lancashire safeguarding adults board

Multi-Agency Self-Neglect Framework

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Introduction

The purpose of this framework is to provide a process guide for all Lancashire Safeguarding Adults Board (LSAB) partner agencies on how to respond when concerns of self-neglect have been identified.

Self-Neglect

This is identified in Chapter 14 of the Care and Support Statutory Guidance (October 2018) as covering a "wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding". In a recent article in the Journal of Adult Protection, the authors define self-neglect as:

- Lack of self-care – neglect of personal hygiene, nutrition, hydration and health; and/or
- Lack of care of one's environment – squalor and hoarding; and/or
- Refusal of services that would mitigate risk of harm to safety and well-being. (Braye et al., 2015)

Paragraph 14.17 of the Guidance goes on to state that *"It should be noted that self-neglect **may not** prompt a section 42 enquiry. An assessment should be made on a case by case basis."* In Lancashire, the LSAB has agreed that in most cases it would not be a proportionate response to raise a section 42 enquiry for people who self-neglect (including hoarding) and therefore the individual LSAB partner agency would be required to follow the LSAB Multi-agency Self-Neglect Framework.

Therefore this framework is intended to be used when:

- There are **significant** concerns by agencies about an individual's safety and/or /wellbeing as a result of self-neglect and /or significant concerns about the safety and /or wellbeing of others (**risk of serious harm, injury or death**).

And

- Existing agency involvement and appropriate multi agency working has been tried and been unable to resolve the issues.

And

- Where the adult appears to have capacity to make decisions regarding their environment and lifestyle choices pertaining to issues of self-neglect.

All partner agencies must take all reasonable steps to work with the individual and address the concerns when they have been made aware themselves. When this approach has proved to be unsuccessful, the LSAB partners should follow this framework. There should be operational procedures within each organisation which provide internal governance mechanisms and are compliant with this procedure; each organisation could develop their own operational guidance outlining the responsibilities of their own staff. Each LSAB partner agency will be responsible for ensuring that their staff are able to understand and apply the statutory principles of the Mental Capacity Act 2005 and their responsibilities within it, to determine whether the individual has the mental capacity to make specific decisions relevant to the situation/risk. Mental capacity assessments are both time and decision specific and should therefore be considered and/or repeated as risk increases and in relation to each individual risk.

All partner agencies will refer to this framework when the criteria is met. It is acknowledged that all agencies will have their own policy regarding Mental Capacity Act and it is for each agency to ensure that they are compliant with their own policy.

Mental Capacity

The Mental Capacity Act (MCA) 2005 provides a statutory framework for people who lack the capacity to make decisions by themselves. Professionals are required to pay regard to the MCA. The Act has five statutory principles which underpin, and are legal requirements of, the Act:

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

A person may lack capacity if at the time they are unable to make a decision for themselves in relation to the matter, because of an impairment or disturbance that is permanent or temporary.

When a person's self-neglecting behaviour poses a serious risk to their health and safety, professional intervention may be required. Emergency first responders will need to make time-specific decisions, based upon the facts presented and the urgency of the risks to individuals, in line with legislation and their organisation's own protocols. On the occasion that officers are called to incidents of an individual requiring support and where high risk self-neglect is identified, they will make decisions as to the immediate safeguarding requirements, based upon the vulnerability of the individual presented at that time. They will respond appropriately in that moment and refer to other agencies for support and further assistance, as required, which may include formal assessments in relation to whether an individual has capacity to make specific decisions regarding their self-neglecting behaviour.

With the exception of statutory requirements, the intervention or action proposed must be with the individual's consent. In extreme cases, taking statutory principle 3 (above) into account, the very nature of the self-neglect may lead the professional to question whether the adult has capacity to consent to the proposed action or intervention and trigger a decision-specific capacity assessment, which should be recorded appropriately. All interventions must be undertaken in accordance with the 5 statutory principles and using the 'two stage' test of capacity (see MCA Code of Practice 4.11 – 4.25).

Care must also be taken to ensure that Article 8 of the European Convention on Human Rights (The right to respect for private and family life) is engaged. Interference with a person's life must be lawful, necessary and pursue a legitimate aim.

