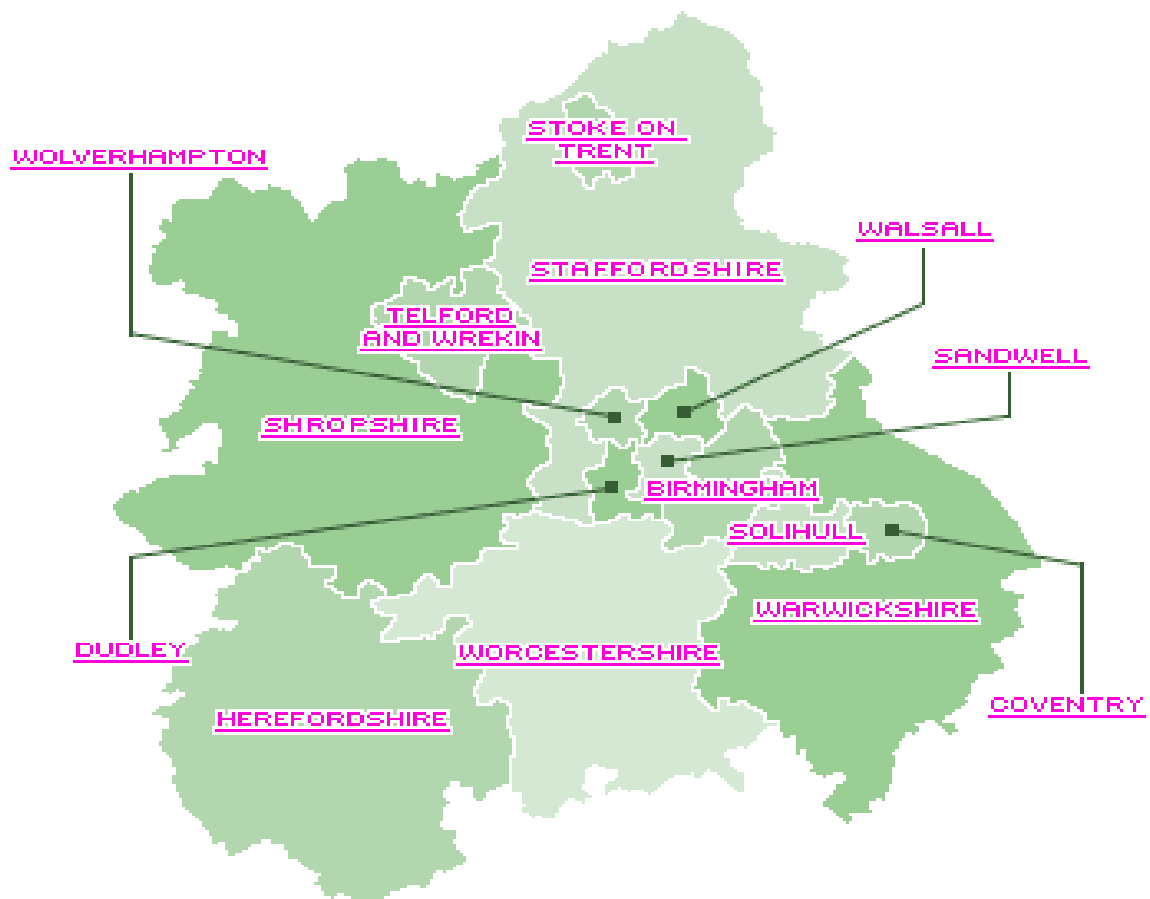


ADULT SELF-NEGLECT BEST PRACTICE GUIDANCE

Responding to self-neglect concerns and enquiries for adults with care and support needs in the West Midlands.



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Acknowledgements

With thanks to Warwickshire County Council, whose guidance and procedures for self-neglect have been adapted to produce this document.

1. About this document

- 1.1. This document outlines the procedure and guidance for dealing with issues and concerns of self-neglect in relation to adults with care and support needs.
- 1.2. This procedure and guidance follows a broad Concern to Enquiry operational model as outlined in the West Midlands Adult Safeguarding Policy and Procedures, and should be read alongside that document.

As with all safeguarding concerns, the 6 key principles (Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability) outlined in the Care Act Statutory Guidance should underpin all work with people in situations of self-neglect.

- 1.3. This guidance draws on the research published by SCIE; [Self-neglect and adult safeguarding: findings from research](#), Suzy Braye, David Orr and Michael Preston-Shoot, SCIE Report 46 September 2011.
- 1.4. This guidance does not include issues of risk associated with deliberate self-harm. If self-harm appears to have occurred due to an act of neglect or inaction by another individual or service, consideration should be given to raising a safeguarding adults concern with Adult Social Care.

