Cheshire West and Chester Local Safeguarding Adults Board (LSAB)

Self-Neglect Policy, Procedure and Toolkit

July 2020

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Cheshire West and Chester Local Safeguarding Adults Board

1. Policy Statement and Introduction

Cheshire West and Chester Local Safeguarding Adults Board (CWAC LSAB) has a responsibility in taking ownership of the issue of self-neglect, with the aim of ensuring a robust and transparent multi-agency commitment to responding to people who are self-neglecting appropriately. This Policy and practitioner guidance has been developed in collaboration with multi-agency partners from Cheshire West, and should be read in conjunction with Cheshire West and Chester Local Safeguarding Adults Board Adult Safeguarding Procedure of ("the Safeguarding Policy").

The Policy intends to promote a multi-agency approach and to reach a shared understanding of what might constitute self-neglect and hoarding behaviour in terms of both cause and consequence for individuals and others alike, and how such behaviours should be managed.

This Policy applies to all staff within the partner agencies of Cheshire West and Chester Local Safeguarding Adult's Board who work directly, or manage people who work directly, with people who may be self-neglecting. Service managers and Safeguarding leads are responsible for implementing this policy, with the support of the CWAC LSAB, and ensuring that practitioners work within the guidelines given.

This Policy, and incorporated guidance, draws on research published by the Social Care Institute of Excellence – **Self-neglect policy and practice: building an evidence base for Adult Social Care** by Suzy Braye, David Orr and Michael Preston-Shoot; SCIE Report: SCIE Report 69, September 2014 – as well as a number of self-neglect policies and other information already published and in the public domain, all of which sources are gratefully acknowledged.

The Policy is all encompassing and seeks to address the needs of all those individuals who may display behaviours indicative of self-neglect, whether or not they have care and support needs as formally assessed under the Care Act 2014.

2. Policy aims

This Policy aims to improve the wellbeing of the individual and strive to prevent serious injury and death of people who self-neglect. It will outline the principles that all staff should work to and promote the development of "informal" multi-agency solutions which maximise the use of existing services and resources and reduce the need for compulsory interventions. Where compulsory interventions are required, processes must be properly planned, followed, and tailored to meet the needs of the individual in the least restrictive manner consistent with promotion and maintenance of their human rights.

Clarity will be given over ‘thresholds’ for referrals and outline a clear referral and escalation pathway which facilitates and necessitates good information sharing and improve co-ordination between services.

3. Definitions

Self-neglect covers a wide range of behaviours – for example, demonstrably neglecting to care for individual personal hygiene, health or surroundings, and includes behaviour such as hoarding. It is often accompanied by a refusal of assistance or services and may be long-standing or recent in origin (Care Act Guidance, DH 2016, s14-16 and Annex J).

Self-neglect may arise from an unwillingness, or an inability, to care for oneself – or both. These may be interlinked at the point where unwillingness arises from a care and support need e.g. a mental health problem, or cognitive deficit preventing a person from being able to, or wanting to, clean their home. Compounding factors may include alcohol or drug (illicit or prescribed) dependency / misuse and/or the disorganised and chaotic lifestyle and risk-taking behaviour associated with this.

It must be recognised too that poor environmental and personal hygiene may not necessarily always be as a result of poor self-neglect. It could arise as a result not just of cognitive impairment or poor mental health as suggested above, but also as a result of sensory (e.g. poor eyesight), functional (e.g. consequences of severe pain) or financial constraints. Many people, particularly older people who self-neglect, may lack the confidence and/or ability to ask for help and may lack the support of others who can advocate or speak for them. They may then refuse help or support when offered or even receive services that do not adequately meet their needs.

Practitioners must recognise that there is no one accepted definition of self-neglect so the inability / unwillingness of individuals to adopt a ‘culturally and socially acceptable standard of self-care’ (Gibbons, 2006) must be linked with the potential for serious consequences to the health and well-being of the person concerned and to their wider community.

Self-neglect must be seen as an ‘umbrella’ term and correctly identified by the practitioner as being either self-neglect of the person themselves (personal self-neglect), or self-neglect of their environment (environmental self-neglect or hoarding). These may both be present but not necessarily so. It is important to make such distinction if present as this will inform treatment and therapeutic responses, irrespective of any need formally assessed under the Care Act 2014.

4. Characteristics of self-neglect (physical)

Practitioners need to be aware of some of the possible manifestations of self-neglect (physical) and its possible consequences.

For further information and a ‘checklist’ on characteristics and causes of physical self-neglect please refer to Appendix 1 as well as Appendix 11 for a toolkit detailing practical interventions and Appendix 12 for guidance concerning those people who refuse to engage with services.

5. Characteristics of self-neglect (environmental (hoarding))

Practitioners need to be aware of some of the possible manifestations of self-neglect (environmental) and its possible consequences.

For further information on characteristics and causes (types) of environmental self-neglect / hoarding please refer to Appendix 2, to Appendix 3 for the Clutter Image Rating Scale and how it should be used, and to Appendix 11 for a toolkit detailing practical interventions and Appendix 12 for guidance concerning those people who refuse to engage with services.

6. Mental capacity

Mental Capacity is a vital aspect of the assessment process when working with any individual who engages in self-neglectful behaviours. All assessments of capacity must include both a consideration of both **decisional** and **executive** capacity – see Appendix 4.

For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare or environment, the Mental Capacity Act 2005 allows for agency intervention in the person’s best interests albeit in the least restrictive / intrusive manner possible. In urgent cases, where there is a view that an adult lacks mental capacity on the balance of probabilities (and this has not yet been satisfactorily assessed and concluded), and the presenting situation requires urgent intervention, it may be appropriate for the Court of Protection to make an interim order to allow any intervention to take place.

For further information on Mental Capacity please refer to Appendix 4 incorporating an ‘easy-to use’ practitioner’s guide.

7. The Care Act and Self-neglect

Guidance to the Care Act (“The Guidance”) includes self-neglect as a category of abuse and makes it a responsibility of Safeguarding Adults Boards to ensure they co-operate with all agencies in establishing systems and processes to work with people who self-neglect and to minimise both risk and harm to the individual. The Care Act places a duty of co-operation on the local authority, police and health service as well as an expectation on the co-operation of other agencies (Section 6).

