

**Lanarkshire Adult Protection Committees**

**Working with Neglect and Managing Resistance**

 **Multi Agency Guidance**

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1. **Introduction**

This guidance has been produced by North and South Lanarkshire Adult Protection Committees. As there is currently no national adult protection guidance relating to this area of practice, we have drawn on the West of Scotland Child Protection Consortium Working with Resistance Practitioner Portfolio (2016) which practitioners can access for further information including research, case studies, tools, and tips. We are also grateful for the use of the work collated by the National Adult Protection Coordinator (NAPC) with regard to Neglect and Hoarding.

1. **Purpose**

This guidance aims to assist and support practitioners and managers working across all agencies within Lanarkshire in working with concerns of neglect and managing resistance with adults and/or their carers, including those adults and/or their carers who present as hostile when an adult is subject to adult protection concerns.

The guidance aims to help practitioners and managers identify, record, and respond to neglect and resistant behaviours, and understand how this can impact upon the adult and/or their carers as well as professionals supporting them.

1. **Context**

The nature of adult protection work can at times result in the adult and/or their carers feeling angry, confused, frightened, and upset and they can react in a challenging way towards professionals who are trying to support them. Cogniscence should be given to the role of and support provided to carers and relatives, specifically in relation to the Carers Scotland Act 2016 and Adult Carer Support Plans, intended to build on existing trust and partnership working between agencies and carers.

Evidence shows that some adults who self-neglect or are being neglected by others may evade practitioners’ interventions aimed at protecting them. In other cases, involving harm or abuse, this may be a strategy adopted by the adult’s carers. In working to overcome this, practitioners should be considering the potential reasons and motivations which may impact on an individual’s behaviour, with agencies having cogniscence of the potential impact of trauma, undue pressures and other factors when supporting non engaging adults. Trauma informed practice supports practitioners to recognise the long term impact of trauma and how it can affect the adult’s response to accepting support and their ability to protect themselves.

Hoarding and chronic lack of personal care are complex areas of neglect/ self neglect that can be challenging to affect long term positive change and the guidance signposts practitioners to resources to support their practice. Effective interventions of this nature may require a long term approach. This is likely to involve discussions and decisions within and between the relevant agencies as well as clear communication with the service user as to the commitment that is required by all parties.

Agencies should consider if their day to day procedures and protocols include practical measures to promote the safety of staff who have direct contact with adults and their carers. This should include a process for staff to have the opportunity for de-briefing after any incidents.

1. **Principles**

Practitioners and managers in all services and agencies should adopt an equality focused, anti-discriminatory and trauma informed approach to working with adults at risk of harm, families, and carers. The South and North Lanarkshire Adult Protection Committees promotes equal access and opportunities to all individuals. All partners are committed to treating people respectfully, fairly and equally and to tackling discrimination in all of its forms as described in the [Equalities Act (2010)](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_11-50.pdf). No one should be discriminated against on the basis of race, ethnicity, disability, sexual orientation, religion, gender, or age. All partners within the Adult Protection Committee value diversity and actively challenge discrimination and prejudice. Those who participate in services should be listened to and respected and should have access to services which are fair, consistent, and accessible to everyone, irrespective of their race, ethnicity, disability, gender, age, religious belief, or sexual orientation.

The rights of the adult must always be considered, and their views recorded as appropriate to the circumstances being discussed. Effective communication and information sharing are crucial to the assessment, planning and review processes in adult protection. The emphasis must be on sensible risk assessment, not striving to avoid all risk whatever the price, and to seek a proper balance whilst tolerating manageable or acceptable risks.

Where there are adult protection concerns, issues of confidentiality must not compromise the safety and protection of the adult. This includes sharing information in respect of carers of an adult where neglect is a factor and /or are displaying resistant behaviours including those who are hostile and threatening towards practitioners or managers. It is important that staff record any decision to share or not to share information and their rationale for doing so.

1. **Legal Obligation: Duty of Care**

All public bodies have a duty to:

* Always act in the best interest of individuals and others,
* Not to act or **fail to act** in a way that results in harm,
* Act within your competence and not take on anything you do not believe you can safely do,
* As a care worker you would owe a duty of care to the people you support, your colleagues, your employer, yourself, and the public interest.
1. **What is Self Neglect**

Self neglect is defined as ‘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-neglecters and perhaps even to their community’ (Gibbons 2006).

