BLACKPOOL SAFEGUARDING ADULTS BOARD MULTI-AGENCY GUIDANCE FOR RESPONDING TO SELF-NEGLECT

BLACKPOOL SAFEGUARDING ADULTS BOARD

CONTENTS

Introduction

Self-neglect is a spectrum of behaviours, with mental, physical, social and environmental factors interacting and affecting an adult's ability to care for themselves. An adult may initially be fully able to care for themselves, but as problems such as chronic illness develop, they may gradually lose the ability to perform activities of daily living.

Professionals need to be alert to these changes to fulfil their duty to prevent an escalating situation and to protect the adult from any risk to their life, while promoting their dignity and maintaining respect for the adult's life experience and autonomy.

Making decisions based on these competing moral imperatives is not easy and this guidance aims to provide practitioners with ideas for reflection and tools to support decision making on how and when to intervene in another person's life.

Professionals need to be aware of any personal biases and preferences for what constitutes a 'life well lived' as this will vary from person to person. All professionals in Blackpool would be expected to show an interest in the person they work with, their life story, the reasons behind their choices and a willingness to explore if an adult's refusal of support is based on an informed choice or an inability to understand risks or put decisions into practice.

Interagency communication, collaboration, and sharing of information has shown to be effective in preventing and addressing risks to adults who are self-neglecting and this guidance provides templates which can be adapted in different agencies for this purpose.

1. Blackpool Local Context:

1.1 Why do we need self-neglect guidance?

Reasons for self-neglect are often complex and so is the impact on the adult's life. Self-neglect may impact on a person's health, wellbeing or living conditions and may have a negative impact on other aspects of their life. Without early intervention, existing health problems may worsen. Neglect of personal hygiene (physical factor) may lead to social difficulties and isolation (social factor), or physical/mental health breakdown and cognitive difficulties (mental factors). Dilapidated property or excess rubbish (environmental factor) can become infested and can be a fire risk, which is a risk to the adult, family, neighbours and others.

We hope this **guidance** will help you to:

- Differentiate between types of self-neglect
- Feel confident in identifying self-neglect
- Enable you to support people who self-neglect
- Know your responsibilities when working with someone who self-neglects

The Self-Neglect Well-Being and Safety Plan included with this **guidance** aims to support practitioners in responding to people who may be self-neglecting. This approach places the person at the centre of the process and will enable their views, wishes
and experience to be fully understood as part of multiagency working.

Recommendations from SARs (Safeguarding Adults Reviews) place an emphasis on the importance of multi-disciplinary risk management and professionals working together at an early stage to support adults experiencing self-neglect.

The Adult Social Care Post Incident Review Process (PIR) into serious incidents and deaths has highlighted the need for more focus and attention on; early identification and prevention of self-neglect, consideration of mental capacity, how to engage with our 'least heard' population, a shared understanding of risk through assessment and effective information sharing which will assist multi-agency partners/ practitioners to take action to reduce risk.

A National Review **and analysis** of 231 SARs across England showed self-neglect to be the most prevalent type of abuse, present in 45% of reviews examined. The most common noted practice shortcomings were failure to apply the Mental Capacity Act and poor risk assessments/risk management (60%) and failures of safeguarding noted in half the cases. Poor recognition of carers and inadequate attention to care/support needs and healthcare needs were represented in over 40%. An absence of professional curiosity meant that circumstances were sometimes taken at face value rather than explored sufficiently to reveal an accurate picture.

Briefing for practitioners - Analysis of Safeguarding Adults Reviews | Local Government Association

1.2 Blackpool – The Context For this Guidance

Life expectancy and Healthy Life Expectancy

Residents have the lowest life and healthy life expectancy in England, with men expected to live 74.1 years (53.5 in good health) and women 79.0 years (54.3 in good health).

Poor health

Residents typically experience ill health 10 years earlier than the national average – up to 15 years earlier in its most deprived areas. Double the proportion of people under 50, compared with England, have bad/very bad health (15.5% vs. 8.1%).

Disability

The third highest proportion of residents who identified as disabled and limited a lot and third highest proportion of residents who identified as disabled and limited a little.

Alcohol dependency

Around 4,300 (3.9%) adults have an alcohol dependency, more than double the England average (1.4%), with alcohol related deaths happening at an earlier age, most often 45-64.

Hospital admissions for alcohol-related conditions in people aged 65+ are the highest in the region, and much higher than the England average.

Drug misuse

The highest rate of drug misuse deaths occur in Blackpool. This has doubled since 2009-11, and is almost 4 times the national average.

Mental health

1 in 5 adults have been diagnosed with depression (England: 1 in 8). 29% live with high anxiety (England 23%), and 8% feel the things they do in life are not worthwhile (England 4%).

Dementia

1,608 residents were diagnosed with Dementia in 2022/23, this equates to 0.9% of the adult population. 1 in 20 adults aged 65+ has dementia, compared to 1 in 25 across England.

Physical activity/Obesity

Over 35,000 of Blackpool's adult population do less than 30 minutes moderate exercise per week. Almost 37,500 (33%) are obese with a BMI of 30 or more

Blackpool – changing the narrative – Whilst the demographics and population statics can frame a picture of Blackpool it's not the 'whole story'

- The UK's number 1 family resort with a thriving economy that supports a happy and health community who are proud of this unique town. (council plan)
- Blackpool Council Plan committed to transformation and modernising the town
- Strong close knit communities who are focused on changing story and future.
- A wide variety of community and seasonal events
- A focus on health and wellness, Blackpool provides facilities for active lifestyle, including sports centres/ gyms. Alternative wellness activities and nothing beats a walk along the prom with fresh sea breeze.
- A Safeguarding Adults Board at 'place' in Blackpool with a three year strategy, with strategic aims and a business plan. Safeguarding Effectiveness, Learning and Development and Making Safeguarding Personal (MSP)
- Blackpool Council and its partner agencies / organisations are highly committed to working together at 'place' to support people achieved their outcomes.

Quote from the Safeguarding Adults Board Annual Report 2023/24

"Our partners continue to deliver personalised and person-centred services to residents across Blackpool despite the pressures brought about by these external influences."

2. What is Self-Neglect?

2.1 Definitions

There is no single accepted definition of Self-neglect; the Care Act 2014 defines it as:

"Self-neglect- this covers a wide range of behaviours neglecting to care for one's personal hygiene, health, or surroundings and includes behaviour such as hoarding."

Gibbons, S (2006) uses a widely accepted definition:

"Self-neglect is defined as the 'inability (intentionally or non-intentionally) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community."

Self-neglect is characterised by an inability to meet ones' own basic needs and can be intentional or unintentional (Gibbons et al, 2006).

2.2 Self-Neglect and Hoarding Behaviour

Self-neglect can coincide with 'hoarding'. Hoarding behaviour is when someone collects and keeps too many things, even if they don't need or use them, to the point where it interferes with their daily life.

'Hoarding' is only one of the behaviours that fall into the spectrum of Self-Neglect but the two terms are often used synonymously.

Further useful information can be found at Social Care Institute for Excellence (SCIE) Self-neglect at a glance

In October 2024 training was provided to Multi-agency partners, organisations and voluntary providers in Blackpool on Hoarding behaviour. This was delivered by psychologist Ian Porter who is challenging how professionals think about 'Hoarding' and whom has established supports for people who exhibit hoarding behaviour across the Northwest through the organisation Hoarders helping Hoarders.

The approach Blackpool Adult Social Care is taking is to separate out 'Self-neglect' and 'Hoarding behaviour' into separate distinct pathways.

Supporting people who demonstrate self-neglect and people who exhibit hoarding behaviour require different response interventions.

Below are pictures used to provide clarity on the difference from an observation perspective between self-neglect and hoarding behaviour.

Self-Neglect

Hoarding

Partner agencies should think broadly on what may constitute self-neglect what constitutes hoarding behaviour and what pathways may be available to address concerns.

The Multi agency Well-being and Safety Plan tool can and should be used to identify self-neglect and/or hoarding behaviours however, the intervention and actions need to be specific to where hoarding is the significant factor with consideration to a set of interventions which don't cause additional trauma and distress to the person.

Adult Social Care will continue this work and a development day has taken place with key partners. Adult Social Care have committed to set up lived experience groups which will provide a peer support network for people who exhibit hoarding behaviour in Blackpool.

The other key element of the local response to hoarding behaviour will be the establishment of a multi-agency hoarding improvement partnership. This is currently in the early stages of development.

