

Calderdale Multi-Agency

Self-Neglect Guidance and Risk Assessment Tool

June 2023

Table of Contents

[1. Introduction 3](#_Toc149295197)

[2. Aims of the Guidance 3](#_Toc149295198)

[3. Definitions – What do we mean by self-neglect? 3](#_Toc149295199)

[4. Working with Individuals at risk of self-neglect 4](#_Toc149295200)

[5. Consent 4](#_Toc149295201)

[6. Risk Assessment 5](#_Toc149295202)

[7. Multi-Agency Response 5](#_Toc149295203)

[8. Trauma Informed practices 6](#_Toc149295204)

[Appendix A – Research in Practice Working with People who Self-Neglect tool 7](#_Toc149295205)

[Appendix B – Risk Assessment Tool 8](#_Toc149295206)

# Introduction

The statutory guidance to the Care Act 2014 includes self-neglect in the definition of abuse and neglect and Calderdale Safeguarding Adults Board (CSAB) recognises its role in ensuring a strong multi- agency commitment to appropriately responding to people who are self- neglecting.

A failure to engage with individuals who are self-neglecting 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.

This guidance should be read in conjunction with the [Joint Multi-Agency Safeguarding Adults Policy and Procedures](https://wynyy-calderdale.trixonline.co.uk/search?q=neglect) which gives an overview of the approach to self-neglect and the Calderdale Hoarding Policy which can be found on [Calderdale Safeguarding Partnership](https://safeguarding.calderdale.gov.uk/professionals/resources/) website.

# Aims of the Guidance

The aim of the guidance is to improve the wellbeing of the person and prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:

* individuals are empowered, as far as possible, to understand the implications of their actions and make their own decisions
* there is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect which puts them and /or others at risk of harm
* there is effective multi-agency working and practice, promoting person-centred practice
* practitioners understand the relationship between self – neglect, mental capacity and safeguarding
* agencies and organisations uphold their duties of care
* there is a proportionate and appropriate response to the level of risk to self and others
* ensure that staff from all agencies know where to go for support and advice about working with people who self-neglect
* facilitate good information sharing and improve co-ordination between services

# Definitions – What do we mean by self-neglect?

SCIE (Social Care Institute of Excellence) defines self-neglect as:

“an extreme lack of selfcare, it is sometimes associated with hoarding and may be a result of other issues such as addictions”.

It can include:

• Lack of selfcare to an extent that it threatens personal health and safety

• Neglecting to care for one’s personal hygiene, health or surroundings

• Inability to avoid harm as a result of self neglect

• Failure to seek help or access services to meet health and social care needs

• Inability or unwillingness to manage one’s personal affairs

It is not always possible to establish a root cause for self-neglecting behaviours. Self-neglect can be a result of:

* a person’s brain injury, dementia or other mental disorder
* obsessive compulsive disorder or hoarding disorder
* physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
* reduced motivation as a side effect of medication
* addictions
* traumatic life change

It is important to understand that this perceived unwillingness to selfcare or accept services can arise for many complex reasons and can be long standing or relatively recent. There is an undeniable link between self-neglect and unresolved trauma and medical conditions such as Diogenes Syndrome, Wernicke / Korsakoff Syndrome, Frontal lobe damage, depression, Obsessive Compulsive Disorder, Schizophrenia, alcohol / drug dependence.

“Self-neglect: this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding” (The Care Act Guidance, DH 2016, s14.16)

And

“Where someone demonstrates lack of care for themselves and or their environment and refuses assistance or services. It can be long-standing or recent” (DH 2016: Annex J).

The person concerned may recognise the term self-neglect but may not use it to describe their own situation (Braye and Preston-Shoot, 2015).

# Working with Individuals at risk of self-neglect

In line with the principles of Making Safeguarding Personal, the views of the individual must be sought; ideally, this will be informed by the views of carers and/or relatives as well as by the views of individual themselves, wherever possible and practicable.

