South Gloucestershire Safeguarding Adults Board

Practice Guidance

Self Neglect

Adopted: September 2019
Review date: September 2021

Acknowledgements

This guidance draws on material, with thanks, from Gloucestershire Safeguarding Adults Board, Bath & North East Somerset Safeguarding Adults Board and North Somerset Council Safeguarding Adults Board.

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Introduction

This document provides guidance for dealing with concerns in relation to adults with care and support needs who self-neglect. It should be read alongside the South Gloucestershire Multi-agency Safeguarding Policy and Procedures.

There are various reasons why people self-neglect. Some people may make a conscious decision to live life in a way that may have an impact on their health, well-being or living conditions. Often people can be unwilling to acknowledge there may be a problem and/or be open to receiving support to improve their circumstances. They may have insight into their situation, or they may not; some people may have an underlying condition that impacts on their ability to self-care.

Part of the challenge when there are concerns about self-neglect is knowing when and how far to intervene, in particular if a person makes a capacitated decision not to acknowledge there is a problem or to engage in improving the situation. This is because 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.

Managing the balance between protecting adults from self-neglect against their right to self-determination is a serious challenge for workers. It calls for sensitive and carefully considered decision-making.

Dismissing self-neglect as a "lifestyle" choice is not an acceptable solution in a caring society.

In addition 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 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.

Sometimes 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. However, improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. This may include obtaining treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

What is Self-Neglect

There is no universally accepted definition of self-neglect. The Care Act Statutory Guidance 2019 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"

Models of self-neglect

Research agrees about the main characteristics of self-neglect and the approach practitioners should take when working with people who are felt to be self-neglecting. However, there is less agreement about the reasons why people self-neglect. It is often suggested to be due to a mix of physical, mental, psychological, social and environmental factors.

Indicators of self-neglect

Self-neglect is often defined across three areas:

Lack of self-care including:

- 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)
- eccentric behaviour leading to harm
- alcohol/substance misuse
- social isolation

Lack of care of the environment including:

- unsanitary, untidy or dirty conditions which create a hazardous situation that could cause serious physical harm to the person or others
- hoarding
- poor maintenance of property
- 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

Refusal of services that could reduce the risk of harm including:

- refusing prescribed medications
- declining community health care/support
- refusing help with personal hygiene from social/heath care personnel
- refusing to allow other professional interested in keeping the environment safe access to the property for appropriate maintenance (e.g. water, gas, electricity)

It is important to understand that poor environmental and personal hygiene may not necessarily be as a result of self-neglect. It could be the result of cognitive impairment, poor eyesight, functional or financial constraints. In addition, many 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.

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

Mental Capacity

Mental capacity is a key factor in the ways in which professionals understand self-neglect and how they respond in practice. See the Mental Capacity Act Code of Practice for more information about this.

Assessing mental capacity in connection to self-neglect

When assessing capacity in relation to self-neglect, the question to take into account is whether the adult has capacity to access help for their self-neglect. The assessment should consider:

- Does the adult understand they have a problem with self-neglect?
- 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, cook in their kitchen, etc.
- Can the adult retain the information given to them?
- Can the adult communicate their decision?

It is essential that any capacity assessment is clearly documented on case records.

Assessment

Self-neglect is a complex issue. It is important to understand the person's unique circumstances and their perception of their situation as part of any assessment and intervention.

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. The usual standard appointment letter is unlikely to be the beginning of a lasting trusting professional relationship if it is viewed as being impersonal and authoritative.

Home visits are important and practitioners should not rely on reports from other people. The practitioner will need to use 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 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 cumulative impact of a series of small decisions and actions as well as the overall impact.

It is important that when undertaking the assessment the practitioner does not accept the first, and potentially superficial, response rather than exploring more deeply how a person understands and could act on their situation. This may require more than one visit.

Sensitive and comprehensive assessment is important for 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 the practitioner should use the Clutter Image Rating Tool (Appendix 1) to assess the level that the hoarding has reached and determine the next course of action.

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 to reduce the impact on their wellbeing and on others.

In complex cases and where there are significant risks or lack of engagement, consideration should be given 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.

It is important to undertake a risk appraisal which takes into account individuals' preferences, histories, circumstances and life-styles to achieve a proportionate and reasonable tolerance of acceptable risks.

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.

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 by practitioners and the responses of the person to this approach should be recorded fully.

Efforts should be made to build and maintain supportive relationships so that 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.

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.

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.

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. The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.

Where agencies are unable to engage the person and obtain their agreement to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded on the person's case record, along 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 any changes in circumstances are monitored.

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 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 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 should be sought from Environmental Health and joint working should take place.

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. While a person's consent to involve the Fire Service should always be sought, it may be necessary to override their wishes if they are at risk of serious injury or death should a fire occur. Properties with large amounts of hoarded items also present a risk to neighbours and 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.

There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions, or their 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.

Safeguarding

Where it is determined that there is reasonable cause to suspect that the adult is unable to protect themselves from self-neglect or the risk of it because of their care and support needs, a Safeguarding Enquiry can be triggered. The enquiry process will determine what action is needed in each case.

Where an adult is engaging with and accepting assessment or services that will meet their care and support needs (including those relating to self-neglect) then they are not demonstrating that they are "unable to protect themselves". In these circumstances the usual adult assessment and support services will be the most proportionate and least intrusive way of addressing the risk of self-neglect. It is still important however, that the guidance set out above is followed, to ensure that all relevant agencies are aware of and involved in the case, and that information is being shared appropriately and plans are being agreed.

Undertaking assessments despite capacitated refusal

It will always be difficult to fully carry out an assessment where an adult with mental capacity is refusing. Practitioners should thoroughly record all steps that have been taken to carry out a needs assessment, including what steps have been taken to involve the person and any carer, and assessing the person's desired outcomes for their day to day life. They should also record whether the provision of care and support would contribute to the achievement of these outcomes.

In the case of an adult's on-going refusal or capacitated lifestyle choices, it may not be possible to carry out a full needs assessment or provide any care and support. Case recording should demonstrate that all necessary steps have been taken to carry out the assessment and that these were necessary and proportionate. It should also evidence that appropriate information and advice has been provided to the adult, including how to access care and support in the future.

If the adult has refused an assessment or services and remains at high risk of serious harm, consideration should be given to carrying out a Safeguarding enquiry.

Safeguarding Enquiry Objectives

The objectives of statutory Care Act 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 & 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.

Advocacy

At the start of an enquiry process, or at any later stage, 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 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. See the Care Act Statutory Guidance on Care Act Advocacy for more information on this.

What enquiries or assessments will be needed?

Whilst the practitioner is undertaking a Safeguarding 42 enquiry the information gathered will be feeding into a care 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 the practitioner and a relevant Line Manager. The enquiry could range from a conversation with the individual to a much more formal multi-agency arrangement.

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

Deciding what action is needed in an adult's case

Where there are concerns of self-neglect, 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 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

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 the level of risk or risk to others, including any children who could be affected.

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.

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 and others involved in the concern know how to easily get back in touch with the Council (or named person). Just because the person has declined support before does not mean they will in the future.

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.

Safeguarding plans

These should

- be person-centred & outcome focussed;
- be proportionate to the risk involved & be the least restrictive alternative;
- demonstrate multi-agency working and sharing of information;
- have agreed timescales for review & monitoring of the plan;
- have an agreed lead professional with responsibility to monitor & review the plan.

All involved should be clear about their roles and actions

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.

Appendix 1

Clutter Image Rating Tool

The Clutter Image rating Tool will enable the practitioner to assess what level the hoarding problem is at:

Images 1-3 indicate level 1
The Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances. Avon Fire & Rescue Service to carry out a Level 1 home Fire Safety Visit and share risk information.

Images 4-6 indicate level 2
The Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property. Avon Fire & Rescue Service to carry out a Level1/2 Home Fire Safety Visit with bespoke advice based on the risks present, consider assistive technology and share risk information.

Images 7-9 indicate level 3
The Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Avon Fire & Rescue Service to carry out a Level 2/3 Home Fire Safety Visit in a joint agency approach, consider assistive technology and share risk information.

Any agency wishing to utilise the support of Avon Fire & Rescue Service should contact the Vulnerable Adults Referral Advocate on 0117 926 2061

Clutter Image Rating: Living Room

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


1


2


3


4


5


6


7

8

9

Clutter Image Rating: Bedroom

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

1

2

3

4

5

6

7

8

9

Clutter Image Rating: Kitchen

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


1


2


3


4


5


6


7


8


9

Appendix 2

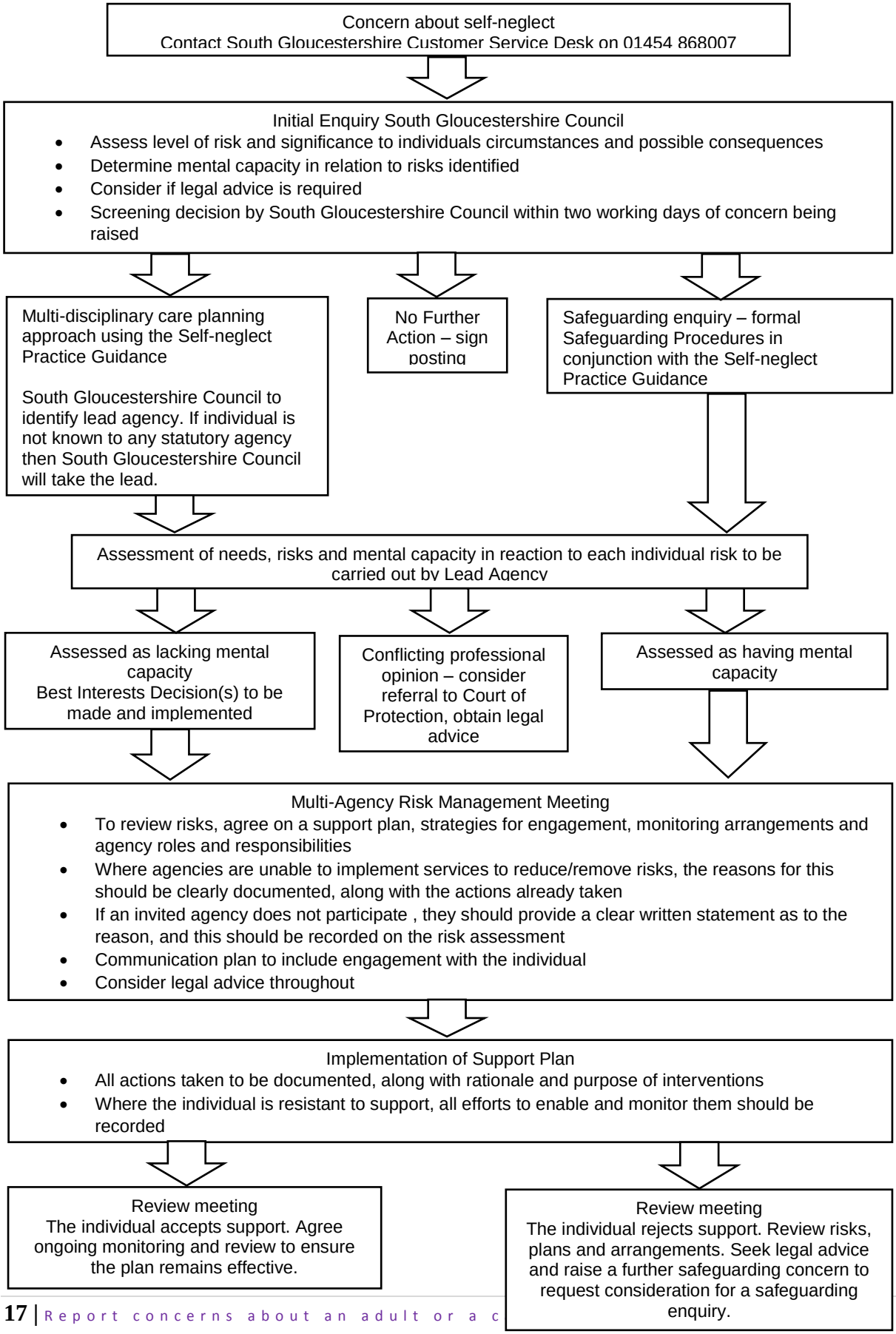
Professionals/Agencies that may need to be involved

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 Community Health Services
- Mental Health Services
- Legal Services
- Care providers
- Community Mental Health Services
- 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
- Police

Appendix 3

Self-neglect Process Flowchart



Appendix 4

Self-neglect Risk Assessment Tool

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 interventions	
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 health monitoring in place)	
A description of the self-neglect and impact on the person's health and well-being	
A historical perspective of the situation	
The person's own perspective about their situation and needs	
The person's mental capacity in relation to risks identified and how this has been assessed (consider the person's 'executive functioning')	
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	

Risk Indicator	Supporting evidence
History of crisis incidents with life threatening consequences	
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 / exploitation	
Financial hardship, tenancy / home security risk	
Likely fire risk	
Public order issues; anti-social behaviour / hate crime / offences linked to petty crime	
Unpredictable / chronic 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 others, a health risk or possible eviction	
History of a chaotic lifestyle	
The individual has little or no choice over vital aspects of their life, environment or financial affairs	
Others	
Assessor's conclusions and recommendations	