

# **Implementing a Strengths-based approach to Self-neglect in a Safeguarding context**

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- What do we mean by ‘Safeguarding Adults’?
- What are the principles underpinning a Strengths-based approach and Safeguarding Adults?
- Are the above compatible?
- What do we mean by ‘Strengths’?
- What do we mean by ‘Self-neglect’?
- Consider the merits of a Strengths-based approach to a case of Self-neglect

# What do we mean by 'Safeguarding Adults'?

Or to be more exact, what do I mean by it!

**How does the Care Act 2014 define it?**

It doesn't!

# How does the Statutory Guidance define it?

‘Safeguarding means protecting an adult’s rights to live in safety, free from abuse and neglect.’

‘It is about people and organisations working together to prevent and stop both the risk and experience of abuse or neglect, while at the same time making sure that the adult’s well being is promoted including, where appropriate, having regard to their views, wishes, feelings, beliefs in deciding on any action’

‘This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances’

And then added: LAs ‘should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case must always be considered’

(116 words in total)

# The Safeguarding Adults Vision

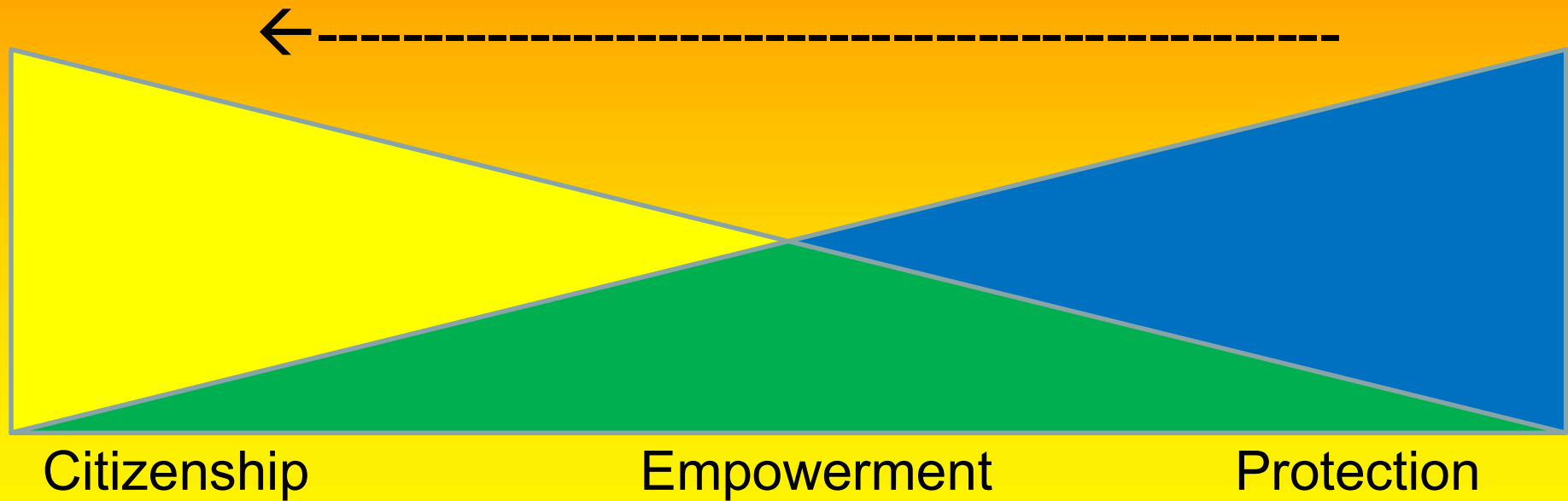
- “To promote and protect individual human rights, independence and well-being and
- secure assurance that *adults who meet s42 of the Care Act 2014* stay safe, are effectively safeguarded against abuse, neglect, discrimination, embarrassment or poor treatment,
- are treated with dignity and respect and enjoy a high quality of life”

(51 words - ish!)

