Self-Neglect & Hoarding Strategy and Toolkit

2019 to 2021

This strategy should be read in conjunction with MSAB Multi Agency Policy and Procedures

Foreword

Self-neglect and Hoarding have featured in a number of Safeguarding Adult Reviews across the country and these issues are being faced by many people and those who are looking to support them across Manchester.

This strategy supports two of the Manchester Safeguarding Boards priority areas of Engagement and Involvement which has a particular emphasis on Making Safeguarding Personal; and Neglect - Persons at risk of self-neglect or wilful neglect or neglect by omission are safeguarded and supported.

The strategy has been brought together by a multi-agency group using research and best practice. The strategy and the tools within it are designed to ensure that all professionals working in Manchester are supported to recognise and respond to individuals who have self-neglected and / or hoarded.

Self-neglect can occur where an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events.

Self-neglect can be a complex and challenging issue for practitioners to address, because of the need to find the right balance between respecting a person's autonomy and fulfilling their duty to protect the person's health and wellbeing.

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning. Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy, it is not simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

I would strongly encourage all agencies and professionals, along with the wider voluntary and community sector, to be familiar with the strategy and actively contribute to its implementation. By doing so you will be helping to achieve the overall vision of the Manchester Safeguarding Adults Board which is ***'Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play.'***

Julia Stephens-Row
Independent Chair
Manchester Safeguarding Boards

April 2019

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The Purpose of the Strategy

Self-neglect is widely recognised as a serious public health issue and social problem that can have profound consequences for health and well-being. The strategy will highlight learning from published Safeguarding Adult Reviews (SAR) and work in tandem with the legal framework of the Care Act 2014.

The Care Act (2014) advocates a person centred rather than a process driven approach, and Manchester strives to achieve this in all aspects of safeguarding. This strategy will aid a proportionate person-centred response to self-neglect and hoarding while supporting persons who may be at risk.

The Strategy will also add additional support to partner organisations and their staff to make the shift in culture and practice necessary to achieve the Care Act's vision for adult safeguarding where:

- Safeguarding is the responsibility of all agencies
- A whole-system approach is developed
- Safeguarding responses are proportionate, transparent and outcome-focused
- The person's wishes are at the centre
- There is an emphasis on prevention and early intervention

Aim of the Strategy and Toolkit

This strategy and toolkit has been developed to support practitioners working across all services in Manchester to recognise the implications of self-neglect and hoarding on the health and wellbeing of persons who are affected and their families. Services are encouraged to work in partnership with individuals, communities and other organisations to raise awareness of self-neglect and hoarding by sharing information appropriately, providing advice and support as required.

Our Ambition

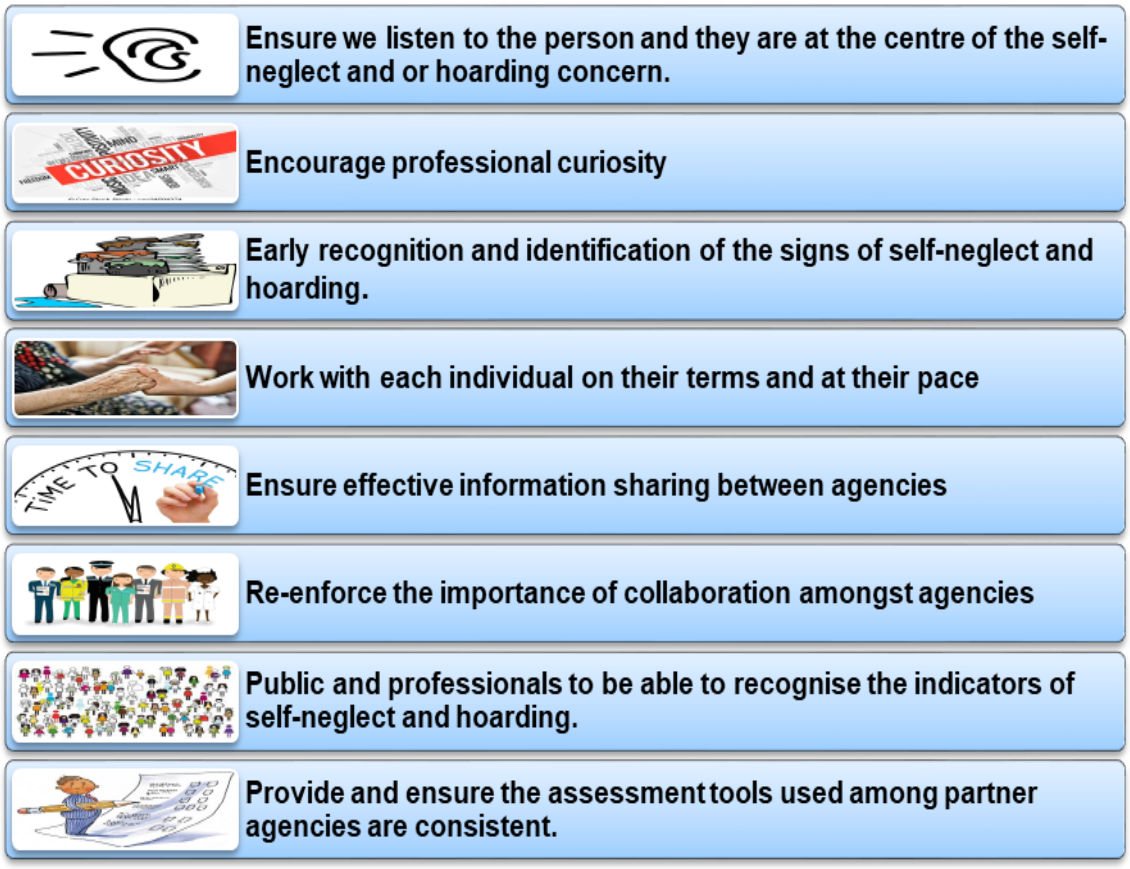
The strategy aims to build on the already important work that has been started by MSB and its partners who work tirelessly to protect people who need help and support. The introduction of the Care Act 2014 created a legal framework so organisations and individuals with responsibility for adult safeguarding can agree on how they can best work together and what roles they must play to keep persons at risk safe. This strategy will aim to strengthen and encourage a more preventative approach to cases of self-neglect and hoarding.