2. Introduction

- 2.1. Self-neglect can be a result of a conscious decision to live life in a particular way that may result in having an impact on a person's health, wellbeing or living conditions and may have a negative impact on other people's environments. Often in these circumstances people may be unwilling to acknowledge there might be a problem and/or be open to receiving support to improve their circumstances.
- 2.2. There are various reasons why people self-neglect. Some people have insight into their behaviour, while others do not; some may be experiencing an underlying condition, such as dementia.
- 2.3. The person's needs and situation will need to be assessed to establish the facts of the situation, the nature and extent of the concern, and what action, if any, should be taken.
- 2.4. Part of the challenge is knowing when and how far to intervene when there are concerns about self-neglect and a person makes a capacitated decision

not to acknowledge there is a problem or to engage in improving the situation, as this usually involves making individual judgments about what is an acceptable way of living, balanced against the degree of risk to an adult and/or others.

- 2.5. Managing the balance between protecting adults from self-neglect against their right to self-determination is a serious challenge for public services.
- 2.6. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making. Dismissing self-neglect as a "lifestyle" choice is not an acceptable solution in a caring society.
- 2.7. On top of this there is the question of whether the adult has the mental capacity to make an informed choice about how they are living and the amount of risk they are exposing themselves to.
- 2.8. Assessing that mental capacity and trying to understand what lies behind self-neglect is often complex. It is usually best achieved by working with other organisations and, if they exist, extended family and community networks.
- 2.9. Often people who self-neglect do not want help to change, which puts themselves and others at risk, for example through vermin infestations, poor hygiene, or fire risk from hoarding.
- 2.10. However, improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help some research has shown that they rarely go back to their old lifestyle, although this sometimes means receiving help over a long period. This may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

3. Legal framework

- 3.1. The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect ¹:

- (i) **Assessment-**
(Care Act Section 9 and Section 11)

The Local Authority must undertake a needs assessment, even when the adult refuses, where-

- it appears that the adult may have needs for care and support,
- and is experiencing, or is at risk of, self-neglect.

This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

¹ Available at: <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

(ii) **Enquiry-**
(Care Act Section 42)

The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when:

The Local Authority has reasonable cause to suspect that an adult in its area-

- has needs for care and support,
- is experiencing, or is at risk of, self-neglect, and
- as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it.

(iii) **Advocacy-**

If the adult has 'substantial difficulty' in understanding and engaging with a Care Act Section 42 Enquiry, the local authority must ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate.

Best practice guidance

4. What is self-neglect

4.1. Definition

There is no one accepted and universally known definition of self-neglect. However the following is commonly used and a useful starting point:

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

The Care Act statutory guidance 2014 defines self-neglect as;

"self-neglect - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding"

4.2. Models of self-neglect

4.2.1. There is a consensus in the research on the main characteristics of self-neglect and the approach practitioners should take when working with people who are deemed to be self-neglecting. There is less consensus as to why

people self-neglect. Models of self-neglect encompass a complex interplay between physical, mental, psychological, social and environmental factors. Social exclusion can lead to a fear and uncertainty over asking and receiving assistance.

- 4.2.2. Executive dysfunction – the inability to perform activities of daily living, even though the need for them may be understood – is seen as significant, and when this is accompanied by an inability to recognise unsafe living conditions, self-neglect may be the result.
- 4.2.3. The perceptions of people who neglect themselves have been less extensively researched, but where they have, emerging themes are pride in self-sufficiency, connectedness to place and possessions and behaviour that attempts to preserve continuity of identity and control. Traumatic histories and life-changing events are also often present in individuals' own accounts of their situation.
- 4.2.4. Self-neglect is reported mainly as occurring in older people, although it is also associated with mental ill-health. Research notes younger people who are self-neglecting show an increased likelihood of having a mental disorder. Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one's actions, are crucial determinants of response.
- 4.2.5. Identification and intervention in potential situations of self-neglect is not dependant on any diagnoses of a physical or mental health condition, e.g. Diogenes syndrome.

