Our safeguarding arrangements will effectively prevent and respond to adult abuse

SAFEGUARDING ADULTS WORKBOOK

Module Eight

Self-Neglect

Teeswide Safeguarding Adults Board

Contents

Revision Number	Date Approved by the Board	Links to Other Policies	Review Date:
One	24 April 2018	Inter-Agency Policy and Procedures	April 2019
Two	Sept 2018 (Business Unit)	As above	Sept 2019

Introduction

This workbook has been developed for staff and volunteers who have completed Safeguarding Adults awareness training, which may have been through attending a tutor-led course, completing an e-learning course or the TSAB Safeguarding Adults Awareness workbook. This workbook will build on your prior learning and is module 8 of 8. The modules are as follows:

Module 1: Learning from Safeguarding Adult Reviews
Module 2: The Mental Capacity Act and Deprivation of Liberty Safeguards
Module 3: Domestic Abuse
Module 4: Forced Marriage
Module 5: Female Genital Mutilation
Module 6: Prevent
Module 7: Modern Slavery
Module 8: Self-Neglect.

You must complete all sections of the workbooks and return them to your Manager for assessment. When you have successfully completed the module, you will be issued with a certificate and your training records will be updated: the workbook will be returned to you to be used as a reference tool.

In the appendices, you will find the current Teeswide Inter-Agency Safeguarding Adults Policy and Procedures for reference purposes.

The workbook has been checked for legal accuracy and is accurate as of Sept 2018. Suggested study time to be allocated to complete this module: 2 hours, which should include time accessing the recommended websites and resources.

Once you have completed the workbooks please forward the ***Certificate of Completion*** page to the Teeswide Safeguarding Adults Board, Business Unit, using the contact details below, who will make a record of completion and issue a certificate.

Teeswide Safeguarding Adults Board Business Unit, Kingsway House, West Precinct, Billingham, TS23 2NX Email: tsab.businessunit@stockton.gov.uk

This workbook is aligned with nationally recognised competencies. It is based on the Bournemouth University National Competence Framework for Safeguarding Adults, **and** the MCA Competency Framework, and mapped against the Safeguarding Adults: Roles and competences for health care staff- Intercollegiate Document issued August 2018.

On completion of this workbook, you will be able to:

Level 1 (Foundation)

1. Understand and demonstrate what Adult Safeguarding is
2. Recognise adults in need of Safeguarding and take appropriate action
3. Understand dignity and respect when working with individuals
4. Understand the procedures for raising a Safeguarding Concern
5. Have knowledge of policy, procedures and legislation that supports Safeguarding Adults activity
6. Ensuring effective administration and quality of safeguarding processes.

Target groups: **Alerters and NHS Level 1 & part of Level 2**

Including: All staff and volunteers in health and social care settings, all frontline staff in Fire and Rescue, Police and Neighbourhood Teams and Housing, Clerical and Administration staff, Domestic and Ancillary staff, Health and Safety Officers, staff working in Prisons and custodial settings, other support staff, Elected Members, Governing Boards and safeguarding administrative support staff.

Although the word ‘Alerter’ is used here in conjunction with the national competency framework, the term ‘Safeguarding Concern’ was introduced in April 2015 to replace this.

Level 2 (Intermediate)

1. Demonstrate skills and knowledge to contribute effectively to the safeguarding process
2. Have awareness and application of legislation, local and national policy and procedural frameworks.

Target Groups: **Responders, Specialist Staff and NHS Level 2 & 3**

Including: Social Workers, Senior Practitioners, Social Work Team Managers, Voluntary and Independent Sector Managers, Heads of Nursing, Health and Social Care Provider Service Managers, Safeguarding Adult Co-ordinators, Police Officers, Probation Officers, Community Safety Managers, Prison Managers, MCA Lead, Best Interests assessors (including DoLS), Advocates, Therapists, Fire and Rescue Officers, staff working in Multi-Agency Safeguarding Hubs.

What is Self-Neglect?

The complex nature of self-neglect can mean it is sometimes difficult to define and explain, but it can arise from an unwillingness or inability to care for oneself, or both. The Care Act 2014 Statutory Care and Support Guidance (Chapter 14) first published in 2015 provides a definition for self-neglect:

“This covers a wide range of behavior neglecting to care for one’s personal hygiene, health or surroundings includes behavior such as hoarding”.

A study conducted earlier in 2013 by Suzy Braye, David Orr and Michael Preston-Shoot also provided a broad working definition of three main forms of self-neglect:

1. **Lack of self-care**
This includes neglect of one’s personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well-being. It is recognised that applying this definition in practice requires judgments about acceptable levels of risk and what constitutes well-being.