Managing the balance between protecting adults from the risk of self-neglect against their right to self-determination is a serious challenge for practitioners in the community. Part of the challenge is knowing when or how far to intervene when there are concerns about self-neglect especially where the adult has mental capacity to make an informed decisions about how they are living and the amount of risk they are exposing themselves to.

Working with adults who do not recognise there is an issue or feel unable to accept support to improve their circumstances, whether they have mental capacity or not, can be challenging for staff and service users. Taking a trauma informed approach will assist staff to better understand the barriers and challenges facing service users in accepting support. It supports a consideration of a person’s ability to protect themselves when considering if they present the skills, means and opportunity to accept and work to address the (self) neglect.

Self-neglect is often linked to frailty, disability, and poor physical functioning; common characteristics also include isolation, poor self-care, high intelligence, and older age. Assistance with activities of daily living is often a key area for intervention. The range of interventions can include care at home, occupational therapy, housing, environmental health, and welfare benefits advice. As such, support planning often requires a multi-agency approach.

Neglect and self-neglect manifests in different ways and agencies have a duty to respond to concerns in relation to their personal hygiene, health, or environments where there is the potential for profound consequences for their wellbeing and safety.

1. **Potential Indicators of Self-Neglect**
	* + Persistently neglecting to care for one’s personal hygiene, health conditions

or surroundings, including hoarding.

* + - Poor diet and nutrition or food that is mouldy and unfit for consumption.
		- Inappropriate and / or inadequate clothing
		- Failure to seek help or access services which can reasonably be expected to improve the adult’s quality of life.
		- Hazardous or unsafe living conditions which pose a fire risk and access difficulties.
		- Unsanitary or unclean home environment, filthy and verminous causing a health risk.
		- Inability or unwillingness to manage one’s personal affairs.
		- Self-endangerment through the manifestation of unsafe behaviours.
		- Social exclusion leading to a fear and uncertainty over asking and receiving assistance.
		- The conditions in the property cause potential risk to people providing support or services.
		- Animal collecting with potential insanitary conditions and neglect of animals’ needs.
1. **Hoarding**

Hoarding is an enduring issue regarding a person’s ability to dispose of their belongings regardless of value and where attempts to do so causes distress which is not explained by other organic or psychiatric conditions. This in turn can lead to living spaces being obstructed unless cleared by others, impacting upon social functioning and ability to maintain a safe environment. (The Diagnostic and Statistical Manual of Mental Disorders (DSM 5) (American Psychiatric Association).

1. **Adult Support and Protection (Scotland) Act 2007 (Act)**

The Act defines ‘adults at risk’ of harm as adults who are 16 years and above and:

* are unable to safeguard their own well-being, property, rights, or other interests,
* are at risk of harm, and
* because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

An adult is deemed to be at risk of harm if:

* another person's conduct is causing (or is likely to cause) the adult to be harmed, or
* the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Harm is defined in the Act as any conduct which leads to harm (deliberate or unintentional) such as:

* + financial
	+ psychological and emotional harm
	+ physical harm
	+ sexual abuse
	+ neglect

It may also include ‘adults at risk’ experiencing:

* Domestic abuse
* Self-harm
* Forced marriages
1. **Duty of Care Vs Autonomy**

All public bodies have a duty of care to the adults they support and decisions to act or not to act must be grounded in evidence and clearly recorded. Preston Shoot (2017) states *“Respecting lifestyle choice isn’t the problem; it's where people don't think they’re worth anything different, or they don’t know what the options are ……Autonomy does not mean abandonment”.*

The emphasis must be on sensible risk assessment, not striving to avoid all risk whatever the price. Staff must seek a proper balance whilst tolerating manageable or acceptable risks (as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person’s happiness).

Staff must:

* Always act in the best interest of individuals and others
* Not to act or **fail to act** in a way that results in harm
* Act within your competence and not take on anything you do not believe you can safely do.
* You owe a duty of care to the people you support, your colleagues, your employer, yourself, and the public interest - Everyone has a duty of care – it is not something that you can opt out of.
* SCIE (2012) state that when acting in a person’s best interests you must normally do so with their consent unless you have evidence that the person lacks capacity to make that particular decision at the time it needs to be made. People employed directly to support someone in their own home, duty of care still applies.
* Balance Risk and Rights and consider your policy on when to share without consent.
* Adult Protection legislation is there to provide a framework for the sharing and acting upon concerns.

It is not uncommon for staff to encounter adults who does not wish to engage in the adult protection process, however where risk is still evident, the case should not automatically be closed. The ASP Code of Practice (2014) states *“Even if there are no concerns in relation to incapacity or undue pressure, the adult's refusal to cooperate in an adult protection inquiry should not automatically signal the end of any inquiry, assessment or intervention.”*

*“Whilst the adult has a right not to engage in any such process, the council and its partners should still work together to offer any advice, assistance and support to help manage any identified significant risks.”*

1. **Professional Curiosity**

There is no clear definition of professional curiosity, most writers identify several characteristics associated with the term. Burton and Revell (2018, P:1512) note that the notion of professional curiosity *“appears to be assumed and lacking in clarity”.* Writing in relation to young people, Williams, and Chisholm (2018, P:203) suggest being professionally curious entails “*asking questions that give and solicit information without being intrusive or making the [service user] feel threatened. These should be open-ended and allow for additional probing”.*

Practice literature suggests that professional curiosity relates to the capacity and communication skills needed to explore and understand what is happening with an individual or family. It is about enquiring deeper and using proactive questioning and respectful challenge, understanding one’s own responsibility, and knowing when to act, rather than making assumptions or taking things at face value (Brighton and Hove Safeguarding Children’s Board, 2017; Norfolk Safeguarding Adults Board, 2018).

The “rule of optimism” is a well-known dynamic in which professionals tend to rationalise away new or escalating risks despite clear evidence to the contrary. Risk enablement is a strength based approach, but this does not mean that new or escalating risks should not be treated seriously.

1. **Resistance Definition**

‘Resistance’ is an important and complex concept in the context of adult protection. It should be identified and understood as it can impact on professionals, influencing their decision making and actions, and can increase existing risk factors associated with the adult’s care.

Within the adult protection context ‘resistance’ is broadly recognised as ‘non-engagement’ and/ or non-compliance from the adult themselves and/or their carers. It’s a process of ‘*diminishing or avoiding the self-disclosing communication requested by the interviewer because of its capacity to make the interviewee uncomfortable or anxious’* (Pope, 1979).

The term resistant behaviours are used to describe a range of deliberate behaviour and attitudes, such as:

* Failure to enable necessary contact
* Active noncompliance
* Disguised compliance
* Threats of violence or intimidation
* On-line behaviours

**Failure to enable necessary contact**

Failure to enable contact can include the adult missing or cancelling appointments or it could be a carer refusing to allow access to the adult. It is important to consider any changes and/or patterns of non-engagement and the implications of these.

**Active non-compliance**

Active non-compliance can involve the adult and/or their carer proactively sabotaging efforts to bring about change and/or actively not complying with actions set out in the protection plan. Examples of behaviours include cancelling or missing appointments but also other passive resistant activities such as missing meetings and failure to undertake actions in protection or care plans or to engage with other support services.

**Disguised Compliance**

Disguised compliance is where the adult and/or their carers appear to engage and co-operate with agencies without actually carrying out actions or enabling them to be effective. This is the most difficult type of resistant behaviour to recognise. Disguised compliance behaviours could include engaging with some services/professionals for a limited period of time or at a key point in time, ‘selective’ co-operation, or presenting excuses for missed appointments or concerns.

**Threats of Violence or Intimidation**

Threats of violence or other intimidation towards practitioners is where the adult and/or their carers display behaviours such as inappropriately challenging professionals, provoking arguments, extreme avoidance (e.g., not answering the door as opposed to not being in), threatened or actual violence.

Threatening or violent behaviour towards any practitioner can have a significant impact on them, including limiting their capacity to carry out their professional role.

**Online Behaviours**

Resistance can include actions which disrupt support pathways resulting in barriers to the provision of care. For example, online behaviours can include practitioners being filmed either overtly or covertly whilst carrying out their duties such as home visits and this being uploaded to social media sites for further sharing and comments. Of particular concern has been websites purposely set up to speak out against or publicly condemn practitioners. This could be described as “cyberbullying” and can disrupt service access and provision.

1. **Recognition that there may be an issue in relation to self-neglect**

Staff should be aware to when the adult and/or carers are not engaging to avoid collusion or avoidance – early recognition of resistance, lack of engagement and failure to achieve progress with plans and agreements for the adult is essential. Where non-compliance, disguised compliance or resistance is an issue it is important to understand the reasons from the adult’s perspective whilst also considering the significance for the adult who may reside with their carer i.e., this may enhance the carers power and control and the adult may fear reprisals if they are to speak to professionals. Agencies must seek to ensure the adult’s rights are upheld and their voice is heard and taken seriously in decisions that affect them. Therefore, support services, such as advocacy must be considered in all adult protection cases.