Capacity assessment is time and decision specific and each decision must be considered separately. Capacity to consent to or refuse intervention or treatment must refer to a particular decision. If, when discussing with someone your concerns around issues of Self-neglect the individual doesn't seem to understand what your concerns are or the risks involved, then they **may** lack capacity to make decisions about this and consideration would then need to be given as to whether to refer to other agencies, so that a formal Mental Capacity Assessment and Best Interest process could be undertaken. Individuals should receive support to help them make decisions and it is important to take all reasonable steps to help them make a decision. **If the person lacks capacity, this framework may not apply – see section on MCA.**

Where the intervention of a single organisation has not been successful in addressing the concern, nor the management of the risk itself, then the next step will be to consider multi-agency involvement. Initially this may be involvement of the local Early Action/Integrated Neighbourhood/Neighbourhood Team meeting for discussion/support/further action, if low to medium levels of risk concerned. Identify who the best person from your agency needs to be involved/progress work and attend the meeting. If this action does not enable engagement/work with the individual to be undertaken to mitigate the risks identified, or the risk is considered to be such that severe injury and/or death is an issue, then this framework should be followed.

This will enable the relevant LSAB agencies to address the concerns directly within a multi-disciplinary framework.

This framework should be referred to for the management of cases where an adult is at **high risk of severe injury and/or death due** to lifestyle/self-neglect/refusal to engage with services (see 'Escalation Tool' in supporting information, page 10) and the criteria contained within this framework applies. It is designed to ensure effective multi-agency working and decision making.

Please note: This framework should be referred to where there are **significant self-neglect concerns, there is no perpetrator and the adult at risk has mental capacity to make choices about their care and support.** We would envisage this framework only therefore being used for a small number of individuals, where the risk cannot be resolved by local multi-agency working. This will respect the person's right to make unwise choices where they have capacity, in relation to the specific decision.

It is recognised that some people who self-neglect regularly use emergency services inappropriately and can make high demand on services on a day to day basis. This high usage or inappropriate use of services can be an indicator of vulnerability, which should be collated by agencies and the appropriate intervention considered.

Exclusions

This framework does not include:

- Situations where people do not have the mental capacity to make decisions about their care and support, in which case the Mental Capacity Act and associated Best Interests processes should be followed.
- Situations where people have significant mental health issues and should more appropriately be assisted by mental health teams and use of the Mental Health Act.
- Situations where self-neglect is associated with the action of, neglect by, or influence of, a third party; in which case a referral should be made under the safeguarding adult procedures.
- Situations associated with deliberate self-harm
- Situations where children at risk or in need should be referred to Children's Services

Information Sharing

Information sharing within these procedures should be in line with the principle of information sharing within Lancashire Safeguarding Adults Procedures, the Care Act 2014, the Care and Support Statutory Guidance 2018 and General Data Protection Regulations 2018. Practitioners must **always** seek the consent of the adult at the heart of the concern before taking action or sharing information. However, it should be explained that consent could be overridden if the risk is significant (serious harm, injury or death).

If there is any doubt about whether to share information, advice should be obtained from your organisation's information governance lead. Things to consider are:

- Adequate recording; has the consent of the adult been obtained and if not why not
- What information was shared and with whom, how was the request received and recorded, and how was the decision made to share the information
- If third party information is involved, was consent obtained and if not, which exemptions are applied
- All agencies involved must follow the appropriate statutes and guidance.

Under the General Data Protection Regulations, organisations have the responsibility to ensure that personal information is processed lawfully and fairly. All adults have a right to view any information held about them. Practitioners should consider this when they are recording information about the adult.

Consent

Wherever possible the person should be informed by the referring agency that this process is being followed and invite the person to the meeting. However, it is recognised that they may not wish, or be able, to attend; in which case the referring agency and/or advocate should ensure that the person's views are captured.

It is recognised that refusal to engage with services may be a concern and therefore referrals to relevant organisations should not be delayed because it is impossible or difficult to engage with the individual. Consent should be sought, but a decision to follow the framework without consent may be justified where the person and/or others are at **risk of serious harm, injury or death**. This decision should be recorded on the person's

records. Referrals to LSAB partner agencies of high risk cases should not be delayed because it has not been possible to effectively engage with the individual.