2. **Lack of care of one’s environment**
This includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g. health or fire caused by hoarding). Again it is recognised that applying this definition in practice requires a matter of judgment.

3. **Refusal of services that might alleviate these issues**
This might include, for example, refusal of care services in either their home or a care environment, or, of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one’s environment.

Self-neglect should not lead to judgmental approaches to another person’s standards of cleanliness or tidiness as all people have differing views and comfort levels. It should be recognised that assessments of self-neglect are influenced by personal, social and cultural values, and professionals should reflect on how their own principles and feelings may affect the way they perceive the circumstances of other people’s lives.

Consider risks to others - ‘Think Family’
Consideration must also be given as to whether anyone else is at risk as a result of an adult’s self-neglect. This may include children or other adults with care and support needs. Whilst actions may be limited in relation to the individual themselves, there may be a duty to take action to safeguard others. Should there be a concern that a self-neglecting parent may be neglecting children in their care, concerns must be reported to Children’s’ Social Care. See: **Safeguarding and Promoting the Welfare of Adults and Children at Risk Guidance** (signposted on page 18).

Causes of Self-Neglect?

The causes of self-neglect are many and varied but include:

- Physical or mental decline in health of older people so that the person is no longer able to meet all of their personal or domestic care needs
- Isolation from friends and family of older people, some of whom may have outlived their friends and relatives and become lonely, depressed and helpless
- Poverty and lack of mobility causing someone to be unable to access health, care or maintain their home
- Mental illness in younger people such as depression, psychosis, learning disability or personality disorder reducing the person's ability to care for themselves
- Issues of pride and refusal to accept help when skills to self-care are declining
- Neglect by family members for an adult who is unable to care for themselves and who is dependent of them to receive that care, with perhaps the carer refusing assessment and support for their loved one
- People on the autistic spectrum struggling to self-care and manage their environment who may be fearful of intervention from others due to communication difficulties or being able to engage with others
- People who have become a hoarder to the level were this poses a serious health risk to the person or neighbours
- Cultural and social values, family relationships and habits
- Personal circumstances and history
- Bereavement or traumatic event.

Risk Factors

Risk factors in relation to self-neglect:

- Advancing age
- Mental health problems
- Cognitive impairment
- Dementia
- Frontal Lobe Dysfunction
- Depression
- Chronic illness
- Nutritional deficiency
- Alcohol and or substance misuse
- Functional and social dependency
- Social isolation
- Delirium
- Obsessive Compulsive Disorder (OCD).

Indicators of Self-Neglect

Lack of self-care may include:

- Poor hygiene
- Dirty or inappropriate clothing
- Poor hair and or nail care
- Malnutrition
- Unmet medical or health needs
- Eccentric behaviour or lifestyle
- Alcohol and or drug misuse
- Social isolation
- Situations where there is evidence that a child is suffering, or at risk of suffering significant harm, due to self-neglect of an adult - **'Think Family'.**

Neglect of environment may include:

- Unsanitary, untidy or dirty conditions which create a hazardous situation that could cause serious physical harm to the individual or others
- Fire risk due to hoarding
- Poor maintenance of property
- Keeping lots of pets who are poorly cared for
- Vermin
- Lack of heating
- No running water and or lack of sanitation
- Poor financial management, including not paying bills which leads to utilities being cut off.

Refusal to engage with services include:

- Refusal of care services in home
- Refusal of care services in care environment
- Refusal of health assessments
- Refusal of health interventions.

Legal Hierarchy and Framework

Self-neglect is a complex subject with numerous pieces of legislation that influence, determine and guide professionals in relation to this area of work. The most important of these are initially outlined, and then further listed below:

European Convention on Human Rights
Human rights are universal legal guarantees protecting individuals and groups against actions which interfere with fundamental freedoms and human dignity.

Human rights and fundamental freedoms are enshrined in the Convention for the Protection of Human Rights and Fundamental Freedoms, more commonly known as the European Convention on Human Rights (ECHR), which first became lawful in the UK in 1953. The Convention contains various Articles and Protocols some of which are contained in the UK Human Rights Act 1998.

Only public authorities, or other bodies carrying out functions of a public nature, directly have human rights obligations. Under Section 6 it is unlawful for a public authority to act in a way that breaches a person's Convention rights.

Human Rights Act 1998
The Human Rights Act 1998 incorporates the ECHR into UK domestic law and came into force in October 2000. The main focus of the Act is on promoting and upholding rights.