Our Vision

Is for all professionals to be supported to recognise and respond to individuals who as a result of their care and support needs may self-neglect and/or hoard, with the desired replacement of worker as the expert to the practitioner as the advocate or facilitator. Our interventions will be person centred, responsive, sensitive and proportionate.

Our Pledge

We will:



Our Partners Include:

Manchester Health and Care Commissioners (MHCC)
Manchester Clinical Commissioning Group (CCG)
Manchester City Council (MCC)
Manchester Local Care Organisation (including Public Health).
Greater Manchester Police (GMP)
Manchester University Hospital NHS FT (MFT)
Greater Manchester Mental Health (GMMH) NHS FT
National Probation Service (NPS)
Greater Manchester Fire and Rescue Service (GMFRS)
Healthwatch Manchester
The Christie NHS FT
Growth and Neighbourhoods
North West Ambulance Service (NWAS)
Northern Care Alliance (previously Pennine Acute)
Manchester Housing Providers Partnership (MHPP)

Measuring Impact of the strategy

Multi-agency audit tools will be developed to provide a means of quality assurance to identify areas of good practice and areas of concerns to influence service improvement. Emerging themes will form a basis for further, more focused audits. Following a multi-agency audit, an action plan will be developed to monitor progress, address gaps in practice across agencies and monitor the impact of the strategy. This will be reported to the MSAB Executive Group and assurance given to the MSAB on the impact of the strategy.

Other means of measurement:

Deep Dives by the Boards Learning and Development sub group who complete multi-agency task and finish group looking collectively at number of cases. This should be considered as being reviewed on an annual basis.

MCC Quality Assurance Team which audit of all social care teams and safeguarding work undertaken in MCC - picks up trends and patterns and provide feedback to practitioners.

Adults MASH Dashboard which picks up trends and patterns around top natures of concern/ location where concern occurred/ source of risk. Adults MASH performance report which feeds in to the Adults MASH Development Group and the MASH Board identifying trends and patterns and area of learning that needs to be embedded in practice.

Number of SAR referrals that are screened by the SAR panel involving concerns relating to self-neglect.

It is important that we do not see success of the strategy as just data and numbers, but the strategy supports Making Safeguarding Personal by endorsing an approach which has a tangible impact on people's lives and that as professionals, we are making a difference for people which positively affect their long term outcomes.

The recommendations from the MSB multi agency self-neglect audit published in April 2019 have been included within this document.

Signposting

There are resources, support and services for people in Manchester who may be struggling with looking after themselves including:

Mind - www.manchestermind.org / 0161 769 4732

Help for Hoarders - www.helpforhoarders.co.uk

Hoarding UK – www.hoardinguk.org

Adults social care - 0161 234 5001

Age UK - www.ageuk.org.uk/manchester / 0161 833 3944

Toolkit

Definitions

Professional curiosity is the capacity and communication skill to explore and understand what is happening to a person(s) rather than making assumptions or accepting things at face value. Nurturing professional curiosity is an essential part of working together to keep persons who may be at risk of abuse or neglect safe.

Respectful uncertainty is applying critical evaluation to information received and maintaining an open mind.

Safe uncertainty is used to describe an approach which focuses on safety but takes into account changing information, different perspectives and acknowledges that certainty may not be achievable.

Self-neglect

Self-neglect is a general term used to describe how a person who has care and support needs may put his/ her health, safety and/ or well-being at risk.

Self-neglect can be a complex and challenging issue for practitioners to address, because of the need to find the right balance between respecting a person's autonomy and fulfilling a duty to protect the adult's health and wellbeing.

Self-neglect implies there may be an inability or unwillingness or both to attend to ones' personal care and support needs and impact on wellbeing and safety. It may manifest in different ways, from lack of self-care to an extent that it threatens personal health and safety by way of:-

- Neglecting to care for one's personal hygiene
- Neglecting to care for one's health
- Neglecting to care for one's surroundings
- Hoarding
- Or a combination of any of the above.

Self-neglect differs from other safeguarding concerns and forms of neglect as there is no perpetrator of abuse, however, abuse cannot be ruled out as a purpose for becoming self- neglectful.

People may self-neglect and/ or hoard for a variety of reasons:

- Unmet care and support needs
- Inability to maintain own self-care and household chores
- Chronic use of substance/ alcohol impacting on executive functioning
- Parents who hoard (learnt behaviours)
- Childhood neglect/ childhood trauma/ adverse childhood experiencing
- The impact of abuse or neglect
- The impact of experiencing/ witnessing domestic abuse
- Life changing events eg. loss of a job, bereavement, loss of social status, loss of

accommodation etc
- The loss of a strongly held value system
- The loss of independence as a result of an accident, trauma, major ill health or frailty.

An intervention/ investigation into the reasons for self-neglect is required to determine if any form of abuse has taken place. This is not always as easy as it may sound, as it requires the professionals, or concerned person to engage with the self-neglecting person, to develop a rapport and gain their trust to ask about their emotions and how they feel about themselves.

Hoarding

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993).

Hoarding Disorder was previously considered to be a form of obsessive-compulsive disorder and is considered in some countries to be a mental disorder. However, hoarding can also be a symptom of other mental health disorders. (WHO and DSM definition needed)

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

Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe 'cluttering' of the person's home so that it is no longer able to function as a viable living space.
- Significant distress or impairment of work or social life (Kelly 2010).

