

# **Harrow Council**

## **Department of People's Services**

### **Adult Services Self Neglect Protocol**

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### **Referrals into Adult Services**

Vulnerable adults who self- neglect may be referred into Adult Service via Access Harrow, or directly to the Safeguarding Adults Team. The care management teams and the Safeguarding Adults Team may be involved either independently or jointly at different times in the citizens' journey. This protocol aims to clarify the roles of the different teams, and the different pathways for cases depending on the circumstances.

This protocol should be read alongside:

[Harrow Adults Safeguarding Board Multi-Agency Protocol for Self-Neglect October 2018](#)

and in particular the Screening Tool for Self- Neglect Cases (page 8 of the document, or in Appendix 1 of this document).

### **Referrals directly to the Safeguarding Adults Team – (see flowchart Appendix 2)**

Where the referral is directly to the Safeguarding Adults Team, a Safeguarding Concern is raised, and a Section 42 threshold completed (see Appendix 4).

The Safeguarding Concern is closed after initial enquiries have been undertaken and the case is transferred:

- if the case is not known it is transferred to the Health and Wellbeing Team for a Care Act assessment or to the Specialist Learning Disability Care Team
- if the case is known it is transferred to the allocated worker or to the team holding the case, for a Care Act assessment

### **Referrals directly to the Health and Wellbeing Service - (see Appendix 2)**

Where a self- neglect case is referred directly to the Health and Wellbeing Service including Northwick Park Hospital social work team, a referral needs to be made to the Safeguarding Adults Team, who will raise a Safeguarding Concern and complete a Section 42 threshold.

Following this, the case will either follow:

- Pathway 1 - where the citizen is engaging and a Care Act assessment can be carried out, **or**
- Pathway 2 - where the citizen is not engaging and/or the risk of harm is very high

**Pathway1:**

- Conversation 1 and 2, and a Care Act assessment are carried out, or for Northwick Park Hospital Team, a Care Act assessment has been carried out and the case transferred to the Promoting Independence Team
- Checks with mental health services and other organisations have been made if appropriate – eg housing, environmental health, fire brigade, GP, family members etc
- Citizen is engaging and actions are being undertaken to manage the risk
- Screening Tool for Self -Neglect is followed
- The citizen has been assessed as having long term care and support needs.
- Services may or may not be provided
- Contact can be made with the Safeguarding Adults Team for advice as and when needed
- A referral to the Risk Enablement Panel (see below) can be made as and when needed (relevant Service Manager to be informed first)

Outcome - the case is stable

The case is transferred to the Locality Service for support – either for ongoing monitoring or for regular reviews. The transfer needs to involve the Service Managers and Team Managers in the Early Intervention and Support Team / Promoting Independence Team, and the Locality Team.

**OR**

Outcome - the case is not stable, ongoing support is needed

The case is transferred to the Locality Teams for support. The transfer needs to involve the Service Managers for the Early Intervention and Support Team / Promoting Independence Team, and the Locality Service for agreement for the case to transfer. Case is allocated and a joint visit takes place with the workers from both teams. Case allocation is not determined by the citizen's Locality Team, but rather to a worker with the skills and experience to manage the case.

## Pathway 2:

- Citizen is not engaging with attempts to make contact by the Early Intervention and Support Team or Northwick Park Hospital Team, and / or the risk of harm is very high and / or multiple Merlin's are received indicating concerns
- The attempts to engage with the citizen need to include a minimum of 3 visits with at least one being an unannounced visit. Joint visits with a colleague may be helpful
- Checks have been made with mental health services and other organisations where appropriate – eg housing, environmental health, fire brigade, GP, family members etc
- Screening Tool for Self- Neglect is being followed and there is concern about a high level of risk
- Care Act assessment may not have been possible

The Team Manager holding the case needs to contact the Service Manager for the Locality Teams for the case to be discussed, a transfer agreed, and an allocated worker identified. A Safeguarding Planning Meeting needs to be convened with both the allocated workers from Early Intervention and Support Team / Northwick Park Hospital Team, and Locality Service, Service / Team Managers from both teams, and a Safeguarding representative. A Protection Plan is drawn up. The level of risk will determine if the Adult Safeguarding Team remain involved.

