

**Multi-Agency
Self-Neglect Development
Strategy
2023 - 2026
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1. Introduction

- 1.1. This strategy sets out a shared commitment across IOM Government Departments and agencies in relation to adults who self-neglect. Our goal is to reach out to every adult in the IOM who is in circumstances of self-neglect, providing a network of support to reduce the risks of harm to the adult and others from self-neglect.
- 1.2. The strategy serves as a roadmap toward improvement over the next 3 years. It describes where the IOM is now in relation to self-neglect and where we want to get to. The strategy includes an implementation plan setting out how we will achieve the goal. This includes setting out priorities and developing resources such as detailed procedural guidance and training that are key to helping all agencies play their part.

2. Where we are now: Context of Self Neglect

- 2.1. Self-neglect refers to *'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglector and perhaps even to their community'*¹
- 2.2. Self-neglect may include lack of self-care in areas such as personal hygiene, dietary needs, and health needs. It may be seen in the lack of care to one's environment –for example unsafe or unhygienic home conditions, including hoarding behaviours. Adults who self-neglect may refuse assessments and interventions from services to alleviate the issues.
- 2.3. Self-neglect may cause serious harm to the person's mental and physical health, including risks to life. Self-neglect may also present serious risk to the lives of others within the household and neighbourhood, for example through fire hazards, unsafe buildings, and infestations. Along with this human cost of self-neglect, there are substantial costs to the economy, such as the cost of untreated health care,² missed appointments, responses from emergency services, costs from fire and environmental health measures.
- 2.4. Working with self-neglect is both complex and contentious. Agencies are faced with ethical challenges in balancing duty of care, with respecting a capacitous adult's autonomy - their rights to decide how they wish to live. There are practical and resource concerns: engaging with an adult who is resistive to change, takes significant time and may require specialist resources.
- 2.5. Practitioners can feel exposed, 'responsible' for risks but not able to effect change. Practitioners need to understand the legal framework in which they are operating – recognising what legal powers could be brought to bear and when information can be shared without the adult's consent.³ Professional

¹ Gibbons, S. 2006. 'Primary care assessment of older people with self-care challenges.' *Journal of Nurse Practitioners*, 323-328.)

² For example: Dealey C, Posnett J, Walker A. The cost of pressure ulcers in the United Kingdom. *J Wound Care*. 2012 Jun;21(6):261-2, 264, 266. doi: 10.12968/jowc.2012.21.6.261. PMID: 22886290.

³ IOM Safeguarding Board Information Sharing Guidance
<https://www.safeguardingboard.im/media/kxujdgoh/20220201-final-information-sharing-guidance.pdf>

relationships can become strained in the absence of a collaborative response. Families and carers may feel excluded and powerless to help.

- 2.6. Research has reinforced just how challenging working with self-neglect can be. In the UK, national research of their Safeguarding Adult Reviews⁴ found that self-neglect was the most common category of abuse for all cases under review (45%).⁵
- 2.7. Within the IOM, concerns regarding deaths arising from self-neglect have been highlighted by the Coroner, noting that the deceased '*... fell through the net of support that might have been available.*'
- 2.8. The IOM Safeguarding Board (IOMSB) commissioned a thematic Serious Case Management Review that focused on the lives of seven people who died in circumstances of abject self-neglect. Some of those people were well known to services but agencies had not worked effectively together. Other people were not known to any agencies but were known to their local Communities who didn't know how to help.
- 2.9. The review was critical about the lack of systems in the IOM to support multi-agency working with people who self-neglect.⁶ Policy and procedures were outdated and not applied; there was a lack of structure and resources to manage different levels of risk and an absence of training, supervision. This strategy sets out the plans to address these gaps.

3 Where we want to get to: Aims, Ambition and Values of the Strategy

- 3.1. The IOMSB is a Partnership of the relevant departments and agencies. Its purpose is to ensure they work effectively together to protect children and vulnerable adults from abuse and neglect. Supporting adults who self-neglect is not just the role of the Partnership. Everybody in the IOM Community has a role to play.
- 3.2. The aim of this strategy is to bring together the Safeguarding Partnership with local Communities to mobilise a whole system response to self-neglect. Our ambition is to reach out to every adult in the IOM who is in circumstances of self-neglect. We will utilise the strengths of the adult, their families, their Communities, and the Partnership. We will use this to build a network of support and reduce risks of harm from self-neglect.
- 3.3. The strategy is built upon the following principles⁷ and values that will threaded through all areas of work:

⁴ Equivalent to IOM's Serious Case Management Reviews

⁵ Local Government Association: Analysis of Safeguarding Adult Review April 2017- March 2019; Executive Summary October 2020 <https://www.local.gov.uk/analysis-safeguarding-adult-reviews-april-2017-march-2019>

⁶ Serious Case Management Review Thematic Review of Self Neglect 2022 <https://www.safeguardingboard.im/media/du4py4gy/iom-thematic-scmr-self-neglect-approved-by-iomsb.pdf>

⁷ The IOMSB has adopted the Care Act 2014 (England) statutory guidance Safeguarding Adult Principles.

Empowerment	Respect and dignity for the adult, person-centred responses that value their individual qualities and build on their strengths. Upholding rights and maximising involvement, choice and control
Prevention:	Working to reduce risks from self-neglect at the earliest stage
Protection:	Robust and resilient systems to safeguard the adult and their local community
Proportionality	Proactive outreach, with responses proportionate to risk. Least restrictive and lawful interventions.
Partnership	Collaborative, coordinated partnership working between agencies, Communities, families and the adult.
Accountability	Making the most effective and efficient use of resources. Evidence based responses that build on what works. Leadership and professional accountability in every agency.

4. How we will get there: Priorities for this Self-Neglect Strategy 2023 - 2026

- 4.1 This IOM self-neglect strategy fits into a bigger picture of developments in the IOM. It aligns with the Health and Care Transformation⁸ Program that aims to support delivery of the right care, in the right place, at the right time, in the most affordable way. It capitalises on the work of the Primary Care at Scale strategy⁹ and the development of Wellbeing Partnerships delivering integrated care across the IOM. It connects to new service models being developed such as the Frailty Pathway, as well as initiatives by partners such as the IOM Fire and Rescue on fire safety and work by Housing at the DOI to support vulnerable tenants.
- 4.2. The priorities for 2023-2026 have been developed following consultations with key stakeholders and taking account of recommendations from the Thematic Serious Case Management Review. The priorities are:
- 4.3.
1. Develop a pathway for self-neglect, supported by procedural guidance, legal framework and tools to aide assessment. A graphic of the proposed pathway is contained in appendix 1.
 2. Build workforce competence through leadership and training.
 3. Scope out resources that will support each step of the pathway.
 4. Engage local communities – understand local resources, raise awareness, and inform of referral routes.
 5. Evaluate what difference the strategy has made to people who self-neglect.
- 4.4. Each of these priorities is a workstream within an implementation plan – appendix 2.

- **Resources, Risks and Dependencies**

⁸ Arising from Sir Jonathan Michael’s Independent Review of the Isle of Man Health and Care system 2019 <https://www.gov.im/media/1365879/independent-health-and-social-care-review-final-report.pdf>

⁹ Primary Care at Scale Strategy 2021 <https://www.gov.im/media/1373337/iom-primary-care-at-scale-strategy-v16.pdf>

- 4.5. The strategy recognises the pressure on partnership agencies and the financial constraints in which they operate. Making effective responses to self-neglect is not cost neutral – engaging with people who may be resistant to change, can be complex and require investment of time from practitioners, capacity to be able to outreach, and access to some specialist expertise. However, successful outcomes are also about the way of working – being creative, connecting to resources already out there and coordinating responses more efficiently.
- 4.6. The implementation plan highlights some key dependencies that are critical to success. These include, but are not limited to:
- Commitment and leadership from all agencies to contribute to all stages of the pathway.
 - Development of Wellbeing Partnership in East IOM.
 - Designating staff from across Health; Social Care and Mental Health, for engagement and outreach work.
 - Funding for training and development.

5. Governance and Measuring Effectiveness

- 5.1. The governance of the self-neglect strategy will be through the IOMSB Adult Quality Development and Training Group (AQDTG), reporting to the IOMSB.
- 5.2. The strategy will be evaluated against
1. Progress in achieving the milestones set out in the implementation plan *and*
 2. Process: Measuring the effectiveness of the whole system response to self-neglect *and*
 3. Outcomes: Understanding the quality and impact of interventions, the difference made to the lives of adults who are self-neglecting and reduction in harm from self-neglect.
- 5.3. This evaluation will apply the IOMSB Quality Assurance Framework 2022, drawing together quantitative and qualitative data and information from a range of sources.



- 5.4. The evaluation will promote the principles of the IOBSB quality assurance framework:
- Person-centred practice – involving adults/families as experts by experience,
 - Facilitating an environment of high support and high challenge
 - Involving practitioners and managers in learning
 - Promoting a continuous culture for learning.
- 5.5. Evaluation will be tied into the IOMSB annual assurance programme, using the plan/do/study/act improvement cycle, to set further priorities for the next iteration of the strategy.

Appendix 1: Self-Neglect Pathway (to be supported by detailed procedural guidance)

Principles

Empowerment: Making Safeguarding Personal; Person centred, dignity and respect, understand meaning behind behaviours; maximise involvement

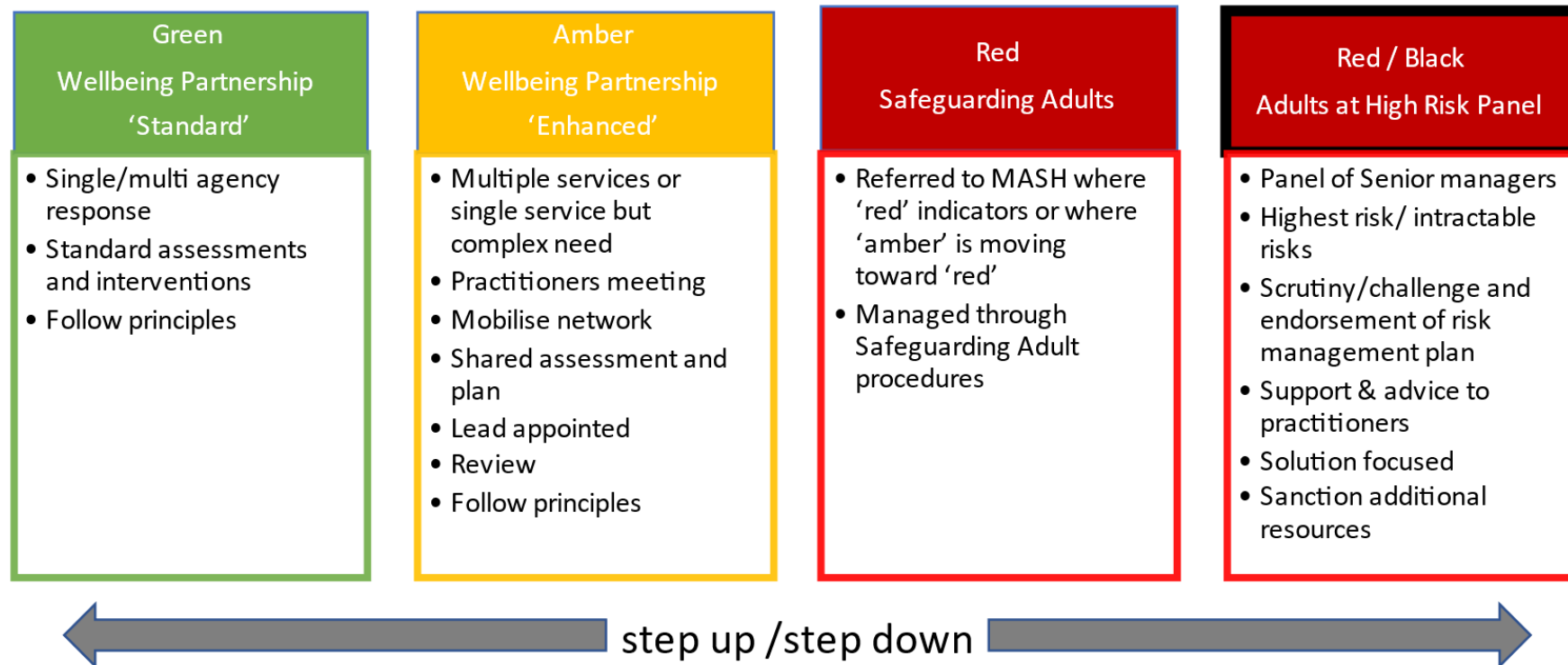
Prevention: Support adults to reduce risks at earliest stage

Protection: Professional curiosity. Robust processes to gather information, make assessment; develop risk reduction plan, review, step-up/step down

Proportionality: Least restrictive; work within legal framework; reasonable steps to outreach and engage the adult proportionate to risk

Partnerships: Collaborative multi-agency working across all stages of the pathway. Mobilise agencies and communities to develop network of support

Accountability: Professional accountability. Leadership to deliver standards. Supervision to support staff.





Wellbeing Partnership Meetings and Safeguarding Adult Responses