Types of Hoarding

There are three types of hoarding:

Inanimate objects

This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers

Animal Hoarding

This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. As well, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

Data Hoarding

This is a new phenomenon of hoarding. There is little research on this type of hoarding and it may not seem as significant as other forms, however people that hoard data can still present with same issues that are symptomatic of hoarding.

Data hoarding can present with the storage of data collection equipment such as computers, electronic storage devices or paper. Some feel the need to store copies of emails, and other information in an electronic format.

Indicators of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Social withdrawal from family/ community/ support networks
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury
- Inability to protect self from harm or abuse

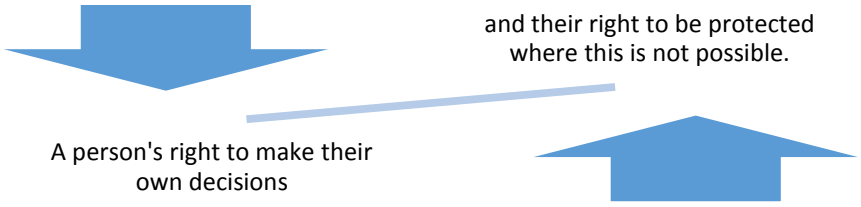
Social isolation and self-neglect are a toxic mix and can result in increasing deterioration to physical and mental wellbeing. Other risks can include:

- Fire risk
- Falls risk
- The risk from poor housing structures and lack of repairs
- Items falling from a height
- Nutritional risks
- Risk from insanitary conditions
- Risk of infection or vermin
- Risk to others, including visiting professionals and emergency services.
- Environmental risks to others
- Risk of losing accommodation and becoming homeless

It is important to recognise adults can self-neglect and not hoard and vice versa

The Practitioners Guide

The strategy will provide support and guidance to practitioners to enable them to achieve creative and proportionate interventions that respect the individual's right to self-determination; balancing autonomy and the practitioners duty to protect health and well-being.



Literacies for Self-Neglect

For effective work with self-neglect we MUST draw on a range of literacies (Braye and Preston-Shoot 2016a; Table 10.1)

Legal	Knowledge and skilled application of legal options or requirements
Ethical	Reflective and critical consideration and application of values
Relational	Engaging with people's biographies and lived experience Demonstrating concerned curiosity
Emotional	Managing stress and anxiety Recognising the impact of personal orientation to practice
Knowledge	Drawing on different sources of evidence
Organisational	Understanding accountability and management of practice within a multi-agency context Challenging procedures, cultures and decision making where these make error more likely
Decision-making	Sharing information Managing the multi-agency partnership Explicitly weighing the evidence for different options

Key Legislation

- Care Act 2014
- Human Rights Act 1998
  - article 2 rights to Life
  - article 3 rights to be protected from inhuman & degrading treatment
  - article 5 right to liberty and security
  - article 8 right to respect for private and family life
  - article 10 right to Freedom of Expression (underpins MSP)
  - article 14 right not to be discriminated against (underpins equality & empowerment)
- Mental Health Act 1983

- Mental Capacity Act 2005
- Equality Act 2010
- Animal Welfare Act 2006
- Environment Act 1995
- Fire and Rescue Services Act 2004
- Public Health Act 1984 (amended by HSCA 2008)
- Landlords - Housing Act 1985 & 1988
- Anti-Social Behaviour 2003
- Crime and Policing Act 2014
- Housing Act 1985, 1988 (amended 1996), 2004
- Misuse of Drugs Act 1971
- Homeless reduction Act 2017

Role of the Individual

Regardless of role, responsibility or organisation, protecting adults and safeguarding people from harm is everyone's responsibility. See Manchester City Council Safeguarding Adults Policy & Procedures

STAGE 1: Raising a Safeguarding Concern

TIMESCALE: A concern must be raised and reported immediately or no later than the end of the same working day.

If a person with (or appears) to have care and support needs and there are safeguarding concerns this must be raised with Manchester Contact Centre
E: socialcare@manchester.gcsx.gov.uk /mcsreply@manchester.gov.uk T: 0161 234 5001

When abuse is disclosed or suspected it is the responsibility of the person who is told, sees, suspects or hears about the abuse of an adult at risk to take action by raising a safeguarding concern.

Raising a concern is not optional. If the adult at risk does not want any action taken, it may be possible to do nothing further about the concern, but, initially, the concern must be raised and recorded.

It must be explained to the adult at risk this will be recorded, along with their reasons for not wanting any further action, but their wishes will be respected and no action will be taken unless the concern also involves risk to others, or the person appears to be under duress or coercion.

A record should also be made of the information given to the adult about how to obtain support should they change their mind.

There are a number of services and activities in place across Manchester and Greater Manchester working to identify and prevent further incidences of harm, and support for adults who are known to self-neglect and or hoard.

Children

- Where children are present or live with an adult who self- neglects or hoards then a children's safeguarding referral should also be made by telephoning **T: 0161 234 5001** where you will have direct contact with a social worker who will advise you on the best course of action.

Section 42 Enquiry

Once a concern has been raised and received at MASH, the MASH will place a recommendation on the system to suggest a possible Section 42 enquiry. They will then send this through to the appropriate locality office who will either follow the recommendation and begin a Section 42 Enquiry, or will take steps to resolve the case by other means.

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened. The findings from the enquiry are used to decide whether abuse has taken place and whether the adult at risk needs a protection plan. A protection plan is a list of arrangements that are required to keep the person safe

Strengths Based and Impact on Wellbeing Approach

Manchester is one of many local authorities who have introduced a strengths based approach to help safeguard children and young people. This approach has been adapted for working with adults and it explores another aspect in terms of impact on well-being as per section 1 of the Care Act 2014. The strengths-based approach focuses on how practitioners build partnerships with persons in suspected or substantiated abuse or neglect safeguarding situations. The approach is also a very adaptable and can be used as an effective tool for practitioners to use within managerial and/ or clinical supervision.

What does it mean when recognising and responding to self-neglecting situations?

