Teeswide Safeguarding Adults Board

Safeguarding Adults Self-Neglect Workbook

Our safeguarding arrangements will effectively prevent and respond to adult abuse

Contents

Revision Number	Date Approved by the Board	Change Record
3.2	Nov 2022 - Not required	Reviewed; no changes required
3.3	Jan 2023	Postal address removed

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, the modules are as follows:

The Mental Capacity Act and Deprivation of Liberty Safeguards
Domestic Abuse
Forced Marriage
Female Genital Mutilation
Prevent
Modern Slavery
Self-Neglect

*Please note that the Learning from Serious Instances of Abuse Workbook is no longer available. Alternative learning can be accessed via our E-learning platform https://www.tsab.org.uk/training/ and Safeguarding Adult Review (SAR) Learning Briefings https://www.tsab.org.uk/professionals/safeguarding-adult-review-sar-reports/

You must complete all sections of the workbook and return it to your Manager for assessment. When you have successfully completed the workbook, 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 a web link to 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 October 2022. Suggested study time to be allocated to complete this workbook: 2 hours.

Once you have completed the workbook 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.

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 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. Ensure 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, the domestic environment, 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 behaviour neglecting to care for one's personal hygiene, health or surroundings includes behaviour such as hoarding".

The Social Care Institute for Excellence (SCIE) defines self-neglect as: an extreme lack of self-care, it will sometimes be associated with hoarding and maybe as a result of other issues, such as addictions.

Types of Self-Neglect

Research has shown that there are generally 3 categories of self-neglect:

1. Lack of self-care
This includes neglecting one's personal care, having a poor diet, nutrition or hydration, neglecting one's health care needs, to an extent that may endanger the person's safety or well-being. This type of self-neglect also includes drug and alcohol misuse which may affect the person's ability to care for themselves and keep safe. It is important for practitioners to understand that applying this definition requires the use of professional judgment about what is an acceptable level of risk and what constitutes well-being for the person.

2. Lack of care of the domestic environment
This includes situations where the home environment is not maintained and it leads to domestic squalor, is unhygienic, verminous with rodent or insect infestations, may have blocked toilets/drains, may be overrun with animals and/or accumulation of waste. This type of self-neglect also includes hoarding. There will be increased levels of risk to health and safety, risk of fire, and this behaviour may also affect neighbouring properties. Again it is recognised that applying this definition in practice requires professional judgment.

3. Refusal to engage with services
This might include refusal of care services in either the home or a care environment, or, of health assessments or interventions, even if previously agreed, which could potentially improve the person's self-care or care of their environment. The person

may not seek help or may refuse support to help clean and declutter the property when they are unable to do so themselves.

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 practitioners 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 a person's self-neglect. This may include children, other adults with care and support needs and animals. Whilst actions may be limited in relation to the person 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: **Think Family Guidance** (signposted on page 22).
Any concerns about an animal's safety or welfare should be referred to the Local Authority or the RSPCA.

Why do People Self-Neglect?

The reasons people may self-neglect are many and varied but include:

- Decline in physical or mental health of older people so that the person is no longer able to meet all of their personal or domestic care needs
- Isolation from family and friends resulting in loneliness and depression
- Poverty or lack of mobility preventing the person from accessing health services, care services or from maintaining 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 or to seek help
- Issues of pride and refusal to accept help when ability to self-care is declining
- Cultural and social values, family relationships and habits
- Personal circumstances and history
- Bereavement or a traumatic event which could have been recent or many years ago
- Adverse Childhood Experiences (ACEs)
- Personal circumstances, family history or relationships
- Alcohol or drug dependency/misuse

Risk Factors

Risk factors in relation to self-neglect:

- Advancing age
- Mental ill-health
- 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

There are many possible indicators of self-neglect that practitioners need to be aware of in their day-to-day work. It is important not to make immediate judgments and label a person as self-neglecting; they may not actually be aware of the help and support available to them. It will also take time to build up trust with the person and to support them to change their behaviour and lifestyles, which will in turn minimise the risk of harm to themselves and others. Things to look out for include:

Lack of self-care:

- 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
- Leading what could be referred to as a ‘chaotic’ lifestyle (creating disorder and/or displaying erratic or self-sabotaging behaviour).

Lack of care of the domestic environment:

- Unsanitary, untidy or dirty conditions which create a hazardous situation that could cause serious physical harm to the person or others
- Cluttered property indicating hoarding
- Infestation and vermin
- Poor maintenance of property
- Keeping lots of pets which are poorly cared for
- Lack of heating or electricity
- 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:

- Refusal of care services in home
- Refusal of care services in care environment
- Refusal of health assessments
- Refusal of health interventions
- Not attending hospital and/or GP appointments
- Denying maintenance/ utility providers access to the property

Legal Hierarchy and Framework

Self-neglect is a complex subject with numerous pieces of legislation that influence, determine and guide practitioners in relation to this area of work.