4.3. **Characteristics of self-neglect**

- 4.3.1. The **impact** of the following characteristics and behaviors are useful examples of potential self-neglect and consequent impairments to lifestyles:
 - Living in very unclean, sometimes verminous, circumstances, such as living with a toilet completely blocked with faeces, not disposing of rubbish;
 - Neglecting household maintenance, and therefore creating hazards;
 - Obsessive hoarding creating potential mobility and fire hazards;
 - Animal collecting with potential of insanitary conditions and neglect of animals' needs;
 - Failing to provide care for him/herself in such a way that his/her health or physical well-being may decline precipitously;
 - Poor diet and nutrition, evidenced by for instance by little or no fresh food or mouldy food in the fridge;
 - Failure to maintain social contact;
 - Failure to manage finances;

- Declining or refusing prescribed medication and/or other community healthcare support – for example, in relation to the presence of mental disorder (including the relapse of major psychiatric features, or a deterioration due to dementia) or to podiatry issues;
- Refusing to allow access to health and/or social care staff in relation to personal hygiene and care – for example, in relation to single or double incontinence, the poor healing of sores;
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas electricity); and
- Being unwilling to attend appointments with relevant staff, such as social care, healthcare or allied staff.

4.3.2. It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many people, particularly older people, who self-neglect may lack the ability and/or confidence to come forward to ask for help, and may also lack others who can advocate or speak for them. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

4.4 **Characteristics identified by people deemed to self-neglect-**

Research has identified the following:

- Fear of losing control
- Pride in self sufficiency
- Sense of connectedness to the places and things in their surroundings
- Mistrust of professionals / people in authority

4.5 **Common responses by people deemed to self-neglect-**

- I can take care of myself
- I do my best to make ends meet
- I prioritise and let other things go

4.6 **Unacceptable description of self-neglect-**

- Risky behaviour

5. Mental capacity

- 5.1. Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. The autonomy of an adult with mental capacity is respected, and efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated.
- 5.2. When a person has been assessed not to have capacity to understand and make specific choices and decisions, interventions and services can be provided in the person's best interest.
- 5.3. Mental capacity however involves not only the ability to understand the consequences of a decision, known as decisional capacity, but also the ability to execute the decision, known as executive capacity. The mental capacity assessment should entail both the ability to make a decision in full awareness of its consequences and the capacity to carry it out.
- 5.4. It is also important to understand the function-specific nature of capacity, so that the apparent capacity to make simple decisions is not assumed automatically in relation to more complex ones.
- 5.5. For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act 2005 allows for agency intervention in the person's best interests. In urgent cases, where there is a view that an adult lacks mental capacity (and this has not yet been satisfactorily assessed and concluded), and the home situation requires urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.
- 5.6. A person who lacks capacity has recourse in law to the Court of Protection. The court will however expect to see evidence of professional decision making and recording having already taken place.
- 5.7. **Guidance on assessing mental capacity in connection to hoarding-**
When assessing capacity, it is important to remember this is an assessment of capacity for whether the adult has capacity to access help for their hoarding – so, does the adult understand they have a problem with hoarding; is the adult able to weigh up the alternative options, e.g. being able to move around their accommodation unhindered, being able to sleep in their bed, take a bath, cook in their kitchen, sit down on a chair/sofa (this list is not exhaustive); can the adult retain the information given to them (e.g. if the accommodation is cleared, you would be able to move around your accommodation, etc); can the adult communicate their decision. It is essential that any capacity assessment is clearly documented on case records.

6. Assessment

- 6.1. Self-neglect is a complex phenomenon and it's important to elicit the person's unique circumstances and perceptions of their situation as part of assessment and intervention.
- 6.2. It is important to consider how to engage the person at the beginning of the assessment. Think carefully if an appointment letter is being sent first on what it says. The usual standard appointment letter is unlikely to be the beginning of a lasting trusting professional relationship if it is perceived as being impersonal and authoritative.
- 6.3. Home visits are important and practitioners should not rely on proxy reports. It is important that the practitioner uses their professional skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment. Practitioners should discuss with the person any causes for concern over the person's health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others. The assessment should include the person's understanding of the overall cumulative impact of a series of small decisions and actions as well as the overall impact.
- 6.4. Equally, repeat assessments might be required as well as ensuring that professional curiosity and appropriate challenge is embedded within an assessment. It is important that when undertaking the assessment the practitioner does not accept the first, and potentially superficial, response rather than interrogating more deeply into how a person understood and could act on their situation.
- 6.5. Sensitive and comprehensive assessment is important in identifying capabilities and risks. It is important to look further and tease out through a professional relationship possible significance of personal values, past traumas and social networks. Some research has shown that events such as loss of parents as a child, abuse as a child, traumatic wartime experiences, and struggles with alcoholism have preceded the person self-neglecting.
- 6.6. It is important to collect and share information with a variety of sources, including other agencies, to complete a picture of the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others.
- 6.7. Consideration should be given in complex cases, and where there are significant risks, to convening a multi-disciplinary and multi-agency meeting to share information and agree an approach to minimising the impact of specific risks and improving the person's wellbeing. Wherever possible the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate.
- 6.8. In potentially complex situations or where there is thought to be significant risk to the person's health, wellbeing or environment or to others, practitioners

should use the Positive Risk Assessment and Management Framework and Tool to evaluate the risks and where required, to assist in putting together a risk management plan to attempt minimise the impact of the self-neglect.