It is important to have clarity that whilst hoarding behaviour has a distinct response being developed in Blackpool, this behaviour still falls under the umbrella of self-neglect and concerns around hoarding behaviour may still result in Safeguarding adults concerns being raised and enquiries being undertaken as per S42 of the Care Act 2014.

2.3 Assumptions around Self-Neglect

TRUE OR FALSE	
Self-neglect is usually a lifestyle choice.	**False:** ✗ Research shows that self-neglect results from a complex interaction between physical, psychological, emotional and social factors in the person's life. Self-neglect is more often a response to trauma and adverse experiences -a coping mechanism to manage fear and insecurity, which then itself produces shame, isolation and further distress.
Self-neglect doesn't always have to be the subject a safeguarding enquiry.	**True:** ✓ The Statutory Guidance to the Care Act 2014 states that self-neglect might not always lead to a S42 enquiry. A decision has to be made on a case-by-case basis on whether the person is able to protect themselves by controlling their own behaviour. This is a reference to the belief that self-neglect is sometimes a lifestyle choice, which as we've seen above is rarely the case. Situations of high-risk arising from self-neglect need to be addressed, whether through safeguarding or through other approaches.
If someone who is self-neglecting has mental capacity and refuses to engage in intervention, there is nothing that can be done.	**False:** ✗ Mental capacity assessment is pivotal to determining interventions. If the person lacks capacity in relation to their personal care or living conditions, healthcare or care and support, the Mental Capacity Act 2005 sets out the requirement for those decisions to be made by others, acting in the person's best interests. Wishes, feelings, beliefs and values must still be taken into account. If the person has been assessed as having capacity and negotiated solutions have not been possible, interventions can be put in place using alternative legislation relating to housing, public health or anti-social behaviour on the grounds that the self-neglect is posing risk, detriment, nuisance or annoyance to others. In some circumstances, application can be made to the High Court to take protective measures using its inherent jurisdiction.
Making safeguarding personal means you can only do what the person will allow you to do. We have to respect autonomy.	**False:** ✗ Respect for autonomy has to be balanced with a duty of care. Making safeguarding personal involves working with the person to help them develop the ability to see and pursue different options, to live in ways that are more self-careful and to manage the risks they face. Respecting autonomy does not mean abandonment.
Making safeguarding personal takes too long –we don't have time we need to find quick solutions.	**False:** ✗ Quick solutions that 'solve' the immediate risk to health or safety that self-neglect presents can be a false time-economy. Without addressing the underlying influences on the person's behaviour or establishing a relationship of trust, such 'solutions' are likely to be followed by reoccurrence of the 'problem', incurring further costs in both financial terms and in terms of time and resources. This can also cause acute and lasting psychological distress, adding a further layer of trauma to the person's life. Equally, walking away from self-neglect because of lack of time to show professional curiosity and build relationships may result in far greater cost if risks remain unaddressed –even as far as cost to life.

2.4 Signs of self-neglect

Signs and indicators of self-neglect can include:

Physical appearance and health: Poor hygiene, dirty or inappropriate clothing, poor hair and oral care, malnutrition, obesity, unmet medical or health needs, alcohol and/or drug misuse/dependency, eating disorders.

Social isolation: Includes withdrawal from social activities and relationships, leading to feelings of loneliness and disconnection from people and community. Please note, in order to indicate a deterioration for the person, this would need to be a change from how they usually present. Some people naturally have few social connections.

Living Conditions: Unsanitary, untidy or dirty conditions which create a hazardous situation, poor maintenance of property, keeping lots of pets which are poorly cared for, vermin in properties, lack of heating, no running water and or lack of sanitation.

Refusal of services: Refusal of care services in the home, refusal of care services in care environment, refusal of health assessments, and refusal of health interventions. Could be observed by frequent cancelling of appointments, declining of carers at the door, with plausible excuses but observed collectively no support being delivered.

Drug and alcohol misuse: Drug and alcohol misuse/dependency is when someone takes drugs or alcohol in a way that harms themselves, their loved ones or their community. Drugs can include illegal drugs, 'legal highs,' and prescribed and non- prescribed medications. Misuse refers to using drugs or alcohol in a way that leads to social, psychological, physical or legal problems. Drug and alcohol misuse/dependency can be linked to self-neglect.

Self-neglect may arise from an unwillingness, or inability to care for oneself – or both. These may be interlinked at the point where there is unwillingness arising from care and support need e.g. mental health problem or cognitive deficit preventing the person from being able to, or wanting to, clean their home. Compounding factors may include alcohol or drug misuse, or a disorganised chaotic lifestyle and risk taking behaviours associated with this.

It must be also recognised that poor environmental and personal hygiene may not necessarily be the result of self-neglect but could arise as a result of sensory (poor eyesight), functional (e.g. consequences of severe pain) or financial constraints.

Many people, particularly older people who self-neglect, may lack confidence and/or ability to ask for help and may lack the support of others who can advocate or speak for them. They may refuse help and support when offered or even receive services that do not adequately meet their needs.

2.5 Why Might Adults Neglect Themselves?

Adults may engage in self-neglect for a variety of reasons, and the underlying causes are often complex and multifactorial. It can be linked to psychological, emotional, physical, or social factors, and sometimes a combination of these.

Research suggests that it may also be the result of:

- Physical or mental health deterioration or response to trauma
- Mental illness or problems with mood/behaviour, whereby the adult no longer feels 'worthy' of being seen and connected; this can also contribute to a reluctance or refusal to accept help and is sometimes falsely interpreted by professionals as 'lack of engagement'
- Deterioration in cognitive skills and the level of mental capacity required to understand risks or circumstances of their own behaviours, to make decisions based on this understanding, or to put decisions into practice
- Substance misuse
- Ineffective medication for an existing condition
- Physical or nutritional deterioration
- Personal beliefs and values which may have affected an adult's choices throughout their life but have now become more risky due to physical or mental changes
- A loss of social connections: social networks decreasing naturally due to the death of important 'anchors', or due to the adult's actions, or the person's inability to maintain their social networks.
- Fear of losing control
- A mistrust of professionals/people in authority
- Financial/economic hardship
- Abuse or neglect by others
- Adversity and trauma

Addressing self-neglect requires a comprehensive approach that addresses both the practical and emotional aspects of care.

3. Prevention

Self-neglect is one end of a spectrum of a person's ability to care for themselves. Initially, the adult may be living independently and fully able to care for themselves. As time progresses or as a result of key events in their lives (such as the death of significant others) they may develop physical or mental health problems such as chronic illness, restrictions of mobility or a dependence on substances and as a result, lose the ability/motivation to care for themselves. This often happens gradually over time, but can happen more quickly.

Professionals may notice the changes such as the individual not looking after themselves or their home environment quite as well as they used to. As time moves on, this may lead to a lack of ability/motivation to complete basic tasks of self-care and daily living such as personal care, food preparation or care for one's home environment.

All practitioners should be alert to these changes when they see them or visit a person in their home. It is important that professionals remember the principles of Making Every Contact Count and all professionals should be taking this into their interactions, including carers, district nurses, housing officers, social workers, paramedics etc.

Those who are visiting someone more regularly should remind themselves of the value for the person by taking the opportunity to have conversations while the person is not in a crisis, which is often a point when services such as Adult Social Care or hospital staff become involved.

The person's needs can increase to such an extent that they experience or are at risk of harm. The earlier the changes are recognised, the sooner professionals are able to support the individual and avoid progression to a stage where they are at risk of significant harm or death before their situation is identified.

Further complicating this picture is that standards for hygiene and tidiness are subjective and vary for each individual, what one person sees as very messy, or unhygienic, another would see as acceptable. It can also be that the person does not feel comfortable with new people they don't know in their home or have other personal reasons why they are declining extra support. In these situations, prevention of self-neglect may include keeping in touch with the person on a regular basis and building trust between the person and the service.

In addition, it may be that the person is afraid that accepting a referral about their care needs could mean that they are not going to be able to remain living in their own home, so a clear message should be given about wanting to help the person to remain as independent as possible.

Where practitioners have identified that the adult's wellbeing is being affected to the point that they may need care and support in their daily life, for example from domiciliary care, a referral to Adult Social Care should be discussed and completed for a Care Act Assessment, to ensure the persons need can be met.

The urgency of the referral will depend upon the situation. Further information on what the assessment involves, and the referral process can be found in section 5 of this document.

