Kent and Medway Multi-Agency Policy and Procedures to Support People who Self-Neglect

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Document control sheet

Title of the guidance	Self-neglect; multi-agency policy and procedures V13 29/03/2018
Purpose of the guidance	To outline to all partner agencies, the procedure for identifying and working with individuals who self-neglect
Target audience	Adult social care staff, health staff, police staff, ambulance staff, service providers, district councils and other partner agencies
Action required	To use the guidance to support working practice
This guidance supersedes	Any local previous self-neglect guidance/ procedures
This guidance should be read alongside	Kent and Medway Multi Agency Policy, Protocols and Guidance for Safeguarding Adults at Risk Local guidance relating to: ○ assessment ○ reviews ○ risk ○ case recording ○ MCA
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Produced by	Adult Social Care and Health Directorate of KCC and Medway Council Children and Adults Directorate
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Contents

POLICY

Introduction:

This policy will be referred to where an adult at risk is believed to be self-neglecting. An individual may be considered as self-neglecting and therefore maybe at risk of harm where they are:

a) either unable, or unwilling to provide adequate care for themselves
b) not engaging with a network of support
c) unable to or unwilling to obtain necessary care to meet their needs
d) unable to make reasonable, informed or mentally capacitated decisions due to mental disorder (including hoarding behaviours), illness or an acquired brain injury
e) unable to protect themselves adequately against potential exploitation or abuse
f) refusing essential support without which their health and safety needs cannot be met, and the individual lacks the insight to recognise this

A failure to engage with individuals who are not looking after themselves (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's health and wellbeing. It can also impact on the individual's family and the local community.

Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect. Instead, authorities are expected to act within the powers granted to them. They must act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act (2005) and consideration should be given to the application of the Mental Health Act (1983) where appropriate.

The Care Act guidance tells us that any concerns about self-neglect "do not override" the principle, set out in Section 1 of the Act that any restriction on an individual's rights should be kept to "the minimum necessary". A decision on whether a response is required under safeguarding should be made on a case-by-case basis and "will depend on the adult's ability to protect themselves by controlling their own behaviour".

The Aim of the Policy and Procedures is to prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:

a) individuals are empowered as far as possible, to understand the implications of their actions
b) there is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect
c) there is effective multi-agency working and practice
d) concerns receive appropriate prioritisation
e) agencies and organisations uphold their duties of care
f) there is a proportionate response to the level of risk to self and others

This is achieved through:

a) promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity, and to be in control of, and as far as possible, to lead an independent life
b) aiding recognition of situations of self-neglect
c) increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individuals' needs, this includes the extent and limitations of the 'duty of care' of professionals
d) promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, in order to avoid foreseeable harm
e) promoting a proportionate approach to risk assessment and management
f) clarifying different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes, actions taken; and
g) promoting an appropriate level of intervention through a multi-agency approach

Key principles

Key principles to guide operational practice across Kent and Medway:

Empowerment - Presumption of person-led decisions and informed consent.
Protection - Support and representation for those in greatest need.
Prevention - It is better to take action before harm occurs.
Proportionality - Proportionate and least intrusive response appropriate to the risk presented.
Partnership - Local solutions through agencies working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability - Accountability and transparency in delivering safeguarding.

DH (2013) *Statement of Government Policy on Adult Safeguarding*

Empowering individuals:

Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and in ensuring their safety and protection. Consideration needs to be given at an early stage, to determining if the individual has the mental capacity to understand and make informed decisions about their responses to agencies concerns about their apparent self-neglecting behaviour. However, it is imperative to consider separately, the safeguarding of each person living in a household where self-neglect is believed to be taking place. This must include, as far as is appropriate, the dynamics between the individuals and how their relationship may be supported to influence positive change.

Context

Research to support practice:

https://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/files/self-neglect_general_briefing.pdf

This research set out to identify what could be learnt from policies and practices that have produced positive outcomes in self-neglect work, from the perspectives of key groups of people – practitioners and managers in adult social care and safeguarding, and people who use services.

Service involvement is more successful where it:

a) is based on a relationship of trust built over time, at the individual's own pace
b) works to 'find' the whole person and to understand their life history rather than just the particular need that might fit into an organisation's specific role
c) takes account of the individual's mental capacity to make self-care decisions
d) is informed by an in-depth understanding of legal options
e) is honest and open about risks and options
f) makes use of creative and flexible interventions
g) draws on effective multi-agency working

Learning from Safeguarding Adult Reviews (SARs): A report for the London Safeguarding Adults Board: Suzy Braye and Michael Preston-Shoot - 18.07.2017

This paper reinforces the findings of the earlier study that self-neglect is a prominently featured type of abuse in SAR referrals due to the complexities and challenges of this aspect of adult safeguarding. The study picks up the importance of understanding the individual's history and relationships, seeking to understand the meaning behind a person's behaviour and the influence of family members on a reluctance to accept help.

http://londonadass.org.uk/wp-content/uploads/2014/12/London-SARs-Report-Final-Version.pdf

Kent County Council SAR which involved issues of Self-Neglect:

http://www.kent.gov.uk/__data/assets/pdf_file/0008/78056/SAR-Executive-Summary-Beryl-Simpson-Final-January-2018.pdf