- 6.9. It is important to undertake risk appraisal which takes into account individuals' preferences, histories, circumstances and life-styles to achieve a proportionate and reasonable tolerance of acceptable risks.
- 6.10. The case should **not** be closed simply because the person refuses an assessment or to accept a plan to minimise the risks associated with the specific behaviour(s) causing concern.

7. Interventions

- 7.1. The starting point for all interventions should be to encourage the person to do things for themselves. Where this fails in the first instance, this approach should be revisited regularly throughout the period of the intervention. All efforts and response of the person to this approach should be recorded fully.
- 7.2. Efforts should be made to build and maintain supportive relationships through which services can in time be negotiated. This involves a person-centred approach that listens to the person's views of their circumstances and seeks informed consent where possible before any intervention. It is important to note that a gradual approach to gaining improvements in a person's health, wellbeing and home conditions is more likely to be successful than an attempt to achieve considerable change all of a sudden, which is how the adult may perceive it. See Examples 1 and 4 in Appendix 1.
- 7.3. Often concerns around self-neglect are best approached by different services pulling together to find solutions. Co-ordinated actions by housing officers, mental health services, GPs and DNs, social work teams, the police and other public services and family members have led to improved outcomes for individuals.
- 7.4. Research supports the value of interventions to support routine daily living tasks. However cleaning interventions alone, where home conditions are of concern, do not emerge as effective in the longer term. They should therefore take place as part of an integrated, multi-agency plan.
- 7.5. As self-neglect is often linked to disability and poor physical functioning, often a key area for intervention is assistance with activities of daily living, from preparing and eating food to using toilet facilities.
- 7.6. The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.

- 7.7. Where agencies are unable to engage the person and obtain their acceptance to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded and maintained on the person's case record, with a full record of the efforts and actions taken by the agencies to assist the person.
- 7.8. The person, carer or advocate should be fully informed of the services offered and the reasons why the services were not implemented. There is a need to make clear that the person can contact the Council at any time in the future for services.
- 7.9. However, where the risks are high, arrangements should also be made for ongoing monitoring and, where appropriate, making proactive contact to ensure that the person's needs, risks and rights are fully considered and to monitor any changes in circumstances.
- 7.10. In cases of animal collecting, the practitioner will need to consider the impact of this behaviour carefully. Where there is a serious impact on either the adult's health and wellbeing, the animals' welfare, or the health and safety of others, the practitioner should collaborate with the RSPCA and public health officials. Although the reason for animal collecting may be attributable to many reasons, including compensation for a lack of human companionship and the company the animals may provide, considerations have to be given to the welfare of the animals and potential public health hazards.
- 7.11. Where the conditions of the home are such that they appear to pose a serious risk to the adult's health from filthy or verminous premises, or their living conditions are becoming a nuisance to neighbours/affecting their enjoyment of their property, advice from Environmental Health should be sought and joint working should take place.
- 7.12. If as a result of hoarding the practitioner thinks there may be a risk of fire they should seek advice from the local fire service.

8. Legal interventions

- 8.1. There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.
- 8.2. Appendix 2 lists the types of legislative remedies that might need to be considered.

- 8.3. It is important to note that s46 of the Care Act 2014 abolishes Local Authorities' power in England to remove a person in need of care under s47 of the National Assistance Act 1948.

Procedure

9. Overview

- 9.1. The procedure is based on the following principle-
Where an adult is engaging with and accepting assessment or support services that are appropriate and sufficient to address their care and support needs (including those needs relating to self-neglect), then the adult is not demonstrating they are “unable to protect themselves” from self-neglect or the risk of it. In such circumstances, usual adult assessment and support service provision will be the most proportionate and least intrusive way of addressing the self-neglect risk. In these circumstances, the duty and need to undertake enquiries under s42 of the Care Act will not be triggered or necessary. See Appendix 4 for a flowchart covering this procedure.
- 9.2. The procedure can be summarised as follows-
- (i) **Concern is received-**
- New or unallocated cases-* Concerns relating to self-neglect will follow the usual local pathways in the first instance (e.g. assessment or reablement service).
- Allocated cases-* Self-neglect concerns relating to cases already allocated to a practitioner in the Local Authority should go directly to that practitioner.

