



**WORCESTERSHIRE SAFEGUARDING
ADULTS BOARD
MULTI AGENCY
SELF NEGLECT GUIDANCE**

Document Control

Ratified by Worcestershire Safeguarding Adults Board

December 2015

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Revision History

Date	Version	Changes made	Author
23/08/2016	1.1	Update to date of latest statutory guidance and cover of the environmental health service	Suzanne Hardy

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Actions

Required Actions	Date
Upload to Website	24/8/16
Raised with Community Awareness & Prevention for communication	N/A

Monitoring effectiveness of this policy

Worcestershire Safeguarding Adults board will monitor the effectiveness of this policy via the sub groups of the Board i.e.

- Case Review sub group will identify any further learning on self-neglect from future reviews
- Performance and Quality Assurance sub group will undertake quality assurance activity eg Multi Agency Case File Audit related to self-neglect to assess impact of policy on practice
- Policy sub group will review the policy at the identified review period or as other processes/reviews identify that an update is required (eg National Policy drivers).

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1. Introduction

This document is designed to provide guidance for all workers from the partner agencies in Worcestershire whose role brings them into contact with individuals who may persistently self-neglect.

It aims to establish a consistent approach to the support and management of those individuals who do not recognise the effects or take appropriate actions with regards to the issues of self-neglect.

2. Background

Worcestershire Safeguarding Adults Board have identified the need to strengthen practitioners' understanding of self-neglect and their responsibilities in supporting individuals who self-neglect as a result of case reviews.

Managing the balance between protecting adults with care and support needs from self-neglect and respecting their right to self-determination is a serious challenge for the public services. This guidance aims to support good practice in this area.

The findings from Case Reviews in Worcestershire have indicated that mental capacity has been 'assumed' but not explored further, where the persistence of self-neglect has been a factor.

3. Definition

The Care & Support Statutory guidance (2016) states that self-neglect,

"Covers a wide range of behaviour - neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding."

Bray et al (2015) state that for definitional purposes self-neglect,

"Includes people, either with or without mental capacity, who demonstrate:

- lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing, and/or
- lack of care of one's environment – squalor and hoarding, and/or
- refusal of services that would mitigate risk of harm."

4. What is Self-Neglect?

Self-neglect may be seen as a person's inability or unwillingness to perform essential self-care tasks both in relation to themselves and their immediate living environment. It may include behaviours or lifestyle choices that conflict with social norms and the values, attitudes and beliefs of others.

Self-neglect may arise from deterioration in skills, once functional behaviour which has now become problematic (e.g. storing large amounts of tinned goods as a safeguard against shortages), personal values (e.g. belief in self-sufficiency, pride, mistrust of professionals) or in the case of hoarding a desire to maintain a sense of continuity or connectedness with people or past events. There is evidence to suggest that the risk of self-neglect increases with diminishing social networks and financial hardship.

Self-neglect poses particular challenge as it can result in conflict between core professional values of rights to self-determination and a duty of care. Further, the rights of an individual may be in direct conflict with the rights of the wider community where neglect of their home environment poses a risk to others.

Where exactly the boundaries fall between an individual's inability or their unwillingness to accept support can in part be determined through the application of the Mental Capacity Act 2005, as well

as a multi-agency intervention The motivation of the individual concerned to relate to and undertake potential changes is at the heart of all efforts to tackle their situation.

It is important to understand what lies behind the adult's response and why it might not be consistent. The best outcomes result from working closely with the adult to understand what it means to them. Building a relationship with the adult is a key element in this. It is essential to find out about their life history and social, economic, psychological and physical situation.

The escalation workflow document that accompanies this overview will provide the process by which you as a worker within a partner agency would manage and escalate concerns relating to an individual who is self-neglecting.

5. When Should Professionals Act?

The threshold for professional intervention in self-neglect situations is where harm is being caused to the person or others. Five key areas should be considered when assessing whether harm is being caused; impact on physical health, impact on emotional well-being, impact on social functioning and impact on environment and impact on other people.

Physical Wellbeing	The person is likely to need hospitalisation as a result of self-neglect e.g. extensive skin ulcers, dehydration, malnutrition or untreated / unmanaged health conditions or injuries. Also where there is a pattern of a person requiring medical treatment for preventable conditions as a direct result of self-neglect.
Emotional Wellbeing	The person is experiencing extreme distress as a result of their inability to manage essential self-care tasks or there is an adverse effect upon their mental health. This also includes distress caused by the person's recognition of a problematic home environment e.g. feelings of shame, or being overwhelmed by prospect of tackling problem without support.
Social Functioning	The person is unable to participate in usual activities e.g. home environment makes it impossible for them to have visitors resulting in social isolation or difficulties in maintaining friendships or where poor self-care means they have been excluded from places or services.
Home Environment	The home environment poses significant risk to health e.g. outstanding gas checks, disconnected facilities, structurally unsound property, treasured possessions are being lost or damaged, pending enforcement under environmental health, risk of losing tenancy or essential support services cannot be provided due to risk to workers.
Other People	Self neglect is presenting a significant risk to other people e.g. insanitary living conditions or vermin infestations are affecting neighbouring properties, hoarding or use of unsafe lighting / heating / electrical supply which poses a fire risk to neighbouring properties, or damage is being caused to neighbouring properties due to burst pipes, collapsing walls etc.

See [Appendix A](#) for Forms of Self Neglect

6. Consent

The consent of the adult should always be sought regarding any decisions or actions regarding any care and treatment. However, relevant information can be shared for the purpose of direct care and in the public interest where a risk to others is identified.

7. Mental Capacity – Self Neglect

Mental Capacity is the ability to make a decision. An understanding of the application of the Mental Capacity Act 2005 in practice underpins work undertaken with adults who self-neglect.

The Act empowers people to make decisions for themselves wherever possible, and protect people who lack capacity by providing a framework that places individuals at the very heart of the decision-making process. The Code of Practice sets out how the Act should be applied by professionals.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf

Staff should also refer to the WSAB Mental Capacity Act 2005, Policy and Guidance for staff for general guidance on the application of the Act.

http://www.worcestershire.gov.uk/downloads/file/4791/wsab_mental_capacity_act_2005_policy_and_guidance_for_staff

The dilemma for practitioners is often in determining whether self-neglect is due to lacking mental capacity or unwillingness to maintain appropriate standards of self-care. A critical question to consider from the outset is *'Who is this a problem for?'* Where a person is unwilling to recognise the potential risks of self-neglect, there is limited likelihood of them engaging with support. Practitioners should assess whether the person is able to make links between self-neglect and the impact on physical wellbeing, emotional wellbeing, social functioning, home environment and other people. Assessment should focus on the person's recognition and understanding of the potential consequences.

a. Interface Between Mental Capacity and Self-Neglect

Chart from Professor Suzy Braye, University of Sussex



Incidents may move along continuum as circumstances/Information changes

Whilst capacity to make individual decisions relating to self-care may remain intact, the wider capacity to sequence key tasks or to identify and address harmful situations may be diminished. The cumulative effect of a number of small decisions may result in an unforeseen situation that the person does not want and feels unable to change.

Capacity is not only the ability to make a decision at the time needed, but also the ability to carry this out. Decisional capacity relates to the person's ability to understand, retain and weigh up information and then to communicate their decision. Executive capacity relates to a person's ability to put a decision into action. This requires having a plan of action, adapting the plan in response to changing circumstances and being able to delegate tasks to others where they are physically unable to carry out the plan without assistance. Whilst a person's decisional capacity may be clear cut, their ability to put that decision into effect may be less distinct. The distinction between decisional and executive capacity is not a legal concept, but provides a useful conceptual model when working with cases of self-neglect.

Naik et al (2008)¹ advise that practitioners should utilise an 'articulate then demonstrate model' when working with self-neglect. This differentiates between the person's assumed capabilities and their actual abilities. The 'articulate' step requires the person to demonstrate understanding and appreciation of the problem and potential solutions, to have a reasoning process for weighing the pros and cons of the solutions, and finally to be able to make a choice among the available solutions. The 'demonstrate' step evaluates the person's ability to put decisions into effect. When evaluating a person's capacity to implement decisions relating to care, practitioners should consider whether evidence confirms that the person is actually carrying out necessary tasks. For example, a person may state that they are able to wash and dress without assistance, but presents with very poor personal hygiene. Where there is contradictory evidence, it will be necessary to explore whether failure to accomplish essential care tasks is due to practical difficulties, an over-estimation of their skills or ability, or a lack of motivation to achieve the task in hand. People physically unable to perform necessary tasks for care have capacity if they are able to identify an alternative means to fulfil these needs. Assessment should also explore how a person would handle an unexpected or emergency situation e.g. burst water pipe or an essential care visit not taking place.

b. When Should Capacity Be Assessed?

An assessment of capacity should be undertaken, by an appropriate professional, when there is reason to doubt a person's capacity to make a decision. There are a number of reasons why a person's capacity to make a decision may be questioned.

- the person's behaviour or circumstances cause doubt as to whether they have the capacity to make a decision
- somebody else says they are concerned about the person's capacity, or
- the person has previously been diagnosed with an impairment or disturbance that affects the way their mind or brain works and it has already been shown they lack capacity to make other decisions in their life.

When there is a query regarding a person's capacity to make a decision you should consider the following issues,

- Does the person clearly understand the choices that are to be made?
- Has all the support possible been made available (best time & place for any discussions to take place, what is the primary language, who is the best person to support them or is an advocate required).
- After the discussion can the person explain to the interviewer what the choices are?
- Can the person understand why a choice is needed?
- Can the person understand why other people are concerned?
- Can the person consider the best and worst options in relation to the choice being made?

¹ Naik et al 'Assessing Capacity in Suspected Cases of Self Neglect' (2006) *Geriatrics*. 2008 February; 63(2): 24–31.

- Can the person think in relation to the future? (what will be happening next week or next month)
- Can the person consider the risks and associated consequences of their decision?
- Can the person act on their decision?

It is important to record an assessment of capacity whether or not the outcome is that the person lacks capacity.

c. Fluctuating Capacity

Depending on their condition, some adults present with fluctuating capacity.

An assessment must only examine a person's capacity to make a particular decision when it needs to be made. It may be possible to put off the decision until the person has the capacity to make it. Support should be provided to ensure that the person is assisted to make a decision themselves wherever possible.

d. Assessing Capacity in Chronic Situations

Generally, capacity assessments should be related to a specific decision. But there may be people with an ongoing condition that affects their ability to make certain decisions or that may affect other decisions in their life. One decision on its own may make sense, but may give cause for concern when considered alongside others.

Mental capacity should be considered

- During assessment
- whenever a care plan is being developed or reviewed
- at other relevant stages of the care planning process, and
- as particular decisions need to be made.

It is important to acknowledge the difference between:

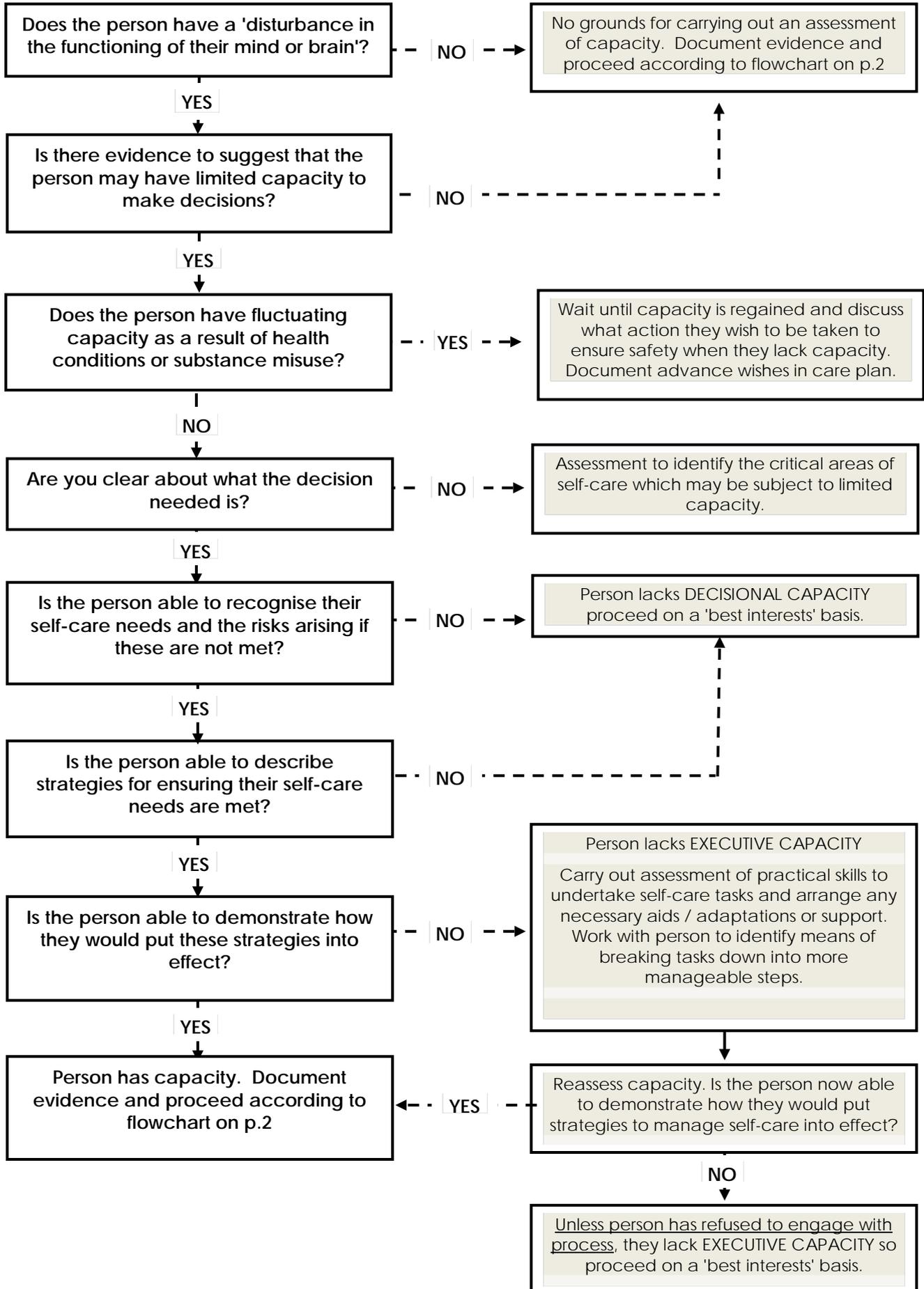
- unwise decisions, which a person has the right to make and
- decisions based on a lack of understanding of risks or inability to weigh up the information about a decision.

Information about decisions the person has made based on a lack of understanding of risks or inability to weigh up the information can form part of a capacity assessment – particularly if someone repeatedly makes decisions that put them at risk or result in harm to them or someone else.

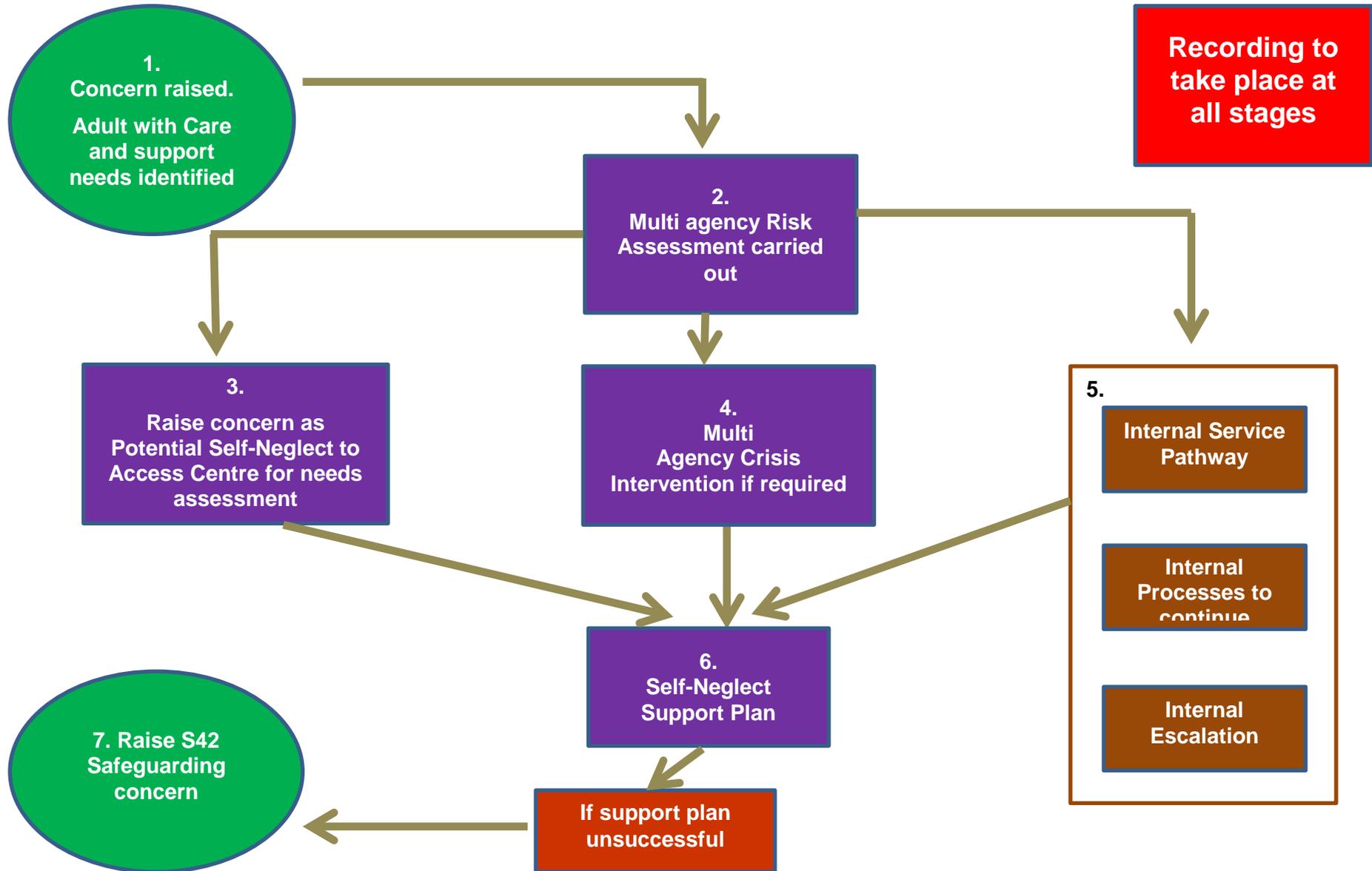
e. Best Interests Decision Making

If it is established that a person lacks capacity in relation to a specific decision then the best interests' decision making process must be followed. The decision maker will be the person who needs to undertake the action relating to the decision to be made. Best interests' decision making can be used to develop a support plan and identify those accountable for actions.

Assessing Capacity in Cases of Self-Neglect



8. Self-Neglect Process Map (see narrative below)



9. Process Map Narrative (numbers refer to elements in the flow chart)

Consent and Capacity must be considered throughout the process and reassessed regularly:

The involved worker should seek and work with the consent of the adult unless it is necessary to take action in the public interest. If there is reason to doubt the mental capacity of the adult to take decisions regarding care and treatment a formal assessment of mental capacity should be undertaken. If the person is found to lack capacity decisions and actions can be taken in line with the requirements of the Mental Capacity Act 2015. The assessment of mental capacity regarding a situation of self-neglect can be complex and should be re-considered during involvement and at review.

Adult Assumed To Have Mental Capacity Regarding Self-Neglect Decisions:

The concerns regarding potential self-neglect should be discussed with the adult. This discussion should include consideration of the potential risks and consequences. Consideration should be given to whether a social care needs assessment under S9 Care Act 2014 is required.

1. **Concern Identified:** Where there are concerns that a person is self-neglecting, practitioners should identify whether the adult is known to services and whether there involved workers who can support the adult.
2. The involved worker should gather information and make an initial assessment of risk along with others who are involved (i.e. multi agency risk assessment and planning).

The Template in [Appendix B](#) is available to gather information and identify issues and risks and as an aid to informing assessment. It is not intended to be a compulsory tool but practitioners may find it useful

The level of risk determined will help the involved worker to decide whether any immediate action is required. It may be that the involved worker will be able to provide the required support at this point. This could be the provision of advice and information or signposting to another service [See Appendix C](#).

3. If there is no relevant professional involved a referral should be made to Adult Social Care.

Social Care Needs Assessment:

The purpose of a social care needs assessment is to identify the person's needs and how these impact on their wellbeing, and the outcomes that the person wishes to achieve in their day-to-day life. The assessment will support the determination of whether needs are eligible for care and support from the local authority, and understanding how the provision of care and support may assist the adult in achieving their desired outcomes. Following a referral for a social care needs assessment, it is necessary to consider whether the adult has substantial difficulty in being involved in their assessment and needs appropriate and independent support from a family member, friend or independent advocate.

4. **Immediate action may be required depending on the level of risk** to the adult or to others i.e. fire, harm resulting from dilapidation of property, or vermin infestation. See Appendix D for a list of legal powers.
5. All services should continue their individual interventions and care delivery as well as support the multi-agency approach and contribute to the Self Neglect support plan
6. Self-Neglect Support Plan:

What works in Self Neglect: Interventions and Approaches (See [Appendix E](#) for)

The preferred outcomes of the adult should be discussed and a care/support plan should be agreed and implemented. Regular monitoring and review will be required in order to support the adult and determine whether there is any reduction in the level of risk. Change will need to take place at the speed that the adult is comfortable with and motivational approaches will be helpful. Management support for a 'slow burn' approach is required. All professionals involved

in the care of the adult should be involved in the support plan and this can be achieved either by professional meetings or virtually via other methods of communication.

At this stage it is important to identify a key person who is best placed to coordinate the plan.

Adult with Mental Capacity Does Not Accept Support:

It needs to be acknowledged that situations where an adult is self-neglecting and does not accept support challenge professional values. It is necessary to balance respect for autonomy and self-determination against a duty of care and promotion of dignity. Consideration needs to be given to whether there is reason to doubt the adult's capacity to make decisions regarding care and treatment, considering both decisional and executive capacity. The involved worker should arrange a multi-agency case conference to agree the level of risk and a proportionate support plan. Consideration should be given to whether the adult is experiencing or at risk of experiencing abuse or neglect as in these circumstances a social care needs assessment can be undertaken despite the refusal of the adult.

A collaborative approach should be developed. This should include multi-agency/professionals and family and community networks. The best person to engage with the adult should be identified. The collaborative approach will provide support to this person and a shared assessment of risk can be completed. A shared assessment of capacity to make decisions on care and treatment can also be undertaken, for example involving the GP to provide a medical perspective. Establishing a relationship in order to spot motivation for change will be a key component of a support plan and initially the aim should be to establish a small measure of agreement, acknowledging what the adult is giving up.

Creative interventions

Theme	Examples
Being there	Maintaining contact, monitoring risk/capacity, spotting motivations
Practical input	Household equipment, repairs, benefits, 'life management'
Risk limitation	Safe drinking, fire safety, repairs
Health concerns	Doctors' appointments, hospital admissions
Care and support	Small beginnings to build trust
Cleaning/clearing	Proportionate to risk, with agreement, 'being with', attention to what follows
Networks	Family/community, social connections, peer support
Therapeutic input	Replacing what is relinquished, psychotherapy/mental health services
Change of environment	Short term respite, a new start
Enforcement action	Setting boundaries on risk to self & others

Suzy Braye (2015) Safeguarding people who self-neglect: research evidence on effective practice.

The support plan requires regular monitoring and review to agree whether the adult is engaging with the plan and whether there has been any change to the level of risk. Managers within the different agencies will need to be supportive of a long-term approach to engagement and change. Each agency will be responsible for sharing information within their organisation and completing documentation accordingly.

7. Safeguarding Enquiry Under S42 Care Act 2014.

The Care and Support Statutory Guidance (2016) states,

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.

Update to date of latest statutory guidance and cover of the environmental health service. If the multi-agency team agrees that the support plan has not been successful, the risk is high and the adult has not engaged with the process a safeguarding concern should be raised. The Adult Safeguarding Team will determine whether the S42 criteria and whether the situation should be managed as a safeguarding enquiry. A S42 self-neglect planning meeting will be arranged. This will be co-ordinated by a member of the Adult Safeguarding Team and will involve the practitioners and managers and the safeguarding leads for each agency involved. The safeguarding leads may extend the invitation to senior managers as required.

The S42 enquiry process will then be utilised to oversee the work in relation to the self-neglect. This will provide:

- person centred approach;
- support for practitioners when working on complex cases;
- a shared approach to risk assessment;
- multi-agency involvement; and
- access to resources.

Further assessment can be undertaken as part of the safeguarding enquiry duty and identified support provided as part of a safeguarding plan.

Review and Closure: The actions and effectiveness of the process will need to be reviewed within an agreed timescale and changes to intervention made accordingly.

Escalation

Where there are disputes/challenges regarding a decision to progress an alert to a referral these should be escalated with senior managers and officers in the agencies involved following the Worcestershire Safeguarding Adult Board Escalation Procedure.

Appendix A ~ Forms of Self Neglect



Lack of Self Care

Increasing concerns (forms of neglect may be in isolation or multiple with increasing risk related to individual risk)

<p>Failure to maintain personal hygiene</p>	<ul style="list-style-type: none"> • Presents with an acute illness unwashed and in dirty clothes 	<ul style="list-style-type: none"> • Presents unwashed, in dirty clothes with signs that this is a long term problem – matted hair, overgrown toe nails 	<ul style="list-style-type: none"> • Presents unwashed with health problems generated because of this e.g. infestation 	<ul style="list-style-type: none"> • Can running water be accessed for washing • Is poor personal hygiene putting them at risk? • Are there any infected areas of skin or wounds?
<p>Disregard for safety</p>	<ul style="list-style-type: none"> • Occasionally leaving doors unlocked or the gas turned on 	<ul style="list-style-type: none"> • Disregard for the security of the property • Taking risks that most people would find unacceptable • Allow strangers access to property/finances • Storage of large amounts of flammable substances 	<ul style="list-style-type: none"> • Using an open fire in house for cooking • Ignoring obvious signs of ill health – physical or psychological – that most people would seek help with 	<ul style="list-style-type: none"> • Is the property obviously unsafe? (Holes in floor, services withdrawing because of risk to workers?)

Non-compliance with medical services	<ul style="list-style-type: none"> Occasional failure to attend routine health appointments or health professionals unable to gain access to the property Ignoring obvious signs of ill health and failing to comply with treatment 	<ul style="list-style-type: none"> Failure to comply with medication or other treatment regimes that are not immediately life threatening but could be life shortening 	<ul style="list-style-type: none"> Failure to seek or comply with medical treatment is putting them or others at risk Increasing confusion or disorientation, causing a serious concern for health and safety 	<ul style="list-style-type: none"> Can they manage essential medication? Do they look unwell or in pain? Has there been a significant change in their health or a critical life event?
Financial problems	<ul style="list-style-type: none"> Inability to budget leading to occasional problems with supply of food and other essentials 	<ul style="list-style-type: none"> Multiple debts Allowing others inappropriate access to property and finances 	<ul style="list-style-type: none"> Little or no food in the house, and inability to purchase any. Imminent risk of disconnection of services/eviction/ bankruptcy 	<ul style="list-style-type: none"> Does the person have enough to eat? (Is there food in the cupboards?) Do they look underweight? (Are clothes too big?) Can they manage their finances? Are utilities connected? Can they keep warm? Can they dry clothing and bedding?
Neglect of Nutrition	<ul style="list-style-type: none"> Inability to budget leading to occasional problems with supply of food and other essentials 	<ul style="list-style-type: none"> Significant weight loss can be seen (this would need to be judged in relation to factors such original body weight, etc) 	<ul style="list-style-type: none"> Malnutrition 	<ul style="list-style-type: none"> Does the person have enough to eat? (Is there food in the cupboards? Do they look underweight? Are clothes too big?) Are there facilities to make a hot meal or drink and are these facilities being used?



**Lack of
Care for environment**

<p>Hoarding</p>	<ul style="list-style-type: none"> Level of hoarding makes it difficult to find or store required items 	<ul style="list-style-type: none"> Level of hoarding causes access issues, risks to the individual, no appropriate sleeping arrangements 	<ul style="list-style-type: none"> Level of hoarding causes health or fire risks to others 	<ul style="list-style-type: none"> Can they get into bed if they want to? (No clutter on bed and bedroom accessible?) Are there obvious fire risks? (Hoarding flammable items, using candles for lighting, unsafe electrical equipment?) Are cooking facilities accessible and safe to use? Can food be stored safely (refrigeration available, food containers vermin proof) Is the toilet accessible and useable? Could they get out in the event of a fire?
<p>Animal collecting</p>	<ul style="list-style-type: none"> The care of pets may have become too much on a temporary basis, or the level of the problem is of a level which may not be desirable but is not causing undue health and safety concerns 	<ul style="list-style-type: none"> The number, and/or type, of pet(s) is beginning to give rise to concern for the health & safety of the individual or others 	<ul style="list-style-type: none"> The number, and/or type, of pet(s) is creating a severe risk to the health & safety of the individual or others 	<ul style="list-style-type: none"> Are the animals, their behaviour, number or habits causing a concern to the health and safety of the individual or others? Is the cost of keep diverting funds from other essentials?

<p>Chaotic Lifestyle (may not in itself be a sign of self-neglect but lead to self-neglect)</p>	<ul style="list-style-type: none"> • Causing ASB or nuisance • Lack of discipline in dealing with children • Dirty or unkempt living conditions 	<ul style="list-style-type: none"> • Multiple Debts • Missing important appointments • Property and/or garden in disrepair • Eviction • Homelessness • Apparent disinterest in ordinary activities of daily living 	<ul style="list-style-type: none"> • Inability to function and follow normative societal conventions • Reliance on drugs and/or alcohol • Serious issues with maintaining integrity of property 	<ul style="list-style-type: none"> • Are there facilities to make a hot meal or drink? • Are utilities connected? • Can they keep warm? • Are clothes climate and age appropriate? • Can they summon help in an emergency? Have you seen they are able to do so • Is the property obviously unsafe? (Holes in floor, services withdrawing due to risk to workers?) • Is their tenancy at risk?
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PROPERTY and SELF NEGLECT ASSESSMENT

PERSON'S DETAILS	
name	
DoB	
address	
contact details	
type of accommodation	
contact details for landlord	

OTHER HOUSEHOLD MEMBERS		
name	relationship	DoB

PETS	
type	any concerns

AGENCIES CURRENTLY INVOLVED			
name	agency	contact details	last contact

INFORMAL SUPPORT		
name	support provided	contact details

SCORE FOR EACH ROOM USING CLUTTER SCALE

bedroom 1		hallway		separate toilet	
bedroom 2		kitchen		lounge	
bedroom 3		bathroom		dining room	

KITCHEN



LIVING ROOM



BEDROOM



1



2



3



4



5



6



7



8



9

CONDITION OF GARDEN

HOARDING DETAILS

- | | | |
|--|---|--|
| <input type="checkbox"/> food items | <input type="checkbox"/> newspapers etc | <input type="checkbox"/> books |
| <input type="checkbox"/> animals | <input type="checkbox"/> building materials | <input checked="" type="checkbox"/> biohazardous waste |
| <input type="checkbox"/> CDs / videos / DVDs | <input type="checkbox"/> electrical items | <input type="checkbox"/> furniture |
| <input type="checkbox"/> clothing | <input type="checkbox"/> packaging | <input type="checkbox"/> boxes / bags |
| <input type="checkbox"/> correspondence | <input checked="" type="checkbox"/> general rubbish | <input type="checkbox"/> collectables |
| <input type="checkbox"/> other (please state what) | | |

GENERAL RISKS	
imminent fire risks <i>(consider flammable materials, working smoke alarms, evidence of previous smoke or fire damage, using gas bottles for cooking etc.)</i>	
hoarding limiting free movement <i>(including entry / exit)</i>	
kitchen usable	
bathroom / toilet usable	
risk of stacked items collapsing	
utilities disconnected	
urgent repairs required	
gas safety checks overdue	
electrical safety checks overdue	
fire safety checks overdue	
infestation of property	
infestation effecting neighbours	
rubbish outside property effecting neighbours	
structural damage to property	
biohazardous waste	
property target of vandalism	
condition of property precludes care	

LANDLORD'S SUMMARY - INCLUDING DETAILS OF REPAIRS REQUIRED

PROPERTY PLAN

--

CONCERNS ABOUT CARE OF SELF AND OTHERS

is the person getting enough to eat / drink?	
is the person managing personal hygiene?	
is the person managing treatment / medication?	

SUMMARY OF ANY CONCERNS ABOUT SELF CARE

neglect of children	
neglect of other dependent adults	
neglect of animals	

VULNERABILITY	
poor mental health	
poor physical health	
poor mobility	
cognitive difficulties	
target within local community	
socially isolated	
likely to be vulnerable to 'counterfeit friendships'	

WHAT EVIDENCE IS THERE THAT THE PERSON HAS CAPACITY TO MAKE DECISIONS ABOUT THEIR ACCOMMODATION AND WELFARE?

NETWORK

PERSON'S VIEW ON PROPERTY AND SELF NEGLECT CONCERNS	
Are they willing to improve the condition of the property?	
Is support needed for them to do this?	
DESCRIPTION OF SUPPORT NEEDED	

ACTIONS ALREADY TAKEN		
action	date	outcome

OVERALL RISK RATING		
likelihood / imminence <i>(rare 1 unlikely 2 possible 3 likely 4 almost certain 5)</i>		
potential consequence <i>(insignificant 1 minor 2 moderate 3 major 4 catastrophic 5)</i>		
total score	<i>low 1 - 6</i>	
	<i>moderate 8 - 12</i>	
	<i>high 15 - 20</i>	

BASIS FOR RISK RATING			
ACTIONS NEEDED			
action	rationale	responsibility	by when

OUTSTANDING CONCERNS	
concern	potential solution
PEOPLE CONTRIBUTING TO THIS ASSESSMENT	
name	agency

person completing this assessment	
date	

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Appendix C ~ Partner Contact List

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Organisation	Job Title	Contact Details	Who We Are	Any Geographical Limits
Fire and Rescue Service	Community Risk Team	www.hwfire.org.uk	<p>Our priority is to make people safer in their homes and within their communities. By proactive engagement with partner agencies we are able to inform and educate people in how to reduce the risk of fires for more vulnerable occupants. By empowering all individuals with knowledge and skills regarding; prevention, detection, and advice with personalised escape plans people will be able to make informed choices and decisions which will improve the safety of themselves, those they live with, and others in their community.</p> <p>Our aim is:</p> <ul style="list-style-type: none"> • Reducing primary (serious) fires • Reducing accidental fires in the home • Reducing arson incidents • Reducing fire deaths and serious injuries from fires. The Fire Service offer fire safety advice in homes and fit free smoke alarms, or specialist units for hearing impaired occupants. This is a free service for individuals who may be more at risk where certain criteria are met. 	Herefordshire and Worcestershire
Adult Social Care	Access Centre	01905 768053	If someone is not physically or mentally able, organisations can contact the Access Centre who will refer the case to the relevant team in Social Services, etc.	Worcestershire
Children & Young Families	Access Centre	0845 607 2000	We provide services that protect, care for and support children, young people and their families	Worcestershire