Diogenes Syndrome is described in Older People's Mental Health The Practice Primer: Older People's Mental Health and Dementia, NHS England

https://www.england.nhs.uk/wp-content/uploads/2017/09/practice-primer.pdf

If older people self-neglect and/or live in squalid conditions a mental illness might not be immediately apparent. There is a risk of normalising this as an exaggeration of unusual reclusive personality traits in old age. Diogenes syndrome describes an aggravation of eccentric and aloof/reclusive personalities, leading to isolation, severe self-neglect, extreme hoarding and squalid living condition. The preferred term (coded in DSM-V) for people who hoard objects is 'hoarding disorder'.
Hoarding and squalor can be due to dementia, frontal lobe damage from a stroke, depression, OCD and chronic schizophrenia. Many however do not have an additional psychiatric disorder and there is often a resistance to accept help. This leads to extreme self-neglect and living in domestic squalor, with limited insight into

their situation. Although there might not be an immediately apparent mental illness, using the powers of the Mental Health Act (1983) might be necessary to resolve the situation. Respectful, timely engagement, interventions delivered as part of an ongoing relationship and support relevant to the individual are the factors judged by patients to be the most important factors in a successful intervention. Any relatively sudden personality changes need to be investigated for dementia and other organic illnesses.

DEFINITIONS:
The following definitions are relevant to these Policy and Procedures:

Self-Neglect:
The definition of self-neglect used in the SCIE research was broad and centred on:
a) lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing; and/or
b) lack of care of one's environment – squalor and hoarding; and/or
c) refusal of services that would mitigate risk of harm.

Self-neglect may happen because the person is **unable** to manage to care for themselves or for their home, because they are **unwilling** to do so, or sometimes **both**.

If a person is capacitated and able to make a particular decision they are entitled to make an unwise decision for themselves, as long as it does not have an adverse effect on others.

Gibbons et al (2006) defined Self-Neglect as *"the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who self-neglect and perhaps to their community".*

Braye et al, (2011) comments, *"They may have mental capacity to take decisions about their care or may not. Often the reasons for self-neglect are complex and varied, and it is important that health and social care practitioners pay attention to mental, physical, social and environmental factors that may be affecting the situation".*

An Adult at Risk:
Safeguarding duties apply to an adult who:
a) Has needs for care and support (whether or not the Local Authority is meeting any of those needs); and
b) Is experiencing, or at risk of, abuse or neglect; and
c) As a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect (Care and Support Statutory Guidance issued under the Care Act 2014, Department of Health October 2014)

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

Community care services:
Includes all support and care services provided in any setting or context whether these are funded by a statutory agency or by the person themselves. It also includes the need for care and support (whether or not the Local Authority or other agencies are meeting any of those needs).

Significant harm:
a) ill treatment including physical, emotional and sexual abuse and other forms of exploitation
b) the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
c) The individuals' life could be or is under threat
d) There could be a serious, chronic and/or long-lasting impact on the individual's health physical/emotional/psychological well-being.

Significant risk:
Where there are indicators that increase in the level of risk is likely to occur in the short to medium term, appropriate action should be taken or planned.
Indicators of significant risk could include:
a) history of crisis incidents with life threatening consequence
b) history of non-engagement
c) high risk to others
d) high level of multi-agency referrals received
e) risk of domestic violence
f) fluctuating capacity, history of safeguarding concerns / exploitation
g) financial hardship, tenancy / home security risk
h) likely fire risks
i) public order issues; anti-social behaviour / hate crime / offences linked to petty crime
j) unpredictable/ chronic health conditions
k) significant substance misuse, self-harm
l) network presents high risk factors
m) environment presents high risks
n) history of chaotic lifestyle; substance misuse issues
o) the individual has little or no choice or control over vital aspects of their life, environment or financial affairs
p) it is likely or probable that the individual lacks capacity in the context of the risks directly associated with their behaviour

The scope of this policy does not include:

- Interagency complaints - where there is concern that any relevant agency has closed their involvement prematurely, or is not proactively engaging in multi-agency plans to address the concerns and risks for the individual, this will be escalated through the relevant processes for that agency
- Issues of risk associated with deliberate self-harm. Which may require assessment under the Mental Health Act

However, a Safeguarding Concern may need to be raised (using the appropriate referral form) because:

a) The individual is placing themselves at significant risk of serious harm and they appear to lack capacity to take decisions about their care. Recognising that the assessment of capacity for these decisions is very complex and may require numerous visits and collaboration amongst different professionals to come to an agreed conclusion
b) for high-risk cases where multi-agency approaches have failed to make progress in managing risks and addressing care needs
c) the self-harm appears to have occurred due to an act(s) of neglect or inaction by another individual or service
d) there appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct
e) actions or omissions by third parties to provide necessary care or support where they have a duty either as a care worker, volunteer or family member to provide such care/ support

If safeguarding adult concerns are reported to the Local Authority, they would need to decide if the criteria was met for Care Act 2014 Section 42 enquiry to be carried out either by the Local Authority or they may require others to make such enquiries and feedback the outcomes to enable further actions to be agreed.

The self-neglect procedure does not at any time preclude the need for additional Safeguarding Concerns to be raised and addressed, for example, financial abuse, neglect or exploitation of the adult by others.

PROCEDURES

1. Identifying and working with Individuals who self-neglect:

The Care Act guidance, which says any concerns about self-neglect "do not override" the principle, set out in Section 1 of the act that any restriction on an individual's rights should be kept to "the minimum necessary". A decision on whether a response is required under safeguarding should be made on a case-by-case basis and "will depend on the adult's ability to protect themselves by controlling their own behaviour," it adds.

An Individual is identified as self-neglecting if they appear to be at significant risk of harm to self, or self and others, as a consequence of neglecting their daily living needs (which may be personal and/or environmental) and they are not engaging with support.

