Keeping Adults Safe
in Shropshire
Board

Guidance on responding to self-neglect

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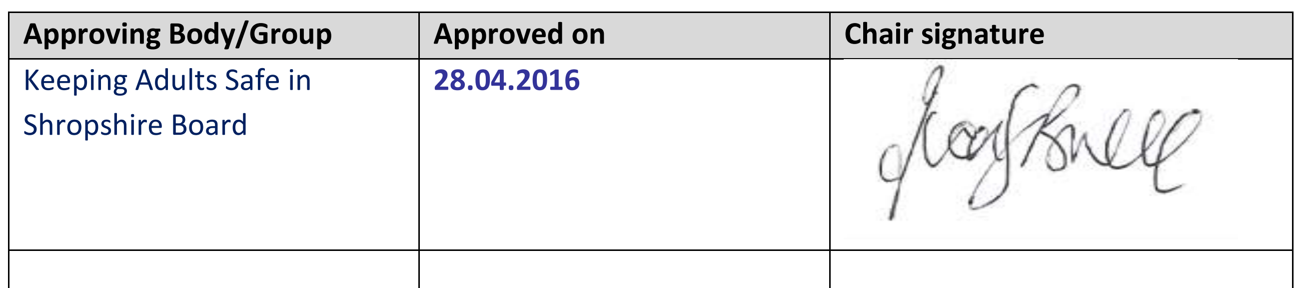

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1. Acknowledgements

1.1 With thanks to Warwickshire and Gloucestershire Councils and the West Midlands Regional Safeguarding Group, whose guidance and procedures for self-neglect have been adapted to produce this document.

2. About this document

2.1 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.

2.2 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.

2.3 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.

2.4 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.

3. Introduction

3.1 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.

3.2 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 a mental illness.

3.3 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.

3.4 Part of the challenge is knowing when and how far to intervene when there are concerns about self-neglect and a person with capacity makes a decision not to acknowledge there is a problem or to engage in improving the situation. 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.

3.5 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.

3.6 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. 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.

3.7 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.

3.8 However, improvements to health (both physical and psychological), 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.

Practice guidance

4. What is self-neglect

4.1 **Definition**

There is no one accepted and universally known definition of self-neglect. However 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 (also known as Senile Squalor Syndrome).

4.3. Characteristics of self-neglect

4.3.1 The following characteristic and behaviors are useful examples of potential self-neglect:

- 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 and excessive clutter 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 **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

5. Assessment

5.1 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 the assessment.

5.2 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. The usual standard appointment letter is unlikely to be the beginning of a trusting, professional relationship as it may be perceived as being impersonal and authoritative.

5.3 **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. The

assessment should include the person's understanding of the impact of a series of small decisions and actions as well as the overall impact. A partner agency fire safety checklist for the Fire Service should be completed at the visit (see appendix 3.)

5.4 Equally, repeat assessments might be required as well as ensuring that **professional curiosity** and appropriate challenge is embedded within an assessment. It is important than when undertaking the assessment the practitioner does not accept the first, and potentially superficial response.

5.5 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.

5.6 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.

5.7 Consideration should be given in complex cases 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.

5.8 Practitioners should use the "Keeping Adults Safe in Shropshire Board Guidance; Risk Assessment and Risk Management" 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.

5.9 It is important to take into account individuals' preferences, histories, circumstances and life-styles to achieve a proportionate and reasonable tolerance of acceptable risks.

5.10 Examples of information that could be useful are:

- 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 informally or professionally;
- Speaking to the adult’s family and informal network e.g. friends, neighbours, church as relevant;
- Speaking to the Police to find out what information they hold about an address as they get called to respond to a range of issues including situations deemed to be “anti-social behaviour” or “nuisance neighbour” issues but can turn out to be self-neglect;
- Speaking with the Fire Service Vulnerable Persons Officers to ascertain current and previous interventions including any historical fires or other emergency responses;
- Undertaking mental capacity assessments if needed;
- Holding a multi-agency planning meeting to share information and formulate a plan

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

6. Interventions

6.1 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 involvement. All efforts and the response of the person to the approaches should be recorded fully.

6.2 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 listen’s 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.

6.3 Often concerns around self-neglect are best approached by different services pulling together to find solutions. Co-ordinated actions by the Fire Service, housing officers, mental health services, Doctors, District Nurses, social work teams, the police and other public services and family members have led to improved outcomes for individuals.

6.4 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.

6.5 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.

6.6 The range of interventions can include occupational therapy, Home Fire Safety Visit from the Fire Service, domiciliary care, housing and environmental health services and welfare benefit advice.

6.7 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.

6.8 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. Animal collecting may be attributable to many reasons including compensation for a lack of human companionship and the company the animals may provide.

6.9 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 have the potential to impact neighbours affecting their health welfare or property, advice from Environmental Health and legal services should be sought and joint working should take place.

6.10 If as a result of hoarding and excessive clutter the practitioner thinks there may be a risk of fire they should seek advice from the local fire service. The Clutter Image Rating should be used by all professionals to give a standardised method of gauging clutter (see appendix 4.).

Procedure

7. Overview

7.1 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 experiencing self-neglect nor are 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 any risks.

7.2 The procedure for when a concern is received is summarised in three stages as follows-

(i) *New or unallocated cases* - Concerns relating to self-neglect will follow the usual local pathways in the first instance (e.g. assessment or re-ablement service).

(ii) *Allocated cases* - Self-neglect concerns relating to cases already allocated to a practitioner in the Local Authority should go directly to that practitioner in the first instance.

(iii) *Raising a safeguarding concern* – this should happen when all reasonable attempts have been made to assess and engage the person in meeting their health and social care needs **and** there is a risk to their independence, health and welfare and/or that of others.

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

8.1 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 an adult does not mean local authority compliance. The consequences of continuing risk should be explained and explored with the person.

8.2 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.

8.3 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.

8.4 **Even if the adult has capacity** to give consent, **action may need to be taken** if the risk to them and/or others (including Children) is significant enough or where it is in the public interest to take action.

8.5 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.

8.6 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. In such cases appropriate information should be given to enable to adult to make informed decisions, potentially enabling them to take action to avoid the necessity of legal intervention. Considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice and management approval. Consideration should be given to contacting the Police and Fire Service to see what information (if any) they known about the person and/or address. Appendix 1 lists the types of legislative remedies that might need to be considered.

Appendix 1: Possible legal interventions

Agency	Legal Power and Action	Circumstances requiring intervention
Environmental health	**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	Non engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders)
Environmental health	**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	Non engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)
Environmental health	**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	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)
Environmental health	**Litter Clearing Notice (Section 92a Environmental Protection Act 1990)** Environmental Health to make an assessment to see if this option is the most suitable.	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.
Police	**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.	Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb
Fire Service	**Powers of Entry Part 6 Section 44 The Fire and Rescue Services Act 2004** An employee of a fire and rescue authority who is authorised in writing by the authority for the purposes of this section may do anything they reasonably believe to be necessary. **Emergency access can be gained by FRS to prevent a fire**	This for the purpose of : - extinguishing or preventing the fire or protecting life or property; - rescuing people or protecting them from serious harm in a road traffic accident; - reacting in an emergency of another kind relating to the function of the fire and rescue authority; - preventing or limiting damage to

	or other emergency.	property resulting from action taken.
Housing	**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 person from engaging in anti-social behaviour.	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
Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA	**Animal Welfare Act 2006 Offences (Improvement notice)** Education for owner a preferred initial step, Improvement notice issued and monitored, If not complied can lead to a fine or imprisonment	Cases of Animal mistreatment/ neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met. See also: http://www.defra.gov.uk/wildlife- pets/.
Mental Health Service	**Mental Health Act 1983 Section 135(1)** Provides for a police officer to enter a private premises, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. NB. Place of Safety is usually the mental health unit, but can be the Emergency Department of a general hospital, or anywhere willing to act as such.	Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being • Ill-treated, or • Neglected, or • Being kept other than under proper control, or • If living alone is unable to care for self, and that the action is a proportionate response to the risks involved.
All	**Mental Capacity Act 2005** A decision can be made about what is in the best interests of a mentally incapacitated person by an appropriate decision-maker under the MCA. It is important to follow the empowering principles of the Act and ensure that any actions taken are the less restrictive option available.	A person who lacks capacity to make decisions about their care and where they should live is refusing intervention and is at high risk of serious harm as a result,

Local Authority	**NB:** Where the decision is that the person needs to be deprived of their liberty in their best interests, a **Deprivation of Liberty Safeguards (DoLS)** authorisation will be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the **Court of Protection** may be needed and legal advice should be sought.	

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 2: Procedure flowchart

Concerns about self-neglect

↓

Is the adult known to services?
If **known,** the agencies to whom they are known should follow this flowchart.
If **NOT known** then a referral to Adult Social Care should be made so they can follow this flowchart

↓

S9 needs assessment (incl. assessment of capacity if required)

↓

Implementation of support plan

↓

Person accepts support plan

Work with person and provide ongoing monitoring and review must be undertaken to ensure continued engagement and effectiveness.

Person rejects plan and remains at high risk of harm as a result
Person deemed unable to protect themselves from harm due to refusal of support?
If yes, **s42 enquiry begins**

↓

Raise Safeguarding Concern and undertake S42 enquiry

Appendix 3: Partner Agency Fire Safety Checklist

Agency Referral Form

This form is to be used to refer a client for a FREE Home Fire Safety Visit which may include the fitting of free smoke alarms.

Please tick the boxes where you have concerns

COOKING
- Concerns about cooking/housekeeping ☐

ELECTRICITY
- Appear to have overloaded sockets ☐

SMOKING
- Please write any concerns below ☐

CANDLES
- Inappropriately used ☐

HEATING
- Log burners/open fire ☐
- Portable heater ☐

SMOKE ALARMS
- No working smoke alarms ☐
- Unsure if smoke alarms are in working order ☐

OBSTRUCTED ESCAPE ROUTES
- Please write any concerns below ☐

Further comments

....

....

Client Details	**Agency Details**
Name	Agency..
Address..	Representative ....
....	Phone No ....
Postcode...	**Date** ....
Phone No...	

Please return to homevisit@shropshirefire.gov.uk
If you wish to speak to a Vulnerable Persons Officer: Tel 01743 260258
FAX 01743 260268

Clutter Image Rating: Kitchen

Appendix 4: Clutter Image Rating Score

Please select the photo that most accurately reflects the amount of clutter in your room

1

2

3

4

5

6

7

8

9

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Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room

1

2

3

4

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9

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Clutter Image Rating: Living Room

1

2

3

4

5

6

7

8

9

Please select the photo that most accurately reflects the amount of clutter in your room

ID #________Date ___________ Pre-tx HV1 S8 S12 S16 S20 Post-tx 3MO 6MO 1Yr

Rater: Therapist

Clutter Image Rating

Using the 3 series of pictures (CIR: Living Room, CIR: Kitchen, and CIR: Bedroom), please select the picture that best represents the amount of clutter for each of the rooms of your home. Put the number on the line below.

Please pick the picture that is closest to being accurate, even if it is not exactly right.
If your home does not have one of the rooms listed, just put NA for "not applicable" on that line.

Room   Number of closest corresponding picture (1-9)

Living Room ______
Kitchen ______
Bedroom #1 ______
Bedroom #2 ______

Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the CIR: Living Room pictures to make these ratings.

Dining room ______
Hallway ______
Garage ______
Basement ______
Attic ______
Car ______
Other Please specify: ______ Please specify: ______________________

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Personal Session Form

Initials: _______________ Session #:____ Date: ___________

Agenda:

Main Points:

Homework:

To Discuss Next Time: