



**Partners in  
preventing  
abuse and  
neglect**

**SELF-NEGLECT**

Kirklees Multi-agency policy  
and practice guidance

January 2020 (updated 2024)

Foreword from the Chair of the Kirklees Safeguarding Adults Board (KSAB)	1
1 Introduction	2
2 Multi-agency approach	2
3 Aim of the Policy and Practice Guidance	3
4 Definitions	4
4.1 Self-neglect	4
4.2 Self-neglect key indicators	5
4.3 Self-neglect contributory factors	6
4.4 Links with Hoarding and Multi-agency Hoarding Framework	6
4.5 Risk	7
4.6 Links with Adult Safeguarding	8
5 Key agencies and their roles	10
6 Making Safeguarding Personal	14
6.1 Mental Capacity and Self-neglect	15
6.2 Guidance on assessing Mental Capacity in connection to self-neglect	15
6.3 Advocacy and support	17
6.4 Consent and choice	17
6.5 Duty of Care	18
6.6 Information sharing - the context and principles	18
7 Safeguarding Children	20
8 Support and supervision arrangements for professionals	20
9 Procedures	21
9.1 Assessment and screening	21
9.2 Appropriate procedure to respond to risk	22
9.3 The scope of this policy does not include	23
9.4 Referral process	23
9.5 Multi-Disciplinary Meeting	24
9.6 Risk Escalation Conference	26
9.7 Record keeping, information sharing and confidentiality - working it out in practice	28
APPENDIX 1: Assessment Guidance example questions – Do's and don'ts when talking to someone	30
APPENDIX 2: Example questions to assess decisional and executive function of mental capacity	33
APPENDIX 3: Legislation	35
APPENDIX 4: Links and further reading and feedback details	37
APPENDIX 5: Self-neglect Pathway flowchart	38
APPENDIX 6: The Multi-agency risk assessment guidance tool and referral form	41
<u>APPENDIX 7: Important note re: Emails to Gateway To Care</u>	55
Document Control	56

## Foreword from the Chair of the Kirklees Safeguarding Adults Board (KSAB)

Self-neglect is a complex area of work and often arises from a wide range of causes. Safeguarding Adult Reviews (SARs) frequently highlight self-neglect signs and symptoms as a factor in or indicators of subsequent serious events that have resulted in life threatening consequences or even death.

In Kirklees we have a well-established and effective Safeguarding Adults Board and its core purpose is to be assured that statutory partners fulfil their responsibilities to protect those adults at risk as defined in legislation and guidance. The board has been proactively developing its broader role in promoting the wider understanding that safeguarding is a responsibility for everyone. This means as well as having oversight of swift and effective responses to claims of abuse, the board also has a key priority to promote an environment where abuse is prevented. The board accepts that, while self-neglect is not necessarily a form of abuse carried out by others, it is nevertheless board business because of the serious risk of harm to individuals who are often unable to help themselves.

The Care Act 2014 Statutory Guidance includes self-neglect in the categories of abuse or neglect relevant to safeguarding adults with care and support needs. Therefore, where there is a serious risk to the health and wellbeing of an individual, self-neglect should be considered as a potential safeguarding concern. Carrying out assessment and intervening appropriately may present challenges, particularly where if the individual is reluctant to engage.

Our Joint Multi-Agency Safeguarding Adults Policy & Procedures promote 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.

Fundamental to overcoming reluctance and barriers to engaging with individuals, where self-neglect is identified, is adherence to the core principles of 'Making Safeguarding Personal'. Balancing the response with the individual's right to self-determination, this approach supports interventions that are proportionate to the level of risk involved.

The Safeguarding Adults Board expects partner agencies to work collaboratively and effectively together, ensuring that the most effective plan of intervention is applied to complex self-neglect situations. This Policy and Practice Guidance applies to all agencies and professionals within the Kirklees area who are working with or supporting people who may self-neglect.

In Kirklees there is a separate Multi-Agency Hoarding Framework to assist practitioners work with situations of hoarding, and we have sought to strengthen the links between self-neglect and hoarding. A person-centred response may require practitioners and their managers to consult both this Policy and Guidance, and also the Hoarding Framework and then decide which approach best assists the individual concerned.



Mike Houghton-Evans  
Independent Chair

## 1. INTRODUCTION

- 1.1** This Policy and Practice Guidance is produced and endorsed by the Kirklees Safeguarding Adults Board (KSAB) within the context of the duties set out in paragraph 14.2 of the Care Act (2014) Care and Support Statutory Guidance<sup>1</sup>. It should routinely be referred to where an adult at risk is believed to be self-neglecting.
- 1.2** Under Section 42 of the Care Act 2014<sup>2</sup>, Safeguarding duties apply to an adult who meets the following criteria:
- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
  - is experiencing, or at risk of, abuse or neglect; and
  - 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.
- 1.3** An adult who meets the above criteria is referred to as an 'adult at risk'<sup>3</sup>. Safeguarding duties also apply to family carers experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations they are in contact with.
- 1.4** This document is to be used in conjunction with the [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure](#) and the [Multi-Agency Hoarding Framework](#) and individual organisations' internal policies and procedures.

## 2. A MULTI-AGENCY APPROACH

- 2.1** Research suggests that on average between 2% and 5% of the population experience varying degrees of self-neglect. It may be that some individuals will not meet the criteria for any one or a number of agencies' or organisations' thresholds and as such, previous experience of attempting to engage may have limited or no success. These factors increase the risk of harm for the individual and should be identified as risk indicators that may prompt action under these self-neglect procedures.
- 2.2** The KSAB has identified that responding to self-neglect is a multi-agency priority and there is an expectation that:
- Under Sections 9 and 11 of the Care Act 2014, 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 is making a capacitated or incapacitated refusal of assessment. The lead agency will be determined by the predominant presenting issue.
  - in line with Section 6 and 7 Care Act 2014, all partner agencies will engage and cooperate when this is requested by the lead agency as appropriate or required; and
  - where an agency is the lead agency, depending on the circumstances of

---

<sup>1</sup> The Care and Support Statutory Guidance (Issued under the Care Act 2014) Department of Health 2014 updated August 2017

<sup>2</sup> Care Act 2014 Section 42 (1)

<sup>3</sup> Previously referred to as 'Vulnerable Adult'

each case, they take responsibility for coordinating multi-agency partnership working;

- all partner agencies will maintain a robust data information system to self-neglect and hoarding, with the aim that this should inform service delivery, justify decisions taken, identify trends and gaps, and identify the need for resources.

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)<sup>4</sup> and the Care Act (2014)<sup>5</sup> in accordance with the Wellbeing Principle<sup>6</sup> and Safeguarding Principles<sup>7</sup>, must act in accordance with the requirements of public law.
- 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.

### 3. AIM OF THE POLICY AND PRACTICE GUIDANCE

**3.1** The purpose of this policy and practice guidance is to reduce risk and wherever possible, prevent serious injury or death of individuals who appear to be self-neglecting by ensuring:

- individuals are empowered as far as possible, to understand the implications of their actions and/or behaviours;
- there is a shared, multi-agency understanding and recognition of the issues including those involved in working with individuals who self-neglect;
- there is effective multi-agency working and practice and concerns receive appropriate prioritisation;
- that all agencies and organisations uphold their duties of care;
- there is a proportionate response to the level of risk to self and others.

### 3.2 This is achieved through:

- 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;
- aiding recognition of situations of self-neglect;
- increasing knowledge and awareness of the different powers and

---

<sup>4</sup> Human Rights Act Section 6 (3b)

<sup>5</sup> Care Act Section 1(4) and section 6(7)

<sup>6</sup> The "wellbeing principle" paragraphs 1.1 -1.6 chapter 1 Care and Support Statutory Guidance, Department of Health October 2014

<sup>7</sup> Empowerment, Prevention, Proportionality, Protection, Partnership, Accountability

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;

- promoting adherence to a standard of reasonable care while carrying out duties required within a professional role, in order to avoid foreseeable harm;
  - promoting a proportionate approach to risk assessment and management;
  - clarifying different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes, actions taken;
- and
- promoting an appropriate level of intervention through a multi-agency approach.

## 4. DEFINITIONS

The following definitions are relevant to this Policy and Practice Guidance:

### 4.1 Self-Neglect

4.1.1 There is no accepted national or international definition of self-neglect.

4.1.2 Gibbons et al (2006)<sup>8</sup> defined it 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 wellbeing of those who self-neglect and perhaps to their community”.

4.1.3 The Care Act Guidance<sup>9</sup> states that self-neglect covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a Section 42 enquiry<sup>10</sup>.

4.1.4 Social Care Institute for Excellence (SCIE) provided a framework for research into self-neglect identifying three characteristic areas:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or wellbeing.
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g. health or fire risks caused by hoarding).
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of

---

<sup>8</sup> Gibbons, S., Lauder, W. and Ludwick, R. (2006), Self-Neglect: A Proposed New NANDA Diagnosis. *International Journal of Nursing Terminologies and Classifications*, 17: 10–18. doi: 10.1111/j.1744-618X.2006.00018.x

<sup>9</sup> The Care and Support Statutory Guidance (Issued under the Care Act 2014) Department of Health 2014 updated August 2017

<sup>10</sup> Local Authority's Duty to Make Enquiries under Section 42 (2) Care Act 2014

one's environment.

Self-neglect can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment (e.g. learning disability or brain injury), religious or cultural beliefs or through personal choice. It can be triggered by trauma and significant life events. It can also be a personal or lifestyle choice. It is an issue that can affect people from all backgrounds.

An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on an assessment of the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

The assessment may decide on an alternative course of action which would not fall under safeguarding e.g. specialised expertise may be needed to support individuals with learning disabilities who may be seen to be self-neglecting (i.e. enlisting the support of dieticians for those who are not eating properly but have diabetes), or educating the individual in areas of household management that they may not have prior experience or knowledge of i.e. cleaning, emptying bins, etc.

The Self-neglect multi-agency risk assessment and referral tool (appendix 6) should be used when determining the pathway of a concern.

## 4.2 Key indicators

There is a continuum of indicators which, when combined, may indicate the presence of self-neglect. There is no clear point at which lifestyle patterns become self-neglect, and the term can apply to a wide range of behaviour and different degrees of self-neglect. The following list is not exhaustive and should be considered in conjunction with the risk assessment and referral tool on page 34 and all information within this document:

- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Portraying alternative lifestyles which some may perceive or judge to be eccentric behaviour
- Obsessive hoarding
- Poor diet and nutrition. For example, evidenced by little or no food in the fridge, or what is there, being mouldy
- Declining or refusing prescribed medication and / or other community healthcare support
- Refusing to allow access to health and / or social care professionals in relation to personal hygiene and care
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services

- Repeated episodes of anti-social behaviour – either as a victim or source of risk
- Being unwilling to attend external appointments with professionals in social care, health or other organisations (such as housing)
- Total lack of personal hygiene resulting in poor healing / sores, long toe nails, unkempt hair, uncared for facial hair, body odour, unclean clothing;
- Isolation; either of an individual or of a household or family unit
- Failure to take medication.
- Repeated referrals to Environmental Health

**Please note:**

**Whilst an aid to decision making, it is essential to recognise that the use of the key indicator list and risk assessment and referral tool are not eligibility mechanisms in their own right. There should always be the overlay of a sensitive application of professional judgement.**

### 4.3 Contributory factors

Self-neglect involves the complex interplay of physical, mental, social, personal and environmental factors, all of which must be explored in order to understand the meaning of self-neglect in the context of each individual's life experience. This will assist professionals to intervene in the most applicable way while assisting individuals to recognise and address the root causes of their circumstances. This list is not exhaustive:

- *Physical health issues*
  - Impaired physical functioning
  - Pain
  - Nutritional deficiency
- *Mental health issues*
  - Depression
  - Frontal Lobe dysfunction
  - Impaired cognitive functioning
- *Substance misuse*
  - Alcohol
  - Other drugs
- *Psychosocial factors*
  - Diminished social networks; limited economic resources
  - Poor access to social or health services
  - Personality traits; traumatic histories/ life-changing events; perceived self-efficacy.