- (ii) Any concern received that indicates the duty to assess under s42 of the Care Act is triggered (i.e. the adult may have needs for care and support, and is experiencing or is at risk of self-neglect, and is “unable to protect themselves” from self-neglect due to their refusal to engage with support) should be referred onwards to the relevant Adult Social Care (ASC) team.

- (iii) **Concern passed on to ASC team -**
The ASC team will consider whether there is “reasonable cause” to suspect the adult is unable to protect themselves from self-neglect, or the risk of it, due to their care and support needs. If there is, the duty of enquiry under s42 of the Care Act is triggered in addition to the duty to assess. If there is not, the needs assessment should continue. A s42 enquiry can be triggered at any later point in the assessment process if information comes to light that does give “reasonable cause to suspect” the adult is unable to protect themselves from self-neglect, or the risk of it, due to their care and support needs.

- (iv) If a Care Act section 42 enquiry is triggered in self-neglect cases, the ASC team will **plan** what enquiries are needed, **coordinate and undertake** these enquiries, and **evaluate the outcomes** of enquiries to **decide what action is needed** in the adult’s case.

10. Undertaking assessments despite capacitated refusal

- 10.1. As a matter of practice, it will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing. Practitioners and managers should record fully all the steps that have been taken to undertake a needs assessment. This should include recording what steps have been taken to involve the adult and any carer, as required by section 9(5) of the Care Act, and assessing the outcomes that the adult wishes to achieve in day to day life and whether the provision of care and support would contribute to the achievement of those outcomes, as required by section 9(4) of the Care Act.

- 10.2. In light of the adult’s on-going refusal or capacitated life-style choices, the result may either be that it has not been possible to undertake an assessment fully or the conclusion of the needs assessment is that the adult refuses to accept the provision of any care and support. However, case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that are required, reasonable and proportionate in all the circumstances.

- 10.3. As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support.
- 10.4. In cases where an adult has refused an assessment and services and remains at high risk of serious harm as a result, a s42 enquiry should be undertaken.

11. Self-neglect enquiries

11.1. Objectives of an enquiry

The objectives of statutory Care Act s42 enquiries in self-neglect cases are to:

- establish facts and provide a description of the self-neglect;
- ascertain the adult's views and wishes;
- assess the needs of the adult for protection and support and how those needs might be met;
- protect & support from self-neglect in accordance with the wishes of adult, and in line with their mental capacity to make relevant decisions about their care and support needs;
- promote the wellbeing and safety of the adult through a supportive and empowering process.
- Where an adult has died as a result of self-neglect, consideration should be given to whether a Safeguarding Adult Review should be undertaken by the Safeguarding Adults Board.

11.2. Structure of an enquiry

Enquiry under s42 of the Care Act will usually be structured as below-

- **planning** what enquiries or assessments are needed, and who should do these;
- **coordinating and undertaking** these enquiries and assessments;
- **evaluating the outcomes** of enquiries and assessments, and
- **deciding what action is needed** in the adult's case.

Enquiries may need to move fluidly between planning, enquiry, and evaluation stages as the case progresses.

11.3. Advocacy

At the start of an enquiry process, or at any later point, the ability of the adult to understand and engage in the enquiry must be assessed and recorded. If the adult has 'substantial difficulty' in understanding and engaging in the Care

Act Section 42 Enquiry, the local authority **must** ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate. See the Care Act Statutory Guidance on Care Act Advocacy for more information on this.

11.4. **What enquiries or assessments will be needed?**

It is important to note that whilst the practitioner is undertaking a s42 enquiry the information gathered will be feeding into a s9 needs assessment, and/or a positive risk assessment and management plan.

Any enquiries or assessments that are made will need to be appropriate and proportionate to the individual circumstances of the case. These should be formulated and agreed between practitioner and relevant Line Manager. As per Care Act statutory guidance, an enquiry could range from a conversation with the individual to a much more formal multi-agency arrangement.

Examples of enquiries and assessments that ASC will make could be:

- Reading the case record, if there is one, for background information, history or referrals, responses, actions taken;
- Gathering information from the person's professional support network e.g. GP, District Nurse etc and others such as Housing Departments;
- Undertaking an assessment of need and establishing the person's views and wishes;
- Speaking to anyone providing care and support;
- Speaking to the adult's family and informal network e.g. friends, neighbours, church as relevant;
- Undertaking mental capacity assessments if needed;
- If there are deemed to be significant potential risks, use the Positive Risk Assessment Framework and Tool to assist in identifying, evaluating and formulating a risk management plan²;
- Decide if a multi-agency planning meeting is required to share information and formulating a plan;
- Ensure that the enquiry is completed in a timely and proportionate manner in relation to the perceived risks.

