risk	6
Community Care Services	6
Significant Harm	6
Significant Risk	7
The Scope of the Policy:	7

PROCEDURES

Identifying and working with individuals who self-neglect	8
Indicators associated with self-neglect	8
A Timely Response	8
Identifying an individual who is self-neglecting	9
Engage other appropriate agencies and services	9
Lead agency coordinates information gathering and determines appropriate actions	9
Balancing individuals' rights and agencies' duties and responsibilities	10
Other agencies/organisations engage with the process	10
Consider appropriate procedures to respond to the risk	10
Comprehensive assessments including risks	11
Multi-agency meeting is arranged under self-neglect procedures	11
Principles for arranging a multi-agency meeting	12
Guidance for multi-agency planning meeting	12
Outcomes of the meeting will include: -	13
Requirements for a multi-agency review meeting	13
Review decision specific mental capacity assessment if relevant	13
Record Keeping	14
References and further information	14
Appendix 1: Flowchart	15
Appendix 2: Proposed Agenda Template	16
Appendix 3: Clutter Image Rating	18

POLICY

Introduction

This policy will be referred to where an adult at risk is believed to be self-neglecting. An individual may be considered as self-neglecting and therefore maybe at risk of harm where they are:

- Either unable, or unwilling to provide adequate care for themselves
- Not engaging with a network of support
- Unable to 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
- Unable to protect themselves adequately against potential exploitation or abuse
- Refusing essential support without which their health and safety needs cannot be met and the individual lacks the insight to recognise this

A failure to engage with individuals who are not looking after themselves (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's health and wellbeing. It can also impact on the individual's family and the local community.

Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of 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.

The Aim of the Policy and Procedures is to prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:

- individuals are empowered as far as possible, to understand the implications of their actions
- there is a shared, multi-agency understanding and recognition of the issues The next line is a continuation of this point
- involved in working with individuals who self-neglect
- there is effective multi-agency working and practice
- concerns receive appropriate prioritisation
- agencies and organisations uphold their duties of care
- there is a proportionate response to the level of risk to self and others.

This is achieved through:

- promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity, and to be in control of, and as far as possible, to lead an independent life
- aiding recognition of situations of self-neglect
- increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individuals' needs, this includes the extent and limitations of the 'duty of care' of professionals
- promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, in order to avoid foreseeable harm
- promoting a proportionate approach to risk assessment and management
- clarifying different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes, actions taken and
- promoting an appropriate level of intervention through a multi-agency approach.

Key principles

Key principles to guide operational practice across Kent and Medway:

Empowerment - Presumption of person-led decisions and informed consent.

Protection - Support and representation for those in greatest need.

Prevention - It is better to take action before harm occurs.

Proportionality - Proportionate and least intrusive response appropriate to the risk presented.

Partnership - Local solutions through agencies working with their communities.

Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Accountability - Accountability and transparency in delivering safeguarding.

DH (2013) *Statement of Government Policy on Adult Safeguarding*

Empowering individuals

Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and in ensuring their safety and protection.

Consideration needs to be given at an early stage, to determining if the individual has the mental capacity to understand and make informed decisions about their responses to agencies concerns about their apparent self-neglecting behaviour.

DEFINITIONS

The following definitions are relevant to these Policy and Procedures:

Self-Neglect

There is no accepted operational definition of self-neglect nationally or internationally due to the dynamic and complexity of self-neglect.

Gibbons et al (2006) defined it as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who self-neglect and perhaps too to their community”.

An Adult at Risk:

Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

(Care and Support Statutory Guidance issued under the Care Act 2014, Department of Health October 2014)

Self-neglect is included within the safeguarding definitions in the above statutory guidance and “covers a wide range of behaviour, neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding”.

Community care services:

Includes all support and care services provided in any setting or context whether these are funded by a statutory agency or by the person themselves. It also includes the need for care and support (whether or not the local authority or other agencies are meeting any of those needs).

Significant harm:

- Is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- The individual's life could be or is under threat
- There could be a serious, chronic and/or long lasting impact on the individual's health physical/emotional/psychological well-being.

Significant risk:

Where there are indicators that change is likely to occur in levels of risk in the short to medium term, appropriate action should be taken or planned.

