SOLIHULL LOCAL PRACTICE GUIDANCE No 2

Self Neglect

Working Together to safeguard adults in Solihull

2.1 Introduction

Adults may make lifestyle choices which may be contrary to what is perceived to be common sense, contrary to the advice or views of family friends and professionals. Such choices may well have an adverse effect on a person's health, wellbeing or safety.

Those involved in providing support, care or treatment need to balance an adults' right to self determination, with duties to manage risk and safeguarding those who are vulnerable.

Self neglect may in some circumstances impact on the safety and wellbeing of others. Attempts to intervene must also take account of the rights and wellbeing of others.

Professionals need to judge when a cause for concern situation is becoming more serious and reassess their power duties to intervene. Attempts to intervene must be proportionate and reasonable.

This guidance has been developed so practitioners and partners know how to respond to incidents of Self Neglect and when a Safeguarding Adults referral is required.

2.2 Definition

There is no consistent definition of self-neglect, however basic needs and individual health and safety are at the core of many definitions. Below are two useful definitions:

Self Neglect is defined as the inability (intentional or non-intentional) 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 individual and sometimes to their community.

"Self-neglect is the result of an adult's inability, due to physical and/or mental impairments or diminished capacity, to perform essential self-care tasks including: providing essential food, clothing, shelter and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being and general safety; and/or managing financial affairs (NAAPSA 1991, Bozinovski 2000)

Indicators of self neglect may be:

- living in very unclean, sometimes verminous, circumstances;
- poor self-care leading to a decline in personal hygiene;
- poor nutrition;
- poor healing/sores;
- poorly maintained clothing;
- long toenails;
- isolation;
- failure to take medication;
- hoarding large numbers of pets;
- neglecting household maintenance;
- portraying eccentric behaviour/lifestyles;

NOTE: Poor environments and personal hygiene may be a matter of personal choice or lifestyle or of other issues such as insufficient income.

Self neglect is not included in the "No Secrets" definition of abuse, but this guidance will apply where there is deemed to be significant risk to life.

2.3 Mental Capacity

The ability of an adult to make decisions is critical in determining whether their right to self determination should be fully taken account of, when their health/wellbeing or safety is likely to be significantly compromised as a result of unwise decisions. The principles of The Mental Capacity Act 2005 must be adhered to.

- Does the individual have Mental Capacity? Remember Mental Capacity is decision specific and can fluctuate and change.

- Is there any duress? – is the adult being influenced by others who may not have their best interests at heart? E.g. should financial gain, sexual exploitation or other motives be considered?

- When concerns about risk are high it is recommended that the professional considers the need for an assessment of capacity and then records the outcome i.e. whether an assessment was clearly not necessary or otherwise.

- Assessments of Capacity must also be considered and/or repeated as risk increases

- Where a person lacks capacity and the risks are high, multi agency, best interest meetings must be held using the standard agenda.

Applications to Court of Protection may need to be considered

- Where a person has no suitable family or friends and they lack capacity, an advocate must be considered

- Try to establish an advance plan with people whose engagements fluctuates as their capacity fluctuates.

Does the adult have capacity to make necessary decision(s) in relation to their safety or wellbeing?		
Yes	**Maybe/Fluctuating**	**No**
Provide adult with information relevant to decision. Signpost to relevant services, support as needed. Seek consent to share info with other appropriate agencies/family Discuss options & consequences of decisions Record the fact that adult has capacity Offer Carers Assessment if appropriate	Mental Capacity Assessment record outcome Re-package information, to maximise adults capacity to understand Consider possibility of a plan which takes account of fluctuating capacity Re-negotiate options for delivery of services/treatment Share appropriate risk info with other appropriate agencies Need to advocate considered Consider need for Professional Meeting/ Case Conference/Protection Planning Meeting Monitor/Review	Lead agency/professional considers need for Best Interest meeting, especially if there is a disagreement Involve an Advocate if the person has no suitable representation DOLS Safeguards considered if appropriate Court of Protection considered Consider powers and duties to get person to a place of safety
Always consult your manager/supervisor before closing a case if significant risk remains. Record decision and rationale in case records.		