Organisation	Job Title	Contact Details	Who We Are	Any Geographical Limits
Environmental Health	Environmental Health Officer	01905 822799 wrsenquires@worcsregservices.gov.uk	Environmental Health Enforcement receives requests to investigate complaints of statutory nuisance which include noise, smells, drains, pests and filthy premises. We have powers of entry available that ensure we can enter premises to investigate complaints properly. If we find a statutory nuisance, unsatisfactory drainage, a filthy and verminous premise etc, we have enforcement powers to serve Notices to require works are carried out to resolve the matter. If owners/occupiers do not carry out the required works, we can carry them out in their default and recover all our costs from the owner/occupier.	Worcestershire
Pest Control	Environmental Health Officer	www.worcsregservices.gov.uk/pest-control/pest-control.aspx	We provide a comprehensive and confidential pest control service to all residents, local businesses and housing organisations. We also do property clearances and deal with bio-hazards	Eligibility and services offered varies across Worcestershire
Alarm System	Worcestershire Telecare	0845 130 1469	An alarm unit is installed in the home which is plugged into the telephone and electrical sockets. The unit has a pendant which can be worn around the neck or on the wrist and will work anywhere in the home or garden. Residents can call for help by pressing the button on the pendant. This automatically alerts the Response Centre. The alarm is available to anyone who feels vulnerable or at risk, including older people living alone and people with disabilities. It is also useful for people in the early stages of dementia, at high risk of falling or having just come out of hospital.	Worcester City, Wychavon and Malvern Hills District Councils
Admiral Nurses	Admiral Nurse	0300 123 1734	Anyone who provides care and support to a person with dementia can be referred to the Admiral Nurses, provided that the person with dementia has already received a diagnosis, that the family member(s) have given consent for a referral and that the person with dementia is a resident of Worcestershire or is registered with a Worcestershire GP.	

Organisation	Job Title	Contact Details	Who We Are	Any Geographical Limits
Housing Providers				
The Community Housing Group	Head of Community Services	David.hanman@communityhg.com	Often one of the first agencies to pick up on self-neglect issues. Important link to statutory services. May also be able to identify more appropriate living arrangements for vulnerable people, working in liaison with statutory and other agencies. Some housing providers also have a role in delivering care and support services and housing and maintenance teams visit properties/tenants regularly and are therefore in a unique position to pick up issues/concerns early	Wyre Forest
Fortis Living	Assistant Director of Care and Customer service	pgill@fortisliving.com		Worcester, Wychavon and Malvern Hills
Rooftop	Lisa Kelley, Senior Housing Officer	Lisa.kelley@rooftopgroup.org		South Worcestershire and Gloucestershire
BDHT	Head of Communities	surjit.balu@bdht.co.uk		Bromsgrove
St Paul's Hostel		01905 723729 admin@stpaulshostel.co.uk	Homeless service provider	Worcester
Worcestershire Homeless Intervention Team		01905 723732 admin@stpaulshostel.co.uk	Street outreach work with rough sleepers. Also offer appointments at services throughout the county.	Worcestershire (excluding Worcester).
Police	West Mercia Police	101 https://westmercia.police.uk/article/2325/Contact-us	Police work closely with the local authority and other agencies to discuss aspects of policing, community safety and related issues which matter to the community.	

Organisation	Job Title	Contact Details	Who We Are	Any Geographical Limits
Age UK	Advice Worker	0800 008 6077	<p>Local Age UK and Age Concerns in England provide a wide range of vital direct services to people in later life throughout the UK. Examples of local services include:</p> <ul style="list-style-type: none"> - Information, advice and advocacy services - Services promoting healthy ageing and wellbeing, including - Support to enable older people to remain independent 	National
South Worcestershire Community Safety Partnership	Community Safety Manager	Telephone: 01386 565301	<p>Our aim is to improve the quality of life for the people of South Worcestershire by:</p> <ul style="list-style-type: none"> • Tackling crime • Reassuring the public • Building community cohesion and reducing anti-social behaviour • Reducing the harm caused by illegal drugs and alcohol 	South Worcestershire
North Worcestershire Community Safety Partnership		<p>Bromsgrove – communitysafety@bromsgrove.gov.uk</p> <p>Redditch – communitysafety@redditchbc.gov.uk</p> <p>Wyre Forest – community.safety@wyreforestdc.gov.uk</p>	<p>The North Worcestershire Community Safety Partnership will deliver a range of community safety initiatives and work with agencies and communities to achieve the Partnership's vision of keeping "North Worcestershire a safer place to live, work and visit".</p> <p>We will continue to work together to reduce crime, the fear of crime, disorder and anti-social behaviour that affect our local communities to help you feel safe where you live.</p>	North Worcestershire

Useful Websites

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Organisation	Web link	Description of Service
On-Side advocacy services	http://www.onside-advocacy.org.uk/	Are independent from the organisations that provide social care services. Onside services focus on the needs of the individual to ensure they understand their rights and have access to the information and support they need to improve self-esteem and feel valued within society.
Bereavement Support Worcestershire	http://www.bereavementsupportworcestershire.org.uk/	The aim of the web site is to provide you with information and links to organisations and services which may be able to offer support and assistance across a range of needs from practical activities to emotional support. In addition to a wide range of local and national services the site also provides a direct link to new regional bereavement services recently established for the residents of Worcestershire.
Cinnamon Trust	http://www.cinnamon.org.uk/	The Trust's primary objective is to respect and preserve the treasured relationship between owners and their pets. To this end it works in partnership with owners to overcome any difficulties that might arise. A national network of over 15,000 community service volunteers has been established to provide practical help when any aspect of day to day care poses a problem - for example, walking the dog for a housebound owner.
Compulsive Hoarding	http://www.compulsivehoarding.org	The aim of this website is to provide a comprehensive resource of up-to-date information about compulsive hoarding, its diagnosis, research, treatment and the available support.
Data Protection Act 1998	http://www.legislation.gov.uk/ukpga/1998/29/contents	An Act to make new provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information.