Indicators of significant risk could include:

- History of crisis incidents with life threatening consequence
- High risk to others
- High level of multi-agency referrals received
- Risk of domestic violence
- Fluctuating capacity, history of safeguarding concerns / exploitation
- Financial hardship, tenancy / home security risk
- Likely fire risks
- Public order issues; anti-social behaviour / hate crime / offences linked to petty crime
- Unpredictable/ chronic health conditions
- Significant substance misuse, self-harm
- Network presents high risk factors
- Environment presents high risks
- History of chaotic lifestyle; substance misuse issues
- The individual has little or no choice or control over vital aspects of their life, environment or financial affairs.

The scope of this policy does not include:

- Where there is concern that any relevant agency has closed their involvement prematurely, or is not proactively engaging in multi-agency plans to address the concerns and risks for the individual, this will be escalated through the relevant processes for that agency or
- Issues of risk associated with deliberate self-harm.

However, it would be appropriate to address the concerns by raising an adult protection alert through the Multi agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway because:

- The self-harm appears to have occurred due to an act(s) of neglect or inaction by another individual or service
- There appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct
- Actions or omissions by third parties to provide necessary care or support where they have a duty either as a care worker, volunteer or family member to provide such care/ support.

PROCEDURES

Identifying and Working with Individuals who self-neglect

An assessment (by the agency first identifying the concerns)

It will be important to carry out an assessment of needs and risks that is appropriate and proportionate to your role. This will be informed by the views of carers and / or relatives as well as by the views of individual themselves, wherever possible and practicable.

Where there are concerns that the individual lacks or appears to lack the mental capacity to fully understand the risks related to their behaviour a mental capacity assessment must be considered in relation to their ability to make informed decisions regarding the risks identified.

Indicators associated with self-neglect

- 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
- 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 toe nails;
- Isolation
- Failure to take medication.

This list is not exhaustive.

The involvement of an advocate or an Independent Mental Capacity Advocate (IMCA) should be considered in appropriate circumstances. Where the individual refuses to participate or engage with agencies or provide access, information obtained from a range of other sources may 'hold the key' to achieving access or to determining areas / levels of risk.

A timely initial response is crucial.

Agencies will formally record (ideally within 24 hours) that these procedures are being applied.

1. Identify an individual who is self-neglecting

- An Individual is identified as self-neglecting and appears to be at significant risk to self and others they are not engaging with support
- A number of organisations may be aware of the individual and consider the risk has reached a significant point.

Refer to definitions of self-neglect and significant harm.

2. Engage other appropriate agencies and services

The initiator of concerns should:

Take any appropriate action to mitigate any immediate danger as far as is practicable.

- Arrange a teleconference or initial discussion with other appropriate agencies to agree who will lead the coordination of information gathering, this is particularly relevant if the concerns are raised by agencies such as Community Wardens or Environmental Health.

3. Lead agency coordinates information gathering and determines most appropriate actions to address the concerns

Information sharing within these procedures should be in line with the principle of information sharing contained in the Multi-agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway: Protocol section 6.1: *Making decisions about sharing confidential information*.

Information gathered at this stage is to inform:

- Decision making regarding whether further multi-agency information sharing is required;
- The completion of an initial Risk Assessment, and ensuring any **urgent actions** are carried out. E.g. Contacting emergency services, Kent Fire and Rescue, completing safety checks and where necessary seeking urgent medical intervention.

Where there are concerns that the individual's ability to make informed decisions due to a mental disorder or ill health, consideration must be given to carrying out a Mental Capacity Assessment in relation to any decisions they may need to make regarding their safety or the safety of others.

Information gathering will aim to build an understanding of:

- i. any previous successful engagement with the individual
- ii. approaches that appeared to disengage the individual
- iii. an insight into the individual's wishes and feelings
- iv. the views of anyone who has or has had contact with the individual including relatives and neighbours

When working with individuals who may be reluctant to communicate the risk of miscommunication between agencies is greater than usual. It is important to ensure that all relevant information is available to those who undertake any assessments.

Use information available as in (i) above of any previous successful engagement with the individual to facilitate direct communication with the individual if possible. This should ensure that the assessment will inform any actions to be taken and include (iii) above the wishes and feelings of the individual.

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 including the right to privacy 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 well-being and where it is lawful to do so;

4. Other agencies/organisations engage with the process

It is likely that these individuals will not clearly meet the criteria for any one or a number of agencies or organisations. Previous experience of attempting to engage may have had limited or no success. These factors increase the risk and should be identified as risk indicators that will prompt action under these self-neglect procedures.

Self-neglect work has been agreed as a multi-agency priority and there is an expectation that:

- All partner agencies will engage when this is requested by the lead agency as appropriate or required; and
- Where an agency is the lead agency, they take responsibility for coordinating multi-agency partnership working.

5. Consider appropriate procedure to respond to the risk

There may be occasions when it is appropriate to follow another procedure to coordinate all or some aspects of the issues identified.

Where the individual's ability to make informed / relevant decisions appears to be questioned, The principles of the **Mental Capacity Act** must be followed. Where it appears the person may be mentally unwell, the **Mental Health Act** processes must be followed.

If the apparent self-neglect may have developed in response to abuse by others the adult protection policy, protocols and guidance should be used. If there are any child protection or child in need concerns these must be referred to children's services as a matter of urgency.

If other processes are considered more appropriate to use to support the individual the self-neglect procedures may be ended at this point and all of the issues handed over to the practitioner/service taking responsibility for addressing the self-neglect as well as the other concerns. There must be a clear documentation to evidence the handover of responsibilities if this is the case.

Depending on the level and nature of the risks identified, consideration may be given to the work of other agencies and practitioners being carried out in parallel with the self-neglect procedures. There must be a clear agreement about who has the lead for coordination of all the work and for bringing multi agency/services together with the individual or their advocate to agree an action plan. .

Comprehensive assessment's including risks to be considered at the multi-agency meeting:

An assessment should be completed using the policy and procedures of the lead agency with contributions from other agencies and services as appropriate to form one comprehensive assessment of the individual and of the risks identified.

Specialist input may be required to clarify certain aspects of the individual's functioning and risk. This will include a mental health or mental capacity assessment where this appears to be appropriate.

The key components of the comprehensive assessment of neglect will include the following elements:

- a. A detailed social and medical history;
- b. Essential activities of daily living (e.g. ability to use the phone, shopping, food preparation, housekeeping, laundry, mode of transport, responsibility for own medication, ability to handle finances);
- c. Environmental assessment; to include any information from neighbours
- d. A description of the self-neglect;
- e. A historical perspective of the situation;
- f. The individual's own narrative on their situation and needs;
- g. The willingness of the individual to accept support; and
- h. The views of family members, healthcare professionals and other people in the individual's network.

6. A multi-agency meeting is arranged under self-neglect procedures

Where an adult has been identified as potentially self-neglecting, is refusing support, and in doing so is placing themselves or others at risk of significant harm it is recommended that a multi-agency planning meeting is convened. This will enable the effective sharing of information to consider the risk(s) of non-intervention and enable an action plan to be agreed. It is recommended that a multi-agency planning meeting, with a clear agenda for discussion will be organised within five working days from the initial concerns being raised.

Reasons for arranging a meeting:

- Work has not reduced the level of risk and significant risk remains
- It has not been possible to coordinate a multi-agency approach through work undertaken up to this point
- The level of risk requires formal information sharing to agree and record a multi-agency action plan.

Timescales for achieving actions set at the multi-agency meeting will be specified within the formal written record of the meeting. This will include timescales for completing any outstanding or more specialist assessments. A date will also need to be set for a review meeting so that any further specialist assessments can be considered and any revised actions agreed.

Principles for arranging a multi-agency meeting:

The principles for arranging a multi-agency meeting are to consider:

- The individual's view and wishes as far as known;
- Information, actions and current risks;
- The on-going lead professional / agency who will coordinate this work and
- Coordinate information-sharing in line with the principles of information sharing contained in the multi-agency safeguarding adults policy protocols and guidance for Kent and Medway
- Evaluate relevant information to inform the most effective action plan.

Guidance for multi-agency planning meeting:

- The lead agency is responsible for convening this meeting and making arrangements such as venue and minute taking;
- The lead agency will make arrangements to involve the individual concerned. Wherever possible the individual should be fully involved, and attend the meeting. Every effort must be made to engage with the individual and to enable them to communicate their views to the meeting;
- If the individual does not wish to attend the meeting, representatives will need to consider how their views and wishes are to be presented at the meeting e.g. by the appointment of a formal or invitation extended to an informal advocate;
- It is recommended that the meeting is formally chaired and recorded. Participants from all agencies identified should attend the meeting with an understanding of their responsibilities to share relevant information in order to reach an agreement on the way forward;
- It is important to ensure that any actions agreed comply with legislation and statutory duties. Legal representation at the meeting may need to be considered in order to discuss relevant legal options;
- A SMART action plan should be developed and agreed by members of the meeting. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency;

- The chair of the multi-agency meeting will ensure clarity is brought to timescales for implementing contingency plans, so that where there is legal and professional remedy to do so, risk is responded to and harm is reduced/prevented.

Outcomes of the meeting will include the following:

- A SMART action plan – including contingency plans and escalation process;
- Agreement of monitoring and review arrangements and who will do this;
- An agreement of a communication plan with the individual / other key people involved
- An agreement regarding which agency will take the lead in the case and
- Agreement of any trigger points that will determine the need for an urgent multi-agency review meeting.

Appropriate written communication should be forwarded to the individual concerned, irrespective of the level of their involvement to date. This communication will include setting out what support is being offered and / or is available and providing an explanation for this. Should this support be declined, it is important that the individual is aware that, should they change their mind about the need for support, then contacting the relevant agency at any time in the future will trigger a re-assessment. Careful consideration will be given as to how this written record will be given, and where possible explained, to the individual.

7. Requirements for a Multi-agency review meeting

The review meeting is an opportunity to revisit the original assessments, particularly in relation to the individual's current functioning, risk assessments and known or potential rates of improvement or deterioration in:

- The individual,
- Their environment, or
- In the capabilities of their support system.

Decision specific mental capacity assessments will have been reviewed and are shared at the meeting. Discussion will need to focus upon contingency planning based upon the identified risk(s).

It may be decided to continue providing opportunities for the individual to accept support and monitor the situation. Clear timescales must be set for providing opportunities and for monitoring and who will be involved in this.

Where possible, indicators that risks may be increasing will be identified and that will trigger agreed responses from agencies, organisations or people involved in a proactive and timely way.

A further meeting date will be set at each multi-agency review until there is agreement the situation has become stable and the risk of harm has reduced to an agreed acceptable level.

Where agencies are unable to implement support or reduce risk significantly, the reasons for this will be fully recorded and maintained on the individual's file, with a full record of the efforts and actions taken.

Where the risks are **very high** legal advice must be sought and all available legal options must be considered including application to the Court of Protection where there are concerns about mental capacity or to the High Court where the individual is believed to be mentally capacitated.

10. Record keeping

The case record will include a summary record of the efforts and actions taken by all other agencies involved. Individual agencies will also need to keep their own records of their specific involvement.

Accurate records will be maintained that demonstrate adherence to this procedures, and locally agreed case recording policy and procedures.

