SELF NEGLECT POLICY

Responding to self-neglect concerns and enquiries for adults with care and support needs in Jersey.

Short Title	Responding to self-neglect concerns and enquiries for adults with care and support needs in Jersey.
Document Purpose	To ensure that organizations have an understanding of the process for managing self neglect
Target Audience	All those working with adults
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1. ABOUT THIS DOCUMENT

This guidance draws on the research published by SCIE 1; Self-neglect and adult safeguarding: findings from research Suzy Braye, David Orr and Michael Preston-Shoot, SCIE Report 46 September 2011.

It does not include issues of risk associated with deliberate self- harm. If self-harm appears to have occurred due to an act of neglect or inaction by another individual or service, consideration should be given to raising a safeguarding adults concern to the Single Point of Referral (SPOR).

This document outlines the procedures and guidance for dealing with issues and concerns of self-neglect in relation to adults at risk (as per the definition in the Jersey SPB Adult multi-agency safeguarding procedures). http://www.proceduresonline.com/jersey/adults/

This guidance provides a framework to facilitate effective multi-agency working with adults [aged 18 plus] who are at risk of serious harm or death through self-neglect.

The guidance describes a multi-agency process to discuss, identify and document risk for cases of high concern, and formulate a risk management plan identifying appropriate agency responsibility for carrying out these actions. It also provides a mechanism for review and re-evaluation of the risk management plan. And use of jersey SPB escalation policy

The dilemma of managing the balance between the protection of adults at risk from self-neglect, our duty of care and an individual's right to self-determination is a recognised challenge for all services.

Using this multi-agency process will help ensure all reasonable and appropriate actions are taken to ensure, as far as possible, the safety and welfare of individuals who are at risk of serious harm because of self-neglect.

This guidance does not preclude or prevent agencies/services from undertaking or discharging their single agencies responsibilities including the disclosure or sharing of information.

Where self-neglect is identified as an issue and there are children [under 18 years of age] involved a Multi-Agency Safeguarding Hub (MASH) enquiry must be raised.

Multi-agency collaboration must be operationally effective, demonstrating robust engagement between adult social care, medical and health practitioners, police, housing, environmental health, voluntary and many others to develop a shared understanding of a given situation and allow for prioritization.

2. WHAT IS SELF-NEGLECT?

'Self-neglect' is: the inability to maintain an accepted standard of self-care (this is usually a societies social and cultural accepted definitions), with the potential for serious adverse consequences to the mental and/or physical health and well-being of the individual and potentially to their neighbors and the community,

It includes:

- lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing, and/or
- lack of care of one's environment – squalor and hoarding, and/or refusal of services that would mitigate risk of harm. It can involve social isolation and can involve substance misuse or mental health issues

Self-neglect can be a result of a conscious decision to live life in a particular way that may result in having an impact on a person's health, wellbeing or living conditions and may have a negative impact on other people's environments. Often in these circumstances people may be unwilling to acknowledge there might be a problem and/or be open to receiving support to improve their circumstances.

There are various reasons why people self-neglect. Some people have insight into their behavior, while others do not; some may be experiencing an underlying condition, such as dementia.

The person's needs and situation will need to be assessed to establish the facts of the situation, the nature and extent of the concern, and what action, if any, should be taken.

Part of the challenge is knowing when and how far to intervene when there are concerns about self-neglect and a person makes a capacitated decision not to acknowledge there is a problem or to engage in improving the situation, as this usually involves making individual judgments about what is an acceptable way of living, balanced against the degree of risk to an adult and/or others.

Managing the balance between protecting adults from self-neglect against their right to self-determination is a serious challenge for public services.

Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making. Dismissing self-neglect as a "lifestyle" choice is not an acceptable solution in a caring society.

On top of this there is the question of whether the adult has the capacity to make an informed choice about how they are living and the amount of risk they are exposing themselves to.

Assessing capacity and trying to understand what lies behind self- neglect is often complex. It is usually best achieved by working with other organisations and, if they exist, extended family and community networks.

Often people who self-neglect do not want help to change, which puts themselves and others at risk, for example through vermin infestations, poor hygiene, or fire risk from hoarding.

However, improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust, this sometimes means receiving help over a long period. This may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

Models of self-neglect encompass a complex interplay between physical, mental, psychological, social and environmental factors. Social exclusion can lead to a fear and uncertainty over asking and receiving assistance.

The perceptions of people who neglect themselves have been less extensively researched, but where they have, emerging themes are pride in self-sufficiency, connectedness to place and

possessions and behavior that attempts to preserve continuity of identity and control. Traumatic histories and life-changing events are also often present in individuals' own accounts of their situation.

Self-neglect is reported mainly as occurring in older people, although it is also associated with mental ill-health. Research notes younger people who are self-neglecting show an increased likelihood of having a mental disorder. Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one's actions, are crucial determinants of response.

Identification and intervention in potential situations of self-neglect is not dependent on any diagnoses of a physical or mental health condition, e.g. Diogenes syndrome.

2.1 Characteristics of self-neglect

There is a consensus in the research https://www.scie.org.uk/self-neglect/policy-practice/evidence-base on the main characteristics of self- neglect and the approach practitioners should take when working with people who are deemed to be self-neglecting. There is less consensus as to why people self-neglect.

