

# Self-Neglect Multi-Agency Guidance

**Don't walk away, walk alongside**

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*Created by partners of the Safeguarding Adults  
Board*

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Version Number	Purpose	Author	Summary of Changes	Implementation Date	Approved By	Last Review Date	Next Review Date
2.0	Self-neglect guidance for professionals in Waltham Forest	Members of Learning and Improving Practice Forum	Additional information related to safeguarding priorities	June 2024	Safeguarding Adults Board	June 2024	June 2026

## Introduction

Although there is no single operational definition of self-neglect, the Care Act 2014 makes it clear that it comes within the statutory definition of abuse and neglect if the individual concerned has care and support needs and is unable to protect him or herself. The Department of Health (2014), defines self-neglect as 'a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding'.

Self-neglect can occur because of an individual experiencing poor health, depression or they are physically unable to care for themselves or the environment they live in. It is also important to consider the impact of the cost-of-living crisis on vulnerable residents in the wake of the pandemic, as support services have had to work hard to deliver support services with less available resources.

It is also important to note that there are situations where practitioners have identified safeguarding concerns for an adult who is refusing support of services. They may need to be safeguarded through statutory interventions, while respecting the person's autonomy and empower them to make choices in line with the Making Safeguarding Personal approach.

Working with people who are self-neglecting can be challenging and it is important that practitioners know they are not alone. Working in collaboration with others in a multi-agency approach, sharing information, ideas and analysis will not only achieve better outcomes for the individual but will enhance practice and provide much needed support for the practitioners. In Waltham Forest, we employ a 'Team around the Person', to support multi-agency working below the statutory safeguarding threshold, with a focus on how mental capacity should inform safeguarding of residents.

This document provides guidance for practitioners in the identifying and responding to people who are at risk of harm due to self-neglect. It was produced by a multi-agency group of managers together with front line practitioners, through the Safeguarding Adult Board.








This guidance should be read alongside:

- [The Care Act 2014](#)
- [A Guide to thresholds and practice for working with adults, carers and families in Waltham Forest \(2019\)](#)
- [Making Safeguarding Personal](#)
- [Multi-Agency Mental Capacity Guidance](#)
- Practitioner's own agency policies and procedures

Escalation is an essential part of good safeguarding practice for children and adults. As practitioners we should expect to be challenged because working together effectively depends on an open approach and honest relationships between agencies. In Waltham Forest, directors, and chief executives from all the main agencies have agreed that it is important for us all to embrace escalation as a positive part of constructive challenge between practitioners. Please review the [escalation process](#) in this guidance for more information.

We recognise that people learn in different ways. This guidance uses different ways to say similar things in text, videos and charts and we hoped that all practitioners will find something helpful and useful. Please email [strategicpartnerships@walthamforest.gov.uk](mailto:strategicpartnerships@walthamforest.gov.uk) your comments, constructive challenges, and suggestions for how we can improve this guidance when we review it.

## Key Principles

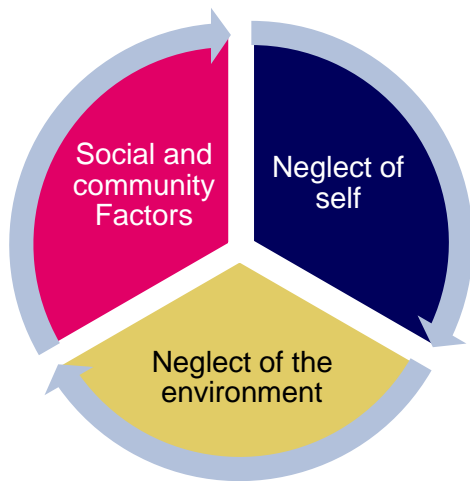
	<p><b>The person is at the centre of their care and support</b></p> <ul style="list-style-type: none"> <li>• The persons views and wishes must always be valued and where appropriate in line with Making Safeguarding Personal;</li> <li>• They should be informed in every step of the process;</li> <li>• Listen to them and work towards the outcome they want.</li> <li>• Be mindful of fluctuating capacity</li> </ul>
	<p><b>Don't walk away – walk alongside</b></p> <ul style="list-style-type: none"> <li>• People who self-neglect can find it difficult to engage with agencies, keep persevering, take time to build a trusting relationship</li> <li>• Work with them to help themselves;</li> <li>• Explore alternatives, fear of change may be an issue so explaining that there are alternative ways forward may encourage the person to engage;</li> <li>• Always go back – regular, encouraging engagement and gentle persistence may help with progress and risk management</li> </ul>
	<p><b>Multi-agency approach</b></p> <ul style="list-style-type: none"> <li>• Include other agencies and organisations at all points of support</li> <li>• Who else is involved?</li> <li>• Who needs to be involved?</li> <li>• What information is held by others and/or is required?</li> <li>• Be guided by “A guide to thresholds and practice for working with adults, carers and families in Waltham Forest.” And guidance on Team around the Person</li> </ul>
	<p><b>Think family</b></p> <ul style="list-style-type: none"> <li>• What is the impact is the person's behaviour having on the people around them?</li> <li>• What impact are other people in the family having on the person self-neglecting</li> <li>• Is there anyone else at risk?</li> </ul>
	<p><b>Think family, think community and wider than statutory services</b></p> <ul style="list-style-type: none"> <li>• Engage community, friends and family;</li> <li>• Speak to neighbours or any one the individual may interact with;</li> <li>• Are there any voluntary/community organisations who could offer support?</li> </ul>
	<p><b>Build trust</b></p> <ul style="list-style-type: none"> <li>• Form a relationship, start conversations to get to know the person rather than immediately focus on the issues;</li> <li>• Keep communication consistent;</li> <li>• Provide reassurance, the person may fear losing control, it is important to allay such fears;</li> <li>• Agree to small steps.</li> </ul>
	<p><b>Respect</b></p> <ul style="list-style-type: none"> <li>• Understand the persons background, it may be possible to identify underlying causes that help to address the issue;</li> <li>• Treat the person with respect and dignity;</li> <li>• Be non-judgemental – everyone is different and has different standards and levels of cleanliness</li> </ul>

## What is self-neglect?

Self-neglect is an extreme lack of self-care to the extent that it threatens personal health and safety. It is sometimes associated with hoarding and may be a result of other issues such as addictions and mental health illness. Practitioners in the community, from housing officers to social workers, police, fire officers and health professionals can find working with people who self-neglect challenging. It is important to try to and engage with the person, to offer all the support we can without causing further distress, and to search for ways to engage individuals who find it more difficult to accept support.

## Signs to look out for

There are many ways self-neglect can present itself. The indicators below do not include all signs but may help you to identify if an individual is self-neglecting:



### Social and community factors may include:

- Declining family or community support;
- Unwilling to attend appointments including medical or housing appointments;
- Refusing to allow services to access the property, for example staff working for utility companies;
- Declining support from health and social care; as well as support from the fire service
- Isolating themselves from friends and