Specific duties on Local Authorities in relation to self-neglect:

(i) Assessment (Care Act Section 9 and 11)

The Local Authority (LA) must undertake a needs assessment if it appears that the adult may have needs for care and support and determine both whether such needs exist and, if they do, what those needs may be.

If such assessment is refused, the LA must undertake an assessment if the adult lacks capacity to refuse the assessment and the LA is satisfied that carrying out an assessment would be in the adult's best interest or the adult is experiencing, or at risk of, abuse or neglect. This means that it may be necessary to carry out a needs assessment even when a person has made a refusal of an assessment with capacity (as the statutory duty to assess if there is abuse/neglect applies). Based on that assessment, the National Eligibility Criteria must be used in order to determine whether the person has "eligible needs" (see Appendix 5).

(ii) Enquiry (Care Act Section 42)

The Local authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in connection with an adult when they have reasonable cause to suspect that they have:

a) Needs for care and support,
b) Is experiencing, or at risk of, self-neglect and
c) As a result of those needs is unable to protect him/her-self against self-neglect or the risk of it.

(iii) Advocacy (Care Act Section 67/68)

If an adult has 'substantial' difficulty in understanding and engaging with a Section 42 enquiry, the local authority must ensure that there is an appropriate person to help them, and if there is not, arrange an independent advocate.

N.B. Both the Care Act and Making Safeguarding Personal (see below) start with the assumption that the individual is best placed to judge their wellbeing which means that close attention must be paid to the person's views, wishes, feelings and beliefs – The principles in both the legislation and guidance will have relevance for all clients, regardless of assessed need, as will the guidelines for practice expanded at Appendix 11.

8. Safeguarding

The Guidance outlines Making Safeguarding Personal (MSP) as the preferred approach to safeguarding adults work, even though people who self-neglect may not always meet the criteria for a formal safeguarding response.

“Making Safeguarding Personal means that it should be person-led, and outcome focused. It engages the person 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” (DH, 2016: 14.15). The guidance lays down six principles to work to in safeguarding:

Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability

MSP also means embracing core statutory principles within a Human Rights framework, the wellbeing principle detailed in the Care Act 2014, and the core principles of the Mental Capacity Act 2005.

For further information on Safeguarding in the context of self-neglect please refer to Appendix 7, incorporating an ‘easy-to use’ practitioner’s guide, together with the existing Safeguarding Policy concerning generic practice.

9. Assessment

Due to the complexity of self-neglect, it is important to understand the person’s unique circumstances and perceptions of their situation as part of the assessment and intervention process.

Consideration must be given as to how best to engage the person before the assessment even begins by ensuring that practitioners have ‘done their homework’ in order to gain as full a picture as is possible concerning the reported or known situation of the individual. However, practitioners must also be aware of the dangers of pre-conceptions and projecting their own opinion / prejudices.

Assessment must utilise a person-centred approach which means that any contact with the person must be made as personal as possible – for example, sending a standard appointment letter at the outset is unlikely to be the beginning of a lasting, trusting relationship as it will be perceived as being impersonal and authoritative. It should also be recognised that a person who, for example, neglects their environment may be unlikely to open the letter which will probably remain lying on the doormat.

Sensitive and comprehensive assessment is of critical importance. An accurate assessment of the person’s mental status (partly because lifestyle and personality traits are often involved, or possibly other triggering events such as loss or physical illness) is essential. Assessment must include individual health status (physical and mental),

family dynamics, cultural and religious beliefs, social and economic history. Guidelines concerning assessments are expanded further at Appendix 8.

10. Process

The process of progressing (and seeking a mutually acceptable resolution as between practitioners and client) any matter concerning an adult who may be self-neglecting in any of the ways described in this Policy must be understood both by reference to the Safeguarding Policy and by the principle that where an adult is engaging with, and accepting assessment or support services that are appropriate and sufficient to address their care and support needs (including those needs relating to self-neglect), then the adult is not demonstrating that they are “unable to protect themselves” from self-neglect or the risk of it, in accordance with Section 42 Care Act 2014. In such circumstances, mainstream adult assessment and support service provision will be the most appropriate and least intrusive way of addressing the risks posed by the self-neglect as the duty and need to undertake enquiries under Section 42 of the Care Act 2014 will not be triggered.

Note (as above), that not all cases of adult self-neglect will meet the criteria necessary to trigger Section 42 enquiries and each case will need to be considered on a case by case basis. Any decision as to whether a safeguarding response is required will depend on the adult’s ability to protect themselves by controlling their own behaviour. A time may come however, when the person is no longer able to do so without external support, often ‘triggered’ by either self-report or community / professional concern
In cases where an adult has refused an assessment and services and thus potentially presents or remains at high risk of serious harm as a result of potentially being unable to protect themselves from that risk, a Section 9/11 needs assessment should be undertaken, together with an assessment of individual capacity, which may lead to a Section 42 enquiry being held – see Appendix 9.

The objectives of a statutory Section 42 Care Act enquiry in self-neglect cases are to:

- establish facts and provide a description of the self-neglect
- ascertain the adult’s views and wishes
- assess the needs of the adult for protection and support and how those needs might be met
- protect and support from self-neglect in accordance with the wishes of the adult, and commensurate with their mental capacity to make relevant decisions about their care and support needs
- promote the well-being and safety of the adult through a process of support and empowerment.

Where an adult has died or suffered serious abuse or neglect, including self-neglect, consideration should be given as to whether a Safeguarding Adults Review under Section 44 of the Care Act should be undertaken by the Safeguarding Adults Board.

For the process and procedure surrounding Section 42 adult safeguarding enquiries see sections 4.0 and 5.0 of the Safeguarding Policy.

For general process regarding concerns about self-neglect see Appendix 9.

