SELF NEGLECT GUIDANCE

1. Purpose of this guidance

1.1 The purpose of this guidance is to provide clear pathways for agencies to follow when providing support to individuals who self-neglect. It sets out the levers which different agencies may have at their disposal to provide tailored support to individuals on a case by case basis.

2. Definition of Self-Neglect

2.1 Self-neglect is any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm or substantial damage to or loss of assets.

3. Values

3.1 Barking and Dagenham Safeguarding Adults Board acknowledge that managing the balance between protecting vulnerable adults from self neglect against their right to self determination is a serious challenge for the public services.

3.2 Not all Safeguarding Adults Boards’ policies and procedures contain reference to self-neglect; partly because the current definition of abuse relates to harmful actions by someone other than the individual at risk. However, research indicates that the line between self neglect and safeguarding can be blurred for a number of reasons:

- In terms of when the duty to care and culpability for failing to care for someone else sets in;
- Self neglect is believed to be a risk factor for and a consequence of other types of abuse.
- Fears about long-term care too often drive adults at risk to stay in environments where they can no longer properly care for themselves or worse.
- Improving how we identify and respond to abuse in many cases also will improve how we identify and respond to self-neglect, for example, through better interventions, training, research, and public awareness. Thus, most efforts relating to abuse have a direct bearing on self-neglect as well.

3.3 Therefore, the Barking and Dagenham Safeguarding Adults Board recognise that there is often a relationship between self-neglect and safeguarding and we will be most effective if we acknowledge the relationship and work together, as we do in relation to safeguarding adults from abuse and neglect, to provide support to individuals who present as self-neglecting.

4. Types of Self Neglect
4.1 Self-neglect covers many types of behavior they include the neglect of:

- Physical living conditions (denoting inability to care for self or environment)
- Mental health
- Financial issues
- Personal living conditions (linked to the notion of lifestyle choice)
- Physical health
- Social network
- Personal endangerment

4.2 The ways in which self-neglect may manifest itself are very diverse, however, typically self neglect may appear as poor living conditions, hoarding, refusal of medical treatment, neglect of care needs, self harm and /or substance misuse.

4.3 An individual’s self-neglect may also pose risk to third parties such as dependents, neighbours and in some instances the wider community. Obvious signs are for example when a service user is not eating properly, a lack of cleanliness in self-care, unkempt hair, wearing dirty clothes etc.
**Self- Neglect Flowchart**

**Principles:** agencies must ensure that due diligence has been achieved in the taking of steps and consideration of any other alternatives before action is taken to remove a person from their home against their wishes by use of any legal powers that may be available.

**STEP 1:** Individual at risk of Self-Neglect identified  
(See 5.4 Initial actions to be considered)

**STEP 2:** Is he/she known to services?

- **Yes**
  - Collate all information held, including last contact / identify service area / diagnosis / active family members / support network / GP / existing risk assessments, etc
  - Consider access issues
  - Set Multi Agency Professional Meeting

- **No**
  - Gather information
  - Plan initial visit to assess the situation/ possible joint visit with referrer, identify family members / support network, etc.
  - Consider access issues
  - Set Multi Agency Professional Meeting

**STEP 3:** Multi Agency Professionals Meeting

- Assess and agree the initial risk of harm (including Clutter Rating Tool (See 5.3) if appropriate)
- Formulate Risk Management Plan
- Discuss possible support / treatment plan
- Identify other professionals / family required to achieve holistic view of situation
- Preparation for mental capacity assessment
- Set review date / timescales
- Agree Lead Agency - Children & Families / Adult Mental Health / Learning Disability / Adult Social Services / Environmental Health / Police / Fire Brigade etc
- Document decisions / actions agreed in appropriate system and distribute minutes

**STEP 4:** Review Meeting

There may need to be multiple review meetings depending on the complexity of the case.
Mental Capacity/ Self Neglect Flowchart

**Principles:** Agencies must ensure that due diligence has been achieved in the taking of steps and consideration of any other alternatives before action is taken to remove a person from their home against their wishes by use of any legal powers that may be available.

---

**Does the person have capacity in respect of the specific situation?**

**Yes**

- Consider re-assessment at set times
- Set thresholds
- Prepare report for legal department seeking advice on options which may be various and dependent upon whether individual concerned resides in local authority / housing association / private

**Consider use of Mental Health Act 1983**

To discuss at Multi-Agency Professionals meeting and co-ordinate Mental Health Act assessment if agreed

**No**

- Consider use of Mental Capacity Act 2005
- Convene Best Interests Meeting
- Consider use of Independent Mental Capacity Advocate
- Consider Deprivation of Liberty Safeguards
- Discuss with Legal Dept. in respect of preparing for any COP application or inherent jurisdiction if fluctuating capacity

---

**Decision made to seek application to remove person by use of any legal powers:**

- Relevant clinical team leads in event MHA applications pursued
- Legal Services pursue relevant Order from relevant jurisdiction

---

**Order provided:**

**Yes:**

Co-ordinate approach / intervention i.e. identify place of safety / medical treatment / securing of property, etc.

**No:**

Convene additional meeting to set thresholds / timescales for monitoring etc.
5. Identification

5.1 The first step should be for the concerned professional to identify whether self-neglect is present and if so to set a multi-agency professional meeting.

5.2 The questions listed below are designed to be used by the concerned professional to ascertain if self neglect is an issue. It is important to note that a temporary decline in self care could also be the sign of a medical condition including a mental health condition or dementia. It could be a reaction to a recent bereavement etc.

<table>
<thead>
<tr>
<th>Initial Questions to ask</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any immediate risks to the service user or others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the service user capacity to make decisions around self-neglect? *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are other professional already involved? Who are they?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What are the views of people who know her/him?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has there been a recent deterioration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a medical diagnosis been confirmed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any safeguarding concerns?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are children involved?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any known Mental Health problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are pets involved?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* It should be assumed that every person has the capacity to make decisions, unless it is established that they lack capacity. It is also imperative that any capacity assessment is in relation to the specific decision being considered. Any test of capacity must be with regard to that particular decision alone. This means that a person may be able to make decisions about one aspect of their life, but may lack capacity in another. In cases of hoarding, focus on the decision making processes for this aspect.

5.3 If the concerned professional suspects that an individual is hoarding the Clutter Rating tool (overleaf) should be used to identify what level of hoarding is present.

5.4 Initial actions to be considered:
- Respond to any immediate risk. (removal from insanitary housing under sec 47 of the national assistance act, arranging a cleaning of the property if required and agreed, liaise with GP and other health professionals, make sure you have the service user’s consent).
- Complete a social care assessment and check eligibility for services
- Identify other involved individuals and teams, make contact with them as appropriate and find out what their input is/has been.
- Identify any relatives or informal carers.
- Record the involvement accurately. Also records any fruitless attempts to offer support.
- When children are involved: consider referral to children and families.

Note: Please bear in mind that agencies are recording on different systems: AIS, FLAIR, CIS, ANITE, CAPITA, RIO etc. You don’t necessarily get a full picture from your own recording system.

### 5.5 Convening a Multi-Agency Professionals Meeting

Once self neglect is identified the concerned professional should arrange a multi-agency professionals meeting.

Depending on the nature of the case the following professionals/agencies should be considered:

- Any other social worker who is involved with the case
- Mental Health Services
- Housing
- Environmental health
- District nurse
- Community matron
- GP
- Fire Service
- Safeguarding Adults Team
- Safeguarding lead for the NHS
- Police
- Substance Misuse Services
- Children’s Services
- Anti Social Behaviour Team

It has been agreed that there doesn’t need to be a set agenda for the meeting however it is important that agencies are informed in advance of the meeting of the details of the subject, so that checks can be made in advance. It is also important that actions arising from the meeting are recorded in minutes and that these are circulated within ten days of the meeting.
The Department or agency with the concern should initially lead the case, however the lead Department should be kept under review as it may need to change when it is agreed which Department is best placed to apply powers and/or duties from legislation. It is important that all involved can share their impressions and experiences with colleagues. Look out for any positive aspects. You may find that a particular worker or a particular team has been more successful in engaging with your service user than others. You may want to set up a rota to make regular contacts. Outcomes should be written up and sent to all involved. There is no set timeframe for the casework, no case is like another. However, you may find it useful to plan an involvement within a certain timeframe.

5.6 Maximising successful outcomes

With permission of the individual, where family or friends are already involved, and willing to co-operate, their assistance can be valuable, however this may raise tensions. Our priority has to remain on engaging the client personally, wherever possible.

Where the individual is already engaging with a support service it would be practical to work alongside this existing arrangement, especially where the individual has already established relationship, as individuals can at times be mistrustful of new services intervening.

Where the Individual is not currently engaged, but appears willing to accept assistance, it is important that time is dedicated to allowing the individual to establish a positive relationship with the worker.

Where support is offered and refused, it is important to note this in your records, as this may be crucial evidence later, if legal action should be required.

Where the individual requires support to manage the clearance of cleaning of their property, it may be possible to help them to plan and manage their own clearance, or engage with an organisation that can assist them. The involvement of the individual in the process can be more time-consuming, but can be more successful in the long term.

Prioritise what needs to be accomplished first e.g. clearing a room that houses a boiler with an outstanding safety check, or re-establishing cooking and washing facilities.

5.7 Enforcement

In some cases enforcement action may be required. This may be in the form of an Enforcement Order, Warrant or Possession Order, to:

- Gain access to the property
- Examine/execute necessary work
- Gain possession of the property

This action would usually only be taken where:
- Other action has been attempted and refused or failed
- There are limited options available due to the tenure of the property, or the status of the individual
- The case poses serious and immediate risks that require a legal resolution.

5.8 Post intervention support

- Support package
- Domiciliary or healthcare package
- Counselling
- Cognitive behaviour therapy
- Assistance with moving home or property adaptation
- Power of Attorney or authorised advocacy provision

5.9 Useful Contacts:

<table>
<thead>
<tr>
<th>Contact List:</th>
<th>telephone</th>
<th>email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Social Care</td>
<td>020 8227 2915</td>
<td><a href="mailto:intaketeam@lbdd.gov.uk">intaketeam@lbdd.gov.uk</a></td>
</tr>
<tr>
<td>Housing</td>
<td>020 8215 3002</td>
<td><a href="mailto:3000direct@lbdd.gov.uk">3000direct@lbdd.gov.uk</a></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>0208 227 5296</td>
<td><a href="mailto:Louise.McDermott@lbdd.gov.uk">Louise.McDermott@lbdd.gov.uk</a></td>
</tr>
<tr>
<td>NELFT(named nurse) Ann Hamlet</td>
<td>020 8522 9640</td>
<td><a href="mailto:ann.hamlet@nhs.net">ann.hamlet@nhs.net</a></td>
</tr>
<tr>
<td>Safeguarding Adults Team</td>
<td>0208 724 8857</td>
<td><a href="mailto:SAQualityAssurance@lbdd.gov.uk">SAQualityAssurance@lbdd.gov.uk</a></td>
</tr>
<tr>
<td>Childrens services</td>
<td>020 8227 3852</td>
<td><a href="mailto:childrenss@lbdd.gov.uk">childrenss@lbdd.gov.uk</a></td>
</tr>
<tr>
<td>Community Mental Health Team</td>
<td>0844 600 1016</td>
<td>n/a</td>
</tr>
<tr>
<td>Barking &amp; Dagenham Access and Assessment Team</td>
<td>0844 600 1038</td>
<td>n/a</td>
</tr>
<tr>
<td>London Fire Service</td>
<td>020 8555 1200</td>
<td>n/a</td>
</tr>
<tr>
<td>ext 33001</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 1:

CLUTTER RATING TOOL
Clutter Rating (KEY: 1-3 LOW, 4-6 MED, 7-9 MED)

Courtesy of: Professor Randy O Frost, Smith College, Department of Psychology as Cited in Lewisham Protocol.