With apologies to Birmingham SAB 2007

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# Safeguarding Adults Vision



# Making Safeguarding Personal

## Making Safeguarding Personal

“is about seeing people as experts in their own lives and working alongside them... It is a shift from a process supported by conversations to a series of conversations supported by a process”.

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

*Care Act Statutory Guidance (2016)*

# What is 'safeguarding adults'?

Whatever it is and whatever we call it:

- it must be timely
- It must be proportionate
- It must be outcome focused
- Practice not procedure based
- And remember LJ Munby – 'What good is it making someone safer if it merely makes them miserable?'

## and continued .....

- ‘None at all! And if this is where safeguarding takes us, then is it not, in truth, another form of abuse – and, moreover, abuse at the hands of the State?’

(March 2013)

“Safeguarding” can be both pro-active and re-active: preventing abuse or neglect and responding to situations of abuse or neglect

I will focus on the latter, responding to safeguarding concerns or s42 Enquiries

# Principles underpinning a Strengths-based approach/Safeguarding

People:

- are more than the sum of their care and support needs
- live in personal, social and community contexts
- Are experts in their own lives

People have the right to:

- self-determination
- to make unwise decisions
- to be protected if they are unable to protect themselves

# Principles underpinning a Strengths-based approach/Safeguarding

Any intervention should promote the person's:

- independence
- resilience
- ability to make decisions
- and their wellbeing

Any intervention should:

- have a positive impact on the person
- enhance the person's ability to safeguard themselves
- reduce the risk of further abuse/neglect
- be the least restrictive option compatible with the above

# What do we mean by 'Soft Strengths'?

## Individual:

- personal qualities
- knowledge & skills
- relationships
- passions & interests

## Community:

- links with neighbours
- community groups
- shared interest groups
- community leaders

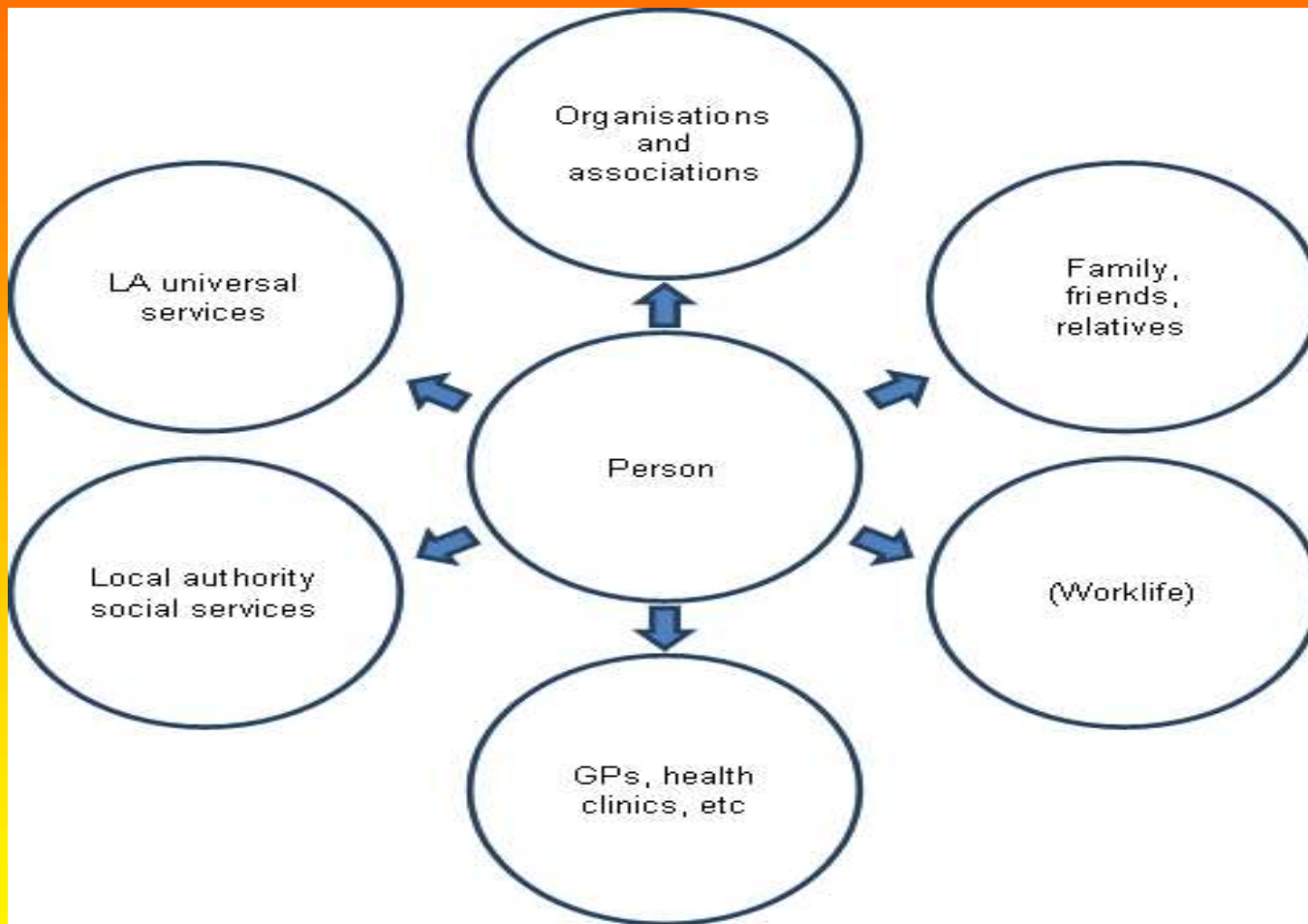
# What do we mean by 'Hard Strengths'?

