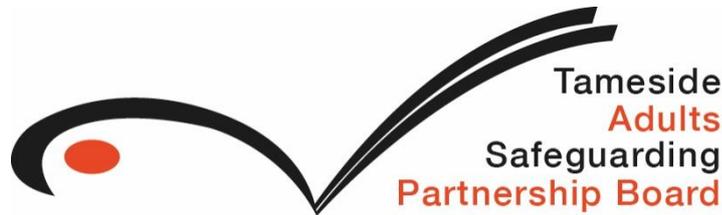




Multi-Agency Self-Neglect Strategy

December 2021
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Tameside Adult Safeguarding Partnership Board

Multi-Agency Self-Neglect Strategy

Introduction

This strategy is designed to support practitioners working with individuals who self-neglect and outlines Tameside Adult Safeguarding Partnership Board's (TASPB) expectations from the public, private and voluntary sector.

Self-neglect is a complex area of work. Some safeguarding adult reviews both nationally and locally have highlighted self-neglect as a factor which has resulted in life threatening consequences or even death.

Adults have the right to live the way they choose even when that involves what may be perceived by others as poor or risky lifestyle choices. Responding to self-neglect is challenging for professionals. There is the need to balance and determine what is someone's right and choice with what becomes a serious risk to self and others.

The Care Act 2014 recognises self-neglect as a potential safeguarding matter among those who are either in receipt of, or in need of care and support, and when their health and wellbeing or that of others is seriously compromised.

The 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 is 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.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;

- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect

The strategy is written with the understanding that the guidance within will be underpinned by staff training and development giving the workforce confidence to respond to this complex issues.

Purpose

The Tameside Self Neglect Strategy seeks to clearly define self-neglect; framing it within the legal context and setting out the responsibilities of the Local Authority and its partners who come into contact with this particular group of people.

It includes guidance for practitioners who care for the cohort of young people who are struggling to transition to adulthood (who do not fall within established Special Educational Needs and Disability Pathways), and who are also a priority for both Adult and Children Safeguarding Boards/partnerships.

It provides a framework for practice in all agencies in response to the challenge that self-neglect poses to the social care and wider workforce to work more effectively through:

- Enhanced knowledge of self-neglect and the legal framework
- Fit for purpose assessment skills
- Consistency in multi-agency decision making including consistent exit strategies
- Cultural change - relationship-building skills and a client-centred approach
- Effective multidisciplinary working
- Embed collaborative and person led approach
- Agreed risk tool which prompts questions on life history and causal factors

Principles

The following are the key principles that should be applied to all areas of safeguarding adults practice (Care Act 2014 statutory guidance).

Empowerment - People being supported and encouraged to make their own decisions and informed consent.

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

The response needs to be proportionate to the level of risk to the person and others, the self-neglect assessment tool can be used to determine the level of risk as low, moderate or high. The risk should be monitored where it is moderate or high, making proactive contact with the adult to ensure that their needs and rights are fully considered in the event of any changed circumstances

Proportionality - The least intrusive response appropriate to the risk presented.

Protection - Support and representation for those in greatest need.

Partnership – This approach should be used in cases where appropriate to enable powers and abilities of different organisations to be implemented

Accountability - Accountability and transparency in delivering safeguarding.

The following principles underpin this guidance in working with self-neglect issues:

- Making Safeguarding Personal -Promoting a person centred approach that supports the right of the individual to be treated with respect and dignity, and, as far as possible, to be in control of their own life. The focus should be on person centred engagement and risk management, and consideration should be given to if the individual is more inclined to engage with some organisations than others - if so, this should be optimised in the engagement with the individual.

Each organisation needs to take responsibility for their role in supporting the adult to address issues caused through self-neglect.

- Team around the adult multi-agency meetings are recommended approach for more complex cases that are higher risk - these should be considered in cases where a single agency approach has been exhausted and a substantial risk still remains. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making.
- Accepting self-neglect as a "lifestyle" choice and closing a case without having assessed the risk and engaged with the adult in a meaningful way is unacceptable as this exposes the adult at risk to ongoing or increased harm or risk, and organisations to failing in their duty of care. Partner agencies should refer to guidance on closing cases
- Did Not Attend (DNA) policies that do not take into account reasons for DNA such as literacy, capacity, mental health issues, coercion and control features, should be avoided, and adjustments should be made to allow the individual to attend.

It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many people, particularly older people, who self-neglect may lack the ability and/or confidence to come forward to ask for help, and may also lack others who can advocate or speak for them.

Definitions

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”

The Care Act Statutory Guidance 2014 defines self-neglect as a wide range of behaviours such as neglecting to care for one’s personal hygiene, health or surroundings and include behaviour such as

hoarding (DH 2016). It can be long standing or recent. It is dependent on the person refusing assistance from others.

Legal Framework

The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect

(i) Assessment- The Local Authority must undertake a needs assessment, even when the adult refuses, where it appears that the adult may have needs for care and support, - and is experiencing, or is at risk of, self-neglect. This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

(ii) Enquiry- The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when: The Local Authority has reasonable cause to suspect that an adult in its area- - has needs for care and support, - is experiencing, or is at risk of, self-neglect, and - as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it.

Advocacy - If the adult has 'substantial difficulty' in understanding and engaging with a Care Act Section 42 Enquiry- the local authority must ensure that there is an appropriate person to help them. This may mean the appointment of an independent advocate.

The Human Rights Act 1998 -Public authorities, as defined by 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.

Mental Capacity Act 2005, Mental Health Act 1983. Where appropriate, concerns may be referred to the Court of Protection. In rare cases, where the individual has capacity, but is unable to exercise choice, for example - appears to be acting under duress, consideration should be given to options available under the Inherent Jurisdiction of the High Court.

Use of Legal Framework

There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.

Possible legislative remedies that might need to be considered are outlined in the legal options. Please note all legal routes would need to be considered in consultation with legal advice and the options outlined here are for information only.

It is important to note that s46 of the Care Act 2014 abolishes Local Authorities' power in England to remove a person in need of care under s47 of the National Assistance Act 1948. Principles for effective working with self-neglect and hoarding issues

Defensible Decision Making

Defensible decision making is making sure that the reasons for decisions, as well as the decision itself, have been thought through, recorded and can be explained

The duty of care in relation to decisions made will be considered to be met where:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Policies and procedures have been followed

Practitioners and their managers adopt an investigative approach and are proactive

Information sharing

Information sharing across all relevant agencies (subject to appropriate info sharing protocols) is crucial so that all agencies involved to better understand the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others

Pathways

The Tameside Managing the Risk Multi Agency Protocol is required to be used by all agencies when practitioners recognise or suspect that self-neglect is a concern. The Pathway can be used to promote both single and multi-agency discussion of concerns.

https://www.tameside.gov.uk/TamesideMBC/media/adultservices/TASPB-Managing-the-Risk_1.pdf

Other guidance is also available and the MRM should be used alongside documents such as the [internal GMFRS guidance](#) for GMFRS staff re hoarding etc.

Safeguarding Adult Review

Cases may require referral to the Tameside Safeguarding Adult Partnership Board under the following criteria:

If an adult dies or suffers permanent or serious harm as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult then agencies should submit the case to TASPb

Complaints

TASPb has a responsibility to monitor the effectiveness of agencies response to safeguarding matters locally, which can include reviewing practice in cases. There are two routes for professionals to raise concerns to the TASPb depending on the nature of the issue:

1. Inter-agency disputes regarding appropriate responses to cases – Agencies should follow the Escalation Procedure, guidance is in the [TASPb Safeguarding Policy and Procedures](#)