Care Act 2014
The Care Act 2014 came into force on 1 April 2015 and consolidated six decades of law, bringing into statute two areas of Government policy, adult safeguarding and personalisation. It is supported by the Care and Support Statutory Guidance issued by the Department of Health (last updated in February 2017), with Chapter 14 outlining the key issues linked to safeguarding and self-neglect. The Care Act 2014 does not provide legal powers of entry or of unimpeded access to the adult.

There are also a number of pieces of other legislation that are important, and could be relevant for professionals in working with and accessing an adult who may be at risk of harm linked to self-neglect:

- **Mental Health Act 1983** (Amended 2007)
- **Mental Capacity Act 2005** (specifically covered on page 9)
- **Section 17 Police and Criminal Evidence Act 1984**
- **Environmental Protection Act 1990**
- **Public Health Act 1936**
- **Public Health Act 1984**
- **Crime and Policing Act 2014** (Section 76-93)
- **Housing Act 1985.**

Mental Capacity Act 2005

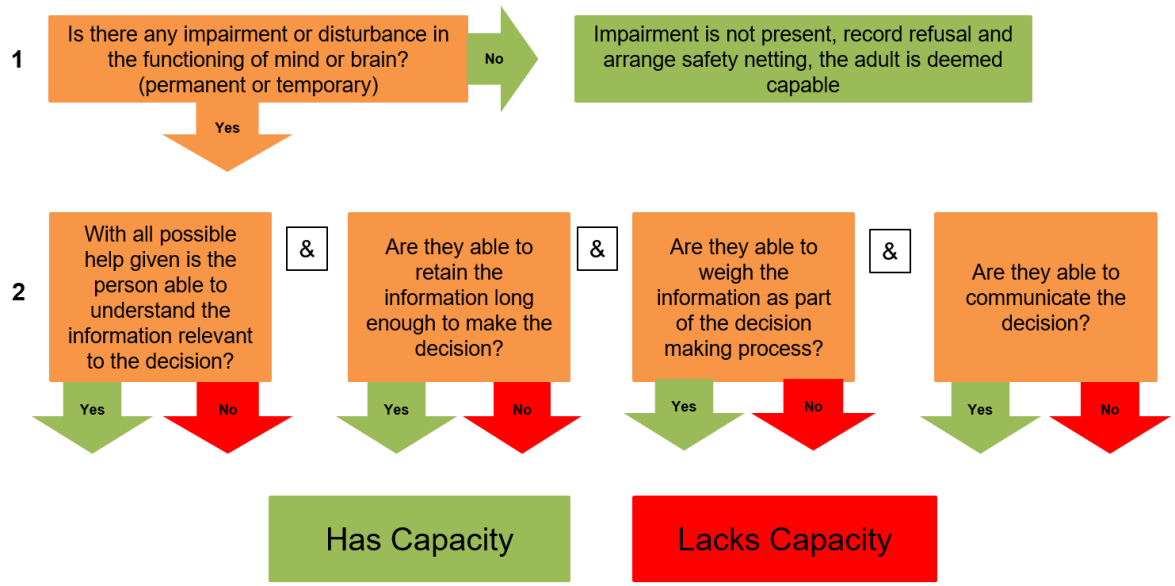
The Mental Capacity Act 2005 (MCA) is crucial in determining what action may or may not be taken in self-neglect cases. All adults have a right to take risks and behave in a way that may be construed as self-neglectful if they have the capacity to do so, without interference from the state. The MCA states that all workers have a duty to consider whether an adult who self-neglects has the mental capacity to understand the risks of the decisions they make, and the impact these may have upon their safety and wellbeing of others.

Mental Capacity Act and Self-Neglect

Mental capacity involves not only the ability to understand the consequences of a decision but also the ability to carry out the decision. Where decisional capacity is not accompanied by the adult's ability to carry out the decision (executive capacity), overall capacity is impaired and 'best interests' intervention by professionals to safeguard wellbeing may be needed.

Mental capacity assessments must be decision-specific and an apparent capacity to make simple decisions should not result in an assumption that the adult is able to make more complex decisions. Where intervention may be required due to an adult's self-neglecting behaviour, any action proposed must be with the adult's consent where they are assessed as having mental capacity; unless there are wider public interest concerns (for example risk of fire).

Assessing Capacity Overview



If then answer to 1. is YES and the answer to <u>any</u> of 2. is NO then the person lacks capacity under the Mental Health Act 2005.

