

Northamptonshire Safeguarding Adults Board

NORTHAMPTONSHIRE SELF-NEGLECT PRACTICE GUIDANCE (INCLUDING HOARDING BEHAVIOUR)

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1. Introduction

This guidance has been adapted by partners of Northamptonshire Safeguarding Adults Board (NSAB) based on their working experience and drawing upon nationally researched best practice. It is intended to provide a framework when working with adults in Northamptonshire who self-neglect.

2. Self-neglect: why it matters

Self-neglect can be a very serious problem resulting ultimately in serious harm or death. These risks could affect both the adult and other people around them.

Self-neglect is a complex matter and can occur in many ways for many different reasons. There is no one agency responsible for responding to self-neglect, and nor is there one set of responses that will be appropriate or successful.

(N.B This guidance relates to adults; Where a child (a person under 18) is identified to be in a household where there is a concern about an adult's self-neglect, then they should be referred to the MASH (Multi-Agency Safeguarding Hub) – 0300 1000 126 Option 1)

3. What is Self-neglect?

There is no single definition of self-neglect, but it may be seen as an adults' inability or unwillingness to care for themselves or their immediate living environment. It may include behaviours or apparent choices that conflict with the values, attitudes and beliefs of others, and includes behaviour such as hoarding. It can affect both the adult and others that live around them.

4. Self-neglect and Adult Safeguarding

The Statutory Guidance to the Care Act 2014 states that self-neglect may be an adult safeguarding issue, but that concerns about self-neglect should not *automatically* be dealt with under Safeguarding Adults Procedures. Therefore, decisions should be made on a case by case basis.

Very often other supportive action, such as signposting to universal services or an assessment of care needs by the local authority may be more appropriate and should usually be attempted first.

Where the adult at risk of self-neglect lacks mental capacity, and carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so.

Where an adult at risk of self-neglect has mental capacity but refuses a needs assessment, the local authority must undertake an assessment so far as possible and document this. It should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so.

In some circumstances, self-neglect may be seen as presenting such a severe risk to the adult that a statutory section 42 Safeguarding Enquiry may be necessary. A decision on whether a response is required under section 42 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.

5. Self-neglect - What you need to know

- Self-neglect takes many different forms and may be the result of complex physical, mental, psychological and environmental factors; it can affect both adults with and without the mental capacity to understand the consequences of the way they live their life.
- The adult may not see their self-neglect as a problem in the same way others do; they may disagree that anything needs to change and so reject offers of help and disengage with services. In Northamptonshire such a case contributed to the circumstances that led to the death of an adult who self-neglected – See the brief anonymised summary for [SAR 010 published in December 2019](#) and the associated [Learning Briefing](#).
- The adult may feel they have little or no control over the circumstances they live in, and feel deep shame for the way they or their home presents. Worrying about how professionals will react may cause the adult to avoid contact. Self-neglect can have a serious negative effect on the wellbeing and safety of other people as well as the adult. Self-neglect can also occur as a result of other adults preventing access to, not co-operating with or not engaging with services.
- It can be hard to understand why someone self-neglects or lives in a way so different from what others do.
- Workers often face ethical dilemmas between respecting the wishes and choices of the adult, and their duty of care towards the person and others around them.
- Because each adult's situation is different, what might have helped support one person with their self-neglect may not be effective with another, and no guidance can tell you what the right thing to do will be in every case.
- Early coordinated interventions from a range of partners, working together with the adult to assess needs and find solutions, can help prevent problems from developing to the point where statutory actions may be necessary.
- Self-neglect may need to be considered for people who sleep rough and consideration should be given to the government guidance on [Homelessness: duty to refer](#) which places a responsibility on specified public authorities to refer individuals who they think may be homeless or threatened with homelessness to local authority homelessness/housing options teams.

6. The Approach to Self-neglect in Northamptonshire

NSAB believes that the challenges that self-neglect presents are best addressed through following 3 key principles:

Key Principle 1 - Robust partnership working from the earliest practical stage.

- Early coordinated interventions from a range of partners, working together with the adult to assess needs and find solutions should be tried first, where this is possible.
- The partner agency that first identifies a concern about self-neglect should take the initial responsibility to bring together appropriate partners to discuss these concerns and identify the lead agency from that point (see Northamptonshire Self-neglect Pathway – Chapter 7). Where there is high risk and the adult has capacity, an Adult Risk Management (ARM) meeting should be convened.
- The adult at risk should be invited to, and supported to take a full in any planning meeting or ARM.
- In some cases a point may be reached where reporting concerns about self-neglect for an Adult Safeguarding Enquiry led by Northamptonshire County Council may be necessary.
- Where self-neglect is a concern, a risk assessment should be routinely completed before an agency closes a case due to the adult not cooperating, engaging or keeping appointments.

- Where there is multi-agency concern about an adult's self-neglect, **no agency should close its involvement without a multi-agency discussion.**
- If a dispute arises between practitioners of agencies about a professional judgement that cannot be resolved at their level, this should be escalated appropriately within each agency to seek a resolution. (see Northamptonshire Escalation Policy).

Key Principle 2 - Interventions should draw upon knowledge of the kinds of approaches that tend to work best.

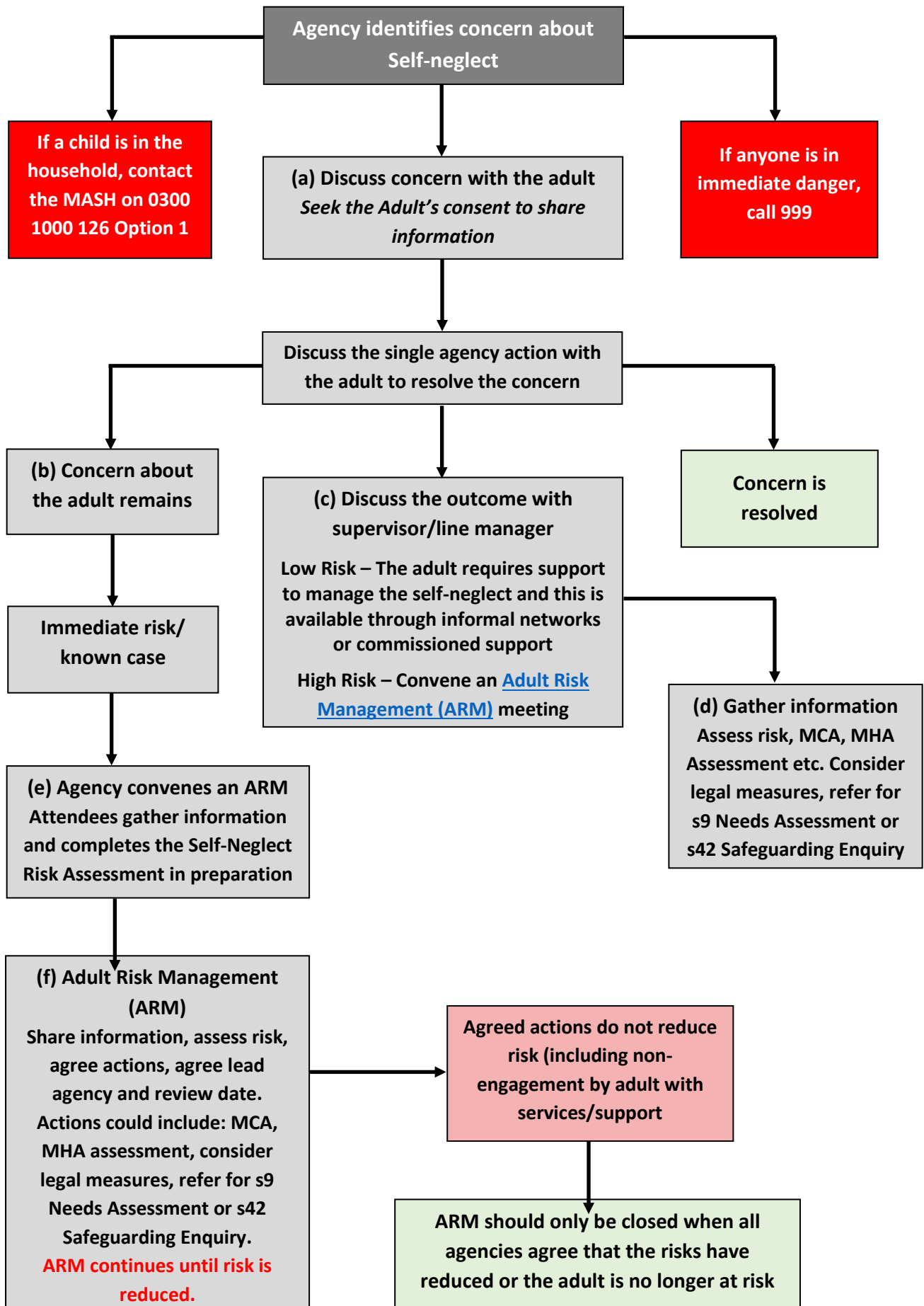
- Research has shown that some things tend to work better than others, and this guidance tells you what these are (see Section 8 – Practice Guidance).

Key Principle 3 - Agencies should place the adult at the centre of plans to support them

- An adult affected by self-neglect has a right to choice and control over their life to the greatest extent possible, and the principles of person centred care and support should apply in any intervention with them. **Remember: “No decisions about me without me”.**
- Any assessment undertaken and support offered should be strengths based. The adults own strengths and abilities should be the basis of any assessment and plan. The adult should be invited to, and supported to take part in any planning meeting or ARM.
- All workers have a duty of care to consider whether an adult at risk has the mental capacity to understand the risks caused by the decisions they make, and the impact these have upon their safety and wellbeing or the safety and wellbeing of others.
- When an adult lacks the mental capacity to make a decision, the principles of the Mental Capacity Act must be applied (see Section 10 – Mental Capacity Act).
- The consent of the adult to share information with others should always be sought. If not obtained; and there is a belief that the adult may be at risk of neglect, then a decision over whether to share information and with whom must be made (see Section 11 – Information Sharing).
- However, whilst it is preferable to work with the consent of the adult, a balance must be struck between negotiated and imposed interventions.
- Sometimes an agency's legal duties will require it to impose an approach upon an adult in order to protect others (see Section 9).
- The Six Principles of safeguarding under the Care Act (Empowerment, Prevention, Protection, Proportionality, Partnership and Accountability) must be applied with adults who self-neglect, as with all safeguarding concerns.

7. Northamptonshire Self-neglect Pathway

If a child is in the household, contact the MASH on 0300 1000 126 Option 1



Explanatory notes for Northamptonshire Self-Neglect Pathway

When a child is identified to be in a household where there is a concern about an adult's self-neglect, then the child should be referred to the MASH (Multi-Agency Safeguarding Hub) – 0300 126 1000 Option 1.

If the adult is thought to be in immediate danger then the emergency services should be alerted at once by calling 999.

- a. If you have a concern about an adult, then unless it is not safe to do so, you should speak to them to get their views about your concern and the risks you think they face.
- b. If you remain concerned, when deciding what to do next you should consider the following:
 - What the person wants as an outcome;
 - Whether there is evidence of mental illness;
 - Are their concerns about their mental capacity?; if you suspect they lack capacity to understand, you will need to follow the principles of the Mental Capacity Act;
 - The level of risk to the adult or to others who else may need to be informed?; and
 - If the adult refuses support, consider if this is a sign of coercion by someone else (e.g. cuckooing /Domestic abuse/Modern Slavery), and whether you need to act without their consent.
- c. Discuss the concern and next steps with your supervisor/line manager, unless this would cause a delay that places the person at greater risk.
 - i. Since each adult's experience of self-neglect is different, the actions to support them are likely to be diverse. Where an adult has care and support needs, referral to Northamptonshire County Council for a needs assessment should in most cases be considered before considering making an adult safeguarding referral.
 - ii. Where the case is deemed to be high risk, the Adult Risk Management (ARM) should be commenced. The ARM provides professionals from all agencies with a framework to facilitate effective multi-agency working with individuals aged 16 and above who are deemed to have capacity for a specific decision that may result in serious harm, or death, through severe self-neglect, risk taking behaviour or not being accepting of services offered.

ARM criteria

In order to consider an individual for an ARM all criteria below should apply:

1. An individual must have the capacity to make decisions regarding the specific decision(s) that is causing concern;
 2. The practitioner has no reason to doubt the individual has capacity and should state the reasons and provide proof, where applicable.
 3. There is a risk of serious harm or death through severe self-neglect; fire; deteriorating health condition; declining to work with services; targeting by the local community; Hate Crime or Anti-Social Behaviour; sexual violence; or decline to engage with a single agency or other investigations for safeguarding;
 4. There is a public safety interest or there are high level of concerns from partner agencies.
- d. In order to thoroughly assess risk, all relevant information pertaining to the adult should be gathered and considered at this stage including: the adults own views; the views of family and friends (informal family carers); assessments for mental capacity and mental health etc., consideration of relevant legal measures and referral for s9 Needs Assessment or s42 Safeguarding Enquiry.

- e. Agencies who have been invited to the initial multi-agency ARM meeting will complete their individual agency Self-Neglect Risk Assessment which will be discussed at the first meeting, so that a holistic picture can be shared (see Appendix 1 – Northamptonshire Self-neglect Risk Assessment Tool).
- f. Refer to the [ARM Guidance](#) and [Toolkit](#) for further information on the Adult Risk Management (ARM) process.

8. Practice Guidance

8.1 The Challenge of Self-neglect

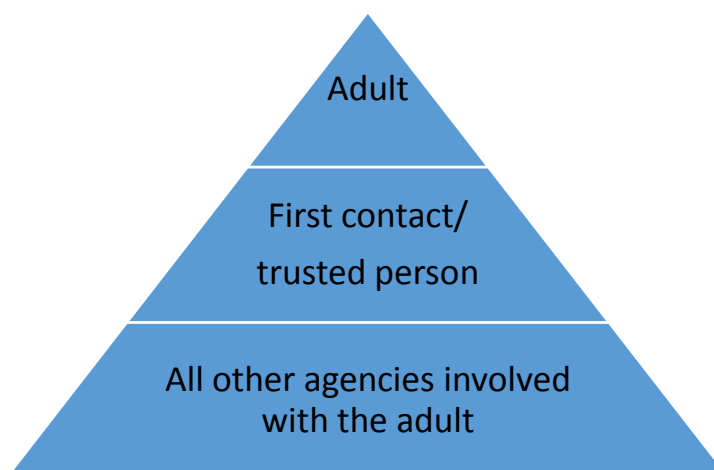
Self-neglect is challenging for practitioners because:

- Every case is different, influenced by a complex mix of personal, mental, physical, social and environmental factors.
- The high risks it poses, both to the adults and sometimes to others (e.g. fire risk).
- The possibility that any outside intervention may not be welcomed by the individual, making engagement difficult.
- The complexities of assessing mental capacity.
- Ethical dilemmas between respecting the adult’s autonomy and right to make choices and agencies fulfilling their duty of care.
- Limited resources that can lead to short- term, task-focused involvement rather than developing long-term relationships with adults.
- The need for coordinated interventions from a range of agencies and the difficulties involved in achieving this.

8.2 Building a relationship with the adult

Because of these challenges and because all cases are different there is no one set approach that always works. But, a supportive approach based on building a trusting relationship with the adult has been shown to be more likely to achieve a positive outcome.

Supportive intervention relies on multi-agency co-ordination and risk management as illustrated below:



At the heart of good self-neglect practice is a complex interaction between knowing, being and doing.

- **Knowing**, in the sense of understanding the person, their history and the significance of their self-neglect, along with all the knowledge of resources that underpin professional practice.
- **Being**, in the sense of showing personal and professional qualities of respect, empathy, honesty and reliability, care, being present, staying alongside and keeping company.
- **Doing**, in the sense of balancing hands-off and hands-on approaches, seeking the tiny element of latitude for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when enforced intervention becomes necessary.

8.3 Knowing (understanding the individual's experience of self-neglect)

You are unlikely to be able to build a trusting relationship and achieve a positive outcome unless you can gain an understanding of the adult's experience of self-neglect from their point of view.

Here are some points to consider to help you find out:

- Consider the person's own view of the self-neglect - Is the self-neglect important to the person in some way?
- Have you considered if the person has mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?
- Is the self-neglect a recent change or a long-standing pattern?
- Does the person have a history of being abused? Where they abused as a child? Were they known to children's services or the justice system?
- Has there been a recent significant life event such as bereavement?
- What strengths does the person have – what is she/he managing well and how might this be built on? What motivation for change does the person have?
- Are there links between the self-neglect and health (including mental health) or disability?
- Are there care and support needs that are not being met?
- Is alcohol consumption or substance misuse related to the self-neglect? Consider how the person's life history, family or social relations are interconnected with the self-neglect?
- Does the self-neglect play an important role as a coping mechanism? If so, is there anything else in the person's life that might play this role instead?
- Are there any concerns for others in the property, i.e. other residents including children or animals?
- Who owns the property?

8.4 Being (considering your own reactions when you interact with a person who self-neglects, and the impact this could have)

Did you realise that when you enter a hoarded or neglected home you will have a very strong reaction, but you won't know you are having it as it happens subconsciously? You need to understand this in advance to prepare yourself because the adult may see this reaction and this could damage your chances of building a positive working relationship.