If the adult and/or their parent/carer do not engage or co-operate and this leads to a situation where an adult we have concerns about is ‘unseen’, consideration must be given to the adult’s well-being and safety to determine what immediate action is required. This will involve consideration of the need to share information with other agencies. Partners must be clear on escalation processes in reaching a resolution in complex situations. Each agency should refer to their own escalation guidance for high risk and complex cases.

The [West of Scotland Inter-agency Adult Support and Protection Practice Guidance](https://www.southlanarkshire.gov.uk/adultprotection/downloads/file/353/west_of_scotland_inter_agency_adult_support_and_protection_practice_guidance) makes it clear that even when an adult declines to participate in the Adult Protection process, this does not absolve the Council or its’ partners of the responsibility to carry out inquiries into the circumstances for the adult at risk of harm and assess the risk. Any process undertaken in these circumstances should always consider the adult’s capacity to consider the risks they are exposed to and the consequences and whether there might be ‘undue pressure’ from someone which is affecting their decision making.

Even if there are no concerns in relation to capacity or undue pressure, and risk remains, the adult’s refusal to cooperate in should not automatically signal the end of any adult protection inquiry, assessment, or intervention. While the adult has a right not to engage in any such process, the Council and its’ partners have a duty of care and should still work together to offer any advice, assistance, and support to help manage any significant risks. It is still appropriate in these circumstances to proceed to a multi-agency Adult Protection Case Conference, when the adult has declined to participate in the process, in order for partners to discuss risk and agree supports to be offered. Offers of support should be creative, if an adult will not accept support from one particular agency, would they accept it from another? If they will not accept the recommended support, would they accept a different level of support? The adult should be kept informed of the processes throughout and be provided with opportunities to participate in a way acceptable to them, where this can be accommodated.

Consideration should be given to determining why the adult and/or their carer are being resistant and using a trauma informed approach should support this understanding. For example, it may be that the adult has experienced early childhood trauma or has mental health or substance misuse issues and does not fully understand why agencies are involved and what they are trying to achieve, or the carer is the perpetrator and trying to keep agencies at a distance.

Understanding the resistant behaviour and what underlies this, is important as this will contribute to the assessment of risk for the adult, and ultimately will aid the practitioner in supporting and addressing this resistant behaviour. It maybe a result of several influencing factors, including background; experiences; fear; lack of trust; confidence and capabilities. Adults may see such ‘protection’ activity as a threat and challenge to their current lifestyle.

When considering resistance, practitioners and managers should make it clear at every contact what the purpose of the intervention is, what the adult has control over and what they do not and what the likely consequences may be, taking account of language, culture, and disability, so that the adult and their parent/carer fully understand the concerns and the impact on the adult.

Practitioners should also be mindful that the social work, and other practitioners’, relationship is vital when working with adults. Practitioners can create positive working relationships and trust by:

* maintaining regular contact
* avoiding frequent changes of worker
* empowering the adult to control the process where possible and
* celebrating successes.

If there are risk factors associated with the care of the adult, risk is likely to be increased where the adult and/or their carer are displaying resistant behaviours or fail to comply with adult protection services. Any form of resistant behaviour should be taken account of in information collection / sharing and assessment and may point to a need for emergency measures.

Practitioner(s) and Manager(s) must assess if all possible strategies have been implemented in efforts to establish partnership working with the adult and their carer, for example, a change of worker, the adult and/or their carer may find it easier to work with some practitioners than with others.

In what will often be challenging situations, practitioners and managers may need to access additional or specialist advice to inform assessment and planning.

Working with adults and or carers who are resistant is challenging. Key safeguards and services should be maintained for adults who are in such situations and are at risk of significant harm.

1. **Assessment**

Staff must gather all relevant information about the adult from available sources and analyse this in order to identify any gaps, needs and risks. This should include carer information impacting on the adult, for example, mental health, learning disabilities, addictions, etc. Practitioners should be explicit about factual information and avoid over optimism. Concerns should be discussed with their line manager to determine how to proceed and any other actions that could be considered.