### 4.4 Links with Hoarding and the Multi-Agency Hoarding Framework

- 4.4.1 Sometimes, but not always, there are strong links between self-neglect and hoarding. Hoarding disorder was previously considered a form of Obsessive Compulsive Disorder (OCD) but is now considered a



standalone mental disorder. However, it can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice.

4.4.2 In Kirklees there is a separate [Multi-Agency Hoarding Framework](#) to assist practitioners working with situations of hoarding, but in any situation a person centred response is required. If there are elements of both hoarding and self-neglect, then the self-neglect pathway should be followed and the hoarding behaviour will be addressed as part of the self-neglect procedures and multi-agency involvement.

## 4.5 Risk

Perceptions vary about what constitutes intolerable risk or acceptable standards of risk. These vary among different people, including the adult at risk. It is important to gather information from a variety of sources before making shared multiagency decisions about the level of risk where possible, with the adult at risk remaining central to the process. The following indicators of harm may be used to gauge the level of risk posed:

### 4.5.1 Significant harm:

- Impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- The individual's life could be or is under threat
- There could be a serious, chronic and/or long-lasting impact on the individual's health physical/emotional/psychological well-being.

### 4.5.2 Significant risk:

Indicators of significant risk could include:

- History of crisis incidents with life threatening consequence;
- High risk to others;
- High level of multi-agency referrals received;
- Fluctuating capacity, history of safeguarding concerns / exploitation;
- Financial hardship, tenancy / home security risk; risk of eviction;
- Likely fire risks;
- Evidence of Domestic Abuse;
- Public order issues; anti-social behaviour / hate crime / offences linked to petty crime;
- Unpredictable/ unmanaged or unstable chronic health conditions;
- Significant substance misuse, self-harm;
- Network presents high risk factors;
- Environment presents high risks;
- History of chaotic lifestyle; substance misuse issues;

- The individual has little or no choice or control over vital aspects of their life, environment or financial affairs;
- History of frequent hospital admission/ paramedic call out;
- History of frequent calls to the Carephone service.

#### 4.6 Links with Adult Safeguarding

Where situations of self-neglect indicate that there is high/critical risk of significant harm, the [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure](#) should be used and a Safeguarding Adults Enquiry will be coordinated if adult safeguarding concerns are identified.

#### When should a Safeguarding Adult concern be raised?

- When an adult is living in the community and all avenues of support via multi-disciplinary agencies have been exhausted, yet the adult is placing themselves and others at risk of harm (i.e. this could be through environmental hazards).
- When an adult living in a care setting is refusing all support/encouragement to manage personal care needs including medication administration and all avenues of multi-disciplinary support have been exhausted (i.e. GP/Dementia specialist team/crisis intervention/CPN etc.).
- When an adult is living in a care setting and the provider fail to engage support from other professionals in trying to reduce the risks of self-neglect.

Attempts should still be made to seek the adult at risk's consent for the safeguarding adults enquiry to take place, however where this is not provided, consideration should be given as to whether consent should be overridden given the seriousness of the concerns. See [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure - Consent](#). This is so that the concerns can be fully explored on a multi-agency basis and reassurance can be provided that all possible options to manage risk have been attempted. If consent is to be over-ridden, the individual should still be advised of the decision to refer via the multi-agency procedure, unless it is believed that advising them will place them at further risk.

#### When don't I need to report a Safeguarding Adults concern?

- When an adult is living in the community and no steps have yet been taken to support the adult and or refer to multi-agency support services in a bid to reduce risks.
- When an adult is living in a care setting and the provider has referred to appropriate multi-disciplinary teams for support in addressing issues and reducing risks and there is evidence that they are doing all they can to support

the adult and reduce risks.

**Remember... in all situations you need to consider the capacity and rights of the adult at risk to make unwise choices.**

In self-neglect cases, the Safeguarding Adults Enquiry should include specific consideration of:

- The mental capacity of the adult at risk in relation to specific decisions.
- Involvement of the adult at risk (and/or their family/a representative), including in the development of a Safeguarding Adults Plan.
- Consideration of use of advocacy throughout the process
- A review of current arrangement for providing care and support. Does there need to be an assessment/reassessment/review? This should include any informal carer arrangements and assessments/reviews for the carers.
- Options for encouraging engagement with the adult at risk (**e.g. which professional is best placed to successfully engage? Who would the adult respond most positively to?**).
- Any legal options available to safeguard the adult. Legal advice must be sought.
- Whether there are any other people at risk (including children) and what action needs to be taken if this is case (see Links with Safeguarding Children).
- A contingency plan should the agreed Safeguarding Adults Plan fail.
- How agencies/professionals will keep in regular communication with each other about any changes or significant events/incidents.
- Escalation/notification to senior managers of the case.
- Support for front-line staff delivering services to the individual.

## **Fire Risk**

This is a particular issue in situations of hoarding but is also mentioned here because it can pose a significant risk to both the people living in the property and those living in adjoining properties as well as emergency services personnel. This may be neglecting household maintenance to the extent that the property becomes dangerous e.g. unsafe gas, electric, water or structural damage (unsafe floorboards, roof etc.) which is compromising and impacting on the health and wellbeing of the individual or another person visiting the property, or the inappropriate use of appliances for the wrong purposes i.e. drying clothes in the cooker.

Where an affected property is identified, occupants need to be advised of the increased risk and identify a safe exit route in addition to the need for smoke and carbon monoxide detection (alarms). Appropriate professional fire safety advice must be sought and a multi-agency approach may be required to reduce risk. This will assist West Yorkshire Fire and Rescue Service to respond appropriately, which may include a fire safety check as part of the

multi-agency approach. Once the risks have been addressed, records must be updated.

Please see link for more information about fire risk: [Kirklees Multi-Agency Hoarding Framework](#)

## 5 KEY AGENCIES AND THEIR ROLES

**These agencies have key roles in situations of self-neglect and also in hoarding cases**

### 5.1 Acute Hospitals and NHS Community Bed settings

Community based therapists and nursing staff are often the first people to observe hoarding and self-neglect related problems. These professionals can be key to identifying triggers and changes which are then fed into the multi-disciplinary team. Therapists who work in acute wards may identify self-neglect related behaviours when undertaking access visits or home visits to help inform the discharge planning process. Therapists can assess and report on how an adult's self-neglect or environment impacts on their overall ability to be safe at home and help determine the level of risk posed to the individual and others (family members, neighbours etc).

Discharge planning should commence as soon as possible to support good communication and effective multi-agency working in order to reduce risks following discharge.

If a patient is refusing medical treatment for their own sound reasons and the health care practitioner must make every effort to ensure that the person fully understands the risks of the refusal and continue supportive efforts to engage the person if appropriate.

### 5.2 Adult Social Care Services

In the majority of circumstances, the usual Care Act Assessment procedures will be the best route to provide an appropriate intervention. If assessed as having mental capacity to make informed decisions on the issues raised, then the person has the right to make their own choices. However, the social care practitioner must ensure that the person has fully understood the risk and likely consequences if they decline services. Involvement with the person should not stop at this point and efforts should be made to engage the person in the management of risks and to form a relationship with them to do this.

If the person is assessed as not having the mental capacity to make the relevant decisions then care should be provided in line with "best interest" principles (s.4 MCA). If any proposed care package might amount to a deprivation of liberty, consideration must be given as to whether it would be necessary to obtain authorisation under the DoLS procedure or an order from the Court of Protection.

Assessment of self-neglect should include assessment of any health issues such as impaired sight and mobility, pain issues, or long-term conditions that may be

contributing towards the self-neglect.

### **5.3 Ambulance Services**

Ambulance staff are called to people's properties in emergency situations and often access parts of the property that other professionals may not ordinarily see. They are able to assess an individual's living environment and physical health and often raise concerns with Adult Social Care Services and general practices. By its very nature, this is a brief observational assessment and may not give a holistic view.

### **5.4 Children's Services**

Safeguarding Children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. In particular, growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue.

The needs of the child at risk must come first and any actions taken must reflect this. Therefore, where children live in a property where there is an issue with safeguarding and/or hoarding, a referral should always be made to Children's Services.

### **5.5 Domiciliary Care, Reablement, Intermediate Care**

These services may be directly provided. Care agencies are commissioned by Adult Social Care Services, or self-funded by individuals to provide support to people in their own homes. Those providing the services have a role in both identifying people who self-neglect and hoard and in working with them.

### **5.6 Environmental Health Services**

Environmental Health Services have a range of powers to intervene where a property is in a condition that is prejudicial to health, or where the premises is materially affecting neighbouring premises.

Environmental Health is a frontline agency in raising alerts and early identification of cases of self-neglect. Where properties are verminous or pose a statutory nuisance, Environmental Health will take a leading role in case managing the necessary investigations and determining the most effective means of intervention. Where the individual is residing in conditions that only pose a threat to their own welfare, the powers available to Environmental Health may have limited or no effect. In cases involving persistent hoarders, the powers may only temporarily address and/or contain the problem. Therefore, utilising powers under public health legislation in isolation is often inappropriate due to the complexities of self-neglect and it may not be the most effective use of resources, particularly where a coordinated approach could provide immediate protection of the individual and others or promote a long-term solution.

## **5.7 Strategic Housing**

Under Part 1 of the Housing Act 2004, housing departments have powers to take enforcement action where there is any risk of harm to the health or safety of an actual or potential occupier of a dwelling or house of multiple occupation which arises from a deficiency in the dwelling or house of multiple occupation or in any building or land in the vicinity (whether the deficiency arises as a result of the construction of any building, an absence of maintenance or repair, or otherwise). The housing department can require access to residential premises in their district to assess if such a hazard exists. The duty to inspect the property is restricted to where there is an official complaint made either to the Justice of the Peace or local council. However, where there is evidence that there is imminent risk of serious harm to the health and safety of the occupier, the local authority has emergency power to serve a remedial action notice or emergency probation notice prohibiting the use of the property.

There are also powers to serve a deferred action notice and take emergency remedial action. There is no requirement that the property is owned by the local authority, nor is the capacity of the inhabitant relevant to the exercise of these powers. However, use of these powers in isolation will have limited effect on those who have persistent behaviours. The Housing Act powers cannot be used to remove hoarded items or address any health and safety problems that are the result of the owner's actions.

## **5.8 Mental Health Services**

Mental health services have a crucial role as for many individuals, hoarding or self-neglect are often the manifestations of an underlying mental health condition. Mental Health professionals may offer key insight into how best to intervene where the adult is self-neglecting or has a diagnosed mental health condition. Where relevant, powers conferred by the Mental Health Act 1983 (MHA) to Approved Mental Health Professionals (AMHP) enable the mental health service to take such steps as they consider necessary and proportionate to protect a person from the immediate risk of significant harm.

## **5.9 Police**

The police have powers of entry and so may be pivotal in gaining access to conduct assessments if all else fails. Under section 17 (1) (a) of the Police and Criminal Evidence Act 1984, the police have the power to enter without a warrant if required to save life or limb; or prevent serious damage to property; or to recapture a person who is unlawfully at large whilst liable to be detained.

## **5.10 Primary Health Services**

In some cases of chronic or persistent self-neglect, individuals who are reluctant to engage with Adult Social Care Services or other agencies may engage with primary health care services such as their GP, district nursing service etc. GPs and district nurses often carry out home visits to people with care and support needs and may be the first people to notice a change in the person's home

environment. Alternatively, failure to keep health appointments or to comply with medication may indicate self-neglect. As well as raising alerts and providing information, primary health services can be very effective in forming a relationship with the person and in addressing underlying concerns.

Primary health services should monitor those individuals who are engaged with their service and show signs of significant self-neglect. Monitoring might include a regular check in with, and offer of intervention to, someone who is reluctant to engage. If deterioration is such that risks to the person or to others are assessed as high by the health professional then a multi-agency response will be required.

#### **5.11 Private de-cluttering companies**

There are a number of private companies and not for profit social enterprises who offer specialist deep cleaning, decluttering and garden clearance services. Their staff should be specially trained to understand the complexities of hoarding and how to respond appropriately in sensitive circumstances. This option should be considered as part of a co-ordinated multidisciplinary response, in cases where hoarding is apparent.

#### **5.12 Private landlords/housing associations/registered social landlords**

Private landlords/housing associations and registered social landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. Where the tenant is responsible for the disrepair the landlord has a right of action, including ultimately seeking possession of the premises. The role of the landlord/housing association and powers afforded to them means that they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within multi-agency discussions.

#### **5.13 RSPCA**

Animal hoarders own a high number of animals for which they may be unable to provide adequate standards of nutrition, sanitation, shelter and veterinary care. Hoarders often care about their animals deeply but may not see or understand that the living conditions could result in animal neglect. This neglect can involve cramped, poor living conditions and in extreme cases, result in starvation, illness or death. Animal hoarders are often in denial about their inability to provide appropriate care for their animals and typically believe that no-one else can care for their animals like they do. Sensitivity is vital as animal hoarders often hold the belief that if they seek help, or allow external intervention, their animals will be euthanised or taken away from them. Professionals can contact the RSPCA who can offer advice and assistance to improve animal welfare, including giving people time to make improvements to their standards of care. Where assistance is declined, or in extreme cases of neglect, the RSPCA can consider prosecution under laws such as the Animal Welfare Act 2006.

#### **5.14 West Yorkshire Fire and Rescue Service**

West Yorkshire Fire and Rescue Service is best placed to work with individuals to assess and address fire risk and to develop strategies to minimise significant harm caused by potential fire risks in the home.

The Fire and Rescue Service will also raise alerts when called to or visiting addresses where significant risk is identified or where homes have damage because of a fire and the individual continues to live at that address.

The Fire and Rescue Service will raise alerts, carry out Safe and Well visits and offer advice to individuals assuring them of the necessity and principles of fire prevention in the home. The Fire and Rescue Service have on occasion managed to enter a home for a referral where home access is refused to other services due to the trusted nature of their work.

#### **5.15 Utility companies/building and maintenance workers**

Utility companies/ building and maintenance workers have an important role in the identification of hoarding and self-neglect as they visit people's homes to read meters, carry out inspections or carry out building/maintenance work. Engagement of utility companies and other companies/workers who enter peoples' homes is therefore important so that reports of hoarding and self-neglect can be received and appropriate action taken.

#### **5.16 Support available in the community**

There is a wide range of support and guidance available in the community. One of the difficulties of providing a list of such services is that it would not be exhaustive and would need regular updates and amendments to remain accurate and of value to practitioners.

In Kirklees, [Community Plus](#) provides a short term intervention of four to six contacts where community based solutions are explored with the person which can prevent, reduce and delay dependence and demand on statutory social and health care provision. Kirklees Community Plus is about helping and supporting people and families who might be struggling to have a better life, including people at risk of self-neglect, by connecting them with local resources, groups and individuals. Community Plus teams have a vast amount of knowledge about what support is available throughout Kirklees and how to access this support.

### **6. MAKING SAFEGUARDING PERSONAL**

Making Safeguarding Personal is about seeing people as experts in their own lives and working alongside them in a way that is consistent with their rights and capacity and that prevents harm occurring wherever possible. Safeguarding should be person-led and outcome focused, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Most importantly it is about listening and providing the options that support individuals to help themselves.



Whilst every effort must be made to work with adults experiencing abuse within the present legal framework, there will be some occasions on which adults at risk will choose to remain in dangerous situations. It may be that even after careful scrutiny of the legal framework, professionals will conclude that they have no power to gain access to a particular adult at risk.

Professionals may find that they have no power to remove the adult from a situation of risk or intervene positively because the adult refuses all help or wants to terminate contact with the professionals. In these extremely difficult circumstances, professionals will be expected to continue to exercise as much vigilance as possible.

When all other options to reduce risk have been considered and attempted through the self-neglect pathway, support planning and multi-agency working, this may lead to a referral to the [Risk Escalation Conference](#).

## 6.1 Mental Capacity and Self-neglect

The Mental Capacity Act (MCA) 2005 provides a statutory framework for people who lack the capacity to make decisions by themselves. The Act has five statutory principles:

1. A person must be assumed to have capacity unless it is established that they lack capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps have been taken without success
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision
4. An act done, or decision made under this act for, or on behalf of, a person who lacks capacity must be done, or made in his or her best interests
5. Before the act is done, or the decision is made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

## 6.2 Guidance on assessing Mental Capacity in connection to Self-neglect

**6.2.1** When concerns about self-neglect are raised, there is a need to be clear about the person's mental capacity<sup>11</sup> in respect to the key decisions in relation to the proposed intervention. Any intervention must be lawful, necessary and pursue a legitimate aim.

**6.2.2** If there are any doubts about the person's mental capacity, especially

---

<sup>11</sup> Mental Capacity Act 2005

regarding their ability to 'choose' their living conditions or refuse support, then where possible a mental capacity assessment should be undertaken. In extreme cases of self-neglect and/or hoarding behaviour, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity.

- 6.2.3** The professional responsible for undertaking the capacity assessment will be the professional who is proposing the specific intervention or action and is referred to as the 'decision maker'. Although the decision maker may need to seek support from other professionals in the multidisciplinary team, they are responsible for making the final decision about a person's capacity.
- 6.2.4** There may be circumstances in which it is useful to involve therapists in capacity assessments. For example, Occupational Therapists where the decision is around managing tasks within the home environment or Speech and Language Therapists where the person has communication difficulties.
- 6.2.5** Strong emphasis needs to be placed by practitioners on the importance of interagency communication, collaboration and the sharing of risk. The autonomy of an adult with capacity should be respected including their right to make what others might consider to be an "unwise decision". However, this does not mean that no further action regarding the self-neglect is required. Efforts should be directed to building and maintaining supportive relationships.
- 6.2.6** Capacity assessments may not take full account of the complex nature of capacity. Self-neglect and adult safeguarding: findings from research, [SCIE Report 46: Self-neglect and adult safeguarding: findings from research](#) highlights the difference between capacity to make a decision (decisional capacity) and capacity to actually carry out the decision (executive capacity). However, this distinction does not currently exist in policy or guidance.
- 6.2.7 NB:** It is good practice to consider or assess whether the person has the capacity to act on a decision that they have made (executive capacity). See Appendix 2 for guidance on assessing executive capacity in relation to self-care.
- 6.2.8** Any capacity assessment carried out in relation to self-neglect and or hoarding behaviour must be time and decision specific and relate to a specific intervention or action. If the person is assessed as not having capacity to make decisions in relation to their self-neglect, then any decisions should be made following the best interests process, which includes taking into account the person's views and taking the least restrictive action. Due to the complexity of such cases, there must be a Best Interests Meeting, chaired by a manager or other senior or experienced professional from the appropriate organisation and

appropriately recorded in formal minutes. Additionally, consideration should be given as to whether an Independent Mental Capacity Advocate (IMCA) should be instructed. Fluctuating capacity should be considered and evidenced.

- 6.2.9** In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (COP) to make the best interests decision.

## 6.3 Advocacy and Support

- 6.3.1** It is essential to ensure all efforts are made to include the person considered at risk of self-neglecting and ensure that they are consulted with and included in discussions. Concerns should be raised directly with the adult at the earliest opportunity. If there is concern that the person has substantial difficulty participating in any aspect of the process, the involvement of an independent advocate or appropriate friend or family member **must** be considered for the individual.<sup>12</sup> The involvement of a family member does not negate a referral to an Independent Mental Capacity Advocate (IMCA) where relevant.

## 6.4 Consent and Choice

- 6.4.1** Where an adult has mental capacity in relation to the relevant decisions, any proposed intervention or action must be with the person's consent. The exception is if it is in the public interest where other people are affected or circumstances where a local authority or agency exercises their statutory duties or powers. See Appendix 3.
- 6.4.2** If 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 levels of risk.
- 6.4.3** Where a self-neglecting individual chooses not to accept a positive change to their circumstances, professionals working with them have a responsibility to explore that choice through respectful challenge and tactfully expressing concerned curiosity. Professionals need to explore the extent to which "choice" is in fact chosen, taking into account potential contributory factors to the individual's situation which may shed light on their resistance. Examples could be undue influence by a third party being the reason that an individual declines intervention, a deep-seated fear of care home placement, or where the fear of losing one's pets stops someone from accepting intervention.
- 6.4.4** In the most high-risk cases where an adult has been identified as potentially

---

<sup>12</sup> Section 67 & 68 Care Act 2014

self-neglecting, is refusing support, and in doing so is placing themselves or others at risk of significant harm, a referral should be made as outlined in the self-neglect pathway in Appendix 5.

**6.4.5** An adult at risk with no disturbance or impairment in the functioning of the mind may be entitled to the protection of the Inherent Jurisdiction<sup>13</sup> of the High Court if he/she is, or is reasonably believed to be, incapacitated from making the relevant decision by reason of such things as constraint, coercion, undue influence or other factors such as mental disorder or mental illness. They may also be reasonably believed to be, for some reason, deprived of the capacity to make the relevant decision, or disabled from making or expressing a free choice or genuine consent.

**6.4.6** Irrespective of this provision, adults with the mental capacity to make their own, sometime-unwise decisions, remain responsible for their own actions and any associated risk (however, as previously stated, this does not preclude them from professionals' continued efforts to engage).

## 6.5 Duty of Care

**6.5.1** Safeguarding adults at risk of harm often creates a tension for professionals between promoting an adult's autonomy and their duty to try to protect them from harm. Respect for autonomy and wellbeing should be taken into account. The duty of care 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. It means supporting an individual to achieve their chosen outcomes while maximising safety as far as practicable.

**6.5.2** The Kirklees Safeguarding Adults Board has a responsibility to ensure that partner agencies protect Kirklees residents from foreseeable harm with consideration being given to others who may also be at risk, at which point an individual's autonomy may potentially be overridden in the public interest. The overall aim is not to be bureaucratic or paternalistic but to empower individuals to take control of shaping their own lives wherever possible and lead the pace of intervention.

**6.5.3** Respect for autonomy does not mean abandonment. Working with self-neglecting adults often requires persistence over a long period rather than time-limited involvement.