The impact of the following characteristics and behaviours are useful examples of potential self-neglect and consequent impairments to lifestyles:

- living in very unclean, sometimes verminous, circumstances, such as living with a toilet completely blocked with faeces, not disposing of rubbish
- neglecting household maintenance, and therefore creating hazards
- obsessive hoarding creating potential mobility and fire hazards
- animal collecting with potential of insanitary conditions and neglect of animals' needs
- failing to provide care for him/herself in such a way that his/her health or physical well-being may decline precipitously
- poor diet and nutrition, evidenced by for instance by little or no fresh food or mouldy food in the fridge;
- failure to maintain social contact
- failure to manage finances
- declining or refusing prescribed medication and/or other community healthcare support - for example, in relation to the presence of mental disorder (including the relapse of major psychiatric features, or a deterioration due to dementia) or to podiatry issues
- refusing to allow access to health and/or social care staff in relation to personal hygiene and care – for example, in relation to single or double incontinence, the poor healing of sores
- refusing to allow access to other organizations with an interest in the property, for example, staff working for utility companies (water, gas electricity)
- being unwilling to attend appointments with relevant staff, such as social care, healthcare or allied staff

It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints as a result of self neglect. In addition, many people, particularly older people, who self- neglect may lack the ability and/or confidence to come forward to ask for help and may also lack others who can advocate or speak for them. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

2.2 Characteristics identified by people deemed to self-neglect

SCIE 2011 has identified the following[1]:

- fear of losing control
- pride in self sufficiency
- sense of connectedness to the places and things in their surroundings
- mistrust of professionals / people in authority
- common responses by people deemed to self-neglect-
- I can take care of myself
- I do my best to make ends meet
- I prioritize and let other things go
- I've always lived like this - these possessions are important to me

2.3 Self-neglect and/or hoarding

Listed below are examples of questions you may wish to ask where you are concerned about someone's safety in their own home, where you suspect a risk of self-neglect and/or hoarding.

Most clients with a hoarding problem will be embarrassed about their surroundings so try to ascertain information whilst being as sensitive as possible.

- 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? How did it happen?
- How do you move safely around your home? (where floor is uneven or covered or there are exposed wires, damp, rot or other hazards)
- Has a fire ever started by accident? Is the property at risk from fire?
- Do you have a working smoke alarm? Do you have any ailments or conditions that would prevent you hearing or responding to it?
- Is there hot water, lighting and heating in the property? Do these services work properly?

[1] https://www.scie.org.uk/publications/reports/report46.asp

- Do you have any problems keeping your home warm?
- When did you last go out in the garden? Do you feel safe to go outside?
- Are you able to use the bathroom and toilet ok? Have a wash, bath, shower etc.?
- Where do you sleep?
- Are there any obvious major repairs that need carrying out at the property?
- Are you happy for us to share your information with other professionals who may be able to help you?

3. NEEDS ASSESSMENT

3.1 Key messages for practitioners who are supporting people who self neglect

The following key messages are drawn from research, practitioners' experience and lessons learned from Safeguarding Adults Reviews (SARs)[2]:

- All agencies have a role in supporting people who self-neglect.
- find out why the person is self-neglecting – this may be connected with trauma, grief, mental health episodes or other experiences
- get to know the person and 'get alongside' them
- try to piece together the person's life story rather than focussing on the current presentation and find out what is important to them
- Be prepared for long-term involvement – self-neglect situations are rarely resolved quickly
- Look at the person's family network and any community networks and think about how these might help support the person (consider whether a Carer's assessment is needed)
- Communicate clearly and regularly with all those involved with the person
- Be clear about the professional role and responsibilities and those of others
- Undertake a risk assessment and explain your concerns openly to the person who is self-neglecting
- Consider capacity in relation to the decisions which need to be made – is the person able to understand information / retain it / weigh it / communicate their decision?
- Consider the person's 'executive functioning ' – they may appear to understand but can they / will they see the decision through in practice?
- Consider whether advocacy is required
- Remember that people who fund their own care are just as entitled to a care and support assessment as others whose care is funded by long term care funding
- Be prepared to challenge decisions if you don't agree with them, and escalate them if necessary using Jersey SPB escalation policy
- self-neglect is not always a 'lifestyle choice'
- initial rejection of support should not be considered as final rejection

[2] https://www.emeraldinsight.com/doi/abs/10.1108/JAP-01-2018-0001?fullSc=1&journalCode=jap

- Closure of a case simply because the person refuses an assessment or won't accept a plan is not appropriate
- Self-neglect can be found in all areas of society, but those who are homeless or living in temporary accommodation may be at greater risk
- Always remember to 'Think Family' and consider any risks to those living with or closely related to the person who is self-neglecting (July 2018) Bath and North Somerset SAB

Best practice should be that organisations/agencies make or cause to be made whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case.

Self-neglect is a complex phenomenon and it's important to elicit the person's unique circumstances and perceptions of their situation as part of assessment and intervention.

It is important to consider how to build on the relationship to ensure engagement at the beginning of the assessment. Such relationships take time to build and continuity of involvement over time may be needed to build trust that can achieve tangible outcomes.

Home visits are important and practitioners should not rely on proxy reports. It is important that the practitioner uses their professional skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment. Practitioners should discuss with the person any causes for concern over the person's health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others. The assessment should include the person's understanding of the overall cumulative impact of a series of small decisions and actions as well as the overall impact.

Equally, repeat assessments might be required as well as ensuring that professional judgement, curiosity and appropriate challenge is embedded within an assessment. It is important than when undertaking the assessment the practitioner does not accept the first, and potentially superficial response rather than interrogating more deeply into how a person understands and could act on their situation.

Sensitive and comprehensive assessment is important in identifying capabilities and risks. It is important to look further and tease out through a professional relationship possible significance of personal values, past traumas and social networks. Some research has shown that events such as loss of parents as a child, abuse as a child, traumatic wartime experiences, and struggles with alcoholism have preceded the person self-neglecting.

Mental health or psychological assessments would be helpful to inform a needs assessment . Hoarding disorder is classified as a mental disorder in the Diagnostic and statistical manual of mental disorders (DSM)

https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425596

It is important to collect and share information with a variety of sources, including other agencies, to complete a broader/wider picture of the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others.

Consideration should be given in complex cases, and where there are significant risks, to

convening a multi-disciplinary and multi-agency meeting to share information and agree an approach to minimizing the impact of specific risks and improving the person's wellbeing. Wherever possible the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate.