There is risk of ‘drift’ setting in before resistance is identified and any action taken. If letters are ignored, or appointments not kept, weeks can pass without a practitioner having contact with an adult. If carers fail to undertake or support necessary actions, this should be monitored, and the impact regularly reviewed and analysed.

Case records and risk assessments should be accurate and up to date including contacts, whether they are successful or not, particularly during periods of higher risk, for example, hospital discharge. Single and / or Multi Agency Chronologies must also be accurate and up to date and can be useful as a tool to identify early indicators of risk and concern, particularly around resistance. Practitioners and Managers need to be clear what action should be taken when contact is not maintained. Agencies should have clear escalation protocols for managing high risk and complex cases.

1. **Risk Assessment**

The risk assessment should take account of information relating to any and / or all the neglect / resistant behaviours displayed by the adult and/or their carers. Using existing processes such as, single, and multi-agency chronologies, core groups and adult protection case conferences, this information should be shared within and across agencies to inform multi-agency assessment, planning and review.

If neglect / resistant behaviour is identified as an issue in the early stages of assessment, planning and review, the practitioner(s) undertaking the assessment should discuss with their line manager immediately. A decision will then be made how to share this information within and across agencies including whether a multi-agency meeting is necessary.

Any written multi-agency plan must be reviewed regularly e.g., the adult’s protection plan should be reviewed at regular adult protection case conferences and use SMART objectives within timescales that identify specific outcomes, with a clearly stated contingency plan.

1. **Barriers and Enablers**

**Main Barriers**

* Mental capacity and refusal of help
* Identified service-related factors (eligibility, time, interagency working)

**Enablers (Service users’ views)**

* Respectful, timely engagement
* Spotting motivation and being there at the right time
* Encouraging, person-centred approach, not intrusive, directive, pushy
* Someone who goes the extra mile, is reliable, compassionate, and understanding
* Intervention delivered through relationship: connection, emotional literacy, trust
* ‘Being with’ the person when clearing/cleaning is taking place, promoting choice where possible
* Support that is relevant to the service user’s own perception of needs
* Practical input, household equipment, benefits, advocacy, re-housing
* Access to mental health services tackle deep-rooted issue
* Links with others

(Preston – Shoot 2014 and Braye, Orr and Preston – Shoot 2014)

1. **Good Practice Advice for Practitioners**

Self-neglect work feels lonely, helpless, frustrating, and risky; practitioners need:

* Places and spaces to discuss ethical conundrums, such as capacity and consent, respect for autonomy and duty of care – panels, meetings, case conferences
* Management support for a ‘slow burn’ approach
* Time to build relationship, to ‘find the person,’ and to understand the meaning of their self-neglect / resistance in the context of their life history
* Collaborative work is essential
* Multi-agency involvement and systems for securing it
* Neighbours and family networks

Effective practice involves:

* Understanding of motivational approaches, mental capacity, and legal powers
* Qualities of persistence, patience, resilience, modesty of expectation, respectful curiosity, respect, and honesty
* Balance of hands-off and hands-on approaches, knowing which and when
* The ability to take small steps, value small achievements, recognise what is being given up and what can take its place

 (Preston –Shoot 2014 and Braye, Orr and Preston – Shoot)

1. **For consideration at the multi-agency Case Conference meeting or Review**

The Case conference will focus on the needs and risks of the adult, but it will also consider the risk factors associated with the carer as appropriate. This will include:

* Any information about the adult and their carer(s) relevant to the assessment and planning – what factors are known and any pattern to the behaviour
* Is the adult and/or their carer(s) affected by physical / mental illness?
* Does the adult/carer(s) have any substance misuse issues?
* Does the adult/carer(s) have capacity to make informed decisions?
* Stress levels or risk indicators (domestic abuse etc) and the impact on the adult/ carer(s)
* Will any professional be perceived as a threat to the adult/carer(s)?
* Are there gender issues for consideration?
* Consideration given to factors which will help to minimise the risk of aggression and hostile behaviour, including being clear about the role of professionals and realistic about what can and cannot be achieved.
* Is the information about resistance / resistant behaviours displayed new and as a result is the adult at risk of further risk of significant harm?
* Environmental Risks
* Safety issues and concerns for practitioners and managers across the Multi Agency workforce.

A plan of intervention needs to be developed, the focus of which will be the needs of and risks to the adult.