It may be found during a needs assessment that the person requires support from a paid carer. However, a person with capacity to make decisions about their care may decline this support. If a professional is in a position where it becomes clear that a person needing domiciliary care is declining support or there are other reasons why their care needs cannot be met, this should be discussed in a multi-agency meeting. This should include the person, Other professionals involved or who can meet the person's needs and possibly people from their informal support network. The lead professional and MDT should support the person with a Well-being and Safety Plan, where the risks will be documented. Further information on multi agency Wellbeing and safety plan meetings can be found in section 4 of this document.

Without support there may be a deterioration in the person's ability/motivation to maintain their wellbeing which in turn might result in escalating self-neglect behaviours. The person experiencing self-neglect may not recognise or agree that they need help. This is common in conditions like depression, cognitive impairments, or certain mental health disorders, where individuals might feel overwhelmed, hopeless, or detached from reality and can be difficult for others to recognise early.

4. What should professionals consider when working with people who self-neglect?

Self-neglect presents a great challenge for professionals due to its complexity. This guidance recognises the inter-relationship between financial, physical, mental, social, personal and environmental factors in contributing to self-neglect.

Partner agencies therefore have a vital role in the early recognition and prevention of self-neglect and have a responsibility to recognise and act upon the risk factors associated with self-neglect.

Early intervention is the most effective means to prevent a harmful level of self-neglect.

4.1 A person centred approach

"Making Safeguarding Personal" (MSP) is a principles-based approach to safeguarding that emphasises the importance of focusing on the individual's wishes, preferences, and outcomes in safeguarding practices. MSP is designed to put people at the centre of safeguarding efforts, empowering them to have a voice in decisions that affect their safety and well-being. More information and the MSP Toolkit is at Making Safeguarding Personal toolkit | Local Government Association.

In line with 'Making Safeguarding Personal' principles of good practice, the person should be included and involved in the assessment process and in developing a plan to reduce or eliminate identified risks. The person, their advocate, or someone from their personal support network should be invited to attend any meetings and comment on any findings or proposed actions.

Care and action plans are much more likely to succeed if the person at risk has been involved in developing them and if they are in a format that the person and/or their representative can understand and make use of in their daily life.

- Work at an individual's own pace and set achievable goals (smaller steps rather than complete life changes)
- Support the person to be 'in control' of their life and involve them in decisions
- Support autonomous decision making but also consider that to make independent and rational decisions, a person may sometimes need support (this also applies to situations where the person is considered to be capacitated to make decisions)
- Try and view the risk and concerns from the person's perspective:
  - What do they identify as the most pressing concern?
  - Would they benefit from taking actions, which are considered risky?
  - What would their quality of life be if all risk were removed?
  - Is there a way to agree an outcome that addresses the risk with the person still being in control of their life?
- Supporting someone who self-neglects to manage risk to their wellbeing can take a long time, months or sometimes years to address; a short term outlook or plan are unlikely to achieve any change
- Would the person benefit from attending a professionals' meeting, what would a meeting have to look like to support the person to want to engage? How can the person be involved in their action plan and how can this be put into a format that makes sense to the person and/or their representative? Advocacy support may be considered here, and reasonable adjustments should be considered to meet any additional needs that the person may have.
- The action plan should be reviewed to assess whether outcomes are being met.
- Agree a lead professional early on to ensure actions are completed, SMART and timely. It may be that the most appropriate lead professional may not be the most obvious, for example it may be a professional the person has the best relationship with but may not be doing the most in-depth work. The lead professional will need to be decided on a case-by-case basis.

At the heart of self-neglect practice is a complex balance of knowing, being and doing:

- Knowing, in the sense of understanding the person, their history and the significance of their self-neglect, along with all the knowledge and resources that underpin professional practice
- Being, in the sense of showing personal and professional qualities of respect, empathy, honesty, reliability, care, being present, staying alongside and keeping company
- Doing, in the sense of balancing hands-on and hands-off approaches, seeking the tiny opportunity for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when the risks are so great that some intervention must take place. Self-neglect policy and practice: Key research messages - SCIE

4.2 Person Centred Assessment of Risk: 'Well-being and Safety Planning'

A person centred assessment should be completed using the Wellbeing and Safety Plan Tool at Appendix 3 and guidance for completion at Appendix 2.

Evidence from experts by experience tells us that using the term 'risk assessment' has heightened anxiety and therefore a Wellbeing and Safety Plan has had a positive outcome for people.

When completing a Wellbeing and Safety Plan, consideration should be given to the following aspects of the person's life in order to establish a holistic view of the person's situation:

- Presentations of self-neglect and the home situation
- The individual's perception of their situation
- Underlying mental health conditions
- Functional and cognitive abilities of the person
- Underlying medical conditions
- Engagement in activities of daily living
- Family and social support networks, and the lack of these
- Substance or alcohol misuse issues
- Environmental factors, including fire risks
- Domiciliary care and other services offered/ in place and whether living conditions are preventing necessary care being provided
- Environmental health monitoring
- Money management and budgeting
- Risks to others
- Other people posing risks

A multi-agency partnership approach is the most effective in gathering information regarding the extent of the risk and identifying an appropriate person or agency to take the lead in coordinating a person centred, outcome focused response.

This plan should be completed in partnership with the person where possible, this supports principle 2 of the Mental Capacity Act 2005, 'Taking all Practical steps to support this person to understand/make the decision themselves'.

It is also important that a date is set to review the Wellbeing and Safety Plan.

Professionals must apply the principles of "think Family" to consider whether anyone else is at risk as a result of the individual's self-neglect. This may include children or other adults with care and support needs. Professionals from all organisations have a responsibility to take action to safeguard others. Children's Services referral information (Request for Support Hub) is included in this guidance at section 5.5.

4.3 Assessing Mental Capacity

Understanding and assessing mental capacity is crucial when working with people who self-neglect.

In safeguarding adult reviews, an absence of attention to mental capacity is one of the most commonly noted deficits in practice. The failures can include both an absence of assessment even where it is warranted and assessment that is undertaken but is insufficiently robust.

The principles of the Mental Capacity Act 2005 should be applied where there is a reason to believe an adult lacks the capacity to make specific decisions because of an impairment of, or disturbance of, their mind or brain. No formal diagnosis of a cognitive impairment is required, but for the adult to be found to lack capacity, the inability to make the specific decision needs to be causally related to the functioning of the brain ('because of').

Establishing whether someone has the mental capacity to make decisions relating to their self-neglect can be challenging. It may be difficult to distinguish whether a person is making a personal choice to live in a certain way which others may consider unwise, or whether the person lacks the mental capacity to make a decision.

This brings into focus the dilemma that exists between the duty of care that professionals have to the individual - the impact that severe self-neglect can have in compromising human dignity and wellbeing, and the individual's right to make their own choices.

Key to addressing this dilemma is to take all practicable steps to support the adult with decision making. Under the Care Act 2014, the adult also has the right to an advocate if they have substantial difficulties with making decisions. All efforts should be made to help the adult participate in making decisions.

A person is considered unable to make a decision for themselves if they are unable to:

- Understand the information relevant to the decision
- Retain that information
- Use or weigh that information as part of the process of making the decision
- Communicate their decision whether by talking, using sign language or any other means.

There should be an accurate record of how the relevant factors for a decision were explained to the person. What steps have been taken to encourage and support the person, consideration of how and whether the person understood these, as well as the consequences of not making a decision, and how the inability to make a decision is related to the adult's impairment of, or disturbance of the mind.

This part is often confused by practitioners who may determine that someone has decisional capacity around their personal welfare or their environment, without considering if the person can carry out the actions needed to keep themselves safe or well. Professionals should consider the person's ability to implement a decision in practice and implement a point of review of the persons capacity, have they been able to use the information and decision as they indicated? It is important that practitioners remember to review capacity at appropriate intervals, has the person acted in the way they stated they would?

A person with impaired cognitive function (e.g. frontal lobe damage) may have difficulty understanding, retaining, using and weighing relevant information, as well as planning, problem solving and enacting a decision in the moment.

Where the adult refuses assistance and they have been assessed as having the mental capacity to understand the consequences of such actions, this should be fully recorded.

Practitioners should also include a record of the efforts and actions taken by all agencies involved to provide support and confirmation that they have considered alternative means to meet any duty of care owed to the person or others affected by the self-neglect.