Multi-Disciplinary Team (MDT) Meeting

This arrangement would be undertaken if no resolution from previous multi-agency working - Early Action Team/Integrated Neighbourhood/Neighbourhood Team involvement **for example** – or there are significant concerns about the individual's risk of serious harm, injury or death. The organisation who is best placed to lead on organising this (i.e. one with a statutory responsibility: CCG, Environmental Health, Housing, Local Authority) and is currently involved, would be the most appropriate for organising the MDT meeting. This could be identified at the Early Action/Integrated Neighbourhood/Neighbourhood Team meeting.

Note: this is the initial meeting, to ensure the relevant organisations are involved; further meetings may have a different Chair, as lead organisations may change, depending on the need/circumstances of the individual/situation. This would have to be a mutual agreement between current and proposed Chair/organisation.

The role of that organisation is:

- Ensure the relevant partners are invited to address the concern
- Chair the meeting
- Provide a clear summary prior to the meeting for the attendees
- Clarify the roles and responsibilities
- To identify whether an independent advocate is required and to make the necessary referral

The responsibility of the MDT meeting is to:

- Provide expertise to effectively review the case
- Ensure there is full multi-agency sign up and engagement
- Consider risk assessments and risk management
- Look at strategies which may reduce risk and improve outcomes for the person and services
- Consider the support needs of the individual as well as the needs of the organisations involved to be accountable
- Consider whether there is a requirement to undertake further assessments and identify which LSAB partner agency would need to undertake these and identify who will be responsible for making the relevant referral, with identified timescales agreed to prevent case drift
- Consider whether legal advice is required (each organisation would be responsible for sourcing/funding this following their own procedures)
- Agree a plan of action for the person, including the consideration of alternative or creative options to enable professionals and/or others to encourage engagement with the person at risk
- Agree timescales for actions
- Record the agreed outcome
- Agree a review period where necessary

- Share information with the adult concerned and organisations involved in the meeting
- Monitor and review the agreed plan of action where necessary
- Arrange for any further meeting(s) as required
- Escalate the risks within the agencies involved to support a shared approach to risk assessment.

It is recognised that the dilemma of managing the balance between protecting adults at risk from the potential consequences of serious self-neglect, against their right to self-determination, is a challenge for all services.

It should be agreed at the MDT meeting who will feedback the outcome and any proposed plan of action with the person and seek their consent to the plan, as well as a timescale for this discussion.

Actions following the MDT meeting

As outlined above, the identified agency/ professionals/person should discuss the proposed plan of action with the individual in order to try to engage the person with services.

The plan of action will have incorporated the next steps to be taken, in the event that the individual does not engage with the proposed actions. A review of the case will be required – process to be agreed in the plan of action.

It would be good practice for the agency leading on trying to engage the individual to record refusal to accept the plan of action, document ongoing risks and to ask the individual to sign to agree that they understand the risks involved.

Notes/actions from the MDT meeting will be circulated to attendees and each agency will take responsibility for the secure storage of these minutes on their relevant databases.

Disagreements between Agencies

Where there are disagreements between agencies that cannot be resolved at the MDT meeting or concerns about the participation of any agency in the process these will be escalated as appropriate. The senior leads of the relevant organisations should liaise with each other; if this does not resolve the issue, then an approach should be made to the relevant member of LSAB for advice.

Stage 1: If professionals are unable to reach agreement about the way forward regarding an individual issue then their disagreement must be addressed by more senior staff. In most cases this will mean the first line managers of the agencies involved discussing the issue of dispute and seeking to reach a resolution;

Stage 2: If the issue cannot be resolved at this level then the matter must be referred up through each agencies line management structure without delay to a Head of Service or equivalent (e.g. designated safeguarding officer);

Stage 3: If the issue cannot be resolved at Head of Service (or equivalent) level then consideration should be given to progressing the dispute through the further layers of more senior management up to, for example, Strategic Head of Service or Director Level.