This is the same range of operational activity that would usually be undertaken as part of needs assessment under s9 of the Care Act 2014 which would need to run in parallel in most cases.

Examples of enquiries and assessments that ASC will *cause to be made* could be:

² Available at:
http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Risk_personalisation_framework_West_Midlands.pdf

- Visits or checks of physical health concerns by GPs, DNs, other primary care staff;
- Referrals to and assessments by mental health services, including psychology where appropriate;
- Mental Health Act assessments where appropriate;
- Visits and assessments by Children's Services, Environmental Health, Fire & Rescue, RSPCA;
- Input and involvement from Housing Providers or Council colleagues;
- Gaining quotes for work needed to restore essential safety and hygiene to unsafe or unhygienic properties.

Any enquiries or assessments made, and actions taken, must be lawful and be proportionate to the level of risk involved.

12. Deciding what action is needed in an adult's case

12.1. Where concerns of self-neglect are established, the practitioner should focus on building a relationship with the adult to persuade them to receive assistance to improve their health, wellbeing and living conditions. The aim of should be:

- To empower the person who is neglecting him/herself as far as possible to understand the implications of their actions;
- To help the person, both individually and collectively with others (e.g. family, friends, other professionals and agencies) without colluding with the person or seeking to avoid the issues presented;
- To avert the potential need for statutory intervention wherever possible. This may be achieved by providing some form of low level monitoring either through ongoing input through social work relationship

See Section 5 above for more detail on approaches to interventions.

12.2. Where an adult with capacity has made a decision that they do not want action taken to support them, or to take action to protect themselves, the risks of this decision must be discussed with the person to ensure they are fully aware of the consequences of their decision. Respect for the wishes of a adult does not mean passive compliance - the consequences of continuing risk should be explained and explored with the person.

12.3. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the

public interest to take action. Wishes need to be balanced alongside wider considerations such as level of risk or risk to others, including any children who could be affected.

12.4. Management oversight-

Practitioners must discuss with their line manager what action can and should be taken, considering possible legal interventions. In cases where the risk of harm caused through self-neglect are potentially serious, the line manager should report these concerns to their Operational Manager and seek legal advice when needed. Closure of self-neglect enquiries and associated recording must have management approval.

12.5. It may be necessary to intervene using statutory powers, for example the conditions in the house warrant intervention by environmental health services or the involvement of the RSPCA. If any agency needs to take such steps, the reasons for doing so should be clearly documented.

12.6. Where the adult is not engaging and if action is not required imminently the practitioner and line manager will proactively consider what emphasis should be given to monitoring the circumstances in case of further deterioration and how this should be done. However it is useful to note that monitoring is not protection but merely a way of identifying changes in as timely a manner as possible.

12.7. The practitioner should ensure that, where the person has capacity to decline intervention after all reasonable efforts have been made to engage them, the person knows how to easily get back in touch with the Council (or named person) as do all significant others involved in the notification of the enquiry or concern. Because the person has declined support before doesn't mean they will in the future.

12.8. The practitioner should provide feedback to all parties involved in the enquiry and assessment process on the outcome of that process and what actions are to be taken, or not taken, with the reasons why.

13. Safeguarding plans

- 13.1 In some cases following a self-neglect enquiry, it will be necessary to have a safeguarding plan. This will usually be in circumstances where the risk cannot adequately be managed or monitored through other processes.
- 13.2. Safeguarding plans will not always be required, for example, in circumstances where the risk to the adult can be managed adequately through ongoing assessment and support planning input, through Care Programme Approach by Mental Health services, or through a positive risk taking and management plan approach.
- 13.3. In other circumstances – e.g. where the adult has been assessed as having capacity to make informed decisions about their care and support needs, and has been given all reasonable support and encouragement to accept support to meet those needs, however still chooses to refuse support- it may be decided that the action required is to provide information and advice including how to get in touch the Council, and no ongoing safeguarding plan would be appropriate.
- 13.4. However, in other circumstances, particularly where the risks to independence and wellbeing are severe (e.g. risk to life or others) and cannot adequately be managed or monitored through other processes, it will be necessary to have a safeguarding plan to monitor the risk in conjunction with other agencies. In self-neglect cases this would usually involve health service colleagues, but other agencies may well need to retain ongoing oversight and involvement (e.g. environmental health, housing).

If the plan is still rejected and the risks remain high, the meeting should reconvene to discuss a review plan. **The case should not be closed just because the adult is refusing to accept the plan.** Legal advice should be sought in these circumstances.

- 13.5. Safeguarding plans should-
- be person-centred & outcome focussed;
 - be proportionate to the risk involved & be the least restrictive alternative;
 - have agreed timescales for review & monitoring of the plan;
 - have an agreed lead professional responsible for monitor & review of the plan.

All involved should be clear about their roles and actions.

14. Recording

14.1. General principles

It is important to record assessment, decision-making and intervention in detail to demonstrate that a proper process has been followed and that practitioners and managers have acted reasonably and proportionately. There should be an audit trail of what options were considered and why certain actions were or were not taken. At every step and stage in the process record the situation, what you have considered, who you have collaborated with and what decisions have been reached. This may appear a time consuming process, but it is simply a case of putting your activity notes into a framework of considerations and why you have chosen a particular course of action.

14.2. Mental capacity assessments-

Recording should routinely reflect mental capacity considerations, including recording explicitly where there is no reason to doubt the adult's ability to make their own decisions and why this is. Formal mental capacity assessments need to be recorded fully in line with the Mental Capacity Act Code of Practice.

Appendix 1: Case examples

Example 1

Two brothers with mild learning disabilities lived in their family home, where they had remained following the death of their parents some time previously. Large amounts of rubbish had accumulated both in the garden and inside the house, with cleanliness and self-neglect also an issue. They had been targeted by fraudsters, resulting in criminal investigation and conviction of those responsible, but the brothers had refused subsequent services from adult social care and their case had previously been closed.

The local authority received a concern that the brothers were at risk of self-neglect. It was not known if there was reasonable cause to suspect brothers were able to protect themselves from self-neglect or the risk of it, and so a s42 enquiry was not triggered. The needs assessment commenced, and as this progressed, it became clear that- with the right level of support to encourage the brothers to accept services- they were able and had mental capacity to take measures to protect themselves from the risk of self-neglect.

They developed a good relationship with their social worker, and as concerns about their health and wellbeing continued it was decided that the social worker would maintain contact, calling in every couple of weeks to see how they were, and offer any help needed, on their terms. After almost a year, through the gradual building of trust and understanding, the brothers asked to be considered for supported housing; with the social worker's help they improved the state of their house enough to sell it, and moved to a living environment in which practical support could be provided.

Example 2

Ms S is a 63 year old woman with mild learning disability. She has always lived with and was cared for by her parents until they both died over the last 5 years. She now lives alone in the former parental home. The house is in disrepair with no windows at the back of the house. The kitchen floor is always wet from the rain. The house is dirty. The house is cluttered with possessions such that it is difficult to walk through the house. Ms S is incontinent, her legs are ulcerated and weeping. Ms S has recently refused to let her sister into her house, but does still allow her GP to come into her house.

The Local Authority received a concern about risk of harm through self-neglect. The GP feels Mr S's capacity to understand the risks may be in question. The Local Authority decided there is reasonable cause to suspect Mrs S meets the criteria for s42 enquiry under the Care Act because there is reasonable cause to suspect that Mrs S has needs for care and support, is at risk of self-neglect, and there is reasonable cause to suspect Ms S is unable to protect herself from self-neglect or the risk of it.

The enquiries agreed were for the GP- as the person who knows Ms S best- to work with Ms S to understand what her views and wishes are about her care and support needs and to encourage her to accept input and assessment from the Local Authority, and for the Local Authority to undertake a needs assessment.

Example 3

Ms T lives alone. She has been diagnosed as having a severe compulsive disorder which manifests itself in hoarding. Ms T experiences high levels of anxiety which impacts on her ability to attend to personal care and eat. There are unopened bags of cooked food that Ms T says she has forgotten to eat. Ms T says she is aware of the risk to her health and environment and has noticed vermin droppings in the kitchen. She says she does not clean her home as it causes her anxiety to move things and throw things away.

Ms T gathers all her letters but doesn't open them. Ms T only goes out to familiar places where there are familiar faces.

The Local Authority received a concern about risk of harm through self-neglect. After checking with mental health services, it was found that Ms T had recently seen a psychiatrist. The psychiatrist was contacted and has a clear view that Ms T has full mental capacity to understand these risks, how her mental disorder affects these risks, and to make decisions about her care and support needs.

There is no reason to suspect that Ms T is unable to protect herself from self-neglect, but the Local Authority still has a duty to undertake a needs assessment. The needs assessment was undertaken and Ms T expressed a wish to try to continue to manage her needs herself, as she feels this is the best way for her to cope with her mental health in the longer term. The Local Authority provided information and advice on support services and how to access these. Outcomes were fed back to the psychiatrist who will continue to monitor Mr T's mental health.

Example 4

Mr M, in his 70s, lives in an upper-floor council flat, and had hoarded over many years: his own possessions, items inherited from his family home, and materials he had collected from skips and building sites in case they came in useful. The material was piled from floor to ceiling in every room, and Mr M lived in a burrow tunnelled through the middle, with no lighting or heating, apart from a gas stove. Finally, after years of hiding in privacy, Mr M had realised that work being carried out on the building would lead to his living conditions being discovered. Mr M himself recounted how hard it had been for him to invite access to his home, how ashamed and scared he was, and how important his hoard was to him, having learnt as a child of the war never to waste anything.

Through working closely together, Mr M, his support worker and experienced contractors have been able gradually to remove from his flat a very large volume of hoarded material and bring improvements to his home environment. It has taken time and patience, courage and faith, and a strong relationship based on trust. The worker has not judged Mr M, and has worked at his pace, positively affirming his progress. Both Mr M and his support worker acknowledge his low self-esteem, and have connected with his doctor and mental health services. The worker has recognised the need to replace what Mr M is giving up, and has encouraged activities that reflect his interests. Mr M has valued the worker's honesty, kindness and sensitivity, his ability to listen, and the respect and reciprocity in their relationship.

Appendix 2: Possible legal interventions

Agency	Legal Power and Action	Circumstances requiring intervention
Environmental health	<p>Power of entry/ Warrant (s.287 Public Health Act) Gain entry for examination/ execution of necessary work required under Public Health Act Police attendance required for forced entry</p>	<p>Non engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders)</p>
Environmental health	<p>Power of entry/ Warrant (s.239/240 Public Health Act) Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathering) Police attendance required</p>	<p>Non engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)</p>
Environmental health	<p>Enforcement Notice (s.83 PHA 1936) Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred</p>	<p>Filthy or unwholesome condition of premises (articles requiring cleansing or destruction) Prevention of injury or danger to person served. (All tenure including Leaseholders/ Freeholders/Empty properties)</p>
Environmental health	<p>Litter Clearing Notice (Section 92a Environmental Protection Act 1990) Environmental Health to make an assessment to see if this option is the most suitable.</p>	<p>Where land open to air is defaced by refuse which is detrimental to the amenity of the locality. An example would be where hoarding has spilled over into a garden area.</p>
Police	<p>Power of Entry (S17 of Police and Criminal Evidence Act) Person inside the property is not responding to outside contact and there is evidence of danger.</p>	<p>Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb</p>
Housing	<p>Anti-Social Behaviour, Crime and Policing Act 2014 A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the</p>	<p>Conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or a local authority</p>

Other legal considerations:

Human Rights Act 1998: Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect, articles 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of particular importance.

These are not absolute rights, i.e. they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental Health Acts) is unlawful and would be challengeable in the Courts.

Inherent jurisdiction of the High Court: In extreme cases of self-neglect, where a person with capacity is at risk of serious harm or death and refuses all offers of support or interventions or is unduly influenced by someone else, taking the case to the High Court for a decision could be considered. The High Court has powers to intervene in such cases, although the presumption is always to protect the individual's human rights. Legal advice should be sought before taking this option.

Appendix 3: Other Professionals/Agencies

Different agencies will be able to do different things. Self-Neglect is rarely a single agency issue. There are a number of agencies and departments who may be able to help:

- Adult Social Care
- Health – GP or District Nurse (DN)
- Mental Health Services
- Legal Services
- Domiciliary care providers
- Community Psychiatric Nurse (CPN)
- Advocacy
- Voluntary organisations
- Counselling or therapy services
- Anti-social behaviour and Harm Reduction Forum
- Environmental Health
- Housing Association/private landlord
- Falls advisor
- Children's services or child protection
- RSPCA
- Fire Service*
- Debt advice service

*The Fire Service is of particular importance where a person is hoarding items which may pose a high risk of fire at the property. While a person's consent to involve the Fire Service should always be sought, it may be necessary to override the person's wishes if they are at risk of serious injury or death if a fire occurs. Properties with large amounts of hoarded items also present a risk to any fire fighters called to attend an incident. Experience has shown that people may be more willing to allow Fire Service workers into their property than other professionals.

Appendix 4: Procedure flowchart