Making Safeguarding Personal

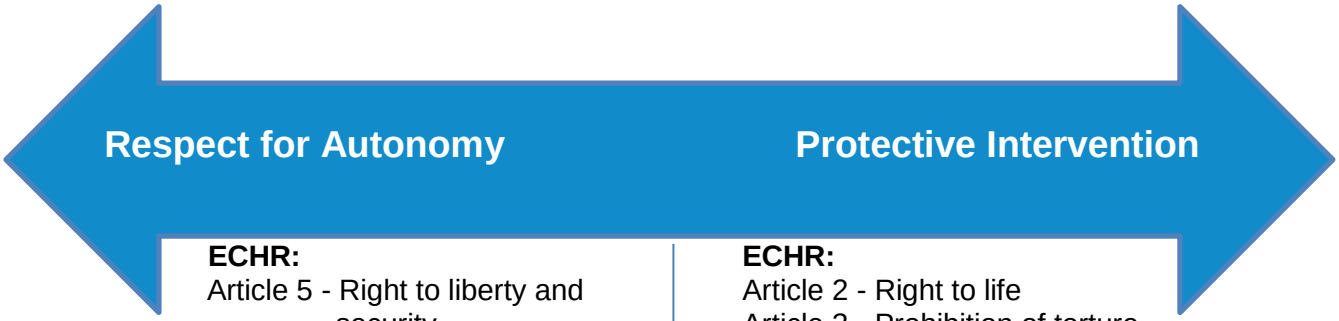
Making Safeguarding Personal (MSP) is an initiative which aims to develop a person-centred and outcomes focus to safeguarding work in supporting people to improve or resolve their circumstances. MSP is applicable to all agencies working with adults in relation to safeguarding, including those at the initial stages of a safeguarding concern being identified.

What MSP seeks to achieve

- A Personalised approach enabling safeguarding to be done with, and not to people.
- Identifying the outcomes the adult wants, by determining these at the beginning of working with them, and ascertaining if these were realised at the end.
- Improvement to people's circumstances rather than on 'investigation and conclusion'.
- Utilisation of person-centered practice rather than 'putting people through a process'.
- Good outcomes for people by working with them in a timely way, rather than one constrained by timescales.
- Improved practice by supporting a range of methods for staff development, including the need to develop cultural competence and learning through sharing good practice.

Ethical dilemmas: A fine balance

Understanding the balance between respect for autonomy and the possible need for protective intervention can be an ethical dilemma, as well as a central aspect of MSP, which is also closely linked to the principles of the Mental Capacity Act. Understanding this interplay is crucial for all professionals working with adults at risk, or those displaying signs of some type of self-care related issue.



ECHR:
Article 5 - Right to liberty and security
Article 8 - Right to respect for private and family life
Limitations to state power
Making Safeguarding Personal

ECHR:
Article 2 - Right to life
Article 3 - Prohibition of torture
Human dignity
The state's duty to protect from foreseeable harm
Risk to others

Hoarding Behaviour

Hoarding behaviour is considered to be a stand-alone mental disorder and is included in the Diagnostic and Statistical Manual of Mental Health Disorders (5th edition) published in 2013. It can also be a symptom of other mental disorders.

Hoarding is not a lifestyle choice and is distinct from the art of collecting. It is also different from people whose property is generally cluttered or 'messy'. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects, which are well in excess of their real value.

Types of Hoarding

- **Objects – commonly**:
  - Clothing
  - Newspapers and Magazines
  - Books
  - DVD's or CD's
  - Rubbish
  - Food or food containers

- **Animals – commonly:**
  - Cats
  - Dogs

- **Data – commonly:**
  - Data storage devices
  - Other electronic devices
  - Paper

Hoarding is a complex condition and it is likely that a range of agencies will come into contact with the same person over a period of time, although not all adults who hoard will be in receipt of support from statutory services.

In cases where people are hoarding **The Clutter Image Rating Scale** (signposted on page 18) should be used by professionals in order to get an accurate sense of the problem. In general, clutter that reaches Level 4 impinges enough on people's lives that they should be encouraged to get help, and should also be the trigger point for referral to the Cleveland Fire Brigade to undertake a home visit. Evidence of animal hoarding at any level should be reported to the RSPCA and the Animal Welfare Team in the Local Authority.