References and further information

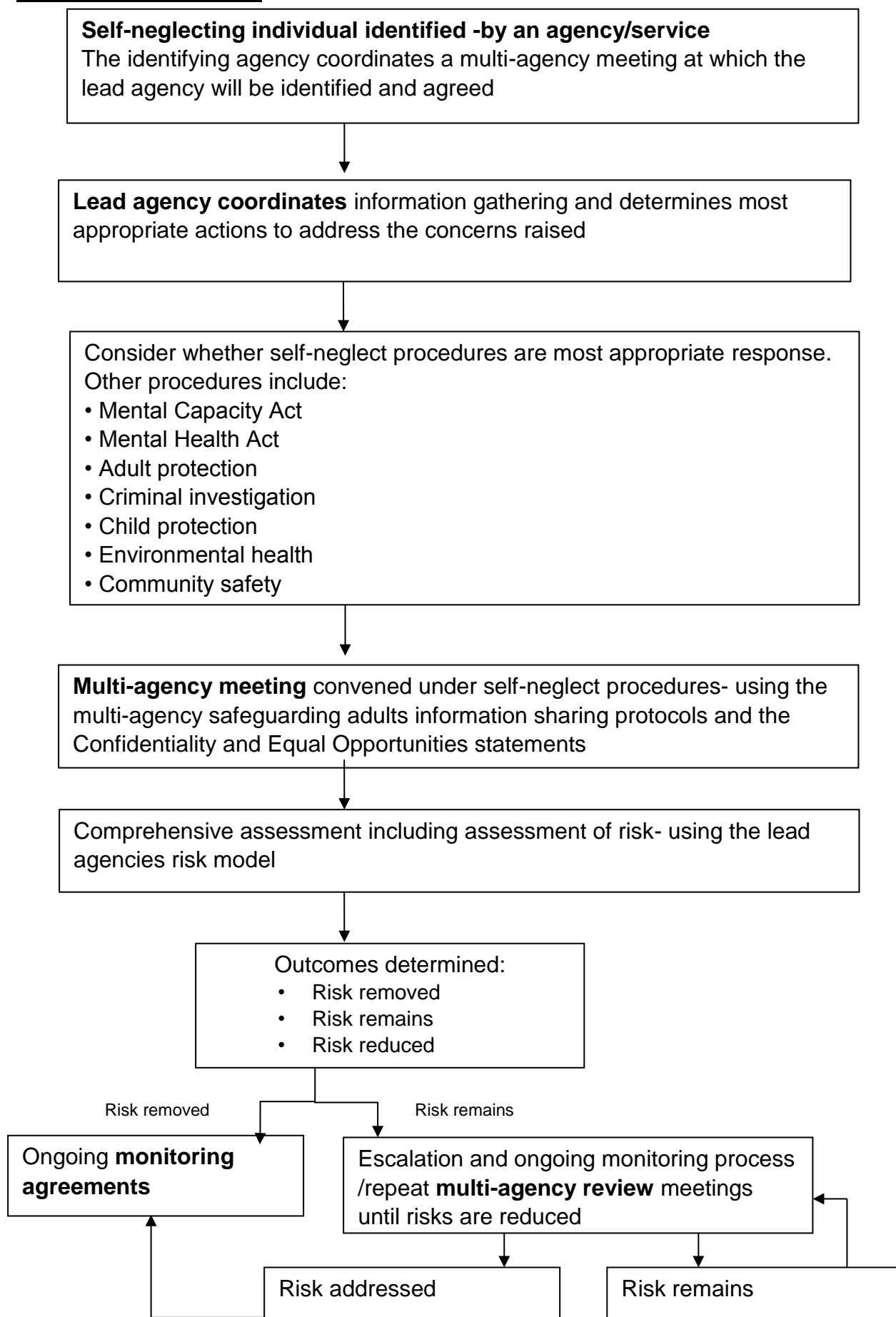
Gibbons et al (2006) Self-Neglect: A proposed new NANDA diagnosis, International Journal of Nursing Terminologies and Classifications, 17 (1), pp 10-18.

SCIE (2011) Self-neglect and adult safeguarding: findings from research (Report 46) available from www.scie.org.uk

“Sussex Multi-Agency Procedures to Support People who Self Neglect” (July 2013) available from www.westsussex.gov.uk

Kent and Medway Multi-Agency Safeguarding Adults Board acknowledge the support offered by the Pan Sussex Safeguarding Co-ordinators in sharing the Sussex Multi-Agency Procedures to support people who self-neglect July 2013.

Appendix 1: Flowchart



Appendix 2: Proposed agenda template

1. Details of Adult at risk.
2. Confirmation of capacity.
3. Assessment of the risks, agree severity of risks.
4. Discussion regarding practical support and strategies to minimise the risks.
5. Agree actions to manage risks and identify triggers for review.
6. Discuss who best placed to talk with the adult at risk, empower them to make decisions and take action.
7. Agree strategy to monitor the risks.
8. Review – agree timescale for review.

You may want to consult with or invite to a planning/strategy meeting:

Kent Fire and Rescue
GP
Health Colleagues
Social Services
District Nurses
Learning Disability
Environmental Health
Housing Provider
Community Wardens
Care Agencies
Community Safety
Age Concern
Community/Voluntary Sector
Community Networks
Legal

Appendix 3: Clutter Image Rating

The clutter image rating is used nationally for work with people who store large amounts of possessions in and around their home. More information can be found at:

<http://www.helpforhoarders.co.uk/>

Kent Fire and Rescue Service use the ratings as a guide to the severity of a persons hoarding and consider level 6 and above to pose a significant risk in terms of a fire starting and an equally high risk in anyone in the property being able to escape safely in the event of a fire. In addition a severely hoarded property would create a substantial hazard for firefighters dealing with a fire and attempting to rescue anyone

Key Risk Areas

- Clutter around sources of heat such as cookers, heaters lights and Candles
- Ashtrays on unstable surfaces
- Clutter near or around staircases , doorways and routes that would be used to escape from the property
- Build up of combustible materials such as newspapers

If you are working with a self –neglecting individual whether or not they are hoarding please consider referring to the fire service for a free home safety visit **0800 923 7000**

Clutter Image Rating Scale: Kitchen

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



1



2



3



4



5



6



7



8



9