In potentially complex situations or where there is thought to be significant risk to the person's health, wellbeing ,environment or to others, practitioners should use a risk assessment and management tool to evaluate the risks and where required, to assist in putting together a risk management plan to attempt minimize the impact of the self-neglect.

It is important to undertake risk appraisal which takes into account individuals' preferences, histories, circumstances and life-styles to achieve a proportionate and reasonable tolerance of acceptable risks.

The case should not be closed simply because the person refuses an assessment or to accept a plan to minimise the risks associated with the specific behavior(s) causing concern.

Jersey does not have legislation specific to self-neglect. However it is useful to be aware of guidance from other jurisdictions such as the UK. The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect. (Care Act Section 9 and Section 11 – available at

https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation)

In the UK the Local Authority must undertake a needs assessment, even when the adult refuses, where it appears that the adult may have needs for care and support and is experiencing or is at risk of self-neglect.

4. CAPACITY

Capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. The autonomy of an adult with capacity is respected and efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated.

The term capacity is used in Jersey to describe decision-making ability. The autonomy of a person aged 16 and over to make their own decisions must be respected. Efforts to affect change are best directed into building and maintaining supportive relationships through which services can, in time, be negotiated.

Where a person is unable to make decisions in relation to their care and treatment, including self-care, a lack of capacity may be a consideration. The professional should seek to clarify whether the inability to make the decision is due to an impairment of the mind or brain that is affecting the decision to be made.

A lack of capacity to make decisions will affect how professionals work with self-neglect, as decision-making may be through an appointed legal decision maker or the best interests and least restrictive principles of the Capacity and Self-determination Law (CSDL). There are more details about best interests and alternative decision-makers in the Capacity & Self-Determination Law Code of Practice. https://www.gov.je/caring/capacity/Pages/home.aspx

Capacity is decision and time specific. The ability or inability to make a decision should not be

inferred from other decisions. The CSDL supports the person's autonomous decision-making and each decision has to be considered in terms of the person's ability to make the decision. A person has nothing to prove regarding their capacity and the professional who is stating that they lack capacity must evidence their assessment.

When a person is assessed as lacking capacity to make a decision, the CSDL allows decisions to be made using the best interests and least restrictive principles of the CSDL. Before using best interests, it is important to check if the person has made an Advance Decision to Refuse Treatment (ADRT) where there is a medical need or has a legal decision-maker, such as a delegate or attorney. When there is a delegate or attorney, it is important to confirm that they have the scope to make the decision i.e. an attorney who only has responsibility for property and affairs cannot make health and welfare decisions.

4.1 Executive dysfunction

Executive dysfunction is defined as "disruption / impairment in executive functioning, which describes a range of higher-level cognitive processes, including planning, flexible thinking, self-awareness and initiating / monitoring appropriate behaviours.

Executive dysfunction is the inability to perform activities of daily living, even though the need for them may be understood – is seen as significant, and when this is accompanied by an inability to recognize unsafe living conditions, self-neglect may be the result.

If someone has executive functioning difficulties, they may present quite well in a capacity assessment, however they may struggle to actually implement the views / actions that they put forward / agree to. If executive functioning difficulties are suspected, further cognitive / neuropsychological assessment may be useful.

5. INTERVENTIONS

The starting point for all interventions should be to encourage the person to do things for themselves. Where this fails in the first instance, this approach should be revisited regularly throughout the period of the intervention. All efforts and response of the person to this approach should be recorded fully.

Efforts should be made to build and maintain supportive relationships through which services can in time be negotiated. This involves a person-centered approach that listen's to the person's views of their circumstances and seeks informed consent where possible before any intervention. It is important to note that a gradual approach to gaining improvements in a person's health, wellbeing and home conditions is more likely to be successful than an attempt to achieve considerable change all of a sudden, which is how the adult may perceive it.

Often concerns around self-neglect are best approached by different services pulling together to find solutions. Co-ordinated actions by housing officers, mental health services, GPs and District Nurses, social work teams, the police and other public services and family members have led to improved outcomes for individuals.

Research supports the value of interventions to support routine daily living tasks. However cleaning interventions alone, where home conditions are of concern, do not emerge as effective

in the longer term. They should therefore take place as part of an integrated, multi-agency plan.

As self-neglect is often linked to disability and poor physical functioning, often a key area for intervention is assistance with activities of daily living, from preparing and eating food to using toilet facilities.

The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.

If appropriate for the individual mental health and psychological interventions should be considered . There is evidence for interventions such as CBT for hoarding (e.g. Hartl & Frost, 1999). https://www.ncbi.nlm.nih.gov/pubmed/10228316

Where agencies are unable to engage the person and obtain their acceptance to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded and maintained on the person's case record, with a full record of the efforts and actions taken by the agencies to assist the person.

The person, carer or advocate should be fully informed of the services offered and the reasons why the services were not implemented. There is a need to make clear that the person can contact adult social care at any time in the future for services. However, where the risks are high, arrangements should also be made for ongoing monitoring and, where appropriate, making proactive contact to ensure that the person's needs, risks and rights are fully considered and to monitor any changes in circumstances.

In cases of animal collecting, the practitioner will need to consider the impact of this behavior carefully. Where there is a serious impact on either the adult's health and wellbeing, the animals' welfare, or the health and safety of others, the practitioner should collaborate with the JSPCA and public health officials. Although the reason for animal collecting may be attributable to many reasons, including compensation for a lack of human companionship and the company the animals may provide, considerations have to be given to the welfare of the animals and potential public health hazards.

Where the conditions of the home are such that they appear to pose a serious risk to the adult's health from filthy or verminous premises, or their living conditions are becoming a nuisance to neighbours/affecting their enjoyment of their property, advice from Environmental Health should be sought and joint working should take place.

If as a result of hoarding the practitioner thinks there may be a risk of fire they should seek advice from the local fire service.

There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.

Appendix 2 lists the types of legislative remedies that might need to be considered.

