

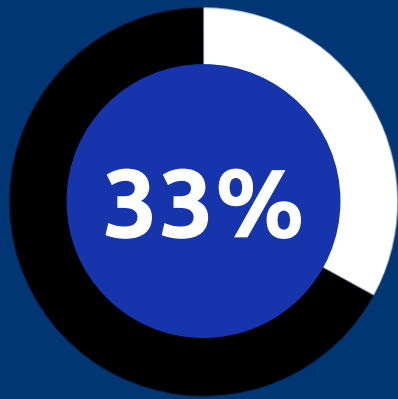


Hammersmith & Fulham
Safeguarding Adults Board

Self-neglect

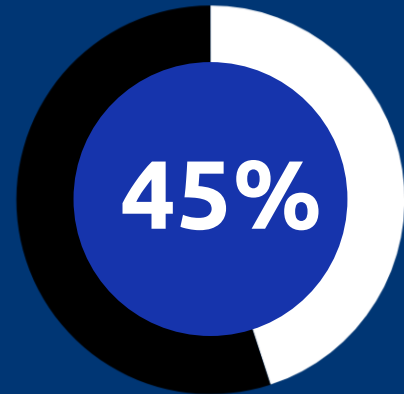
Multi-agency guidance

Self-neglect is one of the leading areas of concern for adults at risk in our borough. This document outlines expected best practice when working with someone who is self-neglecting, alongside links to tools to support you.



33% of safeguarding concerns received in Hammersmith & Fulham in 2022/23 related to self-neglect.

National analysis of Safeguarding Adults Reviews has also identified self-neglect as a leading category of abuse, featuring in 45% of cases (2017-2019)



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Look out for this symbol for links to practical tools and guidance!

With thanks to [Lambeth SAB](#), [Ealing SAB](#), [Sussex SAB](#), [Norfolk SAB](#) and [RIPFA](#) for their example self-neglect guidance, practice tools and protocols.

What is self-neglect?

Gibbons (2006) defined self-neglect as:

The inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the self-neglecters and perhaps even to their community

Self-neglect can be found in all areas of society and needs to be understood in the context of each individual's life experience. Whilst it is not always possible to establish a root cause for self-neglecting behaviours, understanding a person's life history can give us a better insight into their behaviour and possible routes for change.

Self-neglect can be a result of:

- a person's injury, dementia or other mental disorder, a learning disability
- obsessive compulsive disorder or hoarding disorder
- physical illness which influences ability, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions such as drugs, alcohol or gambling
- traumatic experiences

Self-neglect may start when a person becomes mentally or physically unwell, or older and frailer. Those who are homeless or living in temporary accommodation may also be at greater risk.

Potential signs of self-neglect



Personal care

Very poor personal hygiene and unkempt appearance. Person lacks essential food, clothing or shelter.



Living conditions

Living in squalid or unsanitary conditions and neglecting household maintenance.



Hoarding

Long-term hoarding behaviours, with an inability to throw away items without experiencing fear and anxiety.



Poor health

Unwillingness or inability to take medication or treat illness or injury. Person may be malnourished or dehydrated, have untreated injuries, and refusing offers of support.



Poor environment and personal hygiene could arise as a result of a cognitive impairment, poor eyesight, functional or financial constraints or neglect by others. Many people who self-neglect may also lack the ability and/or confidence to come forward and ask for help.

Assessment

Self-neglect is a complex issue that can pose a challenge to professionals.

It is crucial to consider how to begin engagement with the person at the beginning of any assessment. Sensitive and comprehensive assessment is important when identifying the person's capabilities and level of risk. When undertaking the assessment, the professional should be cautious not to accept the first, and potentially superficial response given, rather than exploring more deeply how a person understands and could act on their situation.

It is important to look further and tease out the possible significance of personal values, past traumas and social networks. **This may require more than one visit.**

Section 11 of the Care Act provides local authorities with the legal right to conduct an assessment of someone assessed as having capacity to refuse an assessment when person is subject to a Section 42 enquiry. This piece of legislation supports information gathering and multi-agency responses where a concern relates to self-neglect and a person is refusing to engage with the assessment process.



Does the person have mental capacity in relation to specific decisions about self-care and or/acceptance of care and support?

How might the person's life history, family or social relations be interconnected with the self-neglect?

Are there links between the self-neglect and health or disability?

Is the self-neglect a recent change or a long-standing pattern?

What is the person's own view of the self-neglect?

Is alcohol consumption or drug use a factor in the self-neglect?

Is the self-neglect intentional or not?

What strengths does the person have - what are they managing well and how might this be built on?



Remember – practitioners should avoid the suggestion that self-neglect, including that linked to chronic alcohol use, is a lifestyle choice.

Role of adult safeguarding processes

The Care Act formally recognises self-neglect as a category of abuse and places a duty of cooperation on all agencies to work together to support adults who are self-neglecting. However, the safeguarding response may not always be the most appropriate route to supporting an individual who is showing self-neglecting behaviour.

The London Multi-agency Adult Safeguarding Policy and Procedures guidance advises that 'finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention'. **An assessment of the individual's needs is often the best starting point for responding to self-neglect, and where a person is willing and able to engage in an assessment this would usually be the chosen referral pathway.**

[Click here to refer to Adult Social Care for assessment of needs](#)



Role of adult safeguarding processes

Professionals should consider raising a safeguarding adults concern where a Section 42 enquiry and structured safeguarding plan could support multi-disciplinary responses to risk.

This may include situations where:

- The self-neglect is of a severe nature and the person is at high risk
- There are repeated concerns
- Other approaches under care management have not worked
- The person is refusing support or is unwilling to engage with the assessment
- The person appears to lack insight into the level of risk
- There is concern that some other form of abuse or neglect is present



Think Family

A Think Family approach refers to the responsibility of all staff, across all services, to address the vulnerabilities of everyone living in a household, not just the individual they are working with. Professionals must ensure that they consider the needs of the whole family and be responsive to those needs, working closely with other professionals who are supporting the family and ensuring information is shared appropriately according to the level of risk.

[Click here to raise an adult safeguarding concern](#)



Assessing Mental Capacity

All adults should be presumed to have capacity - however there may be cases where a person may demonstrate a lack of understanding and insight into the impact of their actions (or inaction) on themselves or others.

When an individual's behaviour or circumstances cast doubt as to whether they have capacity to make a decision, then a capacity assessment should be carried out in line with the [Mental Capacity Act 2005](#). Any capacity assessment in relation to self-neglect must be time specific and relate to a specific intervention or action; they should therefore be considered and/or repeated as risk increases and in relation to each individual risk.

When assessing the mental capacity of an adult who is self-neglecting, **consider options for conducting joint mental capacity assessments**, for example, involving an Occupational Therapist who can assist with assessing the adult's functional ability and executive capacity. **Capacity assessments must also be clearly recorded.** Good practice is to record the questions as they were asked, and the responses provided by the adult.



[Take a look at Appendix 2 of Norfolk SAB's self-neglect guidance for example screening questions to assess decisional and executive function of capacity.](#)

Assessing capacity

1 Identify the decision

When assessing capacity in relation to self-neglect, the key issue to consider is whether the adult can make decisions about their circumstances and the potential risks arising from it. Decisions about self-neglect are not always straight-forward.

2 Preparing for the assessment

It is helpful to think of the capacity assessment as a conversation. The decision maker needs to take all practicable steps to facilitate the conversation so that the person has the best opportunity to make the decision by themselves.

3 Provide the information

The professional should clearly lay out relevant information about the decision - this may include information about self-neglect and why the professional is concerned, as well as options on offer.

4 Testing capacity

The first stage of the test should consider:

- Does the adult **understand** the information provided?
- Is the adult able to **retain** the information presented for long enough to make a decision?
- Is the adult able to **use and weigh** up the options?

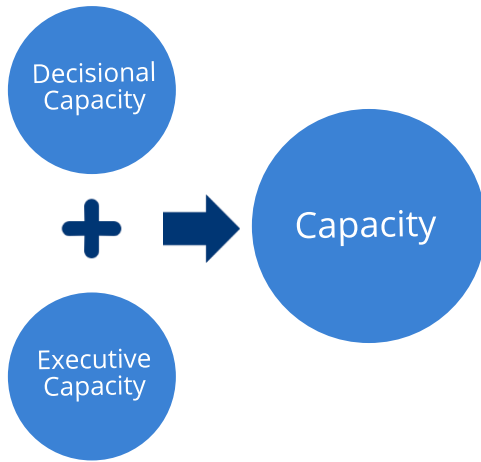
At this stage, you should also consider a person's executive function - this is particularly relevant with people who self-neglect and where risks are high or increasing.

- Can the adult **communicate** their decision?

If you have said no to any of the above, the second stage of the test must then consider whether the person has an impairment or disturbance of the brain. **Disturbances of the brain can be temporary including if someone is under the influence of substances.**

Executive function

The MCA Code of Practice, while emphasising that an unwise decision does not of itself indicate a lack of mental capacity, recommends that capacity may need to be questioned in circumstances where repeated unwise decisions place an individual at significant risk.



Whilst it may be determined that someone has decisional capacity around their personal welfare or their environment, this may not translate into the person's ability to carry out the actions needed to keep themselves safe or well. This may relate to a deficit in the person's executive functioning **or** a result of their cognitive impairment.

Impairment of executive functioning can make it difficult for a person to initiate appropriate behaviours in the moment; for example they may recognise the need to eat and drink, but fail to act on that need (Braye, Orr and Preston-Shoot, 2015). 'Articulate and demonstrate' models of assessment (tell me, then show me) can be effective in identifying if the person's executive functioning is impacting their mental capacity.



Find out more about the frontal lobe paradox, which may inform your mental capacity assessments.

Fluctuating capacity

Fluctuating capacity refers to situations where a person's ability to make a specific decision varies. Fluctuating capacity can occur due to impact of changes in mental health (such as manic episode), physical health, dementia, an acquired brain injury or other neurological condition, the use or withdrawal of medication, or the use of illicit substances or alcohol (list not exhaustive).

The [MCA code of practice](#) indicates that a person with fluctuating capacity may be supported to make the decision (4.26). This could include supporting an individual to make a record of their views and wishes in moments where they have capacity, to help guide what course of action should be taken at the points when they do not have the capacity to make the decision(s) in question. This could include looking at risk – for example, when someone is under the influence of drugs or alcohol, how do the risks change?



[RB Greenwich v CDM provides an example of fluctuating capacity relating to micro-decisions.](#)

If it is a one-off decision, then it may also be possible to put off the decision until the person has the capacity to make it consider timing and location of your assessment. In such circumstances, it is important to clearly record the person's decision and why you consider that the person had capacity to make it. Other decisions need to be repeated over a period – for example, the management of a physical health condition that requires a number of 'micro-decisions' over the course of each day. In these circumstances, it is important to seek the views from others involved in the care and treatment of the person.

What happens if the person does not have capacity

When it is determined that a person does not have capacity to make a specific decision, then a decision will need to be made in their best interests. A best interests decision should be made on their behalf, involving other professionals and anyone with an interest in the person's welfare (such as members of the family). The less restrictive response to a person's rights and freedoms option should always be preferred.

Where the decision is a complex one, there may be a need to involve the Court of Protection to make the best interests decision e.g. where someone lacks capacity but is objecting to the intervention or family members are in dispute.

What happens if the person does have capacity

If a person is assessed as having capacity, this should not equate to abandonment; support should be offered with reasonable adjustments to suit the persons wishes. This should involve robust risk assessment and risk management planning. We also need to consider a person's vital interests and risks to others. In cases where the risk is high, a referral to the high-risk panel may be appropriate. There may also be cause to consider possible legal routes to mitigate risk.

Risk assessment

One key challenge is to ensure that agencies reach a shared understanding of whether thresholds for collective concern and action are reached. It is important to undertake a risk assessment which considers an individual's preferences, histories, circumstances, and lifestyle to achieve a proportionate and reasonable tolerance of acceptable risks. While there are no objective measures of self-neglect, the use of resources such as clutter-rating images can be helpful in determining the scale and level of self-neglect, and shared risk assessment tools are helpful in evaluating levels of risk.

A risk assessment will help to inform whether there are immediate actions that need to be taken i.e., where someone's life is at risk. The starting point however for most interventions should be to encourage the person to do things for themselves. This approach should be revisited regularly throughout the period of the engagement, and any risk assessment should be shared with relevant partners and the adult at risk. All efforts and the responses of the person to this approach should be recorded fully.

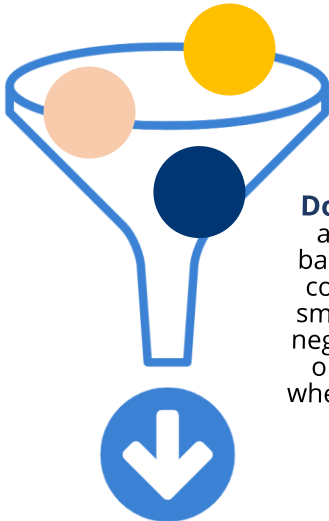


[Access more guidance and templates to support you in assessing and responding to risk](#)

Interventions

Self-neglect presents in a number of different ways, and each case will require tailored interventions. Research evidence has shown that whichever methods are used to intervene in self-neglect, building a relationship of trust is the key to successful negotiation to implement measures that reduce risk and improve wellbeing. Practical help can also be valuable.

Being: Respect, empathy, reliability, honest and care, being present, keeping company, being human.



Relationship

Knowing: The person and their history. Professional knowledge.

Doing: Hand-off and hands-on balance, building consensus over small steps while negotiating larger ones, deciding when intervention is essential.

Self-neglect practice involves a complex interaction between 'Knowing, Being and Doing' - integrating knowledge, skills and use of self.

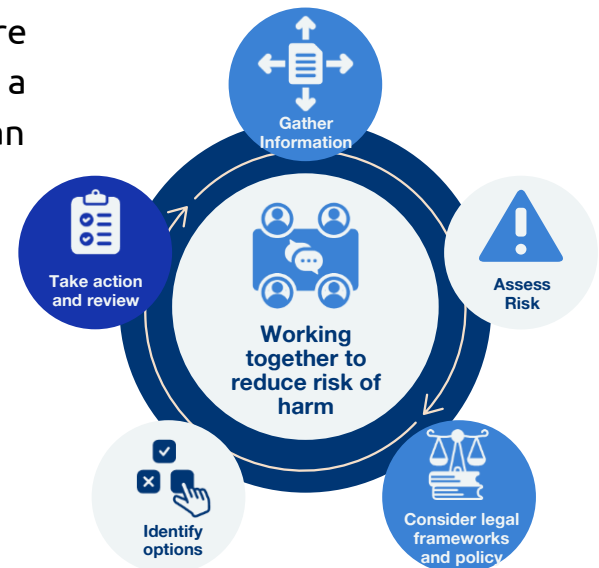


To access tools to support your planning and interventions, take a look at [RIPFA's self-neglect practice tool](#).

Multi-agency responses

Successful responses to self-neglect require involvement and collaboration of different agencies and practitioners. Safeguarding Adults Reviews have frequently identified failings in multi-agency coordination as contributing to negative outcomes for individuals, so it is important to ensure structures are put in place to support effective multi-agency working.

Multi-agency meetings are often the best way to ensure effective information sharing and communication, and a shared responsibility for assessing risks and agreeing an action plan. Ensuring meetings with a clear agenda for discussion are convened promptly when the initial concerns are raised should be considered standard practice, in order to offer an effective response to the adult.



[Access template to guide multi-agency responses and planning.](#)

Hoarding

Self-neglect can sometimes include hoarding behaviour. Professionals will come across different types of concerning environments and it is important to fully understand a person's situation first, because people can have cluttered homes without having a hoarding disorder. The NHS summarises hoarding disorder as "where someone acquires an excessive number of items and stores them in a chaotic manner. The items can be of little or no monetary value and usually result in unmanageable amounts of clutter."

Hoarding is now widely considered as a mental health disorder and in 2017 the World Health Organisation added Hoarding Disorder as a new category under obsessive compulsive disorder (Code: 42.3). The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

Many hoarders will never seek help themselves and are often difficult to treat. They may deny that there is a problem, rationalise the situation and/or display a low motivation to change.



Listen to [Keith's story](#) to understand more about how hoarding can impact on an individual.
(Birmingham SAB)

Home Fire Safety Visits (HFSV)

Where a person's home environment becomes cluttered through the excessive hoarding of items, the risk of a fire occurring increases, and it is more difficult for adult's living within the property to evacuate safely. It can also impact on the safety of those living nearby. Partners and agencies who work or engage with **very high risk** people should refer them immediately for a HFSV. **A new 24-hour phone number is available** for this purpose and agencies can call **0208 536 5955** to book an immediate HFSV. This will ensure that the concern will be addressed within four hours.

LFB would categorise an individual as being **very high risk** if they have **all of the following six characteristics:**

- smoker
- living alone
- over 60 years old
- in receipt of care (informal, formal or both)
- no working smoke alarms in their home
- user of mobility aids, or chair/bed bound



To access more support and information around home fire safety visits, [download our home fire safety guide.](#)

A very high-risk individual can also be identified if they are at risk or are a victim of **arson**. In all other cases where it is felt that a HFSV is needed, partner agencies should call **0800 028 4428**, where they will be asked a series of triage questions to determine the risk, which will determine how quickly the person receives a HFSV from a local crew. Not everyone will need a home visit, and those who fall into a lower risk category can use the online [Home Fire Safety Checker](#).

Escalation and management oversight

Should the risks remain significant or increase following usual multi-agency responses, or where there are inter-agency disputes, concerns should be escalated via usual operational management routes. Management oversight will support practitioners to clarify their thinking, be clear about potential risks and aims, and be supported to discuss issues.

Where there is a need to escalate concerns within partner agencies, line managers or safeguarding leads should liaise with their equivalent in the other agency, with consideration of relevant legislation, policies, procedures and guidance. Where necessary, this may be escalated further within management structures.

We should seek to achieve a timely resolution at the earliest opportunity, and any immediate risks should be addressed regardless of any ongoing disputes.

At all times, we must also ensure that the person is at the centre of the process, their voice is heard and wherever possible their views and wishes inform the actions taken

Role of the High-Risk Panel

Where a case is particularly complex and where professionals feel stuck with what to do next, a referral to the high-risk panel may be appropriate. The panel will consider case presentations for situations which have already been considered within partner agencies risk assessment processes and multi-agency frameworks, and where there remains a significant risk. This could include risk within the following areas:

- Home Fire Safety
- Unwillingness or inability to tend to personal care, health and living conditions
- Ongoing needs or behaviour which places a person at significant risk

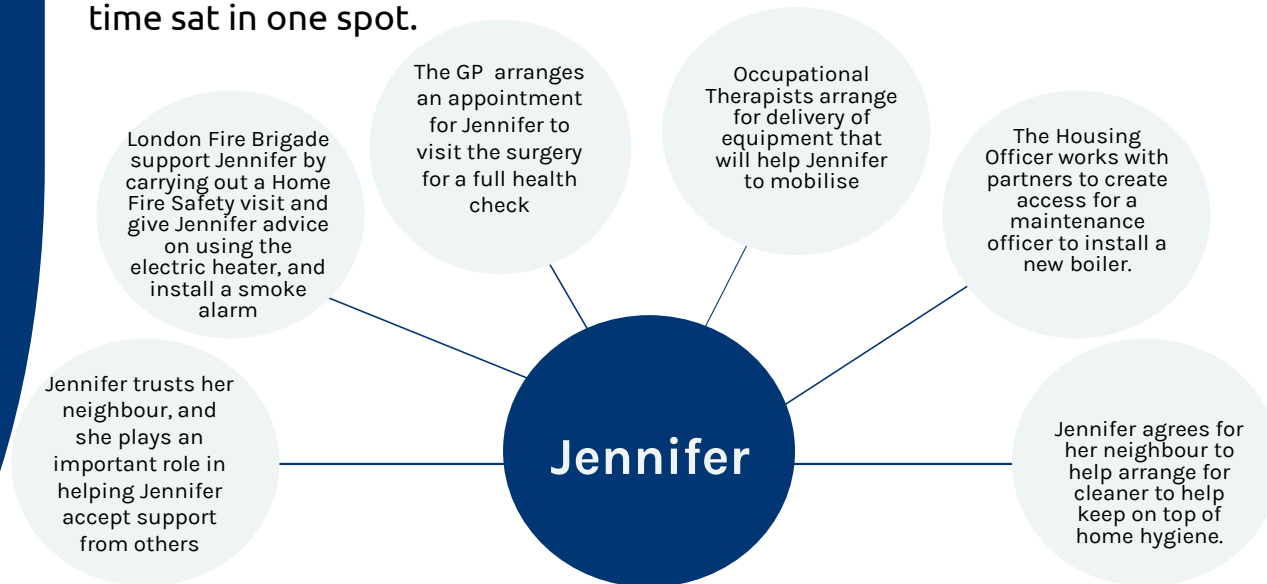


To read the full Terms of Reference for the High-Risk Panel and access the referral form, [please visit our website.](#)



Case Example: Jennifer

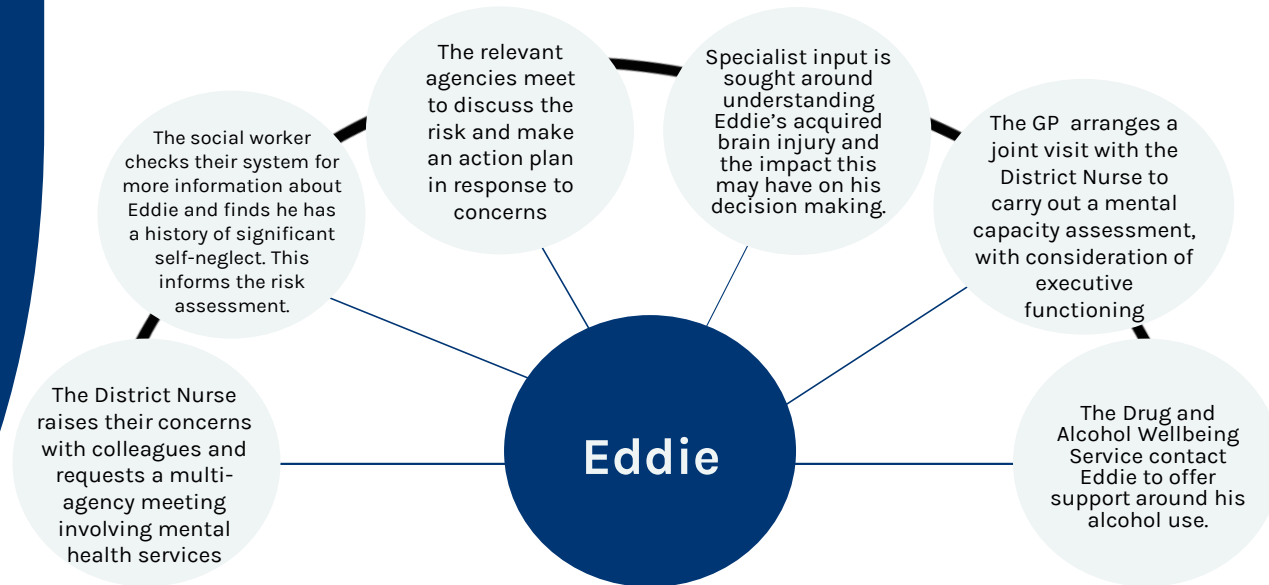
Jennifer is in her 70s and lives alone in her council owned property. Jennifer's neighbour tells the housing officer she is worried that Jennifer may be self-neglecting. Her flat has a lot of clutter, including papers and old clothes, and there is a strong smell coming from the property. Jennifer's boiler is broken, and she has been using an electric heater to keep warm, kept close to her bedding; it is not clear how long this has been the case. Jennifer is also spending a lot of time sat in one spot.



The above shows how different agencies play their role in responding to the concerns about Jennifer's possible self-neglect by offering her actionable, practical solutions and utilising existing relationships.

Case Example: Eddie

Eddie is in his late 60s. Eddie has a range of physical health conditions, including diabetes, and previously suffered an acquired brain injury, believed to be linked to excessive alcohol use. He has a package of care in place to support with daily living, and has previously been known to mental health services. The District Nurse who supports Eddie with his diabetes medication and wound management notices that Eddie is routinely ignoring advice and removing dressings, and that there are a number of empty alcohol bottles by his bed.



The above shows how different agencies come together to discuss the known risks to Eddie and agree the next steps, with some example actions shown. This helps to share the risk and build a team around Eddie.

Legal Frameworks

Care Act 2014

Section 42: Adult Safeguarding enquiries, Section 11: Right to carry out an Assessment even if person capacitated and refusing, Section 9: Assessment of needs

Human Rights Act 1998

In cases of self-neglect, articles 2 (the right to life), 5 (the right to liberty and security) and 8 (the right to private and family life) are of particular importance. These are not absolute rights: they can be overridden in certain circumstances (for example, protection of health, prevention of crime). However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration.

Mental Capacity Act 2005

Where an individual who is self-neglecting is unable to agree to have their needs met because they are assessed as lacking mental capacity to make specific decisions in relation to this, then the principles of the Best Interests process must be followed in line with the Mental Capacity Act.

Housing Act 2004

Allows Local Authorities to carry out a risk assessment of residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. Provide grounds for eviction of a tenant in certain circumstances

Public Health Act 1984

Section 31-32 - local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases.

Prevention of damage by pests Act 1949

Section 4: Power of Local Authority to require action to prevent or treat rats and mice

Environmental Protection Act 1990

Section 80: Gives the local authority a power of entry to deal with a statutory nuisance e.g. something that causes a serious and unreasonable interference with a person's right to enjoy their property, or damages health in terms of the threat of disease.

Mental Health Act 2007

Section 135 – if a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety.

Rights of Entry Act 1954

(Gas & electricity boards)

A representative of a gas or electricity supply company can apply for a warrant of entry to premises to inspect or read the meter, to install a prepayment meter, or to disconnect the supply.

Animal Welfare Act 2006

Makes it an offence to cause an animal to suffer where that suffering is unnecessary, and also places a duty on people to meet the welfare needs of animals that they are responsible for.



Access Alcohol Change UK's [guide on how to use legal powers to safeguard highly vulnerable, chronic dependent drinkers](#), including how to effectively use legal powers in practice.

Inherent Jurisdiction

The inherent jurisdiction of the High Court can be used to protect people who have the mental capacity to make decisions but cannot exercise that capacity freely.

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 person to 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.

Key messages



Relationships

Relationship building is crucial. Try to really get to know the person and 'get alongside' them; show interest and concern. Communicate clearly and regularly with the person.



Curiosity

Try to find out why the person is self-neglecting - this may be connected with trauma, grief, mental health episodes or other experiences. Don't just look at the current picture; try to piece together the person's life story and find out what is important to them.



Risk

Undertake a thorough risk assessment and explain your concerns openly to the person who is self-neglecting



Support

Look at the person's family network and any community networks and think about how these might help support the person.



Partnership

Be clear about your role and responsibilities and those of others. Think about how to link up with other agencies involved to ensure a joint approach. Share the risk and ensure that everyone understands that persistence and commitment require time.



Decision-Making

Consider mental capacity in relation to the decisions which need to be made. Also consider the possibility of **fluctuating capacity** and the person's **'executive functioning'** - they may appear to understand but can they/will they see the decision through in action?



Patience

Be patient and work at their pace. Be prepared for long-term involvement - self-neglect situations are rarely resolved quickly.



Understanding

The term 'self-neglect' can be perceived as a very stigmatising and emotive term - be careful how you use it. Don't dismiss self-neglect as a 'lifestyle choice' or take an initial rejection of support as final. Work on shared goals, not goals based on how you think they should live.

Local services and resources

H&F Adult Social Care

To request a needs assessment to explore what type of support an adult may need to live independently, please [complete Adult Social Care's contact form](#).
If you are concerned that an adult with care and support needs is experiencing abuse or neglect, [tell Adult Social Care about the concerns](#).

NHS West London Single Point of Access

For help in advice relating to mental health crisis or emergency, you can call 0800 328 4444 – this is a 24 hour helpline.
For non-urgent support the person should be supported to speak to their GP in the first instance. Other professional referrals can be emailed to wlm-tr.wlmhtspa@nhs.net -[see the WL NHST website to access guidance and the referral form](#).

H&F Drug & Alcohol Wellbeing Service

This service provides a range of support, from one-to-one key working, group work, prescribing and access to in-patient options. The team will support individuals to build a treatment plan based on your circumstances. [Find out more on their website](#).

London Fire Brigade

Access specialist advice, risk assessment tools and links to the online home fire safety checker via the [London Fire Brigade website](#).

Hoarding UK

[Hoarding UK](#) is a UK-wide charity that seeks to support people affected by hoarding behaviours. They offer advice and support, alongside advocacy services.

Local services and resources

H&F Housing Floating support service

Housing floating support is a free, short-term service to residents in the borough who are having difficulties managing their home, helping to improve your skills and confidence and support individuals to make their own decisions. To find out more about this service and access the application form, [visit the LBHF website](#).

Note: Partners also have a duty to notify the council if you think someone you are working with may be homeless or threatened with becoming homeless – [access the duty to refer form here](#).

H&F Pest Control

Part of H&F Environmental Health service, the pest control team can support with residential pests. For inquiries, call 020 8753 1081, email pestcontrol@lbhf.gov.uk or [visit the pest control web page](#).

H&F Cost-of-living support

H&F council have outlined support available relating to paying energy bills, help with food, benefits and money advice, and much more. [To find out more, visit the LBHF website](#).

Advocacy Services

[Libra Partnership](#) provide statutory independent advocacy services in Hammersmith & Fulham. Visit the website or call them on 0333 305 1329.

Advocacy can also be accessed via [Action on Disability](#), [H&F Mencap](#), or [Hammersmith, Fulham, Ealing and Hounslow Mind](#).