An individual's capacity might be affected for a number of reasons and may fluctuate. Examples include:

Mental Health Conditions: People with conditions such as bipolar disorder, schizophrenia, or severe depression may experience episodes where their mental capacity is impaired (e.g., during a manic or psychotic episode) and other times when they are fully able to make decisions.

Dementia: Some individuals with dementia may have fluctuating capacity depending on the stage of the disease and external factors such as medication, mood, or environmental stressors. At times, they may be able to make decisions for themselves; at other times, they may need support.

Substance Use: A person who uses drugs or alcohol may experience impaired mental capacity during intoxication or withdrawal, but may be capable of making decisions when sober. There may be additional complications in this area. If a person is in active addiction they may behave with a degree of compulsiveness and this alone would not constitute a "mental disorder", it may interact with other factors to increase the likelihood of the person lacking mental capacity to make specific decisions.

Medical Treatment: People recovering from surgery or who are under heavy medication might experience fluctuating mental capacity as the effects of the treatment or condition change over time.

Practitioners may also wish to complete a Wellbeing and Safety Plan with individuals when they have capacity, looking at what the risks are when they lack capacity and planning with them for this eventuality.

The table below shows domains of self-care and self-protection broken down into capacity, problem solving and executive functioning. It is intended to be a tool to support the assessment of capacity.

Domains of self-care and self-protection	Decisional capacity / Appreciation of problems	Consequential problem solving	Executive capacity (verification of task performance)
Personal needs and hygiene: Bathing, dressing, toileting, and ambulation in home	Has it been difficult, or do you need assistance, to wash and dry your body or take a bath?	If you had trouble getting into the bathtub, how could you continue to bathe regularly without falling?	Physical examination of hair, skin, and nails. Gait evaluation and screening for balance problems and recent falls
Condition of home environment: Basic repairs/ maintenance of living area and avoidance of safety risks	Do you have any trouble getting around your home due to clutter, furniture, or other items? It is important to make basic repairs to one's home; do any parts of your home need repairs?	What if your air conditioner [or heater] stopped working; how would you fix the problem?	Proxy reports of the home environment or a home safety evaluation performed by an occupational therapist or home health service.
Activities for independent living: Shopping and meal preparation, laundry and cleaning, using telephone, and transportation	Going to the store is important for buying food and clothing for everyday life. Do you have any problems going to the store regularly?	If you needed to call a friend [a cab or other service] to take you to the store, how would you do that?	Ask patient to use the clinic's phone and call a friend or other service to ask for a ride. [Patient should demonstrate all steps for making a call and getting information.]
Medical self-care: Medication adherence, wound care, and appropriate self-monitoring	People who forget to take their medications may end up having a worse health condition or need to see the doctor more often. Do you have problems remembering to take medications?	Consider if you had to have someone give your medications to you and watch you take them. How would this affect your everyday life	Ask person to bring all medication bottles from home, even empty ones. Review medication fill and refill dates and pill counts, or have a home-health nurse do a home medication assessment
Financial affairs and estate: Managing check book, paying monthly bills, and entering binding contracts	What difficulties do you have paying your monthly bills on time? Who can assist you with paying your monthly bills or managing your finances	How could asking [cite individual] to help you with paying your bills be better than managing your monthly income and paying bills by yourself? Are there any reasons why asking [cite individual] to manage your income might not help or might make things worse for you?	Proxy reports of bank statements, uncollected debts, or bills. Can formally assess performance with routine financial tasks, such as 1- or 3-item transactions, including making changes or conducting a payment simulation using a check and register

Where it is assessed that an adult does not have the mental capacity to make a specific decision, this does not mean that they are no longer involved in decisions. The Best Interests process ensures that the adult is consulted.

Mental Capacity and Legal Frameworks

A Deprivation of Liberty Safeguards (DoLS) authorisation may be necessary if an adult lives or needs to live in a care home, or is staying in hospital. Where a person is living in a community setting, a Community DoL application may need to be made. In circumstances where a person is objecting to being removed from their home, a referral to the Court of Protection may be needed in order to remove someone from their home under the Mental Capacity Act (2005). Legal advice should be sought about whether the Mental Health Act (1983) is appropriate. For example, it may be necessary to consider the use of S.135 of the MHA to remove a person to a place of safety in order to assess their Mental health.

4.4 Professional Curiosity

Learning points from SARs tell us that professionals could and should have been more professionally curious when working with self-neglect.

Professional Curiosity is the open mind and readiness to explore a situation in full, instead of accepting it 'at face value'. Natural curiosity can be suppressed by competing commitments and biases. Professionals are naturally curious but also have a tendency to think that 'what they see is all there is'.

Professional curiosity tries to reach beyond the patterns of first impressions and assumptions. It requires practitioners to ask questions about themselves and their beliefs as much as of the people they encounter in a professional situation.

Curious professionals:

- Appreciate people's lived experience as much as the situation they currently find themselves in.
- Are respectfully quizzical about people's lives and get an understanding of individuals' and their families' past history.
- Look, listen, and ask direct questions but generally communicate and engage in ways that work for the person.
- Triangulate information from different sources to gain a better understanding of individuals and their networks.
- Check and test their professional hypotheses.

Professional curiosity involves keeping an open mind and applying critical evaluation to any information received, whilst maintaining an open and honest relationship with the individual. It requires holistic thinking, looking at how all factors in a person's life impact on each other, and not thinking in a way that is restricted to your professional role.

See here, a quick guide to professional curiosity.

4.5 Engaging with people who self-neglect

Key to effective interventions is building relationships to effectively engage with people without causing distress and reserving use of legal Powers to where they are proportionate and essential.

Safeguarding processes may be required when working with people that self-neglect, but much of the work is long-term work, which happens under other frameworks. This 3 minute animation video from Lambeth Safeguarding Adults Board highlights the challenges faced.

The nature of self-neglect cases means there is an increased likelihood that the person may refuse support when it is first offered. In conjunction with being flexible, patient and creative, professionals have to be gently persuasive and persistent in working with a person to reduce risks.

Professionals may consider if there are alternative agencies that may be able to joint work to assist engagement with the person. Working creatively with other agencies supports the person and professionals in sharing the risk and finding alternative ways to support the person to engage in support.

Initial non-engagement should not result in no further action. Support could be offered again later, particularly where risks may have changed, or referral made to other agencies clearly indicating why the referrer thinks these agencies may be best placed to try and engage the person. If you are faced with repeated low-level concerns over a short period, this could mean the situation is more serious than it initially appears. Consider whether more support is needed to get a wider picture of the adult's situation on a daily basis.

Consider different ways to engage the person:

- ✔ Go on a joint visit with someone that the individual knows, trusts and feels comfortable with. This could be a family member, friend or another professional.
- ✔ Contact other professionals who are in contact with the person (GP, day centre workers, cleaners, etc.). They may have suggestions about how best to engage with the individual.
- ✔ Discuss whether the person would engage with a fire safety assessment from the fire brigade that you could go along to.
- ✔ Take something as a positive introduction. For example, an Occupational Therapist may take a piece of equipment, which could make the person's life easier and may be accepted. If the individual has meals delivered, you could go along at the same time as the delivery.
- ✔ Ask others about the individual's interests and hobbies to find something that might engage them, think creatively about how this could be incorporated into your work, or the work of other agencies.
- ✔ Consideration should also be given to things that you know have succeeded in the past with this individual, as this may have the same outcome if tried again.

If there are significant concerns, professionals may need to visit someone with a police escort. Local PCSOs often have a good relationship with the community and may know the person.

The police can also gain entry if there are risks to the person's life, in line with Police and Criminal Evidence Act legislation (PACE).

The various options for referral are described fully in section 5

Multi-agency Wellbeing and Safety Plan meetings can be the best way to do this, especially when there is risk of significant harm. Meeting or discussions will usually be coordinated by the agency, which is most involved in the main area of the person's self-neglecting behaviour. For example, if an assessment under the Care Act 2014 is required, the meeting should be organised by the Adult Social Care Team. If health or primary medical needs are the main concern, they should be organised by the relevant health organisation.

If a Safeguarding S42 enquiry is under way, the meeting should be organised by the Adult Social Care Team under Safeguarding as part of the safeguarding s42 process, including where the self-neglect is health related.

Adult Social Care have completed a number of Post Incident Reviews (PIR) and Safeguarding Adult referrals (SAR's) where self-neglect has been a feature.

5. Responding to Self-Neglect

The response to self-neglect, as any other professional response, needs to be proportionate. Some situations may be best addressed by advice and information to the person or their representative, or by some support or assessment by a single person or agency who the person is most familiar with.