[Working with People who Self-Neglect](https://www.researchinpractice.org.uk/media/xqqlavsi/working_with_people_who_self-neglect_pt_web.pdf) provides a comprehensive research based practice tool and information on legal powers, demonstrating best practice when working with individuals at risk of self-neglecting and form part of this guidance at appendix A. The tools demonstrate various methods of engaging with people who self-neglect in a trauma informed way in recognition of the significant links that the impacts of trauma have with behaviours that result in self-neglect.

# Consent

Professionals must balance individual’s rights (including people’s right to a private and family life and the right to life) with agencies’ duties and responsibilities. Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and in ensuring their safety and protection.

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

Where the individual’s ability to make relevant decisions appears to be questioned, the principles of the [Mental Capacity Act 2005](https://wynyy-calderdale.trixonline.co.uk/search?q=capacity) must be followed and this is likely to include a formal mental capacity assessment and potentially best interest decisions being made. Practitioners should also consider the person’s executive functioning (the ability to carry out a decision they have made).

The principles of [Making Safeguarding Personal](https://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp) are essential to building a relationship with a person who self-neglects and supporting their wellbeing.

Where a person has capacity to consent to or refuse support, but they choose not to consent, action can still be taken where there is reasonable suspicion of a potential crime, risks to others, coercion or harassment of the person, or when it is in the public interest to do so. Appendix A [Working with People who Self-Neglect](https://www.researchinpractice.org.uk/media/xqqlavsi/working_with_people_who_self-neglect_pt_web.pdf) provides options to assist professionals with engaging successfully or considering legal remedies.

#  Risk Assessment

It is important that every agency can identify the potential risks and potential for harm and gathers information to inform an early risk assessment for the individual and others who may be living in, or affected by, the consequences of the self-neglect. This initial assessment must be appropriate and proportionate to the role of the agency representative carrying it out and based on presenting information. **Appendix B** **Risk Assessment**.

It is important to remember that risk assessments are dynamic and require frequent review and unless multi-agency information sharing is conducted effectively they will be limited to the understanding of a single agency.

#  Multi-Agency Response

It must be recognised that supporting someone who is self-neglecting can be complex and requires time and patience, working with partner agencies to accurately determine risk to the individual and others.

Research has shown that short interventions and single agency working has rarely been successful and the inclusion of self-neglect in the Care Act 2014 ensures that a multi-agency approach is supported through the Safeguarding Adults Board.

As not all cases of self-neglect will be managed through the Adult at Risk Safeguarding procedures practitioners must use alternative methods of co-ordinating multi-agency meetings and sharing information. The importance of multi-agency working is emphasised in the Appendix A [Working with People who Self-Neglect](https://www.researchinpractice.org.uk/media/xqqlavsi/working_with_people_who_self-neglect_pt_web.pdf) and must not be understated.

[Multi-Agency Professional Meeting Guidance for Practitioners](https://safeguarding.calderdale.gov.uk/wp-content/uploads/2022/11/Multi-Agency-Professionals-Meetings-Guidance-Sep-2022.pdf) is designed to aid any professional in organising and facilitating a meeting and includes guidance on information sharing as well as the need to document actions and rationale for decisions.

An Adult at Risk Threshold guidance document is being finalized and will assist professionals to decide a level of intervention and if they need to raise an Adult Concern referral to Gateway to Care.

#  Trauma Informed practices

Self-neglect poses particularly complex challenges and crucial to effective intervention is the ability to engage and build rapport with people who may be reluctant, fearful or ashamed. Exploring the lived experience of self-neglect, understanding the ‘meaning of the mess’ and building relationships of trust will be key to achieving positive outcomes. This requires agencies to understand that practitioners need to invest time and effort into individuals who self- neglect and provide that time for them to work in a trauma informed, way being persistent and reviewing risk management plans regularly. This also requires agencies to support their staff with effective safeguarding supervision and appropriate training.