<table>
<tr><td>1. What are you worried about?</td><td>Worries and concerns identified.

Who is worried and why?</td></tr>
<tr><td>2. What’s working well?</td><td>Understand the person’s wishes & feelings in relation to risk.

What strengths or positive factors exist that might mitigate some of the impact of the risks?

Who can help support with the consequences and associated fear or guilt?</td></tr>
<tr><td>3. Where do you rate this situation today and the impact on well-being?</td><td>Scale of: 0 to 10 where 10 means the concern is safely managed as much as it can be and zero means things are so bad for the person you need to get professional or other outside help.

Put different judgment numbers on the scale for different people.
0 ⟷ 10
<table><tr><td>Person</td><td></td></tr><tr><td>Family/ Other</td><td></td></tr></table></td></tr>
</table>

	Practitioner	
	Consultant	
	G.P.	
	District Nurse	
	Other professional	
4. What needs to happen?	Can we promote the person's safety without interfering with the benefits they gain or infringing their rights? Can we help change the situation to reduce the risk to acceptable levels whilst still respecting their choices & promoting their quality of life? What could go wrong and how could we respond in that case? Shared responsibility for promoting safety: ➢ What will the person do? ➢ What will staff do? ➢ What will others who are important to the person do?	

MSAB Adult Safeguarding Policy is built on strong multiagency partnerships working together with adults to prevent abuse and neglect where possible, and provides a consistent approach when responding to safeguarding concerns. This entails joint accountability for the management of risk, timely information sharing, co-operation and a collegiate approach that respects boundaries and confidentiality within legal frameworks.

It is important services do not work in isolation or work with a lack of comprehensive knowledge of the wider support on offer across the city, as this would lead potentially to a less efficient and effective response to safeguarding and support.

We all must be able to evidence the concept of defensible decision making:

- Did we explore and understand what was happening rather than make assumptions and/ or accept things at face value (professional curiosity / respectful uncertainty / safe uncertainty)
- Has the person been involved in the safeguarding response exploring desired outcomes and at a pace that suits them
- Has the persons support network been involved in the response
- Have all reasonable steps been taken
- Have reliable assessment methods including assessment of risk/s been used to inform decisions
- Has a multi-agency approach been explored to achieve positive outcome
- Has the use of all legal frameworks bespoke to each case been thoroughly explored
- Has information been collated and thoroughly evaluated

- Have decisions been recorded, shared and communicated with relevant parties
- Have organisational policies and procedures been followed (e.g.: Self neglect policy/ Did Not Attend (DNA) or Were Not Brought Policy/ Escalation Policy/ High Risk Protocol etc.)
- Has the Care Act statutory guidance been cross referenced
- Did we adopt a proactive, analytical approach and none judgement approach been explored
- Did we apply critical evaluation to information and maintain an open mind
- Did we focus on risk enablement which balances safety and risk management that takes into account changing information, different perspectives and acknowledges that certainty may not be achievable
- Have safeguarding been lawful and are decisions made defensible.

Six Safeguarding Principles

The principles MUST underpin all adult safeguarding work (each principle can have different weight given each unique situation for each person dependent on support networks/ ability to protect self/ mental capacity):

Empowerment	Persons are encouraged to make their own decisions and are provided with support and information.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
Prevention	Strategies are developed to prevent abuse and neglect and that promote resilience and self-determination.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
Proportionate	A proportionate and least intrusive response is made balanced with the level of risk.	I am confident that professionals will work in my interest and only get involved as much as needed.
Protection	Persons are offered ways to protect themselves, and there is a coordinated response to adult safeguarding.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able. I feel part of the safeguarding process and it is not something which happens around me. I am allowed to take risks. Professionals are confident and have the legal literacy to step in and make decision in my 'best interests' when I am unable to protect myself.
Partnership	Local solutions through services working together within their communities	I am confident that information will be appropriately shared in a way that takes into account its

		personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountable	Accountability and transparency in delivering a safeguarding response.	I am clear about the roles and responsibilities of all the people involved in the response.

Making Safeguarding Personal (MSP) Values

Person-led safeguarding: The principle of "no decision about me without me" and means that the person, their families and carers are working together with agencies to find the right solutions to keep the person safe and to support them in making informed choices.

A person-led approach leads to services which are: person-centred and focused on the outcomes identified by the person; planned, commissioned and delivered in a joined-up way between organisations; responsive and which can be changed when required.

Personalised care and support is for everyone, but some people will need more support than others to make choices and manage risks. Making risks clear and understood is crucial to empowering and safeguarding adults and in recognising people as "experts in their own lives". A person- led approach is supported by personalised information and advice and, where needed, access to advocacy support.

Lack of engagement or capacitated refusal should not prevent effective risk assessment.
Safeguarding is everyone's business and for cases of self-neglect / hoarding where there is a high risk of harm to self/ others a multi-agency response is best practice and s11 of the Care Act provides a legal framework for all safeguarding partners to work collaboratively if there is none engagement from the person whom the concern relates too.
This is an assessment about the person and without the person whom the concern relates too and lack of consent should not be a barrier.
This enables a multi-agency assessment of risks and information sharing within a safeguarding response to explore a robust risk management plan and identify any required actions and proportionate next steps. Thus ensuring the building blocks of adult safeguarding are applied and decision making and outcomes are defensible.

Statutory guidance states that all safeguarding partners should:

"Take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that adult safeguarding arrangements are there to protect individuals. We all have different preferences, histories, circumstances and life-styles, so it is unhelpful to prescribe a process that must be followed whenever a concern is raised" and that adult safeguarding should "be person led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety."

Care Act 2014, Statutory Guidance, Department of Health

Five Principles which underpin Mental Capacity

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

Remember that the Mental Capacity Act requires agencies to determine whether the person has the capacity to consent to actions, tenancies, repairs, services, assessments etc. It is likely that a number of agencies will be required to conduct capacity assessments, or support someone to undertake capacity assessments with the person self-neglecting.