From a certain risk however, responses need to be coordinated between agencies in order to protect the person better and to manage risk appropriately.

Where there is evidence that an individual may be at significant risk from self-neglect, a referral should be made to Adult Social Care and a Safeguarding Concern raised to assess the level of risk. Where a person is an inpatient the presenting self-neglect concerns should be managed in line with the appropriate/relevant legislation for the setting e.g. MHA 1983/MCA 2005, policies and procedures for the duration of their stay. Robust discharge planning is required to facilitate a safe discharge with any unmet needs identified and care planned with community teams including adult social care to reduce harm.

Professional judgement will need to be applied when deciding on the most appropriate pathway to secure professional multi-agency collaboration and appropriate risk management.

Multi-agency collaboration is the starting point and referrals to Safeguarding can be made alongside this if the specified criteria are met.

The Below behaviour Matrix acts a guide to determine the most appropriate initial response, and different actions are outlined on the following pages.

Minimal	Moderate	High	Extreme
There are examples of me not coping with some aspects of daily living. These can be managed with minimal support.	Occasional episodes of self-neglect that give cause for some concern.	There are serious concerns about my ability to manage and for my wellbeing and safety.	There are very serious current concerns. My welfare and safety are currently at risk to the extent that the situation will need to be addressed immediately.
		Raise a Safeguarding Concern	

5.1 Key Agencies and Their Responsibilities

It is fundamental that a partnership approach is adopted when responding to, and managing Self-Neglect referrals and enquiries. Remember to agree a lead professional early on in working with someone. This person may change as the situation, needs and levels of concerns change.

- Blackpool Housing Services (Blackpool Coastal Housing and Housing Options) Where an adult is at risk of homelessness as a result of self-neglect or hoarding behaviour, the Housing Service will offer advice and assistance to individuals and practitioners involved in their care to minimise any risk of homelessness. Early involvement from Housing, particularly when considering alternative temporary or permanent accommodation options, is therefore essential.
- Blackpool Council Adult Social Care Services As detailed above, an assessment of the adult's needs for care and support or a detailed consideration of their ability to protect themselves from risk can be the best route to provide an appropriate intervention in situations of hoarding or self-neglect. The Adult Social Care referral information is detailed later in section 5.
- Other Adult Social Care services: For information and advice please direct individuals to the Councils Local Offer page, which, contains information on Adult Social Care services, services within the community and voluntary organisations: Health, social care, childcare and community directory for the Fylde Coast : Health, social care, childcare and community directory for the Fylde Coast - FYi Directory
- Health Services The key role for Health services will be to raise concerns and provide information to discussions and continue to meet need in accordance with their professional standard and duty of care. Where a patient is assessed as lacking mental capacity, a decision will be made in that patient's best interests as to how to support their medical needs, as per the law on best interest decisions for patients.

A patient who has mental capacity may make a fully informed decision to decline a medication or treatment option and the health practitioner should support them in this decision.

Such decisions must be re-visited often to ensure the decision remains a capacitated one, and to afford patients the opportunity to say they have changed their minds. Should the health practitioner feel alternative pathways/options may improve the health of that person they should work with them over time to ensure that the patient continues to make fully informed decisions about their health.

On a case-by-case basis, taking into account other contextual factors in that person's life, if the person is not able to look after themselves and this is having an impact on their health and (for example) their ability or motivation to take their medication or repeatedly decline opportunities to engage with recommended care plans, this may suggest self-neglect and as such should be discussed with the service safeguarding lead.

If agencies other than health agencies have a concern about health in the risk matrix, please refer to the adult's GP or other health practitioner.

- Blackpool Council Environmental Health Service Environmental Health can assist where a person is exposed to a public health risks or hazards in the home that affect their health safety and welfare. This applies to private rented accommodation and where the property is owner occupied. The Environmental Health team have powers to take enforcement action and subsequent works in default to clear a hoarded property where the hoard consists of putrescible waste and/or where there is evidence of vermin (rats/mice). The team can also assist where the property is in a poor condition and that condition is affecting the health safety and welfare of the occupier. The team also administer disabled facilities grants and work with the Occupational Therapy team to enable adaptions to homes for access into and out of the home and access to amenities in the home. Blackpool Council | Environmental

If the property is owned and managed by the Council, the Neighbourhood Housing Officer will assist with all of the above matters as the property is council owned.

- RSPCA If an animal/s are being neglected by the individual, a referral may need to be made to the RSPCA.
- Police Self-neglect is a form of vulnerability. Vulnerability is a priority for the Police. Police are called to addresses for a variety of reasons such as when a crime is committed, Anti-Social Behaviour is reported or there is concern for the occupant's welfare.

The Police play a key role in information sharing and working with partner agencies around vulnerability the vulnerability process is designed to be robust and ensure intelligence is accurate and the right support is in place for each individual.

- Advocacy - Empowerment An Independent Advocate is an advocate working independently of the Local Authority and appointed under the Care Act. The role of an Independent Advocate is different to the role of a general Advocate because they are not just supporting the person to have a voice, but to facilitate and maximise their involvement in a whole range of adult Care and Support processes.

There is a duty to make advocacy available under 2 sections of the Care Act: s.67 and s.68. An advocate may be referred to as a s.67 or s.68 advocate so it is important to know the distinction:

I. s.67: An advocate to support a Care and Support process not related to safeguarding;

II. s.68: An advocate to support a safeguarding process.

Under the Care Act, the Local Authority must arrange for an Independent Advocate to be available to represent and support the person (or carer) if:

a) There is no appropriate other person to support and represent them; and

b) They feel that the person (or carer) would experience substantial difficulty being fully involved in the Care and Support process without support. Substantial difficulty applies to one or more of the following areas:

c) Understanding relevant information relating to the process or function taking place;

d) Retaining that information;

e) Using or weighing up that information as part of the process of being involved; or

f) Communicating their views, wishes or feelings (whether by talking, using sign language or any other means).

Under the Care Act, consideration of an advocate should be made at the first point of contact with the person or carer. The Care Act is clear that this is the stage where the assessment begins as information starts to be gathered, and it is therefore where the duty to make independent advocacy available also begins. Where the need for an Independent Advocate has been identified, the Care and Support process should not start before the advocate has been allocated.

Where the person does not have capacity, or is not able to communicate their views, wishes or feelings, the Independent Advocate must do so to the extent that they can ascertain them. Where the person does not have capacity, or is not able to challenge a decision made by the Local Authority in relation to the Care and Support function the Independent Advocate must challenge the decision if they consider the Local Authority to be in breach of their general responsibility to promote individual Wellbeing

Empowerment Empowerment Blackpool | Empowerment Charity

5.2 How Different Agencies can Contribute

Service	How they can support someone who is Self- Neglecting
Fire and Rescue Services	Provide fire safety advice and put practical measures in place to reduce the risk of a fire. They may refer on to other agencies for more support.
Community Nurses	Provide healthcare to people in their own homes. They will refer to other services, such as the continence or respiratory service, or for specialist equipment such as profiling beds.
General Practitioners (GP's)	Can identify people who seem to be self-neglecting, provide support and advice and refer to other agencies such as mental health services, to enable people to get support and assistance if required.
Environmental Health	Aim reduce the risk to the person themselves, but also the wider community through practical direct work with the person, invoking any relevant legislation where necessary.
Hospital Nurses	Identify patients who seem to be self-neglecting, support them and refer to other agencies to enable potential to gain help and support if required, within and following their stay in hospital.
Housing	Support people to maintain tenancies if they are at risk of being evicted due to problems with Self-Neglect and Hoarding behaviour. Housing will refer to other agencies if required.
Advocacy	Support the person to make their own decisions, ensure their views, wishes, feelings, beliefs and values are listened to, and may challenge decisions that they feel are not in the person's best interests.
Occupational Therapists	Work with individuals to identify any difficulties they experience in day to day living activities, finding ways to help individuals resolve them. Support independence where possible and safety within the community, to help build confidence and motivation.
Paramedics	Often called by the person or a third party due to medical concerns or health deterioration. Will deliver appropriate emergency treatment, assess mental capacity in relation to the health issues presented (particular around refusal to go to hospital) and refer on to other agencies with concerns.
Police	Can investigate and prosecute if there is a risk of wilful neglect, they can provide safeguarding to families and communities by sharing information, refer to specialist partner agencies and use force to gain entry/access of there are legal grounds to do so.
Probation	Identify problems via home visits or appointments and provide regular monitoring. They may refer to social care, mental health, housing and health. They will complete risk assessments and risk management plans, making links to the risk of serious harm
Social Workers	Will complete assessments by talking to and getting to know the person. They may assess their mental capacity to make a particular decision about their lives and consider all options available. They may put in place support or care, or refer to other agencies. They may arrange multi-agency meetings and will rely on sign up from partner agencies regarding this. They can help with relationship building, communication skills and try to develop social networks for the person who is self-neglecting.
RSPCA	Investigate complaints of cruelty to and neglect to animals and offer support and advice