In situations where such senior officers have become involved in resolving disagreements between agencies and those disputes relate to the safeguarding needs of vulnerable adults, the LSAB Team must be made aware of this. The purpose of such notification is to help monitor interagency safeguarding activity, and to identify issues which may benefit from an LSAB Quality Assurance scrutiny. The agency which found it necessary to escalate an issue to such a high level in another organisation should advise the other organisation of their intention to do so

Exiting the Framework

Cases will exit the framework when either:

a) The desired outcomes are achieved and/or risks are reduced as far as possible, so that the individual no longer meets the threshold for this framework

Or

b) All options have been exhausted and there are no further interventions available to agencies.

If the reason for the exit is due to b) and has been agreed by MDT members and recorded as appropriate in the individual's and agency's record, this should be communicated in writing to the SU, with assurances that there is an open offer of support should they wish to take this up at any time. The agency's records should include a rationale of the decision-making process and actions (including current mental capacity assessment).

Supporting Information

Escalation Tool

Please note: these examples are to help guide professional decision-making. For someone to be at high risk of severe injury and/or death, a combination of issues and a significant impact on an individual's safety, with a refusal to engage with services in order to mitigate risks, would be required in order for it to meet the standards expected for the framework to apply.

Level of Risk	Minimal Risk	Moderate	High / Critical
Self-Neglect	Access to support services is limited. Health care and attendance at appointments sporadic. Person is not currently losing weight (but may have done in past 6 months). Person has limited access to social and community activities. Person is able to contribute to some daily living activities. Personal hygiene is relatively good. Low risk of harm.	Access to support services have been identified but declined. Health care is poor, but no current deterioration in health and person is of low weight. Limited ability to maintain nutrition even with support. Person's wellbeing is significantly affected: Person does not access social or community activities. Person's is unable to contribute toward daily living activities and does not recognise this/declines necessary intervention. Personal hygiene is an issue and is impacting on health. Loss to independence and declining relevant support. Some level of self-neglect/non-compliance, i.e. inconsistent engagement with medical staff or medication management and this is having a detrimental impact on health. Medium risk of harm or injury.	The person refuses to engage with necessary services and there are significant concerns with regard to the level of risk of significant harm/injury/death. Health care is very poor and there is a recent significant deterioration in health. Essential care is refused. Wellbeing is significantly affected on a daily basis: Person is isolated from family and friends (or does not have any). The person does not engage with any social or community activities and this is affecting their mental health. The person does not manage any daily living activities, they are declining support and this is impacting on their health. Hygiene is extremely poor and causing significant skin problems. Aids and adaptations refused or not accessed and significant risk of harm identified.

			Limited or no financial viability which is impacting on their health and declining support with this. High risk of severe injury and/or death as a result of the above
Hoarding **(see Hoarding guidance at appendix 1)**	Moderate-severe collections of items; not rubbish and not causing obstructions. At least one room is severely impaired by level of clutter. Several animals present that are currently well cared for. Responds to relationship building and rapport with professionals. Residents and communal areas unaffected. Low risk of harm.	More than one room unusable, or use severely impaired by level of clutter over several rooms; this may include rubbish. Some items present that may increase risk of severity of fire – such as hoarded paper. Lack of essential utilities. Environment causing illness/ hospitalisation. Several animals present; some signs of neglect and/or animal faeces in property. Signs of infestation that could spread. Strong odour. Non-fatal fire in last 6 months. May be some items in communal area, but not constantly. Light odour in communal areas. Medium risk of harm or injury.	Hoarding significant number of items which severely limits free movement, including entry/exit. Imminent fire risks (Consider: Flammable materials, working smoke alarms, evidence of previous fire/smoke damage anywhere). Unstable piles/avalanche risk, leading to severe injury, permanent disability. Disconnection of essential utilities and declining support to rectify this. Numerous animals present; with obvious signs of neglect, faeces present in property. Eviction/ legal enforcement by Environmental health and/ or housing. Severe infestation that could spread, causing infection or injury. Severe infestation to neighbours and surrounding properties. Inability to safely access and use communal areas due to clutter impinging on these areas from affected property. Clutter spreading to the garden and surrounding areas.

			High risk of severe injury and/or death as a result of the above.