2.4 Engage the Adult

Research has show building trust and a relationship with someone who is self neglecting is important. If possible identify the person who has an established or the best relationship with the adult at risk and seek their support to improve the adult at risk's situation. Remember – building relationships and gaining trust often takes time – be patient.

- Ensure they have necessary information in a format they can understand.

- Check out that they do understand options and consequences of their choices.

- Listen to their reasons for mistrust, disengagement, refusal and their choice

- The above three points may need to be a conversation over time i.e. “not a one off”.

- Repeat all the above if risk to their health/safety increases.

- Consider who e.g. family member, advocate, other professional may help the adult and you in these conversations and be relevant in assisting with assessment and/or support.

- Always involve attorneys, receivers, person representatives if the adult has one.

- Where an adult has fluctuating capacity it may be possible to establish a plan when they are capacitated which determines what they want to happen when they lack capacity.

- Check whether adult has made an Advance Directive when involved with significant decisions, re: health.

- Involve adult in meetings where possible

2.5 Engage & Support the Person’s Family/Carers

Ensure the adult is aware and consenting to the proposed role of family/carer in his/her care/treatment plan. If family are needed/expected to provide care or support:

- Work with families to understand if this is new behaviour or long standing way of living and what may have initiated the behaviour – isolation, depression, pain, reduced mobility etc.

- Involve them in the development of the care/treatment plan. They must be invited to planning/discharge meetings.

- Ensure that the carer’s role and responsibilities are clearly recorded on formal care or treatment plans.

- Check that they are willing and able to provide care/treatment.

- Provide them with necessary training, information to do what is expected.

- Mentor/supervise and review to ensure they understand and have the skills.

- Carers Assessments must always be offered

2.6 Engage Other Professionals/Agencies

Different agency's will be able to do different things. Self Neglect is not one agencies issue. There are a number of agencies and departments who may be able to help:

Adult Social Care	Health – GP or DN	Mental Health Services	Domiciliary care providers
CPN	Counselling or therapy services	Advocacy	Voluntary organisations
Anti-social behaviour and Harm Reduction Forum	Environmental health	Landlord	Falls advisor
Children's services or child protection	RSPCA	Fire Service	Debt advice service
Age UK Winter Warmth	Ambulance service		

Some agencies may be able to get access and build relationships where another agency may not. It is important to support each other and work together.

- Make referrals clear and timely.

- Consult and seek advice on areas which others may have more expertise- this does not always mean they should become actively involved in cases.

- Where risk is complex and high risk, ensure communication of essential information is timely, accurate to other professionals involved.

- Consider the need for a multi agency professionals meeting with/without the adult and their representatives. This will aid co-

ordination and a shared understanding of risk and agree a support plan.

2.7 Record Keeping

Self neglect situations are challenging and often involves professionals making judgements which are not clear cut and may need to stand up to scrutiny at a future date, e.g. coroner's court or other enquiry. It is therefore essential to ensure;

- personal details of the adult and significant others are correct e.g. name, address, telephone etc. (Failed appointments could be due to correspondence going to the wrong place).

- all factual observations from visits and contracts which describe risk factors, e.g. person's appearance, comments, others present, health symptoms, environment etc.

- mental capacity assessments are fully recorded.

- risks are identified, assessed and recorded.

- where agencies are unable to implement services to reduce or remove risks, reasons for this should be recorded, along with details of actions already taken.

2.8 Information sharing

Sharing information with partner agencies will be key to effective multi agency working. Staff and volunteers need to understand how information can be shared, when and to whom so as not to hide behind Data Protection etc.

You are allowed to share information about service users in safeguarding situations.

2.9 Adults Refusing Services

Working with people and families who constantly refuse services or fail to engage, increases risks. Refusing a service is:

- Partly about cognitive (thinking, reasoning, remembering, imagining) processing and weighing up risks/cost benefits

- But also about "habits" around asking for help

- And history in their experience of receiving help in the past

- Also self esteem, in feeling entitled to, or worthy of assistance

- And a fear of intrusion or control.

- Sometimes linked to abuse and neglect by others.

People with difficulties in these areas may:

- Seek help but then turn it away or find fault with it

- Or agree that they need “help” in an abstract way but not at this time, or from this person

- Confuse time and place when help has come with unacceptable violence or when being “weak” or “dependent” had negative consequences.

Professionals and practitioners responsibilities:

- To assess the individuals mental capacity in line with the Mental Capacity Act 2005

- If we have concerns we should delve into the context for this decision. This means cutting through the person’s initial and often vehement refusal to identify how we can help them to accept hel

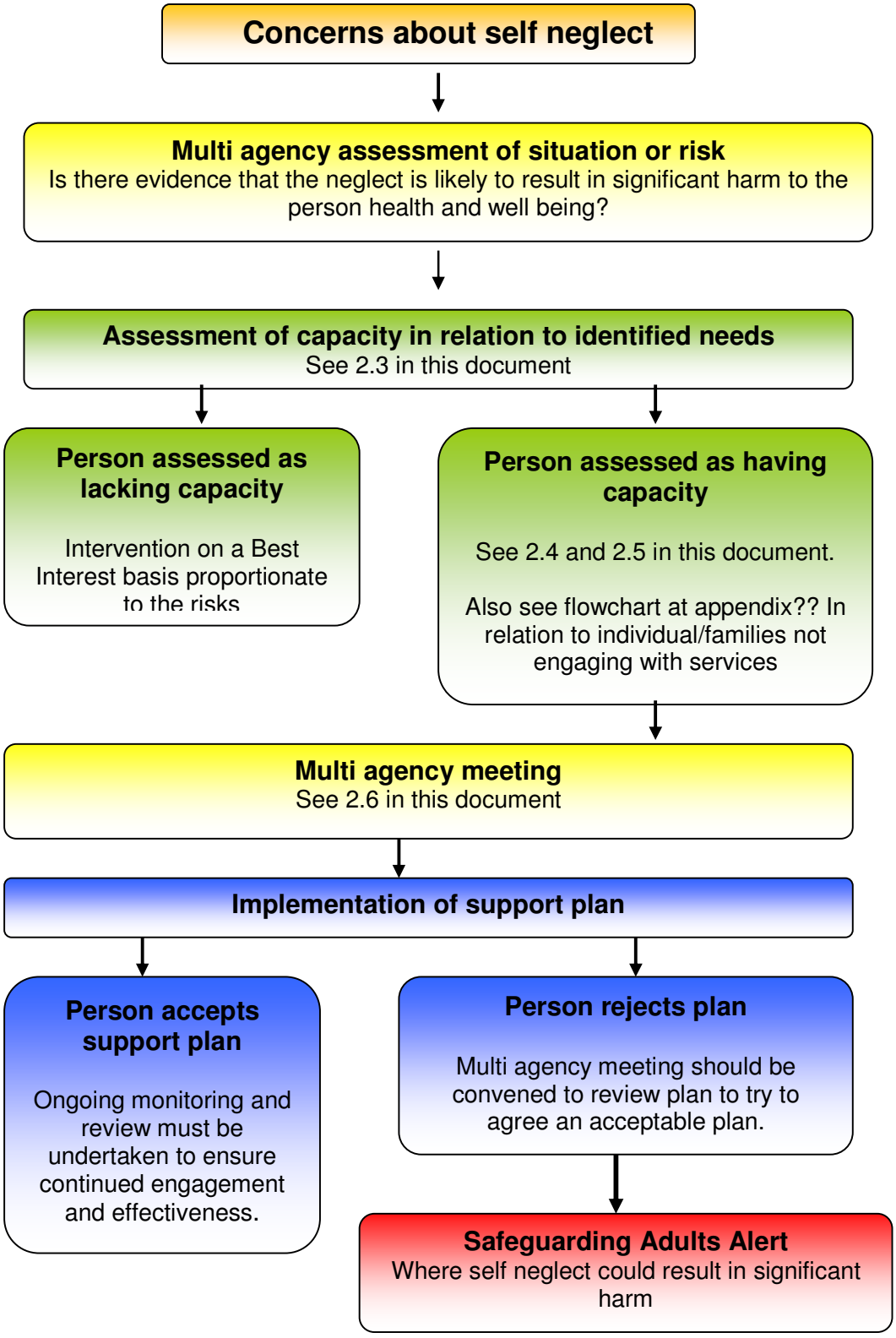
- To not to collude or ‘mirror’ the persons behaviour.