Indicators associated with self-neglect: (this list is not exhaustive)

a) living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
b) neglecting household maintenance, and therefore creating hazards within and surrounding the property
c) portraying eccentric behaviour / lifestyles
d) obsessive hoarding
e) poor diet and nutrition. For example, evidenced by little or no fresh food in the fridge, or what is there, being mouldy
f) declining or refusing prescribed medication and / or other community healthcare support
g) refusing to allow access to health and / or social care staff in relation to personal hygiene and care
h) refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
i) repeated episodes of anti-social behaviour – either as a victim or perpetrator
j) being unwilling to attend external appointments with professional staff, whether social care, health or other organisations (such as housing)
k) poor personal hygiene, poor healing / sores, long toe nails;
l) isolation
m) failure to take medication

2. Balancing individuals' rights and agencies' duties and responsibilities:

All individuals have the right to take risks and to live their life as they choose. These rights including the right to privacy will be respected and weighed up when considering duties and responsibilities towards them.

Where it appears that the person may be meet criteria for an assessment under the **Mental Health Act,** appropriate referral processes must be followed.

Where the individual's ability to make informed / relevant decisions appears to be questioned, the principles of the **Mental Capacity Act** must be followed. If there are circumstances which indicate a capacity assessment is appropriate, all methods of support should be provided to maximise the individuals' decision making, highlighting the risks directly associated with their behaviour.

3. Consent (agree):
It is important to record whether the person consents, or not to any safeguarding actions and whether the person has capacity to consent (agree).

If a person does not consent a referral can still be made – or further action taken – where there is reasonable suspicion of a potential crime, risks to others, coercion or harassment of the person, or when it is in the public interest to do so.

If a person lacks capacity to consent, a capacity assessment must be completed by the most relevant person and a Best Interests Decision made regarding the referral, or any planned action.

4. Information to inform Initial Risk Assessment:
It may be the case that a number of organisations are aware of the individual and consider the risk has reached a significant point where a co-ordinated approach is needed. Or it may be that the individual is not previously known, but significant risk of significant harm has been identified. It is important that the agency first identifying the potential risks and potential for harm gathers initial information to inform a risk assessment of immediate safety for the individual and others who may be living in or affected by the consequences of the self-neglect. For example, evident life threatening physical conditions or very high-risk environment. This initial assessment must be appropriate and proportionate to the role of the agency representative carrying it out and based on presenting information.

4.1 Further Assessment:
Once immediate safety has been established as far as possible, a more holistic assessment can take place. The self-neglect may have developed for a number of reasons, e.g. in response to abuse by others (past or current) and/or underlying physical or mental health needs etc.

If there are any child protection or child in need concerns these must be referred to children's services as a matter of urgency.

As a whole, this assessment will inform decision making with regard to whether a Safeguarding Concern should be raised.

If other processes are considered more appropriate to use to support the individual the self-neglect procedures may be ended at this point and all of the issues handed over to the practitioner/service taking responsibility for addressing the self-neglect as

well as the other concerns. There must be a clear documentation to evidence the handover of responsibilities if this is the case.

Depending on the level and nature of the risks identified, consideration may be given to the work of other agencies and practitioners being carried out in parallel with the self-neglect procedures. There must be a clear agreement about who has the lead for coordination of all the work and for bringing multi agency/services together with the individual or their advocate to agree an action plan.

4.2 The Views of the Individual:
The views of the Individual must be sought ideally, this will be informed by the views of carers and / or relatives as well as by the views of individual themselves, wherever possible and practicable.

Where there are concerns that the individual lacks or appears to lack the mental capacity to understand the risks related to their behaviour, a mental capacity assessment must be considered in relation to their ability to make informed decisions regarding the risks identified.

The involvement of an Independent advocate or an Independent Mental Capacity Advocate (IMCA) should be considered in appropriate circumstances. Where the individual refuses to participate or engage with agencies or provide access, information obtained from a range of other sources may 'hold the key' to achieving access or to determining areas/levels of risk.

5. When to raise a Safeguarding referral?

If the concerns immediately present as high risk to the person or to other people, then action to mitigate risks must be taken (if safe so to do). This may involve calling emergency services (police, fire, ambulance).

Gathering and recording information on the risk assessment will inform decision making as to whether the circumstances initially present as low, medium or high risk.

1.* If overall indications are low then a key worker (case manager/nurse/ community worker) is to be identified as the person (or group of people) best placed to co-ordinate agencies to engage with the person, develop a rapport, supporting the person to address concerns, to engage with community activities and develop / repair relationships. Also, to support with access to health care and counselling (where needed). The overall aim is to empower the person to improve wellbeing and develop their own self- management and preventative strategies alongside a supportive network.
2. If overall indications are medium, contact the appropriate Medway or Kent referral point and request a safeguarding consultation to inform your decision as to whether a safeguarding referral should be made. If no safeguarding referral is needed, then progress as detailed in item 1* above.
3. If the overall indications are high, then there are indications that there is significant risk of significant harm and it would be appropriate to raise a

Safeguarding Concern, using the appropriate form below. **Care Act 2014 Section 42 Criteria is as follows**:

Where a Local Authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) :-

a) has needs for care and support (whether or not the authority is meeting any of those needs),
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

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.