**6.5.4** **NB** this policy requires that all cases of self-neglect and hoarding assessed as high-risk will not be closed prior to multi-disciplinary agreement and a clear record of all protective measures and shared decision making should be kept.

---

<sup>13</sup> Inherent jurisdiction is a doctrine of the English common law that a superior court has the jurisdiction to hear any matter that comes before it, unless a statute or rule limits that authority or grants exclusive jurisdiction to some other court or tribunal

## 6.6 Information sharing between partners: the context and the principles

- 6.6.1** Sharing the right information, at the right time, with the right people, is fundamental to good safeguarding practice. Despite this, it is sometimes viewed as a difficult area by some staff when it is necessary to share information between different organisations. Although decisions about what information to share and with whom should be taken on a case by case basis there is legislation, professional guidance, and organisational policies to support this.
- 6.6.2** Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, General Data Protection Regulation (GDPR) and the Data Protection Act; the Human Rights Act 1998 and the Crime and Disorder Act 1998. Section 45 of The Care Act 2014 places a duty on organisations to share information necessary to safeguard an adult at risk if requested to do so by the local authority.
- 6.6.3** The [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure](#) clearly states that information sharing between organisations is essential to safeguard adults at risk of abuse and neglect. It also affirms that effective information sharing has been highlighted as important in learning from local and national Safeguarding Adult Reviews, where poor information sharing has resulted in missed opportunities to safeguard an adult at risk.
- 6.6.4** Staff are also required to adhere to their own organisations internal policy and guidance on confidentiality, data protection, information security and sharing. Different professional groups also have codes of conduct that they must adhere to, for example the NHS Confidentiality Code of Conduct, which incorporates the Caldicott Principles.
- 6.6.5** Information sharing advice from the government often referred to as the 'Seven Golden Rules' outlines what individuals and organisations should consider before deciding whether to share information. Although this advice is intended for safeguarding practitioners working with children, young people and their carers, the principles apply equally to anyone working with adults at risk and their families. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and Human Rights legislation are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately. Human Rights concerns - respecting the right to a private and family life, would not prevent sharing where there are safeguarding concerns.
- 6.6.6** Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of the adult at risk of abuse

or neglect. Individual staff must also take responsibility for sharing the information they hold and cannot assume that someone else will pass on information, which may be critical to keeping an adult at risk safe.

- 6.6.7** [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure - Making Safeguarding Personal \(MSP\)](#) promotes the importance of using an MSP approach in safeguarding interventions. This recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Therefore staff should always seek consent from the adult they have concerns about to share their personal information with other agencies.
- 6.6.8** Adults may not give their consent to the sharing of safeguarding information for a number of reasons and as a first response staff should follow guidance included in the [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure - Consent](#) which includes exploring why consent is not given.
- 6.6.9** If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision and these are listed the [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure - Consent not given](#).
- 6.6.10** The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be to ensure the safety and wellbeing of the adult. It is therefore important to also consider the risk of sharing information. In some cases, such as domestic abuse or hate crime, it is possible that sharing information could increase the risk to the adult.
- 6.6.11** Staff should therefore seek advice from their line manager taking all of the above into account and carefully record the rationale for the decision to share or not share information.

## 7 SAFEGUARDING CHILDREN

- 7.1** Safeguarding Children is about protection from maltreatment, preventing impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. A child who resides with a carer who self-neglects can put a child at risk by affecting their development and in some cases, leading to the neglect of the child.
- 7.2** When addressing concerns of self-neglect and hoarding, professionals should determine whether there are children in the household who may need support or who are at risk. Where there are any child protection or child in need concerns,

these must be referred to Children's Services as a matter of urgency by contacting Duty & Advice team on 01484 414960.

## 8 Support and supervision arrangements for Professionals

Working in a complex and demanding situation can be stressful for operational staff, and situations involving self-neglect are among the most stressful. No single individual should be left feeling totally responsible for working with a situation involving self-neglect. The responsibility should be shared and seen to be shared.

Regular support and effective, well recorded, supervision must be provided to individual staff involved in complex self-neglect cases, especially where end of life is anticipated.

N.B. Line Managers are responsible for ensuring that staff involved in complex self-neglect cases have access to appropriate supervision. Sometimes Line Managers are not the right individuals to carry out the supervision themselves and it would be better to consider supervision from a safeguarding expert.

A clear multi-agency approach offers participants from all agencies the opportunity to share risk and offers mutual support. Meetings should be planned and recorded with this in mind.

Where a person is identified as the key contact to the person who is self-neglecting, it is important that they receive additional support from the multi-agency partnership as well as through line management arrangements.

## 9 PROCEDURES

Any organisation or individual that is concerned about an 'adult at risk' believed to be self-neglecting should follow the Self-Neglect Pathway (Appendix 5).

### 9.1 Assessment and screening

**9.1.1** An assessment using the **self-neglect risk assessment and referral tool** (Appendix 6) should be carried out by the most appropriate agency depending on the nature of the concerns. In most instances, this would be the referring agency. For example, where an individual is severely neglecting their health, the most appropriate lead agency may be a health partner such as District Nursing or Practice Surgery. Alternatively, Housing services or Environmental Health may be the most appropriate agencies to address hoarding and infestation while Social Care Services would intervene where individuals grossly neglect their personal care and other daily living activities. Assessments can also be carried out jointly on an interagency basis. This must be informed by the views of individuals themselves, wherever possible and practicable as well as by the views of carers and / or relatives where appropriate to consider level of risk.

**9.1.2** Specialist input may be required to clarify certain aspects of the adult's

functioning and risk. This includes considering the request for a Mental Health Act assessment where this appears to be appropriate. Another example would be a referral for psychological input. Where there are concerns about mental capacity, a mental capacity assessment must be considered at an early stage in relation to their ability to make informed decisions regarding the risks identified.

- 9.1.3** Building a positive relationship with individuals who self-neglect is critical to achieving change for them and ensuring their safety and protection. It is also key to maintaining the kind of contact that can enable interventions to be accepted with time.
- 9.1.4** It may be necessary to work creatively and across job roles in some instances to maximise engagement. For example, if the adult has developed a trusting relationship with one professional but declines the intervention of other agencies, that one professional may be guided by colleagues to ask other questions or assess other risk aspects that are pertinent to their respective roles pending further attempts at engagement.
- 9.1.5** Consider all members of the household when assessing needs and risks as in some cases, more than one family member may need an assessment in their own right.
- 9.1.6** Addressing self-neglect requires time and patience; improvements often take time to come to fruition, sometimes weeks, months or even longer. Short-term preventative interventions are unlikely to succeed so professionals will need to allow flexibility in such cases.
- 9.1.7** It is **NOT** enough or appropriate to solely write a letter offering intervention or asking the adult to make contact. People who self-neglect or hoard are unlikely to respond to written correspondence. Use a method of communication, which is best suited to the individual taking into account any and all of their communication needs.
- 9.1.8** See [Appendix 2](#) for examples of questions to ask during an assessment.

## **9.2 Consider appropriate procedure to respond to the risk**

- 9.2.1** There may be occasions when it is appropriate to follow another procedure to coordinate all or some aspects of the issues identified.
- 9.2.2** In Kirklees there is a separate [Multi-Agency Hoarding Framework](#) to assist practitioners working with situations of hoarding, but in any situation a person centred response is required. If there are elements of both hoarding and self-neglect, then the self-neglect pathway should be followed and the hoarding behaviour will be addressed as part of the self-neglect procedures and multi-agency involvement.
- 9.2.3** Where the adult at risk's ability to make the relevant informed decisions is in question, the principles of the [Mental Capacity Act](#) must be followed.



- 9.2.4** If there are any child protection or child in need concerns these must be referred to [Children's Services](#) as a matter of urgency.
- 9.2.5** 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 issues handed over to the practitioner/service taking responsibility for addressing the self-neglect as well as the other concerns. There must be clear documentation to evidence the handover of responsibilities if this is the case.
- 9.2.6** 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.

### **9.3 The scope of this policy does not include:**

Issues of risk associated with **deliberate self-harm**; the intentional infliction or physical damage or injury by an individual to their own body. Anyone who self-harms should be advised to see their GP or other relevant health professional.

### **9.4 Referral process**

An assessment using the [self-neglect risk assessment and referral tool](#) should be used.

If the screening scores yellow (low risk) in all domains, the referring agency should continue with intervention as appropriate and continue to monitor for changes in risk indicators. If the risk increases, following support, a referral to Kirklees Community Health and Social Care Hub should be made.

If the screening scores orange (medium risk) but no red (high risk) in any domain, then a self-neglect referral is made via [Contact adult social care services | Kirklees Council](#) requesting Adult Social Care (ASC) input, including uploading a copy of the 'self-neglect risk assessment and referral tool' (Appendix 6). ASC then carries out a person led assessment and comprehensive risk assessment with the person and holds a multi-agency self-neglect meeting with all relevant parties (and/or carers) to determine levels of risk and agree a self-neglect support plan. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency.

Review 6 weekly to monitor level of risk and continue with multi-agency response.

If the screening scores red (high risk) in any domain complete self-neglect risk assessment and referral form and send via [Contact adult social care services | Kirklees Council](#) requesting ASC input.

The Community Health and Social Care hub may speak to the referrer to gather more information and to determine if any adult safeguarding concerns are identified. **IF** adult safeguarding concerns are identified the concern will be referred to adult safeguarding

team for S42 enquiry and the [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure](#) will be followed.

**N.B.** If the multi-disciplinary meeting determines higher or lower risk than when first referred, change to and follow the appropriate pathway

If no adult safeguarding concerns are identified then Adult Social Care will carry out a person led assessment & comprehensive risk assessment with the person & hold a multi-disciplinary self-neglect meeting with all relevant parties to determine levels of risk and agree self-neglect support plan.

## 9.5 Multi-disciplinary meeting

**N.B.** A toolkit to support practitioners which includes templates for meetings and an action plan is available on CareAssess

**9.5.1** A multi-disciplinary meeting will be required when the risk has been identified as moderate or high/critical.

**9.5.2** The principles for arranging a multidisciplinary meeting are to consider:

- Capacity and consent
- Indications of mental health issues
- The level of risk to the adult's physical health
- The level of risk to their overall wellbeing
- Risk of tenancy or mortgage breach
- Effects on other people's health and wellbeing
- Serious risk of fire
- Serious environmental risk e.g. destruction or partial destruction of accommodation
- Support planning

**9.5.3 Suggested membership** (this list is not exhaustive)

Adult at risk and their representative(s)/advocate(s)  
West Yorkshire Fire and Rescue Service  
Yorkshire Ambulance Service  
Primary, Acute and Community Health Care Services  
Hospital Trusts  
Adult Social Care Services  
Children's Services  
Environmental Health  
West Yorkshire Police  
Strategic Housing  
Kirklees Neighbourhood Housing / Pinnacle PSG  
Community Wardens and Community Safety  
Care Agencies  
Community/Voluntary Sector/ Community Networks

#### **9.5.4 Guidance for multi-disciplinary meeting:**

Adult Social Care is responsible for convening the meeting and making arrangements such as venue, chairing and minute taking and will make arrangements to involve the individual concerned using the most appropriate agency to support them.

The multi-disciplinary meeting is collaboratively owned by participating agencies operating in Kirklees. It will be administered on behalf of the participating agencies by Kirklees Council Adult Social Care. The meeting should be chaired by the most appropriate agency.

A multi-disciplinary meeting should be chaired by the agency with the most involvement/knowledge/likely intervention with the adult. All relevant agencies should be invited, and there is an expectation that a deputy or at minimum a written report is sent where the main contact is unavailable (for example, a chronology of involvement).

This agency maintains lead responsibility for the multi-disciplinary process until the point of exit. If all attendees at the multi-disciplinary meeting have agreed that the process should cease (please complete 'Closure process for exiting Self-Neglect').

- Every effort must be made to engage with the individual and to enable them to communicate their views to the meeting
- 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 invitation extended to an informal advocate
- 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
- 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 to facilitate discussions around relevant legal options. This may include application to the Court of Protection where there are concerns about mental capacity or to the High Court (Inherent Jurisdiction) where the individual is believed to be mentally capacitated.
- An 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
- The chair of the multi-disciplinary 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.

**NB:** The chair is not responsible for ensuring that identified action points are correctly followed up. It is the responsibility of the lead practitioner/ each agency representative to ensure identified actions are implemented and followed up.

**9.5.5** Outcomes of the meeting will include the following:

- An action plan - including plans and escalation process
- Agreement of monitoring and review arrangements and who will do this
- An agreement of a communication plan with the individual / other key people involved
- An agreement regarding which agency/ies will take the lead in the case, and
- Agreement of any trigger points that will determine the need for an urgent multi-agency review meeting or referral to the [Risk escalation conference](#).
- If all attendees at the multi-disciplinary meeting have agreed that the process should cease (please complete 'Closure process for exiting Self-Neglect – appendix ).

**9.5.6** The person at the centre of the concern will be informed, irrespective of the level of their involvement to date, using a method of communication which is best suited to the individual taking into account any and all of their communication needs. It will set 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 reassessment. Careful consideration will be given as to how this written record will be given, and where possible explained, to the individual.

**9.5.7 Multi-disciplinary review meeting**

The multi-disciplinary meeting may decide to set a further meeting to bring professionals back for the purpose of revisiting the original assessments, particularly in relation to the individual's current functioning, risk assessments and known or potential rates of improvement or deterioration in:

- The individual,
- Their environment, or
- 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).

**9.5.8** 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.

**9.5.9** 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 proactive and timely way.

**9.5.10** 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.

**9.5.11** If 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. In these circumstances, Legal advice should be considered on a case by case basis

## **9.6 Risk Escalation Conference (REC)**

**9.6.1** The Self-Neglect and Hoarding Risk Escalation Conference supports agencies in their work to lower and manage risk for both residents and their immediate neighbours, where partners feel they have exhausted internal mechanisms for managing the risk or where more formal consultation with colleagues from other agencies would enhance their response.

**9.6.2** The REC is collaboratively owned by participating agencies operating in Kirklees. It will be administered on behalf of the participating agencies by Kirklees Council Adult Social Care and chaired by a nominated senior officer.

**9.6.3** The REC will consider case presentations for situations which have already been considered within partner agencies' risk assessment processes and/or the Self-Neglect multi-disciplinary meeting and significant risk remains.

**9.6.4** Reasons for referring to the Risk Escalation Conference may include:

- a) Lack of progress identified at the multi-disciplinary 6 weeks review meeting
- b) Public safety remains a concern
- c) Lack of partnership engagement
- d) Disagreement on deployment of resources

**N.B.** Partner agencies will remain responsible for delivering services to the people with whom they are in contact. This is not a means of handing over responsibility or closing down a case. The Self-Neglect and Hoarding Risk Escalation Conference will support agencies in their work to lower and manage risk for both residents and their immediate neighbours, where partners feel they have exhausted internal mechanism for managing the risk or where formal consultation with colleagues from other agencies would enhance their response.

Please see the separate Self-Neglect and Hoarding [Risk Escalation Conference Terms of Reference](#) on the Kirklees Council website for full details.

## 9.7 Record keeping, information sharing and confidentiality working it out in practice

**9.7.1** The identified lead agency coordinates information gathering and determines the most appropriate actions to address the concerns. The key principles of information sharing and confidentiality are laid out in the Care and Support Statutory Guidance (issued under the Care Act) Updated 2018 (section 14.187 to 14.191) which outlines the importance of obtaining informed consent, but if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

**9.7.2** Where an adult has refused to consent to information being disclosed (section 14.188) or consent cannot be established for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm).

**9.7.3** In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act 1998 where this applies. Information sharing within these procedures should be in line with the principle of information sharing contained section 6.6 of this Self-Neglect Guidance, which will ensure information gathered at this stage is to inform:

- Decision making regarding whether further multi-agency information sharing is required
- The completion of an initial Risk Assessment and ensuring any urgent actions are carried out. E.g. Contacting emergency services, West Yorkshire Fire and Rescue Service, completing safety checks and where necessary seeking urgent medical intervention
- Where there are concerns about 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 be made regarding their safety or the safety of others.

**9.7.4** 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 including previous wishes or life experiences that may inform a Best Interests decision
- iv. the views of anyone who has or has had contact with the individual including relatives and neighbours.

**9.7.5** 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.

**9.7.6** Use information available as stated in (i) above of any previous successful engagement with the individual to facilitate direct communication with the individual if possible. This should be appropriate to the person's needs such as making use of interpreters for those who speak English as a second language or British Sign Language signers when required. This should ensure that the assessment would inform any actions to be taken and include the wishes and feelings of the individual (iii). The following key principles must be applied:

- ✓ Balancing individuals' rights and agencies' duties and responsibilities.
- ✓ All individuals have the right to take risks and to live their lives as they choose.
- ✓ These rights including the right to privacy will be respected and weighed when considering duties and responsibilities towards them.

**9.7.7** The principles will not be overridden other than where it is clear that the consequence would be seriously detrimental to their, or another person's health and wellbeing and where it is lawful to do so with the least restrictive option.

**9.7.8** The case record will include a complete and up to date 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.

**9.7.9** Accurate records that demonstrate adherence to this document and locally agreed case recording Policy and Operational guidance must be maintained.

## Appendix 1: ASSESSMENT GUIDANCE

### Example Questions for Assessing Self-Neglect

The following is a list of questions that could be asked where you are concerned about someone's safety in their own home and where there may be a risk of self-neglect. Each question may lead to further questions such as finding out when the event occurred and what the outcome was.

1. How do you get in and out of your property, do you feel safe living here?
2. Have you ever had an accident, slipped, tripped up or fallen, how did it happen?
3. How have you made your home safer to prevent this (above) from happening again?
4. How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)
5. How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
6. How do you manage to keep yourself warm? Especially in winter?
7. Do you have an open bar fire or a convection heater?
8. When did you last go out in your garden? Do you feel safe to go out there?
9. Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?
10. (if applicable) Are you managing to look after your pets ok? How often do you feed them? Do they get wormed regularly? Do you have problems with their skin/fleas for example? Are you able to take them out for walks?
11. Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
12. Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
13. Can you prepare food, cook and wash up in your kitchen?
14. Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?
15. How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?
16. Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)
17. Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?



18. What do you do with your dirty washing?
19. How do you keep yourself warm enough at night? Have you got extra coverings to put on your bed if you are cold?
20. Are there any broken windows in your home? Any repairs that need to be done?
21. Have you experienced weight loss recently? How long ago?
22. When did you last see your GP?
23. Do you drink alcohol at home?

The following are questions regarding the imminent risk of fire. If the answer to any of these questions is yes, then this must be reported as a matter of urgency to the fire service and raised urgently through your line management system.

### **Significant danger**

24. Has a fire ever started by accident?
25. Do you ever use candles or an open flame to heat and light here or cook on a camping gas or a barbeque inside your home?
26. Do you use your gas cooker to heat your home?
27. Do you smoke at home e.g. in bed?
28. Are there continence products or skin emollients stockpiled in your property? (Only a risk in conjunction with any of the previous three questions).

### **DO's and DON'Ts when talking to someone**

The following information refers to hoarding situations, but with slight adaptation, the same principle can be used for self-neglect situations

#### **DO:**

**Imagine yourself in that person's shoes.** How would you want others to talk to you to help you manage your anger, frustration, resentment and embarrassment?

**Match the person's language.** Listen for the individual's manner of referring to his/her possessions (e.g. "my things", "my collections") and use the same language i.e. "your things", "your collections").

**Use encouraging language.** In communicating with people who hoard about the consequences of hoarding, use language that reduces defensiveness and increases motivation to solve the problem (e.g. "I see that you have a pathway from your front door to your living room. That's great that you have kept things out of the way so that you don't slip or fall. I can see that you can walk through here pretty well by turning sideways. The

thing is that somebody else that might need to come into your home, like a fire fighter or an emergency responder, would have a pretty difficult time getting through here. They have equipment they are usually carrying and fire fighters have protective clothes that are bulky. It's important to have a pathway that is wide enough so that they could get through to help you or anyone else who needed it. Health and Safety regulations require for exits to be clear so this is one important change that has to be made in your home".

**Highlight strengths.** All people have strengths, positive aspects of themselves, their behaviour, or even their homes. A visitor's ability to notice these strengths helps forge a good relationship and paves the way for resolving the hoarding problem (e.g. "I see that you can easily access your bathroom sink and shower," "What a beautiful painting!", "I can see how much you care about your cat.")

Focus the intervention initially on safety and organisation of possessions and later work on discarding. Discussion of the fate of the person's possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation.

## **DO NOT:**

**Use judgemental language.** Like anyone else, individuals with hoarding will not be receptive to negative comments about the state of their home or their character (e.g. "What a mess!" "What kind of person lives like this?") Imagine your own response if someone came into your home and spoke in this manner, especially if you already felt ashamed.

**Use words that devalue or negatively judge possessions.** People who hoard are often aware that others do not view their possessions and homes as they do. They often react strongly to words that reference their possessions negatively, like "trash", "garbage" and "junk".

**Let your non-verbal expression say what you are thinking.** Individuals with compulsive hoarding are likely to notice non-verbal messages that convey judgement, like frowns or grimaces.

**Make suggestions about the person's belongings.** Even well-intentioned suggestions about discarding items are usually not well received by those with hoarding.

**Try to persuade or argue with the person.** Efforts to persuade individuals to make a change in their home or behaviour often have the opposite effect – the person actually talks themselves into keeping the items. This does not preclude you from working with someone over a prolonged period of time to build rapport and enable them to take the lead in taking small steps towards achieving a safer environment. It is helpful to respectfully challenge views and decisions and express concerned curiosity about unwise decisions without arguing or active persuasion.

**Touch the person's belongings without explicit permission.** Those who hoard often have strong feelings and beliefs about their possessions and often find it upsetting when another person touches their things. Anyone visiting the home of someone with hoarding should only touch the person's belongings if they have the person's explicit permission.

## **Appendix 2: Example questions to assess decisional and executive function of mental capacity for self-care and self-protection**

**Domain of self-care and self-protection - Personal needs and hygiene:** Bathing, dressing, toileting, and mobility in home

### **Decisional capacity**

**Appreciation of problems** - Has it been difficult, or do you need assistance, to wash and dry your body or take a bath?

**Consequential problem solving** - If you had trouble getting into the bathtub, how could you continue to bathe regularly without falling?

### **Executive capacity (verification of task performance)**

Physical or visual examination of hair, skin, and nails with consent. Gait evaluation and screening for balance problems and recent falls

**Domain of self-care and self-protection - Condition of home environment:** Basic repairs/maintenance of living area and avoidance of safety risks

### **Decisional capacity**

**Appreciation of problems** - Do you have any trouble getting around your home due to clutter, furniture, or other items?

It is important to make basic repairs to one's home; do any parts of your home need repairs?

**Consequential problem solving** - What if your heating [or hot water, washing machine, etc] stopped working; how would you fix the problem?

### **Executive capacity (verification of task performance)**

Third party reports of the home environment or a home safety assessment performed by an occupational therapist, fire service, domiciliary care agency, community health professional or other service.

**Domain of self-care and self-protection - Activities for independent living:** Shopping and meal preparation, laundry and cleaning, using telephone, and transportation

### **Decisional capacity**

**Appreciation of problems** - Going to the store is important for buying food and clothing for everyday life. Do you have any problems going to the store regularly?

**Consequential problem solving** - If you needed to call a friend [a taxi or other service] to take you to the store, how would you do that?

### **Executive capacity (verification of task performance)**

Ask individual to show you how they would use a phone to call a friend or other service to ask for a ride. [Individual should demonstrate all steps for making a call and getting information.]

**Domain of self-care and self-protection - Medical self-care:** Medication adherence, wound care, and appropriate self-monitoring

### **Decisional capacity**

**Appreciation of problems** - Check awareness that people who forget to take their medications may end up having a worse health condition or need to see the doctor more often. Do you have problems remembering to take medications?

**Consequential problem solving** - Consider if you had to have someone give your medications to you and watch you take them [or not]. How would this affect your everyday life?

### **Executive capacity (verification of task performance)**

Ask to see all medication bottles from home, even empty ones. Health professionals and domiciliary carers can review medication fill and refill dates and pill counts or request a home medication assessment.

**Domain of self-care and self-protection - Financial affairs and estate:** Managing cheque book, paying monthly bills, and entering binding contracts

### **Decisional capacity**

**Appreciation of problems** - What difficulties do you have paying your monthly bills on time? Who can assist you with paying your monthly bills or managing your finances?

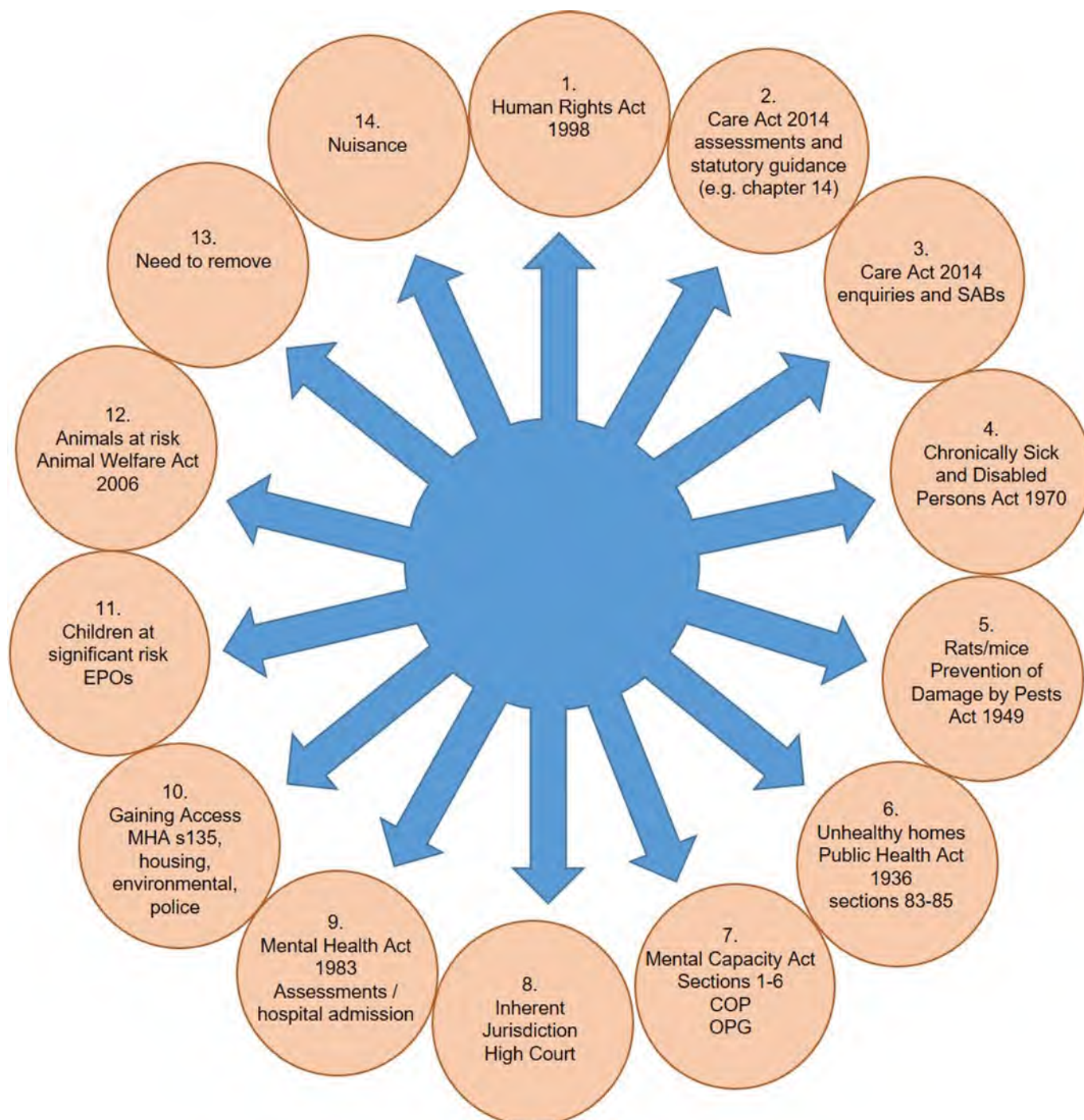
**Consequential problem solving** - How could asking [cite individual] to help you with paying your bills be better than managing your monthly income and paying bills by yourself? What would happen if things continued as they are?

Are there any reasons why asking [cite individual] to manage your income might not help or might make things worse for you?

### **Executive capacity (verification of task performance)**

Third party reports of bank statements, uncollected debts, or bills. Can formally assess performance with routine financial tasks, such as 1- or 3- item transactions, including calculating change or conducting a payment simulation.

## Appendix 3: Legislation



1. **Human Rights Act 1998**  
Articles 2,3,5,8 (positive as well as negative duties)
2. **Care Act 2014 assessments**  
Section 9 (adults who appear to have needs for care/support)  
Section 11 (if refusing assessment, not required to assess unless e.g. at risk of self-neglect)  
Section 18 (meeting assessed eligible needs)
3. **Care Act 2014 enquiries**  
Section 42 (reasonable cause to suspect?)

[Section 68](#) (independent advocacy support)

4. **[Chronically Sick and Disabled Persons Act](#)**  
Practical assistance in the home, adaptations and meals
5. **Rats/mice?**  
**[Prevention of Damage by Pests Act 1949](#)** (steps to keep land clear of rats and mice)
6. **Unhealthy homes? Homes so filthy or unwholesome condition as to be prejudicial to health or verminous?**  
**[Public Health Act 1936](#)**  
**[Sections 83-85](#)** (warrants, enforcement notices, cleanse or destroy property)  
In breach of tenancy?
7. **Lacking Mental Capacity?**  
**[Mental Capacity Act 2005](#)**  
Sections 1-6  
**[Court of Protection Orders](#)**
8. **Inherent Jurisdiction of the High Court**  
**[SCIE Safeguarding Adults Key principles](#)**
9. **[Mental Health Act 1983](#)**  
Section 13 (duty to arrange assessment)
10. **Need access?**  
**[Mental Health Act](#)** section 135  
Housing officer - access injunction from civil courts for tenancy  
Environmental health staff  
Police - **[PACE 1984](#)** section 17
11. **Children at risk of significant harm?**  
**[Children Act 1989](#)** section 44 - Emergency Protection Order to remove a child or young person from immediate danger
12. **Animal welfare at risk?**  
**[Animal Welfare Act 2006](#)**  
Section 9 (Promotion of welfare)
13. **Need to remove?**  
Mental Capacity Act Court of Protection  
**[Mental Health Act](#)** section 135  
**[Public Health \(Control of Disease\) Act 1984](#)** section 45G  
**[Housing Act 1988](#)**(eviction for causing nuisance)
14. **Causing nuisance?**  
**[Anti-social Behaviour Act 2003](#)** (orders/injunctions)  
**[Clean Neighbourhoods and Environment Act 2005](#)** (prosecution)

## Appendix 4: Links and further reading

### Safeguarding Adults in Kirklees

- [Safeguarding adults information for professionals](#)
- [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure](#)
- [Multi-Agency Hoarding Framework Guidance for Practitioners in Kirklees](#)

For health and social care information contact Kirklees Community Health and Social Care Hub (CHSC)

**If you are unsure whether or not to refer someone to ASC, always ring CHSC for advice and support**

Tel: 0300 304 5555

Contact: [Contact adult social care services | Kirklees Council](#)

### Children in Kirklees

[Kirklees Safeguarding Children Partnership](#)

### West Yorkshire Police Safeguarding Unit

Team of specialist police officers with expertise in supporting the vulnerable and in partnership working.

Tel: 01924 335073

[kd.adultsafeguarding@westyorkshire.pnn.police.uk](mailto:kd.adultsafeguarding@westyorkshire.pnn.police.uk)

(This is an e-mail address which is not constantly monitored). Any issues requiring Police action should be reported on 101 and in an emergency ring 999.

### **Gaining access to an adult suspected to be at risk of neglect or abuse**

[SCIE – Social Care Institute for Excellence – gaining access](#)

## **Acknowledgement**

This revised Self-neglect Kirklees Multi-agency policy and guidance is based upon Self-Neglect and Hoarding: Suffolk Multi-Agency Policy and Practice Guidance.

## **Review**

If any person identifies areas of omission or potential improvements to this Self-neglect Multi-Agency Safeguarding Adults Policy and guidance document, please email your comments to:

[ksab@kirklees.gov.uk](mailto:ksab@kirklees.gov.uk)

All comments and suggestions received will be considered within subsequent reviews.

## Appendix 5: Self-neglect pathway flowchart

### Good Practice Guidance

- Respond appropriately to any immediate risks
- Complete [self-neglect multi-agency risk assessment and referral tool](#) to identify level of risk and harm and follow the appropriate pathway
- Discuss with Line Manager/Senior person/Safeguarding Lead in your organisation
- If adult safeguarding concerns of abuse/harm are identified, refer to [Report abuse or neglect of an adult at risk | Kirklees Council](#) to raise a safeguarding referral\*
- Consider (and assess where appropriate) [Mental Capacity](#) (adhere to the MCA Code)
- Involve the adult in the decision making process as much as possible. Reasonable adjustments may have to be made for an individual with a cognitive impairment
- Consider any Early Intervention and Prevention [support available](#)
- Identify key individuals and agencies involved. Where possible seek consent to share information and work together (see section on information sharing/consent)
- Accurately record risks and actions taken
- Wherever possible inform the person of your concerns and if appropriate, seek consent to discuss the case with your line manager/senior person (see section on consent)
- Throughout your involvement with the individual continue to include them in any decisions being made.

### \*NB: For users of Mosaic only (i.e. Adult Social Care)

- Mosaic users please complete the self-neglect referral (SN01) and upload the self-neglect referral and risk assessment tool to wisdom. There is no need to refer to [Adult Social Care](#) as you will hold all the key information. However, if there are any queries as to whether this is a Safeguarding (section 42 duty concern) discuss with your manager and contact Kirklees Community Health and Social Care Hub for further advice on 0300 304 5555.

### Ensure you consider any risk to others, including children and other adults with care and support needs

**If you are concerned about the welfare of a child please contact Duty & Advice team 01484 414960**  
(professionals only)

If you are concerned about the welfare of animals in the situation contact RSPCA 24 hour cruelty line 03001234999



## Self-neglect Pathway

Concern identified that person is at risk of self-neglect

Referrer speaks to person if appropriate and uses self-neglect initial screening tool to assist in considering level of risk

If the level of risk outcome is in the yellow domain indicating low risk, continue with your intervention as appropriate & continue to monitor for changes in risk indicators. As appropriate offer advice, support and signpost. If risk increases, following support, a referral to Kirklees Community Health and Social Care Hub on 0300 304 5555 should be made and the [risk assessment and referral tool](#) should be completed/updated to reflect this.

If the level of risk outcome is in the Orange domain indicating medium risk but NO High risk (Red) in any domain, complete self-neglect risk assessment and referral form (appendix 6) & [Contact adult social care services | Kirklees Council](#) requesting social care input.

ASC carries out person led assessment & comprehensive risk assessment with person at centre of self-neglect & holds multi-agency meeting with all relevant parties (and/or carers) to determine levels of risk and agree self-neglect support plan as underpinned by MSP.

If multi-agency meeting determines higher or lower risk than first referred, change to and follow appropriate pathway.

Following Multi-Agency Meeting with no change to risk, a review should be completed every 6 weeks to monitor level of risk identified.

If risk continues at same level or increases following support or multi- agency engagement is lacking, refer to Risk Escalation Conference.

If the level of risk outcome is in the Red domain indicating High or Critical Risk complete self-neglect risk assessment and referral form (appendix 6) and send to [Contact adult social care services | Kirklees Council](#) requesting social care input.

Kirklees Community Health and Social Care Hub may speak to the referrer to gather more information and to determine if any adult safeguarding concerns are identified.

If adult safeguarding concerns are identified referral to adult safeguarding team for Section 42 enquiry to follow Safeguarding Adults Procedure [Report abuse or neglect of an adult at risk | Kirklees Council](#).

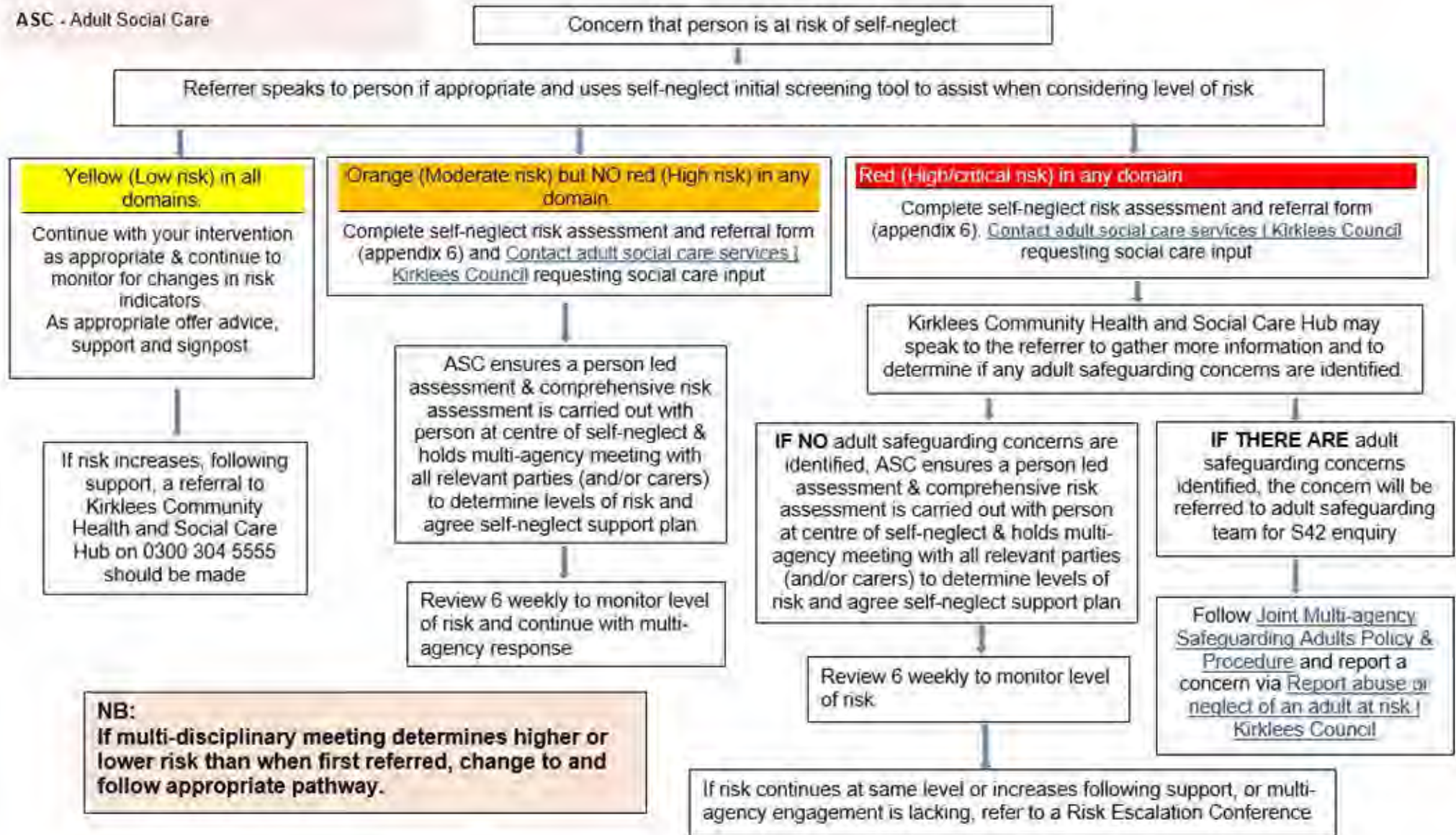
If no safeguarding concerns are identified then ASC carries out person led assessment & comprehensive risk assessment with person at centre of self-neglect & holds multi-agency meeting with all relevant parties (and/or carers) to determine levels of risk and agree self-neglect support plan as underpinned by MSP. A review should be completed every 6 weeks to monitor current level of risk.

If risk continues at same level or increases following support or multi- agency engagement is lacking, refer to Risk Escalation Conference.

**KEY NOTES**

ASC - Adult Social Care

**Self-Neglect Pathway Flowchart**



**NB:**  
 If multi-disciplinary meeting determines higher or lower risk than when first referred, change to and follow appropriate pathway.

## Appendix 6: The Multi-agency risk assessment and referral tool

The Multi-agency risk assessment and referral tool on the following pages is for guidance purposes and to be used to prompt discussion with the person and aide multi-agency professional planning and decision-making. The document can be used as an ongoing risk assessment tool and should be used when making a referral.

Please note that for those people who are accessing this document via the use of a screen reader, the following pages to the end of the document contain images of the risk assessment and referral tool and are marked as 'decorative'. You are able to print this form off for support workers to assist in the completion of the form if required.

The score is for assessment purposes only and may be re-visited at any time to measure progress and prompt discussion with the person and other professionals.

**When using the risk assessment tool, consider whether the person has the mental capacity to understand the risk associated with their living condition. Also consider whether the person has capacity to execute changes to reduce the risk.**

**Please note:**

**Whilst an aid to decision making, it is essential to recognise that the use of the key indicator list and risk assessment and referral tool are not eligibility mechanisms in their own right.**

**There should always be the overlay of a sensitive application of professional judgement.**

### Multi-agency self-neglect risk assessment and referral tool

This screening tool needs to be completed by the person who is concerned about possible use of self-neglect. If self-neglect is identified and agreed by the person working with an individual, this screening tool can be used to identify the level of risk and may be used to support a referral to your local social care.

Referrer Details			
Date of Assessment		Assessed by	
Organisation and Department			
Current Role			
Client Details			
Name		Date of Birth	
Content	Reason for referral if consent not obtained		
Address			
GP Address			
IFMG consent obtained - Is the adult at risk of Self-Neglect aware that the concern will be reported to Kirklees Community Health and Social Care Hub? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Kirklees Community Health and Social Care Hub		Referral No.	
Client Referrals			
Referral to Social Care			
Comments	Please see additional sheet		

### Dependent Details

	Name	Address (if different from client address)	Age (if known and relevant)
Dependent 1			
Dependent 2			
Dependent 3			
Dependent 4			
Dependent 5			

PHYSICAL WELLBEING & MEDICATION			Rationale for this decision
NO identified risk		The individual is accepting healthcare intervention	
		The individual is taking prescribed medication	
		No evidence of dehydration/weight loss	
		No evidence of infection, diarrhoea/vomiting/other which is impacting on their health and wellbeing	
		No evidence of untreated skin conditions such as ulcers, skin sores etc. which is impacting on their health and wellbeing	
Any other risks identified			
LOW risk		Sporadic acceptance of healthcare intervention – no identified impact on their health and wellbeing at this time	
		Sporadic taking of prescribed medication - no identified impact on their health and wellbeing at this time	
		The individual is not consistently eating and some evidence of dehydration/weight loss - no identified impact on their health and wellbeing at this time	
		Some evidence of infection/diarrhoea/vomiting/other - no identified impact on their health and wellbeing at this time	
		Some evidence of untreated skin conditions such as ulcers, skin sores etc. - no identified impact on their health and wellbeing at this time	
Any other risks identified			
MODERATE risk		Sporadic acceptance of healthcare intervention which is having a negative impact on their health and wellbeing	
		Sporadic taking of prescribed medication which is having a negative impact on their health and wellbeing	
		The individual is not consistently eating and some evidence of dehydration/weight loss which is having a negative impact on their health and wellbeing	
		Some evidence of infection/diarrhoea/vomiting/ which is having a negative impact on their health and wellbeing	
		Some evidence of untreated skin conditions such as ulcers, skin sores etc. which is having a negative impact on their health and wellbeing	

PHYSICAL WELLBEING & MEDICATION		Rationale for this decision
Any other risks identified		
<b>HIGH/CRITICAL risk</b>	The individual is declining healthcare intervention which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm E.g. evidence of open wounds and refusing to consent to treatment	
	The individual is refusing to take prescribed medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
	Evidence of significant dehydration/weight loss which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
	Evidence of infection/diarrhoea/vomiting/other which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
	Evidence of untreated skin conditions such as ulcers, skin sores etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
Any other risks identified		

MENTAL HEALTH			Rationale for this decision
NO identified risk	No concerns regarding mental health		
	The individual is accepting health/support services		
	The individual is attending health/support appointments		
	Taking prescribed medication		
Any other risks identified			
LOW risk	Some concerns regarding mental health - no identified impact on their health and wellbeing at this time		
	Attendance at health/other appointments is sporadic - no identified impact on their health and wellbeing at this time		
	Sporadic engagement with support services - no identified impact on their health and wellbeing at this time		
	Not consistently taking medication - no identified impact on health and wellbeing at this time		
Any other risks identified			
MODERATE risk	Some concerns regarding mental health which is having a negative impact on their health and wellbeing		
	Attendance at health/other appointments is sporadic which is having a negative impact on their health and wellbeing		
	Sporadic engagement with support services which is having a negative impact on their health and wellbeing		
	Not consistently taking medication which is having a negative impact on their health and wellbeing		
Any other risks identified			
HIGH/CRITICAL risk	Concerns regarding mental health which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Attendance at health/other appointments is sporadic which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Sporadic engagement with support services which is compromising and impacting on		



MENTAL HEALTH		Rationale for this decision	
	harm		
	Sporadic engagement with support services which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Not consistently taking medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
Any other risks identified			

MANAGING AND MAINTAINING NUTRITION			Rationale for this decision
NO identified risk		The individual is aware of own nutritional needs and is able to manage and maintain nutritional needs independently.	
		No evidence of weight loss / weight gain	
		Kitchen space is uncluttered and the environment is kept clean	
		Kitchen appliances suitable to persons needs are being used as and when required	
Any other risks identified			
LOW risk		The individual has some awareness of nutritional needs - no identified impact on their health and wellbeing at this time	
		Some evidence of weight loss / weight gain (consider health related issues) - no identified impact on their health and wellbeing at this time	
		Kitchen space is becoming cluttered and evidence that the person is not able to keep the environment clean - no identified impact on their health and wellbeing at this time	
		No usable appliances such as fridge freezer, cooker, microwave, kettle, toaster etc. - no identified impact on their health and wellbeing at this time	
Any other risks identified			
MODERATE risk		The individual has some awareness of nutritional needs, can access some food but this can be inconsistent which is having a negative impact on their health and wellbeing	
		Some evidence of weight loss / weight gain (consider health related issues) which is having a negative impact on their health and wellbeing	
		Kitchen space is becoming cluttered and evidence that the person is not able to keep the environment clean which is having a negative impact on their health and wellbeing	
		No usable appliances such as fridge freezer, cooker, microwave, kettle, toaster etc. which is having a negative impact on their health and wellbeing.	
Any other risks identified			
HIGH/CRITICAL risk		Evidence that food and drink is not a priority which is leading to concerns such as dehydration/malnutrition/significant weight loss etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
		No evidence of food in the property or evidence of mouldy and out of date food items which is compromising and impacting on their health and wellbeing and resulting in	

<b>MANAGING AND MAINTAINING NUTRITION</b>		<b>Rationale for this decision</b>
	significant or life threatening harm	
	Kitchen area is not usable due to unsanitary conditions or clutter which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
	The individual is not able to use appliances (or no useable appliances) such as fridge freezer, cooker, microwave, kettle and toaster independently and refuses support which is compromising and impacting on their health and wellbeing and resulting in significant or life threatening harm	
<b>Any other risks identified</b>		

MAINTAINING PERSONAL HYGIENE/BEING APPROPRIATELY CLOTHED			Rationale for this decision
NO identified risk	Evidence that the person is maintaining their personal hygiene		
	The individual is appropriately clothed for the weather. For example the person is clean, bathed and groomed regularly with clean, weather appropriate clothes		
Any other risks identified			
LOW risk	Is unable to maintain regular personal hygiene - no identified impact on their health and wellbeing at this time		
	The individual is wearing inappropriate clothing for the weather - no identified impact on their health and wellbeing at this time		
Any other risks identified			
MODERATE risk	Is unable to maintain regular personal hygiene which is having a negative impact on their health and wellbeing		
	The individual is wearing inappropriate clothing for the weather which is having a negative impact on their health and wellbeing		
Any other risks identified			
HIGH/CRITICAL risk	Consistently fails to maintain personal hygiene which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Wearing clothes inappropriate for the weather which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
Any other risks identified			

MANAGING TOILETING NEEDS		Rationale for this decision
NO identified risk	The individual is able to manage and maintain own toileting needs	
	No evidence of skin breakdown	
	No identified risk to people providing support or services	
	Has full access to bath/bathroom appliances	
Any other risks identified		
LOW risk	Maintaining toileting needs is sporadic some evidence of faecal matter and urine - no identified impact on their health and wellbeing at this time	
	Slight evidence of skin breakdown - no identified impact on their health and wellbeing at this time	
	Some identified risk to people providing support or services as a result of individual's ability to meet toileting needs – no identified impact on their health and wellbeing at this time	
	No usable bath/bathroom appliances - no identified impact on their health and wellbeing at this time	
Any other risks identified		
MODERATE risk	Maintaining toileting needs is sporadic some evidence of faecal matter and urine which is having a negative impact on their health and wellbeing	
	Evidence of skin breakdown which is having a negative impact on their health and wellbeing	
	Evidence of faecal matter and urine which is having a negative impact on the health and wellbeing of others including people providing support or services	
	No usable bath/bathroom appliances which is having a negative impact on the health and wellbeing of others including people providing support or services	
Any other risks identified		
HIGH/CRITICAL risk	Maintaining toileting needs is sporadic some evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life threatening harm	
	Evidence of skin breakdown which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
	Evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
	No usable bath/bathroom appliances which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm	
Any other risks identified		

MAINTAINING A HABITABLE HOME		Rationale for this decision
NO identified risk	Property is well maintained, usable and safe	
	Amenities such as heating, electricity and water are all usable and in fully working order	
	Fully usable kitchen and bathroom, appliances are safe and in working order	
	Organisations with an interest in the property, for example, staff working for utility companies (water, gas, and electricity), housing services etc. have full access as required	
	No evidence of infestations such as rats, vermin, flies, maggots etc.	
	Animals in the property are well cared for and are not a concern for the individual	
Any other risks identified		
LOW risk	Some evidence of neglecting household maintenance with no identified impact on health, wellbeing and safety at this time	
	Amenities such as heating, electricity and water may show signs of needing some maintenance or repair, no identified impact on their health and wellbeing at this time	
	Evidence of hoarding - refer to <a href="#">Hoarding Framework</a> for further guidance	
	Not consistently allowing access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services etc. with no identified impact on their health and wellbeing at this time	
	Some evidence that animals within the property are not being fully cared for, no identified impact on the individual's health and wellbeing at this time. (Contact RSPCA for advice)	
	Any other risks identified	
MODERATE risk	Evidence of neglecting household maintenance and therefore creating hazards which is having a negative impact on their health and wellbeing	
	Amenities such as heating, electricity and water need maintaining which is having a negative impact on the health and wellbeing of the individual and others including people providing support or services	
	Evidence of hoarding - refer to <a href="#">Hoarding Framework</a> for further guidance	
	Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services etc., which is having a negative impact on their health and wellbeing	

MAINTAINING A HABITABLE HOME		Rationale for this decision
	Some evidence of infestations such as rats, vermin, flies, maggots etc. which is having a negative impact on their health and wellbeing (Contact Environmental Health)	
	Failure to meet an animal's needs which is having an impact on the individual's health and wellbeing (Contact RSPCA for advice 0300 1234999)	
<b>Any other risks identified</b>		
<b>HIGH/CRITICAL risk</b>	No essential amenities which is compromising and impacting on their health and wellbeing and result in significant or life-threatening harm.	
	Evidence of hoarding which prevents safe use of any amenities within the home- which could compromise and impact on their health and wellbeing and result in significant or life-threatening harm.	
	Evidence of infestations such as rats, vermin, flies, maggots etc. which could compromise and impact on the individual's health and wellbeing and result in significant or life-threatening harm (Contact Environmental Health)	
	Possible risk of fire which could compromise and impact on the health and wellbeing of the individual or another person visiting the property, (including people providing support or services), and result in significant or life-threatening harm. Using your organisation's partnership referral pathway, contact West Yorkshire Fire and Rescue service or telephone directly on 01274 682311 and ask for your local district prevention team. They will visit the person to offer support, information and appropriate interventions. Service users can also self-refer via <a href="https://secure.westyorkshirefire.gov.uk/50251/public/">https://secure.westyorkshirefire.gov.uk/50251/public/</a> or by phoning 01274 682311	
	Failure to meet an animal's needs which is compromising and impacting on the individual's health and wellbeing and result in significant or life-threatening harm (Contact RSPCA)	
	Living areas are not usable due to unsanitary conditions or clutter which is compromising and impacting on the individual's health and wellbeing and result in significant or life-threatening harm.	
	Neglecting household maintenance to the extent that the property becomes dangerous e.g. unsafe gas, electric, water or structural damage (unsafe floorboards, roof etc.) which is compromising and impacting on the health and wellbeing of the individual or another person visiting the property, (including people providing support or services). The extent of which may result in significant or life-threatening harm.	
<b>Any other risks identified</b>		

## Risk assessment and referral summary

Provide a cross in the relevant box below to indicate the highest level of risk recorded

<input type="checkbox"/>	No indicators higher than low risk
<input type="checkbox"/>	No indicators higher than moderate risk
<input type="checkbox"/>	ANY of the indicators are of HIGH RISK
Decision Making and Rationale	
Actions to be taken and by who	
Review date (review if any change of circumstances or minimum of 6 months)	

For any referral to Adult Social Care or Adult Safeguarding, please contact Kirklees Community Health and Social Care Hub on 0300 304 5555. You will be asked to provide a copy of this completed assessment tool to support any referral. [Contact Kirklees adult social care services.](#)



## Appendix 7

---

**Important Note** regarding emails to [GatewayToCare@kirklees.gov.uk](mailto:GatewayToCare@kirklees.gov.uk) this is no longer in use.

---

To make a referral to the Kirklees Community Health and Social Care Hub please use the following link [How to contact adult social care services](#)

Step 1. What we will need to know

When we speak to you, we will ask questions about the person who needs support - whether it's you or someone else.

We'll ask the following details for the person needing support:

- name
- date of birth
- address
- doctor's contact details
- next of kin contact details
- accessibility needs, if they have any.

We may also ask:

- what has changed
- what a typical day looks like
- who is around to help, such as friends, family members and neighbours
- what you are hoping to get from us.

## Contributors to the development of the document

Organisation
Kirklees Safeguarding Adults Partnership Team
Kirklees Council – Adult Social Care
Kirklees Health and Care Partnership, NHS West Yorkshire Integrated Care Board
Kirklees Council – Housing Services
Kirklees Council – Legal Services
West Yorkshire Fire & Rescue Service
South West Yorkshire Partnership NHS Foundation Trust
The Mid Yorkshire Hospitals NHS Trust
Calderdale and Huddersfield NHS Foundation Trust

## Revision History

Date	Version	Status	Author(s)
Jan 2020	Final	KSAB ratified	Multi-agency – KSAB members
Aug 2022	Version 2	KSAB ratified	Jacqui Stansfield KSAB Gail Addinall Kirklees Council Adult Social Care
May 2024	Final	KSAB ratified	Jacqui Stansfield KSAB Alison Clarkson KSAB

**Contact:** Kirklees Safeguarding Adults Board Manager

**Location:** [Kirklees Self-neglect Multi-agency Policy](#)

## Actions

Required Actions	Date	Completed (y/n)
Upload to website	January 2020	Y
Deliver multi-agency practitioner briefings	February 2020	Y
Finalise accompanying paperwork	February 2020	Y
Finalise details for Risk Escalation Conference <ul style="list-style-type: none"> <li>• Core membership</li> <li>• Terms of Reference</li> </ul>	April 2020	Y
Arrange 'Learning Bytes' for staff	September 2020	Y
Continue to monitor feedback	Ongoing	n/a
Review pathway following local SAR recommendation (Adult N) – amended	July 2022	Y
Conduct deep-dive audit into effectiveness of Policy and Risk Escalation Conference to feed into any amendments	July 2022	Y
Referral route to Local Authority amended	May 2024	Y