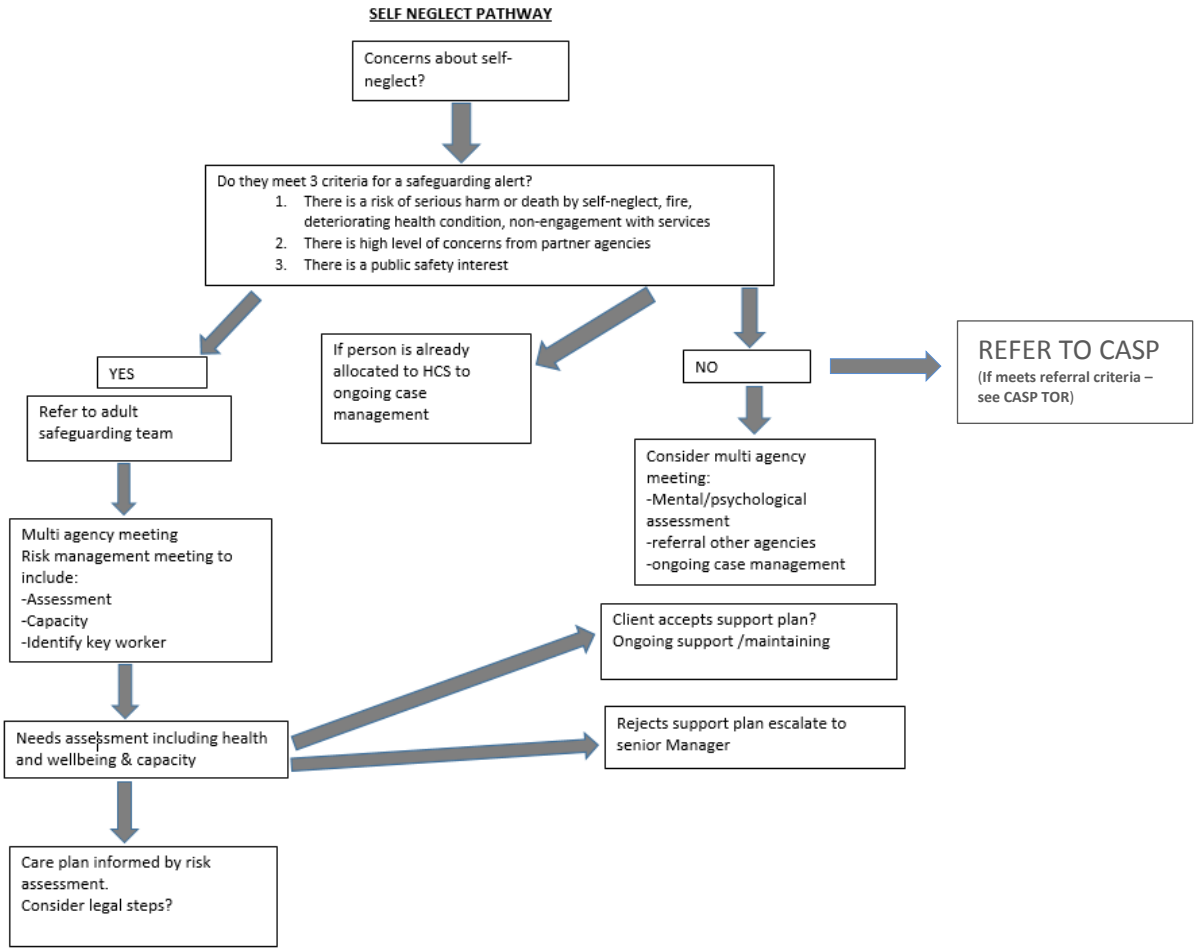
Where an adult is engaging with and accepting assessment or support services that are appropriate and sufficient to address their care and support needs (including those needs relating to self-neglect), then the adult is not demonstrating they are "unable to protect

themselves" from self-neglect or the risk of it. In such circumstances, usual adult assessment and support service provision will be the most proportionate and least intrusive way of addressing the self-neglect risk. In these circumstances, the duty and need to undertake enquiries under the self-neglect procedure will not be triggered or necessary. Therefore if, as a single agency, you are already working with an individual then it is incumbent on the key worker to engage a multi-agency approach, for example call a multi-agency risk meeting.

5.1 Practice Factors Most Successful in Self-Neglect

- Time to build rapport and a relationship of trust, through persistence, patience and continuity of involvement
- Trying to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history
- Working at the individual's pace, but spotting moments of motivation that could facilitate change, even if the steps towards it were small
- Understanding the nature of the individual's capacity in respect of self-care decisions
- Having an in-depth understanding of legal mandates providing options for intervention
- Being honest, open and transparent about risks and options
- Creative and flexible interventions, including family members and community resources where appropriate
- Effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals

5.2 Procedure Flowchart



6. SAFEGUARDING

6.1 Criteria for an adult safeguarding referral

In order to consider a person for an adult safeguarding alert all the following criteria should apply:

- there is a risk of serious harm or death by self-neglect, fire, deteriorating health condition, non-engagement with services

AND

- there is a high level of concerns from a partner agency

AND

- there is a public safety interest

Serious harm means potential death or serious injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur.

Public safety interest means there is, or is a risk of, the health and wellbeing of the public by such as, the attraction of vermin, the attraction of infestations, the risk of fire and fire spread, caused by the build of clutter etc., unsafe buildings/structures perhaps due to disrepair. It would also include considerations of risk of harm/impairment to others including children and young people, or if a crime may have been committed or to prevent crime.

Where a practitioner thinks that this might apply they must consult with their manager and/or designated safeguarding lead or advice can be sought from the adult safeguarding team.

An adult safeguarding alert should be completed and sent to Adult SPOR

Please note if all criteria are met except the public safety interest, then information can be shared with the Single Point of Referral, Adult Services This will enable contact to be maintained with the capacitated adult or where an adult is assessed or considered not to have capacity to make decisions regarding their safety and welfare to ensure they receive appropriate services.

