



Worcestershire and Herefordshire Safeguarding Adults Boards

Self-Neglect Policy
Complex Risk Management Framework
(Exploitation)
Launch
17th May 2022

Itinerary

- Welcome and introductions
- Introduction to Self-Neglect Policy – Professor Keith Brown Independent Chair WSAB
- Case study workshop – Anne
- Introduction to CARM – Ivan Powell Independent Chair HSAB
- Case Study and Workshop
- Break
- Introduction to Exploitation
- Questions – Chair Ivan Powell

Virtual Event protocol

- Mute Microphone when not speaking
- When you speak, please introduce yourself
- Workshops and question session at the end will provide an opportunity to share thoughts
- Between workshops, please use the chat function
- Please respect other peoples and organisations views and perspectives

Introduction to Self Neglect Policy



Professor Keith Brown
Independent Chair
Worcestershire Safeguarding Adults Board

Background

- Self-neglect most frequent reason for a case to be referred for a SAR (2017-19)
- Herefordshire 100% Self-Neglect (including hoarding as an element)
- [Link to Herefordshire SARs](#)
- Worcestershire with 78% of local SARs concerned with self-neglect
- [Link to Worcestershire SARs](#)

Background

This analysis found other practice areas most frequently found to need improvement

- application of the Mental Capacity Act 2005,
- risk assessment, assessment of needs and responding to health needs

Purpose

- guidance for practitioners who have contact with individuals, who persistently self-neglect
- Which places them at risk of significant harm
- aims to support good practice and
- establishes a multi-agency pathway to provide support
- policy applies to **all** practitioners whether salaried or volunteers

No Wrong Door

Definition

The Care and Support Statutory guidance 2020 states that self-neglect

‘... covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding’ but does not give specific details’

Definition and Behaviors

Self-neglect typically features a triad of behaviours :

- Lack of self-care to an extent that it threatens their personal health and safety.
- Failure to attend to their living environment to the extent that it becomes hazardous to self or others e.g. fire risk, infestation, lack of sanitation.
- Failure to seek help or access services to meet their critical health and social care needs.

Complex and Challenging

- Self-neglect can be a complex and challenging issue for practitioners to address,
- not least because of difficulties in striking a balance between respecting a person's right to autonomy and fulfilling the statutory duty of care to protect their health and wellbeing

This Policy provides:

Details and application of Legal Frameworks

- Care Act (2014)
- Mental Capacity Act (2005)
 - Including where there is substance misuse
- Human Rights Act (1988)

Also links to additional guidance on these

This Policy provides:

Information on how to work with risk and harm

- Determine significant harm
 - Wellbeing of self
 - Living environment
 - Wellbeing of others
- Understanding the risks

This Policy provides:

Consideration of Causes

Understanding the person's 'story' and how they came to be in their current situation is critical to supporting them to move on from self-neglect.

This often helps understand seemingly inconsistent or unwise response to offers of support

This Policy provides: Consideration of Causes



Often correlation with:

- a. poor mental health, particularly depression and obsessive-compulsive disorder and cognitive decline due to Alzheimer's disease or dementia
- b. physical illness which affects abilities, energy levels, attention span, organisational skills or motivation
- c. addictions
- d. learning disabilities (including autism)
- e. acquired brain injuries
- f. trauma, loss and difficulties in managing transitions in lifestyles or phases
- g. exploitation (cuckooing, 'mate' crime etc.)
- h. hoarding behaviours

Applying the Principles of Making Safeguarding Personal and Strengths-based Practice



•
Sets out guiding principles to consider when engaging with individuals who may self-neglect

- Start with the assumption that the individual is best placed to judge their wellbeing
- Pay close attention to individual's views, wishes, feelings and beliefs
- Preventing or delaying development of needs for care and support and reducing needs that exist
- The need to protect people from abuse and neglect

This Policy provides: **Advice and suggestions** **Engaging with the person**

- Building Trust
- Importance of consistency and time
- Long term approach
- Be clear why you are concerned – what are the risks?
- Recognise the persons fear of loosing control often the behaviour has a practical or emotional reason behind it
- How can you work with them to mitigate risks?
 - Joint goals, which look at progress rather than just end game
 - Use their language
 - Focus on strengths
- Acknowledge and build on progress
- Enforcement **LAST RESORT**