If a decision is made to close the case to Safeguarding, the Locality Team will continue to work with the case and review the Protection Plan, but a diary date will be booked into the Adult Safeguarding Outlook diary so the case to be brought back to a Planning Meeting, under the safeguarding adults' policies and procedures, in 6 months or sooner if needed.

If the risk increases before the 6 months period, the case can be presented to the Risk Enablement Panel – with the relevant Service Manager informed of the Panel referral. The Locality Team Manager must notify the Adults Safeguarding Team Manager of the date and time of the Risk Enablement Panel so a safeguarding representative can be present.

The Service Manager for the Locality Service needs to be kept informed at all stages of the progress of the case. The case cannot be closed / put into the review without that Service Managers permission.

The Safeguarding Team Manager will hold a Risk Register of these cases which will be shared with the Assistant Director, Service Managers and Team Managers in the Health and Wellbeing and Support Team, Promoting Independence Team, and Locality Service, and the Team Manager for Northwick Park Hospital Team.

## **Referrals to Specialist Learning Disability Care** - (see Appendix 3)

Where a self-neglect case is referred to the Enablement Service in Specialist Learning Disability Care, from Access Harrow or the health Integrated Service, the referral needs to be passed to the CYAD or Community Learning Disability Team. That team needs to make a referral to the Safeguarding Adults Team, who will raise a Safeguarding Concern and complete a Section 42 threshold.

Following this, the case will either follow:

- Pathway 1 - where the citizen is engaging and a Care Act assessment can be carried out, **or**
- Pathway 2 - where the citizen is not engaging and/or the risk of harm is very high

### **Pathway1:**

- A Care Act assessment are carried out
- Checks with mental health services and other organisations have been made if appropriate – e.g. housing, environmental health, fire brigade, GP, family members etc
- Citizen is engaging and actions are being undertaken to manage the risk
- Screening Tool for Self-Neglect is followed
- The citizen has been assessed as having long term care and support needs.
- Services may or may not be provided
- Contact can be made with the Safeguarding Adults Team for advice as and when needed
- Case can be discussed at the weekly multi-agency meeting or fortnightly Learning Disability Risk Panel in Specialist Learning Disability Care
- A referral to the Risk Enablement Panel (see below) can be made as and when needed (relevant Service Manager to be informed first)

### **Outcome - the case is stable**

There is either ongoing monitoring or the case is subject to regular reviews.

**OR**

### **Outcome - the case is not stable, ongoing support is needed**

The case is allocated for longer term work.

## **Pathway 2:**

- Citizen is not engaging with attempts to make contact, and / or the risk of harm is very high and / or multiple Merlin's are received indicating concerns
- The attempts to engage with the citizen need to include a minimum of 3 visits with at least one being an unannounced visit. Joint visits with a colleague may be helpful
- Checks have been made with mental health services and other organisations where appropriate – eg housing, environmental health, fire brigade, GP, family members etc
- Screening Tool for Self- Neglect is being followed and there is concern about a high level of risk
- Care Act assessment may not have been possible
- Case has been discussed at the weekly multi- agency meeting or fortnightly Learning Disability Risk Panel in Specialist Learning Disability Care

A Safeguarding Planning Meeting needs to be convened with the allocated worker Service / Team Managers, and a Safeguarding representative. A Protection Plan is drawn up. The level of risk will determine if the Adult Safeguarding Team remain involved.

If a decision is made to close the case to Safeguarding, the CYAD or Community Learning Disability Team will continue to work with the case and review the Protection Plan, but a diary date will be booked into the Adult Safeguarding Outlook diary so the case to be brought back to a Planning Meeting, under the safeguarding adults' policies and procedures, in 6 months or sooner if needed.

If the risk increases before the 6 months period, the case can be presented to the Risk Enablement Panel – with the relevant Service Manager informed of the Panel referral. The relevant Team Manager must notify the Adults Safeguarding Team Manager of the date and time of the Risk Enablement Panel so a safeguarding representative can be present.

The Service Manager for the relevant team needs to be kept informed at all stages of the progress of the case. The case cannot be closed / put into the review without that Service Managers permission.

The Safeguarding Team Manager will hold a Risk Register of these cases which will be shared with the Assistant Director, Service Managers and Team Managers for the CYAD and Community Learning Disability Team.

## **Risk Enablement Panel**

Cases where there are serious concerns (e.g. citizen is making unwise decisions about their health and welfare), or challenging and /or complex decisions to be

made, can be discussed at the Risk Enablement Panel – see Risk Enablement Panel Terms of Reference in Appendix 5.

Service Managers need to be informed before a case from their service is being discussed at this Panel.

Where the case needs to be discussed before the next scheduled meeting, this can be requested by contacting the administrator or the Service Manager for the Safeguarding Adults Team.

The Risk Enablement Panel form in Appendix 6 needs completing and sent to the administrator of the Panel at least 3 working days before the Panel.

### **Escalation of concerns**

The Harrow HSAB Escalation of Concerns Policy should be used where staff in one partner agency have concerns about the way in which staff in their own organisation or another partner agency is/are delivering their part of the safeguarding adults process.

**APPENDIX 1:** (from [Harrow Adults Safeguarding Board Multi-Agency Protocol for Self-Neglect October 2018](#))

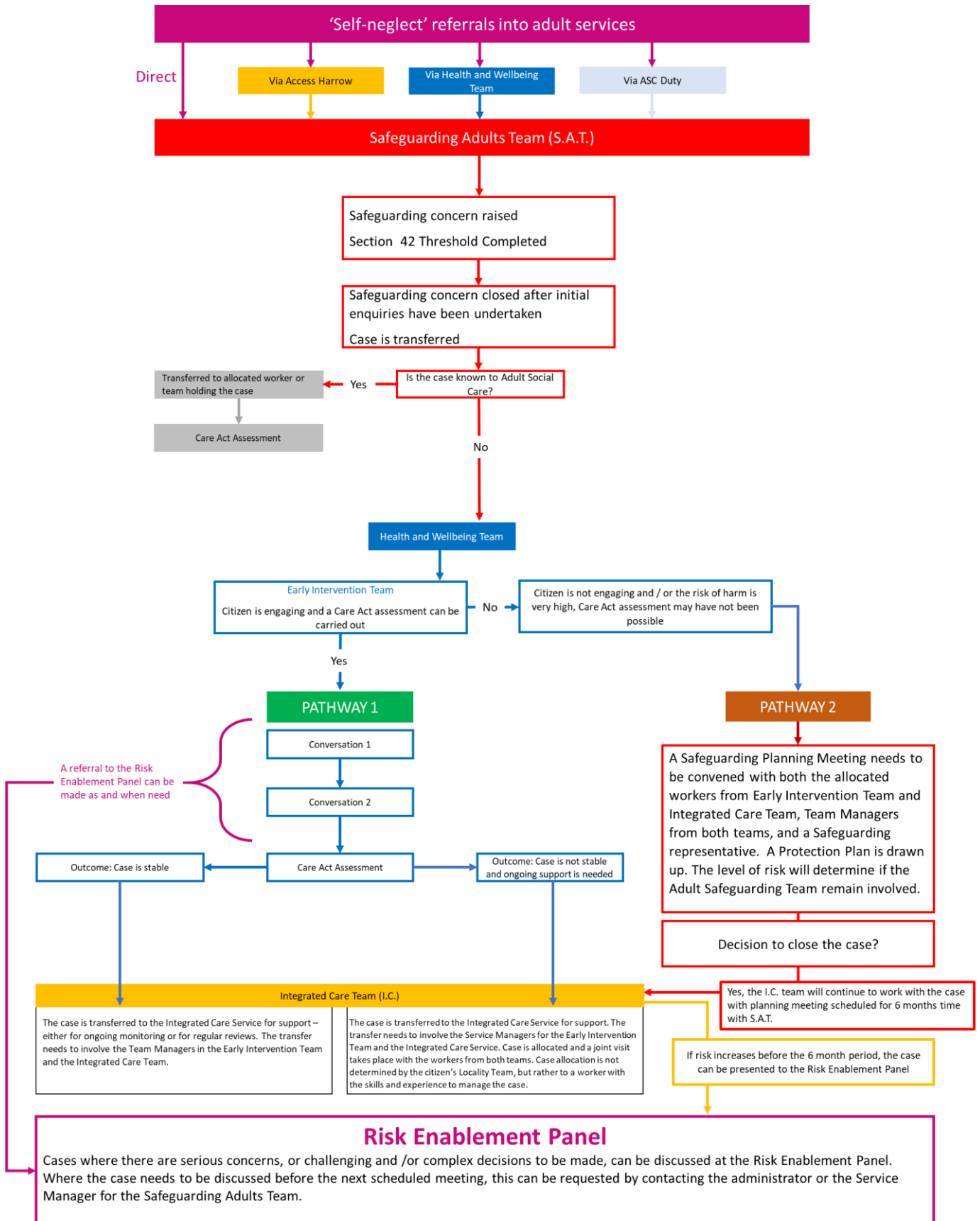
**Harrow Safeguarding Adults Team - screening tool for self-neglect concerns**

Self-neglect cases require a multi-agency approach to ensure the best possible outcome for the individual, but not all need to be co-ordinated through the safeguarding adults policies and procedures. This screening tool aims to confirm that appropriate actions are being taken in each situation referred and to highlight those cases that have reached the threshold for safeguarding enquiries to be made.

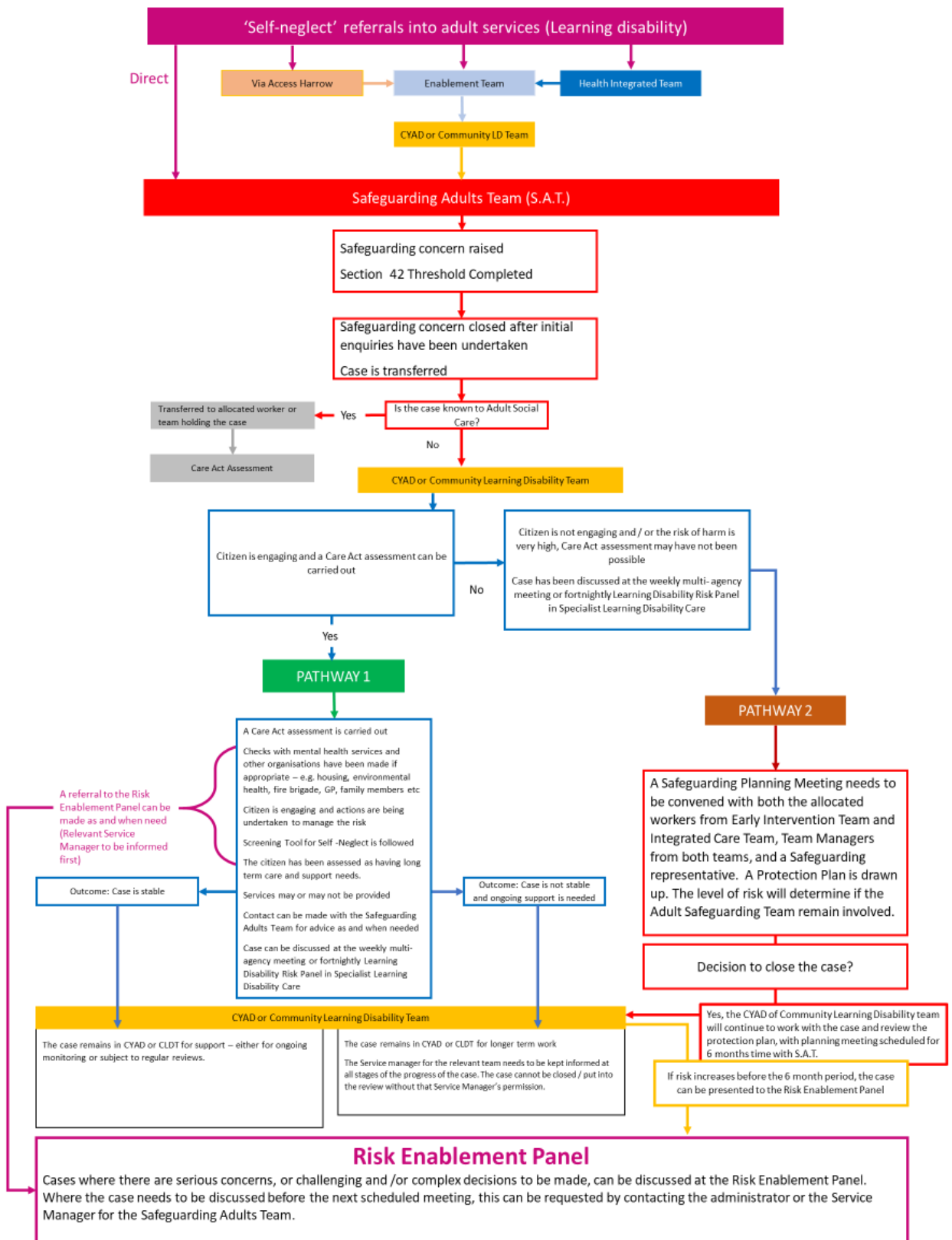
1. An up to date and decision specific mental capacity assessment has been carried out and recorded  
Yes (Dated.....) No
2. An up to date risk assessment has been completed and recorded  
Yes (Dated.....) No
3. There is a risk management plan from the risk assessment which has been implemented  
Yes (Dated.....) No
4. A multi-agency self-neglect meeting has been held?  
Yes (Dated.....) No
5. The action plan arising from the meeting has been implemented and is proving to be unsuccessful  
Yes No
6. Relevant legislation has been considered and applied e.g. through environmental services  
Yes (Dated.....) No
7. Relevant services have been tried e.g. district nursing/home care and the case is active/allocated  
Yes (Dated.....) No
8. The allocated worker/s have presented the case to the Risk Enablement Panel (REP) and its recommendations have been implemented and unsuccessful  
Yes (Dated.....) No
9. **Not all the above have been tried and unsuccessful but “host agency” remains very worried about high level of risk – safeguarding “enquiries” to be made by the SGA Team**
10. **All the above have been tried and unsuccessful – safeguarding “enquiries” to be made by the SGA Team**



# APPENDIX 2: FLOWCHART HEALTH & WELLBEING, LOCALITY TEAMS



# APPENDIX 3: FLOWCHART LEARNING DISABILITY TEAMS



## **APPENDIX 4: SECTION 42 THRESHOLD**

**Threshold information for Adult Safeguarding enquiries is as follows:**

Section 42- Enquiry by local authority

(1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

(a) has needs for care and support (whether or not the authority is meeting any of those needs),

(b) is experiencing, or is at risk of, abuse or neglect, and

(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

## APPENDIX 5: RISK ENABLEMENT PANEL



**Harrow Council**

**Department of People Services**

**Adult Social Care**

**Risk Enablement Panel**

The Harrow Risk Enablement Panel (REP) aims to help with challenging or complex decisions which may occur as part of the support plan validation process or other wider care management e.g. self neglect or unwise decision making by people with mental capacity. The emphasis is on supporting positive risk taking while maintaining duty of care and ensuring that decisions are made in an informed way, with transparent, shared responsibility (see Appendix 1 for guidance about defensible decisions).

The REP provides a forum to consider identified risks and mitigating actions where these cannot be resolved during the normal process of assessment, support planning, validation, review, or consideration at supervision and case conferences.

It will not replace normal processes such as line management supervision, multi-agency case conferences and/or presentation at MAPPA/MARAC. For people who are hard to engage/hoarders – please see the Harrow multi-agency protocol - “Working With Difficult to Engage Vulnerable Adults (including chronic hoarders)”, which should be followed in the first instance.

