Wiltshire Safeguarding Adults Board

Multi-Agency Guidance:
Self-Neglect

January 2019

Contents

The Wiltshire Safeguarding Adults Board would like to thank Dorset, Manchester, Warwickshire, Worcestershire, Somerset, Torbay, Newcastle and Swindon Safeguarding Adults Boards, whose self-neglect guidance have been adapted to produce this document.

1. Introduction

This document has been written by Wiltshire Safeguarding Adults Board (WSAB) as a result of a recently completed Safeguarding Adults Review (SAR), in which self-neglect featured heavily. The SAR (Adult A) can be accessed here http://www.wiltshiresab.org.uk/safeguarding-adults-reviews/ and is summarised below:

Case study – Adult A

Adult A (aged 84), was admitted to hospital in December 2015 after paramedics found her on the floor of her flat. They raised a safeguarding alert about the condition of the flat, which indicated possible self-neglect. Adult A was admitted to an intermediate care bed and then discharged home. In mid-January 2016, Adult A activated her care line. The paramedics found Adult A in a situation of serious self-neglect, sitting in a cold, dark flat and she was severely hypothermic. There was no fresh food in the flat and Adult A had not been taking her medication. Adult A died in hospital the following day.

At the time of death, Adult A was suffering from hypothermia, bronchopneumonia, left ventricular hypertrophy, hypertension, diabetes, kidney disease and dementia. The coroner concluded that Adult A would not have died at that time had she not been discharged home, alone.

The SAR identified that a greater understanding of self-neglect in vulnerable adults was needed amongst professionals in Wiltshire, and that practitioners would also benefit from clarification about their responsibilities in this area.

This document is designed to provide clear guidance for all those in Wiltshire whose role brings them into contact with people who self-neglect, or who may be at risk of self-neglecting. This includes people who knowingly self-neglect and want to address this, as well as those who do not recognise their self-neglect and its effects. We hope this guidance will help you to:

- **define different types of self-neglect**
- **feel confident in identifying self-neglect**
- **know what you can do to support people who self-neglect**
- **know your responsibilities when working with someone who self-neglects**

We also want to address the difficult balance that those working with self-neglect need to strike, between the **duty to safeguard adults at risk** and an **individual's right to make their own decisions** about their own lives. Conflict can also arise when an individual's rights may be in direct conflict with the interests of the wider community, when their home environment or presentation causes a risk to others for example.

Point to consider - Rural Wiltshire

Wiltshire is a county with large rural areas, which can exacerbate self-neglect or make it harder for people to access support services. The relative lack of public transport may increase social isolation, or make it more difficult for people to access essential services, both of which may increase the likelihood of self-neglect. It may also mean that self-neglect is less visible, due to there being fewer people around to notice when someone is struggling, compared to more urban areas.

Professional curiosity

Learning points from SARs across the country tell us that professionals could and should have been more professionally curious, an essential skill for effective safeguarding practice with vulnerable people of all ages. Professional curiosity is defined as:

the capacity and communication skill to explore and understand what is happening within a family, rather than making assumptions or accepting things at face value.

Professional curiosity also involves keeping an **open mind** and applying **critical evaluation** to any information received, whilst maintaining an open and **honest relationship** with the individual at risk. It requires holistic thinking, looking at how all factors in a person's life impact on each other, and not necessarily thinking in a way that is restricted to your usual professional role.

Accumulating and considering evidence from a range of sources can better provide the context necessary to make effective decisions about how best the individual can be supported. This, in turn, more accurately identifies risk, and therefore it is a vital part of effective safeguarding practice for everyone.

Working in a professionally curious way	
Spend time engaging with individuals and family members. Although this requires a greater investment of time initially, it may mean that you gather a greater quality of information, therefore enabling more appropriate safeguarding decisions and actions.	Don't presume. Try and glean specific information e.g. 'who lives here?', 'where does everyone sleep?', 'how do you get to medical appointments?' etc. It is important to seek clarity if you're uncertain, to accurately assess risk.
Always keep an open mind to any information you receive that challenges your original assumptions, and incorporate this into your assessment of what life is like for the individual.	Don't be afraid to ask questions, ensuring that you do this in a friendly and non-judgemental way. It is important that the individual doesn't feel criticised, but rather that they appreciate you are just trying to get to know them and understand their specific situation.
Ask yourself: ▪ How might I…? ▪ What if there was another possibility? ▪ What other resources are available that I haven't used? ▪ Who else has the skills I don't, which might help here?	Don't ignore or discredit information that doesn't fit with your original assessment. It is vital to consider all information that might help us understand what life is like for the individual, and accept that the course of action taken to safeguard the person may need to change depending on the information you receive.

2. What is Self-Neglect?

2.1. Definition

The Care Act (2014) has the following definition of self-neglect:

> "…a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding".

Self-neglect may occur for a range of reasons including:

- a deterioration in cognitive skills
- personal values
- decreasing social networks
- abuse or neglect by others
- a physical or mental health deterioration
- level of mental capacity
- financial hardship

This is by no means an exhaustive list. Self-neglect presents a great challenge for professionals due to its complex nature. Many people who self-neglect may lack the ability and/or confidence to ask for help and may not have anyone to speak on their behalf.

To help us understand this subject further, research has identified **three distinct forms of self-neglect**:

1. a lack of **self-care**
2. a lack of care of one's **environment**
3. a **refusal of services** that could alleviate these issues

These are set out in Section 4 below, along with some key indicators that will help you identify them, and some guidance on when it is appropriate for agencies to intervene. This guidance aims to provide some consistent advice across agencies in Wiltshire on how to detect self-neglect and, when identified, how to manage this to reduce harm.

2.2 Hoarding

Hoarding is classed as a type of self-neglect due to the impact it typically has on a person's living conditions. Wiltshire Council have recently developed a **Hoarding Protocol** (July 2018) which offers the following explanation of hoarding:

> **Hoarding** is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for which they are designed.
>
> Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. A person with a hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs.
>
> Hoarding is a standalone mental health disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. Hoarding can also be a symptom of other medical disorders. Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a hoarder and a collector is that people who hoard have strong emotional attachments to their objects which are well in excess of their real value.
>
> Wiltshire Council Hoarding Protocol (July 2018)

You can access Wiltshire's hoarding protocol here: http://www.wiltshiresab.org.uk/wp-content/uploads/2018/08/Final_Hoarding_Protocol-with-appendices.pdf

If you would like to know more about different models of self-neglect, or about the theory behind work on self-neglect, please see the South West Local Safeguarding Adults Board Chairs' best practice guidance.

3. Mental Capacity and self-neglect

3.1 Using the Mental Capacity Act (2005)

Establishing whether someone has the **mental capacity** to make decisions relating to their self-neglect is a challenge for all professionals. This is especially difficult when the person is making decisions which professionals believe are putting them at greater risk of harm. It may be difficult to distinguish between whether a person is making a life choice to live in a way which may be considered unwise, or whether the person lacks the mental capacity to make this decision in the first place.

The Mental Capacity Act (2005) has the following principles:

- Mental capacity must be assumed unless it is otherwise established that the person lacks capacity.
- Until all practicable steps have been completed to help a person make a decision, without success, they should not to be treated as unable to make that decision.
- An assessment of capacity must be done on a **specific decision**, not an over-riding assessment for every decision in an individual's life.
- A person is not to be treated as unable to make a decision merely because the decision they make is considered to be an unwise one.
- Before the act is done, or the decision is made, it must be considered whether there is another way to fulfil the same purpose for which the decision is needed, that is less restrictive of the person's rights and freedom of action.
- Anything done, or any decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their **best interests** (see below for more information).

A person is considered unable to make a decision for themselves if they are unable to:

- **understand** the information relevant to the decision
- **retain** that information
- use or **weigh that information up** as part of the process of making the decision
- **communicate** their decision whether by talking, using sign language or any other means.

Best interest decision-making

Where it is assessed that a person does not have mental capacity, 'best interest' decision-making should be used. This means that the person's best interests should always be the over-arching consideration when making a decision on someone's behalf. To help with this, thought should be given to the following (please note that this is not an exhaustive list):

- **involve** the individual as fully as possible.

- **consult** as far and as widely as possible with people who know the individual well, to gather information about what they believe is in the person's 'best interest'.
- ensure you **do not make assumptions** about what is best for someone merely based their age, appearance, sex or ethnicity.
- consider all **circumstances** relevant to that specific decision.
- consider, in your experience of the person, are they likely to **regain capacity**? If so, can this decision wait?
- consider the individual's current wishes and feelings, and also any **past beliefs** and values that you know of, which may influence the decision.
- Consider whether anyone has **Power of Attorney** for the person. If so, they should be consulted before any decisions are made as they will be acting on behalf of the individual. They are also likely to know the individual well, therefore may be more able to consider what the individual would have decided, if they were able.

In cases of serious self-neglect, a referral to Wiltshire Adult Multi-Agency Safeguarding Hub may be appropriate in order to have the legal backing to make decisions on someone's behalf, to keep them safe. It may be decided that **Deprivation of Liberty Safeguards (DoLS)** authorisation is necessary, particularly if the individual lives or needs to live in a care home, or is staying in hospital. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, a referral to the **Court of Protection** may be needed in order to remove someone from their home under the Mental Capacity Act (2005). Legal advice should be sought about whether the **Mental Health Act (1983)** is also appropriate (see Appendix 1).

3.2 Executive Capacity vs Decisional Capacity

It may be necessary to differentiate between:

- **Decisional capacity:** a person's ability to ***make*** a decision, in their own best interests.
- **Executive capacity:** a person's ability to ***act*** on a decision, in their own best interests.

Individuals may make specific decisions with capacity but, when these decisions are considered as a whole and over the long-term, they may create a situation that the person would not have chosen for themselves, and which is threatening to their health and wellbeing. Even if the person retains capacity, risks may escalate to a level at which their health and wellbeing are under threat. In this case, the person's needs should be monitored and reviewed regularly to ensure they are safeguarded from any harm resulting from their self-neglect. Self-neglect is a complex issue requiring long-term investment from professionals, very close inter-agency working and ongoing risk assessment.

3.3 Assessing risk in cases of fluctuating capacity

Some conditions mean that certain individuals can present with fluctuating capacity. A Mental Capacity Act assessment must only examine a person's capacity to **make a specific decision at a specific time.** It may be possible to put off the decision until the person has the capacity to make it. Practitioners may also wish to complete a risk assessment with individuals when they have capacity, looking at what the risks are when they lack capacity. For example, when someone is under the influence of alcohol, how do the risks change? This will help all agencies better manage risk when at times when the individual lacks capacity.

3.4 Refusal of services despite mental capacity

If someone has been deemed to have mental capacity, and is refusing treatment or services, it may be very difficult to complete a full assessment of their needs. As well as following guidance on effective recording (see section 4), practitioners should ensure that

appropriate information and advice is given to the individual on how to access care and support should they change their mind.

In cases where an adult deemed to have mental capacity remains at high risk of harm after refusing services, and all other options for support have been exhausted, a **High-Risk Behaviour Meeting** should be considered (see section 4.2 below). The individual should always be informed if this happens, unless it is felt that doing so would put them at an even greater risk.

4. What can you do to support someone who is self-neglecting?

4.1 How to spot the signs of self-neglect

How you respond to self-neglect depends of the level of risk or harm identified to the individual, as well as their neighbours, the wider community and to any professionals who are working with them. Below is a table setting out examples of each of the types of self-neglect. The table also gives some guidance on when it may be considered appropriate for agencies to intervene. Please note that the examples given here are not an exhaustive list. The Risk Assessment tool (Appendix 2) provides a more detailed guide to self-neglecting behaviours and the impact this may have on a person's safety.

Lack of self-care	Lack of care of one's environment	Refusal of services that could alleviate these issues
Poor hydration, diet and nutrition, evidenced by little or no fresh food in the fridge. Not seeking medical attention when needed. Not maintaining good personal hygiene e.g. not showering, not cleaning teeth. Not changing or washing clothes often enough. Extreme distress due to their inability to manage essential self-care tasks, or feelings of shame/being overwhelmed. Not actively managing money, resulting in debts, unpaid bills or essential services being cut off.	Living in very unclean, circumstances, e.g. a toilet completely blocked by faeces. Infestations of vermin or insects. Neglecting household maintenance and therefore creating hazards e.g. outstanding gas checks, not fixing faulty appliances. Obsessive hoarding. Property may be structurally unsound because of self-neglect issues. Not cleaning up after household pets.	Not agreeing to treatment or care by practitioners in relation to personal hygiene. Declining or refusing health support (e.g. not taking prescribed medication or going to medical appointments). Person now requires medical attention for preventable conditions. Person unable to keep up with basic household tasks and refuses support attempts e.g. cleaner, offers to take them shopping for fresh food. Aids or adaptations are refused. Refusal to engage with Dorset & Wiltshire Fire

		and Rescue Service for the safe means of escape in case of fire.
When to intervene in cases where the individual is reluctant to engage		
Hospitalisation is likely e.g. extensive skin ulcers, dehydration, malnutrition or untreated / unmanaged health conditions or injuries. A pattern of a person requiring medical treatment for preventable conditions as a direct result of self-neglect. The person is experiencing extreme distress as a result of their self-neglect. There is an adverse effect upon a person's mental health. Including distress caused by the person's recognition of a problematic home environment e.g. feelings of shame or being overwhelmed. A person is unable to participate in usual social activities due to their self-neglect.	The living environment poses significant risk to health, pending enforcement under Environmental Health legislation (Wiltshire Council Public Protection). The individual is at risk of losing tenancy due to the level of self-neglect. Essential support services cannot be provided due to risk to workers entering the property. Rough sleeping in adverse weather conditions.	Person is isolated from other people, professionals and family/friends. There are minimal opportunities for checking on the person's welfare, due to their lack of engagement with services. Health conditions are worsening as a direct result of the refusal of services.

High Risk Professionals' Meetings (HRPM) have just been launched in Wiltshire, following their successful use in other areas of the U.K. They can be called when:

- *all* other avenues of support have been exhausted
- there are still major concerns about a person's safety, due to their own behaviour
- the adult is believed to still have mental capacity

Here, professionals from health, social care, the police, housing and other relevant agencies are brought together to share the concerns associated with the adult's high risk behaviours, and then develop am action plan to mitigate the risks. Ideally this meeting should also include the adult, their family members and any friends who have a legitimate and supportive relationship with the adult. Please see here www.wiltshiresab.org.uk/professionals/ for further guidance.

4.2 Guidance for all levels of risk

If the individual refuses to engage

Sometimes, it may be very difficult to get an individual to engage with services. As workers, we may not know the reasons behind this lack of engagement but it is our duty to try as much as is reasonably possible to engage with someone, and be as flexible as we can in the ways that we do this. Working in this **solution-focussed** way may require some creative working, and as much effort as possible should be made to tailor your approach to the individual's needs and circumstances.

For example:

- could you go on a **joint visit** with someone that the individual does engage with, who they trust and feel comfortable with? This could be a family member, friend or another professional.
- could you **contact other professionals** that the individual sees (such GP, day centre workers, cleaner, etc.). Do they have any suggestions about how best to engage with the individual? Would the person engage with a fire safety assessment from the fire brigade that you could go along to?
- **taking something** as a positive introduction can help. Has a piece of equipment been suggested for the person? If the individual has meals delivered, could you go at the same time as the delivery?
- Ask others about the adult's **interests and hobbies** to find something that might engage them, thinking creatively about how this could be incorporated into your work, or the work of other agencies.
- Consideration should also be given to things that you know have **succeeded in the past** with this adult, as this may have the same outcome if tried again.

Without right of access, there is no other way of engaging with someone who chooses not to. However, if there are significant concerns you may need to visit someone alongside the police. Local PCSOs often have a good relationship with the community and may know the person. The police can also gain entry if there are significant concerns for the individual, and every other method of engagement has been attempted without success.

Be persistent

The nature of self-neglect cases means there is an increased likelihood that the person may refuse support when it is first offered. In conjunction with being flexible and creative, professionals may need to repeatedly try to work with a person to reduce risks. Your organisation will have its own guidelines on how many opportunities it gives adults to engage with its staff, but initial non-engagement should not result in no further action. Support should be offered again later, particularly where risks may have changed.

Point to consider
If you are faced with **repeated low-level concern**s over a **short period**, this could mean the situation is more dangerous than it initially appears. Consider whether more support is needed to ascertain a wider picture of the adult's situation on a daily basis.

Defensible decision making

It is important that any decisions made in relation to a vulnerable adult are properly recorded so that, in the event of a challenge, there is a clear written pathway explaining how and why each decision was made.

This provides assurances that:

- All reasonable steps have been taken.
- Reliable assessment methods have been used.
- Information has been collated and thoroughly evaluated.

- Decisions are recorded and communicated accurately and effectively.
- Applicable legal requirements, policies and procedures have been followed.
- An investigative, professionally curious and proactive approach has been used.

Best practice recording guidelines

- At every step and stage in the process record
  - date and time of the visit/call/decision
  - significant decisions made in supervision with your line manager
  - details of the situation, clearly distinguishing between fact and your professional opinion or 'gut feeling'
  - what information you have considered and where you got this from
  - who you have collaborated with, and the decisions made together
- Recording should routinely reflect **mental capacity considerations**, including recording explicitly where there is no reason to doubt the adult's ability to make their own decisions, and why an assessment has been made. This needs to be recorded fully in line with the **Mental Capacity Act Code of Practice** (see section 5).

Take a person-centred approach

Safeguarding plans are much more likely to succeed if the person at risk has been involved in developing them. As previously mentioned, if the person lacks capacity, consideration should also be given to gathering the views of other people who are important in the person's life.

Things to consider here are:

- Work at an **individual's own pace** if possible, considering the risks involved in their self-neglect. Supporting someone who self-neglects can take months or sometimes years to address properly.
- What does the **individual** identify as their most pressing issue or concern? Remember, what you as a professional see as important may not be what the individual sees.
- Ensure the individual **feels involved** in your work with them and, as far as possible, it is led by them. This may mean inviting them to meetings, or tailoring meetings to make it less daunting for them.
- Create an **action plan** with individuals if they are able to engage in this, and review regularly, setting small manageable goals that have been identified by the individual and acknowledge when they have been achieved.

Work on a multi-agency basis

There should be effective co-ordination of any actions that need to be taken across all agencies by the key professionals involved. Information about risk and actions should be shared with all relevant agencies, with consent of the adult at risk in most circumstances. It may become apparent that a particular person or agency is more appropriate to do a piece of work with an individual, even if this doesn't follow the usual systems, based on their position or perhaps because they have an existing relationship with the individual. The key factor should always be what is best for the individual at risk. Ineffective multi-agency working around information sharing is one of the most common features of SARs involving self-neglect, as it means risk cannot be accurately judged.

Be mindful of things that can cause individuals' needs to be overlooked.

SARs have shown us some common difficulties in working with self-neglect which may increase the likelihood of harm. Be aware of:

- The perception that this is a "**lifestyle choice**."
- **Lack of engagement** from the individual or family in caring for the person who is self-neglecting. Challenges may also be presented by the individual or family making it difficult for professionals to work with the individual to minimise risk.
- An individual in a household is identified as a **carer** without a clear understanding of what their role includes. This can lead to assumptions that support is being provided when it in fact is not.
- A **de-sensitisation** by professionals to well-known adults or repeat referrals, resulting in minimisation of need and risk.
- An individual with mental capacity making **unsafe decisions**, withdrawing from agencies but continuing to be at risk of significant or serious harm.
- Individuals with **chaotic lifestyles** and **multiple or competing needs** may make it hard to see the risks, and may require a more thorough multi-agency risk assessment process, and more of a need for professional curiosity.
- Inconsistency in **thresholds** across agencies and teams means that there is a level of subjectivity in assessing risk. This document intends to go some way towards addressing this barrier, as well as the Risk Assessment Tool included in Appendix 2.

Consider risks to others

You must consider whether anyone else is at risk as a result of the individual's self-neglect. This may include children or other adults with care and support needs. Whilst your duties may be limited in relation to the individual themselves, you have a responsibility to take action to safeguard others.

If you are working with an adult who self-neglects, consider if there is a child within the person's household, family or network and follow your agency's safeguarding procedures around children.

If you feel that a child may be at risk of serious harm, contact **Wiltshire Children's Multi-Agency Safeguarding Hub**:

Email: mash@wiltshire.gcsx.gov.uk
Tel: 0300 4560108 / Out of hours: 0300 456 0100
Website: http://www.wiltshire.gov.uk/children-young-people-protection

Consider your own support

Working with adults who self-neglect can be very demanding for anyone working in this area, especially if they are working with the same individual for a long period of time. It can feel to practitioners that they are carrying a lot of risk, especially if the person is engaging in particularly harmful self-neglecting behaviours and having little engagement with services. It is important for practitioners to seek support from their own internal systems, through regular supervision and their line managers, as well as from colleagues. If you feel as though you are not getting adequate support from your agency, then you should follow your agency's escalation procedures.

5. The Law and self-neglect – what you need to know

There may be times when practitioners must consider the use of legal interventions to safeguard a person, if the impact of their self-neglect puts them at serious risk of harm. This may be the case where persistent efforts to engage with someone have failed and the concern is still very high, or where all other actions taken to improve the situation have been exhausted. Two over-arching pieces of legislation are important to note in all cases of self-neglect: the Care Act (2014) and the Human Rights Act (1998).

5.1 The Care Act (2014)

This defines self-neglect as a category of harm, and places a duty of co-operation on the Local Authority, police and health services, as well as setting out clear expectations of other agencies. Part of the Care Act requirements are to address the **root cause** of each particular case of self-neglect, and to consider each person as an individual.

The Care Act sets out six **Making Safeguarding Personal** principles to guide professionals when engaging with individuals who may self-neglect. These are:

Empowerment	People being supported and encouraged to make their own decisions and have informed consent.
Prevention	Taking action before harm occurs.
Proportionality	Using the least intrusive and most appropriate response to the risk presented.
Protection	Support and representation for those in greatest need.
Partnership	Using local solutions through services using their communities. Communities have a key part to play in preventing, detecting and reporting self-neglect.
Accountability	Accountability and transparency in delivering safeguarding.

5.2 The Human Rights Act (1998)

This is a key piece of legislation for safeguarding adults, as it addresses the issue of a person's right to make choices about their life versus professionals' duty to keep them safe. The following articles of the Act state:

Article 2:	The right to life must be protected by law.
Article 3:	The absolute right to be free of torture or to be subjected to treatment or punishment that is inhumane and/or degrading.
Article 4:	The right not to be deprived of their liberty, except in limited cases specified within the Article.
Article 8:	The right to respect their private and family life, their home and their correspondence.
Article 14:	The right not to be treated differently because of their race, religion, gender, political views or any other protected characteristic unless there is an 'objective justification' for the difference.
Article 15:	The right to a 'peaceful enjoyment' of their property.

Appendix 1 lists some of the different legislative interventions that may be used, depending on the circumstance. Wiltshire's position as a county with large rural areas can present a challenge when looking to legally intervene. For example, in relation to environmental neglect, the legislation that can be used in towns and cities to address the impact on neighbours may not be relevant in rural areas where houses are more spread out. This means that two individuals with very similar circumstances may have to be supported in different ways, depending on where they live. This should be a consideration for all practitioners working in Wiltshire, and will require good multi-agency working to identify the best solution for the individual.

Appendices

Appendix 1: Legislative basis for intervention

In addition to the Mental Capacity Act (2005), the Care Act (2014) and the Human Rights Act (1998), the following laws may also be useful to be aware of when working with people who are self-neglecting. Please note that this is not an exhaustive list.

Environmental Health

Environmental Health services have power of entry under the following laws, with Police presence:

- **Environmental Protection Act 1990:** used where a person's self-neglecting behaviours (e.g. hoarding) have begun to affect other people's environment or communal or public areas.
- **Prevention of Damage by Pests Act 1949:** used where the person's self-neglecting behaviours result in household conditions in which there is evidence of pests (e.g. rats, mice).
- **Public Health Act 1936:** used to gain entry where the person is not engaging with services, to carry out or examine necessary work to a property relating to public health. Can also be used to deliver Enforcement Notices, requiring an individual to comply.

Police

- **Police and Criminal Evidence Act:** enables the police to gain power of entry to a property if they have information that someone inside the premises is ill or in danger, and is not responding to outside contact.

Housing

- **Anti-Social Behaviour, Crime and Policing Act 2014:** used where the person's self-neglecting behaviours amount to Anti-Social Behaviour e.g. repeatedly preventing gas inspections. There Act can also be used to require individuals to co-operate with a support service to address the underlying reasons behind their behaviour.
- **Environmental Protection Act 1990:** see above.
- **Animal Welfare Act 2006:** used where there is concern about the welfare of animals in a property, and the owner is not responding to advice to improve this.

Appendix 2: Multi-Agency Self-Neglect Risk Assessment Tool

Wiltshire Safeguarding Adults Board

Self-Neglect Risk Assessment Tool

Guidance notes

- This tool is designed to be used in conjunction with Wiltshire Safeguarding Adults Board Self-Neglect Guidance
- It is designed to help practitioners and managers determine the extent to which an individual is at risk due to their self-neglecting behaviours.
- The guidance table below can be used to remind you of some helpful things to consider when trying to assess a person's risk level.
- It should be noted that this is not an exhaustive list of the different self-neglecting behaviours and their associated risks. This document is intended to be **indicative**, rather than **definitive.**

Agencies should always refer to their own safeguarding policies and procedures, as well as practitioners' own professional judgement.

Guidance				
Factors to consider	**Risk Level**			**What should I think about to make this decision?**
	Minor	**Moderate**	**High / Critical**	
The person's vulnerability	Less vulnerable	More vulnerable		• Does the person have capacity to make decisions about care provision / housing etc? • Does the person have a diagnosed mental illness?
Impact of their self-neglect	Low impact	Some impact on health	Serious impact on health with potential risk to life	• Refer to the table overleaf, looking at the relevant categories of self-neglect and use your knowledge of the individual and your professional judgement to gauge the seriousness of concern. • If a Social Worker or Nurse is involved in the care, report concerns directly to them.
Background to self-neglect	Low impact	Some impact	Seriously affected	• Does the person have a disability that means that they cannot care for themselves? • Are there concerns about the person's mental health and, if so, to what extent? • Has the self-neglect been a long-standing problem? • Does the person engage with services, support or guidance offered? • Are there social isolation issues?
Impact on others	No-one else affected	Indirectly affected	Others directly affected	• Are there other vulnerable people within the house affected by the person's self-neglect? • Does the self-neglect prevent the person from seeing family and friends? • Are there animals within the property that are not being appropriately cared for?
Reasonable suspicion of abuse	No suspicion	Indicators present	Reasonable suspicion	Is there is reason to suspect that the self-neglect is an indicator: • that the person may be being abused? • that a crime may be taking place? • that the person is being neglected by someone else? • that safeguarding is required?
Legal framework	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	Try to determine whether: • The person is at risk of eviction, fines, non-payment issues • There is an environmental risk that requires action – public health issues • There are safeguarding and animal welfare issues • Fire risks that are a danger to others

	Examples of concerns that do not require formal safeguarding procedures and can be dealt with by agencies' own safeguarding policies or by multi-agency working.	The examples below are likely to indicate the need for a referral for formal safeguarding procedures, outside of your agency. If there is any immediate danger to an individual, call 999 straight away and make a safeguarding referral.	
	Minimal Risk	**Moderate Risk**	**High / Critical Risk**
Health - **Physical and mental health** - **Engagement with universal health services (e.g. GP)** - **Engagement with specialist health services (e.g. drug, alcohol, counselling),** - **Compliance with medication** - **Medical advice** - **Supportive equipment**	• Individual sometimes engages with universal and/or specialist physical/mental health services, but only after prompting or with support. • Individual doesn't always take prescribed medication as advised, but this is unlikely to result in significant harm. • Individual generally seeks medical support, but not straight away and not always from the most appropriate agency. • Individual only uses any physical aids and equipment sometimes, and requires prompting, but this is not likely to cause significant harm to their health.	• Inconsistent engagement with universal and/or specialist physical/mental health services, despite prompting and support. This is likely to result in significant harm to their health over time. • Individual doesn't take prescribed medication consistently, which is likely to cause a significant deterioration in health over time. • Individual needs a lot of prompting to seek medical help, which might cause damage to their health over time. • Individual only uses physical aids or equipment with extensive prompting, and this is likely to cause significant harm to their health over time.	• Individual doesn't engage with any physical/mental health service, universal or specialist. This is likely to result in immediate and significant harm to their health. • Individual consistently doesn't take life-sustaining medication (e.g. insulin), contrary to medical advice, which will result in an immediate threat to their life. • Individual fails to consistently seek medical advice for conditions that put their life at imminent risk. • Individual refuses to use, or does not see the need to obtain, physical aids or equipment that are vital to enabling daily life e.g. a ventilator. This puts their life and/or personal wellbeing at immediate risk.

Home Environment - **Condition of accommodation** - **Shelter** - **Animals** - **Utilities**			
	• Maintenance issues are minimal (e.g. broken lightbulb) but individual needs prompting to address them.	• Maintenance issues are more significant (e.g. cracked window pane, broken boiler) and individual has made minimal attempts to address them, despite prompting.	• Maintenance issues are a significant threat to safety (e.g. floorboards missing, broken external doors). Individual has made no attempt to address them, or obstructs attempts to do so.
	• Individual is homeless but engages with support to look after their personal wellbeing and safety.	• Individual is homeless but does not consistently engage with services to keep themselves safe, or look after their health and/or personal wellbeing. This contributes to their homelessness.	• Individual is rough sleeping and not engaging with any support services to keep safe. Or individual has a safe property to stay in, but chooses not to use it.
	• Individual has pets but they appear mostly well cared for, and this does not significantly prevent them from caring for themselves.	• Individual has pets which are not all cared for appropriately, or doing so causes harm to the person (e.g. walking dogs makes individual's severe arthritis flare up, then requiring intervention).	• The number of pets in the property is unmanageable and makes the living environment dangerous for the individual.
	• Person usually addresses their housing needs, but requires support from specialist services or their support networks.	• Person admits to needing support in addressing their housing needs but does not consistently seek or follow this information and advice.	• Individual refuses specialist support to address their housing needs, putting them at risk of imminent homelessness.
	• Early signs of vermin or infestations are visible and are addressed by the individual, but only with prompting.	• Vermin and infestations are visible, but limited to one area in the home, and individual requires significant encouragement to address this.	• Vermin and infestations are rife and individual does not co-operate with attempts to address this.
	• There are some signs of hoarding but these are	• Initial prompts to address signs of hoarding are largely ignored, but this is addressed by the	• There are clear signs of hoarding that may cause harm to the person e.g. blocked exits. The individual is

	addressed by the individual when prompted. • Items within the house are not used for their intended purpose but this is unlikely to cause immediate harm e.g. significantly overloading plug sockets. • Individual has some safety systems (e.g. basic smoke detector, lockable external doors) but needs support to fit or maintain them. • There is a working toilet but it requires fixing and individual is using makeshift repairs. • Property has basic utilities (heating, access to clean water) but individual sometimes needs prompting or support to use, or minor maintenance is needed which support is needed for (e.g. bleeding radiators).	individual with more intensive support. • Items within the house are sometimes used in a way that may cause harm (e.g. lighting gas hob to keep warm) and person doesn't always respond to safety advice. • Individual has few safety systems and makes little attempt to maintain them or allow others to do so (e.g. broken front door locks). • Property has a toilet and sewage system but significant repairs are needed, with little effort to arrange. • Property has an inconsistent supply of basic utilities, due to individual neglecting to maintain systems (e.g. broken radiators, blocked drainage) but individual is using alternatives (electric heater, bottled water). Reluctant engagement with attempts to fix broken systems.	unwilling to address this, with or without support. • Incorrect use of items within the house which could lead to serious and immediate harm e.g. lighter fluid to light internal fire. • Individual has no safety systems or makes no attempt to maintain systems, coupled with behaviours that make them more necessary (e.g. no smoke detector, heavy smoker and lack of fire escape). • There is no working toilet and individual uses other receptacles, without proper waste disposal. • There is no supply of basic utilities to the house nor is the individual seeking alternatives, and individual is therefore lacking heat and / or access to clean water. This is likely to cause immediate harm to their health.

Personal care and well-being - **Engagement with services** - **Social isolation** - **Clothing** - **Hygiene** - **Presentation**	• Person has engaged with an assessment and will follow most of the recommendations, but not all. • Self-neglecting behaviours (e.g. unpleasant odours from lack of self-care) has a small impact on their access to community facilities (e.g. groups, cafes) but the person seeks support to address this. • Individual can sometimes appear dishevelled or unkempt (e.g. clothes buttoned up incorrectly, wearing items backwards) but not consistently, and generally washes themselves. • There is sometimes a discernible unpleasant smell but the person addresses this when prompted. • Person presents well (mood, behaviours, and physical appearance) most of the time, but not always, and they require low level prompts which are generally responded to. • Person generally appears to have an awareness of their dignity but they require and	• Person engages with the assessment stage but does not follow any of the recommendations. • Self-neglect impacts on access to some key community facilities (e.g. shops, buses) and/or their support network and the person does not seek support for this, but will reluctantly engage when offered. • Individual often appears unkempt and there are minimal signs that the person washes regularly (e.g. greasy hair, wearing the same clothes repeatedly). • There is often a discernible unpleasant smell and the person does not consistently address this, despite repeated prompting. • Person's presentation often causes some concern but more so lately (low mood, erratic behaviours, dishevelled appearance), signifying a slow deterioration. • Person needs support to maintain their dignity (e.g. used to be house-proud but now needs a	• Person refuses to engage in an assessment, and doesn't follow any other associated advice and guidance. • Self-neglect has caused significant estrangement with essential services (e.g. food shops) and/or their support network, and person makes no attempt to address this. • Individual has major infestations due to lack of washing (scabies, nits, headlice), that result in secondary conditions such as sepsis. Person may refuse support to address this. • Person has a strong and distinct odour without seeming to notice or be willing to address. • There is a rapid deterioration in the individual's presentation over a short period of time. • Individual's sense of dignity has decreased severely. They do not engage with support to maintain their

	engage with support to maintain this (e.g. requires help to do buttons but still takes pride in choosing clothes).	cleaner due to ill-health) but individual has inconsistent engagement with this, which may cause harm to their health e.g. unhygienic bathroom and kitchen areas).	dignity, appearing not to care, and this is a rapid deterioration.
Nutrition - **Weight (loss or gain)** - **Food preparation** - **Food choices** - **Access to food**	• Lots of the individual's food is out of date by up to a week but there is some food still in date. • Individual is over or underweight but this is not likely to cause them significant harm now, and they are generally engaging in support to manage their weight. • Food is generally stored in an appropriate place, but not always (e.g. meat not always put in the fridge quickly enough).	• Most of the food is out of date by up to a week and there is little evidence of attempts to get more. • Individual is noticeably under/overweight and requires specialist support to manage this. Engagement with the support is inconsistent and person requires a lot of encouragement. • Food is stored inappropriately and person requires support with this, which they reluctantly engage with, needing frequent encouragement and repeated advice.	• All the food is severely out of date (over two weeks) and this is what the individual has been consuming. • Individual makes informed choices not to spend money on food leading to significant and dangerous weight loss. Or individual appears to have only one food-type (e.g. fast food, biscuits, sweets), which causes them to become dangerously overweight. • Food is stored in a way which is likely to cause significant harm to the individual if consumed (e.g. uncovered raw meat stored on top of cooked meat, and the individual plans to consume this).
Finance - **Access to money** - **Management of money** - **Self-funding**	• The person may have limited finances due to unemployment, not claiming all benefits, or debt, which they may need support to address.	• Person may have very limited access to money (due to financial exploitation, benefit error, lack of support networks), and does not engage with support to address this.	• The person has no access to money at all or is in serious debt, due to their self-neglect (e.g. not applying for benefits, not opening a bank account or setting up payment plans for essential services) and needs immediate support

	• Person is self-funded and pays for essential services that will keep them safer, but only after much advice and guidance from their support network. • Person often makes decisions around their finances which could put them at risk of harm (e.g. not leaving enough money to buy adequate food, or not prioritising money to pay for utilities) but is working with agencies to address this.	• Person is self-funded and often chooses not to pay for essential services that will keep them safer, but pays for some. • Person's financial decisions frequently put them at great risk of significant harm (e.g. regularly not prioritising paying for essential utilities and so is temporarily cut off), and person is reluctant to engage with support for this, requiring extensive intervention before risk is reduced.	to address this, including emergency financial aid. • Person is self-funded and doesn't pay for essential services that will keep them safe, through a seeming absence of awareness about their responsibility for their own safety and does not see this as a financial priority. • Person consistently makes financial decisions which put them at immediate and significant risk of harm e.g. refusing to pay utility bills.

Possible actions to take

Minimal Risk	Moderate Risk	High / Critical Risk
Ensure the individual's voice is included in all decisions throughout, irrespective of risk level.		
• Consult your own agency's guidance on how to manage self-neglect. • Talk to the person involved about your concerns. Provide information and advice about what the risks are, and how they could be reduced. • Promote self-help e.g. mechanisms for keeping appointments, encouragement to ask for help.	• Consider if there is a family or friend who may be able to support, but be mindful of related safeguarding and possible carer support. • Identify a lead worker to ensure liaison with other agencies to gather and share information on risk.	• Call emergency services if there is an immediate and serious risk of harm. • Emergency services may also need to be called for assistance, for example to gain access to a property. • In addition to the actions for Moderate Risk, an urgent referral to the **Adult MASH** should be made on **0300 4560111**.

• Signpost to universal services e.g. GP, fire service, libraries, leisure services. • Consider housing support services if a change in accommodation may be required, as a preventative measure. • Identify a lead worker to ensure liaison with other agencies to gather and share information on risk.	• Seek general guidance by emailing SAT@wiltshire.gov.uk, being careful not to use names. • Call **Adult Social Care Triage** number for professionals **01380 826510** for advice and guidance. Be mindful that this is **not** the number to make a safeguarding referral.	• Referrals can also be made online here https://www.yourcareyoursupportwiltshire.org.uk/care-and-support/steps-to-care-and-support/online-referral • Consideration given to holding a High Risk Professionals' Meeting (HRPM) (see self-neglect guidance), if all other avenues of support have been attempted unsuccessfully.

Appendix 3: Useful contacts

Organisation	Contact Details
Wiltshire Police	999 for emergencies 101 for non-emergencies https://www.wiltshire.police.uk/article/604/Contact
Wilts and Dorset Fire and Rescue	999 for emergencies 01722 691000 – general enquiries Safe and Well visits - https://www.dwfire.org.uk/contact-us/
Adult Social Care	https://www.yourcareyoursupportwiltshire.org.uk/how-do-i-get-care-support-in-wiltshire 0300 4560111
Children's Social Care	0300 4560108 Out of hours: 0300 456 0100 mash@wiltshire.gcsx.gov.uk
Age UK Wiltshire	https://www.ageuk.org.uk/wiltshire
Citizens' Advice Wiltshire	www.cabwiltshire.org.uk 03444 111444
Animals	
Pest Control	http://www.wiltshire.gov.uk/pest-control
Domestic Animal Welfare	http://www.wiltshire.gov.uk/env-health-animal-welfare
RSPCA	01380 725294 https://www.rspca.org.uk/local/south-wiltshire-and-district-branch https://www.rspca.org.uk/local/wiltshire-mid-branch
Environmental Health	01225 770556 publicprotectionwest@wiltshire.gov.uk
Housing	
Selwood Housing Association	01225 715715 info@selwoodhousing.com
Radian Housing Association	0300 123 1 567 radiandirect@radian.co.uk
Green Square Housing Association	01249 465465 info@greensquaregroup.com
Sanctuary Housing Association	0800 131 3348 ContactUs@sanctuary-housing.co.uk
Aster Housing Association	0333 4008222 https://www.aster.co.uk/contact-us
Housing Options Wiltshire Council	http://www.wiltshire.gov.uk/housing-housing-options-contact-details
Mental Health and Substance Abuse	
Avon and Wiltshire Mental Health Partnership (AWP)	01225 325680 http://www.awp.nhs.uk/
Individual Access to Psychological Therapies (IAPT)	01380 731335 awp.wilts-iapt@nhs.net
Richmond Fellowship	01380 724833 http://www.richmondfellowship.org.uk/wiltshire/
Turning Point	01225 341520 http://www.turning-point.co.uk/wiltshire-substance-misuse-service-trowbridge.aspx