Service	How they can support someone who is Self- Neglecting
Mental Health	Can provide specialist mental health related to support to people who self-neglect in their own homes. This includes practical support, active support and will aim to promote independence and choice, linking in with other services and sharing information.
Voluntary, Community and Faith Sector organisations	Staff and volunteers can provide a whole range of social opportunities and support, to support people to connect with their peers and communities. This includes clubs, support groups, foodbanks and faith led support services. Staff and volunteers from this sector are a vital part of the formal and informal planned care and support for people who self-neglect.
Physiotherapists	Help with treatment of injury, disease or disorders through physical methods and interventions. A Physio helps and guides patients, prescribes treatment and orders equipment. They can refer to other services if required.
Clinical Psychology	Can support people who self-neglect by developing psychological understanding of their situation and helping them find strategies to help manage their situation, including psychological therapy.
Age UK	Can provide short term support in the home for people after a hospital admittance following an accident, illness or during a personal crisis
Hospital Discharge Team	Can assess and plan care and support for people who are admitted to hospital, so that when the person is discharged, this is as safe a journey as possible for the person who is self-neglecting. This includes completing capacity and risk assessments, as well as information sharing with the wider MDT
Welfare rights	Can support the person who is self-neglecting to maximise their income, which may have a positive impact on their ability to self-care and emotional wellbeing.
Drug and Alcohol Services	Can provide support, advice, counselling and ensuring the person who is self-neglect access the appropriate level of health and social care support. This in addition to supporting the person if they have a drug or alcohol problem, which may impact on their ability to self-care.
This list is not exhaustive	Other agencies, professionals and people may be involved who can contribute to an improving picture for the person at the centre of concerns.

5.3 Multi Agency Meetings

Multi-Agency meetings can be organised and led by one agency.

This will be the agency or service who knows the person best and therefore has noted that they are self-neglecting and a response needs to be considered. All other agencies and services currently involved with the person will be invited to attend.

The meeting will likely address the concerns if the risk is low or moderate using the behaviour matrix. If the risk is higher, a referral to Adult Social Care for a Safeguarding Concern must be made.

Professionals can make a referral to Adult Social Care if it is considered that an assessment of the adult's needs for care and support (Care Act s.9). The local authority still has a duty to undertake such an assessment, even if the person refuses, when the person lacks capacity to decide if they should have an assessment (and it is in their best interests to have one); or if they are experiencing (or at risk of) abuse or neglect (Care Act s.11).

Consideration when referring should be given to whether the person has mental capacity to consent to referral, if not whether a referral is in their best interests, and whether they appear able to protect themselves from abuse or neglect.

Seeking legal advice as early as possible may help to identify other legal frameworks available. Using two examples relating to Local Authorities: if the alleged behaviour is anti-social, it may be that the Council can use its various anti-social behaviour management powers to deal with it and this may present a more effective and efficient remedy. Likewise, it may be that where the person is a social housing tenant, actions relating to the management of the tenancy agreement and enforcing the terms of this agreement might be more appropriate.

Agencies have a duty to respond to abuse and neglect under the Care Act 2014. Key professionals from any agency or organisation can call Multi-Agency meetings for a person who self-neglects and who they are concerned about in their service.

The purpose of the Multi-Agency Wellbeing and Safety Plan meeting is:

- to discuss risks,
- identify the most appropriate lead,
- implement a plan, which provides the most appropriate person centred response to manage risk to the person. This can include professionals across health, social care, housing, environmental health, and the voluntary sector. For example, a GP practice may include district nurse, community navigator, social prescriber, pharmacist, and any carer or care coordinator in their meeting (the list is not exhaustive).
- Where possible, consent should be sought from the person at the centre of the concerns for a meeting to take place. Where it is assessed that the person does not have capacity to consent, they should be kept informed and professionals should act in their best interests in deciding whether a meeting should take place.

In the meeting, professionals can share their concerns associated with the person's risk behaviours so that decisions are made based on all available evidence, and to allow a more complete picture of the situation, and to develop a plan. This can be a formal risk management plan if deemed appropriate by the agency.

Following the meeting, a Wellbeing and Safety Plan (risk) management plan should be circulated to all attendees and reviewed by the lead agency, to ensure that actions have been completed and the risks are mitigated. When the risk can be managed without the plan being monitored, the plan can be closed.

Actions set in a Multi-Agency Wellbeing and Safety Plan meeting should be based on the person-centred Wellbeing and Safety Plan (risk assessment) and contribution from all key professionals.

One professional or agency will take responsibility for the Wellbeing and Safety Plan and for scheduling the Multi-Agency Wellbeing and Safety Plan meeting, and for sharing and coordinating the actions that are set in the meeting; this would normally be the agency which is most involved in the main area of the person's self-neglecting behaviour e.g. Health. The key factor for deciding who should take the lead in the Multi-Agency meeting should be what is best for the person at risk.

The agency organising the meeting should invite any professional that they know is currently working with the adult or that they feel would be relevant.

Decisions on actions and rationale for decisions should be recorded and recording should include for example:

- What options have been considered and how has the appropriate action pathway been decided on?
- Have issues been explored with professional curiosity?
- Who was invited to a Multi-Agency Wellbeing meeting?
- Who else was consulted and what information was gathered/evaluated?
- What actions were set/for whom/with what date for completion. Note that in most cases this will include a conversation with the person at risk and/or other assessments?
- Who will monitor completion of the tasks set and whether there will need to be another meeting?
- How has any immediate risk been addressed? Have long-term risk considerations been shared and what actions have been taken to address the risk?
- How have decisions were shared and communicated to referrers
- What legal frameworks have been considered (for example Mental Capacity Act 2005)
- Date and time of visits, calls and decisions
- Who reported which piece of information
- Professional opinion clearly shown as such

Timely and appropriate information sharing is at the core of this process and professionals need to refer to their Information Sharing Agreement as well as their own agency's information governance policies and guidance.

If organising Multi-Agency meetings or formulating an effective response to concerns around self-neglect proves difficult to achieve and adult social care are not already aware or involved, other agencies should consider a referral to adult social care as described elsewhere in this guidance. If concerns are not addressed effectively they may become more severe and urgent, necessitating a response under S42. It would therefore be preferable for agencies to cooperate in finding a solution, in line with the "Prevention" principle of safeguarding.

Information Sharing as part of Multi-Agency meetings

Information sharing for the purpose of safeguarding adults at risk of abuse or neglect is covered within the Pan-Lancashire safeguarding arrangements and the relevant section can be found here.

Professionals should consider their own agency's Self-Neglect policy if applicable and policies relating to GDPR and record keeping.

5.4 Referral to Adult Social Care

If you think that the person has care and support needs, a referral to adult social care at Blackpool Adult social care | Assessments and referrals for a Care Act Assessment of need should be made. As part of the assessment or review, the worker will discuss the situation with the person and explore the best options for supporting them in their day to day living, as well as to help them achieve their desired outcomes. This may include community resources, informal support from the person's own network as well as statutory services (such as the provision of domiciliary care or residential care). Where the person is entitled to such services under the Care Act, these services would be subject to an individual financial assessment (to establish if there is a contribution charge to the person and how much this will be).

Ideally, the person should always be aware of the referral and have given their consent. If the person lacks capacity to give their consent, or declines to do so, a referral can still be made where necessary in the vital interests of the individual or the public interest.

The Care Act 2014 statutory guidance includes self-neglect in the categories of abuse or neglect relevant to safeguarding adults with care and support needs. In some circumstances, where there is a serious risk to the health and wellbeing of an individual and all attempts to mitigate the risk have been unsuccessful, it may be appropriate to raise self-neglect as a safeguarding concern. However, interventions on self-neglect are usually more appropriate under the parts of the Care Act dealing with assessment, planning, information and advice, and prevention (S9 assessment).

To refer someone to Adult Social Care, there are several options:

Non-Urgent

For all referrals call Blackpool Adult Social Care on: 01253 477800 This phone number should be used to refer for a Care Act assessment to assess or re-assess a person's care needs, for carer support services.

More information on support available can be found using the following link: Blackpool Adult social care | Assessments and referrals

Urgent

If you feel that a same day response is required and care may need to be arranged urgently, please telephone as follows:

- Monday to Friday 9am-5pm: 01253 477800. This will take you through to the Duty Team. Please ensure that you make it known to them if you are enquiring an urgent same day assessment.
- Monday to Friday after 5pm, and before 9am and all weekend: 01253 477678. This will take you through to the Emergency Duty Team who can if necessary arrange urgent support out of hours.

Referral to Adult Social Care for a Safeguarding Concern.

Self-Neglect may result in a Safeguarding concern where the person has needs for care and support and is experiencing, or at risk of, abuse or neglect (including self-neglect). It may also be necessary to raise a safeguarding concern if the adult who is self-neglecting is a carer for an adult at risk. Think whole family approach - is anyone else at risk because of the self-neglect?

Note that self-neglect may not prompt an Adult Safeguarding S42 enquiry.

An assessment should be made on a case by case basis, and advice can be provided by the Adult Social Care Team.

A Care Act S42 Safeguarding referral should be considered and applied where necessary. This would be the case where single agency and inter-agency collaboration under this guidance has failed to reduce the identified risk around self-neglect.

This may be because:

- The person is persistently refusing care and support and professionals and family members struggle with the complexity of statutory duties and legal powers which could possibly be used to improve the individual's situation
- Other approaches have failed and the risk remains high
- Agencies refuse to cooperate under this Guidance (Escalation should also be used in this instance)
- Despite appropriate resources (available to the individual or being formally provided), the individual cannot protect themselves by controlling their behaviour

The local Authority in Blackpool will follow the below flow chart in determining if a Safeguarding concern meets s42 enquiry.

Safeguarding concern is referred to the local authority

s.24 (1): Information gathering (see paragraph 14.92 of DHSC care and support statutory guidance (2018)) to consider:

reasonable cause to suspect:

- an adult with care and support needs is
- at risk, or experiencing abuse or neglect, and
- can't protect themselves as a result of their needs

and to ascertain the views of the adult on the nature, level and type of risk and support they may need to mitigate the risk.

After proportionate fact finding, is it necessary to continue to the s.42 (2) duty to make enquiries and take action?

No

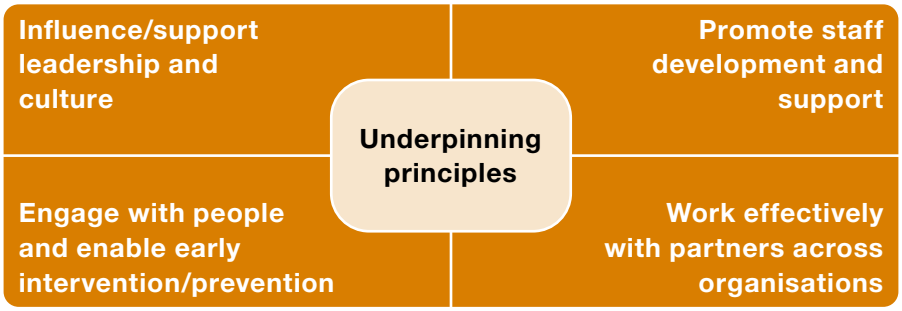
Alternative response e.g. s.9 assessment, s.10 carers assessment, care management, quality of care concern, complaint, Multi-agency Risk Assessment Conference (MARAC), community MARAC, signposted for advice, No Further Action (NFA).

Yes

s.42 (2):

- Make or cause to be made whatever enquiries are necessary.
- Decide whether action is necessary and if so what and by whom. (This could also include, for example, s.9 or s.10 assessments.)

This diagram below illustrates how a number of different strands link together to contribute to Making Safeguarding Personal.



The self-neglect guidance aims to enhance the work under these different strands and is aligned to support best practice in working together with people across the partnership to:

- to identify safeguarding concerns
- to share information to establish which of these requires a S42 enquiry
- to identify alternative effective responses where a S42 duty is not indicated but some other action is needed
- to prevent circumstances from escalating to the point where a S42 duty is triggered
- to support staff in making legally literate decisions
- to develop cultures and leadership that enable and support responses that reflect human rights and safeguarding adults principles

Paragraph 14.93, Care and Support Statutory Guidance, DHSC, 2018

Local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. The scope of that enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. It will usually start with asking the adult their view and wishes which will often determine what next steps to take. Everyone involved in an enquiry must focus on improving the adult's wellbeing and work together to that shared aim. At this stage, the local authority also has a duty to consider whether the adult requires an independent advocate to represent and support the adult in the enquiry

5.5 Referral to Children's Services (Request for Support Hub)

Professionals must consider whether anyone else is at risk as a result of the individual's self-neglect. This may include children or other adults with care and support needs. Professionals from all organisations have a responsibility to take action to safeguard others.

If you are working with an adult who self-neglects, consider if there is a child within the person's household, family or network and follow your agency's safeguarding procedures around children. If you feel that a child may be at risk of serious harm, contact: Blackpool Council | Worried about a child | Child abuse reporting

6. References

Braye S, Orr D and Preston-Shoot M (2013) A Scoping Study of Workforce Development for Self-Neglect Work. Leeds: Skills for Care.

Gaining access to an adult suspected to be at risk of neglect or abuse - SCIE

Research in Practice – Practice Tool - Working with people who self-neglect - Supporting evidence-informed practice with children and families, young people and adults | Research in Practice

When mental capacity assessments must delve beneath what people say to what they do - Community Care

Safeguarding order people from abuse and neglect

Strengths-based approach: Practice Framework and Practice Handbook

Making Safeguarding Personal in self-neglect workbook | Local Government Association

Autonomy and Protection in Self-neglect Work: The Ethical Complexity of Decision-making: Ethics and Social Welfare: Vol 11 , No 4 - Get Access

Making Safeguarding Personal in self-neglect workbook | Local Government Association

Making Safeguarding Personal | Local Government Association

Briefing for practitioners: Second national analysis of Safeguarding Adult Reviews | Local Government Association

Quick guide to understanding what constitutes a safeguarding concern | Local Government Association

Making decisions on the duty to carry out Safeguarding Adults enquiries | Local Government Association

Blackpool Council plan

YouTube videos

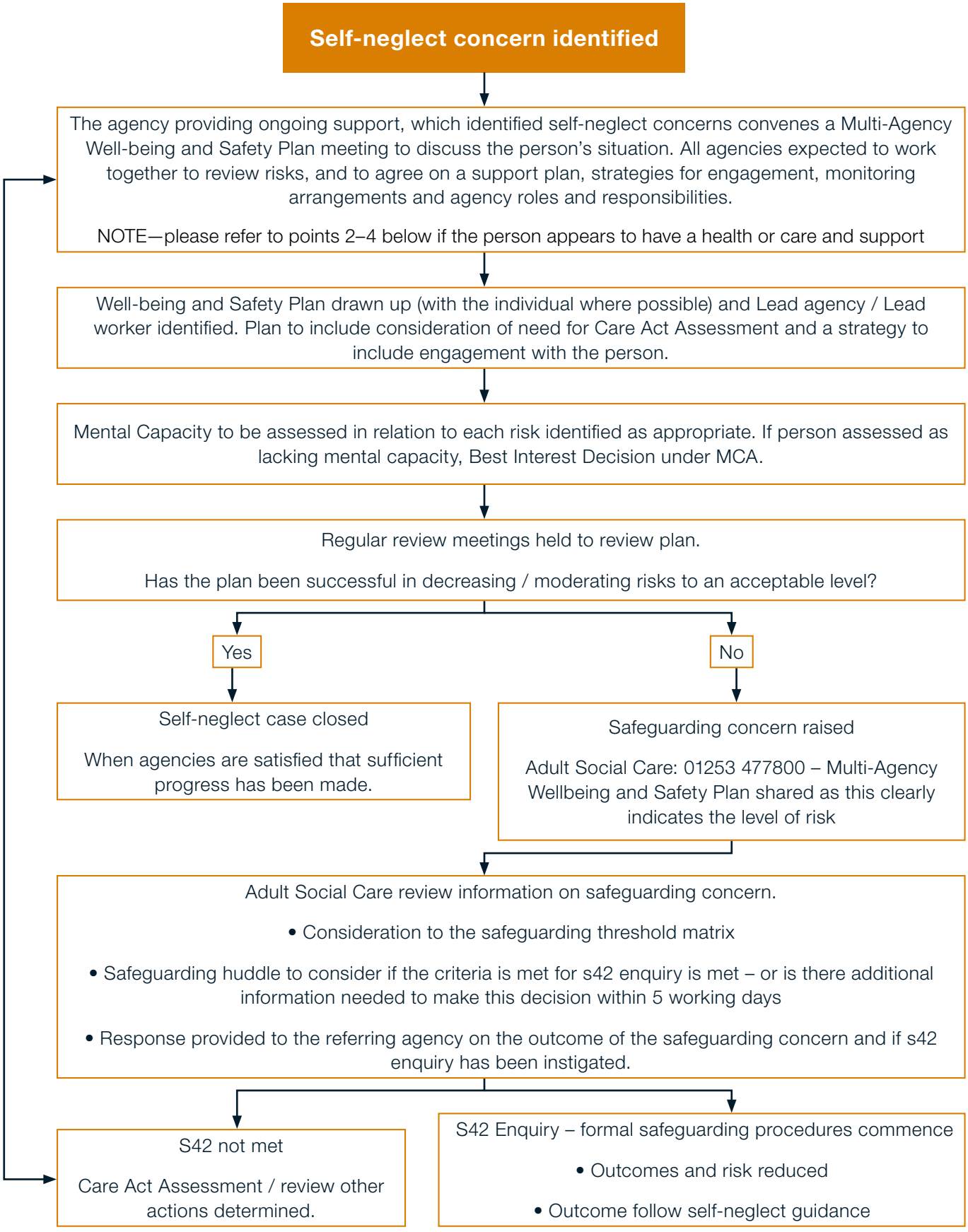
Responding to self-neglect

Safeguarding Adults - Self Neglect 2020 - YouTube

Using curiosity as an approach for self-neglect | Dr David Orr | TEDxUniversityofSussexStudio

Making safeguarding personal videos | Local Government Association

Appendix 1: Flow Chart Summary of Process



Appendix 2: Guidance on using the Wellbeing and Safety Plan:

This plan is intended to be used as a strengths-based tool, alongside the person there are concerns about. It is intended to facilitate a person-centred conversation to understand the person's experiences and how they wish to be supported. The purpose of the plan should be made clear to the person at the start of the intervention. This plan will support an open conversation about how the individual, carers and professionals view behaviours that concern and why, in a non-judgemental way.

The practitioner should ensure that they have checked with the person there are concerns about, whether they would like anyone to support them with the conversation. This can be a family member, neighbour, friend, advocate, another professional, or anyone else the individual would like to support them. The practitioner should remain mindful of whether there may be concerns regarding abuse from this person, including coercive control.

Voice of experts by experience:

- The professional is there to do things with the person and not for them.
- The professional should be aware of their own bias, agendas and time restraints.
- This plan can take place over a period of time and should be considered a multi-disciplinary plan that belongs to the person and is shared so all professionals working with them understand the plan.
- Ensure that you have checked whether the Wellbeing and Safety Plan needs to be provided in an alternative format, e.g. braille, large print, easy read or the persons preferred language.
- Once you have finished writing up the plan, please take a copy of this to the person there are concerns about and talk this through to obtain their agreement on the plan and leave them with a copy.

Top Tips on using this tool from information from experts with experience:

- Do not judge the person
- Using the word 'risk' can make the person feel judged. Talk to them about safety, welfare and wellbeing. Be honest with them about what this conversation is about. It is okay to tell the person you are concerned and why.
- Listen to the person's experience, don't start the conversation with your own idea of what they need. Give them time.
- Ask the person what is going well. Celebrate all "wins", however small they may seem
- Get to know the person and build a relationship with them before having difficult conversations with them.
- Remember this is the person's life and they need to make decisions about their life where able.
- Reassure the person
- Use clear language and check their understanding.
- Be consistent with advice
- Remember things may get worse before they get better
- Make sure you have the right information. Check that the information you have is correct, such as personal details and listen to the person if they raise a concern about the information.
- Be responsive, acknowledge and respond to emails and phone calls.

A strengths-based approach

- Ensures risk is looked at as an enabler, not as a barrier. Concerns should be explored from the persons own perspective.
- The role of the professional is to support the individual in managing positive risks and behaviours of concern.
- Supporting the person in identifying potential benefits and potential hazards or dangers of a particular activity or decision
- Supporting the person to understanding the consequences of both the potential benefits and the potential hazards or dangers for themselves and others
- Working in collaboration with the person, identifying the best ways to manage the identified behaviours of concern, hazards or dangers. Maximising the benefits and if appropriate reducing the potential negative consequences

The aim should be about the benefits and reducing the risks for the individual and others. Not just for the professional. When using this tool ensure the conversation is trauma informed, this will support a richer conversation.

The Mental Capacity Act 2005:

The Mental Capacity Act 2005 provides a legal framework for acting and making decision on behalf of adults who have been assessed as lacking capacity to make particular decisions for themselves.

It provides 5 core principles that support the application of the Act in practice and a checklist to ensure that when an individual is assessed to lack capacity to make a specific decision that a standard approach to best interests decision making is applied.

The Act does not stipulate that a person must have any specific training to undertake mental capacity assessments, although does state that they should be the most appropriate person in relation to the decision to be made. For example, a decision about dental treatment would be best placed to be completed by a dentist.

This tool does not require that a mental capacity assessment is completed, however asks you to consider if one may be needed. This would be indicated where an individual is making repeated unwise decisions that is placing their health and well-being at risk, suggesting there is reasonable doubt about their ability make an informed decision.

Assessing mental capacity in relation to issues of self-neglect can be complex. If you have any concerns in relation to undertaking a mental capacity assessment in regards to the decision to be made, it would be best to discuss this further with your Line Manager and/or with the Multi-Disciplinary/Agency Team supporting the individual.

More information on the Mental Capacity Act 2005 can be found here:

https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance

Other legislation to be mindful of:

Disability and Discrimination Act 1995

Equality Act 2010 – consider protected characteristics

Appendix 3: Person Centred Well-Being and Safety Plan

Person Centred Well-Being and Safety Plan - To be completed with the Person where possible.		
Title & Name		Pronouns
Preferred Name		Date of birth
Address		Personal reference number:
Why we are talking about my Safety and Welfare		
People involved (Family/ friends/ people/ agencies/ services already involved)		
My communication needs/reasonable adjustments considered		
Things that are important to me		
Location		
Lead Professionals name		
Date started	Date completed	Date due for review

Examples of areas of concern (Please use blank boxes at the bottom for additional concerns)	Past					
	Yes	No	Don't Know	Yes (provide brief overview)	No (provide brief overview)	RAG RATING Matrix below
Concerns regarding self-care						
Managing nutrition and fluid intake						
Supportive friends/relationships (social support network). Is the person experiencing isolation?						
Dressing appropriately for weather and/or activity						
Managing physical health including medication and sharps.						
Managing mental health and wellbeing, including medication						
Managing and maintaining hygiene						
Does the person have suitable accommodation? Is this accessible/ suitable/ working adaptions or equipment needed						
Experiencing financial difficulties						
Access to working amenities (water/heat/light)						
Difficulty communicating needs						
Hoarding behaviour. Is there a concern of fire?						
Are there pets at the property? Are their provisions in place for them if the person needs to leave?						
Compulsive behaviour such as gambling, shopping, alcohol, smoking.						

What are the benefits of these behaviour(s) of concern for the person?
Explore these benefits, be open and honest. Draw comparisons between person's views and the professionals views.

What are the dangers of these behaviour(s) of concern to the person? Are there any dangers to others?
Explore these dangers, be open and honest. Draw comparisons between person's views and the professionals views.

Views of other people involved in the plan
Consider the positives and challenges for the person

Options explored and put in place to minimise concerns or supporting positive risk taking

Reasons for rejecting other options
This can be both positive reasons for rejecting options or where a person may be declining support
(If the person has declined support please summarise this discussion)

Agreed Actions:	Action	By Whom	When

Overall Behaviour Matrix Score	Refer to behaviour matrix to determine level of risk. The highest level of risk is the overall determination. Orange or Red make a Safeguarding referral to adult social services.

Minimal	Moderate	High	Extreme