- To provide or ask for supervision and support.

The flow chart on page 17 has been developed by Birmingham Safeguarding Adults Board and has been adopted by Solihull.

2.10 Pathway for working with cases of self neglect.

This flowchart identifies when self neglect become a safeguarding issue.


Concerns about self neglect
Multi agency assessment of situation or risk
Is there evidence that the neglect is likely to result in significant harm to the person health and well being?
Assessment of capacity in relation to identified needs
See 2.3 in this document
Person assessed as lacking capacity
Intervention on a Best Interest basis proportionate to the risks
Person assessed as having capacity
See 2.4 and 2.5 in this document.
Also see flowchart at appendix?? In relation to individual/families not engaging with services
Multi agency meeting
See 2.6 in this document
Implementation of support plan
Person accepts support plan
Ongoing monitoring and review must be undertaken to ensure continued engagement and effectiveness.
Person rejects plan
Multi agency meeting should be convened to review plan to try to agree an acceptable plan.
Safeguarding Adults Alert
Where self neglect could result in significant harm

2.11 The Safeguarding Adults Process

In the majority of cases the community care assessment/care programme approach, review and risk assessment procedures will be the best route to provide an appropriate intervention in situations of self neglect and service refusals and this is best achieved by a formal multi agency meeting.

The multi agency meeting should establish a care and support plan/Protection Plan or review a current care and support plan/Protection Plan and consider options for encouraging engagement with the adult at risk, i.e. consider which professional is best placed to successfully engage, - would the adult at risk respond more positively to a health or a voluntary agency professional?

Having established an alternative/holistic care and support plan/Protection Plan the adult at risk's resistance to engagement should be tested by the reintroduction of the new plan by the person or the agency most likely to succeed (this would be decided by the care and support planning/Protection Planning process).

If the plan is still rejected, the meeting should reconvene to discuss a review plan. **The case should not be closed just because the adult at risk is refusing to accept the plan.** Legal advice should be taken if required.

If the care management process/care programme approach has not been able to:

- mitigate the risk of 'serious self neglect, which could result in significant harm'
- address the self neglect so that the adult at risk is no longer placing themselves and/or others at risk of significant harm
- secure essential services so that the individual's health and safety needs are being met then a Safeguarding Adults Alert should be made.

ALERT / REFERRAL	All concerns or suspicions that an individual is: • placing themselves and others at risk of significant harm or • refusing essential services results in the individual's health and safety needs not being met or • the care management process/care programme approach has not been able to mitigate the risk of this 'serious self neglect that could result in significant harm' MUST BE ACCEPTED. At this early stage it is important to consider the individual's safety and who else may be able to provide information and support.

STRATEGY STAGE	This part of the Safeguarding Adults process is very important when it is identified an individual is self neglecting, and this places themselves and others at risk of significant harm. The Strategy stage MUST be multi agency and all services or agencies involved should be included, including: • Any relatives/family • GP/health practitioner • Legal advisor The purpose of the strategy meeting will be to: • ascertain detailed social and medical history • receive a full description of the self neglect and services that have been refused and why • obtain a historical perspective of the situation • identify mental capacity • establish if anyone has a relationship with or the trust of the individual • determine legal options (see appendix 1) • carry out an initial risk assessment. – inline with Solihull's Local Practice Guidance No 13 for risk assessments. The strategy stage should; • determine who is best placed to carry out the investigation • must set the scope of the investigation • establish the most appropriate way to communicate with the individual who may be refusing intervention • identify initial interventions and support for the individual • seek to identify how a positive relationship with the individual can be built. NOTE: Building positive relationships will take time.