Hoarding Do's and Don'ts

Hoarding is a complex and sensitive issue that will require professionals to demonstrate a wide variety of skills and competencies to work with adults in relation to this subject. Practitioners will need to tune into clients fears and offer reassurance, whilst being aware of potential dangers and empowering individuals to deal with these as far as possible. The following are some of the most basic factors to consider:

Do's	Don'ts
Imagine yourself in the hoarding person's shoes - how would you want others to talk to you and help you manage your anger, resentment or embarrassment?	Use judgmental language like "what a mess" or "what kind of person lives like this".
Match the person's language - listen for the individuals manner in referring to his/her possessions "my things"; "my collections" and mirror this.	Use negative terms about a person's belongings like "trash" or "junk".
Use encouraging language that reduces defensiveness and increases motivation to solve the problem. "I see you have a pathway from your front door to your living room"; "that's great you have key things out of the way so that don't slip or fall".	Let your non-verbal expressions convey negative messages such as frowns or grimaces.
Highlight strengths which helps to forge a good relationship and build trust, paving the way for resolving the hoarding problem.	Make suggestions about the person's belongings - even well intentioned comments about discarding items are usually not well received.
Focus the intervention initially on safety and organisation of possessions, and later work on discarding items.	Don't try to persuade or argue with the person - efforts to overly or strongly influence the person can often have the opposite effect.
Introduce alternative strategies to replace hoarding with more adaptive behaviours to help provide a better structure, and to support engagement with activities previously avoided.	Touch the person's belongings without explicit permission - those who hoard often have strong feelings and beliefs about their possessions and this can be upsetting or offending.

Obesity and Self-Neglect

It is possible that the issues arising from obesity may impact on a person's ability to care for themselves, and on some of the underlying causes of disengagement from care and support services, that may eventually lead to concerns about self-neglect.

Key issues for practitioners to consider in working with obese people

- Practitioners should consider any possible underlying causes, or disabilities, which may be interfering with the person's ability and/or choice to engage with care and support.
- Co-operation, collaboration and communication between professionals that have knowledge and expertise in working with disability and those working in obesity can help lead to improved prevention, early detection, and treatment for people.
- Health and social care providers need to identify and understand the barriers that people with disabilities and obesity may face in accessing health and preventative services, and make efforts to address them before assuming that the person is refusing support.
- Health and social care providers need to make adjustments to policies, procedures, staff training and service delivery to ensure that services are easily and effectively accessed by people with disabilities and obesity. This needs to include addressing problems in understanding and communicating health needs, access to transport and buildings, and tackling discriminatory attitudes among health care staff and others, to ensure that people are offered the best possible opportunity of engaging with services
- Concerns about stigma, embarrassment, or worries that professionals may seek interventions that they are not ready to access, may mean that the person is not able to engage in a conversation about a mental health or physical health problem when they do not feel able to talk about their obesity. Engaging the person to work on the problems they see as important is essential in developing a longer-term relationship.
- There should be active support for obese people to live independent and healthy lives.

Factors Leading to People Being Overlooked

Factors that could lead to individuals being overlooked may include:

- The perception that this is a 'lifestyle choice'
- Poor multi-agency working and lack of information sharing
- Lack of engagement from the individual or their family
- Challenges presented by the individual or family making it difficult for professionals to work with the individual to minimise risk
- A lack of understanding by carers of what their role involves leading to assumptions that support is being provided to an individual when it is not
- Less sensitivity to well known cases resulting in agencies/professionals minimising need and risk
- An individual with mental capacity making unwise decisions and withdrawing from agencies whilst continuing to be at risk of significant or serious harm
- Individuals with 'chaotic' (disorganised) lifestyles and multiple or competing needs
- Inconsistency in risk thresholds across agencies and teams together with a level of subjectivity in assessing risk.

Assessment of the Degree of Risk

Responding to self-neglect will depend on the level of risk/harm that has been identified and it is therefore essential that a robust risk assessment is carried out when working with people that self-neglect.

This should include information on whether:

- The person is refusing medical treatment/medication
- The above is life-threatening
- There is adequate heating, sanitation and water in the home
- There are signs that the adult is malnourished
- Their environment is in a poor state of repair
- There are vermin, flies or the hoarding of pets
- There is evidence of hoarding or Obsessive Compulsive Disorder (OCD)
- There is a smell of gas
- There are concerns regarding the level of personal or environmental hygiene
- The adult is suffering from an untreated illness, injury or disease, or is depressed or physically unable to care for themselves
- There are associated risks to children in the home
- There have been any major losses or traumas in the adult's life.

See Risk Identification Tool (signposted on page 18).

Case Studies

Mr. M

Mr. M, in his 70s, lives in an upper-floor council flat, and had hoarded over many years: his own possessions, items inherited from his family home, and materials he had collected from skips and building sites in case they came in useful.

