



# 4LSAB Multi-Agency Guidance on Responding to Self- Neglect and Persistent Welfare Concerns

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## 1. Guidance on Responding to Self-Neglect and Persistent Welfare Concerns - Introduction

When an adult who may have needs for care and support appears to be at risk of self-neglect, and may be refusing care and support or whose self-neglecting behaviours pose a risk to others, it can be difficult for practitioners or concerned carers, friends/family members, to understand how statutory duties and legal powers could be applied to improve the Adult's situation. The Care Act s42 Safeguarding triage should be considered and applied where necessary.

However, there is considerable evidence from the practice that a safeguarding enquiry may only be the necessary course of action in situations where other approaches have been unsuccessful and there are significant risks to the Adult and to others. This may, for example, be the result of the inability to achieve engagement with the Adult.

The multi-agency Risk Management Framework included in this policy provides an effective framework for responding to cases of self-neglect. The MARM framework provides a structured partnership approach to manage many high- risk self-neglect situations.

This approach includes the necessity of placing the Adult at the centre of the enquiry process and enabling their views, wishes and experience to be fully understood.

## 2. What is self-neglect?

The Care Act Guidance advises that 'self-neglect' covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Partner agencies should consider the following indicators in relation to self-neglect:

- Lack of self-care in relation to daily needs to an extent it adversely affects wellbeing, personal health and safety.
- A lack of care of the living environment to the extent this neglect of personal hygiene, health or surroundings may create a public health hazard and/or increased fire risk from hoarding.
- An inability or unwillingness to accept essential care and support, and services, or necessary medical treatment to avoid harm to self.

Agencies are required to think of these issues in a broad context – not just in terms of obvious manifestations such as hoarding.

Early intervention is the most effective means to avoid a harmful level of self-neglect.

## What approach should be taken

Self-neglect may not prompt a section 42 enquiry.

A judgement should be made on a case by case basis. Consideration is required about whether a Safeguarding response should be actioned. This will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are unable to do this without external support. The multi-agency Risk Management Framework included in the Safeguarding Policy and Guidance provides an effective tool for responding to cases of self-neglect where a section 42 enquiry is not being undertaken.

It is essential to consider Mental Capacity at this stage of an enquiry.

LSAB partner agencies therefore have a vital role in the early recognition and prevention of self-neglect and have a responsibility to recognise and act upon the risk factors associated with self-neglect. An initial response should take into account the principles of Making Safeguarding Personal

### **3. Assessment of risks associated with self-neglect**

*Working together to effectively assess the needs of people at risk of self-neglect*

This guidance recognizes the interrelationship between financial, physical, mental, social, personal and environmental factors. There are a number of factors for consideration:

- Underlying poor mental health, trauma response and/or cognitive impairment.
- Isolation.
- Physical and nutritional deterioration.
- Personal beliefs and identity.
- Mental capacity.

A multi-disciplinary partnership approach can be most effective in gathering information regarding the extent of the risk and identifying an appropriate person or agency to take the lead in coordinating a person centred, outcome focused response. When completing a Risk Assessment consideration should be given to the following aspects of the Adult's life:

- Presentations of self-neglect and the home situation.
- The individual's perception of their situation.
- Engagement in activities of daily living.
- Functional and cognitive abilities of the person.
- Family and social support networks, and the lack of these.
- Underlying medical conditions.
- Underlying mental health conditions.
- Substance or alcohol misuse issues.

The assessment should also consider:

- Environmental factors, including fire risks.
- Domiciliary care and other services offered/in place and whether living conditions are preventing necessary care being provided.
- Environmental health monitoring.
- Money management and budgeting.
- Risks to others.

#### 4. Intervention and management

In line with 'Making Safeguarding Personal' principles of good practice, the Adult should be included and involved in the assessment process and in developing a plan to reduce or eliminate identified risks. The person should be invited to attend any meetings and comment on any findings or proposed actions.

The Care Act guidance [pg.14.14] advises a 'broad community approach' to safeguarding responsibilities so it is vital that statutory bodies understand the full extent of statutory powers for intervention when living conditions pose risk to an adult at risk to themselves or others. The Hoarding Guidance attached to this policy lists the various legal and statutory powers that can be used.

#### 5. Key Agencies and their role

It is fundamental that a partnership approach is adopted when responding to, and managing Self-Neglect referrals and enquiries. Hence all organisations have a role in responding to these concerns; key in this are the roles briefly noted below. There is greater detail contained in the Hoarding Protocol.

##### Local Safeguarding Adults Boards

The Care Act 2014 established Local Safeguarding Adults Boards as a statutory mechanism where key leaders from the criminal justice, health and care systems work together to improve the health and wellbeing of their local population. As such they will have strategic oversight of this guidance and monitor its successful implementation.

##### Risk of Homelessness

Local Authority Housing Department will be key partners, where an adult is at risk of homelessness as a result of self-neglect or hoarding behaviour, the housing department will offer advice and assistance to individuals and practitioners involved in their care to minimise any risk of homelessness. Early involvement from this team, particularly when considering alternative temporary or permanent accommodation options, is therefore essential.

## Adult Social Care Department

An assessment of the Adult's needs for care and support (s9-10 Care Act) or a detailed consideration of their ability to protect themselves from risk (under MCA and/or s42 Care Act) procedures can be the best route to provide an appropriate intervention in situations of hoarding or self-neglect.

## Primary Health Services (GPs, SCAS Ambulance Service and District nurses)

The key role for primary health services will be to raise concerns and provide information to the strategy discussions and continue to meet need in accordance with their professional standard and duty of care.

## 6. Mental Capacity Act and Best Interests

The principles of the Mental Capacity Act 2005 should be applied where there is a need to consider the mental capacity of the Adult regarding any element of decision making that is involved in the enquiry. The determination of whether capacity assessments are required should follow. However, this should include a balanced judgement that takes into account the right to make decisions that others may think are unwise. Making unwise decisions may not, in itself, indicate a lack of Mental Capacity. Key to this is the necessity of taking all practicable steps to support the Adult with decision making.

This brings into focus the dilemma that exists between the duty of care that the state has, to protect citizens from harm and the impact that severe self-neglect can have in compromising human dignity and wellbeing.

There should be an accurate record of how the duties of the relevant agencies were explained to the person, consideration of how and whether the person understood this and an analysis of whether the Adult's decision-making capacity may be impaired.

Capacity involves not only weighing up information and being able to understand the consequences of decisions and actions, but also the ability to implement those actions. Decisional and executive capacity may need to be considered, to try to show whether the Adult is able to transfer decisions and actions into practice.

Where the Adult refuses assistance and they have been assessed as having the mental capacity to understand the consequences of such actions, this should be fully recorded. Practitioners should also include a record of the efforts and actions taken by all agencies involved to provide support and confirmation that they have considered alternative means to meet any duty of care owed to the person or others affected by the living conditions.

## 7. Advocacy

The Care Act gives the Local Authority the duty of ensuring that an individual has independent advocacy to facilitate their involvement in their assessment, care planning, review and any safeguarding enquiry where they have ‘substantial difficulty’ participating. Sections 67 and 68 of the Care Act explain this requirement. This support is able to be provided by an “appropriate” person, who is not engaged with the Adult in a professional or paid capacity.

The Advocate has the responsibility of upholding the Best Interests of the Adult, assisting them to understand and exercise their rights and to challenge decisions they believe are inconsistent with local authority’s duties to promote wellbeing.

## 8. What helps achieve positive outcomes

### Practitioners

- Time to build a relationship, to ‘find the person’, to understand the meaning of their self-neglect in the context of their life history.
- Collaborative work, multi-agency involvement and systems for securing it.
- Finding value in small achievements, recognising what is being given up.

### Service Users

- Practical input, household equipment, benefits, advocacy, re-housing.
- Promoting choice where possible.
- Access to psychological and mental health services to tackle deep-rooted issues.

Further Information can be found here: [4LSAB Multi-Agency Hoarding Protocol](#)