Kent or Medway Safeguarding Referral forms:

- Kent Social Services Safeguarding Referral forms can be found at KASAF document
- Medway Council Referral forms can be found at SAF document

5.1 Sharing the Concern:

The initiator of concerns should:

a) take any appropriate action to mitigate any immediate danger as far as is practicable.
b) gather and record information as per the risk assessment to inform Safeguarding decision making
c) arrange a teleconference or initial discussion with other appropriate agencies to agree who will lead the coordination of information gathering, this is particularly relevant if the concerns are raised by agencies such as Community Wardens or Environmental Health.
d) if it is considered by the initiator of the concern that the individual is likely to need care and/or support from the Local Authority, they should be consulted as they are likely to provide information which will determine if a Care Act 2014 Section 42 enquiry is required. If this is the case the Local Authority is likely to be the lead agency

A timely initial response is crucial. Agencies will record (ideally within 24 hours) that these procedures are being applied.

6. Wider Information Gathering and Sharing & Engaging other appropriate agencies and services:

Lead agency co-ordinates information gathering and determines most appropriate actions to address the concerns in collaboration with other agencies and/or individuals where necessary. This is in-line with current multi-agency policies and

procedures**:** http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation

6.1 Information Sharing:
Within these procedures there should be an agreed evidence-based risk assessment, to inform any "need to know" decisions to support ongoing action plans (multi or single agency) designed to minimise risk. The starting point is consultation with the adult and/or their advocate. It is imperative to provide documentary evidence of why any decision planned or taken, when it is contrary to the individual's views and wishes.

Information Sharing procedures can be found in the Kent and Medway multi-agency Policy, Protocols and Guidance document:
http://www.kent.gov.uk/__data/assets/pdf_file/0018/11574/multi-agency-safeguarding-adults-policies-protocols-and-guidance-kent-and-medway.pdf
Protocol Section 6.1: *Making decisions about sharing confidential information in the* Kent and Medway Multi-Agency Policy, Protocols and Guidance Document

Information gathered at this stage is to inform:
a) whether or not a Mental Capacity assessment is required and to establish the preferences, wishes and feelings of the individual. Also, to inform if advocacy is required. If you are not able to do so, please document why.
b) decision making regarding whether further multi-agency information sharing is required;
c) the completion of an initial risk assessment and ensuring any **urgent actions** are carried out, e.g. contacting emergency services, Kent Fire and Rescue, completing safety checks and where necessary seeking urgent medical intervention

Where there are concerns that the individual's ability to make informed decisions due to a mental disorder or ill health, consideration must be given to carrying out a Mental Capacity Assessment in relation to any decisions they may need to make regarding their safety or the safety of others.

Information gathering will aim to build an understanding of:
i. any previous successful engagement with the individual
ii. approaches that appeared to disengage the individual
iii. an insight into the individual's wishes and feelings
iv. the views of anyone who has or has had contact with the individual including relatives and neighbours

When working with individuals who may be reluctant to communicate, the risk of miscommunication between agencies is greater than usual. It is important to ensure that all relevant information is available to those who undertake any assessments.

Use information available as in (i) above of any previous successful engagement with the individual to facilitate direct communication with the individual if possible. This should ensure that the assessment will inform any actions to be taken and include (iii) above the wishes and feelings of the individual.

7. Collaborative Working with Multi Agency Partners:
It is likely that individuals who self-neglect, do not meet the criteria for any specific agency or organisation. Previous experience of attempting to engage the adult may have had limited or no success. These factors increase the risk as identified in the Significant Risk Indicators detailed in the Definitions section (page 8).

Self-neglect is a multi-agency priority and there is an expectation that:

a) all partner agencies will engage as appropriate, when this is requested by the lead agency; and
b) the lead agency will take responsibility for co-ordinating multi-agency partnership working

8. Supporting a Holistic Approach:
If self-neglect may have developed in response to abuse by others the Kent and Medway Adult Safeguarding policy, protocols and guidance should be used. If there are any child protection or child in need concerns these must be referred to children's services as a matter of urgency.

If other processes are considered more appropriate to use to support the individual the self-neglect procedures may be ended at this point and all of the issues are handed over to the practitioner/service taking responsibility for addressing the person's concerns, including the self-neglect. There must be a clear documentation to evidence the handover of responsibilities if this is the case.

Depending on the level and nature of the risks identified, consideration may be given to the work of other agencies and practitioners which are being carried out in parallel with the self-neglect procedures. There must be a clear agreement about who has the lead for coordination of all the work and for bringing multi agency/services together with the individual or their advocate to agree an action plan.

9. Comprehensive assessment's including risks to be considered at the multi-agency meeting:
An assessment should be completed using the policy and procedures of the lead agency with contributions from other agencies and services as appropriate to form one comprehensive assessment of the individual and of the risks identified.

Specialist input may be required to clarify certain aspects of the individual's functioning and risk. This will include a mental health or mental capacity assessment where this appears to be appropriate.

The key components of the comprehensive assessment of neglect will include the following evidence-based elements:

a) assessment(s) of capacity where indicated. Remember to consider "situational incapacity and the inherent jurisdiction of the court." The inherent jurisdiction of the High Court in relation to vulnerable adults survives the implementation of the MCA 2005, which only relates to adults who lack capacity as defined in the Act. The jurisdiction is in part aimed at enhancing or liberating the autonomy of a vulnerable adult whose autonomy has been compromised by a reason other than mental incapacity because they are (a) under constraint; or (b) subject to coercion or undue influence; or (c) for some other reason deprived of the capacity to make the relevant decision or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent. An example of this in practice is as follows: http://www.mentalhealthlaw.co.uk/DL_v_A_Local_Authority_(2012)_EWCA_Civ_253,_(2012)_MHLO_32
b) a detailed social and medical history;
c) essential activities of daily living (e.g. ability to use the phone, shopping, food preparation, housekeeping, laundry, mode of transport, responsibility for own medication, ability to handle finances);
d) environmental assessment; to include any information from neighbours
e) a description of the self-neglect;
f) a historical perspective of the situation;
g) the individual's own narrative on their situation and needs;
h) the willingness of the individual to accept support; and
i) the views of family members, healthcare professionals and other people in the individual's network

10. A Multi-Agency meeting is arranged under Self-Neglect Safeguarding Procedures:

Where an adult has been identified as potentially self-neglecting, is refusing support, and in doing so is placing themselves or others at risk of significant harm it is recommended that a multi-agency planning meeting is convened. This will enable the effective sharing of information to consider the risk(s) of non-intervention and enable an action plan to be agreed. It is recommended that a multi-agency safeguarding planning meeting, with a clear agenda for discussion will be organised within five working days from the initial concerns being raised. Each individual in the household must be considered.

Reasons for arranging a meeting:

a) work has not reduced the level of risk and significant risk remains
b) it has not been possible to coordinate a multi-agency approach through work undertaken up to this point
c) the level of risk requires formal information sharing to agree and record a multi-agency action plan

Timescales for achieving actions set at the multi-agency meeting will be specified within the formal written record of the meeting. This will include timescales for completing any outstanding or more specialist assessments. A date will also need to be set for a review meeting so that any further specialist assessments can be considered, and any revised actions agreed.

11. Principles for arranging a multi-agency meeting:

The principles for arranging a multi-agency meeting are to consider:

a) the individual's view and wishes as far as known;
b) information, actions and current risks;
c) the on-going lead professional / agency who will coordinate this work; and
d) coordinate information-sharing in line with the principles of information sharing contained in the Kent and Medway Information Sharing policy;
e) evaluate relevant information to inform the most effective action plan

12. Guidance for Multi-Agency <u>Planning</u> meeting:

a) the lead agency is responsible for convening this meeting and making appropriate arrangements such as venue and minute taking;
b) the lead agency will attempt to involve the individual concerned and wherever possible the individual should be fully involved and attend the meeting. Every effort must be made to engage with the individual and to enable them to communicate their views to the meeting;
c) if the individual does not wish to attend the meeting, representatives will need to consider how their views and wishes are to be presented at the meeting e.g. by the appointment of a formal or invitation extended to an informal advocate;
d) it is recommended that the meeting is formally chaired and recorded. Participants from all agencies identified should attend the meeting with an understanding of their responsibilities to share relevant information in order to reach an agreement on the way forward;
e) it is important to ensure that any actions agreed comply with legislation and statutory duties. Legal representation at the meeting may need to be considered in order to discuss relevant legal options;
f) a SMART action plan should be developed and agreed by members of the meeting. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency;
g) the chair of the multi-agency meeting will ensure clarity is brought to timescales for implementing contingency plans, so that where there is legal and professional remedy to do so, risk is responded to and harm is reduced/prevented

Outcomes of the meeting will include the following:

i. a SMART action plan – including contingency plans and escalation process;
ii. agreement of monitoring and review arrangements and who will do this;
iii. an agreement of a communication plan with the individual / other key people involved
iv. an agreement regarding which agency will take the lead in the case and

v. agreement of any trigger points that will determine the need for an urgent multi-agency review meeting

Appropriate written communication should be forwarded to the individual concerned, irrespective of the level of their involvement to date. This communication will include setting out what support is being offered and / or is available and providing an explanation for this. Should this support be declined, it is important that the individual is aware that, should they change their mind about the need for support, then contacting the relevant agency at any time in the future will trigger a re-assessment. Careful consideration will be given as to how this written record will be given, and where possible explained, to the individual.

13. Requirements for a Multi-Agency Review meeting:

The review meeting is an opportunity to revisit the original assessments, particularly in relation to the individual's current functioning, risk assessments and known or potential rates of improvement or deterioration in:

a) the individual,
b) their environment, or
c) in the capabilities of their support system

Decision specific mental capacity assessments will have been reviewed and are shared at the meeting. Discussion will need to focus upon contingency planning based upon the identified risk(s).

It may be decided to continue providing opportunities for the individual to accept support and monitor the situation. Clear timescales must be set for providing opportunities and for monitoring and who will be involved in this.

Where possible, indicators that risks may be increasing will be identified and that will trigger agreed responses from agencies, organisations or people involved in a pro-active and timely way.

A further meeting date will be set at each multi-agency review until there is agreement the situation has become stable and the risk of harm has reduced to an agreed acceptable level.

Where agencies are unable to implement support or reduce risk significantly, the reasons for this will be fully recorded and maintained on the individual's file, with a full record of the efforts and actions taken.

Where the risks are **very high** legal advice must be sought and all available legal options must be considered including application to the Court of Protection where there are concerns about mental capacity or to the High Court where the individual is believed to be mentally capacitated.

14. Proposed agenda template, as follows:

1. Details of Adult(s)
2. The views and wishes of the adult(s)
3. Confirmation of capacity.
4. Assessment of the risks, agree severity of risks.
5. Discussion regarding practical support and strategies to minimise the risks.
6. Agree actions to manage risks and identify triggers for review.
7. Discuss who best placed to talk with the adult at risk, empower them to make decisions and take action.
8. Agree strategy to monitor the risks.
9. Review – agree timescale for review

You may want to consult with or invite to a planning/strategy meeting, this list is not exhaustive:

- Kent Fire and Rescue
- Kent Police
- GP/District Nurses/Allied Health Colleagues
- Social Services
- Learning Disability
- Environmental Health
- Housing Provider
- Community Wardens
- Care Agencies
- Community Safety
- Age Concern
- Community/Voluntary Sector
- Community Networks
- Legal

15. When to Divert to Complex Case Work:

When the risk has reduced to an acceptable level, this may be agreed to be the appropriate point to divert from the Safeguarding Pathway into the Complex Casework Pathway. This must be a collaborative decision based on the risk assessments. If this is the case, a clear handover must be made and include a current and ongoing strategy/support plan as agreed at the safeguarding meeting.

A Risk Assessment Review must take place three months after transfer to complex case work. If the risk indicators are raised, then consideration must be given to divert back to the safeguarding pathway.

16. Record keeping:

The case record will include a summary record of the efforts and actions taken by all other agencies involved. Individual agencies will also need to keep their own records of their specific involvement.

Accurate records will be maintained that demonstrate adherence to these procedures, and locally agreed case recording policy and procedures.

17. References and further information:

Gibbons et al (2006) Self-Neglect: A proposed new NANDA diagnosis, International Journal of Nursing Terminologies and Classifications, 17 (1), pp 10-18.

SCIE (2011) Self-neglect and adult safeguarding: findings from research (Report 46) available from www.scie.org.uk

"Sussex Multi-Agency Procedures to Support People who Self-Neglect" (July 2013) available from www.westsussex.gov.uk

Kent and Medway Multi-Agency Safeguarding Adult Board, acknowledge the support offered by the Pan Sussex Safeguarding Coordinators in sharing the Sussex Multi-Agency Procedures to support people who self-neglect July 2013.

Appendix 1 – Legal Framework

1. Self-Neglect: Legal Framework

Public authorities, as defined by the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take particular action.

Instead, the authorities are expected to act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act 2005, and, where appropriate, consideration should be given to the application of the Mental Health Act 1983.

Where appropriate, concerns may be referred to the Court of Protection. In rare cases, where the individual has capacity, but is unable to exercise choice, for example - appears to be acting under duress, consideration should be given to options available under the Inherent Jurisdiction of the High Court.

2. Assessment: (Care Act Section 9 and Section 11)

The Local Authority must undertake a needs assessment, even when the adult refuses, where:

- it appears that the adult may have needs for care and support; and
- is experiencing, or is at risk of, self-neglect

This duty applies whether the adult has the capacity or lacks the capacity to refuse an assessment.

3. Enquiry: (Care Act Section 42)

The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when the Local Authority has reasonable cause to suspect that an adult in its area:

a) has needs for care and support,
b) is experiencing, or is at risk of, self-neglect;

and, as a result of those needs, is unable to protect himself or herself against self-neglect, or the risk of it.

4. Advocacy:

If the adult has 'substantial difficulty' in understanding and engaging with any social care process, including a Care Act Section 42 Enquiry, the Local Authority must ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate.

It is important that all staff are familiar with, and are mindful of their 'Duty of Care' when dealing with cases of self-neglect or hoarding, even if the adult has mental capacity to make decisions specifically related to their care.

'Duty of Care' (established through common law) can be summarised as 'the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property'.

Any failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages.

Human Rights Act 1998 - article 8 gives everyone the right to 'respect for his private and family life, his home and his correspondence' and needs to be considered at all times.

Appendix 2 – Legal Interventions

1. Legal Interventions:
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. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.

It is important to note that Section 46 of the Care Act 2014 abolishes Local Authorities' power in England to remove a person in need of care under Section 47 of the National Assistance Act 1948.

2. Summary of the powers and duties that may be relevant:

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

Article 5 – **Right to Liberty and Security:**
Everyone has the right to liberty and security of persons.

Article 8 – **Right to Respect for Private and Family Life:**
Everyone has the right to respect for his private and family life, his home and his correspondence.

There shall be no interference by a public authority with the exercise of this right except such as permitted by the law, is for a lawful purpose e.g. is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country; for the prevention of disorder or crime; for the protection of health or morals, or the protection of the rights and freedoms of others and is proportionate.

Article 1 – **Protection of Property:**
Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

Environmental Health:
Environmental Health Officers in the Local Authority have wide powers/duties to deal with waste and hazards. They are likely to be key contributors to multi-agency meetings and planning, and in some cases may be the lead agency and act to address the physical environment.

Public Health Acts 1936 and 1961 include:

a) Power for Local Authority to remove accumulations of rubbish on land in the open air (Section 34)

b) power of entry/warrant to survey/examine (Section's 239/240)
c) power of entry/warrant for examination/execution of necessary work (Section 287)
d) power to require vacation of premises during fumigation (Section 36)
e) power to disinfest/destroy verminous articles at the expense of the owner (Section 37)

Environmental Protection Act 1990 remedies include:

a) Litter clearing notice where land open to air is defaced by refuse (Section 92a)
b) Abatement notice where any premise is in such a state as to be prejudicial to health or a nuisance (Section's 79/80)

Town and Country Planning Acts provide the power to seek orders for repairs to privately owned dwellings and where necessary compulsory purchase orders.

Housing Act 2004 allow enforcement action where either a category 1 or category 2 hazard exists in any building or land posing a risk of harm to the health or safety of any actual or potential occupier or any dwelling or house in multiple occupation (HMO). Those powers range from serving an improvement notice, taking emergency remedial action, to the making of a demolition order.

Prevention of Damage by Pests Act 1949 gives Local Authorities a duty to take action against occupiers of premises where there is evidence of rats or mice.

Public Health (Control of Disease) Act 1984 *Section 46* sets out restrictions in order to control the spread of disease, including use of infected premises, articles and actions that can be taken regarding infectious persons.

Housing – Powers of Landlords:
Powers of landlords could apply in Extra Care Sheltered Schemes, Independent Supported Living, private-rented or supported housing tenancies. The housing provider must be confident that the tenant has mental capacity in relation to understanding their actions before legal action will be possible. If the tenant lacks capacity, the **Mental Capacity Act 2005** should be used.

In extreme cases, a landlord can take action for possession of the property for breach of a person's tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard. This would be under either:

- Ground 1, Schedule 2 of the **Housing Act 1985** (secure tenancies); or
- Ground 12, Schedule 2 of the **Housing Act 1988** (assured tenancies)

Also note that the tenant is responsible for the behaviour of everyone who is authorised to enter the property.

Anti-Social Behaviour, Crime and Policing Act 2014:
Section 2(1)(c) of the Act introduces the concept of "housing related nuisance", so that a direct or indirect interference with housing management functions of a provider

or Local Authority, such as preventing gas inspections, will be considered as anti-social behaviour. Injunctions, which compel someone to do or not do specific activities, may be obtained under Section 1 of the Act. They can be used to get the tenant to clear the property or provide access for contractors.

To gain an injunction, the landlord must show that, on the balance of probabilities, '*the person is engaged or threatens to engage in antisocial behaviour*, and that it is *just and convenient to grant the injunction for the purpose of preventing an engagement in such behaviour'.*

There are also powers which can be used to require a tenant to cooperate with a support service to address the underlying issues related to their behaviour.

Powers of Entry:
The following legal powers may be relevant, depending on the circumstances:

a) **If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare:** The Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person
b) **If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely:** The inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules
c) **If there is any concern about a mentally disordered person:** Section 115 of the MHA provides the power for an approved mental health professional (approved by a Local Authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care
d) **If a person is believed to have a mental disorder, and there is suspected abuse or neglect:** Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises **using force if necessary** and if thought fit, to remove the person to a place of safety if there is reasonable cause to suspect that they are suffering from a mental disorder and (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves

Power of the police:

a) **to enter and arrest a person for an indictable offence:** Section 17(1)(b) of PACE
b) **if there is a risk to life and limb:** Section 17(1)(e) of the PACE gives the police the power to enter premises without a warrant in order to save life and

limb or prevent serious damage to property. This represents an emergency situation and it is for the police to exercise the power

c) **Common law power of the police to prevent, and deal with, a breach of the peace.** Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace

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Anti-Social Behaviour 2003: (as amended)

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

Questions about whether an application for an Anti-Social Behaviour Order would be appropriate should be made to the Designated Police Officer (it may be appropriate to involve the police in the multi-agency work), the Registered Social Landlord or the Local Authority.

Misuse of Drugs Act 1971:

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

A person commits an offence if, being the occupier or concerned in the management of the premises, he knowingly permits or suffers any of the following activities to take place on those premises…'

b) *s8 (a) Producing or attempting to produce a controlled drug…'*
c) *s8 (b) Supplying or attempting to supply a controlled drug to another ……or offering to supply a controlled drug to another….'*
d) *s8 (c) Preparing opium for smoking*
e) *s8 (d) Smoking cannabis, cannabis resin or prepared opium'*

Mental Health Act 1983 - Sections 2 and 3:

Where a person is suffering from a mental disorder (as defined under the Act) of such a degree, and it is considered necessary for the patient's health and safety or for the protection of others, they may be compulsorily admitted to hospital and detained there under Section 2 for assessment for 28 days. Section 3 enables such a patient to be compulsorily admitted for treatment.

Section 2 - Admission for Assessment:

*Duration of detention***:** 28 days maximum.

*Application for admission***:** by Approved Mental Health Professional or nearest relative. Applicant must have seen patient within the previous 14 days.

*Procedure***:** two doctors (one of whom must be Section 12 approved) must confirm that:

a) the patient is suffering from a mental disorder of a nature or degree which warrants detention in hospital for assessment (or assessment followed by medical treatment) for at least a limited period; *and*
b) S/he ought to be detained in the interests of his/her own health or safety or with a view to the protection of others.

Section 3 – Admission for Treatment:
*Duration of detention***:** six months, renewable for a further six months, then for one year at a time.

Application for admission: by nearest relative or Approved Mental Health Professional in cases where the nearest relative consents, or is displaced by County Court, or it is not 'reasonably practicable' to consult him.

Procedure: two doctors must confirm that:

a) the patient is suffering from a mental disorder of a nature or degree which makes it appropriate for him/her to receive medical treatment in hospital; and
b) it is necessary for his/her own health or safety or for the protection of others that he/she receives such treatment and it cannot be provided unless s/he is detained under this section; and
c) appropriate treatment is available to him/her

Renewal: under Section 20, Responsible Medical Officer can renew a Section 3 detention order if original criteria still apply and treatment is likely to 'alleviate or prevent a deterioration' of patient's condition.

In cases where patient is suffering from mental illness or severe mental impairment, but treatment is *not* likely to alleviate or prevent a deterioration of his/her condition, detention may still be renewed if s/he is unlikely to be able to care for him/herself, to obtain the care s/he needs or to guard himself against serious exploitation
Section 117 allows for aftercare following a Section 3 detention in certain circumstances.

Guardianship - Section 7 of the Mental Health Act 1983:
A Guardianship Order may be applied for where a person suffers from a mental disorder, the nature or degree of which warrants their reception into Guardianship (and it is necessary in the interests of the welfare of the patient or for the protection of other persons.) The person named as the Guardian may be either a local social services authority or any applicant.

A Guardianship Order confers upon the named Guardian the power to require the patient to reside at a place specified by them; the power to require the patient to attend at places and times so specified for the purpose of medical treatment, occupation, education or training; and the power to require access to the patient to be given, at any place where the patient is residing, to any registered medical practitioner, approved mental health professional or other person so specified.
In all three cases outline above (i.e. Section 2, 3 and 7) there is a requirement that any application is made upon the recommendations of two registered medical practitioners.

Section 135 Mental Health Act 1983:
Under Section 135, a Magistrate may issue a warrant where there may be reasonable cause to suspect that a person believed to be suffering from mental disorder, has or is being ill-treated, neglected or kept otherwise than under proper control; or is living alone unable to care for themselves. The warrant, if made, authorises any constable to enter, if need be by force, any premises specified in the

warrant in which that person is believed to be, and, if thought fit, to remove them to a place of safety.

Section 135 lasts 72 hours and is for the purpose of removing a person to a place of safety with a view to the making of an assessment regarding whether or not Section 2 or 3, or 7 of the Mental Health Act should be applied.

Section 136 Mental Health Act 1983:
Section 136 allows police officers to remove adults who are believed to be "*suffering from mental disorder and in immediate need of care and control*" from a public place to a place of safety for up to 72 hours for the specified purposes. The place of safety could be a police station or hospital.

Mental Capacity Act 2005 - Five Key Principles to determine Mental Capacity:

a) **Principle 1**:
A presumption of capacity – 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. This means that it cannot assumed that someone cannot make a decision for themselves just because they have a particular medical condition or disability.

b) **Principle 2**:
Individuals are supported to make their own decisions – a person must be given all practicable help before they are treated as not being able to make their own decisions. This means that every effort should be made to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that the person is involved as far as possible in making decisions.

c) **Principle 3**:
Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. A person cannot be treated as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

d) **Principle 4**:
Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.

e) **Principle 5**:
Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case

The powers to provide care to those who lack capacity are contained in the Mental Capacity Act 2005. Professionals must act in accordance with guidance given under the Mental Capacity Act Code of Practice when dealing with those who lack capacity and the overriding principal is that every action must be carried out in the best interests of the person concerned.

Where a person who is self-neglecting and/or living in squalor does not have the capacity to understand the likely consequences of refusing to cooperate with others and allow care to be given to them and/or clearing and cleaning of their property a best interest decision can be made to put in place arrangements for such matters to be addressed. A best interest decision should be taken formally with professionals involved and anyone with an interest in the person's welfare, such as members of the family.

The Mental Capacity Act 2005 provides that the taking of those steps needed to remove the risks and provide care will not be unlawful, provided that the taking of them does not involve using any methods of restriction that would deprive that person of their liberty. However, where the action requires the removal of the person from their home then care needs to be taken to ensure that all steps taken are compliant with the requirements of the Mental Capacity Act. Consideration needs to be given to whether or not any steps to be taken require a **Deprivation of Liberty Safeguards (DoLS)** application.

Where an individual resolutely refuses to any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Act are anticipated, it will be necessary to apply to the Court of Protection for an order authorising such protective measures. Any such applications would be made by the person's care manager who would need to seek legal advice and representation to make the application.

Ensure that all steps taken are compliant with the requirements of the Mental Capacity Act. Consideration needs to be given to whether or not any steps to be taken require a **Deprivation of Liberty Safeguards (DoLS)** application.

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Emergency applications to the Court of Protection:
An urgent or emergency court order can be applied for in certain circumstances, e.g. a very serious situation when someone's life or welfare is at risk and a decision has to be made without delay. However, a court order will not be obtained unless the court decides it's a serious matter with an unavoidable time limit.
Where an emergency application is considered to be required, relevant legal advice must be sought.

Inherent Jurisdiction:
There have been cases where the Courts have exercised what is called the 'inherent jurisdiction' to provide a remedy where it has been persuaded that it is necessary, just and proportionate to do so, even though the person concerned has mental capacity.

In some self-neglect cases, there may be evidence of some undue influence from others who are preventing public authorities and agencies from engaging with the person concerned and thus preventing the person from addressing issues around self-neglect and their environment in a positive way.

Where there is evidence that someone who has capacity is not necessarily in a position to exercise their free will due to undue influence then it may be possible to obtain orders by way of injunctive relief that can remove those barriers to effective working. Where the person concerned has permitted another reside with them and that person is causing or contributing to the failure of the person to care for themselves or their environment, it may be possible to obtain an Order for their removal or restriction of their behaviours towards the person concerned. In all such cases legal advice should be sought.

Animal welfare:
The **Animal Welfare Act 2006** can be used in cases of animal mistreatment or neglect. The Act makes it against the law to be cruel to an animal and the owner must ensure the welfare needs of the animal are met. Powers range from providing education to the owner, improvement notices, and fines through to imprisonment. The powers are usually enforced by the RSPCA, Environmental Health or DEFRA.

Fire:
The Fire Service can serve a prohibition or restriction notice to an occupier or owner which will take immediate effect (under the **Regulatory Reform (Fire Safety) Order 2005**). This can apply to single private dwellings where the criteria of risk to relevant persons apply.