Keeping Adults Safe in Shropshire Board

Responding to Self-Neglect in Shropshire: Good Practice Guidance and Local Procedure

Date Completed	April 2019
Status	Final
Review Date	April 2021
Approving Body/Group	Keeping Adults Safe in Shropshire Board
Date of Approval	March 2019

Contents

Acknowledgements

With thanks West Midlands Regional Editorial Group and local partners who have contributed to the review of this guidance and procedures for self-neglect.

Thanks also to Professor Michael Preston-Shoot for his presentations relating to self-neglect and mental capacity practice at the Shropshire and Telford and Wrekin Safeguarding Adults Event on 14th June 2018, which has also informed the review of this document.

1. Introduction and purpose

1.1 Working with individuals who self-neglect is a challenging area of work for front line practitioners, managers, organisations and Adult Safeguarding Partnerships including the Keeping Adults Safe in Shropshire Board (KASiSB). Aspects of the work considered most challenging both nationally and locally include:

- The difficulty of balancing both ethical and legal obligations to respect individual autonomy and fulfil professional duty of care. This particularly occurs when the risk of harm to the individual or others is likely or imminent, but the individual is assessed as having mental capacity to make specific decisions and is refusing help or support.
- The impact that these competing imperatives of respect for autonomy versus duty of care can have upon professional expectations in terms of roles, responsibilities and management of such individuals. This can often lead to professional disagreement, misunderstanding and/or miscommunication; which can if not resolved often further compromises the safety of those at risk.

1.2 This document provides practice guidance and outlines the local multi-agency procedure in Shropshire for responding to self-neglect in relation to adults with care and support needs.

1.3 It applies to all front-line staff and managers in member organisations of the Keeping Adult Safe in Shropshire Board and others working with adults with care and support needs in Shropshire. The Board expectation is that all organisations work collaboratively and in partnership with the adult who is at risk of experiencing self-neglect to achieve the best outcome for the adult and others who may be at risk.

1.4 The document should be read alongside the following Shropshire Safeguarding Community Partnership Procedures:

- West Midlands Adult Safeguarding Multi-Agency Policies and Procedures
- Safeguarding Process in Shropshire
- Guidance on risk assessment and management
- Information Sharing Protocol and Practice Guidance

1.5 As with all safeguarding concerns, the 6 key principles (Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability) outlined in the Care Act Statutory Guidance should underpin all work with people in situations of self-neglect.

1.6 This document draws on:

- Research published by SCIE and commissioned by the Department of Health; Self-neglect policy and practice: building an evidence base for Adult Social Care , Suzy

- Research published by SCIE; Self-Neglect policy and practice: research messages for practitioners; Suzy Braye, David Orr and Michael Preston-Shoot,, March 2015
- Learning from safeguarding adult reviews on self-neglect Michael Preston Shoot (2018) The Journal of Adult Protection, Vol. 20 Issue: 2, pp.78-92
- Presentations delivered by Michael Preston-Shoot at the Joint Shropshire and Telford and Wrekin Safeguarding Adults Event on 14th June 2018 in relation to best practice evidence on self-neglect and mental capacity.
- West Midlands Regional Adult Safeguarding Network Self-Neglect Best Practice Guidance April 2018.

1.7 This document **does not** include issues of risk associated with self-harm (self-injury or self-poisoning irrespective of motivation (NICE: 2013). If an individual's motivation for self-harm is assessed as being due to an act of abuse, neglect or inaction by another individual or service, consideration should be given (with the person affected) to raising a Safeguarding Concern with Adult Social Care.

Practice Guidance

2 What is self-neglect?

Definitions

Self-Neglect

2.1 Self-neglect is "a wide range of behaviour" when an adult with care and support needs neglects themselves by not caring for their own "hygiene, health or surroundings" (DoH:2018:4.17) to the extent that it endangers the health, safety and/or wellbeing of the adult or others. The risk to the adult and others is greater when they are refusing services that would mitigate the risk of harm to themselves or others. (Preston-Shoot:2018).

Research often refers to three types of self-neglect; lack of self-care, lack of care of one's environment and refusal of services that could alleviate issues connected to self-care or care of the environment.

Neglect of self-care	**Neglect of domestic environment**
• Poor personal hygiene which impacts upon health • Poor nutrition/diet/hydration (such as little or no fresh food or mouldy food in the fridge) • Failing to provide self-care in such a way that health, emotional or physical wellbeing may rapidly decline • Failing to maintain social/family contact • Failing to manage finances • Refusing social care or domiciliary or medical support or treatment (including failure to attend appointments, allowing entry for assistance with single or double incontinence, the healing of sores or not taking medication, engagement with mental health support services)	• Hoarding (see section below) and excessive clutter, creating potential mobility and fire hazards • Living without access to utilities • Neglecting household maintenance, so creating hazards • Animal collecting, with potential of insanitary conditions and neglect of animal needs • Living in unclean, sometime verminous circumstances • Refusing support from or entry to organisations with an interest in the property or community (e.g. housing, utility companies, environmental health, fire safety etc)

2.2 It is important to understand that poor environmental conditions, personal hygiene or health may not necessarily always be because of self-neglect. It could arise due to cognitive impairment, poor eyesight, functional and financial constraints. In addition, many people, particularly older people who self-neglect, may lack the ability and/or confidence to come forward to ask for help, and may also lack the support of others who can advocate or speak for them. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

Hoarding

2.3 Hoarding is specifically cited as a type of self-neglecting behaviour in the Department of Health and Social Care definition of self-neglect.

2.4 There is a spectrum of order that we all live on. Not everyone who has a lot of items or possessions in their home has a problem with hoarding. Hoarding is different from saving, collecting or cluttering. Many individuals enjoy building up collections of things, organising them well. These items may be viewed as interesting or valuable by other people. When a person hoards items they may collect things that others see as useless or of little value (Royal College of Psychiatrists, 2019).

2.5 A person who hoards collects an excessive amount of items and does not manage or discard them. Often items are of limited monetary value. The hoarding becomes a problem when it is affecting the person's everyday health, wellbeing and puts them or others in danger. For example, the person is unable to use their kitchen, bedrooms or bathroom and cannot access rooms or escape if there is a fire.

2.6 To learn about hoarding behaviour and hoarding disorder, the following resources are useful:

- Hoarding UK (UK-wide charity dedicated to supporting people affected by hoarding behaviours): https://hoardinguk.org/about-hoarding/hoarding-behaviour.
- NHS Guidance on Hoarding Disorder: https://www.nhs.uk/conditions/hoarding-disorder.

2.7 To determine whether an individual may have a problem with hoarding, practitioners should use the Clutter Index Rating as part of their assessment with the person: https://hoardinguk.org/about-hoarding/clutter-index-rating. The scale should not be interpreted literally but used as a guide to help to assess the environment as not all people hoard in the same way. It is essential to have regard to the nature of the hoarded items and not just the quantity, as action may be different when the items would pose a risk to health i.e. food, faeces, presence of vermin etc. Paper and other flammable items can be an increased safety risk as opposed to when the clutter is inert items. The rating guide is a good indication if the issues are getting worse.

Why do people self-neglect?

2.8 There is no single explanation or consensus in research for why adults self-neglect. Self-neglect can often co-exist with and/or be linked to physical or mental health issues, disability or alcohol or substance misuse or other addictions. Some people have insight into their behaviour, while others do not. In extreme cases, people may lack capacity to make decisions (see Mental Capacity below). Often people may be unwilling to acknowledge there might be a problem and/or be open to receiving support to improve their circumstances.

2.9 Managing the balance between protecting adults from self-neglect against their right to self-determination is a serious challenge for public services.

2.10 Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making. Dismissing self-neglect as a "lifestyle choice" is not an acceptable explanation or basis upon which to withdraw services or support.

2.11 Research conducted (Braye et al:2015) with practitioners and people who use services, highlighted many different causes of self-neglect including:

- Past trauma or experience of loss;
- A form of coping mechanism: to deal with experiences or emotions which feel overwhelming;
- Low self-esteem and the adult's view that they are not worthy of help and/or do not deserve to live better;
- Because of their current circumstances (homelessness, existing or deteriorating poor health);
- A result of previous and ongoing perceived or actual abuse or neglect by others (including services). Self-neglect can co-exist with other forms of abuse and neglect.

2.12 An individual assessment with the adult, their family and/or carers (where appropriate) and other agencies involved should take place. This should explore the adult's needs, capacity, motivations and the facts of the situation. This should then enable determination of the extent of the concern, and what action, if any, should be taken. Effective practice evidence and local procedures for assessment, management and intervention are explained in more detail below.

3. Mental and/or Physical Illness and Mental Capacity

3.1 Identification, assessment and intervention in potential situations of self-neglect is not dependent on any diagnoses of a physical or mental health condition. Whilst hoarding is recognised as a mental disorder, a lack of a specific diagnosis should not preclude a recognition that an adult is self-neglecting through hoarding behaviour. The use of the Mental Health Act 1983 may be appropriate in some cases of self-neglect, this should be considered along with the best practice guidance outlined below.

3.2 Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. Learning from Safeguarding Adult Reviews (SAR) in general, but specifically in relation to individuals who self-neglect; has identified a need for improvement in the quality of direct practice in relation to practitioners understanding and application of best mental capacity practice (Braye & Preston Shoot:2017; Preston-Shoot:2018).

3.3 The expectation of the KASiSB is that all organisations to whom this document applies should ensure that there is a sufficient understanding and ability to apply in practice the Mental Capacity Act 2005 and associated Code of Practice at all levels of their organisation.

3.4 Consideration and application of the Mental Capacity Act (MCA) 2005 and associated Code of Practice should be prominent (and clearly recorded) in the assessment, management and intervention of all cases where self-neglect is identified. This should include where an assumption of capacity has taken place. The workers belief that the adult has capacity to make a specific decision should be recorded.

3.5 Whilst mental capacity should be assumed for all adults, behaviours indicating serious self-neglect as outlined above, may lead professionals to question this assumption. Practitioners must therefore take further steps to ensure that risks associated with self-neglect are not because of the lack of capacity.

3.6 In such cases a capacity assessment should be carried out in line with the Mental Capacity Act (MCA) 2005; its principles and associated Code of Practice as part of the wider self-neglect assessment. Professionals must act in accordance with the MCA 2005 and the overriding principle that every action is carried out in the best interest of the adult concerned, including regard to what are believed to be the adult's wishes and feelings. Consultation with others such as the adults representatives will be necessary in order gather information about the adults wishes, feelings beliefs and values (Department for Constitutional Affairs, 2007).

3.7 Assessing mental capacity and trying to understand what lies behind self-neglect is often complex. Capacity may well fluctuate and this should be taken into account. It is also important to remember that the person may present differently to professionals and they in turn may interpret their presentation differently. All views should be recorded to provide a fully rounded assessment. This is usually best achieved by working with other organisations and if they exist, extended family and community networks. It is essential that assessments not only capture the views and understanding of the person about the situation they live in and risks they face but that information is checked against other sources of information such as:

- How the person behaves or what they do in comparison to what they say.
- The appearance of the person (including how they smell).
- Observations of their home environment property by professional visitors family, friends and neighbours (if relevant).
- The history and impact of any interventions or actions that may have taken place (such as previous clearances or public health action in the case of hoarding).

3.8 Only when all information is put together, is it possible to reach an informed assessment about the person's needs, their understanding of those needs and their capacity to make decisions in relation to those needs.

3.9 Nevertheless, an individual can be experiencing or at risk of self-neglect and have mental capacity. This is often a regular occurrence in cases individuals who self-neglect and who are refusing to engage with or consent to services or intervention, where the risk to themselves and/or others is likely or imminent.

3.10 If the adult has 'substantial difficulty' in understanding and engaging with a Care Act Section 42 Enquiry, the local authority must identify if there is an appropriate person to support them and if there isn't, arrange an independent advocate.

4. Best Practice in responding to self-neglect: the evidence to date

4.1 The following is based on research conducted with practitioners, managers and people who use services to explore best practice in and outcomes for working with adults who self-neglect (Braye et al:2015) and learning from Safeguarding Adult Reviews (Preston-Shoot:2018)

4.2 Several themes have been identified as best practice when working with self-neglect:

The importance of relationships

4.3 Securing engagement with and achieving interventions that make a difference to an adult who self-neglects are vital in reducing their risk. Failure to engage adults in making decisions about their risk can be counter-productive to effectively safeguarding them in line with their wishes.

4.4 The initiation and development of a constructive working relationship between the adult and at least one professional or carer is paramount to ensure that they are effectively engaged. The key professional(s) and/or carer with whom the individual has this relationship can vary each time; but their inclusion in the assessment, management of and intervention with the adult is vital.

4.5 Engagement can be particularly challenging when the adult is not ready, accepting or willing to agree to change and any associated support available to them. In some circumstances, it may be assessed that they may not have the mental capacity or health to decide and implement change.

4.6 The more choice and control an adult has around their decisions and actions, the more enabled they will be to keep themselves safe and to engage with those attempting to safeguard them.

4.7 The Care and Support Statutory Guidance makes clear the importance of engaging with an adult "to establish what being safe means to them and how that can be best achieved" (DoH&SC:2018: 14.8). Even when the adult is resistant to or unable to agree and implement change or service involvement; practitioners should continue to attempt to engage with the adult (using an advocate where necessary) so that "their views, wishes, feelings and beliefs in deciding on any action" (DoH&SC:2018:14.7) are included at all stages of the process. Engagement continues to be important when potentially restrictive action, including the use of enforcement or other legal intervention (see Appendix 1) is being taken.

4.8 Building a positive relationship takes time to build the trust of the adult, by demonstrating trustworthiness, including sometimes overcoming a lack of trust based on previous experiences with services (Braye et al: 2015:8).

4.9 People who use services have been clear in research about what is and is not helpful in building a trusting relationship and gaining their engagement. Learning from Safeguarding Adults Reviews have also provided further guidance. These are summarised in the table below:

Helpful – create engagement	Not Helpful – creates greater resistance
• Show humanity • Show empathy • Separate the behaviour from the adult • Be reliable and available • Demonstrate patience • Be honest. Do not avoid difficult conversations and be clear about	• Pushing and overly directing • Criticising or judging • Being rigid in strategies to engage (e.g. just sending letters with no follow-up or not trying alternative strategies to engage)

consequences. Recognise and work with the possibility of enforcement action • Work at the individual's own pace • Being encouraging • Provide practical support • Negotiate interventions wherever possible (including enabling choice within restriction) • Attempt different strategies to respond to persistent non-engagement. Enforcement and restriction should be used as a last resort, only when various other strategies have been unsuccessfully attempted or to respond to imminent risk • Be respectful when challenging decisions and actions • Ensure that there is a close working relationship with those who are already engaged with the adult or who are well placed to get engagement (see multi-agency working below) • "Find" the adult (see below)	

(Braye et al: 2015)

'Finding' the adult

4.10 Understanding an adult's life history and who is or has been important in their lives can help not only to develop a relationship with them but also make connections to patterns of self-neglect; and form hypotheses with the adult and those working with them about why and when they self-neglect. This can help to inform individualised interventions and safety strategies which might work for that adult to reduce their risk.

4.11 Learning from Safeguarding Adult Reviews has highlighted the importance of considering previous patterns of self-neglect when responding to specific incidents and considering of and engaging with (where possible) others with whom the adult had/has a relationship. The impact of the adult's self-neglect on others, including children should also be considered and responded to via the appropriate pathways (including child safeguarding processes where necessary) (Preston-Shoot:2018)

4.12 "Finding" the adult is a key part of the assessment process to inform risk management and intervention, which should also involve appropriate others (see assessment sub section below).

Legal Literacy

4.13 Legal literacy is defined as: “the synthesis of knowledge, understanding, skills and values that enables practitioner to connect relevant legal rules and policy frameworks with the professional priorities and objectives of ethical practice” (Braye et al: 2015)

4.14 There are several key pieces of legislation that practitioners working with adults who self-neglect should be aware of and apply in their everyday practice, which are cited in throughout this document. Legal interventions are contained in Appendix 1.

4.15 The essence of all the key legislation in the United Kingdom recognises and protects the rights and freedom of individuals to choose how they live their lives. Legislation enables practitioners and organisations to limit or restrict this freedom and choice in certain circumstances where the individual’s safety or the safety of others need protection or a law is broken. When limitation or restriction takes place, the response must be balanced and in proportion to the risk(s) to individual and public safety and the law.

4.16 In the case of self-neglect, legal interventions can reduce the imminence of risk of serious harm to the individual or others. However, they can also often be limited in their application or impact on the adult and only offer a short-term solution to temporarily disrupt behaviour or reduce risk. Legal interventions and coercive measures alone will not reduce the risk of self-neglect in the longer term; and may not stop behaviours leading to self-neglect (such as hoarding) in the longer term; and in some situations, can make it worse.

4.17 Research indicates a strong preference to seek voluntary solutions over enforcement, where possible, through engagement with and respectful persuasion of the individual. Additionally, it is desirable for any “legal interventions to take place through a coordinated sequence of actions between agencies so that support [can] be provided even while enforced intervention [takes] place” (Braye et al: 2015).

Creative Interventions

4.18 Given the varied and complex manner of self-neglect there is no single intervention that works. Research indicates that themes running through successful interventions are those that are:

- Flexible (to fit individual circumstance)
- Negotiated and agreed (according to what the individual might tolerate)
- Gradual, continuous and patient (led by the adult rather than being resource driven).
- Proportionate (to act only to contain risk, rather than remove it altogether, in a way that preserves respect for autonomy)
- Multi-modal (using a variety of interventions available from several different sources both formal and informal – see effective multi-agency working below).

(Braye et al: 2015)

4.19 The starting point for all interventions should be to encourage the adult to do things for themselves. Where this fails in the first instance, this approach should be revisited regularly throughout the period of the involvement. All efforts and the response of the adult to the approaches should be recorded fully.

4.20 Below is a table of specific interventions that can be effective, but all have limitations, which professionals should be mindful of when deciding to implement them. These are broad examples and do not contain the whole range of interventions that could be available. For more information, please refer to the Making Safeguarding Personal Toolkit:

Intervention	Benefits	Limitations
Being present and maintaining contact by: • Home visits (essential when conducting assessments) • Phone calls or texts where appropriate • Personalised rather than standard letters where appropriate • Visiting in other environments (such as community venues, hospitals etc where the adult spends time)	• Enables relationship building, motivation and assessment. • Can be used to monitor risk, capacity and changes to motivation	• The adult may not want to see and refuse to engage with certain professionals. See relationships section above.
Support/assistance with routine daily living tasks (such as cleaning, shopping, preparing and eating food, using toilet facilities, occupational therapy)	• Enables the individual to (re)establish routines with a view to gradually reducing intervention over time. • Provides ongoing domiciliary care or support where the adult is not able to maintain this themselves in the longer term.	• Cleaning and other interventions to improve risks around home conditions do not emerge as effective as a stand-alone intervention in the longer term.
Education, advice and guidance or brief targeted interventions on issues linked to self-neglect which present the individual with information and explore costs and benefits of options and how they relate to risk of harm. This can include in areas such as: • Finances inc benefits.	• Effective when an adult is ambivalent about change. They have the information and understand the consequences but the choice is theirs to make. • Effective if the adult feels able/wants to do for themselves. • Useful to use alongside enforced	• Most effective when the adult understands the information, can choose and is able to implement. • This approach will need to be tailored to individuals who are assessed as not having physical or mental capacity or illness (including

• Alcohol or substance use • Housing • Fire safety • Environmental health/pest control • Animal care • Parenting • Self-care (physical and emotional)	legal interventions to maintain engagement.	consideration of the use of advocates where necessary).
Encouraging informal networks and engagement in activities such as: • family friends and/or • Befriending/ mentoring services (including one-to-one services and support groups); • Getting involved in activities/groups that they are interested in; • Support getting into voluntary or paid work.	• Enables the adult to have someone/others to talk to and seek support or companionship from without a "professional agenda". This can often lead to the adult being more receptive to change. • Connecting the adult with others can help them to rely less upon on the self-neglecting behaviour. • Providing them with a purpose, improved self-esteem.	• Must be something the adult wants to do. Directing or imposing such support is likely to be counter-productive. • Assessment of informal networks and impact/dynamic of self-neglecting behaviour is important before it is encouraged.
Therapeutic input such as psychological therapies or other services specialising in working with individuals with specific problems (such as hoarding, bereavement, substance misuse, gambling).	• Useful when the adult has decided to change but needs targeted support to enable them to do this. • Can be useful once legal intervention has taken place/disrupted as a means of relapse prevention or returning to their environment.	• There can often be difficulty accessing or finding such services. Some services may not be sufficiently individualised or available at the right time for the adult's motivation. The above interventions can help to maintain engagement and motivation in such circumstances.
A change of environment (temporary as a respite or permanently to enable a new start)	• Most successful when adult makes the decision for change. • Can help to disrupt, reduce or stop self-neglect.	• Can be unwelcomed by the individual if enforced upon them, which may mean intervention has less effect in reducing risk in the longer term.

	• Can provide or provide an opportunity for additional support, intervention or treatment for the adult to address the underlying reasons for self-neglect.	Ongoing relationship as above remains critical in such situations.
Enforced action (see Appendix 1)	□ Protects the adult and others from likely or imminent risk of harm by temporary disruption and reduced risk. □ Statutory duty to investigate when issues are affecting neighbours □ Sets boundaries for the individual on risk to self and others. □ Can lead to the individual deciding to engage with a long-term change (but only when undertaken in line with strategies that help to engage above as part of an ongoing relationship and care plan)	• Unlikely to be effective if used too soon without trying other strategies above first • Unlikely to be effective as a stand-alone intervention.

Effective multi-agency working

4.21 An adult who self-neglects may not always be at a level of risk which warrants adult safeguarding arrangements to be initiated. However, there are often many agencies and professions already involved with them before safeguarding concerns become significant.

4.22 It is imperative that **all** agencies work with the adult and each other to try and prevent individuals who self-neglect from getting to a point where it is deemed that safeguarding processes or a type of enforcement action is needing to be implemented to protect them. Even when safeguarding processes are initiated to protect the adult; the aim of these are to reduce the risk to the adult to the extent that safeguarding measures are no longer required.

The aim of any multi-agency approach, whether preventing or protecting the adult from self-neglect; should be to support and enable the person to achieve and maintain their safety and wellbeing in the least restrictive way possible.

Multi-agency working can be challenging for the following reasons:

- Different agencies are working with the adult at different points for different reasons. This can lead to agencies working in parallel “silos” rather than together meaning that multi-agency working principles (below) are not applied.

- Service boundaries can create obstacles to agency involvement and/or best practice engagement with an adult. This can be due to difficulties associated with the availability of resources (including those associated with staff), the limitations of statutory functions, funding responsibility, diagnosis and specialist services and/or eligibility criteria

(Braye et al:2015)

4.23 The challenges and ineffectiveness of multi-agency working can increase the risk to and/or impact upon effective engagement with the individual and others who may be at risk because of their self-neglect. This has been illustrated in learning from Safeguarding Adult Reviews (Preston-Shoot:2018). It can also lead to additional cost and use of resources for organisations.

4.24 Research has indicated the following characteristics of an effective multi-agency working arrangement when working with self-neglect:

- Multi-agency strategic shared ownership and implementation of a multi-agency approach to tackling self-neglect (see Local Procedure below)
- Early Communication and liaison between involved agencies takes place to inform the understanding of an approach with the adult.
- Agencies involved with the adult are pulled together at the outset of involvement or at the point of review (such as when risk increases or adult begins to engage or consent).
- Well led and co-ordinated arrangements are established at the earliest point. with clarity and flexibility around roles of practitioners and organisations and clear agreed goals for involvement;
- Embraces and encourages a multi-disciplinary approach, so enabling a range of professional perspectives. This can offer a more holistic insight and approach to working with an adult who self-neglects (see risk assessment and planning).
- Collective discussion and agreement about who might be the right person to initiate, develop and or maintain a trusting professional relationship with the person (see relationship with the person above)
- Has an agreed common approach to working with the adult. Shared risk assessment and planning is vital to this (see risk assessment and planning below). Any disagreements or tensions are directly addressed through constructive challenge and negotiation. Multi-agency fora are most effective (such as strategy meetings, case conferences, professional discussions, risk panels and other partnership arrangements) with escalation processes utilised when necessary.

(Braye et al:2015)

4.25 Consideration should be given in complex cases where there are significant risks, to convening a multi-disciplinary and multi-agency meeting to share information and agree an approach to minimising the impact of specific risks and improving the person's wellbeing. Wherever possible the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate. A standardised agenda has been provided at Appendix 4 to guide the discussion that takes place. Practitioners should feel free to amend the agenda to fit the person they are working with. Please see Local Procedure below for specific detail.

Risk Assessment and Planning

4.26 Learning from Safeguarding Adult Reviews involving self-neglect highlights the importance of robust, holistic, thorough and implemented risk assessments and plans (Preston-Shoot:2018).

4.27 Whatever form assessments and plans take within organisations, they should address self-neglect when there is evidence that the adult is at risk of or experiencing it.

4.28 An assessment is:

- the gathering of information from a wide variety of sources.

to enable;

- a holistic, informed, evidence based and analysed understanding of how, when and why an adult is self-neglecting.

  Past incidences of self-neglect or significant life events and history should be particularly considered to identify patterns and improve understanding. The assessment should be balanced by both strengths of and risks to the adult.

and;

- a professional judgement using an agreed framework on the level (impact and likelihood) of risk of harm, both now and in the future, to the adult and (where applicable) others because of the self-neglect.

4.29 A plan is:

- An explanation of what action will be taken with the adult
- Informed by the risk assessment.
- Responsive to the adult's needs, views, values and beliefs. Particularly, their level of motivation, physical and mental capacity to engage with services.
- Contains interventions and controls to both:
  - address the reasons why an adult is self-neglecting and
  - Manage (mitigate but preferably reduce) the risk of harm to the adult and (where applicable) others from self-neglect;
  - Interventions and controls should be specific and outcome orientated.
- Proportionate to the assessed level of risk of harm to the adult and (where applicable) others
- Contains contingency plans in the event of an increased risk of harm to the adult and (where applicable) others. Contingency plans should be clear and specific about who will take what action and in what circumstances.

4.30 All risk assessments and plans should:

- Involve and include the adult at risk or experiencing self-neglect and include a clearly recorded consideration and/or where appropriate an assessment of mental capacity in line with the MCA 2005 and associated Code of Practice.

Risk assessments and management plans should be shared where appropriate with other agencies (and the adult). Regency, frequency, severity and patterns should be considered as part of the risk assessment.

If involvement of the adult has not taken place the reasons why should be clearly recorded; as well as any best interest decisions made on their behalf or decisions that have been taken due to vital interest where the person lacks capacity or the public interest.

Cases should not be closed simply because the adult refuses to engage with an assessment or plan.

At such times a balanced, proportionate and defensible decision will need to be taken and agreed by all agencies involved, according to the assessed level of risk as to what action to taken. Case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is reasonable and proportionate in all the circumstances.

As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support.

- Involve and include (where appropriate) people who are significant to the adult at risk. Particularly where significant others are specifically identified as being at risk because of the self-neglect or can assist with management of risk (such as children or other dependents, parents, carers or friends). Please refer to KASiSB Information Sharing Protocol and Practice Guidance for more information

- Involve and include information, assessments, decisions and plans of other agencies who have in the past or who have worked or had contact with or are attempting/have attempted to do so (see multi-agency working above).

- Any information which is missing or resources not available/limited should be clearly recorded.

- Be clearly recorded in organisational records at all stages.

- Be regularly reviewed and updated at regular intervals as the relationship with the individual develops and at significant times such as at points of transition or change in circumstances or risk levels.

Local Arrangements & Procedure

5. Procedure

5.1 Where an adult is engaging with and accepting assessment or support services that are appropriate and sufficient to address their care and support needs (including those needs relating to self-neglect), then the adult is not experiencing self-neglect nor are demonstrating they are "unable to protect themselves" from self-neglect or the risk of it. In such circumstances, usual adult assessment and support service provision will be the most proportionate and least intrusive way of addressing any risks.

5.2 In Shropshire, the procedure for when a concern relating to self-neglect is identified is summarised in three stages as follows-

(i) Identification of self-neglect

It is the responsibility of **ALL TEAMS AND ORGANISATIONS** to work with individuals who are displaying behaviour which suggests they are self-neglecting or neglecting their home environment (including hoarding); to encourage them to accept the support they need to improve and maintain their health and well-being.

Case example – The District Nursing Team are asked to visit Mrs B following her discharge from Hospital to dress a pressure area on her leg. When they arrive, although Mrs B lets them in she won't let them dress her leg saying "oh it's alright love, I don't like a fuss". They cannot persuade her to let them see her leg so they leave.

The nurses visit again the next day and get the same reaction. They explain to Mrs B that if she doesn't let them dress her leg, there is a risk it will get worse and could become infected. The nurses assessed Mrs B's capacity and had a discussion to try and find out if there were any other impediments that were making her reluctant to accept intervention. Unfortunately they get the same response and have to leave her with written information about pressure ulcers to consider.

The same happens again on day three. They go back to the surgery and discuss Mrs B with the Doctor who agrees to go with them to see her the next day.

When Mrs B is seen on day four with the Doctor present, she agrees to let the nurses change her dressing.

Case example – The Social Work team receive a request to assess Mr. J from Regulatory Services (a team within Shropshire Council). Mr J's house was cleared by them two years ago, they have visited his house again and are not only concerned about the environment he was living in but noticed that he smelled strongly of urine. They think he may be developing care support needs and needs extra help to manage his personal care and maintain a safe living environment.

The Social Worker goes out to visit on the same day they receive the referral but Mr J declines an assessment. The Social Worker tries to ascertain Mr J's perspective about what he can do for himself. He says that he can manage to do everything for himself. The Social Worker observes the following information:

- *Mr J looks untidy and smells strongly of urine.*
- *His house is very untidy and the cat litter trays have not been emptied for some time.*

The Social Worker identifies that Mr J is experiencing or at risk of abuse (self-neglect) so explains that an assessment will need to be undertaken anyway and he is allocated a worker to complete that work (Care act 2014, section 11).

Practitioners, teams and organisations should refer to the Practice Guidance section above and the Appendices below when working with these individuals to assist them.

Every effort should be made to get the person's involvement before progressing to multi-agency meetings. However, even at this early stage, it may be necessary for an organisation who is working with the person to call a multi-agency meeting to share and gather information relevant to the situation and work in partnership to work out how to move forward. This is particularly important if the person is not engaging or interventions are having a limited effect. Any organisation can arrange such a meeting rather than referring on for another service or organisation to initiate. Board members are committed to providing staff resources for such meetings. The Roles and Responsibilities section below provides information to help identify who is best placed to be included.

The person should be made aware that a meeting is taking place and what information is likely to be shared. They should be given the opportunity to attend, give their views in advance of the meeting or for someone to attend with or on behalf of them. If the person states they do not want a meeting to take place or information to be shared between agencies but it is felt that a multi-agency meeting should still take place, this does not mean that a meeting cannot take place. However, organisations involved should be clear about the lawful basis upon which they are sharing information (please refer to KASiSB Information Sharing Protocol and Practice Guidance).

The person's involvement, consent and lawful basis of the meeting should be clearly recorded in organisational case records.

For meetings at all stages a standard agenda is provided in the Toolkit at Appendix 4.

(ii) Care Act Assessment

If following the attempts made at stage (i) there is still no engagement from the adult and significant concerns exist, the person should be referred to Adult Social Care (via the First Point of Contact) for consideration of a Section 9 Care Act assessment (if one hasn't been done already). If such an assessment exists already, the allocated Social Worker should ensure it is up to date and incorporates the views and wishes of the person.

If the person is eligible for a Care Act assessment but it is refused, one should be completed anyway as required by Section 11 of the Care Act 2014 **if**:

(a) the adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interests, or

(b) the adult is experiencing, or is at risk of, abuse or neglect.

It is not easy to complete an assessment under these circumstances. However, the practitioner should use as much information as possible making every effort to continue to involve the adult (see Practice Guidance section above).

If the person is not eligible for a Care Act assessment the reasons should be provided and recorded.

(iii) Raising a safeguarding concern

Concerns can be raised by any organisation working with the adult. A safeguarding concern should take place when:

- all reasonable attempts though stages (i) and (ii) have been made to assess and engage the person in meeting their health and social care needs **and**
- there is a high likelihood of danger to the person and risks to their health and welfare and/or that of others (please refer to KASiSB guidance on risk assessment and management). If there are concerns about the danger to children, organisations should follow Child Safeguarding Processes.

The Care and Support Statutory Guidance is clear that "a decision on whether a response is required under safeguarding [in relation to self-neglect] 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" (DoH&SC:2018:14.17).

Ultimately, raising a safeguarding concern is the professional's decision and should only be raised without the consent of the person if there is a vital or public interest to do so.

Adult Social Care will decide whether to initiate a safeguarding enquiry under the Care Act 2014.

6 Deciding action at any stage when there is refusal or a lack of capacity

6.1 Where an adult with capacity has decided that they do not want action taken to support them, or action taken to protect them, the risks of this decision must be discussed with the person to ensure they are fully aware of the consequences of their decision. Respect for the wishes of an adult does not mean local authority abdication from compliance with their organisational duties. The consequences of continuing risk should be explained and explored with the person.

6.2 The practitioner should ensure that, where the person has capacity to decline intervention after all reasonable efforts have been made to engage them, the person knows how to get back in touch with the Council (or named person) as do all significant others involved in the notification of the enquiry or concern. Because the person has declined support before doesn't mean they will in the future.

6.3 The practitioner should provide feedback to all parties involved in the enquiry and assessment process on the outcome of that process and what actions are to be taken, or not taken, with the reasons why.

6.4 **Even if the adult has capacity** to give consent, **action may need to be taken** if the risk to them and/or others (including Children) is significant enough or where it is in the public interest to act.

6.5 Where the adult is not engaging and if action is not required imminently, the practitioner and line manager will proactively consider what emphasis should be given to monitoring the circumstances in case of further deterioration and how this should be done. However, it is useful to note that monitoring is not protection but merely a way of identifying changes in as timely a manner as possible.

6.6 There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. In such cases appropriate information should be given to enable to adult to make informed decisions, potentially enabling them to act to avoid the necessity of legal intervention. Considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice and management approval. Consideration should be given to contacting the Police and Fire Service to see what information (if any) they know about the person and/or address. Appendix 1 lists the types of legislative remedies that might need to be considered.

7 Roles and responsibilities

7.1 All agencies and teams who work with or come into contact with adults who have care and support needs have a responsibility to support people, as far as is practicable, who are at risk of or experiencing self-neglect or refusing services. It is important that agencies and practitioners are clear about one another's roles and responsibilities and have an awareness of services offered which may assist adults at risk of self-neglect. What follows, is an outline of the role and services of agencies who may/can work with people who are at risk of or experiencing self-neglect. Please refer to Appendix 1 for specific legislative powers that different agencies have available to them which can be considered as an intervention.

7.2 **Shropshire Fire and Rescue Service**

Core functions:

- Fire Safety: Community Safety information and resources can be found on the Shropshire Fire and Rescue Service website: https://www.shropshirefire.gov.uk. Shropshire Fire and Rescue Service can carry out free Safe and Well Visits to any adult in their own home to ensure that they are aware of potential hazards within the home and can take appropriate actions. These visits include a discussion on the person's health and wellbeing relating to their safety. Please refer to Appendix 3: Fire Safety Checklist and Partner Agency Referral Form should you wish to consider someone you are working with for this service.
- Fire Fighting - extinguishing fires and protecting life and property in the event of fires.
- Road Traffic Accidents - rescuing people in the event of road traffic accidents and protecting people from serious harm in the event of road traffic accidents.

- Emergencies - when necessary deal with emergencies, other than fires and road traffic accidents relating to people's safety (such as flooding and adverse weather)

The Fire Service also has a legal responsibility to undertake periodic inspections or audits of non-domestic premises (including the common parts of blocks of flats or houses in multiple occupation (HMOs). If it is considered that the responsible person has failed to comply with any provision of the order, further action can be taken.

7.4 **Housing Services: Shropshire Council**

The function of Housing Services includes:

- developing and implementing an overarching housing strategy including a response to homelessness, affordable warmth, private sector housing, rough sleeping and older people.
- developing and implementing an affordable housing programme in partnership with registered providers, to provide affordable homes for rent and purchase.
- improving and enforcing standards in private sector housing, including houses in multiple occupation, empty homes and private rented accommodation.
- providing expert housing advice, and work with private sector landlords and other housing providers, in order to prevent homelessness, sustain tenancies and provide a range of viable housing options.
- managing and maintaining a housing register, assess the housing and support needs of housing applicants (including homeless households living in temporary accommodation, and social housing tenants seeking a transfer), operate the choice-based lettings scheme, and allocate social rented housing.

7.5 **Regulatory Services: Shropshire Council**

Services provided by regulatory services include:

- Private Rented Sector Housing Standards:
  Respond to service requests about the condition of private rented properties and seek to resolve the issue focusing on risk, harm and vulnerability, whilst encouraging those affected to try and resolve issues with their landlords. Use the Housing Health and Safety Rating Scheme to identify hazards
  Protect and help vulnerable members of the community by reducing the risk of injury and ill health of occupiers of such properties caused by unsatisfactory living conditions.
  Provide advice and guidance to both tenants and landlords.

- Investigating Statutory Nuisances
  Investigate Service Requests regarding statutory nuisance, such as noise, light, animals, smoke, dust, fumes, insects and accumulations and seek to resolve the issue focussing on risk, harm and vulnerability and encourage those affected to try and resolve issues themselves where appropriate. Work with other services and organisations to resolve issues.

- Public Health
  Protect and help vulnerable members of the community by reducing the risk of ill health of occupiers of such properties caused by unwholesome living conditions and by signposting them to other support agencies where appropriate.
  Investigate premises which may be considered to be filthy & verminous and take appropriate action where they are considered to be verminous, or they are causing a statutory nuisance to neighbouring residents. Work in partnership with other teams and agencies, organising and participating in multi agency meetings where the risk of the risk determines that this approach is needed. Work to maintain improvement. Reduce the amount and level of council and state resources, while supporting continued independent living.

Take appropriate action to ensure steps are taken to control rats & mice under the powers contained in the Prevention of Damage by Pests Act 1949 by keeping land free from vermin. Protect residents from pest related diseases. Bring about a cleaner, safer and healthier environment. Protect against a deterioration in neighbourhoods due to refuse accumulations likely to attract rodents.

- Pest Control Service
  We provide practical treatments for a wide range of nuisance pests for domestic and commercial customers. There are charges for services and prices are maintained at a competitive rate. The team of specialist pest control officers with a great deal of expert knowledge in dealing with a wide range of pests, and can offer advice on preventative solutions tailored to suit most commercial or business premises. Without proper control, pests can cause costly damage and contamination to property, spread disease as they carry bacteria, viruses and parasites which can be passed onto people

- Insecure premises
  Take appropriate action to ensure buildings are secured against unauthorised access or to prevent them becoming a danger to health. Require owners to secure, including assessment of the need to carry out works in default and recover costs.

- Anti-Social Behaviour Co-ordination
  Assess incidents of ASB, assessing the risk harm and vulnerability . Ensure early intervention when problems are identified while also preventing duplication of efforts. Ensure all teams and agencies work together to ensure a co-ordinated approach and partnership working with the Police in a co-located team. Lead on reports of ASB where issues have links to Environmental Health. Organise multi agency meetings and produce action plans on the most complex ASB cases or where they involve vulnerable people. Reduce the need for future interventions

7.6 **Adult Social Care: Shropshire Council**

Shropshire Council provides a range of services that aim to meet people's social care needs including advice and guidance.

Adults are entitled to an assessment of their needs but for someone to be supported by the local authority they must be eligible to receive services. Factsheets explaining various aspects of Adult Social Care; as well as further information and advice including a directory of services that can be accessed by adults and their families/carers can be found on the Shropshire Choices website: https://www.shropshire.gov.uk/shropshire-choices/

There are a range of teams within Adult Social Care (usually area based) providing assessment, reviewing and support services. They include:

- First Point of Contact (FPoC): provides a single point of contact. The team provide advice, guidance and onwards signposting into other Adult Social Care or other Shropshire Council services on queries relating to care and support for adults to individuals, carers and partners and professionals. This includes safeguarding concerns.

  FPoC Telephone: 0345 678 9044
  FPoC Email: firstpointofcontact@shropshire.gov.uk.

- Social Work Teams
- Mental Health Social Work Team
- Hospital Teams
- Emergency Duty Team
- Safeguarding Team
- Occupational Therapy Team
- Appointeeship and Deputyship Team
- Financial Assessment Team
- START
- Day Services
- Nursing Home

The primary piece of legislation that supports the work of adult social care is the Care Act (2014).

7.7 **Primary Health Care: General Practitioners and other providers**

Every person registered with a General Practice must have a named General Practitioner (GP) who has responsibility for the co-ordination of all appropriate health services required under the Standard General Medical Services (GMS) contract and ensure they are delivered to each of their patients where required, based on the GP's clinical judgement.

For patients aged 75 and over the named accountable GP is responsible for:

- Working with relevant associated health and social care professionals to deliver a multi-disciplinary care package that meets the needs of the patient
- Ensuring that these patients have access to a health check as set out in section 7.9 of the GMS Contract Regulations.

A person's General Practice is therefore often the first point of contact for a person with health needs which may be linked to concerns relating to self-neglect or a professional working with that person in relation to multi-agency working. They can provide general medical advice and intervention, as well as complete referrals to secondary health care provisions.

There are other forms of primary health care, such as community pharmacists, dentists and opticians who can also be accessed by the adult depending on their health needs which may be linked to their self-neglect.

7.8 **Primary Health Care: Community Mental Health Services: Midlands Partnership NHS Foundation Trust (**https://www.mpft.nhs.uk.)

- Shropshire Primary Care Psychological Therapies Service: aims to improve health and wellbeing by offering a range of help, advice, life skills courses, supported self-help, other groups and individual therapies for everyone aged 16 and over. People can self-refer or be referred through their GP. The website: https://shropshireiapt.mpft.nhs.uk offers online

resources and further links/websites that can be accessed by the person or professionals supporting them.

- Access Team: Provides a single point of contact for all the Trust's adult mental health services, including people with dementia. The team provide advice and guidance to individuals, carers and partners and non-health professionals. The Access Team has the ability to book straight into the relevant pathway team for a person's needs to minimise duplication and ensure individuals are supported by the right person, at the right time and in the right place.

Shropshire, Telford & Wrekin Access Team

Telephone: 0300 124 0365

Email: access.shropshire@mpft.nhs.uk

7.9 Secondary Health Care

Secondary healthcare is usually delivered in hospital settings but can also be provided in the community. Most people who attend or are admitted to a hospital or community provision are there:

- because of a referral from their General Practitioner; or
- through accident and emergency departments; or
- from a telephone and Internet-based help system, NHS 111 (https://111.nhs.uk.).

Hospitals and community health services have developed, and continue to develop, based on government planning for health care needs. Since the NHS changes of 1991, hospitals are managed by health care trusts that not only provide hospital and mental health care services, but also deal with ambulances and special services.

In Shropshire we have:

- Acute hospital services (Shrewsbury and Telford Hospital Foundation NHS Trust: https://www.sath.nhs.uk.)
- Emergency Ambulance Service and patient transport (West Midlands Ambulance Service: https://wmas.nhs.uk.)
- Specialist orthopedic services (Robert Jones Agnes Hunt: https://www.rjah.nhs.uk.)
- Specialist mental health services (Midlands Partnership Foundations Trust: https://www.mpft.nhs.uk)
- Community health services and hospitals (Shropshire Community Health Trust: https://www.shropscommunityhealth.nhs.uk.)

7.10 Clinical Commissioning Group

CCGs are clinically led statutory National Health Service (NHS) bodies responsible for the planning and commissioning of healthcare services for their local area. CCG members include GPs and other clinicians, such as nurses and consultants. They are responsible for about 60% of the NHS budget, commission most secondary care services and play a part in the commissioning of General Practitioner services.

CCGs can commission any service provider that meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities or private sector providers. However, they must be assured of the quality of services they commission, taking into account both National Institute for

Health and Care Excellence (NICE) guidelines and the Care Quality Commission's (CQC) data about service providers.

Both NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission.

The Shropshire CCG Safeguarding Team provides safeguarding support and advice to all Shropshire GP practices. This includes dissemination of safeguarding related information as required.

7.11 **Independent/Voluntary Sector Providers**

This group of providers offer a range of services from preventative “help at home services” through to domiciliary care services in people’s home and residential and nursing care for people with more intensive needs.

Services provided by the independent sector will either be paid for by the Council, the CCG, the person or a combination of those mentioned.

Shropshire Choices provides access to a directory of voluntary and independent sector organisations: https://www.shropshire.gov.uk/shropshire-choices/shropshire-choices-directory/

7.12 **West Mercia Police**

Core duties include:

- protecting life and property
- preserving order
- preventing the commission of offences
- bringing offenders to justice.

In cases where self-neglect may be present, the Safer Neighbourhood Team covering the area that the person lives can often be a good source of information to try and prevent legal intervention taking place; and so it may be useful to engage with the relevant officer at the earliest stage (particularly when considering multi-agency meetings); in order to avoid the need for an emergency Police response.

Appendix 1: Possible Legal Interventions

Agency	Legal Power and Action	Circumstances requiring intervention
Shropshire Council Regulatory/ Housing Services	**Public Health Act 1936** **s.83 Cleansing of Filthy or Verminous Premises** **s.84 Cleansing or Destruction of Filthy or Verminous Articles** LA must apply **s. 85 Cleansing of Verminous Persons and Their Clothing** **s.287 Powers of Entry/Warrant** 24 hours' notice must be given There is no appeal against notices and LA has power to carry out works in default and recover costs and prosecute for non-compliance. An appeal can be made against the cost and reasonableness of works on notice	Powers to deal with filthy / verminous premises including articles requiring cleansing or destruction to prevent injury or danger to person. If the occupier refuses entry then a warrant from a Justice of the Peace needs to be applied for, to gain entry. (All tenure including Leaseholders/ Freeholders)
Shropshire Council Regulatory Services (Environmental Health Function)	**Environmental Protection Act 1990** **s.80 Dealing with Statutory Nuisances**	

	LA can serve an Abatement Notice under s80. Recipient has 21 days to appeal.	Powers to deal with any premises in such a state as to be prejudicial to heath or a nuisance.
Shropshire Council Regulatory Services (Environmental Health Function)	**Prevention of Damage by Pests Act 1949** **s.4 Power to require action to prevent or treat rats and mice** Notice may be served, giving a reasonable time to carry out works to treat for rats/mice, remove materials that may feed or harbour them and carry out structural works. LA may carry out works in default and recover costs.	Powers to require action such as the removal of materials providing food or harbourage to pests where there is evidence of rats or mice (only on 'land' not 'premises' so not for internal infestations inside a property).
Shropshire Council Regulatory Services (Environmental Health Function) And Shropshire Council Housing Services	**The Housing Act 2004** If there are serious hazards (Category 1) there is a duty on the LA to act. If there are other less serious hazards (Category 2) the LA has the power to act. There is the right of appeal to the Residential Property Tribunal within 21 days.	Powers to carry out an assessment of premises to identify any hazards that would likely cause harm and to act where necessary to reduce the risk of harm. Can assess the design, construction and maintenance of dwellings but expressly excludes deficiencies solely attributable to the behaviour of the occupant. Regulatory Services are responsible for assessing the private rented sector.

		Housing Services are responsible for assessing owner-occupied properties.
Shropshire Council Regulatory Services (Environmental Health Function) And Shropshire Council Housing Services	**Building Act 1984** **s.76 Defective Premises** It provides an expedited procedure. LA may undertake works after 9 days and recover expenses, unless the owner/occupier states intention to undertake works within 7 days.	Powers to deal with premises which are in such a state as to be prejudicial to health or a nuisance. Regulatory Services are responsible for assessing the private rented sector. Housing Services are responsible for assessing owner-occupied properties.
Shropshire Council Planning	**Town and Country Planning Act 1971** **S215 Power to require proper maintenance of land** Minimum 28-day notice to remedy condition of land as specified	Powers to issue owner and/or occupier to deal with condition of land that is adversely affecting amenities for which it is part of or adjoining to.
Shropshire Council Building Control	**Building Act s77 Dangerous Structures**	Where danger arises from the condition of the building or structure the Council can make an order requiring the owner: (i) to execute such work as may be necessary to obviate the danger or, (ii) demolish the building or structure, or any dangerous part of it, and remove any rubbish resulting from the demolition Etc.
Shropshire Council Regulatory Services (Environmental Health Function)	**Anti-Social Behaviour, Crime and Policing Act 2014**	Powers to tackle ongoing Anti-Social Behaviour and stop conduct which unacceptably

and Shropshire Council Housing Services and West Mercia Police	**Warning Letter and Community Protection Notice (CPN)** requiring an individual to do specific things, stop doing specific things or take reasonable steps to achieve a specified result. A warning letter must be served before the Community Protection notice is served. A civil injunction can be obtained from the County Court based on "the balance of probabilities" if the behaviour likely to cause harassment, alarm or distress (non-housing related anti-social behaviour); or conduct capable of causing nuisance or annoyance (housing-related anti-social behaviour); and it is just and convenient to grant the injunction to prevent anti-social behaviour. The injunction can include prohibitions as well as positive requirements to address the underlying cause of the anti-social behaviour.	affects victims and the community. Behaviour needs to be detrimental to the quality of life of those in the locality, persistent or continuing and be unreasonable. Served upon a person 16years or older. Guidance suggests care should be taken to consider how the use of this power would impact on the more vulnerable members of society. The Council may decide to take remedial action to address the issue if the notice is not complied with. The council can also apply to Court for a remedial Order and or forfeiture order on conviction of non-compliance of the notice. In a housing context, conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or a local authority Injunctions should not be used to stop reason, trivial or benign behaviour that has not caused or is unlikely to cause harassment, alarm or distress. I can be issued to any person of 14 years or above.
Police	**Power of Entry** **(S17 of Police and Criminal Evidence Act)**	Information that someone was inside the premises was ill or injured and the Police would

	Person inside the property is not responding to outside contact and there is evidence of danger.	need to gain entry to save life and limb
Fire Service	**Powers of Entry Part 6 Section 44 The Fire and Rescue Services Act 2004** An employee of a fire and rescue authority who is authorised in writing by the authority for the purposes of this section may do anything they reasonably believe to be necessary. **Emergency access can be gained by FRS to prevent a fire or other emergency.**	This for the purpose of: - extinguishing or preventing the fire or protecting life or property; - rescuing people or protecting them from serious harm in a road traffic accident; - reacting in an emergency of another kind relating to the function of the fire and rescue authority; - preventing or limiting damage to property resulting from action taken.
Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA	**Animal Welfare Act 2006** **Offences (Improvement notice)** Education for owner a preferred initial step, Improvement notice issued and monitored. If not complied can lead to a fine or imprisonment	Cases of Animal mistreatment/ neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met. See also: http://www.defra.gov.uk/wildlife-pets/.
West Mercia Police And Registered Health Professionals/Shropshire Council Adult Social Care Approved Mental Health Professionals	**Mental Health Act 1983** **Section 135(1)** Provides for a police officer to enter a private premise, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health	Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being • Ill-treated, or • Neglected, or • Being kept other than under proper control, or • If living alone is unable to care for self, and that the action

	Professional (AMHP) and a doctor. NB. Place of Safety is usually the mental health unit but can be the Emergency Department of a general hospital, or anywhere willing to act as such.	is a proportionate response to the risks involved.
All Local Authority	**Mental Capacity Act 2005** A decision can be made about what is in the best interests of a mentally incapacitated person by an appropriate decision-maker under the MCA. It is important to follow the empowering principles of the Act and ensure that any actions taken are the less restrictive option available. **NB:** Where the decision is that the person needs to be deprived of their liberty in their best interests, a **Deprivation of Liberty Safeguards (DoLS)** authorisation will be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the **Court of Protection** may be needed and legal advice should be sought.	A person who lacks capacity to make decisions about their care and where they should live is refusing intervention and is at high risk of serious harm as a result,

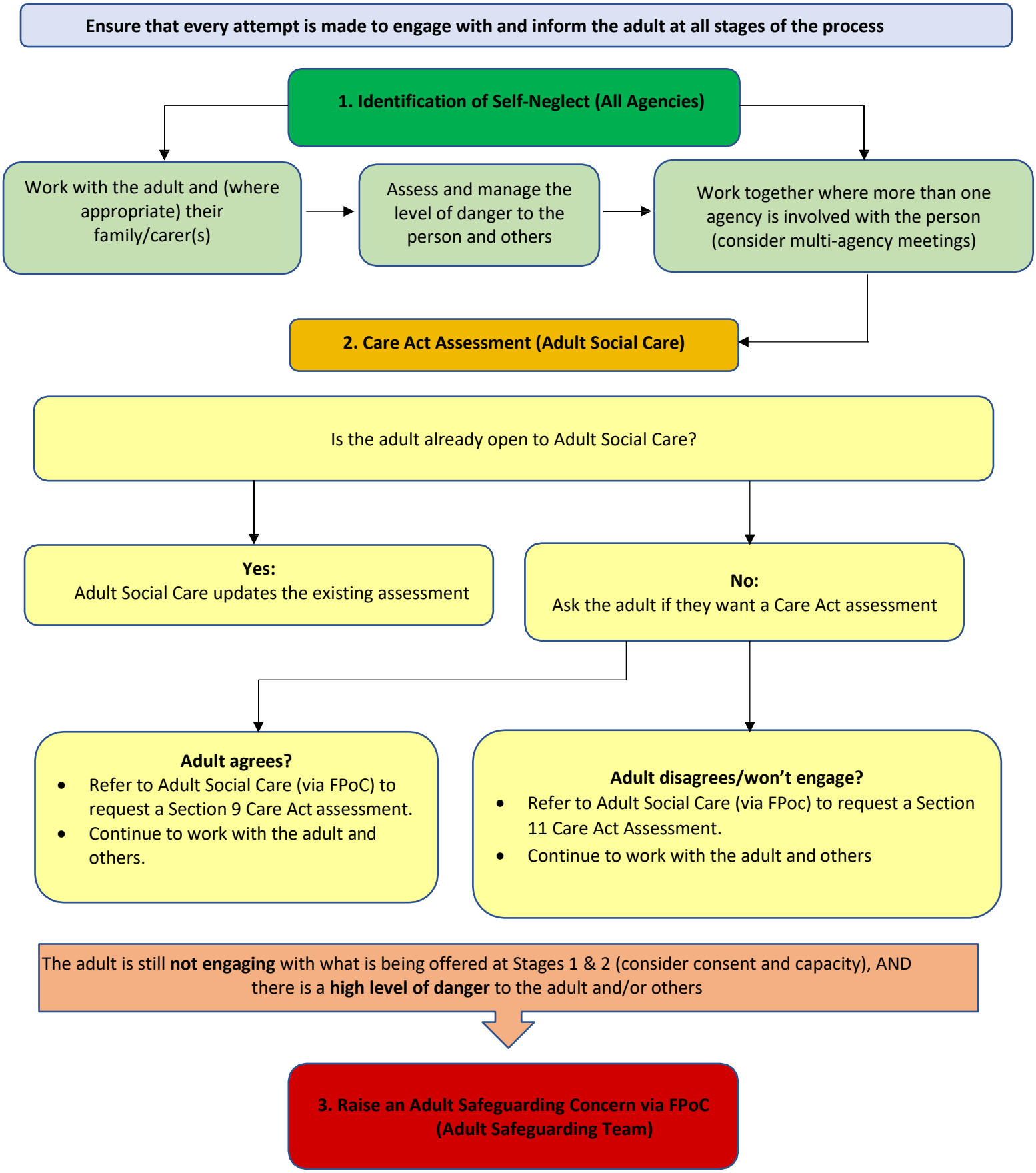
Other legal considerations:
Human Rights Act 1998:

Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect, articles 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of importance.

These are not absolute rights, i.e. they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental Health Acts) is unlawful and would be challengeable in the Courts.

Inherent jurisdiction of the High Court:
In extreme cases of self-neglect, where a person with capacity is at risk of serious harm or death and refuses all offers of support or interventions or is unduly influenced by someone else, taking the case to the High Court for a decision could be considered. The High Court has powers to intervene in such cases, although the presumption is always to protect the individual's human rights. Legal advice should be sought before taking this option.

Appendix 2: Local Procedure Flowchart



Appendix 3: Fire Safety Checklist and Partner Agency Referral Form

Shropshire
Fire and Rescue Service

This form is to be used to refer a client for a FREE Home Fire Safety Visit which may include the fitting of free smoke alarms.

Please tick the boxes where you have concerns

COOKING ☐
- Concerns about cooking/housekeeping

ELECTRICITY ☐
- Appear to have overloaded sockets

SMOKING ☐
- Please write any concerns below

CANDLES ☐
- Inappropriately used

HEATING ☐
- Log burners/open fire ☐
- Portable heater ☐

SMOKE ALARMS ☐
- No working smoke alarms ☐
- Unsure if smoke alarms are in working order ☐

OBSTRUCTED ESCAPE ROUTES ☐
- Please write any concerns below

Further comments

……

……

Client Details	**Agency Details**
Name ……	Agency……....
Address……..……..	Representative …….
……..……	Phone No ……..
Postcode……....	**Date** ……
Phone No……	

Please return to homevisit@shropshirefire.gov.uk
If you wish to speak to a Vulnerable Persons Officer: Tel 01743 260258
FAX 01743 260268

Appendix 4: Standard Multi-Agency Meeting Agenda

Introductions

Apologies

Background (incl. what's been tried with what outcomes)

The views of the person (if the person who the meeting is about is not in attendance, please explain why here)

Presenting needs

Risks to individual

Risks to others

Assessments required (please consider mental capacity assessment)

Actions and decisions (include who is responsible, by when)

Lead team and lead manager

Date of next meeting (if required)

Appendix 5: Pen picture of the person

The person's interests

The person's history (consider traumatic events, bereavements etc.)

History of support networks

Current support networks

Other agencies involved

When were they last seen by the GP/Health professional

What has been tried and the outcomes

Appendix 6: Clutter Index Rating

Available at: http://www.shropshiresafeguardingcommunitypartnership.co.uk/partnership-priority-areas/types-of-abuse/self-neglect/hoarding/the-clutter-rating-index/

References

Braye, S, Orr D and Preston-Shoot M (November 2014) Self-neglect policy and practice: building an evidence base for Adult Social Care SCIE Report 69, September 2014. Available at: https://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/files/report69.pdf.

Braye, S, Orr D and Preston-Shoot M (March 2015) 'Self-Neglect policy and practice: research messages for practitioners'. Social Care Institute for Excellence. Available at: https://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/files/self-neglect_practitioners_briefing.pdf.

Department of Health and Social Care (DoH) (2018): 'Care and support statutory guidance'. [ONLINE] Available at: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1

HoardingUK (2018): About Hoarding Behaviour [ONLINE] Available at: https://hoardinguk.org/about-hoarding/hoarding-behaviour/ [Accessed 7 Aug 2018]

National Institute for Clinical Excellence (2013): Quality Standard 34: Self Harm [ONLINE]. Available at https://www.nice.org.uk/guidance/qs34 [Accessed 3 Aug 2018]

Preston-Shoot M (2018) 'Learning from safeguarding adult reviews on self-neglect' The Journal of Adult Protection, Vol. 20 Issue: 2, pp.78-92 . Available at: https://www.emeraldinsight.com/doi/full/10.1108/JAP-01-2018-0001.

Preston-Shoot M (14th June 2018) 'Working with adults who self-neglect: best practice evidence from research and reviews' and 'Learning from SARS for best mental capacity practice'. Delivered at the Joint Shropshire and Telford and Wrekin Safeguarding Adults Event. Available at: http://www.shropshiresafeguardingcommunitypartnership.co.uk/media/trqmdfa5/michael-preston-shoot-presentation-on-working-w.pdf