## Individual:

- health
- finances
- housing
- transport

## Community:

- health & social care services
- leisure services
- schools/educational facilities
- community buildings



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## **Remember s42 of the Care Act 2014..**

- Where a local authority has reasonable cause to suspect that an adult (who) has needs for care and support, is experiencing, or is at risk of, abuse or neglect and **as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it** ..... it 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** ..... and, if so, **what and by whom'**

## Here comes the heresy ....

- This suggests to me that the person CANNOT have the strength or sufficient strength to safeguard themselves.
- Can a Strength-based approach therefore be appropriate?

# What do we mean by “self-harm”?

to **deliberately** hurt yourself, for example by cutting yourself, because you have emotional problems or are mentally ill

(Cambridge English Dictionary)

# What do we mean by “neglect”?

to not give enough care or attention to people or things that are **your responsibility**

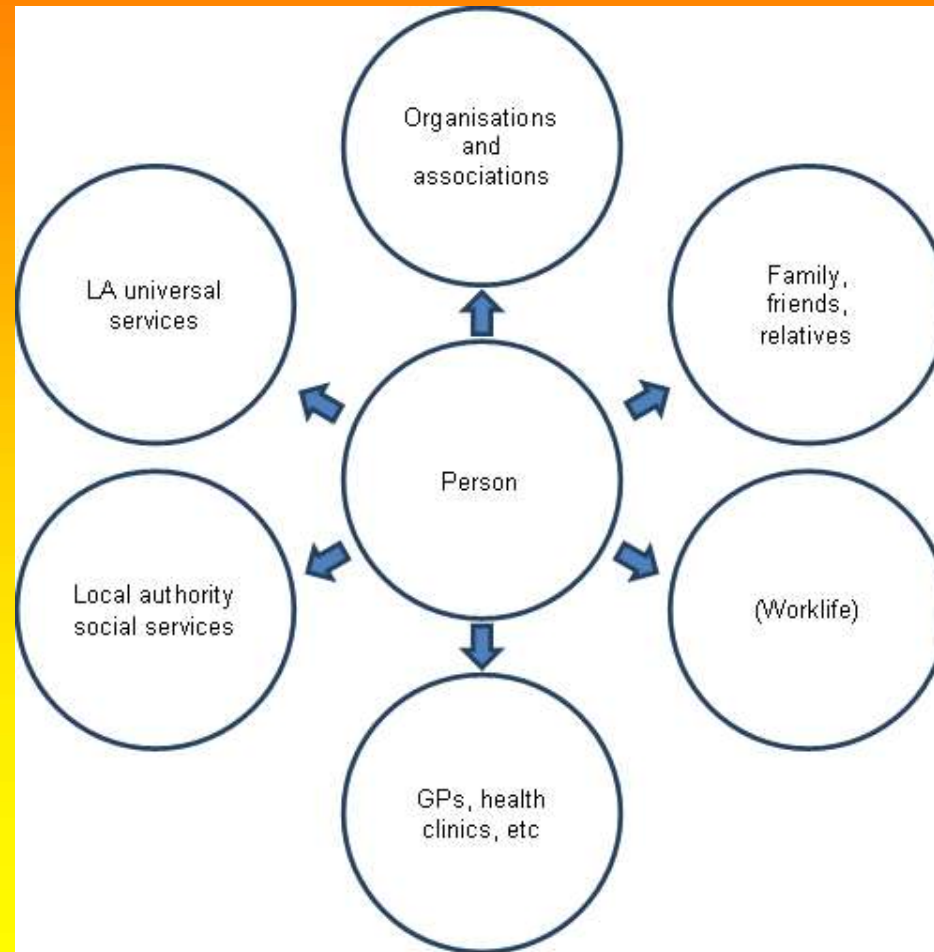
(Cambridge English Dictionary)

# What do we mean by 'self-neglect'?

- The Care Act 2014 doesn't mention it
- The Statutory Guidance does: '(it) covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. **It should be noted that self-neglect may not prompt a section 42 enquiry .....it will depend on the adult's ability to protect themselves by controlling their behaviour'** (14.17)

- It has a component of the adult being aware of what they should be doing to care for themselves
- It isn't a homogenous entity
- It may come under safeguarding, but it needn't and I would suggest most doesn't – or shouldn't
- It has to be different to self-harm
- It will have some form of causation

# Does this model work for self-neglect?



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# Case Study 1

- Boris was born in 1946
- Lives on his own, has no known family or friends and minimal contact with neighbours
- He moved to his current address in 2010
- His landlord is a social landlord who used to provide support services – though not to Boris – until they lost the contract in 2014
- Is a heavy smoker
- May be a drinker

## Case Study 2

- In August 2016, Boris fell in the street
- An ambulance was called, and took him home
- Due to the state of the flat and their concern for him, the crew took Boris to A&E and raised a safeguarding concern with the hospital
- The hospital was not in his local authority
- Boris was discharged after 5 days; went home with medication and food for the weekend.

## Case Study 3

- HSW visited the next week and arranged respite care in a care home while some adaptations done to his flat and dom care and meals service set up
- The HSW helped Boris to register with a GP in October 2016 for first time in 40 years
- He didn't advise the GP of his hospitalisation
- The HSW didn't inform the hospital that Boris was registered with a GP; no follow-up o/p appointments made.

## Case Study 4

- Boris cancelled social care support within a month of being home
- The social landlord referred Boris to ASC for assessment in May 2017
- Care package was restarted in June 2017; section 9 assessment started but not completed
- Assessment didn't include contact with GP, identify what Boris's desired outcomes were, what his personal history was, no capacity assessment
- Would avoid support workers – not be in, remove key from key-safe

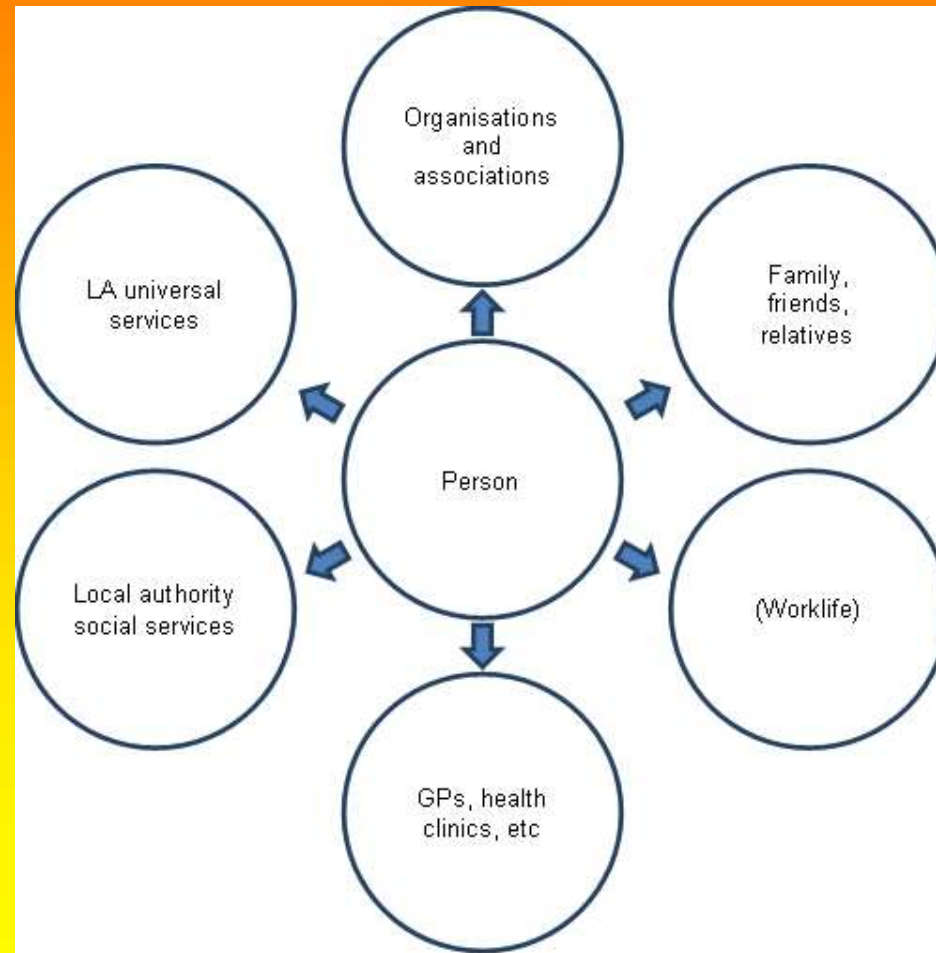
## What went well

- Commitment and expertise of the Hospital Social Worker
- The Hospital provided a comprehensive assessment of Mr V's medical needs and ensured he was discharged with food and medication
- The Housing Association carried out improvements to his flat and raised concerns
- High quality respite care
- Fire and Rescue assessed his needs and provided fire retardant cushions, bedding etc

## What didn't work well

- Safeguarding procedures not initiated
- No pre-discharge home check
- Poor communication between health services
- No response to DNA appointments
- Social assessments didn't address his non-engagement, not holistic, not outcome-focused
- Lack of capacity assessments
- Lack of escalation when not in to support staff

# Who did Boris have to put in the circles?



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## Case Study 5

- Last attempt at contact by support staff 29<sup>th</sup> November 2017 – no answer, no key in key-safe
- Was found dead in his flat 6<sup>th</sup> December 2017 by the Police and social landlord staff after neighbour had concerns
- Death due to Ischaemic Heart Disease, Calcific Aortic Stenosis and Bronchopneumonia
- Likely he had been dead 36 hours before being found

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