## Purpose

The purpose of the panel will be:

- to guide, advise and support staff, to minimise risks and manage complex risk situations, including cases involving differences of opinion
- to seek positive solutions and outcomes for individuals and resolve issues regarding the sharing of risk between individuals, third parties and organisations
- to ensure that no individual is left to make a difficult decision without support and that the Council can demonstrate it has fulfilled its duty of care around the support of users
- to provide a forum where staff at different levels of the lead organisation can share risk decision making where there is concern about the level of risk
- to promote a consistent approach to managing complex risk decision making
- to utilise the breadth of knowledge held by relevant organisations that know the user or have expertise in this type of case

## Scope of Responsibility

The Risk Enablement Panel (REP) will liaise with the Senior Management Team regarding issues arising out of the management of complex risk cases. Existing arrangements for safeguarding individuals will take priority, however the REP will

review cases which do not meet the specific criteria for discussion under safeguarding arrangements (see below for examples).

The panel will offer advice and guidance, but it is the responsibility of the relevant senior/service manager and the team delivering the outcome to agree if or how they will put this advice into action.

The REP may also perform a role of drawing attention to any knowledge and skills gaps within the organisation or the need to update policy and process.

The REP may also contribute to the development of the organisation's risk policy, procedures and training needs.

The REP does not have the authority to provide extra staff or financial resources to manage identified risk.

### **Principles of referral to the Risk Enablement Panel**

The panel will not replace or act in cases where safeguarding adult or children procedures, Mental Health Act/Mental Capacity Act frameworks or Multi-Agency Protection Panel Arrangements (MAPPA) take precedence. Nor will it deal with cases where other options have not been exhausted e.g. use of the Protocol for Working with Hard to Engage Vulnerable Adults (including hoarders) and line managers/supervisors have not been fully involved.

Once all the relevant procedures have been used and the way forward remains unclear, the case can be presented to the REP.

The following are some examples of the type of cases/situations that the REP might be asked to consider:

- where the user is judged to have mental capacity to consent to the (specific) decision regarding the potential risk, but involved professionals view it as unwise to the point that it places him or a third person at significant risk of harm – this can include people who self neglect/are hard to engage
- where the user wishes to manage their own personal budget, but the professional view is that there are risks that cannot be managed in the support plan – there is a dispute between the user/their family and the social worker/care manager
- where the person is being restricted or restrained, not for their own benefit (where DOL/S might apply), but for the safety of others
- the risks to the user are such that they cannot be resolved through care planning or normal safeguarding processes
- the risk could cause endangerment to other people (third parties)

- the risk could expose the council or other lead organisation to political or reputational risk
- there are legal and regulatory issues – including the status of measures in a support plan or compliance issues
- the risks (of the type identified above) involve a young person in transition to adult services, a young person in the leaving care arrangements or where there are younger siblings (children) that might be affected

## Equalities

The REP will use anti-discriminatory/anti racist practice in its work. It will take into consideration all aspects of equality in discussing cases that are presented, with particular recognition that some individuals can face stereotyped judgements as to the risk they may present to themselves or others.

## Core Membership

- Manager Safeguarding Adults and DoLS Services - LBH (Chair)
- Head of Service – Learning Disability and CYAD/Transition - LBH
- Head of Service Health and Wellbeing (including hospital social work) - LBH
- Team Manager Safeguarding Adults - LBH
- CoP DoL lead officers
- Children’s Services representative - LBH
- Substance misuse representative - WDP
- Mental Health Service representative - CNWL
- Community Nursing representative - CLCH
- Legal adviser (co-opted as required in specific cases)

The Chair and/or the Panel is not responsible for ensuring that identified action points are correctly followed up – this is the responsibility of the presenting Social Worker/Care Manager supported by their Team Manager. For that reason, the REP will not “track”/follow up cases or discuss them further, unless they are presented again by the Social Worker/Care Manager.

## Frequency/Administration of Meetings

The REP will be scheduled 6 weekly for 1.5 hours and will discuss a maximum of 3 cases. If more than 3 cases are received for a meeting, the REP will take a view as to which are the highest risk and therefore the highest priority for discussion. The meeting will be cancelled if there are no cases to consider.

The REP will be held remotely through MS Teams (from March 2020) until further notice.

Social Workers/Care Managers can book a case discussion at the REP by e-mailing the administrator ([darshna.kotecha@harrow.gov.uk](mailto:darshna.kotecha@harrow.gov.uk)).

All referrals to the REP from Social Workers/Care Managers will be made in writing and should be received by the administrator at least 3 working days beforehand. The referral must have been discussed with the relevant Team Manager and authorised by the Service Manager.

Social Workers/Care Managers will present their case to the REP, or the Team Manager may do so on their behalf.

Minutes of the meetings will not be taken, however a record of agreed recommendations for each case will be made and provided for the presenting case worker within 5 working days of the REP.

## Capturing learning

Any learning from case discussions will be fed back to the Head of Service/Service Manager meetings so that relevant actions can be taken e.g. changes to practice or further training/development for staff.

## Appendix 1

**Risk Management:** can be the process by which an organisation tries to reduce negative outcomes and also a means of maximising potential benefits in which the service user can also play an important role in managing the risk.

A **defensible decision** is one where:

- all reasonable steps have been taken to avoid harm
- a person's mental capacity (including executive capacity) has been taken into consideration and guided by the Mental Capacity Act Code of Practice
- reliable assessment methods have been used and information has been collected and thoroughly evaluated
- decisions are recorded succinctly and in line with the agencies' recording policy, and decisions and related actions are communicated to all relevant parties with outcomes reported back to the lead agency



- practitioners and their managers adopt an approach that is proactive, investigative and holistic, taking into account all aspects of the individual and the wider family and any risks
- All appropriate services are arranged to mitigate identified risk and meet the assessed needs of the individual concerned as far as that person, with capacity to do so, is prepared to accept such services
- Any occurrence of a risk event subsequently will require a review of the plan in relation to that risk
- Policies and procedures have been followed and due adherence to statute and government and professional guidance is maintained.

Ultimately, the local authority has a statutory duty of care and a responsibility not to agree to support a care plan if there are serious concerns that it will not meet an individual's needs or if it places an individual in a dangerous situation.

## APPENDIX 6 – RISK ENABLEMENT PANEL REFERRAL FORM

London Borough of Harrow

### Risk Enablement Panel – referral form

Name:	FWi number:
Address:	Date of Birth:
	Ethnicity: Does service user have mental capacity in respect of the specific issues being presented? Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach the most recent assessment.
Member of staff presenting case:  Team:  Date:	
What would you like the risk enablement panel to consider?	
Are there any identified risks or potential risks which are not addressed/managed by the support plan/care plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	

If yes give details including any differing perceptions/points of view and any attempts at resolution

Are there issues of conflict between service user and/or family/carer and /or staff members?

Yes

No

If yes give details:

Has a safeguarding alert ever been raised about this service user?

Yes

No

If yes please give details:

Date(s), Type of abuse, Outcome(s)

Please comment on the level of risk that this service user faces/presents:  
(most up to date risk assessment to be attached)

Please outline any steps that have already been taken to reduce harm (risk management plan):

Any other comments or information relevant to case:

Supervision: Has this case been discussed in supervision – who with and date?

What other relevant processes have been used to progress this case e.g. presentation at MAPPA; Hard to Engage protocol meeting; case conference

Signed: .....Social worker/care manager

Signed: .....Team Manager

Signed: .....Service Manager

Date:

Please attach:

- support plan
- supported decision tool (if used)
- and any other relevant information e.g. case conference minutes

**Presentation at Risk Enablement Panel**

Date of Panel:

Attendees:

Was Support Plan presented?      Yes          No   

Was supported decision tool presented?    Yes          No   

Any other documentation?      Yes   

Please specify:

Panel Recommendations:

Were all parties in agreement with Panel's recommendations?  
Yes  No

If no give details:

Any other comments:

Signed (Chair of Panel): ..... Date: .....