Assume Capacity	unless it is established through assessment the person lacks capacity
Maximise Capacity	a person is not to be treated as unable to make decision unless all practicable steps to help them do so have been taken without success
Unwise Decisions	a person is not to be treated as unable to make a decision merely because he/ she makes an unwise decision
Best Interest	an act or decision under the act for or on behalf of a person who lacks capacity must be undertaken in their best interests
Least Restrictive	can the purpose be effectively achieved in a way that is least restrictive of the persons rights and freedom (this does not mean that no actions are taken)

The two stage test of capacity: (see Appendix 7)

1. Is there an impairment of or disturbance in the functioning of the persons mind or brain? (It does not matter whether this is temporary or permanent)

If the answer is yes then you must answer point 2

2. Is the impairment or disturbance affecting their ability to make the specific decision

You must answer point 2 before proceeding further.

If after all appropriate help and support has been given to the person and they still cannot:

- understand the information relevant to the decision and/ or;

- retain that information and/ or;
- use and weigh that information as part of the process of making the decision and/ or;
- communicate their decision (whether by talking, using sign language or any other means then the person will be recognised as not being able to make the particular decision.

Any action taken MUST be informed by the principles of choice, respect and dignity for the person concerned, with a clear focus at all times on helping them to achieve the outcomes they want. Areas of risk and concerns MUST be discussed and content of the discussion with the person around risks must be recorded (defensible decision making).

Practitioners MUST always make every effort to establish whether the person is being unduly influenced or coerced by another person. If you believe they are being coerced, the inherent jurisdiction of the High Court could apply.

An example of the inherent jurisdiction of the High Court may be able to afford protection to persons who are unable to take a decision for themselves but who do not suffer from an impairment of or disturbance in the functioning of the mind such as to satisfy the diagnostic criteria set down in s.2(1) MCA 2005.

The inherent jurisdiction of the High Court is not limited solely to affording an person at risk of abuse and neglect a temporary 'safe space' within which to make a decision free from any alleged source of undue influence. The High Court could impose long-term injunctive relief to protect the person at risk.

MSAB Multi Agency High Risk Protocol (HRP)

Manchester's HRP provides a framework for working with persons who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services.

It aims to provide professionals from MSAB partner agencies with a framework for the management of complex cases where, despite ongoing work, serious risks are still present.

The protocol is a process to discuss, identify and document serious, current risks for high risk cases. Where appropriate it provides a multi-agency response and can formulate and review an action plan identifying multi-agency responsibility. It will also identify and record those situations where there is a reputational risk and provide access into the escalation processes of the organisation.

The High Risk Protocol is for persons who have care and support needs and are at risk of significant harm or death and have the mental capacity to make unwise choices.
If the person is assessed as having the capacity to understand the consequences of refusing services, then HRP should be considered.

Learning from Safeguarding Adult Reviews (SAR's)

SAR's and multi-agency audits within Manchester has identified learning from 3 key domains from its safeguarding system.

- Person not process basis.
- The importance of early information sharing, in relation to previous or on-going concerns.
- The importance of thorough and robust risk assessment and planning.
- The recognition that risk and mental capacity can be fluid and change over time.
- The importance of face-to-face regular reviews.
- The need for clear interface with safeguarding adult's procedures.
- The importance of effective collaboration between all relevant agencies.
- Recognising the boundaries of certain roles. Empirical evidence suggests that self-neglecting behaviours are linked to trauma and trauma responses may need to be factored into risks assessment, care and support planning and access to trauma based support services on a case by case basis e.g. Counselling/ GP/ Psychology/ Drug & Alcohol Services/ Bereavement Services etc
- Increased understanding of the legislative options available to intervene to safeguard a person who is self-neglecting.
- The importance of the application and understanding of the Mental Capacity Act (2005).
- Where an individual refuses services, it is important to consider mental capacity and ensure the individual understands the implications and that this is documented.
- Services/ support should re-visited at regular intervals: it may take time for an individual to be ready to accept some support.
- The need for practitioners and managers to challenge and reflect upon cases through the supervision processes, reflective practice and training.
- The need for robust guidance and tool kit to assist practitioners in working in this complex area.
- Assessment processes need to identify who carers are (and significant others – the "whole family approach") and how much care and/or support they are providing.

Seven Minute Briefing:

The Manchester Safeguarding Board have introduced 'seven minute briefings' to allow managers to deliver a short briefing to staff on key topics – they can also be used to support reflective discussion with practitioners.

The below is an example of a seven minute briefing with self-neglect as a factor.

MANCHESTER SAFEGUARDING BOARDS
Learning from Reviews: Adult CJ

7-MINUTE BRIEFING

RECOMMENDATIONS:

Review:

- Discharge processes
- Transfer of patients
- Systems, which includes supervision arrangements
- Tissue viability training
- Training Strategies, which includes interface with MCA, MHA & Care Act

Develop:

- Protocol for shared care/ lead care arrangements
- Information sharing agreement
- Access to MHHT Team & organic illness difficulties

TYPE OF REVIEW:

Following CJ's death both MFT (formerly known as CMFT) and GMMH (formerly known as MMHSCT) each completed their own Serious Incident Requiring Investigation (SIRI) review. However, it was the decision of MSAB SAR sub-group that a Joint Post Serious Incident Review between both Trusts was required.

The Serious Incident framework is designed to inform staff providing and commissioning NHS funded services in England who may be involved in identifying, investigating or managing a serious incident

PORTRAIT OF ADULT:

CJ was of mixed white and black Caribbean origin and 1 of 8 children, only 5 of whom were still living. She worked as a machinist. She met her long time partner and the couple spent decades living together. Sadly they were unable to have children of their own but her partner had one child from a different relationship.

The couple lived in rented accommodation. Approximately 14 years earlier CJ's partner became unwell and CJ provided full time care for him. A role she explained she enjoyed and since he passed away CJ lived alone.

CJ was estranged from all of her living siblings, they hadn't spoken for many years. Her only other family members were two nieces and a nephew all of whom provided equal aspects of her care.

EFFECTIVE PRACTICE:

- Discussions and involvement of CJ's family
- GP maintained contact with CMHT

SAFEGUARDING CONCERNS

There were concerns of self-neglect as CJ would often refuse care and treatment.

Family raised increasing concerns with CJ's GP around her ability to self care, finding food in the fridge untouched, appearing disheveled, matted hair, faeces on her hands and clothing smelling of urine.

CJ was not interested in attending Later Life Day Services (LLDS) or any community group, stating there is little point as she would only have to return back to a lonely house.

LESSONS LEARNT:

Direct practice and challenges of engagement and balancing autonomy with a duty of care.

Making Safeguarding Personal (MSP): Personalised approach to practice and what 'good' might look like for health and social care providers.

Knowledge and confidence of staff in relation to the interface of legal and safeguarding literacies, which includes Section 11 – Refusal of assessment and the escalation of risk.

Lack of information being shared between agencies

Isolation of care and treatment from each organisation and the complexities in relation to the interface between physical health, mental health and mental capacity.

WHY WAS THE REVIEW CARRIED OUT?

The aims of the review was to learn and share any lessons about:

- Patient pathway
- Communication
- Training
- Legal Frameworks
- Policy to Practice
- Potential Service Gaps

MSB
MANCHESTER SAFEGUARDING BOARDS

More information can be found on our website www.manchestersafeguardingboards.co.uk

Contact us at manchestersafeguardingboards@manchester.gov.uk

Training and Supervision

Safeguarding Supervision Requirements

The Accountability and Assurance Framework (2015) outlines safeguarding supervision should be an integral part of practice for all health care practitioners but particularly for named and designated professionals within their role of supporting other professionals in their agencies to recognise the risk to children, young people and adult's.

Safeguarding supervision supports practitioners to make sound and effective judgements in relation to outcomes for children, families and persons with complex needs. It enables staff to improve their knowledge, confidence and competence in safeguarding to improve outcomes in the promotion of the wellbeing of children and adults, and their protection from harm.

Provider organisations are required to have in place a Supervision Policy, which includes safeguarding supervision for adults and children. In addition, an annual safeguarding supervision schedule should be in place, which in turn will inform the provider safeguarding assurance framework.

Safeguarding Adult Training

The Adult Intercollegiate Document (see Appendix 7), which was published August 2018 provides a point of reference to help identify and develop the knowledge, skills and competence in safeguarding of the health care professionals and social work colleagues. The document sets out a framework that will help staff, practitioners, employers and commissioners understand the role and level of education/competence awareness/systems which correlates to a particular job purpose.

MSB Virtual College

The MSB has an online training contract that can be accessed here: https://manchesterscb.virtual-college.co.uk/

Once registered, any person working with a Manchester adult can access training modules free of charge. These modules include: Working with adults who self-neglect, Mental Capacity Act and Safeguarding Adults at Risk, plus many more.

National Guidance

In March 2015 SCIE (Social Care Institute for Excellence) published research on learning from policies and practices that have produced positive outcomes in self-neglect work, from the perspective of key groups of practitioners, managers and people who use services.

Successful Practitioner Practice

Self-neglect practice was found to be more successful where practitioners:

- Took time to build rapport and a relationship of trust, through persistence, patience and continuity of involvement
- Use of professional curiosity and working in a none judgmental approach
- Tried to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation's specific role
- Worked at the individual's pace, but were able to spot moments of motivation that could facilitate change, even if the steps towards it were small

- Ensured that they understood the nature of the individual's mental capacity in respect of self-care decisions
- Were honest, open and transparent about risks and explored real options with the person
- Had in-depth understanding of legal mandates providing options for intervention
- Made use of creative and flexible interventions, including family members and community resources where appropriate.
- Engaged in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals.

Successful Organisational Arrangements

Arrangements that best supported such work included:

- A clear location for strategic responsibility for self-neglect, often the Local Safeguarding Adults Board (LSAB)
- Shared understandings between agencies of how self-neglect might be defined and understood.
- Data collection on self-neglect referrals, interventions and outcomes
- Clear referral routes
- Systems in place to ensure coordination and shared risk management between agencies
- Time allocations that allow for longer-term supportive, relationship-based involvement
- Training and practice development around the ethical challenges, legal options and skills involved in working with persons who self-neglect
- Supervision systems that both challenge and support practitioners.

Complex Interactions

At the heart of self-neglect practice is a complex interaction between 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 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-off and hands-on approaches, seeking the tiny element of latitude for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when intervention becomes a requirement.

Strengths-based perspective – what strengths or positive factors exist that might mitigate some of the impact of the risks?

Appendices

Appendix 1: Guidance for Practitioners (County Durham Safeguarding Adults 2018)

Hoarding Insight Characteristics Guide

This guide should be used as a baseline to describe the client's attitude towards their hoarding. Providing additional information in your referrals and reports enables a tailored approach (MSP) that is relevant to your client.

Good or fair insight	**The client recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The client recognises these behaviours in themselves.**
Poor insight	**The client is mostly convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client might recognise a storage problem but has little self-recognition or acceptance of their own hoarding behaviour.**
Absent (delusional) insight	**The client is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client is completely excepting of their living environment despite it being hoarded and possibly a risk to health.**
Detached with assigned blame	**The client has been away from their property for an extended period. The client has formed a detachment from the hoarded property and is now convinced a 3rd party is to blame for the condition of the property**

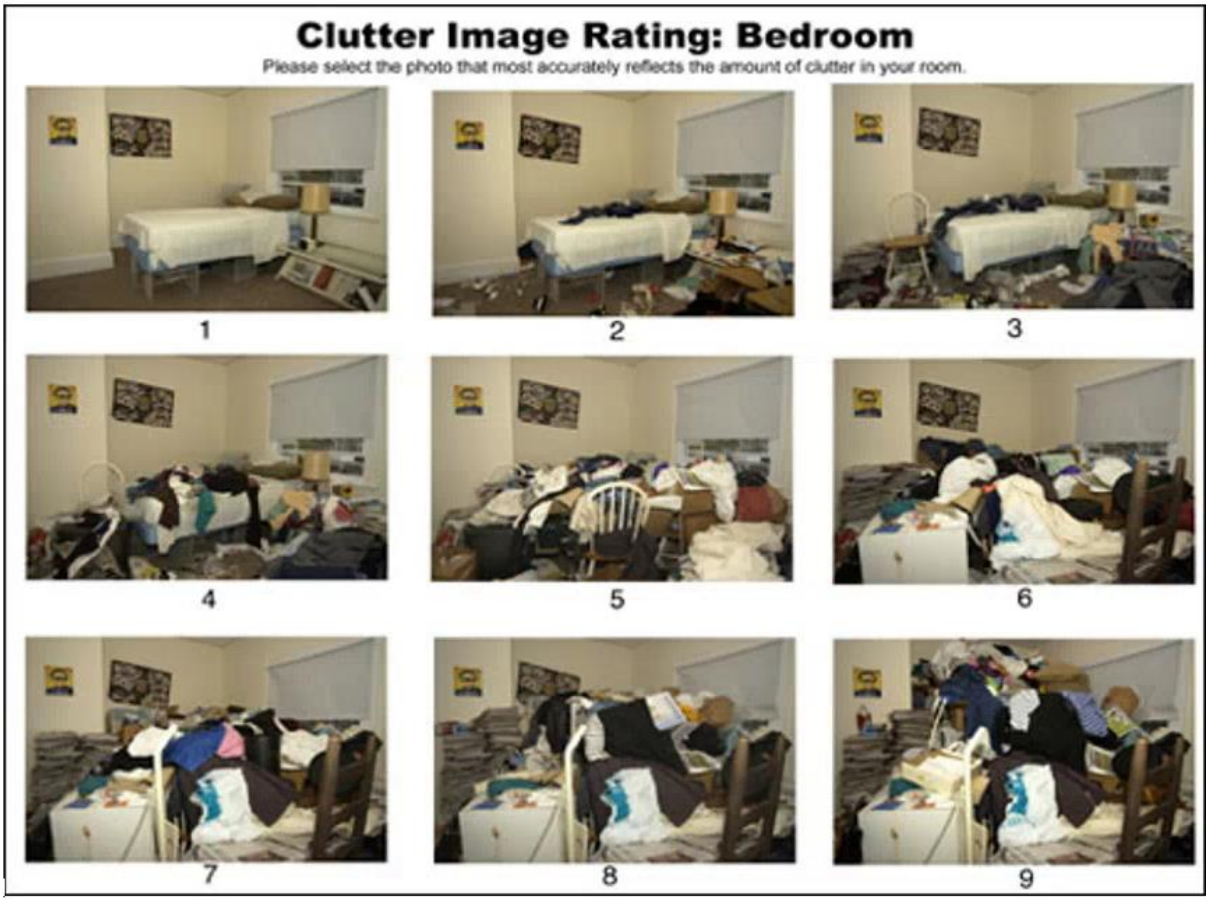
Appendix 2: Guidance Questions (County Durham Safeguarding Adults 2018)

These guidance questions are designed to support staff that work with or are concerned about citizens who are at risk of self-neglect and or hoarding. Most clients with a hoarding problem will be embarrassed about their surroundings, therefore these questions can be adapted to suit client needs.

Question	Answer
How do you get in and out of your property, do you feel safe living here?	
Have you ever had an accident, slipped, tripped up or fallen at home? How did it happen?	
How have you made your home safer to prevent this (above) from happening again?	
How do move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards).	
Has a fire ever started by accident?	
How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?	
Do you ever use candles or an open flame to heat and light here or cook with camping gas?	

How do you manage to keep yourself warm? Especially in winter?	
When did you last go out in your garden? Do you feel safe to go out there? Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?	
Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?	
Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?	
Can you prepare food, cook and wash up in your kitchen?	
Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?	
How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?	
Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any).	
What do you do with your dirty washing?	
How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?	
Are you able to change your bed linen regularly? When did you last change them?	
Are there any broken windows in your home? Any repairs that need to be done?	
Because of the number of possessions, you have, do you find it difficult to use some of your rooms? If so which ones?	
Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?	

Appendix 3: Clutter Image Rating Scale



Following the prompt questions, the Clutter Image Rating Scale can be used to assess the level the citizen's hoarding problem.

Clutter Image Rating Scale			
Step One	Images 1-3 indicate **Level 1**	Images 4-6 indicate **Level 2**	Images 7-9 indicate **Level 3**
Step Two	Use the Clutter Assessment Tool to decide what appropriate action you should take.		
Step Three	Record all actions undertaken in your agency's case recording system.		
Ensure the following is recorded: Date, time. Sign and print your name, include your contact details.			

Appendix 4: Greater Manchester Fire and Rescue Service (GMFRS) Presentation

Greater Manchester Fire and Rescue Service (GMFRS) have been an active participant in the the task and finish group and have kindly shared the embedded educational power point presentation which can be used when delivering training to practitioners on self-neglect and hoarding.

GMFRS Hoarding.pdf

Appendix 5: MSB High Risk Protocol

The MSB High Risk Protocol provides a multi-agency framework for working with persons who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services. This was published by the MSAB in March 2018.

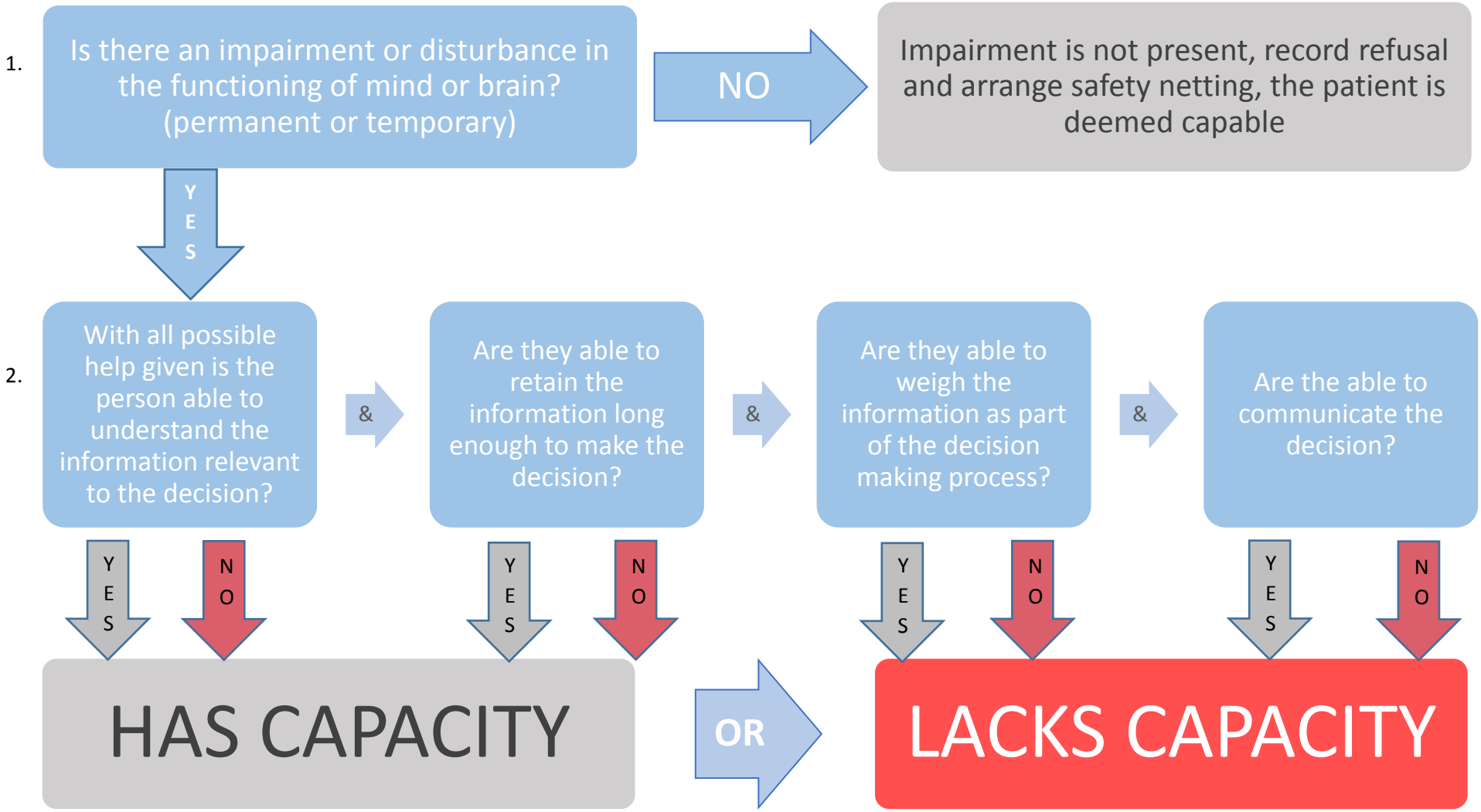
MSB Website here: www.manchestersafeguardingboards.co.uk/resource/msab-multi-agency-policy-procedures

Appendix 6: The Adult Intercollegiate document

The Adult Intercollegiate document was published in August 2018 and provides a point of reference to help identify and develop the knowledge, skills and competence in safeguarding of the health care professionals and social work colleagues. The document sets out a framework that will help staff, practitioners, employers and commissioners understand the role and level of education/competence awareness/systems which correlates to a particular job purpose.

Adult Intercollegiate Doc.pdf

Appendix 7: Two Stage Test of Capacity



If the answer to 1. Is YES and the answer to any of 2. Is NO then the person lacks capacity under the Mental Health Act 2005

References:

1. The Care Act (2014)

https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1

2. Human Rights Act 1998

www.equalityhumanrights.com/en/human-rights/human-rights-act

3. Mental Capacity Act 2005

www.legislation.gov.uk/id/ukpga/2005/9

www.nice.org.uk/guidance/ng108

4. Metal Health Act 1983 (as amended 2007)

www.legislation.gov.uk/uksi/2017/1036/pdfs/uksi_20171036_en.pdf

5. Social Care Institute for Excellence

www.scie.org.uk/self-neglect/at-a-glance

6. Frost & Gross, 1993

www.researchgate.net/publication/14685857_The_Hoarding_of_Possessions

7. Appendix 1 and 2

www.safeguardingdurhamadults.info

8. Clutter Image rating scale taken from Hoarding UK.

The rating is via The International OCD Foundation and was originally from a study by Frost RO, Steketee G, Tolin DF, Renaud S. Development and validation of the Clutter Image Rating. Journal of Psychopathology and Behavioural Assessment. 2008; 32:401–417

https://hoardingdisordersuk.org/research-and-resources/clutter-image-ratings/

9. Fire service act 2004

https://www.legislation.gov.uk/ukpga/2004/21/contents

10. Greater Manchester Fire and Rescue Service

https://www.manchesterfire.gov.uk/

11. Regulatory reform Order 2005

https://www.gov.uk/government/publications/regulatory-reform-fire-safety-order-2005-guidance-note-enforcement

12. Safeguarding Adults Under the Care Act 2014: Understanding Good Practice (Adi Cooper OBE and Emily White, (Braye and Preston-Shoot 2016a; Table 10.1 page 180))