The material was piled from floor to ceiling in every room, and Mr. M lived in a burrow tunneled through the middle, with no lighting or heating, apart from a gas stove. Finally, after years of hiding in privacy, Mr. M had realised that work being carried out on the building would lead to his living conditions being discovered.

Mr. M himself recounted how hard it had been for him to invite access to his home, how ashamed and scared he was, and how important his hoard was to him, having learnt as a child of the war never to waste anything.

Through working closely together, Mr. M, his support worker and experienced contractors have been able gradually to remove from his flat a very large volume of hoarded material and bring improvements to his home environment. It has taken time and patience, courage and faith, and a strong relationship based on trust. The worker has not judged Mr. M, and has worked at his pace, positively affirming his progress.

Both Mr. M and his support worker acknowledge his low self-esteem, and have connected with his doctor and mental health services. The worker has recognised the need to replace what Mr. M is giving up, and has encouraged activities that reflect his interests. Mr. M has valued the worker's honesty, kindness and sensitivity, his ability to listen and the respect and reciprocity within their relationship.

Mr. F

Mr. F is 83 years old and has a medical condition that causes frequent bouts of diarrhoea. He has refused medical treatment for this but agreed to try and manage the side effects. However, Mr. F is repeatedly admitted to hospital (26 occasions over a 28 month period) to treat dehydration and low potassium levels. Mr. F would often discharge himself from hospital against medical advice.

Mr. F receives four calls per day from a domiciliary care service to help with personal care, shopping and domestic tasks. However, he does not engage fully with the care package that has been arranged. He does not stop carers going into to his property but is very specific about what he will allow the carers to do.

An ambulance is often called when Mr. F's condition deteriorates. Paramedics have submitted sixteen concerns in a 28-month period relating to Mr. F living in squalid conditions and being emaciated. Concerns include: urine and faeces on furniture, walls and clothes; mouldy food; dirty incontinence pads in the bathroom; rubbish bags piled up; and an unsafe and unhygienic bathroom and kitchen.

Mr. F's capacity has been assessed on numerous occasions in relation to decisions taken about his self-discharge from hospital against medical advice, and his refusal of care and help with domestic tasks that were included within his care plan. He is assessed as having mental capacity as he does not have an impairment of the mind or brain. Various professionals have repeatedly revisited the issue of his mental capacity given the seriousness of the concerns.

The case required multi-agency oversight and management via safeguarding adult's procedures to ensure that all possible options to reduce risks to Mr. F had been explored. The social worker involved in the case identified that it took time (and creativity) to build up a relationship with Mr. F and to gain his trust. The domiciliary care service regularly communicates with Adult Social Care about any difficulties they have in delivering his care and any deterioration in his condition. There are continued assessments of Mr. F's capacity and in accordance with his wishes he continues to live at home.

Learning from Safeguarding Adult Reviews

The Care Act Section 44 requires that Safeguarding Adults Boards (SABs) must arrange a Safeguarding Adults Review when an adult in its area dies **either** 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; **or** if an adult has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect. The Care Act also states that SABs 'are free to arrange a SAR in any other situations involving an adult in its area with needs for care and support.'

The Act further defines that 'something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.'

The findings from Safeguarding Adults Reviews involving cases of self-neglect have been examined and analysed over a number of years by various local authorities in order that lessons maybe learned and practice improved.

The following is a summary of some of the findings:

- The importance of early information sharing in relation to previous or on-going concerns
- The importance of thorough and robust risk assessment and planning
- The importance of face-to-face reviews
- The need for a clear interface with safeguarding adults procedures
- The importance of effective collaboration between agencies
- The need for an increased understanding of the legislative options available to intervene in order to safeguard a person who is self-neglecting
- The importance of an understanding of, and the application of the Mental Capacity Act 2005
- The importance of considering mental capacity where an individual refuses services to ensure that the individual understands the implications, and that this is documented. Services/support should be re-visited at regular intervals in the context that it may take time for an individual to be ready to accept support
- The need for practitioners and managers to challenge and reflect upon cases through the supervision process and training
- The need for robust guidance to assist practitioners in working in this complex area
- The need to ensure that assessment processes identify who carers are (and significant others) and how much care and/or support they are providing.