When we enter any enclosed space we look for symmetry because symmetry is memorable. We need to remember the layout because if we feel threatened we need to know how to escape. In hoarded properties there often is no escape route and this can fuel your feelings of claustrophobia, discomfort or the desire to clear the property. This feeling can have a very negative effect on you and this effect might influence how you perceive the person you are working with, which will influence how you work with that person. You may also have a strong physical reaction to strong smells that may be present.

What you can do about it

If you know this normal reaction is going to happen; you can prepare yourself for this and think of strategies to help overcome it. For example, try imagining the environment is not cluttered and focusing your sight upon the person's face. Noting your own feelings is helpful in reports and helps to build an understanding of the reactions of others that may have compounded a sense of isolation or helplessness about the individual's circumstances. The effect of strong smells can be reduced by carrying a strong counter acting smell e.g. using a cold remedy or having a mint.

8.5 Doing (the things that tend to work best)

No one approach always works but there are a number of things that can be done that have been shown to be successful as below.

The approach	Examples of what this might mean in practice
Building rapport	Taking the time to get to know the person; refusing to be shocked but being honest and authentic.
Moving from rapport to relationship	Avoiding knee-jerk responses to self-neglect; talking through with the person their strengths, interests, history and stories.
Finding the right tone	Being honest while also being non-judgemental; expressing concern about self-neglect, while separating the person from the behaviour.
Going at the individual's pace	Moving slowly and not forcing things; showing concern and interest through continued involvement over time.
Agreeing a plan	Making clear what is going to happen; planning might start by way of agreeing a weekly visit and developing from there.
Finding something that motivates the individual	Linking to the person's interests (for example, if the person is hoarding because they hate waste, link them into recycling initiatives).
Starting with practicalities	Providing small practical help at the outset may help build trust.
Bartering	Linking practical help to another element of agreement (for example, 'If I can replace your heater, would you go to see the doctor?').
Focusing on what can be agreed	Finding something to be the basis of initial agreement, which can be built on later.
Keeping company	Being available and spending time to build up trust.
Straight talking - Finding the right person	Being honest about potential consequences. Working with someone who is well placed to get engagement – another professional or a member of the person's network.
External levers (Legal framework)	Recognising and working with the possibility of enforcement action (see Legal Framework below).

9. Legal Framework

Whilst it is preferable to work with the consent of the adult, a balance has to be struck between negotiated and imposed interventions.

Sometimes an agency's legal duties will require it to impose an approach upon an adult (for example environmental health enforcement action to protect others).

There are a range of powers and duties that can or must be used in specific circumstances and by a variety of agencies.

Sometimes the possibility of imposed enforcement or other legal action being taken can serve; along with negotiated approaches to provide motivation to the adult to take action themselves to bring about change.

Possible Legal Interventions		
Agency	Legal Power and Action	Circumstances requiring intervention
Individual Wellbeing	The Care Act 2014 Promoting Wellbeing – Section 1	This chapter provides guidance on section 1 of the Care Act 2014 and covers: <ul style="list-style-type: none"> • definition of wellbeing • promoting wellbeing • wellbeing throughout the Care Act See section 1.2 and 1.2 for local authority responsibilities.
Environmental Health	Power of entry/Warrant Section 287 Public Health Act 1936 Gain entry for examination/ execution of necessary work required under Public Health Act. Police attendance required for forced entry.	Non-engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders). In practice this is used as a last resort unless there is a risk to public health and or a statutory nuisance (Environmental Protection Act 1990). However, all steps need to be taken to try to gain entry into the premises and a warrant will only be sought after a number of attempts/ and or risk is imminent.
Environmental Health	Enforcement Notice Section 83 PHA 1936 - Power to cleanse premises which are filthy or verminous. Notice requires person served to comply. Failure to do so can lead to council clearing out a property which is filthy or verminous and recovering expenses that were reasonably incurred.	Filthy or unwholesome condition of premises). Works undertaken to remove those items which are filthy or verminous where there is a public health risk to the occupier or neighbouring properties. (All tenure including Leaseholders/ Freeholders/Empty properties) This process can be traumatic for the occupier and should only be considered in exceptional circumstances when all other informal and supportive efforts have been exhausted.
Environmental Health	Public Health Act 1936 Section 84 - Power to cleanse filthy or verminous articles within a dwelling – No provision to recover costs.	Typically used where a small number of filthy or verminous items are to be removed from one room of a property. Where a large number of items or several rooms are in filthy or verminous condition S.83 (Notice) is used instead (see above)

Environmental Health	Prevention of Damage by Pests Act 1949 Section 4	The local authority has a duty to ensure that all land within its area is free from rats and mice. This is used where land is open to air, for example large amounts of rubbish in a garden which may attract pests.
Environmental Health	Environmental Protection Act 1990 Section 79(1) LA power to require abatement of a statutory nuisance which includes: i. any accumulation or deposit which is prejudicial to health or a nuisance; ii. any animal kept in such a place or manner as to be prejudicial to health or a nuisance. Power of entry and recovery of costs.	A nuisance is something which affects a person(s) at another property. Prejudicial to health means injurious or likely to cause injury to health.
Northamptonshire Police	Power of Entry (Section 17 of Police and Criminal Evidence Act) Person inside the property is not responding to outside contact and there is evidence of danger.	Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb.
Northamptonshire Police, Housing Providers	Anti-Social Behaviour, Crime and Policing Act 2014 and statutory guidance (Home Office 2014)	Powers exist to address self-neglectful behaviour that constitutes severe nuisance and annoyance to others.
Northants Fire and Rescue Service	Powers of Entry Article 27(1) of the Regulatory Reform (Fire Safety) Order 2005	If any issues encroach on common areas of a premises that Northants Fire & Rescue Service (NFRS) believes comes under the Fire Safety Order, by virtue of the Order NFRS can act by inspecting the premises.
Housing Providers	Anti-Social Behaviour, Crime and Policing Act 2014 Civil injunction A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in antisocial behaviour, and the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in anti-social behaviour. For the court to grant an injunction, it must be satisfied both that ASB has occurred/is threatened AND that it is just and convenient to grant the injunction.	Civil injunction: Conduct by the tenant which: (i) has caused, or is likely to cause, harassment, alarm or distress to any person; or i. is capable of causing nuisance or annoyance to a person in relation to the tenant's occupation of residential premises; or ii. 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. There are also powers within the Act to give the Court the ability to require the tenant to take certain actions. The aim of these "positive requirements" is to encourage the tenant to cooperate with a support service to address the underlying issues related to their behaviour.

<p>Housing Providers</p>	<p><u>Premises closure order</u> A local authority can apply to a magistrates' court for a premises closure order.</p> <p><u>Housing Act 1985 (secure tenancies) or Housing Act 1988 (assured tenancies)</u></p> <p>The landlord has the right of entry to the property having provided at least 24 hours' notice to: inspect the premises and their state of Repair.</p> <p>Possession Action Schedule 2 of the Housing Act 1985 (for secure tenancies): Ground 1: breach of tenancy Ground 2: anti-social behaviour Ground 3: waste/neglect of the property Ground 4: deterioration of furniture Section 84A: mandatory ground for possession for breach of anti-social behaviour injunction Schedule 2 of the Housing Act 1988 (for assured tenancies): Ground 7A: mandatory ground for possession for breach of anti-social behaviour injunction Ground 12: breach of tenancy Ground 13: waste/neglect of property Ground 14: anti-social behaviour Ground 15: deterioration of furniture</p> <p>Demotion order A county court can make a demotion order, converting a secure tenancy into a demoted tenancy for a period of 12 months.</p>	<p>Premises closure order: The magistrates' court may make an order if satisfied that:</p> <ol style="list-style-type: none"> i. The occupant has caused disorderly, offensive or criminal behaviour on the premises, or the use of the premises is likely to result in serious nuisance to the public, or there has been disorder near the premises because of the way the premises have been used; and ii. An order is necessary to prevent the occurrence of such behaviour, disorder or nuisance <p>As a last resort in severe cases and having already tried other options first to enable tenancy sustainment, a landlord can take action for possession of the property for breach of tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard.</p> <p>Demotion order: The court can make a demotion order if satisfied that the tenant has engaged in anti-social behaviour and that it is reasonable to make a demotion order.</p>
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	<p>The Housing Act 2004</p> <p>Allows enforcement action where either a category 1 or 2 hazard exists in any dwelling or land posing a risk of harm to the health or safety to actual or potential occupiers. Powers include serving a hazard awareness notice, an improvement notice, a prohibition order or – in the case of a category 1 hazard - taking emergency remedial action.</p>	
<p>Northamptonshire County Council Adult Social Services</p>	<p>Care Act 2014 Section 9 - Needs Assessment</p>	<p>Needs or carers assessments must be carried out where it appears to a local authority that they are necessary. The assessment should be appropriate, proportionate, and person-centred and should ensure a focus on the duty to promote wellbeing.</p> <p>Where the adult at risk of self-neglect lacks mental capacity and carrying out a needs assessment would be in the adult’s best interests, the local authority is required to do so. Where an adult at risk of self-neglect has mental capacity but refuses a needs assessment, the local authority must undertake an assessment so far as possible and document this. It should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so.</p> <p>Once an assessment has been made there is a duty on local authorities to produce care and support plans and to offer a personal budget. This should focus on keeping people directly involved. The Act also sets out a duty to review. Care and Support plans to ensure that they continue to meet the needs of the person.</p>
<p>Northamptonshire County Council Adult Social Services</p>	<p>Care Act 2014 Section 42 - Adult Safeguarding Enquiry</p> <p>Self-neglect is included in definitions of abuse and neglect, thus linking self-neglect to statutory safeguarding duties.</p>	<p>This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):</p> <ol style="list-style-type: none"> a. Has needs for care and support (whether or not the authority is meeting any of those needs), and b. Is experiencing, or is at risk of, abuse or neglect; and c. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. <p>The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult’s case and, if so, what and by whom.</p>

	<p>N.B. The statutory guidance 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.”</p>	<p>If the adult has substantial difficulty in participating in their enquiry and they have no one else to support them with this, then the Local Authority must provide them with an independent advocate.</p>
<p>Animal Welfare agencies, RSPCA, Dogs Trust and other animal rescue services</p> <p>Environmental Health/Dog Warden/ Enforcement Officers</p>	<p>Animal Welfare Act 2006 Improvements to animal welfare, effected through education and support or enforcement in severe cases. Escalation process:</p> <ul style="list-style-type: none"> • Verbal advice • Support and re-visits • Encourage voluntary rehoming of animals • Provision of neutering vouchers to reduce overbreeding and hoarding issues and / or assistance with transport to vets • Issue of Improvement Notices • Removal of animals if animal is suffering • Prosecution, in extreme cases (fine/ban on keeping animals/ imprisonment) 	<p>Cases of Animal mistreatment/ neglect. The Act makes it not only against the law to be cruel to an animal, but states that a person must ensure that the welfare needs of their animals are met. Individuals have a duty to meet the welfare needs of their animals.</p> <p>Advice and education may be followed by formal warnings and prosecution. Cruelty to animals is a criminal offence See also: www.gov.uk/guidance/animalwelfare-legislation-protecting-pets</p>
<p>Mental Health Services, Northamptonshire County Council (Adult Social Services), Northamptonshire Police</p>	<p>Mental Health Act 1983 Section 135(1) Provides for a police officer to enter a private premises, if need be by force, to search for and, if thought 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 Professional (AMHP) and a doctor. N.B. 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.</p>	<p>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</p> <ul style="list-style-type: none"> • 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 is a proportionate response to the risks involved.

All	<p><u>Mental Capacity Act 2005</u></p> <p>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 principles of the Act, ensure any actions considered are taken in the persons' best interests and have given due consideration to the least restrictive options available.</p>	Where a person - lacks capacity to make decisions and is at high risk of serious harm as a result.
All	<p><u>Inherent jurisdiction of the High Court</u></p> <p>The High Court has powers to intervene in extreme cases of self-neglect when adults have capacity, although the presumption is always to protect the individual's human rights. Legal advice should be sought before taking this option.</p>	In extreme cases of self-neglect, where an adult 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.

10. Mental Capacity Act 2005

10.1 Decision making

The Mental Capacity Act states all workers have a duty of care to consider whether an adult who self-neglects has the mental capacity to understand the risks of the decisions they make and the impact these may have upon their safety and wellbeing and the safety and wellbeing of others.

10.2 The five principles of the Mental Capacity Act

These are:

THE EMPOWERING PRINCIPLES

1. **Presumption of capacity** – You must presume that the person you are working with has capacity for the particular decision unless you have evidence to the contrary. Assumptions about capacity should not be made on the basis of appearance, age or disability. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. **Maximise decision making ability** - A person must not to be treated as being unable to make a decision unless all practicable steps to help them to do so; have been taken without success. Examples may include the use of interpreters, supporting people to communicate in their own language, using pictures or using a speech and language specialist.
3. **Unwise decisions** – If a person appears to be making unwise decisions this is *not* evidence of a lack of capacity; just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.

If it has been established that an adult doesn't have capacity:

THE PROTECTING PRINCIPLES

4. **Best interests** – an act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests;
5. **Less restrictive option** – anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Remembering the 5 principles of the Mental Capacity Act: *1, 2 and 3 are all about me whilst 4 and 5 are when I don't have capacity*

When an adult has been assessed as lacking capacity (see below for how to do this) then the **least restrictive** and **best interest** principles should be applied.

10.3 How do you assess capacity?

There is a two part 'test' of capacity staff will need to apply in any decision regarding capacity. Please remember you are testing about the specific decision that needs to be made.

Stage 1:

The first part of a test for capacity is to identify the presence of an 'impairment or disturbance in the functioning of the mind or brain' which impacts on the decision making process at the time the decision needs to be made. This is a judgement based upon genuine concern and you do not need a doctor to do this. In more formal assessments of capacity a medical opinion may need to be sought.

Stage 2:

The second stage of the test is to apply the following:

- Can the adult understand the decision that needs to be made and why it needs to be made?
- Can the adult retain the information sufficiently to show a consistency in their choice?
- Can the adult weigh up and balance the pros and cons of the decision, e.g. the likely consequences of making the decision or not making a decision
- Can the adult communicate their decision (with or without support depending on their communication needs)

If the person is thought to have an impairment of the mind (stage 1) and is unable to do any of the above (stage 2) they are deemed to lack the capacity to make that particular decision.

10.4 Whose role is it to assess mental capacity?

The Mental Capacity Act Code of Practice states the person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the decision at the time the decision needs to be made. Decision-making covers a very wide range of circumstances and can be 'simple' to complex in nature. In the area of self-neglect, a wide range of staff may be in a position to consider the capacity of an adult to make decisions about issues affecting their lives. Examples of the range of staff who may need to consider capacity in a self-neglect context are housing officers, fire fighters, police officers, substance misuse workers, support workers, health care workers (including doctors/nurses) and social care workers (including social workers). *This list is not exhaustive.*

Where an adult is thought to lack capacity to make a particularly significant decision (a complex decision such as where to live, what choice of treatment to accept/refuse or where a substantial risk is present) then a professional with more expertise in that specialist area should be sought. This will usually include a health and/or a social worker.

In situations where an assessment concludes the adult lacks capacity, the decision has to be taken by others (in the adult's best interests). If the adult who is lacking capacity has nobody to represent them an Independent Mental Capacity Advocate (IMCA) would be required. The lead professional should arrange this when necessary (it is a **statutory** duty to do so).

10.5 Where can I get more information about mental capacity?

[The Mental Capacity Act \(MCA\) Code of Practice](#) provides guidance on what to consider if mental capacity is a concern.

11. Information Sharing

11.1 General

Sharing information is essential to safeguard adults who may be at risk of abuse or neglect. Almost all Safeguarding Adult Reviews across the country identify that there is a failure to share information between agencies, and is a significant contributory factor when things have gone wrong. The duty to share information can be as important as the duty to protect confidentiality. Workers should therefore have the confidence to share information in the best interests of the people they support, within their own organisational policy guidelines and local protocols.

11.2 Consent

Information should always be shared with consent wherever possible; but a person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary in the public interest, is required by law, is necessary to protect personal safety, or where there are other legal reasons to do so. In some instances the individual will not have the capacity to consent to disclosure of personal information relating to them. Where this is the case any disclosure of information needs to be considered against the conditions set out in the Data Protection Act and must be in their Best Interests in line with the Mental Capacity Act.

11.3 Information sharing protocols

Decisions about what information is shared and with whom should be taken on a case-by-case basis. But whether or not information is shared, with or without the adult's consent, the information should be:

- Necessary for the purpose for which is being shared;
- Shared only with those who have a need for it;
- Accurate and up to date;
- Shared in a timely fashion;
- Shared accurately; and
- Shared securely.

The Northamptonshire Information Sharing Protocol can be found [here](#).

12. Directory of Local Resources

PARTNER AGENCY	PROVISION	CONTACT DETAILS
Northamptonshire County Council - Adult Safeguarding	To discuss/raise concerns for an adult	In an emergency, call 999 Tel: 0300 126 1000 option 2 To report a concern, click here
Children First Northamptonshire - Multi-Agency Safeguarding Hub (MASH)	To discuss/raise concerns for a child or family	In an emergency, call 999 Tel: 0300 126 1000 option 1. Tel: 01604 626938 - Out of hours To report a concern, click here
Northamptonshire Police	Emergency response to crime or harm.	In an emergency call 999 Non-emergency, call 101
East Midlands Ambulance Service NHS Trust	Ambulance/Emergency Services	In an emergency, call 999 www.emas.nhs.uk
Northamptonshire Fire & Rescue Service	Information on fire safety including home safety visits	In an emergency, call 999 www.northantsfire.gov.uk
Northamptonshire NHS Foundation Trust	Provide a wide range of inpatient, community and specialist mental health services. These services include: rehabilitation, home treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and mental health wellbeing services.	www.nhft.nhs.uk www.nhft.nhs.uk/mentalhealth
Mind	Provision for person-centred mental health support to enable people to be in control of their lives.	www.mind.org.uk Tel: 0300 123 393 (national information line)
Environmental Health	To investigate complaints relating to filthy or verminous premises within the County. Where appropriate to serve legal notice upon the owner / occupier to cleanse filthy or verminous premises.	<i>Contact the relevant Northamptonshire District & Borough Council</i>
Age UK Northamptonshire	Information/Advice and support to people aged 50+	Tel: 01604 611200 www.ageuk.org.uk/northamptonshire
Healthwatch Northamptonshire	Healthwatch works to help local people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow	Tel: 0300 002 0010 www.healthwatchnorthamptonshire.co.uk

Cinnamon Trust	<p>A national network of community service volunteers who provide practical help for pet owners such as walking the dog for a housebound owner.</p> <p>A national fostering service is provided for pets whose owners face a spell in hospital - volunteers take pets into their own homes and supply love and care in abundance until owner and pet can be reunited.</p> <p>The Cinnamon Trust also provides long term care for pets whose owners have died or moved to residential accommodation which will not accept pets.</p>	<p>Tel: 01736 757 900 www.cinnamon.org.uk</p>
PDSA – Animal Charity	<p>Care for the pets of people in need by providing free vet services to their sick and injured animals, and promoting responsible pet ownership.</p>	<p>www.pdsa.org.uk/near-me</p>
RSPCA	<p>Report concerns about the welfare of an animal</p>	<p>https://rspca-northamptonshire.org.uk Tel: 01604 881317 Tel: 0300 1234 999 to report animal cruelty</p>

For additional contact information visit www.northamptonshiresab.org.uk



NORTHAMPTONSHIRE SELF-NEGLECT RISK ASSESSMENT TOOL

This form is intended to support multi-agency information sharing and decision making. It has 3 uses to support collaborative working and can be used by any agency to:

1. **Gather information;**
2. **Assess risk** faced by an adult where there is a significant concern about self-neglect. Not all sections may be completed by the time agencies meet; the content may change as information is shared/updated; and a clearer picture of the person's circumstances emerges. The final section can be used to record the outcome of any improvements; and
3. **Multi-agency strategy meeting** is held to discuss concerns to plan a way forward and record decisions: (Best Interest meeting where the individual has no capacity) or (Adult Risk Management meeting where the individual does have capacity)

PERSON'S DETAILS			
Name			
Date of Birth			
Address			
Contact details			
Type and tenure of accommodation			
Landlord?		Contact details	

SUMMARY OF CONCERN RAISED BY OTHERS ABOUT THE ADULT
SUMMARISE THE ADULT'S STRENGTHS & WHAT IS GOING WELL
SUMMARY OF ADULT'S VIEW OF OTHERS' CONCERNS ABOUT THEIR WELFARE AND OR ENVIRONMENT

MENTAL CAPACITY
What is known about the adult's mental capacity to understand the consequences of their decisions about the way they manage their environment and welfare?

OTHER HOUSEHOLD MEMBERS		
Name	Relationship	Date of Birth

PETS	
Type and No. of	Any concerns?

AGENCIES CURRENTLY INVOLVED			
Name	Agency	Role	Contact details

INFORMAL SUPPORT				
Name	Relationship	Support provided	Contact details	Key holder?
				YES/NO
				YES/NO
				YES/NO
				YES/NO

Care Act Advocate (Adult with care and support needs, subject of an Adult Safeguarding Enquiry, has substantial difficulty in participating in that enquiry and has no one else to support them)	Name	Contact details

CONCERNS ABOUT CARE OF SELF AND OTHERS	
Is the person getting enough to eat/drink?	YES/NO
Is the person managing personal hygiene?	YES/NO
Is the person managing treatment/medication?	YES/NO
Is anyone preventing the adult engaging with services or support?	YES/NO
Neglect of children (children living in households where self-neglect is suspected must be referred to the MASH immediately – 0300 126 1000 option 1)	YES/NO
Neglect of other dependent adults	YES/NO
Neglect of animals	YES/NO

VULNERABILITY	
Poor mental health	YES/NO
Poor physical health	YES/NO
Poor mobility	YES/NO
Cognitive difficulties	YES/NO
Target within local community “Hate crime”	YES/NO
Socially isolated	YES/NO
Likely to be vulnerable to 'counterfeit friendships'/ “Mate crime”	YES/NO
Alcohol/Substance misuse	YES/NO
Other (please describe)	

LIVING ENVIRONMENT ASSESSMENT					
Score 1-9 for each room using the Clutter Image Rating Scale as a guide					
Bedroom 1		Bedroom 2		Bedroom 3	
Hallway		Kitchen		Lounge	
Separate toilet		Bathroom		Dining room	
Other areas					

Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

CONDITION OF GARDEN

CONDITION OF GARDEN

HOARDING DETAILS

<input type="checkbox"/> Food items	<input type="checkbox"/> Newspapers	<input type="checkbox"/> Books	<input type="checkbox"/> Animals
<input type="checkbox"/> Building materials	<input type="checkbox"/> CDs/DVDs/Videos/	<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 type="checkbox"/> Bio-hazardous waste ¹	<input type="checkbox"/> General items	<input type="checkbox"/> Collectables	
<input type="checkbox"/> Other (please state)			

- ¹ Bio-hazardous waste could include: Human blood and blood products (includes items that have been contaminated with blood and other body fluids or tissues that contain visible blood); animal waste; human body fluids; sharps waste.

GENERAL LIVING ENVIRONMENT RISKS	
Is there an imminent fire risk? <i>(consider flammable materials, working smoke alarms, evidence of previous smoke or fire damage, using gas bottles for cooking etc.)</i>	YES/NO
Is hoarding limiting free movement? <i>(consider entry/exit- is there an escape route should there be a fire?)</i>	YES/NO
Is the kitchen usable?	YES/NO
Is the bathroom/toilet usable?	YES/NO
There is a risk of stacked items collapsing	YES/NO
Are utilities disconnected?	YES/NO
Are urgent repairs required?	YES/NO
Are there concerns over the state of gas fittings? <i>(i.e. are gas safety checks are overdue)</i>	YES/NO
Concern over state of wiring/electrical fittings <i>(i.e. electrical safety checks are overdue)</i>	YES/NO
Is a fire safety check overdue?	YES/NO
Is there infestation of property?	YES/NO
Is the infestation affecting neighbours?	YES/NO
Is there rubbish outside property affecting neighbours?	YES/NO
Is there structural damage to property?	YES/NO
Is there bio-hazardous waste? <i>(including bodily fluids)</i>	YES/NO
Is there presence of discarded sharp objects?	YES/NO
Is the property a target of vandalism?	YES/NO
Does the condition of the property prevent delivery of care?	YES/NO
Are there other concerns about the living environment?	YES/NO

ANY OTHER ISSUES ABOUT THE LIVING ENVIRONMENT	

PERSON'S VIEW ON PROPERTY AND SELF NEGLECT CONCERNS	
Are they willing to improve the condition of the property?	YES / NO
Is support needed for them to do this?	YES / NO

DESCRIPTION OF SUPPORT NEEDED

RISK ASSESSMENT 1 - RISK TO THE ADULT
SUMMARY OF RISK TO THE ADULT FROM THEIR SELF-NEGLECT BEHAVIOUR

RISK CONTROL MEASURES			
What is in already in place to address the risk of harm to the adult			
<i>Consider how well it is working and how sustainable it will be in the future</i>			
Existing risk control measures	Who is responsible	How sustainable are these measures?	Impact - How well are the measures working to reduce risk?

RISK ASSESSMENT CONCLUSION – RISK TO THE ADULT			
HOW LIKELY IS THE RISK TO THE ADULT?			
<input type="checkbox"/> Rare/unlikely	<input type="checkbox"/> Possible	<input type="checkbox"/> Likely	<input type="checkbox"/> Certain
Give reason for judgement:			
HOW SEVERE WOULD THE IMPACT ON THE ADULT CAUSED BY SELF-NEGLECT BE IF IT CONTINUES?			
<input type="checkbox"/> No impact	<input type="checkbox"/> Low impact	<input type="checkbox"/> Medium impact	<input type="checkbox"/> High impact
Give reason for judgement:			
Overall level of risk/danger to the adult from self-neglect - <i>See risk matrix on page 32</i>			

RISK ASSESSMENT 2 - RISK TO OTHERS
Summary of risks to other people caused by the adult's self-neglect behaviour

RISK CONTROL MEASURES			
What is already in place to address the risk of harm to other people from the adult's self-neglect behaviour			
<i>Consider how well it is working and how sustainable it will be in the future</i>			
Existing risk control measures	Who is responsible	How sustainable are these measures	Impact how well are the measures working to reduce the risk

**RISK ASSESSMENT CONCLUSION
RISK TO OTHER PEOPLE**

How *likely* is the adult's self-neglect behaviour to impact upon others?

<input type="checkbox"/> Rare/Unlikely	<input type="checkbox"/> Possible	<input type="checkbox"/> Likely	<input type="checkbox"/> Certain
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Give reason for judgement:

How *severe* would the impact of the adult's self-neglect be upon others if the behaviour continued?

<input type="checkbox"/> No impact	<input type="checkbox"/> Low impact	<input type="checkbox"/> Medium impact	<input type="checkbox"/> High impact
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Give reason for judgement:

Overall level of risk/danger to others from the adult's self-neglect behaviour - <i>See risk matrix on page 32</i>	
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OUTCOME OF THE ARM MEETING (see [website for toolkit](#))

Date of meeting	
Venue	

PEOPLE CONTRIBUTING TO THIS MEETING

Chair of meeting & Agency:		
Name	Agency	Contact details

OUTSTANDING

Concern	Potential solutions considered

AGREED ACTIONS		
Action	Owner name and agency	By when

Date plan will be reviewed	
Lead Person responsible for coordinating review	
Organisation	

Evaluating Risk

In case of Emergency (Police, Ambulance and Fire), call 999. For Police non-emergency, dial 101.

Risk Scoring and Grading

The risk matrix below shows both numerical scoring and colour banding and may be used in combination with the guidance on types and seriousness of abuse.

Use the table below to calculate the risk score by multiplying the consequence by the likelihood: C (consequence) × L (likelihood) = R (risk score)

Probability/Likelihood	Consequence/Impact				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1-3 - Low risk

4-6 - Moderate risk

8-12 - High risk

15-25 - Extreme risk

1 - 3 Low risk – Not suitable for ARM

4 - 6 Moderate risk – Not suitable for ARM

8 - 12 High risk – Serious impact on a person’s life leading to possible serious injury or serious impact on the person’s life i.e. loss of life savings etc.

15 - 25 Extreme risk – Serious impact on a person’s life which would could lead to serious injury/death.