INVESTIGATION	The investigation of people who self neglect which then places them at risk of harm will require a comprehensive assessment of the needs of the individual. These investigations will be less about identifying the person causing harm and more about an assessment of the individual's mental and physical needs. Of prime importance will be the mental capacity assessment. When undertaking a Mental Capacity assessment consider: • Do they have a 'wall of reasoning'; through which you cannot pass? • Are there physical, emotional or situational pressures that might be impairing the person's ability to weigh up information? • If an individual meets the Mental Capacity principle in that they can weigh up information and are able to understand the consequences of decisions and actions, do they have the ability to implement those actions? Sometimes people can understand information but an impairment or disturbance stops them using it. There are some things that should signal that a person is out of their depth, e.g. if they refuse painkillers, or assistance with incontinence etc. Initial evidence gathering may be quite simple and quick with people explaining their knowledge of the individual. Individual family members, healthcare professionals, and people in the individual's social network must be included in this evidence gathering process. Establishing the individual's views and opinions may be difficult and may take time in order for trust to be built up. The investigation process must recognise this. Eliminating some factors may require support from other professionals - for example: • Physical illnesses • Nutritional factors • Vitamin deficiencies • Economic issues • Underlying personality disorder, depression, dementia, severe mental distress etc. • Current medication regime Throughout the investigation/assessment process we must ensure the individual has information they can understand about choices and support from advocacy services. **Finally consider**: Is it dignified to be dirty, smelly and abusive? Where does our concern for people's health and wellbeing override their wish for privacy and "independence"?

CASE CONFERENCE	Most investigations should proceed to a case conference. The case conference is the main forum for sharing information, analysing risk and planning for future protection and risk management. The case conference must clearly record the outcome from the investigation/assessment, the ongoing risk rating and the plan for the future – the protection plan. Recent court judgements reassert that best interests must take priority over what a person is saying that they want. This is especially important around refusal, we should switch our discussions towards "how can we make this more acceptable to you" rather than "is this what you want"?

PROTECTION PLAN	The protection plan is the multi-agency plan that is made to stop the abuse or harm that has occurred **or** to keep the risk of abuse or neglect at a level that is acceptable to the person being abused or neglected **or** to support the individual continue in the risky situation if this is their choice and they have the capacity to make that decision. Protection Plans for people who self neglect may need to start with minimal input and gradually build up as relationships are built and trust established. An individual's refusal to accept a care and support plan/Protection Plan must be recorded but may still result in a plan being implemented. For example: an individual may refuse support from a Domiciliary Care Agency but the plan may be to get staff from the agency to build a relationship and trust by pop in calls or visits with trusted workers such a District Nurse.

PROTECTION PLAN REVIEW	The case conference will decide when the plan will be reviewed. It should be no less than every 6 months. Situations that have been identified as HIGH RISK using the risk matrix within Solihull's Local Practice Guidance should set a review date at no less then 3 months. Stable situations may change from Protection Plan to Care Management after first review.

2.12 Staff support and supervision

Leadership, support and supervision are key to enable staff confidence with these very difficult situations and to ensure positive morale.

Leadership – The Safeguarding Adults Risk Assessment and Risk Management process provides a framework for reporting high risk and extreme risk situations to senior managers. This is important so that senior manager's lead real-time management of risk and so risk to the organisation in reputationional damage can be identified. It is also important that managers understand supporting people who self neglect, self harm of refuse services which places themselves and others at risk of significant harm requires staff time to build relationships and trust.

Support and supervision - Staff may not be able to make things better but they should receive regular skilled supervision to remain resilient and protect themselves and their organisations. Good supervision is essential when practitioners are feeling overwhelmed, lack confidence, fail to take key decisions and find difficulty in coping with their own strong feelings.