N.B. Any agency can request a Self-Neglect Risk Management (SNRM) meeting.

Consent for holding a SNRM meeting should be obtained from the person wherever possible, and the person will be encouraged to participate in the process. However, a lack of consent would not prevent a meeting from taking place.

6.2 Community adult support panel (CASP)

When all 3 criteria are not met consider referral to CASP

The Community Adult Support Panel (CASP) is a meeting where information is shared on the high risk/complex cases between representatives of the local authority, local police, mental health services. Housing practitioners, safeguarding advisors and other specialists form the statutory and voluntary sectors.

After sharing all relevant information they have about the adult at risk, the representatives discuss options for increasing the safety of any victim and turn these into a coordinated action plan.

The main focus of the CASP is to manage the risk to the individual, but in doing so it will also consider other persons affected and manage the behaviour of any perpetrator. The panel will advise on the best approach to manage the overall risk to the person/community at large and on effective safety planning strategies.

Information shared at the CASP is confidential and is only used for the purpose of reducing the risk of harm to those at risk.

The CASP is not an agency and does not have a case management function.

The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the CASP.

Who could be referred?

An adult at risk should be referred to the CASP if they are vulnerable or at risk to either themselves or others. The case must present with high level risks that still cannot be sufficiently mitigated, referred or managed under any other panel. The case may be complex or involve a multi-agency approach.

Some examples of cases that may need to be considered would be:

- Non engagement issues
- Self neglect and hoarding
- Complex DV cases and especially where someone has recognised care and support needs
- Complex family cases
- Complex mental health cases such as frequent attenders with personality disorder as primary presenting issue
- Frequent attenders at the Emergency Department.
- Frequent missing persons
- Significant Alcohol or Drug issues

CASP does not consider high risk cases where the nature of the risk related to other areas of work that may be addressed at other forums, e.g. JMAPPA and MARAC.

6.2 Principles of adult safeguarding

Principle	Meaning
Empowerment	Adults 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 that promotes 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'
Proportionality	A proportionate and least intrusive response is made balanced with the level of risk. 'I am confident that the professionals will work in my interest and only get involved as much as needed.'
Protection	Adults 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'
Partnerships	Local Solutions through services working together within their communities 'I am confident that the 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'
Accountability	Accountability and transparency in delivering a safeguarding response. 'I am clear about the roles and responsibilities of all those involved in the solution to the problem'

http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

6.3 Self-neglect enquiries

6.3.1 *Objectives of an enquiry*

The objectives of safeguarding intervention in self-neglect cases are to:

- establish facts and provide a description of the self-neglect
- ascertain the adult's views and wishes
- assess the needs of the adult for protection and support and how those needs might be met
- protect & support from self-neglect in accordance with the wishes of adult, and in line with their mental capacity to make relevant decisions about their care and support needs
- promote the wellbeing and safety of the adult through a supportive and empowering process

Where an adult has died as a result of self-neglect, consideration should be given to whether a Safeguarding Adult Review should be undertaken by the Safeguarding Adults Board.

6.3.2 *What enquiries or assessments will be needed?*

It is important to note that whilst the practitioner is undertaking a safeguarding enquiry the information gathered will be feeding into a needs assessment, and/or a positive risk assessment and management plan.

Any enquiries or assessments that are made will need to be appropriate and proportionate to the individual circumstances of the case. These should be formulated and agreed between practitioner and relevant Line Manager. As per Care Act statutory guidance, an enquiry could range from a conversation with the individual to a much more formal multi-agency arrangement.

Examples of enquiries and assessments that ASC will make could be:

- reading the case record, if there is one, for background information, history or referrals, responses, actions taken
- gathering information from the person's professional support network e.g. GP, District Nurse etc. and others such as Housing Departments
- undertaking an assessment of need and establishing the person's views and wishes
- speaking to anyone providing care and support
- speaking to the adult's family and informal network e.g. friends, neighbours, church as relevant
- undertaking mental capacity assessments if needed
- if there are deemed to be significant potential risks, using the Positive Risk Assessment Framework and Tool to assist in identifying, evaluating and formulating a risk management plan
- deciding if a multi-agency planning meeting is required to share information and formulating a plan

Ensure that the enquiry is completed in a timely and proportionate manner in relation to the perceived risks.

http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Risk_personalisationframework_West_Midlands.pdf

Examples of enquiries and assessments that ASCT could be:

- visits or checks of physical health concerns by GPs, DNs, other primary care staff
- referrals to and assessments by mental health services, including psychology where appropriate
- Mental Health Act assessments where appropriate
- visits and assessments by Children's Services, Environmental Health, Fire & Rescue, JSPCA
- input and involvement from Housing Providers or parish colleagues
- gaining quotes for work needed to restore essential safety and hygiene to unsafe or unhygienic properties

Any enquiries or assessments made, and actions taken, must be lawful and be proportionate to the level of risk involved.

6.3.3 *Structure of a safeguarding assessment*

An assessment under self-neglect will usually be structured as below:

- planning what enquiries or assessments are needed and who should do these
- coordinating and undertaking these enquiries and assessments
- evaluating the outcomes of enquiries and assessments and deciding what action is needed in the adult's case

Enquiries may need to move fluidly between planning, enquiry, and evaluation stages as the case progresses.

6.3.4 *Undertaking assessments despite capacitated refusal*

As a matter of practice, it will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing. Practitioners and managers should record fully all the steps that have been taken to undertake a needs assessment. This should include recording what steps have been taken to involve the adult and any carer and assessing the outcomes that the adult wishes to achieve in day to day life and whether the provision of care and support would contribute to the achievement of those outcomes.

In light of the adult's on-going refusal or capacitated life-style choices, the result may either be that it has not been possible to undertake an assessment fully or the conclusion of the needs assessment is that the adult refuses to accept the provision of any care and support. However, case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that are required, reasonable and proportionate in all the circumstances.