Human Rights Act 1998

Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect, articles 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of particular importance.

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 with Chapter 14 outlining the key issues for safeguarding including self-neglect. The Care Act 2014 does not provide legal powers of entry or unimpeded access to the adult.

Section 11 of the Care Act also provides for the Local Authority to carry out a need's assessment even if the adult refuses, when:

a. The adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interests
b. The adult is experiencing, or is at risk of, abuse or neglect.

Mental Capacity Act (2005) s.16(2)(a) – the Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity.

Public Health Act (1984) s.31-32 – local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases.

The Housing Act 1988 – a landlord may have grounds to evict a tenant due to breaches of the tenancy agreement.

The Homelessness Reduction Act (2017) - From 1 October 2018 certain named public bodies have a duty to refer users of their service who they have reason to believe are homeless or threatened with becoming homeless within 56 days, to a local authority of the service users' choice. The referral can only be made with the consent of the service user.

Mental Health Act (2007) s.135 – if a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety.

Other important legislation includes:

- **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)

Mental Capacity Act 2005

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

It covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move into a care home or have major surgery. For people who self-neglect decisions may include: whether to bathe/shower regularly, seeking medical help when unwell, and paying utility bills. It should be noted that people with capacity can make unwise decisions, for example, have friendships with people who may negatively impact on their lifestyle, hoard newspapers/ animals which may impact on their environment; but those decisions must not impact on the health, safety and well-being of others.

Examples of people who may lack capacity include those with:

- dementia
- a severe learning disability
- a brain injury
- a mental health illness
- a stroke
- unconsciousness caused by an anaesthetic or sudden accident

But just because a person has one of these health conditions doesn't necessarily mean they lack the capacity to make a specific decision.

A mental capacity assessment comprises a 2-stage test:

1. Does the person have an impairment of their mind or brain, whether as a result of an illness, or external factors such as alcohol or drug use?
2. Does the impairment mean the person is unable to make a specific decision when they need to?

The MCA says:

- assume a person has the capacity to make a decision themselves, unless it is proved otherwise
- wherever possible, help people to make their own decisions
- don't treat a person as lacking the capacity to make a decision just because they make an unwise decision
- if you make a decision for someone who doesn't have capacity, it must be in their best interests
- treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms

People can lack capacity to make some decisions, but have capacity to make others. Mental capacity can also fluctuate with time – someone may lack capacity at one point in time, but may be able to make the same decision at a later point in

time. Where appropriate, people should be given the time to make a decision for themselves.

The MCA says a person is unable to make a decision if they cannot:

- understand the information relevant to the decision
- retain that information
- use or weigh up that information as part of the process of making the decision

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).

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is an initiative which ensures adult safeguarding work is person-centred and outcomes focussed. This approach supports 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 checking if these outcomes were achieved.
- Improvement to people's circumstances rather than on 'investigation and conclusion'.
- Utilisation of person-centred 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.

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 22) 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. 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"; 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 you 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.

Substance Misuse and Self-Neglect

The term 'Drug and Alcohol misuse' is defined as 'drug and/or alcohol taking, which causes harm to the individual, their significant others or the wider community.' The term drug refers to 'psycho- active drugs including illicit drugs, 'legal highs' and prescribed and non- prescribed pharmaceutical preparations.' The term misuse refers to the 'illegal or illicit drug taking or alcohol consumption, which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence'.

Self-neglect may include situations where a person is suffering a significant impact on their wellbeing, but the cause of this is not directly a result of physical or mental impairment or illness, as it arises from acts of their own, such as drug and alcohol misuse and the chaotic lifestyle and risk taking behaviour associated with this. This can include:

- Attachment to their substance of choice and prioritising this above all else, impacting on their relationships with others
- Financial difficulties due to expenditure on drugs/alcohol resulting in debts and an inability to pay for food, utilities and other basic daily needs
- Risk of homelessness if unable to adhere to tenancy agreements
- Deterioration in physical and mental health
- Risk of overdose or risks associated with impure substances and variability of strength, if purchased 'on the street'
- Risk of use of prescribed drugs by people they were not prescribed for, but sold on or swapped
- Risk of infection from injecting
- Risk of engaging in criminal activity to fund their lifestyle
- Exploitation by others, including sexual exploitation

Some people who misuse substances may have no diagnosable physical or mental impairment and no 'appearance of need,' but still present a significant risk to themselves and to their own wellbeing. In such cases, it is important to give advice and guidance or signpost to other services in accordance with the duty to promote wellbeing (Care Act 2014 and Making Safeguarding Personal).

