

**Safeguarding Learning Development Group**  
**Tuesday 3<sup>rd</sup> November 2020 10am – 11.30am**  
**Virtual Meeting**

**1. Introductions and Apologies**

**Chair:** Helen Onslow (Lead Practitioner for Adult Safeguarding, ASC)

**Minutes:** Naima Omar

**Attendees:**

Helen Onslow (Lead Practitioner for Adult Safeguarding, ASC), Abongile Mlinjana (Safeguarding Lead Practitioner ASC), Sherifat Jato (Social Worker, ASC), Kathryn Winter (Social Worker, CLDS), Sandra Corrigan (Substance Misuse Team), Mark Tucker (Social Worker, ASC), Martin Hampton (Integrated Care Social Worker), Lorraine Lloyd (Team Manager, CPCMH), Matthew Conaghan (Team Manager, Access and Response), Teresa Chan (Senior Practitioner, ASC), Sian Philips (Service Manager, Rethink), Gill Davies (Camden Alcohol Service), Rachel Duffield (Team Manager, Community Mental Health Team), Helen Middup (Team Manager, CDAT), Imran Ali (Team Manager, Access and Response), Abigail Levinson (Student Social Worker), Amy Duck (SLT, CLDS), Victoria Grimwood (Team Manager, CDLS), Joycelyn Oti Akenteng (Social Worker, CPCMH), Diana Brown (Lead Practitioner & Safeguarding Lead, North Camden R&R Team), Juliet Glasgow (Access and Support Officer, ASC), Robert Simpson (Social Worker, ASC), Esther Fajoye (Team Manager, CYPDS).

**Apologies:**

Päivi Salminen (Better Lives), Wayne Connors (Outreach Officer, ASC), Izaliana Parente (Social Worker, ASC),

**Introductions:**

Helen Onslow welcomed everyone back to the meeting and introductions were made.

The purpose of the group was reiterated again and members asked to take key learning and updates back to share with their teams. The purpose of the group is to share and discuss learning and new developments in safeguarding practice, with practitioner led bite-sized training sessions and guest speakers sharing information on relevant topics. Today's meeting is focused on self-neglect.

**2 Structure/Adoption of last minutes**

Abongile Mlinjana summarised the minutes from the last meeting and updated on actions.

- At the previous meeting on 1<sup>st</sup> September a presentation was given by Chris McGuinness, lead practitioner from CLDS. Learning was shared from recent safeguarding case involving a young man who was found at home in a state of neglect after his father, who was his sole carer, passed away unexpectedly.
- The enquiry identified that, despite previous involvement with CYPDS, due to his father disengaging with services there was no formal support in place and this young man didn't transition to CLDS. Opportunities had been missed to review the case and there were missed opportunities by various professionals who had contact with the family over the years to reengage them, such as the GP not recognising the father's role as a carer.
- Key learning identified the need for a non-engagement policy for over 18s with the use of advocacy and family group conference to understand what people want and what might be underlying the perceived resistance to support. The importance of relationship based practice was discussed and continuity of workers, the need for robust handovers and the importance of information sharing with GPs. Lead practitioners are currently working on collating this learning into a 1 – 2 page document to be shared.
- There was a presentation on Family Group Conference and its role within safeguarding, as both a way to address concerns outside of safeguarding or as a part of protection planning. This presentation and contact details were circulated.

- Lead practitioner updates included an update on ongoing weekly reviews of safeguarding which identified a rise in financial abuse and cuckooing, as well as more domestic abuse cases being presented fortnightly at MARAC. The training and resources on domestic abuse were highlighted which aim to ensure staff at all levels are appropriately trained to respond to domestic abuse.
- The importance of advocacy was reiterated again and ReThink details were circulated.

### **3. Introduction to the SAPB Self-Neglect Toolkit**

- Camden's Safeguarding Adults Partnership Board has published a multi-agency self-neglect toolkit to support practitioners.
- The toolkit gives an overview of the issue of self-neglect and hoarding and some of the causes and challenges involved.
- It includes practical tasks such as ensuring a robust risk assessment and capacity assessment is completed, and outlines the safeguarding responsibilities and when it should proceed under formal safeguarding. The toolkit provides helpful information with regards to assessing capacity and information sharing.
- It also gives a detailed directory of services in Camden and the support they provide around working with people who self-neglect and hoard.
- The toolkit includes a chapter on risk assessment tools. It includes case examples and the clutter image rating tool which is helpful for assessing the level of hoarding. Appendix 3 provides tools supporting co-production with the person such as quizzes, questionnaires and tips and tools to allow the person to reflect.
- Martin Hampton has developed his own assessment tool which is included in the guide.
- HO informed professionals she has recently attended some self-neglect and hoarding training through the Community Care Live event which was helpful. Key messages included the difference between risk centred and person centred safeguarding. Safeguarding in the context of self-neglect should start with asking the person what would make them feel safe and well, and professionals should try to meet that as far as possible. It was advised to focus on the person first and to use harm minimising techniques where possible to improve their wellbeing.
- The need for a trauma informed approach was discussed and the understanding of trauma in a person's life and how it shapes their behaviours and responses. It looked at reasons why people may self-neglect and how experiences of trauma might have affected their ability to control impulses and to take action.
- It reflected on the barriers that are presented by service boundaries that reinforce some trauma and what reasonable adjustments can be made.
- There was a practice message around assessing capacity and the importance of recognising the impact of trauma on executive function; how it affects chronology and people's ability to order things, self-care, impulse control and their perception of risk. The person may not recognise that there is something affecting their ability to organise and assess risk if they have lived this way their whole lives. Often the person can communicate and describe the risks and the course of action to take, however, they cannot put this into practice and they can't control their impulses even when they understand the risks due to history of trauma.

**Action:** HO to circulate slides from the training and the Self-Neglect Toolkit

### **4. Presentation by Martin Hampton, Integrated Care Social Worker on working with self-neglect and hoarding**

Martin shared a hoarding and self-neglect assessment tool he developed, which is included in the toolkit, and shared a case example:

- MH advised that the self-neglect toolkit was co-produced with professionals such as the designated nurse for safeguarding adults, the named GP for adult safeguarding and the safeguarding adult's partnership board officer.

- He also mentioned the input of clients at the Recovery College and of the Recovery College tutor in contributing to the hoarding tools and in providing a definition of self-neglect and hoarding and when this becomes a problem, which is included in his assessment and in the toolkit. This is beneficial to go through with clients.
- The Care Act guidance states when responding to somebody who self neglects and hoards it's crucial to work alongside the person and to understand how past experiences and trauma influences current behaviour. This duty applies equally to people who are very difficult to engage with such as self-neglecting and hoarding clients.
- Self-neglect and hoarding has a huge impact on practitioners' caseloads and demands a very high level of training, information and support, multiagency team working and an awareness of how human beings meditate our lives through objects and how possessions can become a part of who we are. People and possessions have a complex relationship.
- MH spoke of attending the Recovery College with hoarders and professionals to think about the strength based approach, hope, opportunity and control, and advised there is work on the internet such as the minimalist talks about a life with less possessions. He also learnt about the connection between patterns of expenditure, such as going to the charity shop and bulk buying from supermarkets, and the loss of control.
- MH referenced a mental health 'social work with lives of squalor' article by Stephen Smith which looked at the phenomenon of clients living in squalor and hoarded properties. Smith suggested part of the horror of dealing with self-neglecting and hoarding is we may recognise something of this process in ourselves as who among us does not have a drawer filled with useless objects which we will probably never use but cannot find the will to sort out.
- Working with people who self-neglect and hoard has a high impact on practitioners and can leave people feeling distressed and emotionally drained. There needs to be acceptance by managers that this is a long term complex task.
- MH referenced a recent case where a major fire took place at a hoarded property where a person was killed. Some clients may complain about professionals to keep them out but self-neglect and hoarding is a very serious issue and has an effect on neighbours living in close proximity to such conditions, including the smell and the health hazards. Sometimes clients don't interpret deep cleaning as a positive and feel attacked.
- Detailed care plans and complex risk assessments need to be produced and MH emphasised the importance of referring to the integrated care MDT and high risk panels and of holding multi-disciplinary team meetings.
- The Toolkit includes tools such as a quiz to help clients reflect and also material from the Clutters Anonymous 12 step programme.
- The Strength Based Approach Framework by the Department of Health and Social Care, included in the toolkit, states that assessment is a holistic intervention and it's the process of gathering information which consists of working alongside the person, conducting various visits and having conversations. Maintaining hope is important in regards to strength based practice.
- MH read through a self-neglect case example, 'Michael's story' – this will be circulated.

### **Group discussion**

- There was a discussion about the volume of work self-neglect and hoarding cases entail and the pressure of this, and what the most helpful things managers can do to support practitioners might be.
- MH felt that an acknowledgement and an interest in the detail of the work that is required to have a productive outcome is important, as is containment and support from management and an acknowledgment of the risk of complaints. Listening clearly and providing advice to practitioners is also important. It was discussed that it is important that managers are supportive and on board with the idea that a longer term approach is required and the need for person centred working which takes time. Peer support can be beneficial to share experiences, and sometimes challenging decisions is very important.
- SJ reported that MH has been very helpful in advising on clients with hoarding issues.
- It was discussed whether a specialist provider could be sourced to work with self-neglect cases eg on a spot purchase basis. It was agreed that commissioning is a long standing concern in terms of needing more specialised support for these clients.

- RS reported that he has been working with floating support via St Mungo's in regards to a client self-neglecting and reported that their outreach workers have the skill set to provide such support.
- The importance of thinking about where we seek out support and what that support look likes was discussed, as today's presentation has highlighted all the different professionals that need to be involved and how self-neglect cases need to be a shared and collaborative piece of work.
- The High Risk Panel and integrated care MDT were highlighted as a potential way to gain access to wider network of professionals. Professionals are encouraged to refer cases to the High Risk Panel to access advice and support.
- HM noted that Islington have a hoarding panel and wondered if Camden would consider something similar. It was discussed that having a panel that is more specialised and specifically looking at hoarding and self-neglect cases would be beneficial.
- Attendance at the High Risk Panel was discussed as low numbers of referrals can be an issue and professionals not using it enough. Potential reasons for this were discussed which identified that there are a number of panels people attend and it would be helpful to remind people of these different mechanisms. It was felt there is a lack of knowledge with regards to the High Risk Panel and integrated care MDT and what can be achieved at these so it would be helpful for this to be communicated more. It was also identified that it would be better if cases could be bought back, as there was a sense that a case could only be presented once, and many cases go round and round.
- VG also highlighted the need for a door step risk assessment tool around worker health and safety. MH advised that his assessment tool talks about structural damage to the property, rotten food and any concerns for children and other adults in the property. MH is happy to incorporate any other suggestions about risk.

**Action:** HO to circulate self-neglect toolkit, MH's assessment tool and case study

**Action:** MH to send the integrated care MDT referral info to HO for circulation

## **5) Lead Practitioner updates**

Abongile Mlinjana provide recent updates:

### LSAN update:

- AM attended the London Safeguarding Adult Network (LSAN) with safeguarding leads from all London boroughs. She noted that there is a push for more visits for safeguarding cases in order to pick up non-verbal cues, coercion, environmental factors and to appropriately assess capacity.
- Some boroughs reported social workers are concerned about completing more visits due to covid and risks of passing it on to vulnerable family members. Others reported that staff were concerned about completing so many telephone assessments as they feel these aren't robust enough and they have concerns about defensible decision making.
- There were concerns regarding the quality of mental capacity assessments being completed and it was identified there are some gaps in knowledge and questions around efficiency of training. The conventional training completed might help staff identify issues in relating to mental capacity, however it may not adequately equip the staff with the skills and knowledge necessary to manage the mental capacity issues in practice.
- Most boroughs reported a high number of safeguarding concerns but the conversion rate from section 42 1 to section 42 2 has dropped significantly. It's great there's more awareness of safeguarding but there are concerns of inappropriate safeguarding referrals being made to adult social care and this is being explored further.
- Most boroughs reported an increase self-neglect concerns via fire brigade and London ambulance service and housing.
- There are concerns that there's been a decrease in safe guarding concerns reported by care home. Families are not visiting so there is a concern that the focus on safeguarding may be slipping due to focus on other things. Most concerns now being raised via London ambulance service.

- There has been a rise in whistle blowing by staff concern about care homes' day to day running. The CQC have now resumed routine inspections and are responding specifically to clients not being safeguarded. Some care home have tried to stop inspections going ahead due to covid but have not been successful.

### **Transitional safeguarding**

- Attended the transitional safeguarding conference held jointly with the safeguarding adults and children boards in October. Safeguarding young people in transition was the topic. This is an area that needs more focus as professionals need to recognise that adolescent and young people have distinct safeguarding needs, and understand the range of harms that could lead to increased adversity for these young people, and the capacity of the young people to understand these risks. It was identified there's a gap in support when vulnerable children turn 18, unless they have specific disabilities.
- Harm and exploitation does not stop at 18 but support sometimes does. Trauma and the impact of trauma does not stop at 18 and some young people may need care and support without having care and support needs. There is a need for a more flexible interpretation of thresholds, service boundaries and care support needs as the basis of transitional safeguarding responses.
- There are issues of consent and capacity as exploitation relies on fear, control, coercion, abuse, trauma and grooming. This becomes normalised by young people so they don't recognise this as exploitation but this is not consent to be abused; these young people are not responsible for their harm.
- Professionals need to be careful when talking about choices and to understand the impact of trauma in shaping young people's needs and the long term impact of this e.g. alcohol and substance misuse, mental health issues and insecure housing.
- Contextual safeguarding was discussed in terms of how to better understand the harm to young people which happens outside the family. The role of peer influence both as a risk and a support was discussed, and how safeguarding needs to respond beyond the family and look wider to where harm has occurred and make that the focus. ie intervene with the social conditions and context of abuse to prevent this more widely and create safer spaces for young people.

### **6) AOB/Close of Business:**

- Next meeting will be on cuckooing
- Camden is currently developing guidance on cuckooing which will be shared once completed.