As part of the assessment process, it should be demonstrated that appropriate information and

advice has been made available to the adult, including information and advice on how to access care and support.

In cases where an adult has refused an assessment and services and remains at high risk of serious harm as a result, a safeguarding risk meeting should be arranged.

6.3.5 *Advocacy*

At the start of the assessment process, or at any later point, the ability of the adult to understand and engage in the enquiry must be assessed and recorded. If the adult has 'substantial difficulty' in understanding and engaging in the assessment of need, best practice would be that , that there is an appropriate person to help them.

6.4 *Making safeguarding personal*

Adult safeguarding work should be person-led and outcome-focused. It should engage the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control as well as improving their quality of life, wellbeing and safety.

A practical approach to inter-partnership working will meet the aims of the 'making safeguarding personal' by:

- keeping the person at the heart of the process
- striving to understand the outcomes they want to achieve from the safeguarding work and supporting them to achieve these outcomes

6.5 'Think Family' approach

The 'Think Family', Think Child, Think Parent, Think Family: a guide to parental mental health and child welfare (SCIE 2011) 'promotes co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families/Carers. Neither children, young people nor adults exist or operate in isolation.

It is recognized that the best way to assess, deliver and review services is to take account of the wider family structures in which an individual exists and for which sensitive and targeted help will be more effective.

This guidance recognies the broad and diverse range of safeguarding responsibilities and arrangements within services and to whom they are delivered. This presents a unique and positive opportunity to adopt a 'Think Family' approach to the planning and enabling of the delivery of services which are safe, effective and of high quality' https://www.scie.org.uk/publications/ataglance/ataglance09.asp

6.5.1 *Definition of family*

Jersey recognises that family structures are dynamic and varied far beyond those defined by blood relationships or partners. Family is often constituted by the individuals themselves and is unique to their diverse and individual needs, including class, culture, race, ethnicity, religion and sexuality.

Whilst the nature of 'Family' will change, the importance of understanding how it impacts on the person and the interdependence of individual support and wellbeing remains vital.

This understanding is not constrained by a legal definition of 'family'. By adopting a Think Family approach this will strengthen safeguarding, our Domestic Abuse Strategy and our approach to and guidance on historic childhood abuse.

6.6 Role of the Safeguarding Adult Team, Health and Community and Services

The Safeguarding Adult Team are the lead coordinating agency if the criteria are met for this multi-agency process. Their role is to:

- co-ordinate and chair the Self Neglect Risk Management Meetings [including Review Meetings]
- identify agencies to be invited in consultation with the referring agency
- ensure the timely distribution of minutes and Risk Management Plans
- provide support, advice and guidance to the Lead Worker and other members of the multi-agency team around the adult
- ensure the rights and responsibilities of the person remain central to the process
- ensure appropriate escalation of the situation in line with this guidance
- share relevant and proportionate information with all those engaged in supporting the person and who are part of the plan

6.7 Serious self-neglect risk management meeting

If the criteria are met, the Safeguarding Adult Team will coordinate attendance at a SSNRM.

The Safeguarding Adult Team will identify which other agencies/services will be invited to the meeting. This will be done in consultation with the referring agency where appropriate.

Consideration should be given to inviting appropriate agencies including non-statutory, voluntary sector and local community groups to facilitate the best opportunity to encourage positive engagement with the person.

The Safeguarding Adult Team can request the attendance of another agency even if the person may be currently unknown to that agency.

All partner agencies must ensure appropriate staff attending have the required seniority to make decisions on behalf of their organization.

The purpose of this multi-agency meeting is to formulate a multi-agency risk assessment and identify actions to reduce the amount of risk to the person.

Consideration must be given as to how the views of the person can be included. The person and/or an appropriate representative may attend.

The following agenda should be followed when chairing a meeting:

- introductions
- background to the circumstances of the concerns by the referring agency (as outlined in

the assessment)

- consent & capacity Issues
- identify risks
- identify actions & timescales
- identify a person to contact the person
- organise review date or exit strategy

The meeting will formulate a Risk Management Plan including options available for creating/sustaining engagement with the person. Considering who is best placed to successfully engage with the person, for example; whether the person would respond more positively to a health or a voluntary agency professional. This person will be the identified Lead Worker.

The role of the Lead Worker is to try to engage the person in the risk management plan, sharing information about the process with person and focusing on building an effective relationship. They will be supported in this by the Safeguarding Adult Team who will offer advice and guidance.

The Safeguarding Adult Team will ensure the effective co-ordination of information about the Risk Management Plan and will be informed of any issues emerging in the operation of the plan that mean risk is not being reduced or if risk is heightened. It is their responsibility to share this information with the multi-agency practitioners engaged in the risk management plan, including and in particular the Lead Worker.

The first review date of any Risk Management Plan under this process must be within 28 days of the first meeting. Following this subsequent reviews must be held within a maximum of 3 months.

Following a period of implementing the Risk Management Plan, the meeting will reconvene to review the plan which will be evaluated and new actions identified as required. This is called a Serious Self Neglect Risk Management Meeting Review and is a multi- agency meeting.

Please note if at a SSNRM review attempts to have implement the plan have been unsuccessful, the self-neglect could result in significant harm and the person is rejecting the Risk Management Plan, the a Head of Service/Senior Manager of Adult Social Services must be informed. This is so that they can consider appropriate next steps and provide oversight of the risk assessment process. This must be documented and signed by the appropriate manager on the SSN case records.

An outcome of the escalation may be one which confirms that agencies/services involved have undertaken all reasonable steps within their powers, as the law is clear there are circumstances when intervention could be illegal. Where this is the case this will need to be documented clearly.

6.7.1 *Role of the Lead Worker*

The Lead Worker can be from any agency that has a role in working to support the person. Their role is to:

- ensure the person is aware of the process and the risk management plan

- try to build effective relationship with the person with the support, advice and guidance of the Safeguarding Adult Team and relevant others in the team supporting the person e.g. Substance Misuse Worker
- share relevant and proportionate information with all those engaged in supporting the person and who are part of the risk management plan
- be a person who is suitably skilled in ongoing assessment including risk assessment

6.8 Deciding what action is needed in an adult's case

Where concerns of self-neglect are established, the practitioner should focus on building a relationship with the adult to persuade them to receive assistance to improve their health, wellbeing and living conditions. The aim of should be:

- to empower the person who is neglecting him/herself as far as possible to understand the implications of their actions
- to help the person, both individually and collectively with others (e.g. family, friends, other professionals and agencies) without colluding with the person or seeking to avoid the issues presented
- to avert the potential need for statutory intervention wherever possible

This may be achieved by providing some form of low level monitoring either through ongoing input through social work relationship

See Section 5 above for more detail on approaches to interventions.

Where an adult with capacity has made a decision that they do not want action taken to support them, or to take action to protect themselves, the risks of this decision must be discussed with the person to ensure they are fully aware of the consequences of their decision. Respect for the wishes of an adult does not mean passive compliance - the consequences of continuing risk should be explained and explored with the person.

Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action. Wishes need to be balanced alongside wider considerations such as level of risk or risk to others, including any children who could be affected.

6.9 Management oversight

All practitioners involved in the case should have regular supervision with their line manager to ensure appropriate management oversight. Practitioners must discuss with their line manager what action can and should be taken, considering possible legal interventions. In cases where the risk of harm caused through self-neglect are potentially serious, the line manager should report these concerns to their Operational Manager and seek legal advice when needed. Closure of self-neglect enquiries and associated recording must have management approval.

It may be necessary to intervene using statutory powers, for example the conditions in the house warrant intervention by environmental health services or the involvement of the JSPCA. If any agency needs to take such steps, the reasons for doing so should be clearly documented.

Where the adult is not engaging and if action is not required imminently the practitioner and

line manager will proactively consider what emphasis should be given to monitoring the circumstances in case of further deterioration and how this should be done. However it is useful to note that monitoring is not Protection but merely a way of identifying changes in as timley a manner as possible

6.10 Safeguarding plans

As a result of a multi agency self neglect risk management meeting , it will be necessary to have a safeguarding plan.

Safeguarding plans should

- be person-centered & outcome focused
- be proportionate to the risk involved & be the least restrictive alternative
- have agreed timescales for review & monitoring of the plan
- have an agreed lead professional responsible for monitor & review of the plan

All involved should be clear about their roles and actions.

7 RECORD KEEPING AND DOCUMENTATION

7.1 General principles

It is important to record assessment, decision-making and intervention in detail to demonstrate that a proper process has been followed and that practitioners and managers have acted reasonably and proportionately. There should be an audit trail of what options were considered and why certain actions were or were not taken. At every step and stage in the process record the situation, what you have considered, who you have collaborated with and what decisions have been reached. This may appear a time consuming process, but it is simply a case of putting your activity notes into a framework of considerations and why you have chosen a particular course of action.

7.2 Capacity assessments

Recording should routinely reflect capacity considerations, including recording explicitly where there is no reason to doubt the adult's ability to make their own decisions and why this is. Formal mental capacity assessments need to be recorded fully in line with the Mental Capacity Act Code of Practice.

7.3 Closure considerations

The case should not be closed just because the adult at risk is refusing to accept the plan. The Self-Neglect Multi-Agency process will be only be closed when a clear reduction in risk can be demonstrated or when the case is escalated to the Safeguarding Adults procedures.

If the plan is still rejected and the risks remain high, the meeting should reconvene to discuss a review plan. The case should not be closed just because the adult is refusing to accept the plan.

Legal advice should be sought in these circumstances.

At the point of closure, a plan should be drawn up to establish ongoing arrangements for monitoring the situation (as appropriate) and this should include arrangements to ensure that the person themselves and / or people in the person's network know how to raise any further concerns in the future.

There is requirement for management oversight and a multi agency approach to manage ongoing risk and decision making regarding closure of the case.

The practitioner should ensure that, where the person has capacity to decline intervention after all reasonable efforts have been made to engage them, the person knows how to easily get back in touch with the service (or named person) as do all significant others involved in the notification of the enquiry or concern. Because the person has declined support before doesn't mean they will in the future.

The practitioner should provide feedback to all parties involved in the enquiry and assessment process on the outcome of that process and what actions are to be taken, or not taken, with the reasons why.

Acknowledgements

With thanks to Gloucestershire County Council, whose guidance and procedures for self-neglect have been adapted to produce this document.

Appendix 1: Possible legal interventions

Agency	Legal Power and Action	Circumstances requiring intervention
Animal welfare JSPCA	In Jersey, the (soon to be updated) Animal Welfare Law 2004 is the equivalent of the UK Act. Whilst one of the aims of the JSPCA is to prevent animal cruelty, the States Vet (Theo Knight-Jones) together with the police are responsible for enforcing the law. Unlike the RSPCA in the UK, the JSPCA does not have powers of prosecution.	JSPCA will sometimes become aware of potential neglect situations in animal welfare clinics and they will deal with this by educating the client where possible or reporting if not. Animal neglect can correlate with human self-neglect
Environmental health	Environmental Health are obliged to act by the Statutory Nuisance (Jersey) Law 1999 where premises are a nuisance (to others). This would include smell, pests, vermin etc. This law would also oblige us to act where the premises are prejudicial to the health of the occupier – filthy, verminous, a fire risk through hoarding etc. This is broadly equivalent to the Environmental Protection Act 1990 in the UK.	

	Environmental health also have powers under the Loi (1934) sur la Santé Publique which is roughly equivalent to the Public health Act 1936 in the UK. Both these pieces of legislation include right of entry etc as would be expected. The Public Health and Safety (Rented Dwellings) (Jersey) Law 2018 which we expect to come into force will also give environmental health powers to deal with rented dwellings. (Equivalent to the Housing Act 2004 in the UK). Landlords powers would be dependent on the terms of the particular lease which is a civil matter between landlord and tenant. They must give appropriate notice to tenants if they wish to enter, and must not enter without notice or the tenants agreement. Any dispute about breach of tenancy would be handled through the Petty Debts Court. Deposits must be placed into the deposit scheme which has a mechanism for handling disputes over the return or otherwise of deposits. Anti-social behaviour is a matter for the Police. Some tenancy agreements/leases will also have clauses about anti-social behaviour, Andium would fit into this category. It is possible for tenancies to be ended because of anti-social behaviour, this too may end up through the courts.	

Fire service	**Power to prohibit or restrict use of premises in cases of excessive risk** (1) Where the Minister is satisfied that, in respect of any premises being used or proposed to be used for one of the purposes set out in Article 2(2) (whether or not the use has been designated by the States) the risk to persons in case of fire is so serious that, until steps have been taken to reduce the risk to a reasonable level, the use of the premises ought to be prohibited or restricted, the Minister may prohibit or restrict to the extent appropriate in the circumstances of the case, the use of the premises until such steps have been taken as in the opinion of the Minister are necessary to reduce the risk to a reasonable level. (2) Where the Minister prohibits or restricts the use of premises under this Article, the Minister shall communicate his or her decision by notice to the responsible person and the occupier, if any, and the responsible person or the owner, or a person acting on behalf of the responsible person or owner, may, within 28 days of the date of the notice, appeal to the Inferior Number of the Royal Court on the ground that the decision of the Minister was unreasonable.28 (3) Any prohibition or restriction imposed under this Article shall continue in force notwithstanding any appeal made against such prohibition or restriction. (4) Any person who contravenes any prohibition or restriction imposed under this Article shall be guilty of an offence and liable to a fine or imprisonment, or both.	

Police	ENTRY WITHOUT WARRANT Article 19 (1), states:- 'Subject to this Article, and without prejudice to any other enactment, a Police Officer may enter and search any premises:- c) for the purpose of saving life or limb or preventing serious damage to property.' A Police Officer may only enter and search premises if the officer has reasonable grounds for believing that the person that they are seeking is on the premises. Reasonable grounds; this expression is narrower than 'reasonable cause to suspect' and Police Officers must be able to justify that belief before using this power.	
Housing	The Residential Tenancy Law only allows Andium to deal with those who actually breach their tenancy agreement (all we can do in effect is terminate the agreement & Evict) and then only if the agreement was made after 1st May 2013. Prior to that they would be giving 3 months' notice terminating the agreement if there were such a breach. In terms of self-neglect, hoarding & noise nuisance we would be reliant on other legislation (mainly Fire Service & Environmental Health) to assist in cases of self-neglect	

Appendix 2: Other Professionals/Agencies

Different agencies will be able to do different things. Self-Neglect is rarely a single agency issue. There are a number of agencies and departments who may be able to help:

- Adult Social Care
- Parishes
- Health – GP or District Nurse (DN)
- Mental Health Services
- Legal Services
- Domiciliary care providers
- Community Psychiatric Nurse (CPN)
- Advocacy
- Voluntary organisations
- Counselling or therapy services
- Environmental Health
- Housing Association/private landlord
- Occupational therapists
- Children's services or child protection
- JSPCA
- Fire Service*
- CAB

*The Fire Service is of particular importance where a person is hoarding items which may pose a high risk of fire at the property. While a person's consent to involve the Fire Service should always be sought, it may be necessary to override the person's wishes if they are at risk of serious injury or death if a fire occurs. Properties with large amounts of hoarded items also present a risk to any fire fighters called to attend an incident. Experience has shown that people may be more willing to allow Fire Service workers into their property than other professionals.

Appendix 3 : Other legal considerations:

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

These are not absolute rights, i.e. they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental Health Acts) is unlawful and would be challengeable in the Courts.

Inherent jurisdiction of the Royal Court: In extreme cases of self-neglect, where a person with capacity is at risk of serious harm or death and refuses all offers of support or interventions or is unduly influenced by someone else, taking the case to the High Court for a decision could be considered. The High Court has powers to intervene in such cases, although the presumption is always to protect the individual's human rights. Legal advice should be sought before taking this option.

Appendix 4 : Self neglect safeguarding alert form

Safeguarding Partnership Board Adults	**Self-neglect safeguarding alert Form**

About the person raising the alert

Date of alert:	
Name of person raising the alert:	
Contact details of person raising the alert	

About the adult at risk you are concerned about

Name of adult at risk	
D.O.B	
Location of adult at risk	
Contact details for adult at risk	

Is the adult at risk aware that you are raising an alert?	Yes ☐ No ☐	
For self-neglect all 3 criteria must be met	• There is a risk of serious harm or death by self-neglect, fire, deteriorating health condition, non-engagement with services • There is a high level of concerns from a partner agency • There is a public safety interest	Yes ☐ Yes ☐ Yes ☐
Client Group Specify 'Other' here:	Physical disability ☐ Older Adult ☐ Sensory disability ☐ Learning disability ☐ Autism ☐	

	Other (please specify) ☐ Not Known ☐ Not recorded ☐

About the concern:
Please note that the boxes will expand automatically as you type to accommodate the length of your statements.

What is the risk of serious harm or death by self-neglect, fire, deteriorating health condition, non-engagement with services?.
What are the high level of concerns from a partner agency?
What is the public safety interest?
Who witnessed the incident?
Were there any triggers (Anything leading up to the incident) ?
Any other specific information (e.g. clothing/car number plate, etc…)

About the person alleged to have caused/be causing the harm

Name (if known)	
Relationship to Adult at risk	
Any other information	

Please return to Single Point of Referral (SPOR) – SPOR@health.gov.je or call 01534 444440
SPOR, Adult Social Services | Eagle House | Don Road | St Helier | JE2 4QD
For more information about Jersey's Safeguarding Adult Procedures, please go to:
https://safeguarding.je/
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