# Appendix A – Research in Practice Working with People who Self-Neglect tool



# Appendix B – Risk Assessment Tool

# Self-Neglect Risk Assessment Tool

#

# Physical Wellbeing & Medication

| **Risk level** | **Indicating factors** | **X if applies** | **Rationale behind this decision** |
| --- | --- | --- | --- |
| **No identified risk** | The individual is accepting healthcare and attending appointments |  |  |
| 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, occasional missed appointments - 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, not attending appointments, 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 |  |
| **Any other risks identified** |  |  |
| **High risk** | 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/Wellbeing

| **Risk level** | **Indicating factors**  | **X if applies** | **Rationale behind 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 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 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 |  |
| Risk of Mental Health Crisis |  |
| **Any other risks identified** |  |  |

# Managing and Maintaining Nutrition

| **Risk level** | **Indicating factors**  | **X if applies** | **Rationale behind 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 |  |
| Food sometimes isn’t a priority compared to Alcohol or drugs which results in missing meals and or not having food available. |  |
| **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 |  |
| Food regularly isn’t a priority compared to Alcohol or drugs which results in missing meals and or not having food available. |  |
| **Any other risks identified** |  |  |
| **High 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 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 |  |
|  | Food is rarely a priority compared to Alcohol or drugs which results in missing meals and or not having food available. |  |
| **Any other risks identified** |  |  |

# Maintaining Personal Hygiene/Being Appropriately Clothed

| **Risk level** | **Indicating factors**  | **X if applies** | **Rationale behind 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 |  |
| Limited number of clothes available to change them according to the weather and or wash them. |  |
| **Any other risks identified** |  |  |
| **High 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 |  |
| No change of clothes available to change them according to the weather and or wash them. |  |
| **Any other risks identified** |  |  |

# Managing Toilet Needs

| **Risk level** | **Indicating factors**  | **X if applies** | **Rationale behind 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 and or accessible 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 and or accessible 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 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 and or accessible 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

| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind 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 [Hoarding Framework](https://safeguarding.calderdale.gov.uk/wp-content/uploads/2020/05/calderdale-hoarding-framework.pdf) 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 currently |  |
| 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) |  |  |
| Risk of being made homeless. |  |
| **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 [Hoarding Framework](https://safeguarding.calderdale.gov.uk/wp-content/uploads/2020/05/calderdale-hoarding-framework.pdf) 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 |  |
| 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 animal(s) needs which is having an impact on the individual’s health and wellbeing (Contact RSPCA for advice 0300 1234999) |  |
| Homeless but using services / hostels to prevent from sleeping rough. |  |
| **Any other risks identified** |  |  |
| **High risk** | 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 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) |  |
| Failure to meet 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, (including people providing support or services). The extent of which may result in significant or life-threatening harm. |  |
| Homeless, sleeping rough and impacting on their safety. |  |
| **Any other risks identified** |  |  |

# Financial/Benefits

| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind this decision** |
| --- | --- | --- | --- |
| **No identified risk** | The individual is able to manage and maintain own finances  |  |  |
| No evidence of  |  |
| No identified risk to people providing support or services |  |
| Has full access to bath/bathroom appliances  |  |
| **Any other risks identified** |  |  |
| **Low risk** | Finding it hard to cope with finances, may require support but not impacting on wellbeing. |  |  |
| Requires support in identifying and applying for any benefits that they may be intitled to. |  |
| **Any other risks identified** |  |  |
| **Moderate risk** | Finding it increasingly hard to cope with finances, requires support as it is impacting on wellbeing. |  |  |
| Requires support in identifying and applying for any benefits that they may be intitled to. |  |
| Makes unwise financial decisions but not impacting significantly. |  |
| **Any other risks identified** |  |  |
| **High risk** | Unable to cope with finances, requires support as it is having a significant impacting on their wellbeing. |  |  |
| No current income and at extreme risk of exploitation. |  |
| Makes unwise financial decisions and impacting significantly on ability to pay bills and buy food. |  |
| **Any other risks identified** |  |  |

 **Risk assessment and referral summary**

**Please mark an ‘x’ below to indicate the highest level of risk recorded**

|  |  |
| --- | --- |
|  | **No indicators higher than low risk** |
|  | **No indicators higher than moderate risk** |
|  | **ANY** **of the indicators are of** **HIGH RISK** |

|  |
| --- |
| **Further comments/ Decision making Rationale**  |
|  |

|  |  |  |
| --- | --- | --- |
| **Action to be taken**  | **By who**  | **Deadline** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |