North Somerset Multi-Agency Adult Safeguarding Procedures

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Self-neglect policy and best practice guidance

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Document Owner: Business Manager - NSSAB
Approved by: NSSAB
Approval Date: 20th April 2025
Equalities impact: NA
Impact on carers: NA
Date displayed on NSSAB web site: 19th September 2025
Date due to be reviewed by responsible person or body: 20th April 2027

Contents

Purpose

This policy sets out the principles and procedures that will assist partners to manage concerns in relation to adults with care and support needs who are self-neglecting. It should be read alongside the Joint Regional Safeguarding Adults Multi-Agency Policy and North Somerset's Safeguarding Adults Board (NSSAB) Multi-Agency Safeguarding Adults Procedures. The policy aims to prevent serious harm and/or the death of individuals who appear to be self-neglecting by ensuring that:

- Individuals are empowered as far as possible, to understand the implications of their actions.
- There is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect.
- There is effective multi-agency working and practice.
- Concerns receive appropriate prioritisation.
- Agencies and organisations uphold their duty of care.
- There is a proportionate response to the levels of risk to self and others.

Self-neglect is everybody's business. Managing the balance between protecting adults from self-neglect against their right to self-determination is a serious challenge for both statutory and voluntary services. This is partly because some individuals have insight into the impact of their self-neglect, while others do not; some may be experiencing an underlying condition, such as dementia. Managing this balance requires sensitive and carefully considered decision making, which is accurately recorded.

The inability to proportionately engage with people who are self-neglecting (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's safety, health, and well-being. It can also impact upon the individual's family and the local community. Improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. Research has shown that effective relationship building can increase the likelihood of positive outcomes, sometimes this requires receiving support over a long period of time.

Dismissing self-neglect as a 'lifestyle choice' is strongly discouraged. If in doubt, seek information and advice - How you can get help | Adult Safeguarding Board.

Key messages relating to people who self-neglect

This section summarises the key messages of the policy.

1. All partners have a role in supporting people who self-neglect, so please ensure you and your organisation are fully committed to playing your part.
2. Don't dismiss self-neglect as a 'lifestyle choice' or take an initial rejection of support as a justification for ceasing your engagement.
3. Self-neglect is not always obvious.
4. You must consider an individual's capacity to make self-care decisions. This includes:
    a. Considering mental capacity in relation to the decisions which need to be made.
        i. Is the person able to understand information / retain it / weigh it / communicate their decision?
    b. Document your assessments.
        i. This will avoid delays in getting the right support at the right time.
    c. Even if the person has not been diagnosed with an impairment of the mind, a mental capacity assessment should be completed due to observed behaviour which could indicate impairment.
    d. Ensure you consider the person's executive capacity when undertaking a Mental Capacity Assessment (MCA). Executive capacity involves "the planning, initiation, organisation, self-awareness, and execution of tasks".
5. Don't just look at the current picture but try to piece together the person's life story and find out what is important to them.
6. Try to find out why the person is self-neglecting – this may be connected with trauma, loss, grief, poor mental health, loneliness and isolation, or other experiences.
7. Try to really get to know the person and 'get alongside' them.
8. Be prepared for long-term involvement – self-neglect situations are rarely resolved quickly.

9. Look at the person's strengths, including family network and any community networks and think about how these might help support the person (consider whether a carer's assessment is needed).
10. Communicate clearly and regularly with all those involved with the person.
11. Be clear about your role and responsibilities and those of others.
12. Undertake a thorough risk assessment/risk enablement plan (where appropriate) and explain your concerns openly to the person who is self-neglecting. Plan how to mitigate risks together.
    a. In assessing risk, consider whether a person can follow through their decisions in practice?
13. Consider whether advocacy is needed. For more information see North Somerset Councils Independent Care Act Advocacy Policy, and the Independent Mental Capacity Advocacy Policy - Policies | North Somerset Council
14. Be prepared to challenge decisions if you don't agree with them, and escalate them where appropriate to do so.
15. Self-neglect can be found in all areas of society, but those who are homeless or living in temporary accommodation may be at greater risk
16. Always remember to 'Think Family' and consider any risks to those living with or closely related to the person who is self-neglecting.

'Quick guide' to the self-neglect procedures

This section provides a summary of the NSSAB self-neglect procedures and should be used as a quick reference guide only. Please see appendix 5 for a summary flow chart.

1. When self-neglect is identified it is important that you discuss your concerns with the person, their keyworker/carer (if applicable), and/or your direct line manager.

2. Where the person appears to have a need for care and support, a referral for a Care Act assessment should be made to North Somerset Council via Care Connect. Similarly, where the person appears to have specific health needs, a referral should be made to the appropriate health professional(s) for relevant assessments to be undertaken.

- The agency/individual identifying the self-neglect concern should, wherever possible, make the person aware that they are referring them for a health and/or social care assessment.

3. If the person, or others around them, are experiencing significant harm **now**, or there is a high risk that they will experience harm in the future, due to their self-neglect, a safeguarding concern must be raised using the adult safeguarding concern referral form, or by calling care connect on 01275 888 801. In an emergency, please ring 999 and ask for the police.

- For the purpose of this guidance risks are 'high' if:
    - an adult is considered to be in a chronic situation which poses a risk to their life AND/OR
    - where there is evidence of an increasing risk of significant harm to others (if there is a risk of significant harm to children you must contact the child protection team on 01275 888 808 or email care.connect@n-somerset.gov.uk).
- An immediate safeguarding adult's concern must also be raised where there appears to have been acts of neglect or abuse by a third party.

4. If the risks relating to a person's self-neglect appear low (i.e. they are not in a chronic situation that poses a risk to life or there is no evidence of increasing risk of significant harm to others) a professionals meeting must be convened. It will normally be the responsibility of any agency/individual providing ongoing support to arrange a professionals meeting. The co-development of a risk enablement plan could be considered at this meeting. Risk enablement is not about promoting risky behaviour, it is about empowering people to live with autonomy by considering the risks that are associated with their actions and behaviour North Somerset Council - Adult Social Services - Risk Enablement Policy.

- Initially, the agency identifying the concern is considered the 'lead agency'. During the initial professionals meeting the group will nominate an on-going lead agency. This will often be the most appropriate agency involved with the person.
- The person who is self-neglecting should always be informed of the meeting and, where appropriate, invited to attend (themselves or with/through an appropriate representative/advocate). If it is deemed inappropriate for the

person to attend, the reasons should be set out in writing and communicated to the person/the persons carer/advocate using an accessible form of communication.

- It is the responsibility of all agencies to prioritise professionals meetings and discussions and to fully co-operate with the process, giving cases of self-neglect the same weight as those under the multi-agency safeguarding adults procedures. Any disputes regarding non-co-operation by a relevant agency which cannot be resolved should be referred to the safeguarding adults board escalation procedure.
- A professionals meeting will consider any risk assessments, risk enablement plans, what actions are required by whom and by when.
- It will also agree a 'Lead Worker' to co-ordinate actions and will set a date for a review meeting. A record of the meeting will be made and distributed as soon as possible after the meeting takes place (an agenda template is attached at appendix 3). This should be shared with the person in an assessable format.

5. Whilst the Lead Worker will be responsible for co-ordinating and leading the work to engage the person, it remains the responsibility of all other agencies to work in partnership with the Lead Worker with the aim of improving the wellbeing of the person who is self-neglecting, and minimising risk to the person and others. The Lead Agency / Lead Worker role may change at any time if there are strong reasons to do so, but this decision should be clearly recorded and communicated to all those involved.

6. Following initial attempts to engage the person / minimise risks, including assessments of the person's mental capacity, a review meeting will be held to review progress, and further reviews will be arranged as required.

7. Creative approaches may well be needed to engage the person – and a Care Act (s.9) assessment of support needs and/or Carer's assessment may lead to services being provided.

8. A Safeguarding Adults referral can be made at any time if the risks have increased or cannot be adequately addressed.

9. The professionals' meetings will only cease when a clear reduction in risk can be demonstrated or when the case is escalated to the safeguarding adults procedures.

10. There may be situations where partners exhaust all attempts to mitigate the risks and they remain high. In these cases, it may be appropriate for the lead professional/lead agency to refer the person to Multi-Agency Risk Management (MARM) - Multi-Agency Risk Management (MARM) | Adult Safeguarding Board.

- MARM is a pathway for professionals to follow where high levels of risk of harm to an individual have been identified, remain unmitigated, and do not relate to abuse or neglect by a third party.

11. At the point of closure, a plan should be drawn up to establish ongoing arrangements for monitoring the situation (as appropriate) and this should include arrangements to ensure that the person themselves and / or people in the person's network know how to raise any further concerns in the future.

What is self-neglect?

There is no universally accepted definition of self-neglect, but the Care Act Statutory Guidance (updated 2024) defines self-neglect as:

> 'A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding…Where someone demonstrates lack of care for themselves and or their environment and refuses assistance or services. It can be long-standing or recent.'

To summarise, self-neglect is generally made up of three elements:

1. Lack of self-care (for example, neglect of personal hygiene, nutrition, hydration and/or health) and/or
2. lack of care for the domestic environment (for example, squalor or hoarding) and/or
3. refusal of services that would mitigate risk to safety and wellbeing.

There are various reasons why people self-neglect, this includes, but is not limited to,

- physical and/or mental impairment,
- poor mental health, addiction,

- loss,
- abuse,
- trauma, and
- prioritising other people's needs over their own.

Gaining a fuller understanding of an individual's life history and experiences will support partners to build an insight into why an individual is self-neglecting and how this can be mitigated against.

It is important to understand that poor environmental and personal hygiene may not necessarily be a result of self-neglect. The presentation of self-neglect may be the result of a cognitive impairment, poor eyesight, functional or financial constraints, domestic abuse, or neglect by others. In addition, many people who self-neglect may lack the ability and/or confidence to come forward to ask for help and may also not have the support of others who can support them to seek help and support.

Indicators of self-neglect

Indicators of self-neglect under the aforementioned elements include:

1. Lack of self-care
    - neglect of personal hygiene
    - dirty/inappropriate clothing
    - poor hair care
    - malnutrition
    - poor hydration
    - unmet medical health needs (e.g. refusing to take insulin for diabetes, refusing treatment for leg ulcers)
    - unpredictable or erratic behaviour leading to harm
    - alcohol/substance misuse and/or addiction
    - social isolation
2. Lack of care of the environment
    - unsanitary, untidy or dirty conditions which create a hazardous situation that could cause serious physical harm to the person or others
    - hoarding disorder
        - A hoarding disorder is where someone acquires an excessive number of items and stores them in a chaotic manner, usually

resulting in unmanageable amounts of clutter. The items can be of little or no monetary value

- Hoarding is considered a significant problem if:
  - the amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms
  - the clutter is causing significant distress or negatively affecting the quality of life of the person or their family – for example, they become upset if someone tries to clear the clutter and their relationship suffers
- Hoarding may include items or animals
- Please see our NSSAB hoarding handbook for more information

- poor maintenance of property / dwelling
- keeping lots of pets who are poorly cared for
- vermin
- lack of heating, running water or sanitation
- poor financial management leading to utilities being cut off etc

3. Refusal of services that could alleviate these issues and mitigate against the risk of harm
   - refusing prescribed medications
   - declining community health care/support
   - refusing help with personal hygiene from social/heath care personnel
   - refusing to allow other professionals interested in keeping the environment safe access to the property for appropriate maintenance (e.g. water, gas, electricity)

It is important to consider that people who self-neglect may:

- Fear of losing control.
- Take pride in self-sufficiency.
- Feel a sense of connectedness to the places and things in their surroundings.
- Mistrust of professionals / people in authority.

The legal framework

A wide range of legislation is relevant to the issue of self-neglect. This section lists the key supporting legislative frameworks.

The Care Act 2014

The Care Act 2014 (and the Care and Support Statutory Guidance - updated 2024) includes self-neglect as a category of abuse and neglect. As a result of this adult safeguarding duties outlined in the Care Act apply equally to cases of self-neglect. It should be noted that self-neglect may not always prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour, or when there is a point when they are no longer able to do so without external support.

The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect, as follows:

- Assessment
    - 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 (Care Act 2014 sections 9 and 11).
    - This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.
- Safeguarding
    - 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 him or herself against self- neglect, or the risk of it (Care Act 2014 s.42).
- Advocacy

- If the adult has 'substantial difficulty' in understanding and engaging with a Safeguarding Enquiry, the local authority must ensure that there is an appropriate person to help them and, if there isn't, arrange an independent advocate (Care Act 2014 s.42).

Mental Capacity Act 2005

The Mental Capacity Act (2005) states that a person is assumed to have mental capacity unless there is a reason to believe otherwise. It also states that a person should not be deemed to lack mental capacity just because they make an 'eccentric or unwise' decision. In view of the nature of self-neglect, it is important that capacity assessments are carried out face to face where possible.

The five key principles outlined in the Mental Capacity Act Code of Practice must be kept in mind when considering any particular case where there are concerns of self-neglect:

1. Assumption of capacity:
    a. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves just because they have a particular medical condition or disability.
2. Support:
    a. A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.
3. Unwise decisions:
    a. People have the right to make decisions that others might regard as unwise or eccentric. You cannot treat someone as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.
4. Best interests:

    a. Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
5. Least restrictive option:
    a. Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

The MCA also requires that an Independent Mental Capacity Advocate (IMCA) should be involved where a person is deemed to lack mental capacity to make specific important decisions and where there is no one independent, such as a family member or friend, who is able to represent them.

Where an individual who is self-neglecting is unable to agree to have their needs met because they are assessed as lacking mental capacity to make specific decisions in relation to this, then the principles of the Best Interests process must be followed in line with the Mental Capacity Act.

The MCA 2005 is particularly relevant to self-neglecting behaviour in a number of ways, not least because of the key principle that a person "is not to be treated as unable to make a decision merely because he makes an unwise decision."

Assessment of mental capacity should also consider whether there are any concerns about possible coercion/duress and whether the individual is being controlled or exploited by others who may not have their best interests at heart. Where the individual has mental capacity but is not able to exercise choice as a result of coercion/duress or exploitation, legal advice should be sought regarding an inherent jurisdiction application to the High Court. Inherent Jurisdiction is only concerned with individuals who are vulnerable to influences that render them unable to make their own free choice. It is this coercion, or abuse, that renders a person vulnerable.

Mental capacity assessments are both time and decision specific and should therefore be considered and / or repeated as risk changes.

Capacity is time and decision specific, so capacity assessments must be undertaken in relation to particular decisions.

Where a person is considered to lack capacity, all decisions must be made in their best interest and the decision-maker must follow a 'best interest checklist'.

What do we mean by capacity?

A robust and informed understanding of mental capacity is crucial to supporting people who self-neglect.

Executive functioning and mental capacity

There is a difference between capacity to make a decision (decisional capacity) and capacity to actually carry out the decision (executive functioning).

Executive functioning has been described as

> "the ability to think, act, and solve problems, including the functions of the brain which help us learn new information, remember and retrieve the information we've learned in the past, and use this information to solve problems of everyday life" (cited in Balmford 2024).

It is important to note that the

> "impairment of executive functioning can make it difficult for a person to make decisions in the moment when the decision needs to be executed; for example, they may recognise the need to eat and drink, but fail to act on that need" (Braye, Orr and Preston-Shoot, 2015).

Where decisional capacity is not accompanied by executive functioning, overall capacity is impaired. For example an individual may be able to provide coherent answers to questions, but their actions may demonstrate that they are unable to put into effect the intentions expressed in those answers. Colloquially, this can be described as the person being able to 'talk the talk', but unable to 'walk the walk'.

Terms such as 'executive functioning' and 'executive capacity' do not appear in the MCA itself, nor do they currently appear in the code of practice. However, the courts have recognised these concepts and referred to 'executive functioning' and 'executive dysfunction' in the relevant case law.

Fluctuating mental capacity

Some adults may experience fluctuating mental capacity. Fluctuating mental capacity refers to when a person's ability to make decisions or understand information varies over time. For example, in one mental capacity assessment about a specific

decisions they may show they lack capacity, and in another about the same decision they may demonstrate full capacity.

There can be a number of reasons for fluctuating mental capacity, including:

- Medical conditions – medical conditions, such as certain types of dementia, can cause cognitive abilities to fluctuate. For example, a person with dementia may have moments of clarity and lucidity followed by periods of confusion or disorientation.
- Medications or treatments – some medications or medical treatments can impact cognitive functioning, and their effects may vary throughout the day or over time. For instance, medication side effects or the timing of drug doses can influence mental capacity.
- Mental health conditions – mental health conditions, such as bipolar disorder or schizophrenia, can lead to fluctuations in mental capacity. Mood swings, psychotic episodes, or medication adjustments can affect decision-making abilities.
- Environmental factors – factors such as stress, fatigue, or changes in the environment, can impact cognitive functioning.

It is best practice to undertake mental capacity assessments at a time when the adult is at their highest level of functioning. For adults experiencing fluctuating capacity, the approach taken will depend on the 'cycle' of the fluctuation in terms of its length and severity. It may be necessary to review the capacity assessments over a period of time. In complex cases, legal advice may be required.

Other Powers available under the Mental Capacity Act 2005

The Mental Capacity Act allows for a person to be deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) where this is deemed necessary.

In addition, the Court of Protection has powers to authorise a person's removal from home, where they are objecting, or to take other proportionate actions, in certain limited situations.

In urgent situations, where it is believed that an adult lacks mental capacity (but it has not yet been possible to satisfactorily assess them), and the home situation requires urgent intervention, the Court of Protection can make an interim order to allow intervention to take place.

The Court will however expect to see evidence of professional action planning, decision making and recording.

Key points for partners

- When it comes to executive capacity, there are a number of key messages that can be drawn from case law. For instance, when it comes to capacity assessments.
- Always consider whether practicable support can be provided to someone experiencing difficulties with their executive functioning to enable them to make the decision in question.
- Difficulty with executive functioning is not, by itself, evidence of a lack of capacity.
- Be aware that people with executive functioning difficulties may overestimate their skills and abilities and underestimate their need for care and support.
- You may need to consider not just what the person tells you about how they would make an informed decision but also whether this decision will actually be implemented in practice.
- Look for evidence of past behaviour and whether this demonstrates an inability to put into effect their stated intention.
- You may need to consider whether the person understands that there is a mismatch between what they say they will do and how they act when faced by concrete situations.
- Consultation with others, such as family, friends and involved professionals, may be an important source of information about the person's ability to carry out their decision.
- Clinical input may be required when assessing executive functioning, for example, from a clinical psychologist.

Also, when it comes to best interests decisions:

- Remember that the person's wishes and feelings often carry significant weight in the determination of best interests.
- Think about how risks might be managed in a safe way, rather than seeking to remove all risks at all costs.
- Where relevant, it is permissible to take into account risks of harm to others when making the best interests decisions.

- Assessing and working with people with executive functioning difficulties can be challenging for social care professionals. The individual may be engaging in behaviour which places them at risk of harm, and professionals are often faced with obstacles which make assessments very difficult to complete. So, it is very important to understand how the MCA should be applied in such cases and to apply that understanding to everyday practice.

Mental Health Acts 1983 and 2007

Section 2 of the Mental Health Act 1983 (MHA) allows for someone to be detained for a maximum of 28 days for assessment and section 3 allows for someone to be detained for a maximum of up to six months for treatment (renewable in certain circumstances).

An application for a person to be admitted to hospital can only be made by an Approved Mental Health Practitioner (AMHP) or the patient's 'nearest relative' and when two doctors have confirmed that a person is suffering from a mental disorder and needs to be detained in their own interest.

Other sections of the MHA provide powers in relation to Guardianship.

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 (the right to liberty and security) and 8 (the right to private and family life) of the ECHR are of particular importance.

These are not absolute rights: 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.

Other key legislation and legal powers

Public Health Act 1936 and 1961

Powers to deal with ‘filthy and verminous premises’.

The Housing Act 2004

Allows Local Authorities to carry out a risk assessment of residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm.

Building Act 1984

Gives the Local Authority powers to undertake works in certain circumstances.

Housing Act 1985 (as amended by the Housing Act 1996) and Housing Act 1988 and Housing Act 2004

Provide grounds for eviction of a tenant in certain circumstances

Acceptable Behaviour Contracts

Voluntary, non-legally binding agreements between an individual and the housing department, police or registered social landlord which can provide an alternative or preliminary step towards injunctions or eviction proceedings.

Animal Welfare Act 2006

Makes it an offence to cause an animal to suffer where that suffering is unnecessary, and also places a duty on people to meet the welfare needs of animals that they are responsible for.

Environmental Protection Act 1990

Gives the local authority a power of entry to deal with a statutory nuisance.

Prevention of Damage by Pests Act 1949

Gives local authorities a duty to take action against occupiers of premises where there is evidence of rats or mice.

Public Health (Control of Disease) Act 1984, amended by the Health and Social Care Act 2008

Where there is significant risk to human health, the local authority can apply for an order imposing restriction or requirements to protect against infection or contamination.

Anti-Social Behaviour, Crime and Policing Act 2014

Introduced Injunctions to Prevent Nuisance and Annoyance (IPNA) and Community Protection Notices.

Misuse of Drugs Act 1971 Section 8

A person commits an offence if, being the occupier or concerned in the management of the premises, he/she knowingly permits or allows production or supply of illegal drugs on their premises.

Protection of Property (National Assistance Act 1948)

The Local Authority has a duty to provide a service for people who are known to adult social care services and who have no relatives or friends willing or able to look after their home and personal property during periods of admission to hospital or residential care.

Powers of Entry

Powers of entry are available to the police, to Approved Mental Health Professionals (AMHPs) and to the Local Authority in specific situations.

Court of Protection

The Court of Protection can be asked to determine whether the person has the mental capacity to make a decision on a specific matter, and/or where they lack capacity, to decide what is in the individual's best interests.

Inherent Jurisdiction of the High Court

The inherent jurisdiction of the High Court can be used to protect people who have the mental capacity to make decisions but cannot exercise that capacity freely.

Interventions

The starting point for all interventions should be to encourage the person to do things for themselves. This approach should be revisited regularly throughout the period of the intervention. All efforts and the responses of the person to this approach should be recorded fully.

Efforts should be made to build and maintain supportive relationships through which services can be negotiated over time. 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.

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 district nurses, social work teams, the police and other public services and family members have led to improved outcomes for individuals. For example, 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.

As self-neglect is often linked to disability and poor physical functioning, a key area for intervention is often assistance with activities of daily living, from preparing and eating food to using toilet facilities. The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services, per support services, and advice regarding the persons income.

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.

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 make contact at any time in the future for services. 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.

In cases of animal collecting, partners 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, partners 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, consideration has to be given to the welfare of the animals and potential public health hazards.

Where the conditions of the home or dwelling are such that they appear to pose a serious risk to the adult's health from unsafe 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.

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 serious concern. In these instance partners 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.

Assessment of the person's situation

Self-neglect is a complex issue, and it is important to understand the person's unique circumstances and their perception of their situation as part of any assessment and intervention. If the risks relating to a person's self-neglect appears low, the usual adult support services will be the most proportionate and least intrusive way of addressing the risk of self-neglect, although it is important to monitor the situation and identify any escalation of risks. Any assessment of the persons situation by partners must include a completed self-neglect risk indicator assessment and assessment of need and risk (Self-Neglect). This will form the initial evidence for any escalation to a professionals meeting and/or safeguarding adults' procedures should the risk become 'high'. The pro-formas can be found in appendix 1 and appendix 2.

It is crucial to consider how to engage the person at the beginning of the assessment. If an appointment letter is being sent, careful consideration should be given to what it says and whether this is the best way to engage with the person. 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.

Home visits are important, and partners should not rely on reports by other people. Partners will need to use their professional skills to be invited into the person's home and observe for themselves the conditions of the person and their home environment. Partners should discuss with the person any causes for concern about their 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 impact of both their circumstances (i.e. being a victim of coercive control) and the decisions they are making. This should be explored in relation to the impact on themselves, and those around them (including any pets).

It is important that, when undertaking the assessment, partners do not accept the first, and potentially superficial, response rather than exploring more deeply into how a person understands and could act on their situation, and this may require more than one visit. Sensitive and comprehensive assessment is important in identifying capabilities and risks. It is important to look further and tease out the possible significance of personal values, past traumas and social networks.

In cases of hoarding, partners can use the clutter image rating scale as a useful guide to assess the level that the hoarding has reached and determine the next course of action, but this should not be a substitute for professional judgement.

It is helpful 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.

A case should not be closed simply because the person refuses an assessment or refuses to accept a plan to minimise the risks associated with the specific behaviour(s) causing concern.

When a person refuses assessments

In the case of an adult's repeated refusal, it may not be possible to carry out the self-neglect risk indicator assessment, assessment of need and risk (self-neglect), a full needs assessment (where appropriate), or provide any care and support. Case recording should evidence that all necessary steps have been taken to carry out the relevant assessments and that the steps taken were necessary and proportionate. Case recording should also evidence that appropriate information and advice has been provided to the adult, including how to access care and support in the future.

In circumstances where there is difficulty engaging the adult, it is important to distinguish between a situation where the person is unwilling to take part in the assessment, and one where they are unable to take part (i.e. due to coercive control).

If the adult has refused assessments, or is unable to take part, and they remain are at high risk of serious harm, a referral for a safeguarding enquiry must be completed.

Advocacy

At the start of a safeguarding 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 is likely to have 'substantial difficulty' in understanding and engaging in the Care Act Safeguarding Enquiry and/or section 9 care and support needs assessment, it is essential that there is an appropriate person to help them and, if there isn't, the worker must arrange an independent advocate.

Professionals' meetings

Where significant self-neglect concerns are apparent, it is essential that a professionals meeting is held, involving all the relevant agencies, the person themselves (wherever possible), and other members of the person's network such as an appropriate representative or advocate.

A professionals meeting will:

- linking services to meet people's complex needs;
- ensure all partners involved possess the full picture;
- pool information and assessments of risk, mental health and mental capacity,
- agree a risk management plan,

- consider legal options
- implement planning and review outcomes

The initial professionals meeting should normally be convened by, and chaired by, the agency most closely involved with the person, which has identified the issue of self-neglect. At this stage they will be considered the lead agency.

The purpose of a professionals meeting will be to consider the risks and the person's willingness to accept support and to agree an assessment of need and risk to address the issues raised. This plan should be clear about the roles and responsibilities of the various professionals involved and include timescales for actions to be completed. At the initial meeting the professionals will consider who will be the lead agency and lead professional moving forward. The lead professional will act as the continuity and coordinator of contact, they will ensure that onward referrals are completed in a timely manner. They will also chair subsequent professionals' meetings with action plans will be reviewed, risks with be discussed, and mitigations will begin to be actioned.

A date should also be set for a Review Meeting at the conclusion of every meeting, until such time that professionals meeting is no longer required. The reasoning for the discontinuance should be clearly recorded and communicated to the person, and all relevant professionals partners.

It is essential that all relevant agencies are aware of and involved in professionals meeting, and that information is being shared appropriately and plans are being agreed. Any concerns about lack of involvement by a particular agency or individual should be recorded and escalated through relevant senior managers. If there is a significant lack of co-operation which cannot be resolved, this should be escalated in line with the North Somerset Safeguarding Adults Board Escalation Policy.

When to Refer to Multi-Agency Risk Management (MARM)

When supporting an individual who is self-neglecting, in the first instance the agency/individual should follow the steps laid out in this protocol. However, there may be situations where the agency/individual has exhausted all attempts to mitigate the risks using the strategies outlined but the risk remains high and unmitigated. In these cases, it is appropriate for the agency/individual to refer the person to Multi-Agency Risk Management (MARM).

MARM is a pathway for professionals to follow where high levels of risk of harm to an individual have been identified and remain unmitigated but the risk does not relate to abuse or neglect by a third party, so may sit outside the statutory adult safeguarding protocol. MARM seeks to proactively discuss, mitigate or accept and plan system responses for a wider range of significant risks resulting from capacitated lifestyle choices.

For more information on how to refer to MARM please visit the North Somerset Safeguarding Adults Board website Multi-Agency Risk Management (MARM) | Adult Safeguarding Board (nssab.co.uk)

Inherent jurisdiction

Taking a case to the High Court for a decision regarding interventions can be considered in extreme cases of self-neglect, i.e. where a person with capacity is not consenting to interventions and is:

- at risk of serious harm or death, and;
- refuses all offers of support or interventions, or;
- is unduly influenced by someone else.

The High Court has powers to intervene in such cases, although the presumption is always to protect the adult's human rights. Legal advice should be sought before taking this option

Self-neglect and safeguarding inquiries

Where there is reasonable cause to suspect that an adult is unable to protect themselves from self-neglect or the risk of it as a result of their care and support needs, and the risk is high (an adult is considered to be in a chronic situation which poses a risk to their life AND/OR there is evidence of an increasing risk of significant harm to others), a safeguarding concern should immediately be triggered. This will also be the case where previous attempts to work in a multi-agency way (as set out above) have failed to produce a reduction in risk.

Any agency or individual that is concerned that the Self-Neglect Intervention Plan is not reducing risks to an acceptable level should raise a safeguarding concern.

The s.42 enquiry process will determine what action is needed, using the Joint Regional Safeguarding Adults Multi-Agency Policy and North Somerset Multi-Agency Safeguarding Adults Procedures.

Safeguarding Enquiries

With regards to self-neglect, the decision to prompt an Adult Safeguarding section 42 enquiry will be made on a case-by-case basis and depend on the person's ability to protect themselves. There may come a point when the person is no longer able to protect themselves without external support, thereby meeting the statutory criteria necessary to initiate an Adult Safeguarding process. The aims of statutory Care Act (s.42) safeguarding 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 and support the adult from self-neglect in accordance with the wishes of the 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

Any safeguarding enquiries or assessments that are made will need to be appropriate and proportionate to the individuals circumstances. Making Safeguarding Personal principles should always be applied.

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

Where an adult has died as a result of self-neglect, or has experienced significant harm, and there is concern about how agencies worked together, consideration should be given to whether a Safeguarding Adult Review (SAR) should be undertaken by the Safeguarding Adults Board, following the North Somerset Safeguarding Adults Review Protocol.

Safeguarding Plans

Where the risks to independence and wellbeing are severe (e.g. there is a risk to life or to others) and cannot be adequately managed or monitored through other

processes, it will be necessary to create a Safeguarding Plan. This will usually involve a range of agencies undertaking specific actions and retaining ongoing oversight and involvement.

Safeguarding plans should:

- be person-centred and outcome focused
- be proportionate to the risk involved & be the least restrictive alternative
- demonstrate multi-agency working and sharing of information
- have agreed timescales for review and monitoring of the Plan
- have an agreed safeguarding adults coordinator with responsibility to monitor and review the plan

All those involved should be clear about their roles and actions.

If the Safeguarding Plan is rejected by the person and the risks remain high, a Review Meeting may need to be brought forward to consider these issues and alternative options.

The Safeguarding case should not be closed just because the adult is refusing to accept the Self-Neglect Intervention Plan or Safeguarding Plan.

Data Protection

Good information sharing is essential in working with people who self-neglect.

The General Data Protection Regulations (GDPR), which apply from 25 May 2018, retain many of the concepts and principles found in the Data Protection Act (DPA). The Information Commissioner's Office (ICO) states that 'personal information should only be held for as long as it is necessary for the purpose for which it was originally obtained.'

However, while the GDPR places greater emphasis on the need to justify the rationale for retaining personal information, organisations will remain compliant as long as they are able to demonstrate why it is necessary to keep this information for safeguarding purposes as long as the lawful basis for holding this information remains.

Under Article 23, sharing data is permissible 'if there is a risk to an individual, or society, of … not sharing the information', but only 'where the restriction respects the

essence of the individual's fundamental rights and freedoms and is a necessary and proportionate measure in a democratic society to safeguard the protection of the individual, or the rights and freedoms of others.'

References and Further Reading

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Braye S, Orr D and Preston-Shoot M (2011) SCIE report 46: Self-neglect and Adult Safeguarding: findings from research. London: SCIE

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Naik AD, Lai JM, Kunik ME and Dyer CB (2008) Assessing capacity in suspected cases of self-neglect. Geriatrics, 63, 2, 24-31. Full text available online: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847362/

SCIE Self-neglect resources and services: https://www.scie.org.uk/atoz/?f_az_subject_thesaurus_terms_s=self-neglect&st=atoz

Acknowledgements

Thanks are due to the following organisations for sharing their Self-Neglect policies and procedures:

- South Gloucestershire Safeguarding Adults Board
- Oxfordshire County Council / RiPfA
- Bath and North East Somerset Safeguarding Adults Board

Appendix 1: Self-Neglect Risk Indicator Assessment Tool

Name:	DoB:	ID No:

Risk Indicator	Supporting evidence
History of crisis incidents with life threatening consequences	
High risk to others	
High level of multi-agency referrals received	
Non-engagement with agencies	
Risk of domestic violence	
Fluctuating mental capacity, history of safeguarding concerns /	
Financial hardship, tenancy / home security risk	
Likely fire risk	
Public order issues; anti-social behaviour / hate crime / offences linked to petty crime	
Unpredictable / chronic physical or mental health conditions.	
Serious concerns for health and well-being that require an immediate response	
Significant substance misuse	
The individual's network presents high risk factors.	
Environment presents high risks and hazards that could result in injury to self and / or	
History of a chaotic lifestyle	
The individual has little or no choice over vital aspects of their life, environment or financial affairs	
Others	

Appendix 2: Assessment of Need and Risk (Self-Neglect)

Name:	DoB:	ID No:

Description of home situation	
Engagement with essential activities of daily living (e.g. ability to use the phone / pendant alarm, shopping, food preparation, housekeeping, laundry, mode of transport, responsibility for medication, ability to handle finances).	
Functional and cognitive abilities of the person	
Family and social support networks	
Medical history, to include engagement with professionals, treatments and	
Mental health conditions or substance misuse issues	
Social history - to include any social care services offered / in place	
Environmental assessment, to include any information from family/professionals/others (this should include any environmental	
A description of the self-neglect and impact on the person's health and well-	
A historical perspective of the situation	
The person's own perspective about their situation and needs	

The person's own mental capacity in relation to risks identified (please list) and how this has been assessed (please consider the	
The willingness of the person to accept support	
The views of family members, health and social care professionals and other people in the person's network	
Assessor's conclusion and recommendations	

Appendix 3: Self-neglect professionals meeting draft agenda

1. Welcome and introduction

- Apologies
- Roles of agencies/professionals/individuals represented

2. Details of the adult at risk of self-neglect

- Confirm whether adult at risk is aware of safeguarding alert/procedures in place to manage concerns of self-neglect
- Views (if known) of the adult at risk, and the outcomes that they are seeking
- Agency involvement (in place/refused)

3. Details of mental capacity

- Decision(s) and associated risks and consequences against which mental capacity (including 'executive functioning') has been assessed
- How capacity assessment was carried out, when and by whom
- If mental capacity has been assumed, how has this assumption been reached?
- Any identified concerns
- Is a legal view required?

4. Assessment of risk indicators

- Agree severity of risks identified

5. Practical support and strategies to minimise the risks

6. Agree actions to manage risks and identify triggers for review

7. Communicating with the person at risk

- Agree who is best placed to talk to the adult at risk, empower them to make decisions and to take action

8. Agree Lead Agency / Lead Worker to co-ordinate ongoing work

9. Agree Self-Neglect Intervention Plan

10. Review - agree timescales for review

Appendix 4: Person at risk of self-neglect Intervention Plan

Adult at Risk: **Intervention Plan completed by:**

D.o.B: **LAS No:**

Age: **NHS No:**

Date of relevant referrals: **Date of Plan:**

Agencies consulted:

Dates of any multi-agency meetings:

Note: The agency with concerns is responsible for arranging an immediate professionals meeting to consider the risks and draw up an intervention plan in line with this policy.

1. Person's circumstances / background

Please describe the nature of the person's accommodation / daily living / support provided / nature of self- neglect etc

2. Person's views and capacity to consent to the Intervention Plan

What are the person's views on his / her situation? *(Does an IMCA or Care Act advocate need to be appointed?)*

3. Views of other significant people

This should include family members / other members of the social network / professionals.

4. Further relevant information

Please include details of whether this case has been considered under Safeguarding procedures and reasons given by Chair for their decision etc. *Also please consider family and social support networks / person's medical history (where relevant) / mental health issues etc.*

5. Risk identification and assessment

Please include 1. nature of risk(s). 2. Likelihood of harm and potential severity of harm.

6. Risk Reduction Strategies / Actions attempted or currently in place

What has already been tried? When? With what degree of success? What is the current Action Plan?

7. Unmanaged Risks and Seriousness of Risk

What risks remain and how serious are they?

8.Agreed Actions

Actions resulting from the professionals meeting:

	Action	***By Whom***	***By When***
1.			
2.			
3.			
4.			
5.			
6.			

9. Contact details of all those involved

Name	***Role***	***Contact Details***

10. Agreement to the Intervention Plan

Signed and Dated (Lead Worker): Service User: Line Manager: Family/Carer/Service Provider: Others:

11. Review Date / Time / Venue

Appendix 5: Self-neglect procedures flowchart

See Quick guide to self-neglect procedures to see points 2-4 reference below