Organisation	Web link	Description of Service
Department for Environmental, Food and Rural Affairs (DEFRA)	http://www.defra.gov.uk/wildlife-pets/	DEFRA offers advice and guidance to pet owners and also develops and enforces legislation to protect pets against cruelty.
Depression Alliance	http://www.depressionalliance.org/	We work to relieve and to prevent this treatable condition by providing information and support services.
Guardian On-Line	http://www.guardian.co.uk/society/2005/jan/26/mental-health.comment	Article. Satwant Singh is interviewed by a Guardian reporter regarding Hoarders and the law.
Help for Hoarders	http://www.helpforhoarders.co.uk/	This website provides information, support and advice and creates awareness about this secretive condition, for Hoarders and their loved ones.
Hoarding UK	http://www.hoardinguk.org	Works with people who hoard families, services and communities. Their goal is to create local hoarding task forces, involving mental health, environmental, support/social work teams coming together to solve the problem.
Mental Capacity Act 2005	https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice	The Act for England and Wales supports and protects people who may be unable to make some decisions. Find out what the Mental Capacity Act covers and how it can help people.
NHS Choices	http://www.nhs.uk/Conditions/hoarding/Pages/Introduction.aspx	Overview and information regarding clinical trials.
OCD Action	http://www.ocdaction.org.uk	This is the largest national charity focusing on Obsessive Compulsive Disorders
Worcestershire Safeguarding Children Board	http://www.worcestershire.gov.uk/info/20054/safeguarding_children	Keeping children safe is everybody's business - we all have a responsibility both in our private and professional lives. If you think a child is at risk of harm, you must take action. If you think the child may be in immediate danger, call 999

Organisation	Web link	Description of Service
Samaritans	www.samaritans.org	Counselling services to people aged 16 years and over who feel in need when life's difficulties make it hard to cope.
The British Association for Counselling & Psychotherapy	www.bacp.co.uk/	This is a membership organisation and a registered charity that sets standards for therapeutic practice and provides information for therapists, clients of therapy, and the general public. As the largest professional body representing counselling and psychotherapy in the UK, BACP aim to increase public understanding of the benefits of counselling and psychotherapy, raise awareness of what can be expected from the process of therapy and promote education and/or training for counsellors and psychotherapists.

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Appendix D ~ Supporting Legislation

Public Health Act 1936

The Public Health Acts 1936 and 1961 contain the principal powers to deal with filthy and verminous premises.

Section 83: Cleansing of Filthy or Verminous Premises

Section 84: Cleansing of Destruction of Filthy or Verminous Articles.

The Public Health Act 1961

The Public Health Act of 1961 amended the 1936 Act and introduced:

Section 34: Accumulations of Rubbish

Section 36: Power to Require Vacation of Premises During Fumigation

Section 37: Prohibition of Sale of Verminous Articles

Housing Act 2004

Allows Local Authorities to carryout risk assessment of any residential premises to identify any hazards that would likely cause harm t and to take enforcement action where necessary to reduce the risk to harm.

Building Act 1984 Section 76 (defective premises)

The Act is available to deal with any premises which are in such a state as to be prejudicial to health or a nuisance.

Environment Protection Act 1990 Section 79 (statutory nuisance)

This refers to any premises in such a state as to be prejudicial to health or a nuisance.

Prevention of Damage by Pests Act 1949

Local Authorities have a duty to take action against occupiers of premises where there is evidence of rates or mice.

Public Health (Control of Disease) Act 1984 Section 46

Imposes a duty of Local Authority to bury or cremate the body of any person found dead in their area in any case where it appears that no suitable arrangements for the disposal of the body have been made.

Mental Health Act 1983

Compulsory admission to hospital or guardianship for patients not involved in criminal proceedings (Part II)

Section 2: Admission for Assessment

Section 3: Admission for Treatment

Section 7: Guardianship

Section 115: AMHP Power of Entry to a person with a mental disorder

Section 135: Warrant to search for and remove patients

Human Rights Act 1998

Public authorities must act in accordance with the Convention of Human rights, which has been enacted directly in the UK by the Human Rights act 1998 and therefore can be enforced in any proceedings in any court.

Article 5: The Right Liberty and Security

Article 8: The Right to Respect for Private and Family Life

The First Protocol Article 1:Protection of Property

Anti-Social Behaviour 2003 (as amended)

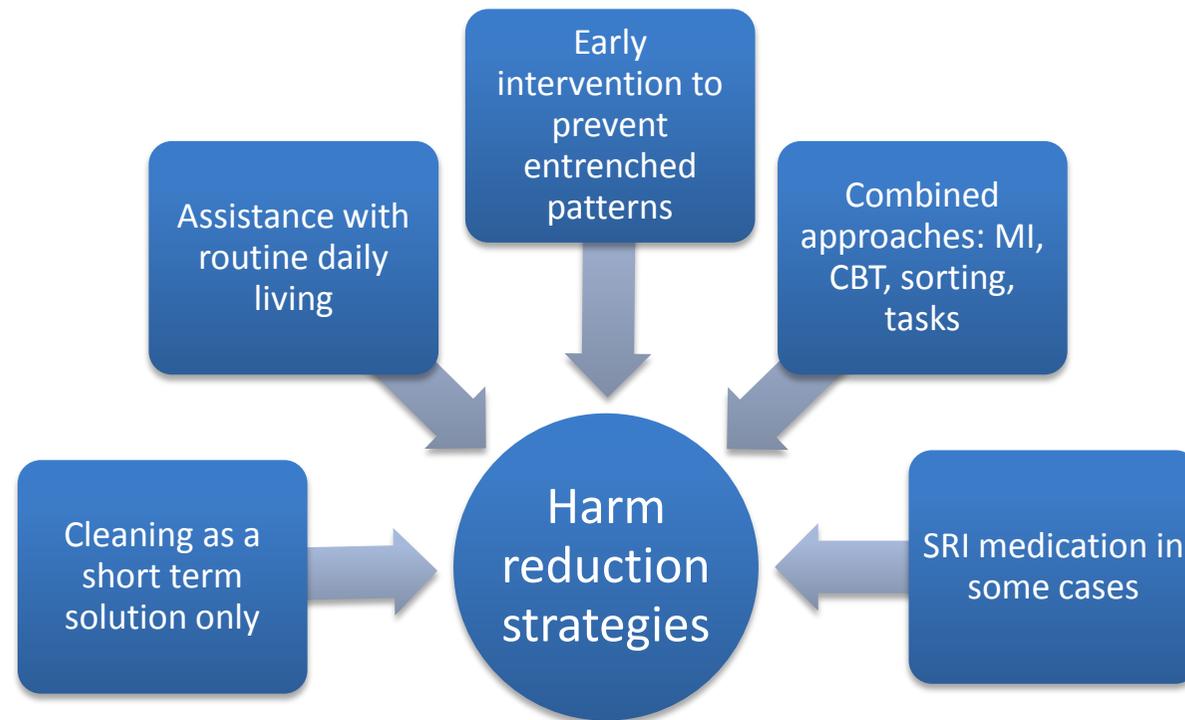
Anti-social behaviour is defined as persistent conduct which causes or is likely to cause alarm, distress or harassment or an act or situation which is, or has the potential to be, detrimental to the quality of life of a resident or visitor to the area.

Misuse of Drugs Act 1971

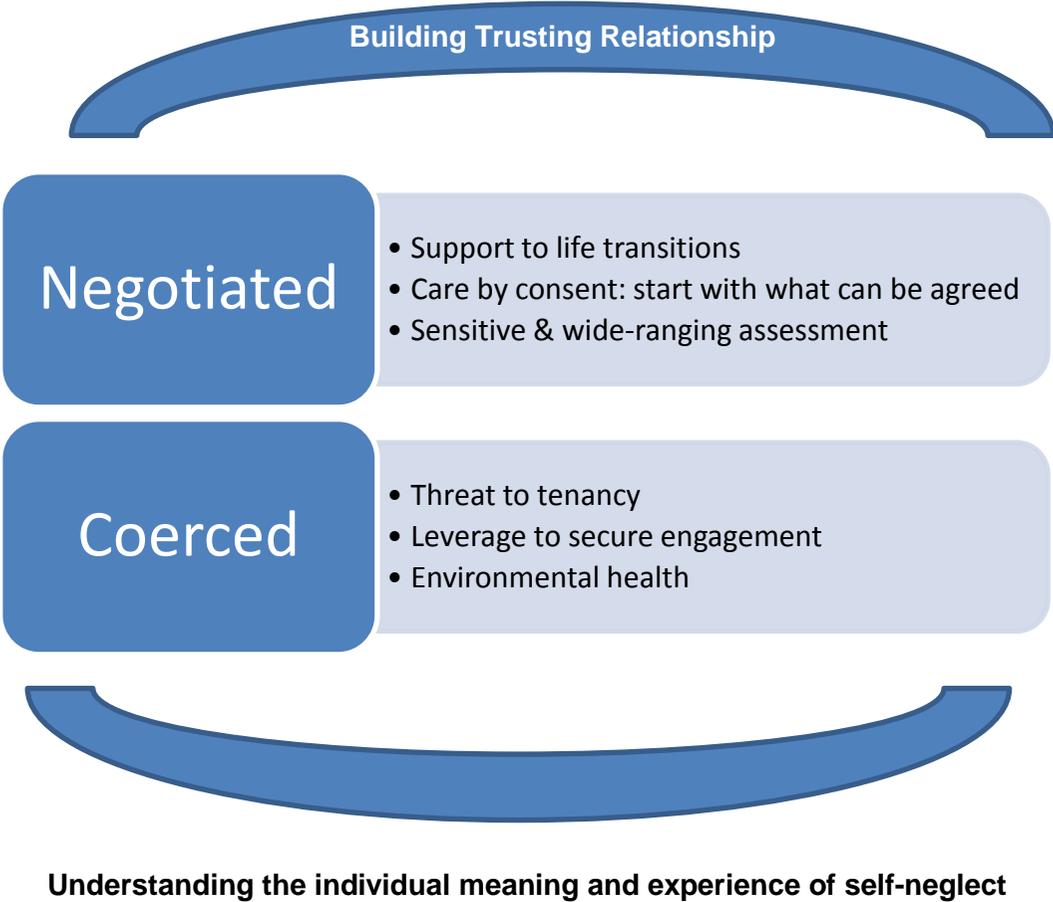
Section 8: this creates an offence if the occupier of premises permits certain acts to take place on the premises.

NHS Community Care Act 1990

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Integrating imposed and negotiated interventions



Approaches to engaging the person

The Approach

- Building Rapport
- Moving from Rapport to relationship
- finding the right tone
- going at the individual's pace
- Agreeing the Plan
- Finding something that motivates the individual
- Starting with practicalities
- Bartering
- focusing on what can be agreed
- keeping company
- straight talking
- finding the person
- External Levers

What this might mean in practice

- Taking time to get to know the person; refusing to be shocked
- avoiding kneejerk responses to self neglect; talking through their interests, history and stories
- being honest while also being non-judgemental, separating the person from the behaviour
- moving slowly and not forcing things, continued involvement over time
- making it clear what is going to happen; a weekly visit might be an initial plan
- linking to interests eg hoarding for environmental reasons, link to recycling initiatives

- small practical help at the outset may help build trust

- linking practical help to another element of agreement- bargaining
- finding something to be the basis of initial agreement that can be built on later
- being available and spending time to build trust
- being honest about potential consequences
- working with someone who is well placed to get engagement
- recognising and working with the possibility of enforcement action

Appendix F ~ Case Studies

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Case Example 1

Mary lives at home with her husband who is her main carer, in a small detached privately owned bungalow. Mary is a diabetic and her mobility is poor. She spends the majority of her time in the bedroom. The property is in a poor hygienic condition and there is minimal room in the bedroom making it difficult for Mary to leave the room. Mary has several grade 3 pressure ulcers and her personal hygiene has deteriorated significantly. The GP, Tissue Viability team and dietician have been involved. Mary and her husband have refused repeated attempts to provide social care support.

- A Professionals Meeting to include all agencies involved with Mary will be arranged.
- An appropriate professional/s will attempt to complete mental capacity assessments regarding Mary's:
 - Ability to manage her personal care
 - Understanding around pressure ulcers/area care
 - Consequences of declining social care support
 - Understanding of the condition of the environment and risks around this
- If Mary lacks capacity 'best interest' decisions will be required to maintain her safety and improve her health status.

Case Example 2

John was discharged from hospital following surgery for a fractured neck of femur. He refused rehabilitation in a community hospital and was discharged home with equipment. It was 'assumed' John had mental capacity to make this decision and he agreed to a referral for social care support as it was identified that John is having difficulty at home. When the social worker visited he refused access. John's neighbour has been doing his shopping since his discharge from hospital and has found soiled clothing and large amounts of rubbish at the property and reports he has seen evidence of rats. There is un-opened post from 2 years ago and John is outstanding with a number of utility bills. The property is in a poor condition and the garden is overgrown.

- A Professionals Meeting to include all agencies involved with John will be arranged.
- An appropriate professional/s will attempt to complete mental capacity assessments regarding John's:
 - Ability to manage his finances/correspondence
 - Ability to manage his personal care/activities of daily living including meal provision etc.
 - Understanding regarding the condition of the environment and the associated risks.
- Irrespective of John's capacity in relation to the condition of the environment and vermin - the potential 'risks to others' will be paramount in any decision to intervene.
- If John lacks capacity 'best interest' decisions will be required to maintain his safety and improve his health status.

Case Example 3

Lucy is diagnosed with schizophrenia and substance misuses. She has been known to mental health services for a number of years. Recently she is increasingly unkempt and appears to be losing weight. She does not always engage with services. Lucy has reported that she is being evicted from her flat. Her mobile phone is often turned off.

- A Professionals Meeting to include all agencies involved with Lucy will be arranged.
- Risks associated with Lucy remaining in the community will be considered.

- Use of Mental Health Act or Mental Capacity Act will be considered.

Case Example 4

June is an 80 year old lady who lives with her son in a Housing Association property. Following a fall, her son made a 999 call and the ambulance service visited the property. June was assessed in A&E and later discharged following referral to the District Nurses for treatment to a leg ulcer.

The District Nurses noted that June was unkempt and looked underweight and that there are a large number of cats and overflowing 'litter' trays at the property and cat faeces on the floor. The cats are in a poor condition. The son stated that he cares for his mother and attends to the shopping and cleaning. June was offered support from Social Services but she declined. During the period of involvement the District Nurses continued to offer support, but June remained adamant that she would only accept help from them and did not require social care support.

- A Professionals Meeting to include all agencies involved with June will be arranged.
- An appropriate professional/s will attempt to complete mental capacity assessments regarding June's:
 - Ability to manage her activities of daily living
 - Ability to care for the cats and environment
 - Ability to make decisions in respect of her sons alleged involvement in her care
- A referral to the RSPCA will be decided upon
- Support for the son will be considered and initiated