Good support and supervision will ensure staff do not find themselves 'mirroring' the self neglecting behaviour by accepting this is the way it is, feeling powerlessness and putting themselves and their organisations at risk.

Supervision will also offer staff the opportunity to debrief when involvement with individuals who self neglect, self harm of refuse services which places themselves and others at risk of significant harm comes to an end.

2.13 The Legal Options

There are many legislative responsibilities placed on Local Authorities and other agencies to intervene in or be involved in some way with the care and welfare of adults who are believed to be vulnerable. Services may need to be provided as a result of neglect, injury or mental disorder. Specific Acts of Parliament include:

National Assistance Act 1948

S.21 Duty to provide residential accommodation to those people aged 18 years or over "*who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them*".

S.29 Duty to promote the welfare of people with disabilities.

S.47 Arrangements whereby an application can be made to a court of law to remove them to a suitable place for further evaluation and care if a person is "*suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention*".

Mental Health Act 1983

S.135 Provides the Authority to seek a warrant authorising a police officer to enter premises if it is believed that someone suffering from mental disorder is *being ill-treated or neglected or kept otherwise than under proper control* anywhere within the jurisdiction of the Court or, *being unable to care for themselves, is living alone in any such place.*

An adult who is removed to a place of safety in the execution of a warrant issued under this section may be detained there for a period not exceeding 72 hours.

S.136 This section allows police officers to remove adults who are believed to be "*suffering from mental disorder and in immediate need of care and control*" from a public place to a place of safety for up to 72 hours for the specified purposes. The place of safety could be a police station or hospital.

S. 7-10 A guardianship application may be made in respect of a patient on the grounds that—
(a) he is suffering from mental disorder of a nature or degree which warrants his reception into guardianship under this section; and
(b) it is necessary in the interests of the welfare of the patient or for the protection at other persons that the patient should be so received.

A guardian has the authority to make sure that:
- the person lives at a specified place.
- the person goes to the place where they are required to live if they do not (or cannot) go there without assistance.
- the person attends specified places for medical treatment, occupation, education or training.
- access be given to the person by a doctor, Approved Mental Health Practitioner (AMHP) or other specified person.

The guardian cannot authorise medical treatment, and has no control over a person's money or property.

Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework to enable social care (and allied disciplines) to intervene in the lives of a person (aged 16+) where it can be demonstrated that, in relation to a specific decision that needs to be taken, the person lacks mental capacity to make that decision and therefore a decision needs to be made by a third party in the person's best interest.

Public Health Act 1984

S.31 & 32 Allows Councils to give notice to owners or occupiers of premises if those premises are "in such a filthy or unwholesome condition as to be prejudicial to health". The notice can require the owner or occupier to clean the premises. If they do not, the Council can arrange to carry out the works themselves.

S.37 & 38 Enables the Local Authority to apply to a magistrate for an order to remove or detain a person in hospital if they:

- are suffering from a notifiable disease or one of a number of additional diseases AND
- they are unable or unwilling to take proper precautions to prevent the spread of infection AND as a result
- serious risk of infection is caused to other people.

Health Services and Public Health Act 1968

S.45 Duty to make arrangements for promoting the welfare of older people.

Chronically Sick & Disabled Persons Act 1970

S.1 Imposes a ***duty*** on local authorities to provide information about relevant services.

S.2 Sets out the types and range of services that local council's should have available to meet the needs of 'disabled people'. These include: provision of practical assistance in the home; provision of recreational facilities outside the home or assistance to take advantage of educational facilities; provision of assistance with works for adaptation in the home; provision of meals.

NHS and Community Care Act 1990

S. 47 Imposes a duty on local authorities to carry out an assessment of need for community care services with people who appear to them to need such services and then, having regard to that assessment, decide whether those needs call for the provision by them of services.

Individual/Family is not engaging with services flowchart
(Thank you to Birmingham Safeguarding Adults Board for this work)