Useful Websites and Resources

Care Act 2014 - Care and Support Statutory Guidance (Revised Feb 2017)
https://www.tsab.org.uk/wp-content/uploads/2015/11/Revised-Care-Act-Guidance-Annotated-Chapter-14-20160311.pdf

Clutter Rating Scale
https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf

Emerald Insight – Learning lessons about self-neglect? An analysis of serious case reviews
https://www.emeraldinsight.com/doi/abs/10.1108/JAP-05-2014-0014

MCA 2005 - Code of Practice
https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Risk Identification Tool
https://www.tsab.org.uk/wp-content/uploads/2015/11/Risk-Identification-Tool.pdf

Teeswide Safeguarding Adults Board's Policies, Procedures and Guidance webpage including:

- Decision Support Guidance
- MCA and Deprivation of Liberty Safeguards Policy
- Self-Neglect and Hoarding Policy
- Self-Neglect and Hoarding Guidance
- Safeguarding and Promoting the Welfare of Adults and Children at Risk Guidance

https://www.tsab.org.uk/key-information/policies-strategies/

Teeswide Safeguarding Adults Board - Prevention Information Sheet:
https://www.tsab.org.uk/key-information/prevention/self-neglect/

Teeswide Safeguarding Adults Board - Safeguarding Adults Reviews Reports
https://www.tsab.org.uk/key-information/safeguarding-adult-review-sar-reports/

Teeswide Safeguarding Adults Board - You Tube Channel (Playlist):
https://www.youtube.com/channel/UCMxNFNZsoxIc3YZEVXisx_w

Appendix 1

Teeswide Safeguarding Adults Concern Form

https://www.tsab.org.uk/report-abuse/

Appendix 2

Teeswide Safeguarding Adults Inter-Agency Procedure Summary

In accordance with the Care Act 2014, 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 him/herself from either the risk, or the experience, of abuse or neglect

The adult experiencing, or at risk of abuse or neglect will be referred to the ***adult*** throughout this procedure.

		Stage of Procedure	Role	Responsibility	Maximum Timeframe
	1	**Concern**	• Take immediate action to safeguard anyone at risk of abuse or neglect • Report and record concerns that an adult maybe at risk of abuse or neglect • Establish the ***adult's*** views, wishes if appropriate • Where an adult dies and abuse or neglect is suspected, a concern must be raised	Person raising concern	Immediate Inter-agency concern form completed within 1 day
ENQUIRY PHASE	2	**Decision Making**	• Decision made as to whether the Inter-agency Safeguarding Procedure is appropriate to address the concern or whether more information is required as part of the enquiry • Decision support guidance used to inform the decision making process • Ensure that the views and wishes of the ***adult*** are taken into account • Determine who will undertake the initial enquiry if not the LA	Designated Officer	Within 3 days of receiving the concern

	Stage of Procedure	Role	Responsibility	Maximum Timeframe
		• Consider alternative action if safeguarding procedures are not appropriate • Consider providing feedback to the person raising the concern. • If the concern relates to a deceased adult, consideration to be given to raising a SAR notification • If the adult dies after the safeguarding concern has been raised, the enquiry will continue		
3	**Initial Enquiry**	• Further information gathered from identified sources in order to inform the decision as to whether to progress into safeguarding procedures • Seek or review the ***adult's*** views and wishes including their desired outcomes • Consider whether the ***adult*** requires an independent advocate to support them • Consider providing feedback to the person raising the concern *	Safeguarding partners; ***adult,*** their advocate, relative and carers	Within 3 days of receiving the concern
4	**Decision Making**	• Decision made as to whether the safeguarding procedures are appropriate to address the concern or whether more information is required as part of the enquiry • Decision support guidance used • Consider the ***adult's*** views and wishes including their desired outcomes	Designated Officer	Within 7 days of receiving the concern, if more time is required, the reason for the extended timescale must be recorded.

		Stage of Procedure	Role	Responsibility	Maximum Timeframe
			• Consider whether the ***adult*** requires an independent advocate to support them • Consider alternative action if safeguarding procedures are not appropriate • Consider providing feedback to the person raising the concern *		
ENQUIRY PHASE	**5**	**Strategy Meeting**	• Designated Officer co-ordinates the strategy discussion/meeting • Agencies invited to attend the strategy discussion to ensure they are prepared for the meeting and have the relevant information available to contribute to information sharing and decision • If the strategy discussion has taken place via telephone to ensure the adult is protected, then face-to-face strategy meeting will be convened at the earliest opportunity • Formulate a Inter-agency safeguarding plan if needed • Determine who will undertake the further enquiry if not the LA • Agree timescale for completion of enquiry • Involvement of the ***adult,*** their advocate, relative or carers to ensure that their views, wishes and desired outcomes are central to the process	Designated Officer/all attendees	Within 7 days of receiving the concern, if more time is required, the reason for the extended timescale must be recorded.

	Stage of Procedure	Role	Responsibility	Maximum Timeframe
		• Consider alternative action if safeguarding procedures are not appropriate • Consider providing feedback to the person raising the concern * • If a subsequent safeguarding concern is raised during an open safeguarding episode, this new concern must be explicitly considered and if necessary, a further face-to-face strategy meeting must be held		
6	**Further Enquiry**	• Agencies will provide an update on actions allocated at the previous strategy meeting • Co-ordination and collection of information about the safeguarding concern and the context in which it happened • On-going activity to address any protection needs • Involvement of the ***adult,*** their advocate, relative or carers to ensure their views, wishes and desired outcomes are central to the process • Identified lead investigator to report back to the Progress Strategy Discussion/Meeting every 28 days if the enquiry takes more than 28 days	Identified Lead Investigator	Within the timeframe agreed at the Strategy Discussion/Meeting
7	**Progress Strategy Discussion/Meeting**	• Review progress of enquiries, or if concluded evaluate the outcome • Review the views, wishes and desired outcomes of the ***adult***	All attendees	Within 28 days of the initial Strategy Discussion/Meeting

	Stage of Procedure	Role	Responsibility	Maximum Timeframe
		• Review the interim safeguarding plan • Develop full safeguarding plan if needed • Set a date for the next Progress Strategy Discussion/Meeting if needed • Decision made to conclude Safeguarding Adults Procedures if appropriate and outcome recorded • Consider providing feedback to the person raising the concern *		
8	**Review**	• Review progress of enquiries • Review the views, wishes and desired outcomes of the ***adult*** • Set a date for the next Progress Strategy Discussion/Meeting if needed • Decision made to conclude Safeguarding Adults Procedures and outcome recorded and evaluated • Establish and record whether the ***adult's*** desired outcomes have been met and to what extent (MSP Survey) • Consider whether alternative action is required if safeguarding procedures have been concluded • Provide feedback to the person raising the concern *	All attendees, the adult, their advocate, relative and carers	Within 28 days of the Progress Strategy Discussion/Meeting

* Particularly when the person raising the concern has an ongoing relationship with the adult

Teeswide Safeguarding Adults Board
Self-Neglect Workbook
Module Eight Assessment

Notice to Learners: You should complete the following questions without any help and submit answers to your line manager.

Question 1

Name one of the three main types of self-neglect.

1. _____

Question 2

Give four risk factors in relation to self-neglect.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

Question 3
Outline four indicators that might help to identify self-neglect.

1. _____

_____

2. _____

_____

3. _____

_____

4. _____

_____

Question 4
Name two key pieces of legislation linked to the issue of self-neglect.

1. _____

2. _____

Question 5
Name two items or possessions most commonly associated with hoarding.

1. _____

2. _____

Question 6
Name one factor that could lead to someone being overlooked in relation to the risk of self-neglect.

_____

Name	
Job Role	

Evaluation

Name:

Once completed please forward the workbook evaluation *(i.e. this page)* and the Certificate of Completion) to the Teeswide Safeguarding Adults Board, Business Unit, using the contact details below, who will make a record of completion and issue a certificate. Completion records may be shared with the training leads of your commissioning organisation to ensure that your staff development record remains up to date.

Teeswide Safeguarding Adults Board Business Unit, Kingsway House, West Precinct, Billingham, TS23 2NX Email:
tsab.businessunit@stockton.gov.uk

Why did you complete this workbook? Module Eight
Where did you do your training?
❍ Home ❍ Work ❍ Mixture
Overall, how satisfied were you that the workbook gave you the information that you needed to know?
❍ Very satisfied ❍ Satisfied ❍ Partly satisfied ❍ Dissatisfied
What is the most important thing you have learned from this workbook?
How will you use the information from this workbook in your day to day work?
Would you recommend this workbook to other people? Please explain.
Is there any aspects of the workbook you feel could be improved?

Manager / Supervisor: Please provide feedback on how the learner managed this learning experience.

Appendix 5

Adult Safeguarding Workbook
Certificate of Completion – Module Eight

I have discussed the completion of the workbook with my manager / assessor.

Name *(please print)*: _____

Signature of employee: _____

Date: _____ / _____ / _____

Declaration:

I have seen the workbook completed by _____

(as it will appear on the certificate) and I can confirm that I am satisfied that they now have a good knowledge and understanding of Self-Neglect.

Name *(please print)*: _____

Signature: _____

Date: _____ / _____ / _____

Details of Manager / Assessor:

Job Title: _____

Organisation: _____

E-mail Address: _____

Telephone Number: _____