Keeping Adults Safe

Multi-Agency Guidance: Self-Neglect

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V2	March 2021	KBSP JSBU PPO OK Full document review undertaken in line with 3year requirement and KAS SAR Review Group request to ensure "Guidance reflects the dynamic nature of interfacing risks such as substance and alcohol misuse, coercive control, communication". (Ref Jeanette SAR Rec 3.1)	Replacement of KBSP KAS logo in line with new Partnership arrangements. Font and Size adjusted in line with BCC 2021 standards. Updates to Learning from SAR links. Self-neglect and Hoarding section updated to reflect 5th edition (DSM), change of mental health category to include Hoarding. Guidance updated to include substance misuse and domestic abuse and coercive control. Example of multi-agency working adapted accordingly. Insertion of Braye, Orr and Preston-Shoot (SCIE, 2014), Table for self-neglect effective practice. Mental Capacity section expanded to include Fluctuating capacity.

V2.1	June 2021	KBSP PSO RD	Formatting – extended margins, justified text left to right, fixed irregular spacing, updated headings and contents page.

Contents

1. Introduction

This document outlines the procedures and guidance for dealing with adults with care and support needs where there are concerns of self-neglect. It also sets out the indicators of self-neglect and the importance of robust assessment, with guidance on how to provide person centred support using a multi-agency partnership approach.

Self-neglect and the Care Act 2014

The Care Act Statutory Guidance 2014 defines Self-Neglect as *"…a wide range of behaviour- neglecting to care for one's behaviour personal hygiene, health or surroundings and includes behaviour such as hoarding*."

The Care Act 2014 formally recognises self-neglect as a category of abuse and places a duty of co-operation on all agencies to work together to establish systems and processes for working with adults who are self-neglecting. The Care Act emphasises the importance of early intervention and preventative actions to minimise risk and harm. Central to the Care Act is the wellbeing principle and focusing on decisions which are person-led, and outcomes focused.

These principles are important considerations when responding to self-neglect cases. Under Section 42 of the Care Act, a safeguarding enquiry is required when the person who is self-neglecting meets the three key tests – that is, the person:

- has needs for care and support (whether the local authority is meeting any of those needs), and
- is experiencing, or is at risk of, abuse or neglect, and
- their care and support needs mean they are unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The Care and Support Statutory Guidance states that 'self-neglect may not prompt a Section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support'.

Section 42 enquiries are primarily aimed at adults who are experiencing abuse, harm, neglect, or exploitation caused by a third party.

In addition to the statutory duty to carry out a safeguarding enquiry under Section 42 of the Care Act, local authorities have a power to undertake a non-statutory safeguarding enquiry if it is proportionate to do so and will promote the adult's wellbeing and support a preventative agenda. Decisions should be made on a case by case basis.

Situations which present with a lower level of risk, which could include adults who are not in receipt of health and social care services, and have not been known to Adult Social Care previously, could potentially be addressed through mechanisms such as:

- engaging the adult in a Care Act assessment,
- signposting to alternative services or community resources,
- arranging for mental health services and support, or
- contact with GP etc

Professional judgement and risk assessment is key in determining the level of intervention required. Any factor or issue may move a lower risk case into a higher threshold which would warrant consideration under safeguarding procedures and / or consideration of other legal remedies. Where there are indicators that the level of risk is likely to change, appropriate action should be taken or planned.

Impact on an individual

It is important to consider adults who self-neglect maybe vulnerable to other forms of abuse, exploitation, victimisation, bullying and radicalisation. Similarly, self-neglect could be an individual's way of coping with hidden abuse or exploitation. It is important to be aware of the signs and symptoms in each individual case, including the Adults wider circle, who they associate or live with. Taking a contextual safeguarding approach which enables professionals to look more widely at an individual's circumstances including, family and peer networks can assess the true nature and extent of the risk(s) and apply the most appropriate support plan.

Self-neglect can present significant issues when considering intervention. Lifestyle choices are often based on a judgement by an individual living in a specific way or they are unaware of the risk to themselves or others. Assessing capacity of an individual who is resistant to outside intervention will be required and an innovative approach taken in providing support. This particularly applies when there are no clear legal grounds to intervene and when the risk to the individual or others could be high and sometimes involve death.