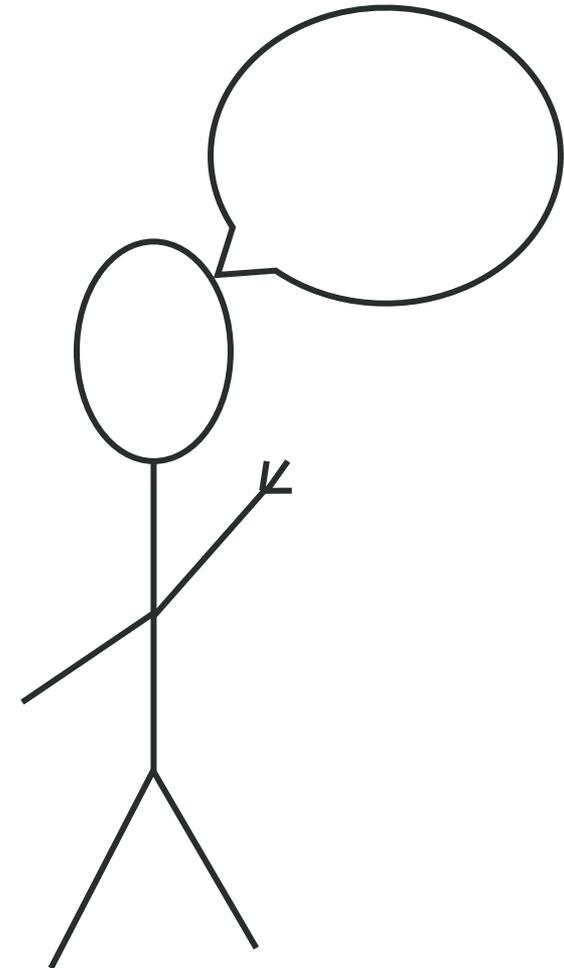
Case Study

Anne

- 75 year old female who is sleeping rough
- Known to several organisations, including housing, homeless services, adult social care
- Reluctant to engage with formal services
- Receiving pension
- No indication she is being exploited
- No /limited health records
- Some indication of mental health problems in the past
- Mental capacity being assessed.

Think about What does Anne see?

- Grab a pen/pencil and paper
- Draw stick figure of yourself, illustrating how Anne would see you when you approach her
 - What would she see on your face?
 - What would she see in your hands?
 - What would you be wearing?
 - What might stand out?
 - Where would you be?
 - What does she think you are thinking?



Breakout Session

What does Anne see?

Break-out group discussion:

- Share what you drew
- What could you do to build a relationship with Anne?
- Think of one word or phrase to represent something that you can do to help build a relationship. (We will feed this back in the main group)

Word map exercise

1. Using your mobile phone or laptop (we recommend using your phone), go to the website www.menti.com
2. Enter the code **3299 0493**
3. Type one word or a short phrase to represent something that you can do to help build a relationship.

Responses are anonymous.

Principles of Engagement



Newcastle Adult's Safeguarding Board - 8
Principles of Engagement - YouTube



Herefordshire Safeguarding Adults Board

Complex Adult Risk Management Framework

Ivan Powell – Independent Chair

What is the CARM framework

- Coordinated multi-agency response to support those who have mental capacity
- Non prescriptive in terms of actions and who needs to be involved
- Focuses on positive outcomes for adult
- Builds on strengths and mitigates risks

Who and When

Who

- Adults where there is a risk of significant harm and / or
- Complex needs

When

- Risks can't be managed via other means e.g.
 - Section 9 care assessment or section 42 safeguarding enquiry
- Agencies failing to engage the adult
- Individual agencies unable to achieve resolution in isolation

Types of situations

Agencies have been unable to engage the adult to:

- receive necessary care / essential services to meet their needs;
- participate in any assessment of their needs;
- protect themselves against potential exploitation or abuse;

Or

- Has on-going needs or behaviours places the adult at risk

Setting up Multi-agency Planning Meeting (1)

- Agency raising concern is responsible for calling and Chairing the meeting
- Agency is responsible for completing the concern form
- Concern form needs to include details of all known agencies working with the adult

Setting up Multi-agency Planning Meeting (2)

- Invitation for meeting to include all agencies and to be held within 10 days.
- Additional agencies may be identified and included
- Worcestershire – Coordinator will provide support / guidance / monitor
- Herefordshire – Safeguarding team will provide support / guidance

Multi-agency Planning Meeting

- Agenda sets out all areas for consideration
- Adult or their advocate should attend – if not reasons should be recorded
- Mental Capacity should be recorded
- Adults wishes need to be heard and supported

Multi-agency Planning Meeting

- Look at Risk and Strengths (what's going well)
 - Identify a lead practitioner, this should be the worker with the best relationship with the Adult
- Produce support plan (with contingency arrangements) Record any differences of opinion
- Set clear review dates to report progress

Closure

- Adult now engaging with professional
- Risk reduced to level there is no longer significant harm
- Effective monitoring is in place
- Adult deceased

A case can be reconvened at any time in the future

Case Study

Case Study

Polly

Emily Strange
Named Midwife Safeguarding
Wye Valley NHS Trust

Risks and concerns

- Polly was pregnant and was declining care and support, unborn was on a child protection plan
- Previous children were not in her care
- Poor home conditions, fire risk, unhygienic
- Social isolation

- Limited / no wider support (other than professionals)
- High risk domestic abuse victim
- Risk of exploitation, cuckooing and county lines
- Unknown male adults within the home

Types of situations

unable or/and refuses

- to receive necessary care / essential services to meet their care and support needs;
- to participate in any assessment of their needs / mental capacity; and/or
- to protect themselves against potential exploitation or abuse; and/or
- Has on-going needs or behaviours which lead to choices placing the person at risk

Professional involvement

- Midwifery/obstetrics
- Mental health
- GP
- Children's services
- Safeguarding children and adults teams
- Adult social care
- Turning point
- MARAC
- IDVA
- Police

Vulnerable adult support needs identified

- Medical and obstetric care
- Substance use
- Exploitation risk
- Housing
- Mental health
- Domestic abuse
- Social isolation
- Financial and transport
- Mobility, basic care and daily tasks
- Parenting
- Safety

What was working well?

- Polly developed a good relationship with her community midwife
- Turning Point and GP were intermittently engaging with Polly
- Polly allowed professionals in to the home
- Joined up multi-agency working and communication to safeguard Polly and her unborn baby
- Polly had support from her grandmother but was concerned about telling her she was pregnant, professionals supported her to allow grandmother to support her
- Safety and action planning was put in place early and communicated with the MDT
- Polly was given open access to care and support

Outcome of the CARM meeting

- To support with basic care needs and self neglect for both Polly and her unborn baby
- To safeguard Polly from abuse and exploitation within the community
- To support and encourage Polly to engage with care and support
- To provide support with transport to appointments, shopping etc.
- To support Polly with managing her independence and maintaining positive routines, safe social integration, employment, finances

Outcome of the CARM meeting

- To support Polly to safeguard her unborn child from harm
- To encourage and support engagement with the medical teams regarding Polly's medical needs
- To complete a capacity assessment
- To support with engagement with substance use services and reduce the risks to Polly and her unborn child from substance use
- To encourage Polly to be involved with decision making and action/safety planning for her own safety and wellbeing

At midwifery discharge and handover to the multi-agency team

- Polly had sought support from her GP regarding medical and mental health needs
- Polly was engaging with postnatal care and visiting baby in SCBU
- Polly was engaging with children's services
- Polly was engaging with turning point and abstaining from substances

At midwifery discharge and handover to the multi-agency team

- Polly was getting good support from her grandmother
- Polly was taking care of her own health and wellbeing needs with the support of professionals
- Polly was having supervised contact with her baby following removal under an interim care order

CARM break-out group discussion questions

1. Should any other people or organisations be invited to the meeting?
2. What are the three highest risks that need to be addressed first?
3. What could your organisation contribute in terms of working with this person to mitigate the risk?
4. Who would be best placed to be the lead professional in this case and why? (We will feed this response back in the main group)

BREAK

See you in 10 minutes.....



CARM break-out group feedback

In the chat, type your response to:

Who would be best placed to be the lead professional in this case?

CARM and Adult Exploitation.

Adult Exploitation Development Officer



I retired from West Mercia Police in August 2021, for 15 years of my career I specialised in Child Protection and Child Exploitation, latterly I was the County Lines coordinator, driving West Mercia's response to County Lines which incorporates both adult and child exploitation.

I have been in this role since September 2021, the role was developed following a review of Adult Exploitation performed by Worcestershire University, the report summarised that Adult Exploitation services within Worcestershire were disparate.

My role is to bring the different elements together to provide a cohesive approach and raise the profile of Adult Exploitation within Worcestershire.

Initial Steps

- nationally most resources are directed towards Children's Services
- Here the support pathways are statutory and clearly defined and have been in place for about 30 years,
- in general work well.

Adult Exploitation

- less clearly defined.
- the hurdles in respect of capacity, care and support needs and consent, not always easy to overcome.

The nature of Exploitation

Accepting that an individual has capacity, then the nature of Exploitation and the grooming process (which is well documented in the world of Child Exploitation) means that the individual is unlikely to consent to support due to their vulnerability.

Vulnerability can take many forms, either permanent such as, Autism, Learning difficulties or temporary such as loneliness, bereavement and substance abuse.

There can be several reasons for lack of consent, fear of reprisals from their exploiter, or the exploiter fulfils something that the individual needs, in the case of Cuckooing it can be drugs, loneliness is often a vulnerability in 'elder abuse'.

Starting Point Definition

- what is Exploitation ?

Exploitation is a form of abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child, young person or adult (including those with care and support needs) into any activity that results in financial or other advantage for the perpetrator(s) or facilitator(s). Activity includes arranging or facilitating the involvement or travel (trafficking) of a child, young person or adult (including those with care and support needs)

West Mercia Police

Definition continued – Types of exploitation



[Modern Slavery \(including human trafficking\)](#)

[Sexual Exploitation](#)

[Criminal Exploitation](#)

Financial Exploitation *[link required]* (including scams, doorstep crime and rogue traders)

[Radicalisation](#) to commit acts of terrorism.

Any other Exploitation that enables services or benefits of any kind, including:

Removal of organs

Forced marriage

Illegal adoption

The victim may still be exploited even if the activities that they are engaging in appear consensual.

Multiple types of exploitation can occur alongside or as part of other forms of abuse.

Important part of definition:



“ The victim may still be exploited even if the activities they are engaging in appear consensual”

Therefore cant be seen as

“ lifestyle choice”

Why use the CARM?

- Need to build a multi agency process
- CARM Provides Multi –agency Pathway
- Especially for those who don't meet adult-social care criteria.

Other areas have similar approaches, which are shown to work for exploitation

Case Study

Mary



- single woman
- late 40's
- long history of drug and alcohol abuse
- currently lives in supported accommodation, with low level support
- has a developed a good relationship with her housing officer
- grown up children
- struggles with personal hygiene and home maintenance.
- does not meet the Care act criteria,
- Viewed to have mental capacity,

Mary Continued...the situation

- housing officer expressed concern regarding Mary's vulnerability
 - being taken advantage of by others.
 - until recently been socialising with another vulnerable female well known to authorities and
 - housing officer expressed concern as to this female's intention possibly financial exploitation or drug use. This relationship did not last.
 - However Mary seems to have become a target for others to exploit. E.g
 - people calling and offering Mary money for her mental health medication,
 - items of kitchen equipment taken from her house whilst Mary was present.
- Mary has stated she is terrified of living alone and the tenancy is only medium term.
- **does not give consent for Local Authority support.**

How could CARM help?

- will provide a multi-agency pathway for individuals such as Mary.
- Housing officer could call a CARM meeting to discuss how best to support Mary.
- Better understating of who is working with her and their involvement
- Can then identify a 'lead' professional'
- housing officer? already has a good relationship with Mary, and can develop that relationship and trust.
- Identify which areas to priorities first (Risks)
 - Hygiene?
 - Loneliness
 - Exploitation?
 - Substance misuse?
- Develop more joined up support

What are the opportunities ?



Some of the options available to the CARM process could be –

- lead professional could support them in developing a trusting relationship, which over time may allow the individual to identify her own exploitation and accept support to address it.
- GP practise could suggest an alternative procedure for Mary to take her medication.
- Housing may be able to consider how to address the medium term housing issue, and her reluctance to live alone.
- Police to deal with any criminal offences and safer neighbourhood teams, to be aware of Mary's vulnerability and share any further incidents.
- If Mary works with drug and alcohol services, they could provide a true picture of her substance misuse.
 - Can you think of any others?
 - Which should be the first three actions?

Continual Review



- would be regularly reviewed as part of the CARM process
- and the case would not be closed until Mary's vulnerability
- and the risk had reduced sufficiently.

Other types of exploitation where the CARM could help

- transitional safeguarding, including children approaching 18 who have had limited association with Local Authority services but are still vulnerable to exploitation.
- Victims of County Lines cuckooing could have a support pathway, where perhaps they didn't previously.
- Elder abuse where elderly have been financially abused, having been befriended by their exploiter or their exploiter is a family member.

Considerations

- unlikely that persons who have been exploited will give consent.
- fear of reprisals or
- believe that the exploiter is their friend
- and they receive something they need, filling an emotional void.

if Mary is not currently being exploited then she is highly vulnerable to exploitation.

Questions