Supporting Adults who Self-neglect: Multi-Agency Practice Guidance

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Luton Safeguarding LSAB Adult Board

Working in partnership to protect adults at risk

Luton

Summary

The interagency protocol has been developed and co-produced by partners across the Luton Safeguarding Adult's Board. The aim of this guidance is to serve as a guide and toolkit for professionals and agencies to be more consistent in the way in which we jointly identify, assess and co-ordinate support and reduce risks that arise for adults who self-neglect. This guidance should be read in conjunction with the Luton Framework for Shared Understanding about Safeguarding Concerns, Hoarding Protocol and the "Luton Framework for Multi-Agency Working with those who do not engage" guidance. This guidance has also been developed in line with the Bedfordshire Safeguarding Adults Policies and Procedures.

Introduction

This document is designed to provide clear guidance for all those in Luton 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 the impact of this. 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.

Purpose of this Guidance

This guidance is for all professionals and partner agencies working in Luton including those in the health, mental health services, housing support, social care, fire and rescue services, police and environmental health services. It is intended to assist with supporting adults who display indicators of self-neglect

This Guidance aims to:

- Provide guidance on how to support people who self-neglect.
- Identify our collective responsibility towards all adults in the community who self-neglect
- Promote awareness of self-neglect and how to respond.
- Support individuals, families and their advocates.
- Provide a support network for agencies dealing with these cases, coordinate an effective multi-agency response where required and enable the sharing of best practice.
- Demonstrate and implement appropriate compliance with the statutory duties of co-operation and integration regarding adults who may have needs for care and support outlined within the Care Act 2014; including the duty to prevent, reduce and delay the need for care and support, avoid 'satellites' of information held by separate services and agencies by clarifying the need to share information and use a multi-agency approach.
- Provide practitioner friendly language for all professionals to easily comprehend and access the document.

What Is Self-Neglect?

Self-Neglect is identified in Chapter 14 of the Care and Support Statutory Guidance (October 2018) as covering "…a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding".

Paragraph 14.17 of the guidance states that "It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis." In Luton, the Luton Safeguarding Adult's Board has agreed that in most cases it would not be a proportionate response to raise a section 42 enquiry for people who self-neglect (including hoarding) and therefore the individual LSAB partner agency would be required to follow the LSAB Multi-agency Self-Neglect Framework. Therefore, this framework is intended to be used when:

- There are significant concerns by agencies about an individual's safety and/or wellbeing as a result of self-neglect and/or significant concerns about the safety and/or wellbeing of others (risk of serious harm, injury or death).
- Existing agency involvement and appropriate multi agency working has been tried and been unable to resolve the issues.
- Where the adult appears to have capacity to make decisions regarding their environment and lifestyle choices pertaining to issues of self-neglect

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

- Deterioration in cognitive skills
- Physical or mental deterioration
- Level of Mental Capacity
- Financial Hardship
- Abuse from others
- Decreasing social networks
- Personal values

This is by no means an exhaustive list. People who self-neglect present a great challenge for professionals due to its complex nature. People who self-neglect may lack the ability and/or the confidence to ask for help and to have anyone speak on their behalf. Individuals may be suffering with mental health issues and have issues with self-care. The individual may not be able to identify the risks they are living with.

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

- A lack of self-care
- A lack of care of one's environment
- A refusal of services that could alleviate these issues

These are set out 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 Luton on how to detect self-neglect and, when identified, how to manage this to reduce harm.

Hoarding

Hoarding is classed as a type of self-neglect due to the impact it typically has on a person's living conditions. Luton Council have developed a Hoarding Protocol (2023) 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.

You can access Luton's hoarding protocol here.

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. It is better to take action before harm occurs. The least intrusive response appropriate to the risk presented.
Proportionality	Using the least intrusive and most appropriate response to the risk presented. Professionals need to support and represent for those in the greatest need.
Protection	Support and representation for those in greatest need. Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
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.

The Care Act 2014 and self-neglect

The Care Act 2014 (Statutory Guidance updated March 2016) included self-neglect as a category of harm and made it a responsibility of Safeguarding Adult's Board to ensure they co-operate with all agencies in establishing systems and processes to work with people who self-neglect and to minimise risk and harm. The Care Act placed a duty of co-operation on the local authority, police and health services and raised expectations about the co-operation of other agencies. The Care Act places specific duties on local authorities in relation to self-neglect:

(i) Assessment - (Care Act Section 9 and Section 11) The Local Authority must undertake a needs assessment, even when the adult refuses, where:
it appears that the adult may have needs for care and support,
and is experiencing, or is at risk of, self-neglect. This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

(ii) Enquiry - (Care Act Section 42) The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when:
The Local Authority has reasonable cause to suspect that an adult in its area:
has needs for care and support,
is experiencing, or is at risk of, self-neglect, and as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it

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

The Care Act and Making Safeguarding Personal have set out guiding principles to consider when engaging with individuals who may self-neglect.

Start with the assumption that the individual is best placed to judge their wellbeing.

Pay close attention to an individual's views, wishes, feelings and beliefs.

Preventing or delaying development of needs for care and support and reducing needs that exist.
The need to protect people from abuse and neglect

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 engagewith someone have failed and the concern is still very high, or where all other actions taken to improve the situation have been exhausted. Three over-arching pieces of legislation are important to note in most cases of self-neglect: the Care Act (2014), the Human Rights Act (1998) and the Mental Capacity Act 2005.

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 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 on 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 Lasting 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 the Luton 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.

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.

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.

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 multi-Agency risk assessment and planning meeting should be considered. 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. Other legal Tools

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 1984: enables the police to gain power of entry to a property if they have information that someone inside the premises is ill, If there is risk to life and limb 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. The 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.

5. How to spot the signs of self-neglect

How you respond to self-neglect depends on 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 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. e.g. refusing medical treatment and not caring for wounds 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 Support Services and fire Rescue Services

When to intervene in cases where the individual is reluctant to engage

- Hospitalisation is likely e.g. extensive ulcers/wounds to the skin, dehydration, malnutrition or untreated / unmanaged health conditions or injuries.
- Non-concordance with medications and appointments as a result of self-neglect
- A pattern of a person requiring medical treatment for preventable conditions as a direct result of self-neglect.
- The person is experiencing extreme distress impacting their physical and/or psychological or emotional wellbeing, 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, at risk of enforcement under Environmental Health legislation.
- 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.
- If someone is placing themselves at considerable harm by not following recommended treatment plan advised by professionals.

5. What can you do to support an Adult who is self - neglecting?

Assessing risks: Self-neglect is a complex issue, and it is important to understand the person's unique circumstances and perceptions of their situation as part of assessment and intervention. It is unlikely the person will see it in terms of "self-neglect" and sensitivity must be used so that subjective judgements are not imposed on the person.

The aim must be to minimise risks to the person and those around them. The outcome of any work undertaken may not be that the person stops "self-neglecting". It may be that a compromise is reached where the person and those around them are not at risk from self-neglecting behaviour. Improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help, research has shown that they rarely go back to their old lifestyle, although this sometimes means receiving help over a long period. It is important to consider how to engage the person by taking a person-centred approach.

For example, sending a standard appointment letter at the outset is unlikely to be the beginning of a lasting, trusting professional relationship if it is perceived as being impersonal and authoritative. It should also be considered that a person who self-neglects may be unlikely to open their mail. Home visits are crucial, it is important the practitioner uses their professional skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment.

However, should this be unsuccessful, consideration should be given to identifying another professional from the multi-agency group who may be able to gain access, e.g. the Fire Service or GP, or someone who has an established rapport with the person. It may take visits over a period of time before the person is comfortable with allowing someone into their home. Practitioners should discuss any causes for concern over the person's health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others.

The initial Multi-Agency meeting

A Multi-Agency meeting would be undertaken if no resolution from previous working plans for example – or there are significant concerns about the individual's risk of serious harm, injury or death. The organisation who is best placed to lead on organising this meeting (e.g. Health Services, Local Authority, Environmental Health, Housing, Mental Health Services, Police, Local Authority) and is currently involved, would be the most appropriate for organising the MDT (Multi Disciplinary Team) meeting. The purpose of the meeting will be to consider the situation and clarify whether any further action can be taken, making the necessary recommendations.

The initiating agency should inform the person and relevant others that a professional risk meeting will be held. They should be invited to the meeting and supported as necessary.

If the person is not invited to attend the meeting, the reasons for this should be recorded and every effort should be made to ensure their wish/outcome is noted.

The lead agency must invite all agencies who have, or could have had, involvement with the individual or anyone else living in the home.

These meetings should include a separate minute taker. The meeting should be chaired by the primary agency identifying concerns, unless otherwise agreed.

A risk assessment should be discussed at the first meeting and updated in light of information from other agencies.

Consider what the person wants or acquires from their actions that lead to self-neglect.

It is the collective responsibility of all those who attend the meeting to discuss the risks and consider the following:

- What is the risk?
- What is already in place to reduce the risk?
- What are the barriers for removing risk?
- What action needs to be taken?
- Agree action plan, with timescales and named leads.
- Agree lead agency for review process.
- Agree a review meeting date.
- Send meeting minutes to all attendees.
- Identify who is best placed to engage with the person and inform them of the decisions that have been made.
- The chair of the meeting must ensure the adult has been informed and prepared for the purpose and structure of meeting ensuring that suitable support and any reasonable adjustments are considered if needed.

Health considerations

Where the risks arise from the person neglecting their health needs, closer monitoring by the appropriate health professional is needed to continue to assess physical/mental health and consider further impact upon the person's wellbeing, as well as their capacity. Where an individual is unwell or injured, medical attention should be called by the staff member at the scene.

This may be by contacting the individual's GP surgery or in an emergency an ambulance should be called. If there are indicators of a decline in either physical or mental health, practitioners should ask for the person's GP practice to make contact with the individual, or other professionals involved in personals care (Community Mental Health Teams, Specialist Community Nurses, acute services and Resolutions). This may also include a telephone consultation, or a face-to-face review undertaken by the GP or allied health professionals. If the person declines essential medical services, medical practitioners will make the assessment under the Mental Capacity Act to decide how to proceed.

Cases of self-neglect do not automatically indicate a mental health problem. The impact of self neglect can range from minor to significant health harm or even death. However, there are circumstances when a referral to mental health services might be appropriate. The Mental Health Act 1983 provides a legal framework for intervention when an individual's mental disorder is judged to be a factor in their ability to care for themselves or make decisions about their care. Self-neglect, if linked to a mental health disorder, can be a basis for action under the act, particularly where there is a risk of serious harm to the person's health or well-being. If you suspect that the adult may have a mental disorder that is contributing to their self-neglect, please consider referral to mental health services.

- If the person is expressing signs of depression or despair, or a relapse of mental illness a referral to ELFT should be considered. This can be done via ELFT's website.
- This must be done with the person's consent.
- If the person is threatening harm to themselves or others, practitioners should contact the Crisis Team, further advice can be found on the following website.

Review Meeting

Review progress and agree a revised action plan, with named leads (e.g. Hospital, Primary Health, Local Authority etc.). and timescales will be arranged for leads.

- All agencies to share any new information and progress.
- Update the risk assessment and actions.
- If insufficient progress has been made, consider an alternative approach. Agencies may need to explore other flexible, creative solutions.
- Agreement needs to be reached on the way forward; it may be necessary to escalate the concerns to a senior management level if risks are considered high and progress has been insufficient and consider escalation to safeguarding process.
- All attendees should keep their line manager updated.
- As part of the plan, identify and agree at what point another meeting may be required, i.e. if issues change significantly or there are new concerns.
- This review process will be ongoing until the risks are managed; at this point, regular meetings can be stopped. This does not mean the risks have been completely negated or removed, but that the multiagency group is able to act and react in a planned and consistent way.

6. If the individual chooses to decline services/disengages with services

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-focused 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 **t**hat the individual sees (such as GP, day centre workers, carers, 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 Emergency Services 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.
- Consider the personal patterns/routines the individual has and work with these i.e. visit to hostel when they likely to be awake.
- If it is difficult to find the individual and they are receiving methadone consider attending the pharmacy the script/medication is collected from at the time they collect it.
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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, Environmental Health Officers, and or Bedfordshire Fire and Rescue officers. The Police can also gain entry, the police may be able to force entry if a crime is in progress, saving life or limb or preventing serious damage to property and every other method of engagement has been attempted without success. Local PCSO often have a good relationship with the community and may know the person.

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.

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.

Please see the escalation process when a professional dispute occurs.

Be mindful of factors that may cause individuals' needs to be overlooked.

There are 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.

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. Please use the link for further support.

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. Read the effective support strategy for more information.

Information Sharing

Information sharing within these procedures should be in line with the principle of information sharing within Luton Safeguarding Adults Procedures, the Care Act 2014, the Care and Support Statutory Guidance 2018 and General Data Protection Regulations 2018. Practitioners must always seek the consent of the adult at the heart of the concern before taking action or sharing information wherever possible. However, it should be explained that consent could be overridden if the risk is significant (serious harm, injury or death). If there is any doubt about whether to share information, advice should be obtained from your organisation's information governance lead. Things to consider are:

- Adequate recording; has the consent of the adult been obtained and if not why not
- What information was shared and with whom, how was the request received and recorded, and how was the decision made to share the information
- If third party information is involved, was consent obtained and if not, which exemptions are applied
- All agencies involved must follow the appropriate statutes and guidance. Under the General Data Protection Regulations, organisations have the responsibility to ensure that personal information is processed lawfully and fairly.

All adults have a right to view any information held about them. Practitioners should consider this when they are recording information about the adult.

Safeguarding considerations

Contact Details: To contact us about the work of the Luton Safeguarding Adults Board: Email LSAB@luton.gov.uk or call: 01582 547624 https://safeguardingbedfordshire.org.uk/ https://panbedfordshiresabs.trixonline.co.uk/

To make a Safeguarding referral for an Adult in Luton contact the Adults MASH:
Email: adultsafeguarding@luton.gov.uk
Call: 01582 547730

To make a Safeguarding referral for a child in Luton contact the Children's MASH, please email: Mash@luton.gov.uk

Risk Factors for Decision Making

Factors				What should I think about to make this decision?
Vulnerability of the adult at risk	**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 a 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	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 further consultation and or 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.	
	Low Risk	**Medium Risk**	**High 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 does not 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 does not 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.

	Low Risk	Medium Risk	High Risk
Home Environment • Condition of accommodation • Shelter • Animals • Utilities	• 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).	• 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.	• 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.

	Low Risk	Medium Risk	High Risk
Nutrition • Weight (loss or gain) • Food preparation • Food choices • Access to food	• 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 engage with support to maintain this (e.g. requires help to do buttons but still takes pride in choosing clothes).	• 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 cleaner due to ill-health) but the individual has inconsistent engagement with this, which may cause harm to their health (e.g. unhygienic bathroom and kitchen areas).	• Person refuses to engage in an assessment and does not 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. • The individual has significant weight gain/loss which impacts the individuals ability to carry out daily activities. • 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 nutritional intake over a short period of time. • Individual's sense of dignity has decreased severely. They do not engage with support to maintain their dignity, appearing not to care, and this is a rapid deterioration.

	Low Risk	Medium Risk	High Risk
Personal care and well-being • Engagement with services • Social isolation • Clothing • Hygiene • Presentation	• 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). • Not being able to manage their domestic tasks (cleaning, washing e.g.) • The individual requires prompting for self neglect and grooming (washing, dressing e.g.) • The individual requires prompting to take prescribed medication	• 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. • The individual not being dressed appropriately accordingly to the weather (not wearing a coat during cold weather e.g) • The individual to understand the risk of poor personal care and grooming • If the individual understands the risk of not taking their medication, they are engaging with professional services	• 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). • An individual who refuses the support for hoarding and other high levels of neglect of environment • The individual is posing a risk to their health due to lack of personal care and grooming • The individual is refusing their prescribed medication and is not professional services which will negatively impact their health

	Low Risk	Medium Risk	High Risk
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 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. • If the individual is understanding the risk of financial exploitation and finances diverted to support an addiction and not engaging with support services	• 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 from services, including emergency financial aid. • The 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. • Person is self-funded and does not 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. • When the individuals life is at risk due to the exploitation and addiction

Ensure the individual's voice is included in all decisions throughout, irrespective of risk level.