The Wellbeing Principle

This places significant emphasis on the Local Authority to meet the needs of the individual through the promotion of person led and outcome focused decisions when responding to cases of self-neglect. This principle should also be considered when it makes a strategic plan to deal with the needs of the person concerned and respond to the following areas:

- Personal dignity
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect

- Control of the individual over day to day life
- Social and economic wellbeing
- Domestic, family and personal relationships
- Participation in work, education, training or recreation
- Suitability of living accommodation
- The Individuals contribution to society

2. Characteristics of Self Neglect

Self-neglect is "*the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the adult and potentially to their community*" (Gibbons, 2006). Self-neglect can describe a wide range of different situations or behaviours. It might mean that someone is not looking after their own health or personal care or maintaining their home environment and it becomes cluttered or dirty. Some other indicators include:

- Living in very unclean, sometimes verminous circumstances.
- Neglecting household maintenance creating fire risks or hazards, eg. rotten floorboards, lack of boiler, dangerous electrics.
- Displaying eccentric behaviours or lifestyles, such as obsessive hoarding.
- Poor personal hygiene and poor health, eg. unkempt appearance, long fingernails and toenails, pressure sores, malnutrition and dehydration.
- Poor diet and nutrition, eg. little or no fresh food, or mouldy out-of-date food, and there is evidence of significant weight loss.
- Substance misuse including alcohol and drugs
- Declining prescribed medication or necessary help from health and / or social care services.
- Collecting a large number of animals who are kept in inappropriate conditions.
- Financial debt issues which may lead to rent arrears and the possibility of eviction.
- Excessively cluttered environment which poses a fire risk and access difficulties.

This list is not definitive or exhaustive.

Self-neglect may happen because the person is unable to care for themselves or for their home, or because they are unwilling to do so, or sometimes both. They may have mental capacity to take decisions about their care or may not.

There are a range of explanations and contributing factors which may lead to self-neglect, including:

- Changes in physical or mental health, including age-related changes.
- Influence of the past, such as bereavement and loss, a traumatic event or childhood trauma.
- Domestic abuse by partner or family member
- Chronic mental health difficulties which may include personality disorder, depression, obsessive compulsive disorder.
- Substance Misuse - Alcohol or drug dependency or misuse.
- Diminishing social networks and / or economic resources leading to social isolation.
- Deliberately targeted by individuals/gangs for exploitation
- Fear, anxiety, pride in self-sufficiency.

Often the reasons for self-neglect are complex and varied, and it is important that health and social care practitioners pay attention to mental, physical, social and environment factors that may be affecting the situation (Braye, Orr, Preston-Shoot, 2015).

Unpaid carers may self-neglect because of their caring responsibilities. Professionals should be aware of the impact that caring for a vulnerable person might have on the carer and ensure that a carer's assessment is carried out and appropriate support offered.

Risk factors

- Diseases or infection because of unclean conditions or poor hygiene
- Hazards from poor household maintenance such as fire hazards, blocked exits, trip hazards
- Poor diet and nutrition. Mouldy food. Little or no fresh food.
- Refusing or declining medication
- Increase in substance misuse such as alcohol and/or illicit or prescribed drugs
- Refusing to allow access to support agencies such as health or the Fire Service
- Refusing to allow access to other organisations such as utility companies
- Unwilling to engage with support services and attend appointments
- Displaying eccentric behaviour that masks an underlying unidentified issue. Social isolation

3. Self-neglect and hoarding

Hoarding can be described as the excessive collection and retention of goods or objects. Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them.

Hoarding can often become a concern for others when health and safety is threatened by the nature or number of items accumulating within, and sometimes overflowing from, the property of the person who is hoarding.

The reasons why someone begins hoarding are not fully understood. It can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of items accrued. Compulsive hoarding can cause significant distress or impairment of work, family, or social life.

Until recently, hoarding was considered a symptom of conditions such as Obsessive-Compulsive Disorder (OCD), anxiety disorder or autism. However, because of significant research, it is now recognised as a distinct mental health disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), 2013.

It is therefore crucial that the correct support and guidance is sought when working with adult's who are hoarding, such as arranging a medical review or referral to mental health services.

Fire Safety

Hoarding increases the risk of a fire occurring and makes it more difficult for people living within the property to evacuate safely. Fire can also spread to neighbouring properties if the level of hoarding is severe or if flammable items such as gas containers are being stored. It also poses a high risk to fire fighters when attending the scene. It is also important to note that fire risks such as poorly maintained appliances, camping type cooking appliances, barbecues, overloaded and worn sockets, the use of candles, smoking in the property all pose a significant fire risk. Adults who hoard are at greater risk as there is more material to burn (fire loading).

Avon Fire and Rescue is required by the Fire Services Act, 2004, Regulation 7.2d to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in their area. The Multi-Agency approach to sharing Information about Hoarding enables compliance with the Act and strengthens the operational risk assessment when dealing with Incidents and fires where hoarding is present. Professionals supporting Hoarding can use the Hoarding Assessment tool (clutter image rating scale) developed in partnership with
Avon Fire and Rescue, they should also obtain consent for a Fire Home Safety Check. It is believed that the Adult will be more likely to let a fire officer into their home than any other professional. The referral (if not urgent) can be made online by visiting www.avonfire.gov.uk/ourservices/home-fire-safety-visits.

4. Learning from Serious Case Reviews (SCR)

Learning from both local and national reviews have highlighted there is no typical presentation of self-neglect; cases vary in terms of age, household composition, lack of self-care, lack of care of one's environment and/or refusal to engage. Recommendations have focused on providing staff training and support, procedures and the components of best practice which emphasise the importance of always using a person-centred approach, within the context of ongoing assessment of mental capacity and risk, with agencies sharing information and working closely together, supported by management and supervision, and practising within detailed procedural guidance. Further information on local SCRs can be found on the KBSP website https://bristolsafeguarding.org/adults/safeguarding-adult-reviews/

For information on SCRs across the country please visit Learning from Experience Database - Reviews from other Local Authority Areas by theme: Self-Neglect/Refusal of Support http://www.hampshiresab.org.uk/learning-fromexperiencedatabase/serious-case-reviews/theme/self-neglect-refusal-of-support/

5. How to support people that Self-Neglect with Effective Engagement

The starting point should be the adoption of a person-centred approach and engaging with the adult who is self-neglecting. This will support their right to be treated with respect and dignity, and to be in control of and, as far as possible, to lead an independent life.

When engaging with an adult who is self-neglecting, and who may have difficulty with their executive functioning (the ability to plan, organise and complete tasks), consider whether:

- They have information in a format they can understand.
- Circumstances allow conversations to take place over a period and the building-up of a relationship.
- Consider who (e.g. family, advocate, other professional) can support you to engage with the adult.
- Always involve attorneys, receivers, or representatives if the adult has one.
- Check whether the person understands their options and the consequences of their choices (consider the person's mental capacity).

For adults who present with fluctuating capacity, aim to develop a plan of agreed actions or outcomes for the adult during a time when they have capacity for that decision. Ensure the adult is invited to attend meetings, where possible.

The challenge of non-engagement

A frequent challenge encountered by professionals when working with adults who are experiencing self-neglect is when adults refuse, or are unable, to engage with or accept services to support them and to minimise risk. There will often be competing demands between demonstrating respect for the adult's autonomy and self-determination, and the need to protect the adult from harm.

Non-engagement can present in a variety of ways, including:

- Not attending appointments.
- Not opening the door to professionals.
- Being too substance affected to engage in any support.
- Being unable to agree to a plan of support to effect change and minimise risk. Being unable to implement recommendations to reduce risk.

Self-neglect needs to be understood in the context of each adult's life experience; there is not one overarching explanatory model for why adults self-neglect or hoard. It is a complex interplay between physical, mental, social, personal, and environmental factors.

It is likely that self-neglect is the result of some incident or trauma experienced by the adult, for example childhood trauma, bereavement, or abuse. Professionals should be mindful abuse could be on going for the individual who maybe being harmed by a partner or family member or targeted for abuse and exploitation from someone or a gang in the community.

This may lead to a person becoming demotivated and developing a poor self-image and self-esteem, which will impact on their ability to engage with professional support. Positive outcomes can be achieved through using trauma informed approaches and understanding the unique experience of the individual. It is imperative that all multi-agency practitioners remain non-judgemental and have a shared and compassionate approach to understanding the complexity of the adult's history and background and how this has led to their current circumstances.

Where an adult refuses support to address their self-neglect, it is important to consider mental capacity and ensure the adult understands the implications, and that this is documented. **A case should not be closed solely on the grounds of an adult refusing to accept a support plan**.

Research in Practice for Adults (RiPA) 2015 reported that when supporting people who self-neglect that there were 3 key stages:

- **Knowing** – the individual, their unique history and the significance of their self-neglect compliments the professional knowledge resources that practitioners bring to their work

- **Being** - Such understanding is achieved through ways of *'being'*: personal and professional qualities of respect, empathy, honesty, patience, reliability, and care – the ability to 'be present' alongside the person while trust is built

- **Doing** - professional practice in a way that combines hands-on and hands-off approaches is important: seeking the tiny element of latitude for agreement, doing things - often practical things - that will make a small difference while negotiating for the bigger changes, and being clear about when enforced intervention becomes necessary

Professor Michael Preston-Shoot speaks of the 'Care Frontational'[1] approach to people that self-neglect – challenging them sensitively to consider the implications of self-neglecting behaviour and what the results may be, moving from a position of 'tell me' to 'show me'. This is because people who self-neglect will say the right thing but may not be able to put it into practice. This moves the agency involved with the Adult to say 'Tell me what you are going to eat today?' to 'Show me how you will buy the food and cook it?'

The table below is based on work by Braye, Orr and Preston-Shoot (SCIE, 2014), and illustrates various methods and interventions to support effective practice in working with adult's who are self-neglecting.

Theme	**Examples**
Building rapport and being there	Taking the time to get to know the person, treating the person with respect, refusing to be shocked, maintaining contact and reliability, monitoring risk or capacity, spotting motivation for change.
Moving from rapport to relationship	Avoiding kneejerk responses to self-neglect. Talking through the person's interests, history, and stories.
Finding the right tone and straight talking	Being honest about potential consequences while also being non-judgemental and separating the person from the behaviour.

Going at the adult's pace	Moving slowly and not forcing things; continued involvement over time; showing flexibility and responsiveness. Small beginnings to build trust
Agreeing a plan	Making clear what is going to happen, for example, a weekly visit might be the initial plan. Offering choices and having respect for the person's judgement.
Cleaning or clearing	Being proportionate to risk and seeking agreement to actions at each stage.
Finding something that motivates the adult	Linking to interests, for example, hoarding for environmental reasons or linking to recycling initiatives.
Starting with practicalities	Providing small practical help at the outset may help build trust, for example, household equipment, repairs, benefits, 'life management'.
Bartering	Linking practical help to another element of agreement – bargaining.
Focusing on what can be agreed	Finding something to be the basis of the initial agreement that can be built on later.
Risk limitation	Communicating about risks and options with honesty and openness. Encouraging safe drinking strategies or agreement to fire safety measures or repairs.
Health concerns	Facilitating or co-ordinating doctors' appointments or hospital admissions. Providing practical support to attend appointments.

External levellers / enforced action	Ensuring that options for intervention are rooted in sound understanding of legal powers and duties. Setting boundaries on risk to self and others. Recognising and working with the possibility of enforced action.
Networks	Engaging with the person's family, community or social connections.
Change of environment	Considering options for short-term respite if required, for example, to have a 'new start'.
Therapeutic input	Replacing what is relinquished, for example, through psychotherapy or mental health services.

Bristol Three Tier Model of Social Care

In Bristol we use a system and strength-based approach to Better Care in response to the Care Act 2014. This is called the 'Three Tier Model of Social Care' that focuses on Empowering individuals to help themselves, get help when it's needed and help to live their life. This model of assessment and planning aims to;

- Promote wellbeing
- Focus on early help and prevention enabling people to live longer
- Direct people to lower cost options and solutions
- Delay or avoid the need for more intensive higher cost care and support

6. Assessment of Need and Risk Management

The Care and Support statutory guidance states the assessment '*should not just be seen as a gateway to care and support, but should be a critical intervention in its own right, which can help people to understand their situation and the needs they have, to reduce or delay the onset of greater needs, and to access support when they require it*.'

The guidance goes on to say that '*local authorities must undertake an assessment for any adult who appears to have any level of needs for care and*

support, regardless of whether or not the local authority thinks the individual has eligible needs.'

Local Authorities must ensure they use the least restrictive option and comply with the Human Rights Act 1998 (Article 5 Deprivation of Liberty Safeguards DoLS) and Mental Capacity Act 2005.

Mental Capacity

The Mental Capacity Act 2005 should be considered for any assessment and decision-making process when considering cases of Self Neglect. Capacity is decision and time specific. There is a presumption of capacity, if there are concerns about a person's capacity to take relevant decisions a Mental Capacity Act compliant capacity assessment should be completed. Where it is found that the adult lacks capacity then any actions taken, must be in their best interests and in accordance with the Mental Capacity Act 2005 and the associated Code of Practice. SCIE report 46 'Self-neglect and adult safeguarding: findings from research' http://www.scie.org.uk/publications/reports/report46.pdf provides research about assessing capacity.

Fluctuating capacity

Some adults may have fluctuating capacity. This is particularly common in situations of self-neglect. It may occur because of their lifestyle or behaviour, and lead to making an unwise decision, for example:

- An adult may decline treatment for an overdose when under the influence of alcohol.
- An adult may prioritise a substance over a serious health need.
- An adult who is unduly influenced and controlled by a violent or abusive partner or family member
- An adult who is being exploited and controlled through criminal activities/gang
- An adult experiencing very high levels of distress and making unwise decisions such as those with emotionally unstable personality disorder.

This fluctuation can take place over days or weeks, or over the course of a day. Consideration should be given to undertaking the mental capacity assessment at a time when the adult is at their highest level of functioning. Other adults may have a temporary impairment of their ability to make decisions due to an acute infection. The key question in these situations is whether the decision can wait until the adult has received treatment for the infection. In emergency situations, it is necessary to proceed with the best interest's decision-making process.

For adults who have ongoing fluctuating capacity, the approach taken will depend on the 'cycle' of the fluctuation in terms of its length and severity. It may be necessary to review the capacity assessments over a period of time. In complex cases, legal advice should be sought.

Lack of Capacity

When a person has been assessed as lacking capacity, interventions can be made in the person's best interests. In urgent situations where the person lacks capacity and there is imminent, serious risk/danger to the person, an emergency application can be made to the Court of Protection.
It is worth considering that even when a person has capacity but is an Adult at Risk and there is serious risk/danger to the person, the relevant agency could approach the High Court for appropriate legal authority to intervene.

7. Self-Neglect and Housing

If a person is self-neglecting and is currently housed in supported accommodation or has housing related support in place, their support worker should be involved in the multiagency process (and may be the most appropriate lead professional). All placements in supported accommodation or with housing related support are processed through the Housing Support Register (HSR) and there may be additional risk and support information on this system. Only certain organisations have direct access to the HSR.

If someone is at risk of homelessness as a result of their self-neglect and they need to be referred for supported accommodation then professionals can complete a referral to the Homelessness Prevention Team (previously known as the Housing Advice Team) see webpage https://www.bristol.gov.uk/housing-for-businessandprofessionals/referralsfrom-professionals-for-housing-advice

8. Sample Form Multi Agency Assessment of Need

Different agencies will have different information or forms relevant to the case which can be all feed in to create a comprehensive Section 9 needs assessment whilst a section 42 enquiry is being undertaken. This sample form may help and if relevant add the Clutter Image Rating Scale tool

Adult at Risk

Name, address and Date of Birth	Click here to enter text.

Agency and person making referral	Click here to enter text.
Details of GP, District Nurse/Health Visitor	Click here to enter text.
Is there outside agency involvement	Click here to enter text.
Details of family involvement / contacts	Click here to enter text.
Information about any social or family contacts	Click here to enter text.
Does the Adult live alone?	Click here to enter text.
Does the individual know that a referral is being made? **If not is there a reason why this has not been discussed with them?**	Click here to enter text.
Have they given consent? **If there are queries around mental capacity has an assessment been completed?**	Click here to enter text.
What is the nature of the concern and what are their views about this as far as this can be ascertained?	Click here to enter text.
Has there been an on-going issue or sudden deterioration in the individual's wellbeing?	Click here to enter text.
Are there any children at risk of harm as a consequence of the Adult's behaviour?	Click here to enter text.

9. Sample Form Multi Agency Assessment of Risk

Risk tool to help assess Degree of Risk

It is the responsibility of all involved to ensure a Risk Assessment is completed and to review and share this when appropriate. All information should be stored and sent securely.

Checklist

☐ What is known about the person such as social and medical history? Give as much detail as possible

……

☐ Is the person refusing medical treatment? Is this life threatening? Give details

……

☐ Is there adequate heating, sanitation, water in the home? Give details

……

☐ Are there any signs of the client being malnourished e.g. Signs of begging for food or scavenging in bins or is visibly thin? Give details

……

☐ What is the condition of the environment e.g. poor state of repair, vermin such as rats, flies or hording of possessions, rubbish or pets? Give details

……

☐ Is there evidence of Hording/Obsessive Compulsive Disorder? Give details

……

☐ Is there a smell of gas or are there exposed wires, damaged utilities resulting in fire or flood risk? If so make safe immediately and give details of action taken

……

☐ Are there serious concerns over the level of personal or environmental hygiene? Give details

……

☐ Is the person suffering from an untreated illness, injury or disease, or is physically unable to care for themselves or may be depressed? Give details

……

☐ Does the Adult have serious problems with memory or decision making, signs of confusion or dementia rendering them unable to care for themselves? Give details

……

☐ Are there any associated risks to children? If yes, refer to First Response Tel 0117 9036444. Ensure when you refer it is detailed so that First Response can get an accurate picture in order to make a decision. If you are unhappy, remember don't just accept it but challenge and escalate your concerns. Use the Escalation Procedure if necessary. Give details

……

☐ Try to establish with the Adult a history of their life to help understand their current situation including any known associates and have there been any major losses or traumas?
Give details

……

☐ Using the persons own narrative what is their opinion on the situation and what are their needs? Give details

……

☐ Is the person willing to accept support and if so from whom? Give details

……

☐ What are the views of family members, healthcare professionals and other people in the individual's network? Give details

……

☐ Is there any other information that you think may be relevant, such as known associates that could assist the Police in intelligence gathering? For example, information gathered and shared may reveal that the person is being targeted criminally, being sexually, financially or criminally exploited, or at risk of radicalisation? This could be contributing to their self-neglect or highlight them a being at increased risk due to their vulnerability. Give details

……

10. The Multi Agency Approach (see Appendix 2 for flow chart)

A multi-agency approach with robust planning and support where options can be explored and discussed together, will provide a more effective and developed plan. It will provide an opportunity for increased collaboration, shared decision making and provide a more innovative approach to engaging with the Adult, increasing feelings of support. A coordinated response with a person-centred approach will lead to improved outcomes. If agencies disagree at any point on a decision made, the **Escalation Procedure** will provide guidance on how to proceed.

Example of the importance of interagency working

An adult with alcohol misuse problems has been identified as self-neglecting. She is failing to engage with her social worker. Enquiries with neighbours reveal that the Adult at risk has been seen on several occasions drinking alcohol with a new male friend who regularly stays at her house. The woman is not known to the social worker or the neighbours however the information is passed to the Police who identify the male as having convictions for alcohol related and domestic violence and drug related offences as well as information indicating current involvement in county line drug related activity.

This information allows the agencies involved to create a better picture around the possible causes of the Adult's self-neglect, and to consider whether their self-neglect has made the Adult more vulnerable to substances and any coercive and controlling behaviour of this known individual. It identifies that this adult is at greater risk. Such interagency working would allow the agencies, such as adult social care, police, drug and alcohol agency, domestic abuse service etc to work together to put in place very specific services to encourage engagement with the adult at risk and for the Police to tackle the matter in a manner deemed appropriate and effective. All agencies would contribute in the creation of a relevant support plan where the Adult feels supported and protected. In doing

this not only are they reacting to a situation that needs very specific action and support, but also working towards the disruption and prevention of activity which may lead to further harm. Section 42 of the Care Act says that the structure of an enquiry should be as follows.

- Plan what assessments are needed and which agencies are responsible for their completion
- Coordinate and undertake these enquiries and assessments
- Evaluate the outcomes of these enquiries and assessments
- Decide what actions are needed
- Establish if an advocate is required for the Adult

The Lead Coordinating Agency

The Lead Coordinating Agency **will be** the agency best placed to coordinate the process. This could be for example the Local Authority, Fire Service, Housing, Mental Health Services, drug and alcohol treatment services, domestic abuse service or Environmental Health. When considering which agency is the best to coordinate the process the following should be considered:

- The agency concerned is already involved with the individual
- That agency has a duty of care to that individual because of their needs
- They hold most information relating to the individual
- The individual engages well with that organisation
- The individual's main needs relate to the service provided by the Agency
- The degree and immediacy of risk to the individual and/or the wider community

On receiving a referral, the Local Authority Adult Safeguarding Team will consider, based on assessing the risk indicators and in determining a proportionate response, whether to proceed to a Section 42 Enquiry and formal safeguarding procedures. This decision should be made within 48 hours of receiving the referral.

When the threshold for a Section 42 Enquiry is assessed to have been met, the Local Authority retains the responsibility for overseeing the enquiry and ensuring that any investigation satisfies its duty under Section 42 to decide what action (if any) is necessary to help and protect the adult, and to ensure that such action is taken when necessary.
In cases where the threshold for a Section 42 has not been met the Local Authority Adult Safeguarding Team will identify a Lead Agency to follow the procedure outlined in this document and liaise with this agency about their role and next steps.

In cases where there is disagreement over the threshold assessment, this should be discussed by agencies involved. Where disagreement cannot be resolved, agencies are able to use the KAS Escalation Policy.

Self-neglect is a Multi-Agency priority and there is an expectation that all partner agencies will engage when requested by the lead agency. The lead agency will take responsibility for coordinating a Multi-Agency partnership to support the Adult identified. If partner agencies believe agencies are not taking responsibility this must be escalated to a senior manager.

Information Gathering

Information gathered and shared at this stage should involve:

- Assessment of Need,
- Assessment of Risk (see sample forms above)
- Creation of a chronology that records concerns of all agencies involved, and any details of previous actions taken by them

Multi-Agency Information gathering should bring together:

- Insight into what the Adult wants
- Insight into the Adults perspective
- What has worked with the individual in the past and the approaches that caused the Adult to disengage

It will be the responsibility of the Lead Agency to determine which, are the most appropriate actions to progress the case and ensure that there is effective information sharing and case management. All agencies must be mindful of information sharing under the Data Protection Act (1998) however this can be superseded if it is established that there is a risk. Please refer to the **KBSP Information Sharing Guidance.**

The Lead Agency will report the most appropriate response to the risk whilst also considering referrals such as Adult Safeguarding, Criminal investigations, Child protection, Environmental Health and Community and Fire Safety.

The Lead Agency should arrange a Multi-Agency Planning Meeting and make arrangements where possible to involve the individual concerned. This meeting should be convened if the level of risk has not reduced and the risk remaining is significant and requires formal intervention with a multi-agency recorded approach and plan.

Multi-Agency Planning Meeting

This will be chaired by the Lead Agency and minutes recorded. The professionals involved should have a lead that is aware of their legal responsibilities and duties and comes fully prepared with all information that will be needed to develop a coherent and fully coordinated response.

Purpose

- To review individuals views and wishes
- Develop an Action Plan
- Discuss and reassess risk
- Coordinate information sharing
- To discuss timescales and further reviews

Outcomes

- Updated support plan and risk assessment completed (see risk tool)
- Actions – including contingency plans should the Adult refuse the support plan decided at the meeting. Consider a date and timescale for a review meeting should the risk remain
- Monitoring and review arrangements
- How communication is maintained with the Adult and who will take responsibility to liaise with the person and advocate (if necessary) in order that they understand what support plan is in place and what will happen if there is a continued refusal to engage

Multi-Agency Review Meeting - Significant Risk remains – requires escalation

If the Multi-Agency plan is rejected the case must never be closed. It is important to take legal advice if a more direct approach is needed using legal powers (see Appendix 1 as a guide only). Invite other agencies, who may present a more innovative solution or fresh perspective on the situation, they may be able to assist or have very specific skills and experience relating to the person or situation.

Establish and consider at the meeting:

- If known, address the reasons why is the Adult refusing. Can anything be changed or added to the support plan to promote future engagement?
- What are the risks now? Have they escalated?
- Has there been improvement or deterioration to the Individual and/or their environment?
- Review timescales

- Discuss and establish a clear plan as to what actions an agency should take should immediate action be necessary (take legal advice)
- Discuss contingency plans
- Agree what information needs to be shared
- Discuss further continued engagement with the Adult, their carer or advocate. Ensure they are kept informed and consideration is given to their communication needs
- Discuss and agree future dates of Review meeting until the situation has been resolved
- Ensure that all agencies are aware of the route back to triggering further enquiries should they become aware that the risk has increased

11. Legal Interventions

It may be decided that the impact of the self-neglect on the person and their surroundings is serious enough to consider using legislative powers to improve and secure a safe outcome for all those affected. This should only be taken once efforts of engagement have failed and it is decided that it's the best way forward after a multiagency approach. Legal advice should always be taken with the authority using the legislative powers available to them.

See Appendix 1 which is to be used **as a guide only** and reference tool for those considering the most appropriate intervention.

Appendix 1 Laws and Procedures (use as a guide only)

Agency	Law
Local Authority or Mental Health Services	**Mental Health Act 1983** **Section 135(1)** An Approved Mental Health Professional can make an application to the magistrate's court for a warrant under s135 (1) of the Mental Health act. The Approved Mental Health Professional (AMHP) must give evidence that there is reason to believe that the person is suffering from mental disorder along with further criteria set out in the act. The magistrate can issue a warrant that provides a police officer with the authority to enter a private premises, if need be by force, to search for and, if thought needed, remove a person to a place of safety in order to be assessed under the Mental Health Act. The Police Officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. The person cannot be detained at the Place of Safety for a period exceeding 72

	hours (from April 2017 this will be reduced to 24 hours). NB. Place of Safety is usually a mental health unit but can be the Emergency Department of a general hospital (if they agree to accept the person), or anywhere willing to act as such. **Section 136 MHA1983** Allows a police officer to remove a person from a public place to a place of safety who is believed to be suffering from a Mental disorder and in immediate need of care and control in order for them to be interviewed by an AMHP and a doctor and for either admission to hospital or the necessary arrangements for their care and treatment to be made. The person cannot be detained at the Place of Safety for a period exceeding 24 hours.
Fire	**Fire Safety Order 2005** A Prohibition Notice can be served on a premise such as a house in multiple Occupation or a flat (not single occupancy domestic premises) where there is a fire risk that could cause death or serious injury to others. The Notice will be served and restrict the use of that premises.
Police	**Power of Entry (S17 of Police and Criminal Evidence Act)** Only to be used by the police and in an Emergency situation. This is a power to enter premises without a warrant in order to save life and limb.
Housing	**Anti-Social Behaviour, Crime and Policing Act 2014 Section 1** A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour or for the purpose of preventing the person from engaging in anti-social behaviour **Section 2** Direct or indirect interference with management functions of a provider or local authority, for example preventing a

	utility inspection could be considered as anti-social behaviour.
Environmental Health	**Town and Country Planning Act** An order can be sought for repairs to privately owned dwellings or an application can be made for a Compulsory Purchase Order **Housing Act 2004** An Improvement Notice or Demotion Order can be obtained if there is a hazard that exists in a building posing a risk of harm posing a risk of harm to an occupier or any dwelling or house in multiple occupations. **Power of entry/ Warrant (s.287 Public Health Act)** Gain entry for examination/ execution of necessary work required under Public Health Act, Police attendance required for forced entry **Power of entry/ Warrant (s.239/240 Public Health Act)** Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathering) Police attendance required **Enforcement Notice (s.83 PHA 1936)** Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred **Litter Clearing Notice (Section 92a Environmental Protection Act 1990)** Environmental Health to make an assessment to see if this option is the most suitable. **Prevention of Damage by Pests Act 1949** Local Authorities have a duty to take action against occupiers if there is evidence of rats or mice **Public Health (control of diseases) Act 1984 Sec 46** sets out restrictions to control the spread of disease
RSPCA, DEFRA,	**Animal Welfare Act 2006**

Environmental Health	**Offences (Improvement notice)** Education for owner, a preferred initial step, Improvement notices can be issued and monitored, if there is noncompliance further action through courts.