If the issues are adult protection, social work will be the lead professional with other agencies and services working in partnership with social work. All agencies must work collectively to ensure the safety and well-being of the adult. Any change in the adult’s circumstances, including any emergency measures, must be communicated to those who need to know within and across agencies.

The adult’s protection plan must be regularly reviewed to inform assessment, planning and intervention.

1. **Core Groups**

When an adult is subject to a protection plan and new information is highlighted with regard to issues of neglect / resistance, consideration should be given to bringing forward relevant meetings. This will ensure full multi-agency information sharing and a shared understanding of the impact of the information on assessment, planning and intervention for the adult.

The chair of the meeting must consider if there are issues of neglect / resistance or resistant behaviour, this will include issues of safety for those attending any meetings.

If a core group identifies any issues which significantly impact on the assessment and protection plan, the chair of the core group should notify the chair of the adult protection case conference immediately, this will include a request to bring forward the adult protection case conference if necessary.

Any new information which necessitates emergency or immediate action to ensure the safety of the adult must be actioned without delay and any change to the adult’s circumstances communicated to those who need to know within and across agencies.

1. **Closing cases**

Services should avoid ending involvement or closing cases before effective change is established and embedded. Work across the neglect agenda often requires long term intervention, slow progress, and risk of relapse. The relationship based nature of the practitioner involvement and building trust, alongside ongoing assessment of risk may challenge some current service models. However, consistency of practitioner involvement is essential to effect positive outcomes in this area of work. As stated earlier, adults have a right not to involve themselves in the Adult Protection process, however this should not lead to the end of any inquiry, assessment, or intervention where risk is still evident. The council and its partners should still work together to offer any advice, assistance, and support to help manage any identified significant risks.

Practitioners should consider this an appropriate response and ensure that decisions to end work/ close a case are evidence based and defensible, specifically regarding risk and executional ability.

1. **Good Practice when working with Neglect and Managing Resistance**
* Building a relationship is important – demonstrate your compassion, reliability, empathy, patience, honesty, and preparedness to work at their pace
* Understand their life history and current circumstances and how they connect to self-neglect, loss, grief, harm, depression, cognitive impairment
* Understand the legal responsibilities and tools
* Be creative; flexible approach, negotiate the level of intervention they can tolerate, aim to contain rather than remove risk.
* Accept a reduction in neglect as a good outcome as opposed to complete cessation of self neglect
* What can others offer – fire service, safe drinking programmes, aids, and adaptions.
* Negotiating for and with service users, coordinate with them, reassure them and others, containing anxiety of others, be the bridge, maintain contact, friendship, and influence – who can be a positive influence without being overbearing.
1. **General**

**Supervision and line management support**

Practitioners have a professional responsibility to identify adults and/or their carers where their behaviour is impacting on the safety and well-being of the adult and to share this information with their line manager. Managers have a responsibility to exercise clear decision making.

Support for practitioners must include time for regular one to one supervision with their line manager which would provide the opportunity to meet with someone with the skills to foster reflective practice, provide a safe space and help practitioners speak about the impact of neglect / resistance. Supervisors and managers must create environments that give permission for staff to acknowledge the impact of their work on them as individuals, in a way that is non-stigmatising, and which can help lead to increased support in the workplace.

In the absence of formal supervision systems, advice should be sought from an appropriate manager in the first instance. Peer review is important in developing a proactive culture of learning about processes, assessment and management that supports practitioners who are undertaking complex and challenging adult protection work.

**Regular and clear single and multi-agency communication**

While there is a presumption of openness and partnership working with adults and their carers, some situations may require a meeting of professionals who know the adult and their carers, for the purpose of sharing concerns to inform assessment, planning, intervention, and review.

Practitioners and managers working within and across agencies in South Lanarkshire should apply the principles of clear and effective information sharing as directed by their agency. Practitioners should refer to their agency guidance. In adult protection, relevant and proportionate information can be shared without consent between professionals, agencies, and services.

**Workforce development**

Single and multi-agency workforce development programmes and plans should include relevant training and staff development to ensure practitioners and managers further develop their knowledge and skills in working with adults and carers where there are issues of neglect / resistance and resistant behaviours.

Practitioners and managers should be aware of single and multi-agency policies, procedures, protocols, and guidance in terms of assessment, planning and review including information sharing, recording, chronology, escalation, and reflective practice.

The adult protection committee has a remit to develop, commission and deliver relevant multi-agency adult protection training to further develop staff skills, knowledge and understanding of adult protection.

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