### Neglect of the self may include:

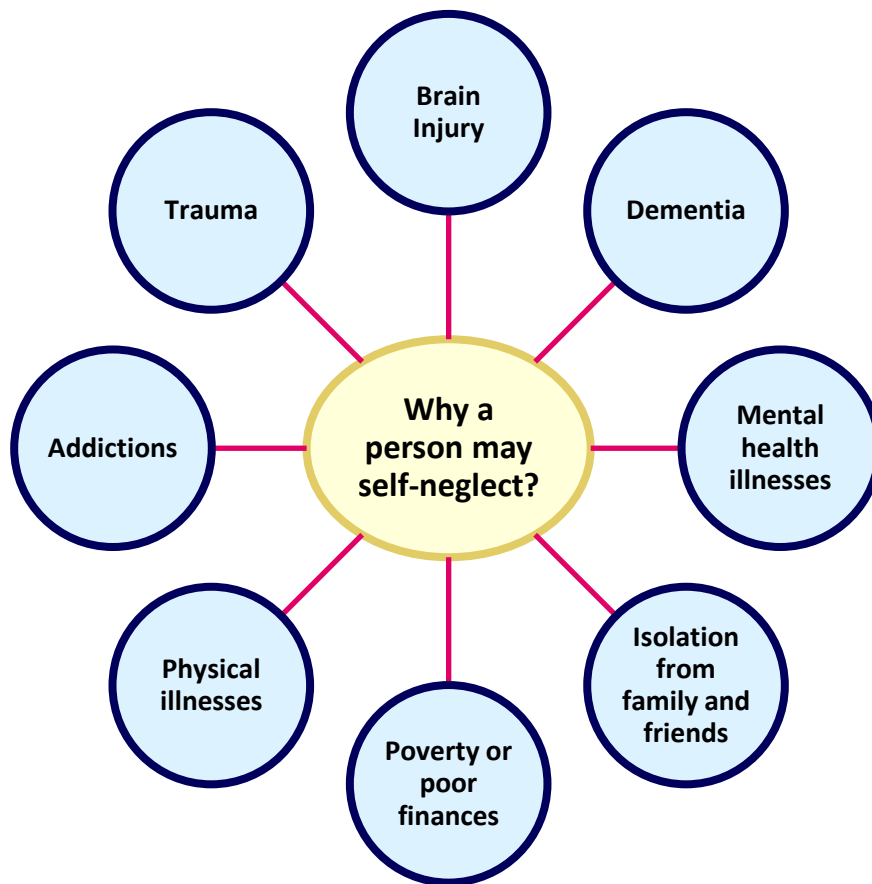
- Very poor personal hygiene including:
  - Dirty/ inappropriate clothing
  - Dirty hair, skin, and nails
  - Not washing frequently
- Malnutrition or dehydration including:
  - Overeating
  - Undereating
  - Making poor diet choices
  - Lack of food available in the home
- Medical /health needs unmet for example:
  - Diabetes- refusing insulin or treatment of leg ulcers
  - Inability or unwillingness to take medication or treat illness or injury
  - Refusal of equipment such as pressure relieving tools and mobility aids.
  - Absence of needed dentures, eyeglasses, hearing aids, walkers, wheelchairs, braces, or a commode
- Alcohol/ substance misuse – which does not always mean addiction.
- Poor financial management for example:
  - Bills not being paid leading to utilities being cut of
  - Build-up of debt
- Inability to avoid self-harm
- Lack of interest or concern about life

### Neglect of the environment may include:

- Unsanitary, dirty conditions that create a hazardous situation that could cause serious physical harm to the individual or others.
- Hoarding, unable to part with things that no longer have a need or a use such as magazines, broken items, letters, cans, clothing etc. The amount of clutter interferes with everyday living, for example if the person is unable to use their kitchen or bathroom and cannot access room.
- Major repairs are needed and not addressed
- Human or animal faeces not disposed of
- Fire risks for example a smoker who has blocked escape routes with hoarding
- Collecting many animals in inappropriate conditions
- Presence of vermin
- No running water, sanitation, plumbing or working toilet
- No heating
- Hazardous wiring or electronic items
- Fire risks linked to unsafe smoking habits

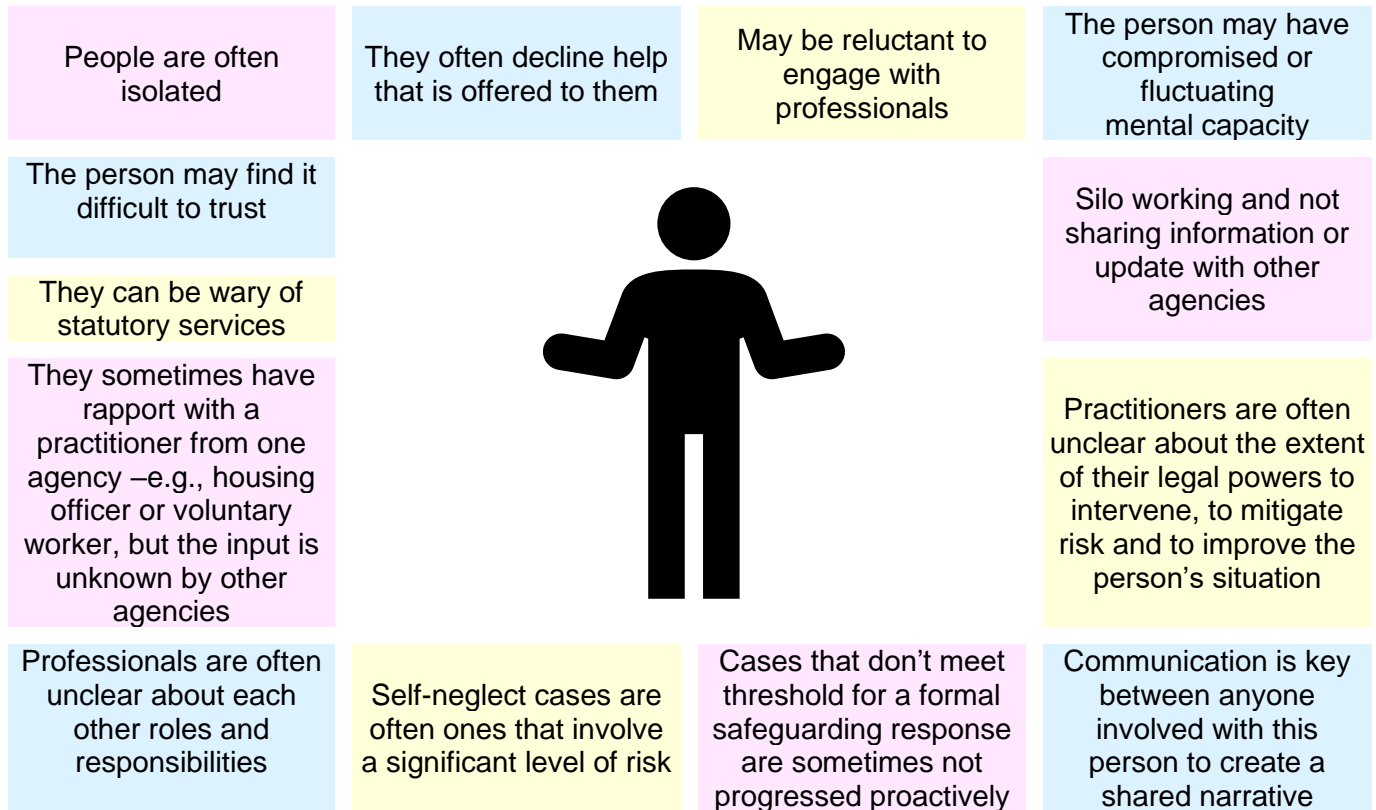
## Why might a person self-neglect?

There are several contributing factors which may lead to or escalate self-neglect. Recent research and a look into local cases highlight that a lot of individuals have suffered trauma or a traumatic event in the past. There are many other reasons that could cause someone to self-neglect:



Mental Health Illnesses can include (but not limited to)	Physical Illnesses can affect certain abilities (but not limited to)
• Depression	• Energy levels
• Post-traumatic stress disorder	• Attention span
• Obsessive compulsive disorder	• Organisational skills
• Hoarding disorder	• Motivation
• Anxiety	• Memory
• Personality disorders	• Confidence
• Mood disorders	• Decision-making
• Psychotic disorders	• Sleep
• Bereavement	• Side effects of medication e.g.: drowsiness

## Common challenging features:



### There could be factors that may lead to individuals being overlooked which include:

- The perception that this is a “lifestyle choice”
- Poor multi-agency working and lack of information sharing and communication
- Lack of engagement from the individual or family; need for professional curiosity
- The individual not realising the extent of harm they could cause to themselves
- Challenges presented by the individual or family making it difficult for professionals to work with the individual to minimise risk
- An individual in a household is identified as a carer without a clear understanding of what their role includes. This can lead to assumptions that support is being provided when it is not
- De-sensitisation to/from well-known individuals, resulting in minimisation of need and risk
- An individual with mental capacity making unwise decisions
- An individual who has fluctuating mental capacity
- Withdrawing from agencies, however continuing to be at risk of significant or serious harm
- Individuals with chaotic lifestyles and multiple or competing needs
- Individuals who misuse substances and the underlining self-neglect being overlooked
- Individuals who have children or have had the children removed
- Individuals causing environmental harm and neighbours complaining about anti-social behaviour
- Access to IT systems related to social care and NHS, particularly for older cohort
- Hidden harm of substance misuse which might not be observed as a cause or factor of incidents on presentation to emergency or health services

## Supporting someone who may be self-neglecting

The Care Act (2014) now makes integration, cooperation, and partnership a legal requirement on local authorities and on all agencies involved in public care, including, the NHS, independent or private sector organisations, housing, and the Police. Cooperation with partners should enable earlier intervention, which is the best way to prevent, reduce or delay needs for care and support and safeguard adults at risk from abuse or neglect.

This places significant emphasis on the wellbeing principle with decisions being person-led and outcome-focused with informed consent. Local authorities must promote people's wellbeing when carrying out any of their care and support functions in respect of an individual, including when carrying out safeguarding enquiries.

The wellbeing principle is an important consideration in responding to self-neglect cases.



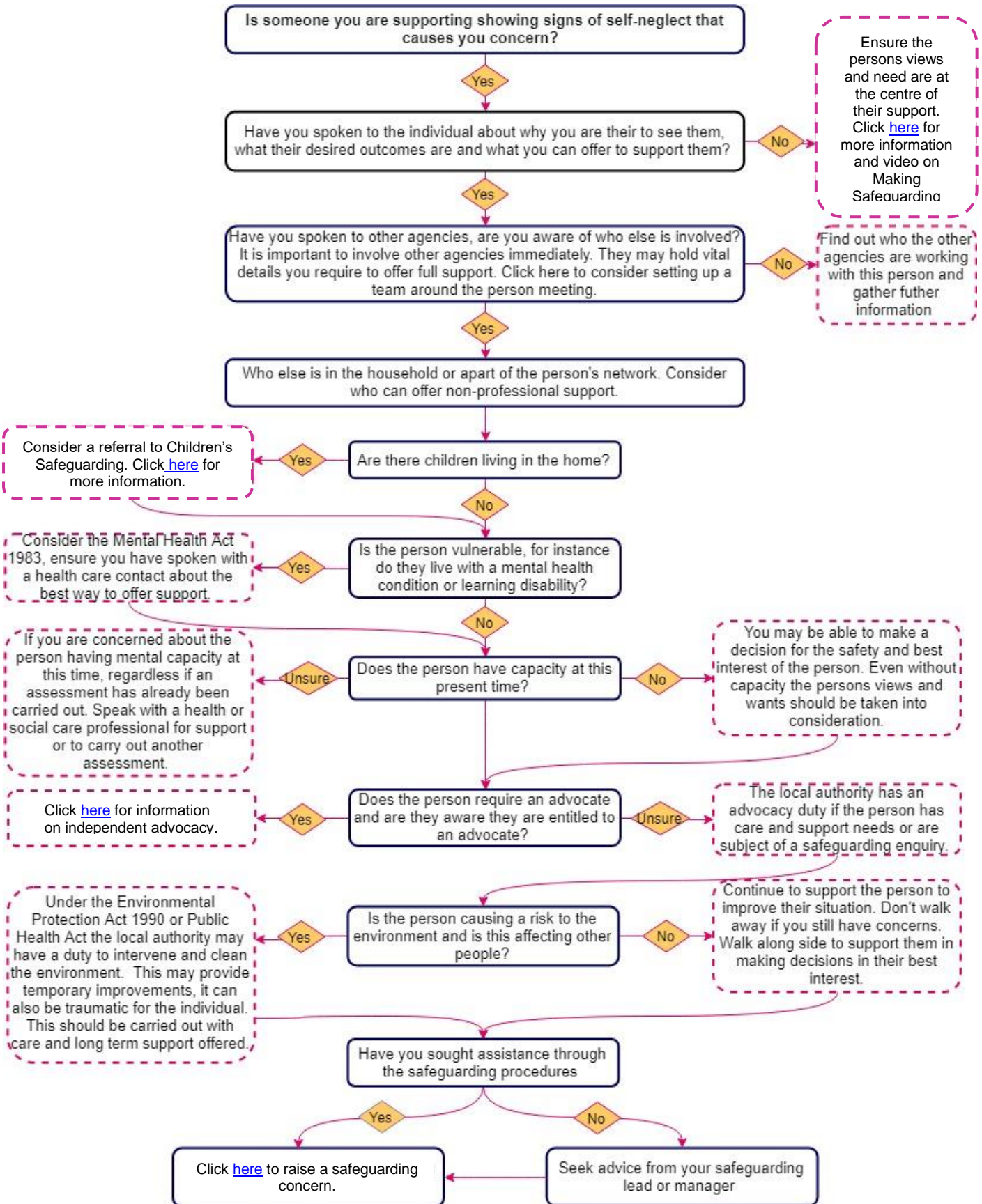
### A strategy for putting wellbeing principle into practice:

- A multi-agency approach from strategic level to work on the ground, including shared ownership, risk assessment and management;
  - Key information about the individual who has come to notice can be shared if it is necessary, proportionate, and relevant and in the best interests of the person and/or others
  - A plan to attend to the risks to the individual's safety and wellbeing can be developed together, leading to a sense of shared responsibility; for example, Team Around a Person meeting
  - The practitioners involved can develop a shared narrative regarding the individual who is at risk, and differences of view about the proportionality of any proposed response can be considered from a more informed position
  - The practitioners involved can gain a better understanding of each other's roles, and this makes it more likely that effective solutions will be found
- The optimal benefit can be derived from supporting the professional who has the most effective working relationship with the individual, called the Key Person and efforts to persuade the individual to accept help are then more likely to be successful, as this will be based on trust
- The Mental Capacity Act must be well understood and implemented in the context of self-neglect; to ensure that the presence of mental capacity is not used as a justification for inaction, and to give practitioners the confidence or to contact health or social care for support and to carry out mental capacity assessments; professionals are encouraged to refer to [mental capacity guidance](#) for info
- A clear record is made of interventions and, decisions and rationale
- Relationship-building work and time for long-term work is supported
- Pressure from others (agencies/family/neighbours/media) is managed
- Reflective supervision and support are made available for staff dealing with people who self-neglect to help them understand the complexities of this area of work, the possibilities for intervention and the limitations
- Always go back – regular, encouraging engagement and gentle persistence may help with progress and risk management
- Practitioners can consider options for providing long term engagement and support



# Key considerations

This diagram shows some key points you should consider with the individual who is self-neglecting. Please note that every case and individual is different. The following is displayed as liner but, it may flow more up and down.



## A person-centred approach




The individual should be at the centre of all support and intervention. It is important to understand what they want from the outcomes. It is important to treat each person individually and understand that processes are not a one-size fits all.

## How does this work in practice?

- Explain your role
- Explain what you can offer within your role and what you may ask others to offer
- Be guided by the individual and the outcomes they want
- Discuss outcomes and what the person would like from any support or intervention
- Consider mental capacity, and if you are not able to carry out an assessment contact a health or social care representative who can help you
- If the individual clearly lacks mental capacity and we are making decisions in their best interests – you must explain to them what we are doing (unless sharing the detail is not in their best interests)
- If the individual is making unwise decisions, that is their choice – but every effort should be made to explain to them the likely consequences of not attending to ongoing risks that result from their decisions
- Risks that have an impact on other people will need to be attended to, with or without the cooperation of the person who is self-neglecting and more difficult to engage, it is still paramount that all activity is communicated to the person
- A key person needs to develop rapport and trust with the individual, as a strategy for increasing the likelihood of successfully persuading them to accept care and support (if that is what is needed to mitigate the risks that have been identified)

Improving Practice  
Bite Size Guide  
Making Safeguarding Personal

Click on the image above the view a short video on Making  safeguarding personal

## Think Family



Self-neglect by adult family members can often adversely affect whole households. Professionals are encouraged to consider the impact of a resident who is self-neglecting's behaviour on their family members (including children and informal carers).

If we understand and recognise that the needs and desired outcomes of each person in the family affect each other, we are more likely to support and enable sustainable change.

If there are any concerns about a child click [here](#) to raise a safeguarding concern. Click [here](#) for some more detailed information on the Think Family approach.

## Team Around the Person: guidance to multi-disciplinary working

The risk management responsibility does not rest on the shoulders of one person. This is a complex area of work, and it is vital that practitioners feel supported through collaboration with others.

You are not alone, seek out others who are working with or know the individual. Working in collaboration is essential if individuals are to be offered the range of support they require in a timely manner.



Multi-agency working is about providing a seamless response to individuals with multiple and complex needs. This could be as part of a multidisciplinary team or on an ad hoc basis. You will need to be clear about your role and responsibilities and understand the different structures and governance of colleagues from other sectors. Working across these boundaries is critical to planning and providing appropriate support. Professionals should review this guidance to see how [Team around the Person](#) approach can support this practice, or contact [strategicpartnerships@walthamforest.gov.uk](mailto:strategicpartnerships@walthamforest.gov.uk) to be added to the Team Around the Person Network meeting (a multi-agency meeting which takes place once a month to discuss support for residents where there are emerging safeguarding concerns).

Cooperation and consistent engagement between agencies are important to help reduce the risk of cases slipping through the system and stopping self-neglect at an early stage or preventing it from happening in the first place. It makes it possible to see the whole picture, facilitating:

- Early effective risk identification
- Improved information-sharing
- Joint decision-making
- Coordinated action to assess, manage and reduce risk

### Key questions to ask yourself

- Who is involved?
- What information can I get from professional currently involved?
- Who should be involved
- How can I involve them?

### How does this work in practice?

- If your agency receives a referral and there is not enough information for your agency to support the individual, call the referrer and see if there is any additional information available, even if it anecdotal
- Pick up the phone and or meet face-to-face. This is the best form of communication when you need to get information quickly
- Find out from the individual who has supported them in the past. Is there anyone who has previously built a good relationship?
- Different services might have difference of opinions on what kind of support should be provided to a resident, and how urgent a safeguarding concern is: professionals should refer to escalation procedures where there is a difference in professional opinion
- Attend monthly Team Around the Person network meetings to consult on different ways local agencies and services can support residents with emerging safeguarding concerns
- If appropriate use the Team around the Person approach and set up regular reviews with other agencies to see how the support is progressing
- When making referrals into other agencies it is part of your role to chase up to see what support they may have put in place
- Speak with your partners about overcoming barriers and share learning

## Escalation process:

When working with children, adults and families, there may be times when professionals disagree with each other's decisions that may result in the need to escalate concerns about particular cases. Escalation is a positive and healthy part of good practice for working with children and adults and is open to everyone

As practitioners working with people who often present with complex needs, we can have different opinions and views on the best way to provide support. Discussion and debate with colleagues, along with constructive challenge should be an integral part of our everyday practice.

At times we may disagree about:

- threshold judgements
- the appropriate course of safeguarding action

We may also have concerns about professional practice. If we do, it is our individual responsibility as practitioners to:

- speak to our managers about any disagreements or concerns
- ask to speak to the manager of the person we are disagreeing with and if necessary, keep going up the hierarchy if we feel our opinions are not being understood
- where appropriate speak to the Adult / Local Authority Designated Officer if we have concerns about professional practice

In Waltham Forest, directors, and chief executives from all the main agencies have agreed that it is important for us all to embrace escalation as a positive part of constructive challenge between practitioners. Escalation is an essential part of good safeguarding practice for children and adults. As practitioners we should expect to be challenged because working together effectively depends on an open approach and honest relationships between agencies.

Information on the escalation process on how to take action using the appropriate channels when there is professional disagreement over appropriate course of action can be found [here](#).



## Don't walk away – walk alongside

**Empowering** an individual to help themselves will have the best long-term affect. Studies have shown that short term interventions such as blitzing a home can be very traumatic. Long term support, where the person guides what support and interventions they have, is most effective.

It is important to work with an individual until all the risks have been identified, shared with multi-agency professionals working with the individual, appropriately documented, and the risk mitigation plan has been implemented, as far as is practicable.

**Professional curiosity** is central to working with people who are self-neglecting and non-engaging. Safeguarding Adult Reviews have highlighted many aspects of this including the importance of carrying out home visits rather than always inviting people into the surgery or office, especially when there are concerns of possible self-neglect. Being respectfully nosy will lead you to understand the lived experience of the individual much more.

Low level self-neglect may contribute to an individual's harm or even death. Click [here](#) to see a study into National Safeguarding Adult Reviews involving self-neglect. Tenacity is essential when working with individuals who are self-neglecting and non-engaging. Success is more likely to be achieved if the multi-agency group identifies one Key Person who can establish some rapport with the resident. The person who has the best rapport with the individual should have regular touch points with them.



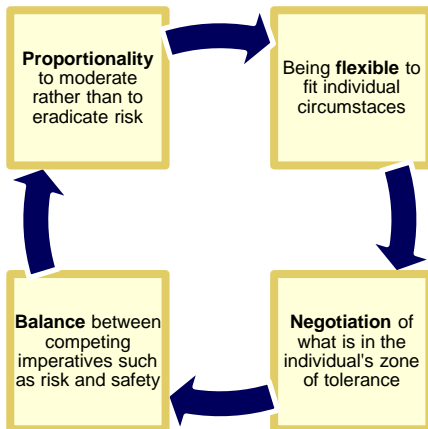
### In practice...

- **Small steps and compromise:** overcoming self-neglect can be a very daunting task for an individual. It is important to not overwhelm someone and break things down into small steps to make them achievable. It is also important to understand what the individual finds achievable and come to a compromise with them.
- Even professionals who strongly support the ethos of shared decision-making report that it can be difficult to put into practice in busy clinical settings or complex situations. **Motivational interviewing** can help teams take a positive approach to care and can support the shared decision-making process. It offers a set of principles and skills that can help health professionals communicate with individuals, both to engage them in the conversation generally and to help elicit their values and preferences in relation to a specific decision. – click [here](#) for more information and advice.
- **Teach back method:** a useful way to confirm that the information you provide is being understood by getting people to 'teach back' what has been discussed and what they have been asked to do. This is more than saying 'do you understand?': it is a check of how you have explained things. – click [here](#) for more information and advice.
- **Reassurance:** the person may fear losing control, it is important to allay such fears.
- **Always go back:** regular, encouraging engagement and gentle persistence may help with progress and risk management
- **Empowerment:** inspire, support, and help but not push. The individual forms their own goals, which will help empowerment and commitment to achieving those goals. Click [here](#) for more information and advice

## Creative interventions

There is no one model of intervention for self-neglect. Each person, their story and symptoms of self-neglect will differ.

There are some key themes for intervention:



Cases show that engagement was often created through the provision of practical items – e.g.: fridges, heaters – or support with welfare benefits, which could be accepted more easily, building a relationship that would then enable attention to be turned to care of the domestic environment or (often the last to be agreed) personal care. Where intervention to clear or clean the property was necessary, securing the individual's engagement in deciding what should stay and what should go often achieved a more consensual outcome. Recognition was given to the attachment that people often had to their possessions or surroundings, and the need therefore to replace what was being given up with forward-looking intervention focusing on lifestyle, companionship, and activities.

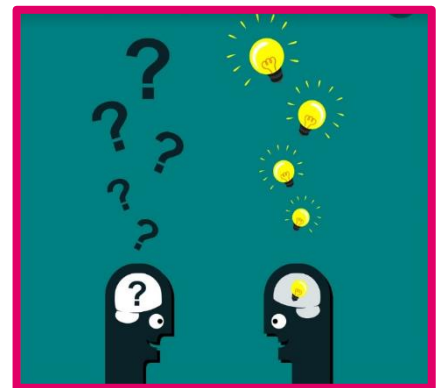
Coercive interventions were also sometimes necessary, and used, although the perspectives of people who use services showed that directive approaches were deeply unwelcome. Practitioners recognised that the cost was high in human terms, and proceeded only with reluctance, when a basic level of existence was threatened, or risks to others were extreme. But there were examples of such interventions that, with honest but empathic engagement, and as part of an ongoing relationship and care plan, produced positive change.

## Case study for hoarding and self-neglect:

An 85-year-old woman was ordering large amounts of meat from a local butcher who got in contact with the local council, as he was concerned about her. A social worker was allocated and tried to visit but she would not let him in. The social worker explored family options and was notified that the individual had a gardener who visited regularly.

The social worker arranges a visit when the gardener would be there. When entering it was clear that the property was in a very poor state, with rotting meat left on the kitchen floor, very cluttered rooms, and a potential fire risk because of an old electric heater.

A multi-agency meeting is arranged, and the outcome was to issue a clean up notice. The social worker built a relationship with the woman, and it became clear that she was grieving the loss of her son.



The overall outcome was that she accepted support, the social worker got funding through a charity for a boiler replacement and the individual also accepted visits from a befriender, who she could talk to about her son.

Recommendations for potential routes of support:

- Join Team Around the Person Network for multi-agency discussion regarding potential routes for support for resident
- Call professionals meeting by contacting MASH to see if safeguarding referral has been made and name of lead social worker supporting resident, inviting other partnership colleagues involved in supporting resident

## Top tips for conversation starters from local practitioners:

Ask the person to tell you a story about them or their past	Take note of objects around them such as photographs and jewellery and engage conversations about specific items	Find out what the individual wants help with, this may not be related to their self-neglect
Find out information about the person's past, and how this may trigger their behaviour in the present	Have an open and honest conversation and ensure their response has been acknowledged	Look into the person's support networks including friends and family. Find out about any interests they may have or had previously
Set milestones, keeping them small, and timely. Ask for example, what hopes do you have for the coming week?	Ensure you display empathy Write down some key points before having the conversation	Identify the strengths in the person that you might highlight in this conversation and have some ideas about how they might draw on these strengths
Consider 'If this person was my friend, how would I speak to them?'	Be empathetic: 'I understand that the problem with your neighbours is really affecting you'	Ask 'What are your current concerns?'
Go at the person's own pace	Ensure you are in a location where the person feels comfortable to talk, which may not always be at home initially.	Be clear about what can happen next...
Ask them what they would like to accomplish in the future	Ask them what we can work on together to achieve what you want for your life	Appreciate their circumstances and tell them you want to learn about them such as asking about their strengths, abilities, and preferences
Encourage a deeper conversation for example, 'What are the things working well in your life?'	Ask them 'What helps you when things get difficult?'	Body language – don't look shocked or uncomfortable, be open and positive, be mindful of your facial expression.

## Top tips for being professionally curious:

Offer to make a cup of tea, whilst doing so see if there is enough food in the cupboards and fridge

Ask to see where they sleep, is it easy to access, are the sleeping arrangements appropriate for that person?

Ask if they feel safe living where they are if they say 'no' explore why

Find out how they keep themselves warm. Discuss heating arrangements

Give the person time to answer the question. Allow for silence when they are thinking

Never make assumptions without talking to the individual or fully exploring the case

Use your communication skills:  
review records, record accurately, check facts and feedback to the people you are working with and for

Focus on the need, voice, and the lived experience of the person

Listen to people who speak on behalf of the person and who have important knowledge about them

Speak your observations such as 'I've noticed you've lost weight, have you been feeling unwell?'

Pay as much attention to how people look and behave as to what they say

Build the foundation with the person before asking more personal and difficult questions

Ask 'How are you coping at the moment?', 'What helps when you are not feeling your best?'

Explore the persons concerns. Don't be afraid of asking why they feel a certain way

Put together the information you receive and weigh up details from a range of sources and/or practitioners

Make note of any additional fire risks, for example related to hoarding and self-neglect, making referral to London Fire Brigade for support

Identify any items indicating drug or alcohol misuse, and gently explore this with resident if identified

Speak to the person about medications. Ask if they are taking medication and how they find it. Do they have side effects are they taking it consistently?

Ask who visits and how long it has been since they had a visitor

Ask if they are in any pain, and what they are doing to manage the pain?

Ensure the person feels listened to and valued. When ending the conversation, thank them for sharing with you



## Information-gathering tips from local practitioners:

Is there anything causing you concern of immediate high risk or danger?	Has a crime been committed?	What are the persons views and wishes?
Assess if they have mental capacity and if they have had a capacity assessment check when the decision was made.	Carry out property inspections. Fire services might be able to assist in form of home fire safety visits	Look into welfare benefits. Are they in receipt of any? Have they had any breaks in their benefits?
Find out who owns their property. Are they a homeowner or is there a private landlord or, social landlord?	Check for hospital admissions	Carry out risk assessments (safeguarding)
Other than friends and family is there anyone the person engages with. Where do they get their groceries? Are there any places they often visit?	Liaise with other key services including but not limited to health, police, social care, housing, and care agencies etc.	Have they received any interventions for self-neglect before?
Take a visual audit. Try to remember how they physically looked and how was the appearance of the home?	Check medications and medical history consider mental health, learning disability, brain injury or physical illness	Look at the persons financial history or speak to them about any financial concerns they may have. Are they in any arrears?
How long have they been self-neglecting?	Is the self-neglect impacting anyone else?	Are there any animals in the property, if so, are they being well cared for?
If there is anyone else living in the household? Do they have any involvement with statutory services?	Is the home stocked with enough food and the right kind of food?	Are all the amenities working in the home, such as water and electric?
Is there evidence of frequent attention from services or repeated failure to attend appointments?	Check all records you have available to you.	Does the person have any cultural or religious requirements?
Speak to family, friends, and neighbours about any concerns they may have.	Does the person have any issues with substance misuse?	Ask them their preferred communication method.

**Procedures and definitions:** Assessing mental capacity and recognising fluctuating capacity when a person is suspected of self-neglecting and / or hoarding, as this behaviour may pose a serious risk to their health and safety. Professionals are invited to refer to [Waltham Forest Mental Capacity guidance](#) to support their practice.



**The Mental Capacity Act 2005** provides a framework to guide practitioners and to inform any decisions made about when and how to intervene with an individual who may lack mental capacity. Any decision made and actions taken must be clearly documented in the relevant records, e.g., Patient records, social care records, housing records etc. Any decision to intervene in the individual's best interests may need to be in line with following up through safeguarding adults' procedures.

The Mental Capacity Act 2005 provides a statutory framework that applies to people aged **16 years and over**. Practitioners are required to adhere to the following principles of the Act:

- A person must be assumed to have capacity unless it is established that he or she lack capacity.
- A person is not to be treated as unable to decide unless all practical steps to help him or her to do so have been taken without success.
- A person is not to be treated as unable to decide merely because he or she decides that others believe to be an unwise decision.
- All decision and actions must be in the person's best interests.
- Before any action is taken, or a decision is made, consideration must be given to whether the purpose for which it is needed can be as effectively achieved in a way that is less invasive or restrictive of the person's rights and freedom of action

An individual is deemed to lack mental capacity when they are unable to demonstrate at least one of the following four functions to make a time-specific decision, which may be caused by an impairment and/or disturbance of the mind or brain:

1. Understand the information relevant to the decision.
2. Retain the information.
3. Use that information as a part of the process of making the decision.
4. Communicate his/her decision either by talking, signing, or any other means.

**Fluctuating capacity** must be considered when supporting people to make their decisions. It is important to distinguish between two different potential situations:

1. A person with genuinely fluctuating capacity, such as a person with a severe mental health disorder whose condition may lessen or become more severe over time. This fluctuation can take place either over a matter of days or weeks, or over the course of each day. There are many, especially elderly individuals, whose cognitive abilities are significantly less impaired at the start of the day than they are towards the end. This can also apply to an individual who consumes a significant amount of drugs and alcohol.
2. A person who has a temporary impairment of their ability to make decisions. A very clear example would be a person suffering from a severe urinary tract infection or consumes a significant amount of drugs and / or alcohol, and in consequence, is suffering from confusion and/or delirium.

**Best Interest decisions:** All decisions and actions taken on behalf of a person who lacks mental capacity must be taken in the reasonable belief that they are in the person's best interests. The following principles must be followed to determine a best interest's decision:

- All decisions must be made in the person's best interests
- Involve the person who may lack mental capacity in the decision-making process and offer all practical support to assist in the decision-making process.
- Consult with the person and others who are involved in his or her care.
- Be aware of and consider the person's past and present wishes.
- Do not make assumptions based on the person's appearance, age, condition, culture, or behaviour
- Decisions must be fair and not in any way discriminatory.
- Consider if the person is likely to gain the mental capacity to make the decisions in the future. For example, is the person suffering from a urinary tract infection and is this impacting on their ability to make decisions?
- Consider the least restrictive options available.
- Any decision made must be recorded/documented and shared when it is relevant proportionate and necessary

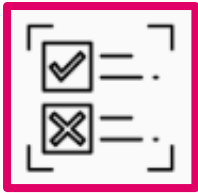
**Executive decision** is relevant where individuals have addictive or compulsive behaviours which impact a person's ability to put a decision into effect. It can be difficult to assess; it is recommended that repeated capacity assessments (supported by collateral information and real-life functional assessments) are used.

A lack of mental capacity could be due to (but not limited to):

- a stroke or brain injury
- a mental health issues
- dementia
- a learning disability
- a physical illness
- confusion, drowsiness, or unconsciousness because of an illness of the treatment for it
- substance and / or alcohol misuse

### **Key Principles – Mental Capacity**

- An early assessment of the individual's mental capacity is essential
- A person must be assumed to have capacity unless it is established that he or she lack capacity
- When individuals being supported to make their own decisions – make every effort to encourage and support people to make the decisions for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions
- Capacity can fluctuate so if you see signs of change then you can always assess capacity again later
- If the individual has capacity and is making unwise decisions, you must respect their decisions but still offer support and guidance
- If a person has compromised mental capacity and they are non-engaging, it may take a while to assess the full extent of their cognitive impairment
- If the individual lacks the mental capacity to make informed decisions about risk, all involved parties must act in their best interests – and all best interest decisions must be fully documented
- Consider the less restrictive option. Someone deciding or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all



## Consent and Choice

In relation to health and social care, consent is a service user's agreement for a professional to provide care. Consent may be indicated non-verbally, orally or in writing.

For the consent to be valid, the service user must

- Be competent to make the decision
- Have received sufficient information to inform the decision
- Not be acting under duress

Practitioner must ensure that the person is kept central to any decision undertaken when a concern is being raised. There are recognised exceptions to gaining consent for action in relation to a safeguarding concern:

- When a person is deemed to lack capacity and a best interest decision is required
- When a patient/service user is acting under duress / undue influence
- And when it is in the public interest and/or there are legal restrictions because a crime has or will be committed
- Only people over eighteen can make an Advance Decision or donate a Lasting Power of Attorney
- The Deprivation of Liberty Safeguards only apply to people aged eighteen or over



## An Adult at Risk

An adult at risk is someone aged eighteen years or over who may need community care services by reason of mental or other disability, age, or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. For further guidance please refer to the guide to thresholds and practice for working with adults and carers in Waltham Forest.

Safeguarding duties apply to an adult who:

- Has care and support needs and
- Is experiencing, or at risk of, abuse or neglect
- As a result of these care and support needs, is unable to safeguard themselves from either the risk of, or the experience of abuse or neglect, including significant harm (Care and Support Statutory Guidance issued under the Care Act 2014, Department of Health October 2014)

Self-neglect is included within the safeguarding definitions in the statutory guidance (2014), stating that it, "covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding".

### Significant harm definition:

- Ill treatment and infringement on an individual's civil or human rights, including physical, emotional, and sexual abuse and other forms of exploitation
- The impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social, or behavioural development
- The individuals' life could be or is under threat
- There could be a serious, chronic and/or long-lasting impact on the individual's health physical/emotional/psychological well-being

## Advocacy and Support

A care advocate can help an individual be involved in decisions about their care and support. [POhWER](#) are commissioned to provide advocacy services to residents in Waltham Forest and should be contacted to provide this service to residents where appropriate.

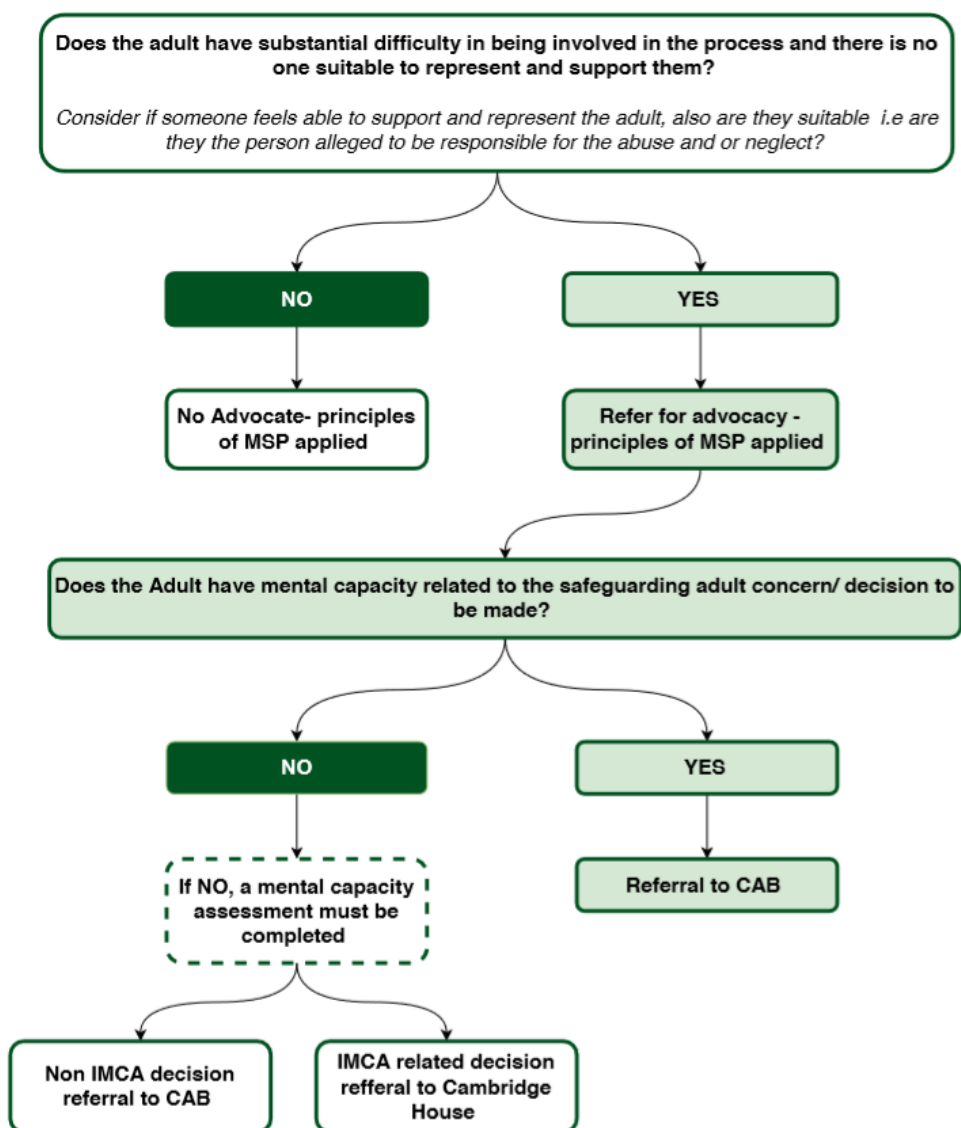
### A Care Act advocate can help the person:

- o Understand what is happening
- o Understand information
- o Understand the individual opinions
- o Communicate the individuals wants
- o Ensure the individuals rights are respected

### An advocate can support a person during:

- o A care and support assessment
- o A care and support planning process
- o A care and support review
- o A safeguarding process

## Advocacy Pathway



### Glossary

<b>MSP</b>	Making Safeguarding Person
<b>CAB</b>	Citizens Advice Bureau
<b>IMCA</b>	Independent Mental Capacity Advocate ( <b>IMCA</b> ) ... IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options.

## Relevant legislation for self-neglect:

- **The Care Act (2014) Statutory Guidance:** Self-neglect is included as a category under adult safeguarding.
- **Article 8 of the Human Rights Act 1998:** Includes a right to respect for private and family life. However, this is not an absolute right and there may be justification to override it, for example, protection of health, prevention of crime, protection of the rights and freedoms of others.
- **Mental Health Act (2007) s.135:** If a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety.
- **Mental Capacity Act (2005) s.16(2)(a):** The Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity.
- **Public Health Act (1984) s.31-32:** Local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases.
- **The Housing Act 1988:** Landlords may have grounds to evict a tenant due to breaches of the tenancy agreement.

## Appendix Self-Neglect, Fire Risks and Hoarding

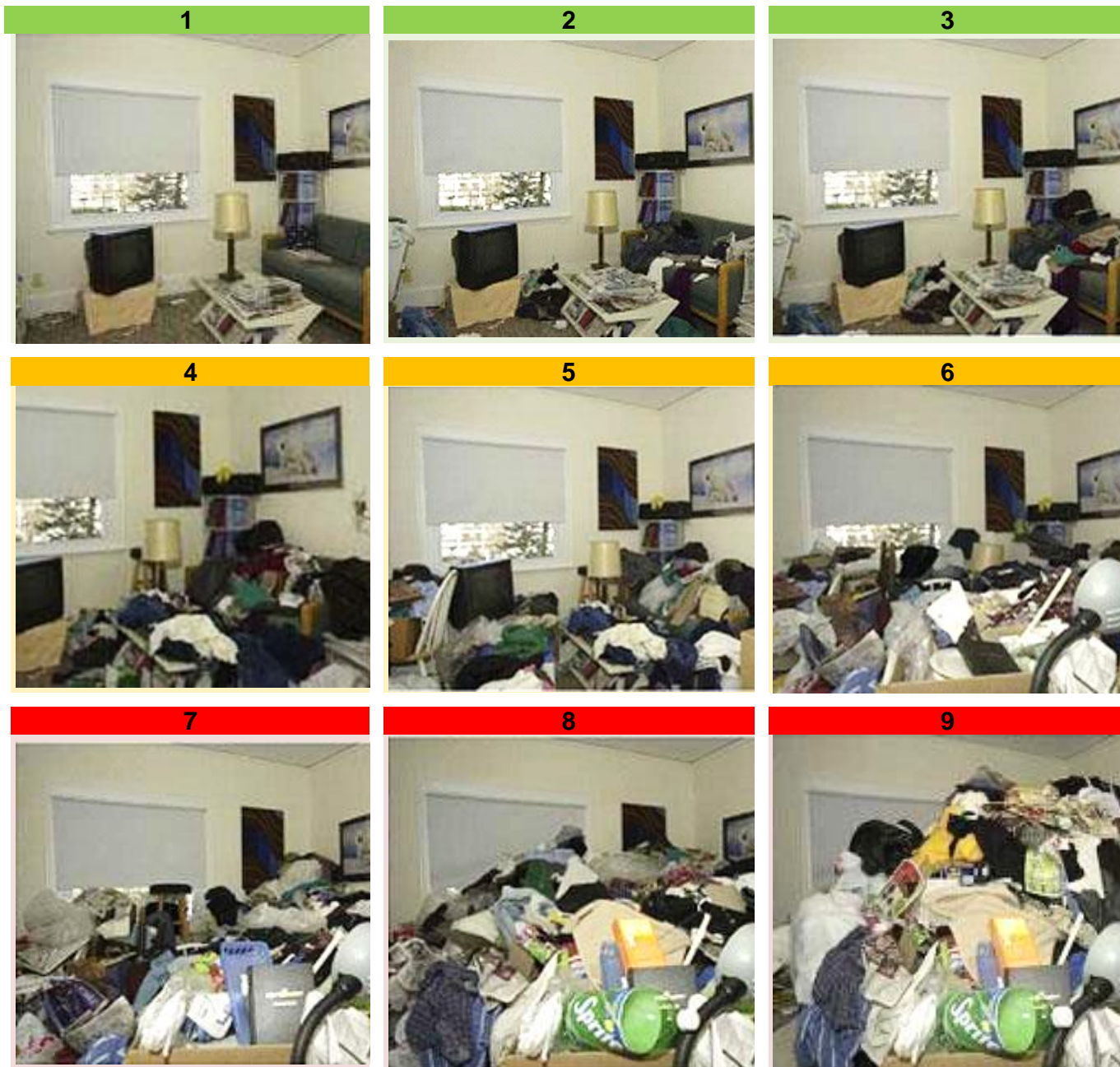
Level 1	Level 2	Level 3
Image rating 1-4	Image rating 5-6	Image rating 7-9
<p>Household environment is considered standard. No Safeguarding referral is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances</p>	<p>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property. Image listed below these cases need to be monitored regularly in the future due to risk of escalation or reoccurrence</p>	<p>Household environment will require intervention with a collaborative multi agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p>

### Clutter Image Scale – Kitchen



## Clutter Scale: Lounge

Consider the photo that most accurately reflects the amount of clutter in the room.





## Clutter Rating Indicators and Guidance

### Property, Structure and Garden

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> <li>•All entrances and exits, stairways, roof space and windows accessible;</li> <li>•Smoke alarms fitted and functional or referrals made to London Fire Brigade to visit and install;</li> <li>•All services functional and maintained in good working order;</li> <li>•Garden is accessible, tidy, and maintained.</li> </ul>	<ul style="list-style-type: none"> <li>•Only major exit is blocked;</li> <li>•Only one of the services is not fully functional (e.g. electric or gas);</li> <li>•Concern that services are not well maintained;</li> <li>•Smoke alarms are not installed or not functioning;</li> <li>•Garden is not accessible due to clutter, or is not maintained;</li> <li>•Evidence of indoor items stored outside;</li> <li>•Evidence of light structural damage including damp Interior doors missing or blocked open.</li> </ul>	<ul style="list-style-type: none"> <li>•Limited access to the property due to extreme clutter;</li> <li>•Evidence may be seen of extreme clutter seen at windows;</li> <li>•Evidence may be seen of extreme clutter outside the property;</li> <li>•Garden not accessible and extensively overgrown;</li> <li>•Services not connected or not functioning properly;</li> <li>•Smoke alarms not fitted or not functioning;</li> <li>•Property lacks ventilation due to clutter;</li> <li>•Evidence of structural damage or outstanding repairs including damp;</li> <li>•Interior doors missing or blocked open;</li> <li>•Evidence of indoor items stored outside.</li> </ul>

### Guidance

- Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space.
- Does the property have a smoke alarm in each risk room?
- Visual Assessment (non-professional) of the condition of the services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action.
- Are the services connected?
- Assess the garden. Size, access, and condition.

### Household Functions

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> <li>•No excessive clutter, all rooms can be safely used for their intended purpose;</li> <li>•All rooms are rated 0-3 on the Clutter Rating Scale;</li> <li>•No additional unused household appliances appear in unusual locations around the property;</li> <li>•Property is maintained within terms of any lease or tenancy agreements where appropriate;</li> <li>•Property is not at risk of action by Environmental Health.</li> </ul>	<ul style="list-style-type: none"> <li>•Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose;</li> <li>•Clutter is causing congestion between the rooms and entrances;</li> <li>•Room(s) score between 4-5 on the clutter scale;</li> <li>•Inconsistent levels of housekeeping throughout the property;</li> <li>•Some household appliances are not functioning properly and there may be additional units in unusual places.</li> <li>•Property is not maintained within terms of lease or</li> </ul>	<ul style="list-style-type: none"> <li>•Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose;</li> <li>•Room(s) scores 7 - 9 on the clutter image scale;</li> <li>•Rooms not used for intended purposes or very limited;</li> <li>•Beds inaccessible or unusable due to clutter or infestation;</li> <li>•Entrances, hallways, and stairs blocked or difficult to pass;</li> <li>•Toilets, sinks not functioning or not in use;</li> <li>•Individual at risk due to living environment;</li> <li>•Household appliances are not functioning or inaccessible;</li> <li>•Resident has no safe cooking environment;</li> <li>•Evidence of outdoor clutter being stored indoors;</li> <li>•No evidence of housekeeping being undertaken;</li> </ul>

	tenancy agreement where applicable; •Evidence of outdoor items being stored inside.	•Broken household items not discarded e.g., broken glass or plates; •Property is not maintained within terms of lease or tenancy agreement where applicable; •Property is at risk of notice being served by Environmental Health
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### Guidance

- Assess the current functionality of the rooms and the safety for their proposed use. E.g., can the kitchen be safely used for cooking or does the level of clutter within the room prevent it.
- Select the appropriate rating on the clutter scale.
- Estimate the % of floor space covered by clutter
- Estimate the height of the clutter in each room
- Assess the level of sanitation in the property.
- Are the floors clean?
- Are the work surfaces clean?
- Are you aware of any odours in the property?
- Is there rotting food?
- Did you witness a higher-than-expected number of flies?
- Are household members struggling with personal care?
- Do any household members lack the mental capacity to make informed decisions about their need for care and support?
- Is there random or chaotic writing on the walls on the property?
- Are there unreasonable amounts of medication collected? Prescribed or over the counter?
- Is the resident aware of any fire risk associated to the clutter in the property?

### Hoarding and Safeguarding

Level 1	Level 2	Level 3
No Concerns for household members	For hoarding at a scale five or more, a referral should always be considered.	Hoarding on clutter scale 7-9 warrants a Safeguarding Alert. Note all additional concerns for householders.

### Guidance

- Any properties with children or vulnerable people may require a Safeguarding Alert
- Take into consideration all aspects of the individual and their surroundings.
- Do any rooms rate five or above on the clutter rating scale?
- Self-neglect may not be reflected in hoarding, see the guidance for more information, if there are any concerns around a person's ability to keep themselves safe a safeguarding alert is appropriate. You can always discuss this with Adult Social Care and your manager.

### Animals and Pests

Level 1	Level 2	Level 3
•Any pets at the property are well cared for; •No pests or infestations at the property	•Pets at the property are not well cared for; •Resident is not unable to control the animals; •Animal's living area is not maintained and smells; •Animals appear to be under nourished or over fed;	•Animals at the property at risk due the level of clutter in the property; •Resident may not be able to control the animals at the property; •Animal's living area is not maintained and smells; •Animals appear to be under nourished or over fed Hoarding of animals at the property;

	<ul style="list-style-type: none"> <li>•Any evidence of mice, rats at the property;</li> <li>•Spider webs in house;</li> <li>•Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc)</li> </ul>	<ul style="list-style-type: none"> <li>•Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> <li>Visible rodent infestation.</li> </ul>
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**Guidance**

<ul style="list-style-type: none"> <li>•Are there any pets at the property?</li> <li>•Are the pets well cared for; are you concerned about their health?</li> <li>•Is there evidence of any infestation? E.g., bed bugs, rats, mice, etc.</li> <li>•Are animals being hoarded at the property?</li> <li>•Are outside areas seen by the resident as a wildlife area?</li> <li>•Does the resident leave food out in the garden to feed foxes etc.</li> </ul>
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**Personal Protective Equipment (PPE)**

Level 1	Level 2	Level 3
<ul style="list-style-type: none"> <li>•No PPE required</li> <li>•No visit in pairs required.</li> </ul>	<ul style="list-style-type: none"> <li>•Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> </ul>	<ul style="list-style-type: none"> <li>•PPE should include latex gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>•Visit in pairs required</li> </ul>

**Guidance**

<ul style="list-style-type: none"> <li>•Following your assessment do you recommend the use of Personal Protective Equipment (PPE), e.g., protective clothing, at future visits? If so, describe what is required.</li> <li>•Following your assessment do you recommend the resident is visited in pairs? If so, indicate why.</li> </ul>
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**Actions**

Level 1	Level 2	Level 3
<b>Referring Agency</b>		
<ul style="list-style-type: none"> <li>•Discuss concerns with the person;</li> <li>•Raise a request to the London Fire Brigade to provide fire prevention advice in the form of a Home Fire Safety visit</li> <li>•Refer for support assessment if appropriate;</li> <li>•Refer to GP if appropriate</li> </ul>	<ul style="list-style-type: none"> <li>•Refer to landlord if resident is a tenant;</li> <li>•Refer to Environmental Health;</li> <li>•Raise a request to the London Fire Brigade to provide fire prevention advice in the form of a Home Fire Safety visit</li> <li>•Provide details of garden services;</li> <li>•Refer for support assessment;</li> <li>•Referral to GP;</li> <li>•Referral to debt advice if appropriate</li> <li>•Refer to Animal Welfare services if there are animals at the property;</li> <li>•Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>	<ul style="list-style-type: none"> <li>• If a resident falls into the <b>high risk category</b>, refer them for a HFSV as soon as possible by calling <b>0800 028 4428</b></li> <li>• Triage questions determine the fire risk, and determine how quickly residents receive a HFSV from a local crew</li> <li>• This will be 4 hours for very high risk, 7 days for high risk, and 1 month for medium risk</li> <li>• Those who fall into a lower risk category will be directed the online checker which will provide fire safety advice tailored for their homes.</li> <li>• See following link for this information: <a href="https://www.london-fire.gov.uk/home-fire-safety-checker">Home Fire Safety Checker   London Fire Brigade (london-fire.gov.uk)</a></li> </ul>
<b>Environmental Health</b>		

<p>No action</p>	<ul style="list-style-type: none"> <li>•Refer to Environmental Health with details of client, landlord (if relevant) referrer’s details and overview of problems</li> <li>•At time of inspection, Environmental Health Officer decides on appropriate course of action</li> <li>•Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</li> <li>Consider Works in Default if notices not complied by occupier</li> </ul>	<ul style="list-style-type: none"> <li>•Refer to Environmental Health via Waltham Forest Direct with details of client, landlord (if relevant) referrer’s details and overview of problems</li> <li>•At time of inspection, EHO decides on appropriate course of action</li> <li>•Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</li> <li>Consider Works in Default if notices not complied by occupier</li> </ul>
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### Social Landlords

<ul style="list-style-type: none"> <li>•Provide details on debt advice if appropriate to circumstances</li> <li>•Refer to GP if appropriate</li> <li>•Refer for support assessment if appropriate.</li> <li>•Provide details of support streams open to the resident via charities and self-help groups.</li> <li>•Provide details on debt advice if appropriate to circumstances</li> <li>•Ensure residents are maintaining all tenancy conditions</li> </ul>	<ul style="list-style-type: none"> <li>•Visit resident to inspect the property &amp; assess support needs</li> <li>•Referral to your local Housing Support service to assist in the restoration of services to the property where appropriate.</li> <li>•Ensure residents are maintaining all tenancy conditions</li> <li>•Enforce tenancy conditions relating to residents’ responsibilities</li> <li>•Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>	<ul style="list-style-type: none"> <li>•Visit resident to inspect the property &amp; assess support needs</li> <li>•Attend multi agency Safeguarding meeting</li> <li>•Enforce tenancy conditions relating to residents’ responsibilities</li> <li>•If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988</li> </ul>
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### Practitioners

<ul style="list-style-type: none"> <li>•Make appropriate referrals for support</li> <li>•Refer to social landlord if the client is their tenant to leaseholder</li> </ul>	<ul style="list-style-type: none"> <li>•Refer to LBWF Multi-Agency Self-Neglect Policy</li> <li>•Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>	<ul style="list-style-type: none"> <li>•Refer to LBWF Multi-Agency Self-Neglect Policy</li> <li>•Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
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### Emergency Services

<ul style="list-style-type: none"> <li>•Ensure information is shared with statutory agencies &amp; feedback is provided to referring agency on completion of home visits.</li> </ul>	<ul style="list-style-type: none"> <li>•Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>•Provide feedback to referring agency on completion of home visits.</li> </ul>	<ul style="list-style-type: none"> <li>•If appropriate, refer resident for Team Around the person network discussion – email <a href="mailto:strategicpartnerships@walthamforest.gov.uk">strategicpartnerships@walthamforest.gov.uk</a> to be added to the network</li> <li>•Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
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		•Provide feedback to referring agency on completion of home visits.
<b>Animal Welfare</b>		
No action unless advice requested	<ul style="list-style-type: none"> <li>•Visit property to undertake a wellbeing check on animals at the property.</li> <li>•Educate client regarding animal welfare if appropriate</li> <li>•Provide advice / assistance with re-homing animals</li> </ul>	<ul style="list-style-type: none"> <li>•Visit property to undertake a wellbeing check on animals at the property.</li> <li>•Remove animals to a safe environment</li> <li>•Educate client regarding animal welfare if appropriate</li> <li>•Take legal action for animal cruelty if appropriate</li> <li>•Provide advice / assistance with re-homing animals</li> </ul>
<b>Safeguarding</b>		
No action unless other concerns of abuse are noted.	<ul style="list-style-type: none"> <li>•No action unless other concerns of abuse are noted.</li> <li>•If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.</li> </ul>	Safeguarding alert should be made using the LBWF form and following procedures set out in the Pan-London Safeguarding arrangements.
<p>See <a href="#">Adult Thresholds Guidance</a> for more information</p> <p>Team Around the Person guidance <a href="#">here</a></p>		