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
- Practitioners lacking confidence to challenge the decision made by other people working with the individual
- Practitioners lacking professional curiosity and therefore not asking the right questions and/or checking that information they have been given is correct.

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.

A good risk assessment will consider:

1. What the presenting risk is
2. The benefits of maintaining the current situation
3. What can be done to reduce the risk
4. What are the dangers/risks if no action is taken

Escalation of Risk

In some cases, particularly when it is not possible to support the individual to manage their own risky behaviour, it may be necessary to seek support from others. Professionals and practitioners should use supervision support from their line managers to discuss cases where there are concerns about risks to individuals and others relating to self-neglect. When there is specific concern about an individual and multi-agency support is required then the case should be escalated appropriately. Local authorities have arrangements in place to work on a multi-agency basis to develop risk management plans; this is sometimes called a High Risk Panel or Team Around the Individual Approach (TATI).

The aims of these arrangements are:

- To share information which will identify, clarify and agree on risk management
- To promote the safety and wellbeing of adults at high risk of harm
- To provide a clear and comprehensive review of multi-agency risk assessments and management plans as part of Section 42 Safeguarding Adult Enquiries
- To discuss referrals and agree risk mitigation plans in each case
- To assign a lead organisation to coordinate multi-agency work and report back on progress
- For each organisation to provide advice where appropriate and to take responsibility for decision-making tasks associated with their particular role

Summary of Best Practice

To summarise best practice when working with adults who self-neglect, practitioners should focus on the following:

a. Find out what the adult's views are and what they would like to happen (Making Safeguarding Personal)
b. Find out if the adult at risk has mental capacity (Mental Capacity Act)
c. Take a creative and flexible approach
d. Be persistent: it may take time and patience to reduce risks and to see a change in risk-taking behaviours
e. Work on a multi-agency basis; collaborate with other professionals, agencies, neighbours, family, friends and networks. If necessary escalate to other risk management processes
f. Ensure that detailed and accurate recordings have been made; these should fully evidence and support any decision making, risk assessments and monitoring arrangements
g. Consider risks to others. Remember other people, children or animals may be affected by the behaviours of adults who self-neglect and, if necessary, report any concerns on to appropriate agencies
h. Use professional challenge and professional curiosity. If there are any doubts, questions or concerns about other workers practices or decision-making these must be followed through and there are specific policies and procedures support practitioners to do this. If something doesn't feel right, then it probably isn't!

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.

Josh

The Teeswide Safeguarding Adults Board published this SAR in December 2019, for more information about this case please read the report here:

Safeguarding Adults Reviews (SARs) Reports | Teeswide Safeguarding Adults Board

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
Care Act Guidance

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

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

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
- Think Family Guidance

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

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

Assessment

Teeswide Safeguarding Adults Board
Self-Neglect Workbook
Assessment

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

Question 1

Name the three main types of self-neglect.

1. _____

2. _____

3. _____

Question 2

Give four risk factors in relation to self-neglect.

1. _____

   _____

2. _____

   _____

3. _____

   _____

4. _____

   _____

Question 3

Describe four indicators that might help to identify self-neglect.

1. _____

   _____

2. _____

_____

3. _____

_____

4. _____

_____

Question 4

Describe two key pieces of legislation that workers may use when supporting adults who self-neglect.

1. _____

2. _____

Question 5

Outline what the following terms mean:

1. Professional Curiosity

_____

_____

2. Professional Challenge

_____

_____

Question 6

Name two items or possessions most commonly associated with hoarding.

1. _____

2. _____

Question 7

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

_____

Name	
Job Role	

Once completed please forward the workbook evaluation and declaration *(i.e. Appendix 1)* 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.

Email: tsab.businessunit@stockton.gov.uk

Safeguarding Adults Self-Neglect Workbook

Appendix 1

Evaluation - To be Completed by the Learner

- **Overall, how satisfied were you that the workbook gave you the information that you needed to know?**

❍ Very satisfied ❍ Satisfied ❍ Partly satisfied ❍ Dissatisfied

- **Please provide an example of how you will use the information from this workbook in your day to day work?**

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

Name of Learner (please print)**:**

Signature of Learner: **Date:**

Declaration – To be completed by Manager / Assessor

I have marked the workbook completed by the user named above in accordance with the Managers Guidance and I can confirm that I am satisfied that they are sufficiently competent.

Name of Manager / Assessor (please print):

Signature: Date:

Job Title:

Organisation:

E-mail Address:

Telephone Number: