



Keeping Adults Safe

Multi-Agency Guidance Self Neglect

March 2017

Contents Page

1. Introduction	3
Impact on the Individual	3
2. The Care Act 2014	4
The Wellbeing Principle	5
3. Characteristics of Self-Neglect	5
4. Hoarding	6
5. Learning from Serious Case Reviews	8
6. How to support people that Self-Neglect with Effective Engagement	8
Bristol Three Tier Model of Social Care	9
7. Assessment of Need and Risk Management	9
Mental Capacity	9
Lack of Capacity	9
8. Self-Neglect and Housing	10
9. Sample Form - Multi Agency Assessment of Need	11
10. Sample form – Risk Tool to help assess Degree of Risk	12
11. Multi-Agency Approach	14
The Lead Coordinating Agency	14
Information Gathering	14
Multi-Agency Planning Meeting	16
12. Legal Interventions	17

Appendices

Appendix 1 – Laws and procedures	18
Appendix 2 – Multi Agency Procedure Flowchart	22

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 will also set out the indicators of Self Neglect, the importance of a robust assessment and guidance on how to provide the correct support with a Multi-Agency partnership approach with the person at the center of the decision making.

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.”

Impact on an individual

It is important to consider when dealing with cases of Self Neglect how vulnerable it can make a person. The Adult will be more susceptible to all forms of abuse, exploitation, victimisation, bullying and radicalisation. Likewise Self-Neglect could be an individual’s way of coping with any underlying issue. It is important we make ourselves aware of all the signs and symptoms in each individual case, keep our minds open to every possibility including who the Adult is associated or living with. This information could be vital when you consider, consult, share and refer for support or safeguarding issues, assess the 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 where they deem it to be acceptable to live in a specific way or they are unaware of the risk to themselves or others. Assessing capacity for a person resistant to outside intervention will sometimes require an innovative approach. 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.

There have been many references to Self-Neglect in a significant proportion of Serious Case Reviews¹ following the death of an adult with care and support needs². Several representations have also been made by the Coroner’s Court where people known to be at risk of Self Neglect had insufficient support.

2. The Care Act 2014 – Legal Framework

The Care Act 2014 places a very specific duty on Local Authorities in relation to Self-Neglect.

Section 42 of the Care Act says:

¹ <http://www.hampshiresab.org.uk/learning-from-experience-database/serious-case-reviews/theme/self-neglect-refusal-of-support/>

² Serious Case Review – BC, Bristol Safeguarding Adult Board 2016:
https://www.bristol.gov.uk/documents/20182/354651/BC+Executive+summary+final+-+Publication+-+v1_03.pdf/86c32318-326f-44af-ad8a-75009683afe3

Enquiry by the Local Authority

- (1) This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there);
- has needs for care and support (whether or not the authority is meeting any of those needs),
 - is experiencing, or is at risk of, abuse or neglect, and
 - as a result of those needs is unable to protect him or her against the abuse or neglect or the risk of it.
- (2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the Adult's case (whether under this part or otherwise) and, if so, what and by whom. It therefore follows that whenever concerns are raised about an adult who may be **self-neglecting**; the Local Authority is under a statutory responsibility to consider making enquiries or causing enquiries to be made. The Care Act Statutory Guidance provides 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. 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.'

The Care Act 2014 outlines the principles of:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability

These should always be considered when working with a single or multi-agency approach to address such concerns. Failure to identify and engage with people that are not looking after themselves or their home (to a degree that would constitute self-neglect) could have serious implications on their health and wellbeing, their family and the local community. The duty for agencies to integrate, cooperate and work in partnership, is a legal requirement placed on all Local Authorities and all agencies involved in care such as the NHS, independent and private sector organisations, housing providers and the Police. Cooperation will allow early intervention and this is seen as the best way to prevent, reduce or delay the need for care, support and safeguarding adults at risk from abuse or Neglect.

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

3. Characteristics of Self Neglect

- Living in very unclean, sometimes verminous conditions where their home environment has been neglected and impacting on the persons health, wellbeing and safety as well as that of others
- Neglecting household maintenance creating hazard and fire risks
- Neglecting personal hygiene so much so that its impact on the person's health; for example pressure ulcers
- Poor diet or nutrition
- Lack or Intermittent engagement with support services
- Failure to maintain social contact
- Hoarding – excessive attachment to possessions creating mobility and fire hazards
- Declining or refusing prescribed medication
- Substance misuse
- Large number of pets with potential insanitary conditions and neglecting their needs
- Failure to manage finances

The below characteristics are vitally important as these are identified by people deemed to self-neglect and should be considered when responding to all concerns:

- Fear of losing control
- Pride in self sufficiency
- Sense of being connected to what surrounds them
- Mistrust of professionals or people in authority

Contributing Factors

- Age related changes in physical or mental health
- Bereavement /traumatic event

- Chronic mental health difficulty
- Alcohol dependency or drug misuse
- Social isolation
- Targeted by a particular individual, group or gang who have been able to identify their vulnerability
- Fear and anxiety

Risk factors

- Diseases or infection as a result 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
- Refusing to allow access to support agencies such as health or the Fire Service
- Refusing to allow access to other organizations such as utility companies
- Unwilling to engage with support services and attend appointments
- Displaying eccentric behaviour that masks an underlying unidentified issue. Social isolation

4. Hoarding

Hoarding is a complex condition where the hoarder has a strong emotional attachment to often multiple objects in excess of their real value, to a level where it impacts on their health and social functioning, and potential on their and other people's welfare and safety. Hoarding can also be a symptom of other syndromes (e.g. Diogenes syndrome) or some mental health disorders.

Hoarding is not relative to age, gender, ethnicity, or socio-economic status, and it can happen to anyone. Anything can be hoarded from material possessions, paper, animals and sometimes faeces.

The characteristics and contributing factors are detailed above under Self Neglect. This list is non exhaustive.

Risk factors

- The extent of the hoard poses a serious risk to the person, neighbors and the surrounding community
- High risk of infestation or fire
- It is connected to others concerns of self-neglect, physical health and adequate nutrition
- Linked to serious cognitive decline, lack of capacity to self-care and care for

surroundings

- Threat to tenancy and risk of homelessness

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).

The sharing of information is extremely important for operational firefighter crew safety.

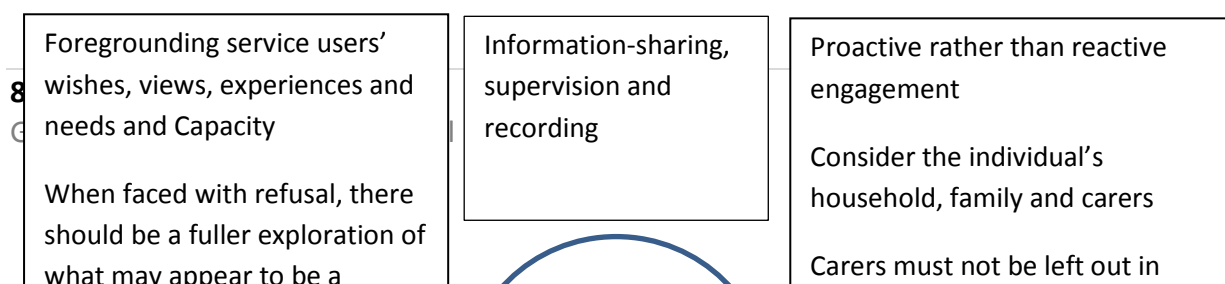
Avon Fire and Rescue is required by the Fire Services Act, 2004, Regulation 7.2d to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in their area. The Multi-Agency approach to sharing Information about Hoarding enables compliance with the Act and also strengthens the operational risk assessment when dealing with Incidents and fires where hoarding is present.

Seek wherever possible the clients 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/our-services/home-fire-safety-visits.

A Hoarding Assessment tool ([clutter image rating scale](#)) has being developed in partnership with Avon Fire and Rescue.

5. Learning from Serious Case Reviews

Serious Case reviews featuring Self-Neglect were analysed and the following recommendations were made to use as a source of learning;



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

Hoarding is an individual condition for the person who is affected, that requires a personalised assessment and approach to working with the person to help them recognise the condition, the impact of it on themselves and other people, and to support them in identifying how they can best move to self-manage their condition.

Research in Practice for Adults (RiPFA) 2015 reported that when supporting people who Self-Neglect that there were 3 key stages:

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

2/ **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

3/**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'³ 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?'

Bristol Three Tier Model of Social Care

In Bristol we have piloted and are working towards a systems 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.

Effective Multi Agency Working will feed in to this model of assessment and planning 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

7. Assessment of Need and Risk Management

The Care and Support statutory guidance (updated 9/12/16) says that 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.

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.

8. 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 multi-agency 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-business-and-professionals/referrals-from-professionals-for-housing-advice>

If that person is currently rough sleeping then a referral can be made to the St Mungo's Outreach team on 0117 9440581 or contact Bristolspot@mungos.org.

Floating support providers will take self-referrals (see the useful contacts list).

For more information about the HSR including the eligibility criteria also see the webpage <https://www.bristol.gov.uk/housing-for-business-and-professionals/housing-support-register>

³<http://www.scie.org.uk/publications/reports/report46.pdf>

9. Sample Form Multi Agency Assessment of Need

(store, transfer and send securely). 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 (as time of publishing this tool is in development – policy to be updated when released).

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.

10. 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 hoarding of possessions, rubbish or pets? Give details

.....

Is there evidence of Hoarding/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

.....

11. 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 centered 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 has been identified where there are significant concerns of self-neglect. She is

failing to engage with her social worker. Enquiries with neighbours reveal that the Adult at risk has been seen on several occasions with a certain male person. This person 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 drug related offences as well as information indicating current involvement in 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 the coercive and controlling behavior of this known individual. It identifies that this adult is at greater risk.

Such interagency working would allow the agencies 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 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 the majority of information relating to the individual
- The individual engages well with that organisation
- The individuals 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 regarding Self Neglect the Local Authority Adult Safeguarding Team will consider, on the basis of 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 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 formally minuted and chaired by the Lead Agency. 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 by the use of 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

12. 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 multi-agency 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	<p>Mental Health Act 1983 Section 135(1)</p> <p>An Approved Mental Health Professional can make an application to the magistrates 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</p>

	<p>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.</p> <p>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).</p> <p>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.</p> <p>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 72 hours (from April 2017 this will be reduced to 24 hours).</p> <p>Section 2 MHA1993 A person suffering from a mental disorder (defined by the Act) to such a degree that it is considered necessary for the patients' health and safety and/or the protection of others; they may be admitted to hospital and detained there for up to 28 days for an assessment followed by treatment.(If detained on section 3, for treatment, this can be for up to 6 months)</p> <p>Section 7 MHA1983 A Guardianship order can be applied for in relation to a person with mental disorder if it is considered necessary and is in the interests of the welfare of the person or the protection of others. The Local Authority or any other person can be named as the Guardian. It requires the written medical recommendation of two doctors and application by an AMHP or the nearest relative of the person.</p> <p>Community Treatment Order</p>
--	---

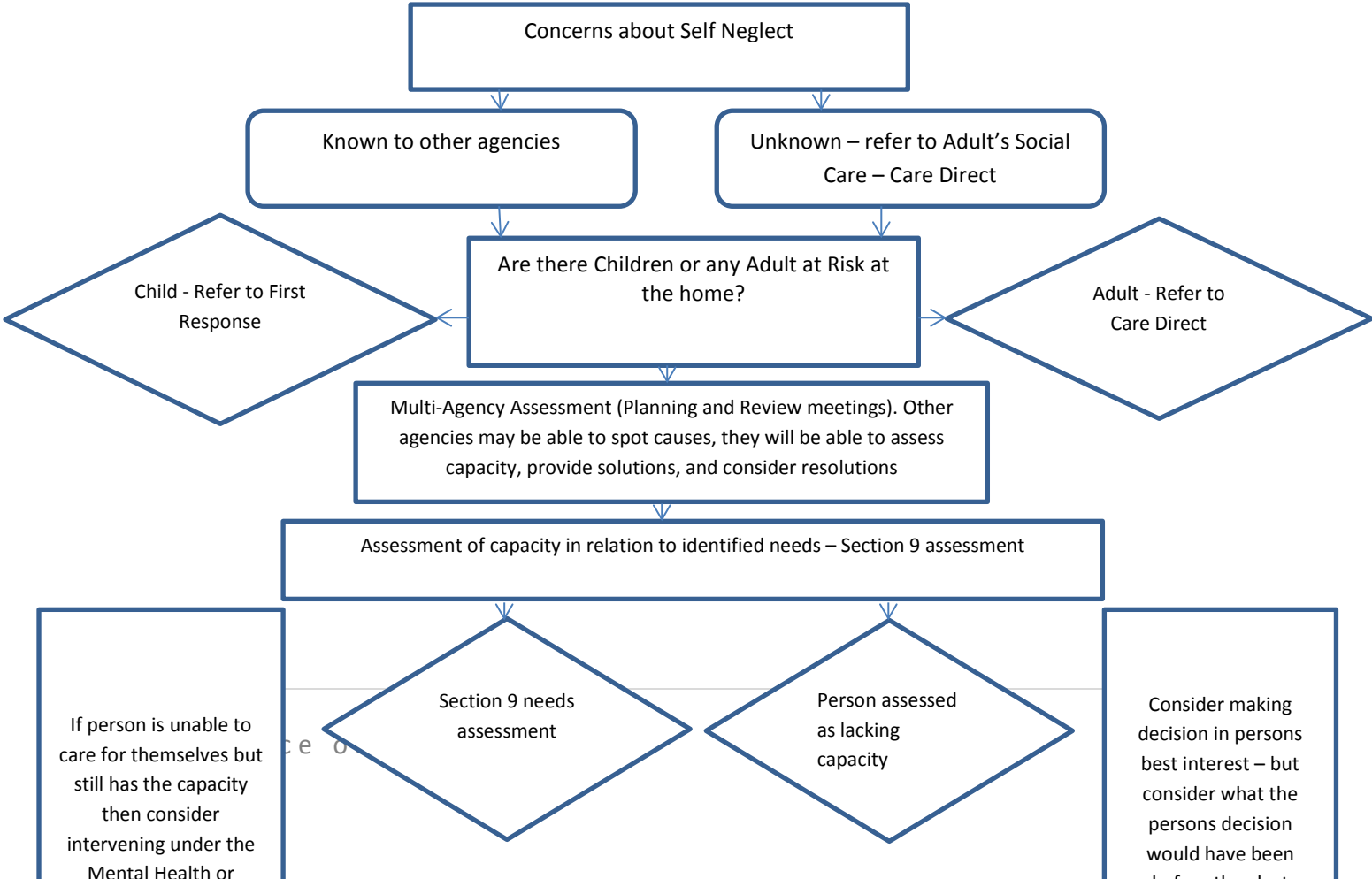
	<p>If a person has been admitted to Hospital under Section 3 of the Mental Health Act a Community Treatment Order (CTO) can be applied for by the responsible Clinician (usually the consultant psychiatrist) in charge of their care, so that the Adult will have supervised treatment when they leave. An AMHP is required to agree that the criteria for the CTO are met and that it is appropriate. The person can be brought back to hospital if they break the conditions.</p> <p>Mental Capacity Act 2005 All professionals must act under the Codes of Practice when dealing with adults that lack capacity and the overriding principle is that the actions are being carried out in the person’s best interest NB: Where the decision is that the person needs to be deprived of their liberty in their best interests, a Deprivation of Liberty Safeguards (DoLS) authorisation will be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the Court of Protection may be needed and legal advice should be sought.</p>
<p>Fire (To be confirmed - with Technical Fire Safety)</p>	<p>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.</p>
<p>Police</p>	<p>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.</p>
<p>Housing</p>	<p>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 behavior or for the purpose of preventing the person from engaging in anti-social behavior 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 behavior.</p>

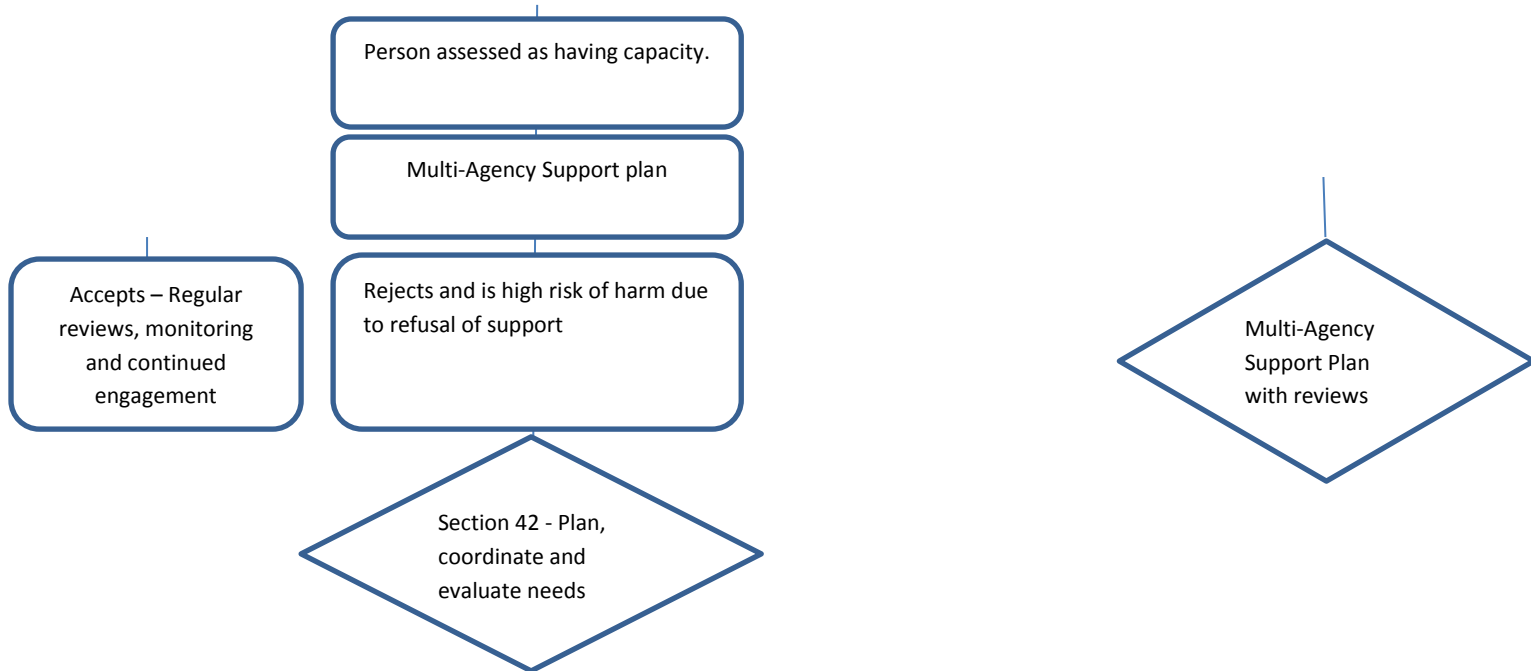
<p>Environmental Health</p>	<p>Town and Country Planning Act An order can be sought for repairs to privately owned dwellings or an application can be made for a Compulsory Purchase Order</p> <p>Housing Act 2004 An Improvement Notice or Demotion Order can be obtained if there is a hazard that exists in a building posing a risk of harm posing a risk of harm to an occupier or any dwelling or house in multiple occupations.</p> <p>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</p> <p>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</p> <p>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</p> <p>Litter Clearing Notice (Section 92a Environmental Protection Act 1990) Environmental Health to make an assessment to see if this option is the most suitable.</p> <p>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</p> <p>Public Health (control of diseases) Act 1984 Sec 46 sets out restrictions in order to control the spread of disease</p>
<p>RSPCA,DEFRA,Environmental Health</p>	<p>Animal Welfare Act 2006 Offences (Improvement notice) Education for owner, a preferred initial step, Improvement notices can be issued and monitored, if there is non-</p>

compliance this can lead to a fine or imprisonment

Appendix 2

Multi-Agency Procedure Flowchart





If the Self Neglect is causing a risk to others, consider using the relevant law available for a more robust approach. Where possible, consult with the Adult at Risk to keep them informed and always consider the distress it could cause when implementing such an approach.

Useful Contacts

Adult Social Care – Care Direct	0117 922 2700
Children’s Services – First Response	0117 903 6444
NSPCC 24 Hour Helpline	0800 800 5000
NSPCC Asian Helpline	0808 800 5000
Bristol City Council – Housing	0117 352 6800 housing.advice@bristol.gov.uk
Bristol City Council Tenant Support Service	0117 352 1800
Key Bristol	0845 872 9729
Mental Health Support	0117 970 4542
Places for People	
St Mungo’s, 0117 954 2951	0117 954 2951
Missing Link (women only),	0117 925 1811
Drug and Alcohol Support	
Addiction Recovery Agency (ARA)	0117 930 0282
ROADS (open door access Mon to Fri 9am to 8pm, Sat 10am to 5pm)	0117 987 6000 roads@bdp.org.uk

Recovery oriented Alcohol and Drugs Services	
Support for Young People	
1625 Independent People	0117 317 8800
Support for Young Parents	
Bristol Young Parents Alliance (Places for People), 0117 955 9792	0117 955 9792
Anti- Social Behaviour	101 (police) Estate Management services 0117 922 2500
Pest Control	0117 922 2500
Age UK Bristol	0117 929 7537
Bristol Ageing Better (reducing isolation and loneliness among older people in Bristol)	0117 928 1539
Environmental Health	0117 922 2500
Debt and Money Advice	Cashpoint project for under 25's 0117 317 8800 Penny wise for over 25's 0117 970 4548 Moneysmart on North Bristol Advice Centre website 0117 9515751 Talking Money 0800 121 4511
Fire Service	0117 9262061 (non-emergency)
We Care and Repair (We Care & Repair helps people over 60 and disabled people of all ages in, Bristol e.g. Volunteers can clear hoards)	
RSPCA	0300 123 4999