11. Referral and escalation process

11.1 Care Act Eligible

Safeguarding enquiries can be closed following a review of the agreed plan by all agencies (in collaboration with the person concerned) who may be involved, with subsequent agreement that the adult safeguarding plan is no longer required. This may be because the risks associated with the person's self-neglect have reduced to the level that all those involved feel they can adequately and appropriately be managed or monitored by a single agency.

However, it may be necessary for concerns about a client who self-neglects to be escalated when it has not been possible to mitigate risk or come to a mutually acceptable agreement concerning the outcome of any safeguarding investigation, and referral to the High Risk Panel might be a realistic option. Criteria for referral are that:

a) the person is a vulnerable adult who is Care Act eligible; and
b) at high risk of harm from their own actions, or the actions of others; or
c) there is a high risk of reputation to the local authority; and
d) the risk management plan is not mitigating the high risk of harm.

For further information concerning the escalation process see Section 6 of the Safeguarding Policy.

11.2 Non-Care Act Eligible Cases

Self-Neglect and Hoarding cases as mentioned previously may not meet the criteria for care under the Care Act 2014. The process to be used by agencies for engaging with clients who are not Care Act eligible is as below:

1) Identify the agencies involved with the client and agree the most appropriate lead agency (i.e. the agency with the best relationship with the client). Develop a co-ordinated multi-agency response for the client which must be agreed by the client. The lead agency should take responsibility for the plan with other involved agencies accepting responsibility for carrying out agreed actions and ongoing communication and reporting progress to the lead agency.

2) If the agreed plan is not mitigating the risk of harm to the individual or others that could be impacted, then any agency can convene a High-Risk Panel Meeting and invite other parties who are professionally involved (including Adult Social Care).

At this Panel, the following should be considered;

- Strengths of the client
- Multi-Agency Approach
- Identification of risks
- Evidence of decision making and clear recording
- Chronology of events
- Views of the client and anybody else involved with the case (including family, carers or Advocates)
- Understanding of the legal framework
- Contingency Plan
- A clear decision on what to do next, including agencies individual responsibilities, time frames and an updated plan

The overall purpose of this meeting is a co-ordinated and committed approach when a client does not meet the threshold for statutory intervention. There is an expectation that all agencies working with the individual will attend these meetings. If there is an issue regarding an agencies non-engagement with this process, the Safeguarding Board Escalation process can be used.

Appendices

Appendix 1 – Characteristics and causes of physical self-neglect

There are many presenting factors and behaviours which may, in varying combinations, be indicative of self-neglect in adults. This wide range of factors can include, but are not limited to, the following examples:

- Failure to manage physical and/or mental health e.g. not taking medicines as prescribed; not seeking medical assistance and/or examination when needed; inadequate food, little or no fresh food or mouldy food in the refrigerator; inadequate water supply / intake and/or clothing; inadequate personal safety
- Declining or refusing prescribed medication and/or other community health support or refusing to allow access to health and/or social care staff in relation to personal hygiene and care
- Impaired cognition and/or physical disabilities e.g. learning disabilities; mental health conditions; dementia-type conditions
- Unwillingness to attend appointments with relevant staff such as social care, healthcare or allied staff
- Living in insanitary, possibly verminous conditions, with blocked toilets leading to the hoarding of faeces / urine
- Neglect of household maintenance leading to the creation of hazards
- Hoarding behaviours creating potential mobility and fire hazards
- Not disposing of household rubbish in conventional ways thus leading to potential squalor
- Animal collecting with potential neglect of their needs
- Failure to maintain social contact or to manage finances; social isolation and / or exclusion
- Involvement with individuals or groups which cause the person harm and from which the person is unable to withdraw e.g. financial exploitation, physical assault
- Refusing to allow access to organisations with an interest in the property e.g. utility companies and/or landlords
- Unstable and inadequate housing, e.g. ‘sofa-surfing’, the threat of eviction from a rented property, living in a privately-owned property which is unsafe
- A general lack of ‘insight’ into their difficulties, risks and condition which may stem from a lack of capacity to make specific decisions at the time they need to be made. Fluctuations in capacity may be severely influenced by various factors including, for example, abuse of alcohol or drugs, abuse of or the side effects of prescribed medication; mental illness; physical illness (e.g. hormonal conditions) or cognitive impairment
- Poverty and lack of mobility may exacerbate the situation of the individual, which may contribute to the adult becoming unable to access health, care or maintain their home
- Issues of pride and a refusal to accept declining skills to self-care may also play a part in refusing support

- Research suggest that chronic low self-esteem is an important factor, as well as experience of events perceived by the person to be traumatic
- In some instances, neglect occurs when an adult, who is unable to self-care and who is dependent on a family carer, does not receive the care they need
- People on the autistic spectrum may also struggle to self-care and to manage their environment, and may be fearful of intervention because of difficulties communicating and engaging with others
- Be alert, too, for situations where there is evidence that a child is suffering or is at risk of suffering significant harm due to self-neglect by an adult. In such circumstances, a referral will need to be made to the Children's Integrated Access and Referral Team (i-ART).

Appendix 2 – Characteristics and causes of environmental self-neglect (Hoarding)

Hoarding is the excessive acquisition, retention and failure to discard a wide range of any material/property to the point that it impedes day to day functioning of the person whether socially, occupationally or domestically. There is a persistent difficulty in discarding or parting with possessions, regardless of their actual value.

The behaviour usually has deleterious effects – emotional, physical, social, financial, and even legal – for a hoarder and family members. For those who hoard, the quantity of their collected items sets them apart from other people.

Commonly hoarded items may be newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food and clothing as well as collections of items have got out of hand and take over the living space
Pathological or compulsive hoarding is characterised by:

a) Acquiring and failing to discard many items that would appear to hold little or no value and would be considered rubbish by other people
b) Severe "cluttering" of the person's home so that it is no longer able to function as a viable living space
c) Significant distress or impairment of work or social life

General characteristics of Hoarding often include:

- An excessive attachment to possessions with people holding an inappropriate emotional attachment to items
- Excessive acquisition of many often-valueless items
- Indecision – people who hoard struggle with decisions as to whether they should discard items that are no longer necessary, including items considered by most people as rubbish
- Extreme clutter which may prevent several, or all, of the rooms in a property being used for their intended purpose. Any attempt to clear space invariably results in 'churning' behaviour – i.e. simply moving items from one part of the property to another without ever discarding anything

- High levels of fear and anxiety – relieved in the mind of the hoarder by acquiring more property whether by buying or failure to discard. Any attempts to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack.
- Individuals who are often socially isolated as a result of having alienated family and friends, and may be embarrassed to have visitors
- Poor standards of self-care are often experienced by those who hoard, due to lack of toileting or washing facilities in their home being overtaken by possessions. Some people who hoard will use public facilities in order to maintain their personal hygiene and appearance
- The behaviour pattern is often long-standing developed over many years or decades and individuals will typically see nothing wrong with their behaviour and the impact that it has on them and others.

Hoarding is a standalone mental disorder and no longer considered to be directly linked to Obsessive Compulsive Disorder. The ICD-11 effective from 1st January 2002 lists Hoarding as a sub-category of Obsessive Compulsive or Related Disorders with a coding of 6B24, although it can 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 which may be understood by the strong emotional attachments people have to their objects which are well in excess of their real value.

Generally, hoarding is one of three types – the hoarding of inanimate objects, animal hoarding or data hoarding. Underlying that behaviour, it is not uncommon to find:

a) Co-existing mental disorder e.g. depression, anxiety, PTSD, OCD, personality disorder, ADHD, addictive behaviours
b) History of loss / bereavement and/or traumatic responses. This is emotion driven hoarding and people will form close relationships with objects rather than people
c) Deprivation or hardship in earlier life e.g. the person has lived through harsh socio-economic circumstances, or the child leaving a residential care setting having had few possessions and consequently keeps items ‘just in case’ they may be required later
d) Cognitive decline and/or sensory loss and/or physical ill health.

Appendix 3 – Clutter Image Rating Scale

The Clutter Image Rating Scale (“CIRS”) is three sets of 9 colour photographs with each set depicting rooms in the home (bedroom, living room and kitchen) with varying amounts of clutter (1 = least cluttered, 9 = most cluttered). During an assessment people are asked to rate the level of clutter in the corresponding room in their homes using these photographs. A rating of 4 or above suggests clutter significant enough to warrant professional intervention.

Clutter Image Rating: Bedroom

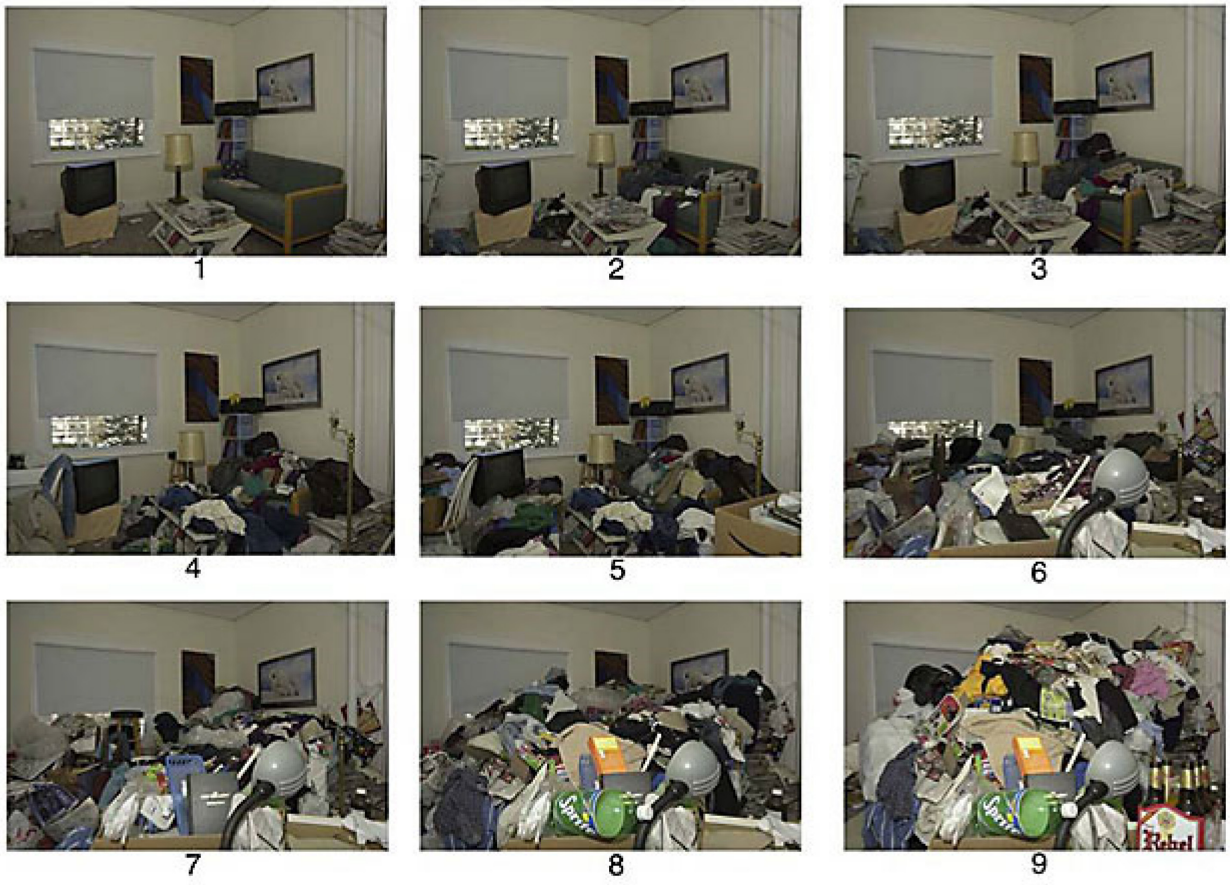
Please select the photo that most accurately reflects the amount of clutter in your room.

1) The room is tidy, the bed has nothing on it, the floor is clear and the room is clean (free from dirt, cobwebs etc).
2) There are some items on the floor, however they do not block access. The bed has several items on it, again these can be easily moved so the occupant can sleep in the bed.
3) There is more clutter on the floor, however this can be moved or stepped over to access the bed. The bed has several more items on it, but can be accessed by the occupant to sleep in.
4) There are more items that are stored on top of the bed and on the floor. The bed can still be seen, however it is harder to access the bed due to the items on the floor and the number of items stored on the bed.

5) The bed can no longer be seen due to the items stored on it and the number of items stored on the floor make it difficult to access the room, it will likely take several minutes of moving items to access the bed.
6) You would not know that there is a bed in the room, due to the number of items stored on it. The room itself is now almost inaccessible and items not associated with bedrooms are beginning to be stored, such as old newspapers. The floor cannot be seen easily.
7) The items stored in the room are now almost halfway up the walls. The floor cannot be seen and it will be difficult to move very far into the room.
8) The items stored in the bedroom now are approximately three quarters the way up the wall. The room is not accessible.
9) The items stored in the bedroom are now nearly up to ceiling height in some points. The bedroom is not accessible and there is very little further room to store additional items in.

Clutter Image Rating: Living Room

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



1) The room is tidy, the couch / chair has nothing on it, the TV can be watched and lighting can be accessed. The floor is clear and the room is clean (free from dirt, cobwebs etc). The room can be accessed easily and used as a living room.
2) There are some items on the floor, however they do not block access. The couch / chair has several items on it, again these can be easily moved so the occupant can sit down. The TV can be watched and lighting remains accessible. The room can be accessed and used as a living room.
3) There is more clutter on the floor, however this can be moved or stepped over to access the couch / chair. The couch / chair has several more items on it but can be accessed by the occupant to sit down. The TV is still accessible as is lighting. The room can still be used as a Living room.
4) There are more items that are stored on top of the couch / chair and on the floor. The couch / chair can still be seen, however it is harder to access it due to the items on the floor and the number of items stored on the couch / chair. The TV and lighting can still be accessed.
5) The couch / chair can no longer be seen due to the items stored on it and the number of items stored on the floor make it difficult to access the room, it will likely take several minutes of moving items to access the couch / chair. The lamp and TV are accessible, however it will be difficult to sit down to watch TV.
6) You would not know that this is a living room, due to the number of items stored in it. The room itself is now almost inaccessible and items not associated with living rooms are beginning to be stored, such as an old vacuum cleaner. The floor cannot be seen easily accessed and lighting and the TV are hidden by items.
7) The items stored in the room are now almost halfway up the walls. The floor cannot be seen and it will be difficult to move very far into the room.
8) The items stored in the room are now are approximately three quarters the way up the wall. The room is not accessible.
9) The items stored in the room are now nearly up to ceiling height in some points. The living room is not accessible and there is very little further room to store further items in.

Clutter Image Rating Scale: Kitchen

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


1


2


3


4


5


6


7


8


9

1) The room is tidy, the fridge, cooker and table can be accessed easily.
2) There are some items on the floor, however they do not block access. The fridge, cooker and table can still be accessed.
3) There is more clutter on the floor, however this can be moved or stepped over to access the kitchen. The fridge, oven and table can still be accessed but there is more clutter on the work surfaces.
4) The fridge and table can still be accessed. The amount of clutter on the kitchen floor will make accessing the oven and kitchen cupboards difficult.
5) It will be more difficult to access the dining table and fridge due to the extra clutter. The kitchen floor is now covered with items, but a pathway between them might still be possible, but is definitely a trip hazard.
6) The kitchen floor now has larger, non kitchen items blocking any previous access to the kitchen. The lower Fridge door is unlikely to open and the dining room table has too much clutter on it to be used.
7) The items stored in the room are now almost halfway up the walls. The floor cannot be seen and it will be difficult to move very far into the room.
8) The items stored in the now are approximately three quarters the way up the wall. The room is not accessible.
9) The items stored in the room are now nearly up to ceiling height in some points. The kitchen is not accessible and there is very little further room to store further items in.

The stages below set out the process of application of the Clutter Image Rating Scale. If you consider that a person lacks capacity, contact the Community Access Team.

1. Referral to Safeguarding Lead in your organisation (Consider a Mental Capacity Act Assessment if required)
2. Assessment (using CIRS and assessment tool)
3. Joint assessment if client not known or situation unclear
4. If assessment indicates Level 1 – Signpost the person
5. If assessment indicates Level 2 – Escalate concerns
6. If assessment indicates Level 3 – Raise Safeguarding alert within 24hrs
7. Monitor and review

Use the CIRS to determine the extent of the person's hoarding:

Images 1-3 indicate level 1
Images 4-6 indicate level 2
Images 7-9 indicate level 3

Then refer to the following clutter assessment tool guide which details the appropriate action to be taken, ensuring every step is properly recorded.

Assessment tool guidelines

1.Property structure services and garden area

- Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space. Risk assessments?
- Does the property have a smoke alarm?
- Visual Assessment (non-professional) of the condition of the services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning heating, this will help inform your next course of action
- Are the services connected? Assess the garden - size, access and condition

2. Household functions

- Assess the current functionality of the rooms and the safety for their proposed use e.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it
- Select the appropriate rating on the clutter scale
- Estimate the % of floor space covered by clutter
- Estimate the height of the clutter in each room

3. Health and Safety

- Assess the level of sanitation in the property
- Are the floors clean? (see CIRS)
- Are the work surfaces clean?
- Are you aware of any odours in the property?
- Is there evidence of rotting food?
- Does the resident use candles?
- Did you witness a higher than expected number of flies?
- Are household members struggling with personal care?
- Is there random or chaotic writing on the walls on the property?
- Are there unreasonable amounts of medication collected? Prescribed or over the counter?
- Is the resident aware of any fire risk associated to the clutter in the property?

4. Safeguard of children and family members

- Do any rooms rate 7 or above on the clutter rating scale?
- Does the household contain young people or children?

5. Animal welfare

- Are the any pets at the property?
- Are the pets well cared for; are you concerned about their health?
- Is there evidence of any infestation? E.g. bed bugs, rats, mice, etc.
- Are animals being hoarded at the property?
- Are outside areas seen by the resident as a wildlife area?

- Does the resident leave food out in the garden to feed foxes etc., (that may cause an infestation or that is having an environmental impact?

6. Personal Protective Equipment (PPE)
   - Following your assessment do you recommend the use of PPE at future visits? (Individual agency should assess this)
   - Following your assessment do you recommend the resident is visited in pairs? Please detail

Level 1 – Assessment and Actions

Level 1 – CIRS 1-3: Household environment is considered standard. No specialised assistance is needed if the resident would like some assistance with general housework or feels they are moving towards a higher clutter image, appropriate referrals can be made subject to age and circumstances.

1.Property structure services and garden area
   - All entrances and exits, stairways, roof space and windows accessible
   - Smoke alarms and carbon monoxide alarms fitted and functional or referrals made to fire brigade to visit and install
   - All services functional and maintained in good working order
   - Garden is accessible, tidy and maintained

2. Household functions
   - No excessive clutter, all rooms can be safely used for their intended purpose
   - All rooms are rated 0-3 on the CIRS
   - No additional unused household appliances appear in unusual locations around the property
   - Property is maintained within terms of any lease or tenancy agreements where appropriate
   - Property is not at risk of action by Environmental Health

3. Health and Safety
   - Property is clean with no odours, (pet or other)
   - No evidence of rotting food
   - No concerning use of candles
   - No concern over flies
   - Residents managing personal care
   - No writing on the walls
   - Quantities of medication are within appropriate limits, in date and stored appropriately

4. Safeguard of children and family members
   - No concerns for household members

5. Animal welfare
   - Any pets at the property are well cared for
   - No pests or infestations at the property

6. Personal Protective Equipment (PPE)

- No PPE required
- No visits in pairs required

Level 1 – Actions

1. Referring Agency
    - Discuss concerns with resident
    - Raise a request to the Fire Brigade to provide fire safety advice
    - Refer for support assessment if appropriate Refer to GP if appropriate

2. Environmental health
    - No action

3. Landlords
    - Provide details on debt advice if appropriate to circumstances
    - Refer to GP if appropriate
    - Refer for support assessment if appropriate
    - Provide details of support streams open to the resident via charities and self-help groups
    - Provide details on debt advice if appropriate to circumstances
    - Ensure residents are maintaining all tenancy conditions

4. Practitioners
    - Complete Hoarding Assessment
    - Make appropriate referrals for support
    - Refer to social landlord if the client is their tenant or leaseholder

5. Emergency services
    - Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits

6. Animal welfare
    - No action required unless advice requested

7. Safeguarding Adults
    - No action unless other concerns of abuse are noted

Level 2 – Assessment and Actions

Level 2 – CIRS 4-6: Household environment requires professional assistance to resolve the clutter and maintenance issues in the property.

1.Property structure services and garden area
- Only major exit is blocked
- Only one of the services is not fully functional
- Concern services are not well maintained
- Smoke alarms and carbon monoxide alarms not installed or functioning
- Garden not accessible due to clutter, or not maintained

- Indoor items stored outside
- Light structural damage including damp
- Interior doors missing or blocked open

2. Household functions
    - Clutter is causing congestion in living spaces and impacting on the use of rooms for their intended purpose
    - Clutter is causing congestion between rooms and entrances
    - Room(s) score between 4-5 on the CIRS
    - Inconsistent levels of house care throughout the property
    - Some household appliances are not functioning properly and there may be additional units in unusual places
    - Property is not maintained within terms of lease or tenancy agreement
    - Evidence of outdoor items being stored inside

3. Health and Safety
    - Kitchen and bathroom not kept clean
    - Offensive odour in the property
    - No maintenance of safe cooking environment
    - Some concern with quantity of medication, or its storage or expiry dates
    - on rotting food
    - No concerning use of candles
    - Resident struggling with personal care
    - No writing on the walls

4. Safeguard of children and family members
    - Hoarding on clutter scale 4 -7 does not automatically trigger a Safeguarding Alert
    - Note all additional concerns for householders
    - Properties with children/vulnerable residents with additional support needs may also trigger Safeguarding Alert

5. Animal welfare
    - Pets at property not well cared for
    - Resident not unable to control the animals
    - Animal's living area not maintained and smells
    - Animals appear under nourished or over fed
    - Sound of mice or rats
    - Spider webs in house
    - Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc) 'Collection' of cats, dogs, snakes, larger animals such as donkeys or horses

6. Personal Protective Equipment (PPE)
    - Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent
    - PPE required

Level 2 – Actions - All actions must include monitoring due to risk of escalation or re-occurrence of behaviours

1. Referring Agency
    - Refer to landlord if resident is a tenant
    - Refer to Environmental Health if resident is a freeholder
    - Request Fire Brigade to provide fire safety advice
    - Provide details of garden services
    - Refer for support assessment
    - Refer to GP
    - Refer to debt advice if appropriate
    - Refer to Anima
    - l welfare if appropriate
    - Ensure information sharing with all agencies involved to ensure collaborative approach

2. Environmental health
    - Refer to Environmental Health
    - Environmental Health Officer decides on appropriate course of action
    - Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004
    - Consider Works in Default if notices not complied with

3. Landlords
    - Inspect the property & assess support needs
    - Assist in the restoration of services to the property where appropriate
    - Ensure residents are maintaining tenancy conditions
    - Enforce tenancy conditions relating to residents' responsibilities
    - Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution

4. Practitioners
    - Refer to "Guidance for Hoarding Guidance Questions to Ask"
    - Complete Practitioners Assessment Tool
    - Ensure information sharing with all agencies involved to ensure collaborative approach and sustainable resolution

5. Emergency services
    - Ensure information sharing with all agencies involved to ensure collaborative approach and sustainable resolution
    - Provide feedback to referring agency on completion of home visits

6. Animal welfare
    - Visit property to undertake a wellbeing check
    - Educate client regarding animal welfare
    - Provide advice / assistance with re-homing animals

7. Safeguarding Adults

- No action unless other concerns of abuse are noted
- If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary

Level 3 – Assessment and Actions

Level 3 – CIRS 7-9: Environment will require an intervention on a multi-agency basis. Referral to Safeguarding will be required due to multiple significant risks. Person may be oblivious to risk

1.Property structure services and garden area

- Limited access to the property due to extreme clutter
- Evidence of extreme clutter seen at windows
- Evidence of extreme clutter outside the property
- Garden not accessible and extensively overgrown
- Services not connected or not functioning properly
- Smoke alarms and carbon monoxide alarms not fitted or functioning
- Property lacks ventilation due to clutter
- Evidence of structural damage / outstanding repairs
- Interior doors missing or blocked open
- Evidence of indoor items stored outside

2. Household functions

- Clutter obstructing living spaces and preventing use of rooms for their intended purpose
- Room(s) scores 7 - 9 on CIRS
- Rooms not used for intended purposes or very limited
- Beds inaccessible or unusable due to clutter or infestation
- Entrances, hallways and stairs blocked or difficult to pass
- Toilets, sinks not functioning or not in use
- Resident at risk due to living environment
- Household appliances not functioning or inaccessible
- No safe cooking environment
- Resident using candles
- Outdoor clutter being stored indoors
- No evidence of housekeeping being undertaken
- Broken household items not discarded
- Concern for declining mental health
- Property not maintained within terms of lease or tenancy agreement
- Property at risk of notice being served by Environmental Health

3. Health and Safety

- Human urine and or excrement may be present
- Rotting food present
- Evidence of unclean, unused and or buried plates & dishes
- Broken household items not discarded
- Inappropriate quantities or storage of medication
- Pungent odour can be smelt inside the property and possibly from outside. Concern with the integrity of the electrics

- Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics
- Concern for declining mental health

4. Safeguard of children and family members
    - Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert
    - Please note all additional concerns for householders

5. Animal welfare
    - Animals at the property at risk due to level of clutter
    - Resident may not able to control the animals at the property
    - Animal's living area not maintained and smells
    - Animals appear under nourished or over fed
    - Hoarding of animals
    - Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) Visible rodent infestation

6. Personal Protective Equipment (PPE)
    - Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent
    - Visit in pairs required

Level 3 – Actions

1. Referring Agency
    - Raise Safeguarding Alert within 24 hours
    - Request Fire Brigade within 24 hours to provide fire prevention advice

2. Environmental health
    - Refer to Environmental Health overview of problems
    - EHO decides on appropriate course of action
    - Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004
    - Consider Works in Default if notices not complied with

3. Landlords
    - Inspect property & assess support needs
    - Attend multi agency Safeguarding meeting
    - Enforce tenancy conditions relating to residents' responsibilities
    - If resident refuses to engage serve Notice of Seeking Possession under Ground 13 Schedule 2 of the Housing Act 1988 (Legal advice needed)

4. Practitioners
    - Refer to "Hoarding Guidance Questions for practitioners"
    - Complete Practitioners Assessment Tool
    - Ensure information sharing with all agencies involved to ensure collaborative approach and sustainable resolution

5. Emergency services
   - Attend Safeguarding multi agency meetings on request
   - Ensure information sharing with all agencies involved to ensure collaborative approach and sustainable resolution
   - Provide feedback to referring agency on completion of home visits

6. Animal welfare
   - Visit property to undertake wellbeing check on animals
   - Remove animals to a safe environment
   - Educate client regarding animal welfare if appropriate
   - Take legal action for animal cruelty if appropriate – refer to RSPCA
   - Provide advice / assistance with re-homing animals

7. Safeguarding Adults
   - Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse
   - Refer to High Risk Panel should be made

Guidance Questions for Practitioners

Listed below are examples of questions to ask where you are concerned about someone's safety in their own home where you suspect a risk of self- neglect and hoarding.

The information gained from these questions will inform a Hoarding Assessment and provide the information needed to alert other agencies. Many clients with a hoarding problem will be embarrassed about their surroundings so adapt the question to suit your customers.

Remember, there are suggested areas of questioning for exploration and must therefore be adapted to the person's circumstances and in all cases, used sensitively;

- How do you get in and out of your property?
- Do you feel safe living here?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen? How have you made your home safer to prevent this (above) from happening again?
- 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)?
- Has a fire ever started by accident?
- How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
- Do you ever use candles or an open flame to heat and light here or cook with camping gas?
- How do you manage to keep yourself warm? Especially in winter?
- When did you last go out in your garden? Do you feel safe to go out there?

- Are you worried about other people getting into your garden to try and break-in? Has this ever happened?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Have you ever seen mice or rats in your home? Have they eaten any of your food? Have they got upstairs and are nesting somewhere?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?
- 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? Is there running water?
- 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)
- What do you do with your dirty washing?
- Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?
- How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
- Are there any broken windows in your home? Any repairs that need to be done? Because of all the possessions you have, do you find it difficult to use some of your rooms? If so which ones?
- Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would dispose of?

Appendix 4 – The Mental Capacity Act

The Mental Capacity Act 2005 (MCA) is clear that a person is unable to make a particular decision for themselves if they cannot:

a) understand the information relevant to the decision
b) retain that information
c) use or weigh that information as part of the process of making the decision d) communicate his decision (whether by talking, using sign language or any other means)

In the event that the individual cannot perform any one of those four tasks, it becomes necessary to ask whether or not that is due to a “disturbance or impairment in the functioning in the person’s mind or brain”, as it must be clearly demonstrated that there is a causal link between the two aspects of the test – see g) below.

In addition, the principle of equal consideration and non-discrimination states that a person is not to be regarded as lacking capacity based on assumptions such as illness or condition, age or appearance, behaviour, past problems with decision making or inability to make more complicated decisions.

The test of capacity, outlined above, is contingent upon a good understanding of the 5-principles on which the Act is built – namely:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that the starting point is that, in self-neglect cases, the person can make their own decisions concerning their property and general welfare.
2. People must be supported as much as possible to make their own decisions before anyone concludes that they cannot do so. This means that every effort should be made to encourage and support the person to make the decision for himself/herself and ALL practicable steps must be used (e.g. appropriate communication styles and resources).
3. People have the right to make what others might regard as unwise or eccentric decisions. Everyone has their own values, beliefs and preferences which may not be the same as those of other people. People cannot be treated as lacking capacity for that reason.
4. Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests Practitioners will need to be familiar with the Best Interests checklist as described in the MCA Code of Practice and its application.
5. Anything done for, or on behalf of, people without capacity should be the least restrictive of their basic rights and freedoms. This means that when anything is done to, or for, a person who lacks capacity the option that is in their best interests and which interferes the least with their rights and freedom of action must be chosen.

Establishing a person's capacity to make decisions about their self-neglect and hoarding is often a challenging exercise for professionals. The MCA is clear on the presumption of capacity and the rights of individuals to make unwise or eccentric choices; however, assessing the capacity of someone who is both seriously neglecting themselves to the extent of threat to life and well-being and who refuses to engage is not easy.

The Mental Capacity Act 2005 is an empowering piece of legislation and before any assessment of an individual's capacity, every possible attempt must be made to support the person to come to their own autonomous decision concerning their welfare and wellbeing.

Only when all attempts have been exhausted and concerns remain that the person is unable to make a decision for themselves (or that their decision would potentially increase their vulnerability or put them seriously at risk, or indeed is a very out of character decision) should an assessment of capacity be carried out.

Assessment must be made in relation to both the person's decisional (the person's ability to understand and reason through the elements of a decision in the abstract) and executive functioning (the ability to realise when a decision needs to be put into practice and executed at the appropriate moment – the 'knowing/doing' association) in coming to an overall conclusion concerning their capacity. A simple way to demonstrate this is to use 'tell me/show me' approaches. Ask the person to 'tell you' how to do something, and then ask them to 'show you' how to do it.

Impairment of executive capacity can make it difficult for a person to make decisions in the moment when the decision needs to be executed e.g. the person may recognise the need to administer insulin to themselves for their diabetes management but fail to act on that need.

With each assessment, practitioners should think about the following:

a) An assessment of capacity should only be undertaken when all other avenues to help the person make the particular decision in question have been properly explored and you have taken 'all practical steps' to help (Principle 2 MCA 2005) and yet concerns remain.
b) Capacity is decision specific – what is the specific decision that the person is required to make? As a practitioner, you will need to be able to say with confidence that your client does or does not have capacity to make this specific decision at this time e.g. The statement 'Mrs X lacks capacity' is meaningless in law. However, the statement that 'Mrs X lacks capacity to make decisions concerning her personal care' would be acceptable.
c) Once the capacity question has been identified, this should be put to the person in appropriate language, and their response recorded. This is important as it provides a baseline for further conversation of the issue.
d) A good capacity assessment is a conversation between equals – it is not a tick box exercise to be carried out by someone demonstrating their professional authority.
e) It may be necessary for an assessment of capacity to be carried out with a colleague, particularly in a complex situation. A second opinion is often useful.
f) An assessment of capacity is a three-stage process with the standard of proof being the 'balance of probabilities' – i.e. The assessor does not have to be 100% sure that their assessments are correct. Balance of probabilities simply means: "I have a **reasonable belief** that this person has capacity (or lacks capacity) at the moment to make this particular decision …"
g) **The Assessment: Stage 1 – is the person unable to make the decision?** What has 'triggered' the assessment? Be clear as to the reasons why an assessment is necessary. Once the capacity question has been identified, ask:

    1. Is the person unable understand the information about the decision to be made? (the Act calls this 'relevant information').

In advance of the assessment the assessor should do their homework and note 4 or 5 things which a capacitous person would be reasonably expected to understand in relation to this decision. These would form the basis of the assessment – i.e. does the person understand these issues? The person would usually only need a basic understanding, just enough to inform the decision-making process.

2. Is the person unable able to retain the information in their mind?

   In advance of the assessment, the assessor should consider how long it is reasonable to expect a capacitous person to retain the information in their mind. For a decision that is more ongoing (e.g. attending to their own personal hygiene) it is reasonable to expect the person to be able to retain the information at least until they are implementing the decision to look after themselves, which might be later that same day, or perhaps weeks later.

3. Is the person unable to use or weigh that information as part of the decision-making process?

   In advance of the assessment, note down the kinds of issues that a capacitous person would be reasonably expected to use or weigh in relation to the decision. These are often the "what if …" type questions such as "what would happen if I continue not taking my medication…?" or "how likely is it that I would scald myself when making a cup of tea…?" or "how would I call for help if I were to fall at home…?"

4. Is the person unable to communicate their decision (by talking, using sign language or by any other means)?

   There are many ways of communicating, and the assessor must explore those ways, especially where the person has difficulty in using "conventional" communication methods. A simple squeeze of the hand, or a blink of an eye, may be enough if the assessor is clear about what the person is communicating.

h) The Assessment: Stage 2 – is there an impairment or disturbance in the functioning of the person's mind or brain?

The assessor must have a reasonable belief (not certainty), that, on the balance of probabilities the answer to this question is "yes". There does not need to be a formal diagnosis although if there is then you should say so. It is not enough simply to write the word "dementia" or "schizophrenia" etc. The assessor must explain what evidence they have for believing that the person does have an impairment or disturbance, and how that impairment or disturbance manifests itself.

i) **The Assessment: Stage 3 – is the person's inability to make the decision because of the identified impairment or disturbance? (the "causative nexus")**
There must be a causal connection between the person's impairment or disturbance in the functioning of the mind or brain (Stage 2) and their inability to make the decision (Stage 1) i.e. the assessor must explain how the (dementia) is causing the person's inability to make the decision. It is not enough to say the person is unable to make the decision, and they have (dementia). You must explain that the person is unable to make the decision because of their (dementia).

j) Indecision, avoidance of a decision or indeed refusal of treatment or any other intervention should not be confused with a lack of capacity and people do have the right to make unwise decisions. When presented with this scenario, practitioners should be very clear in their minds that this does not represent a significant change from the person's usual opinions or previously stated wishes. If so, then further enquiry will need to be made.

k) People who do have capacity may still need support and further assessment using the provisions of the Care Act / Mental Health Act may still be warranted. Multi-agency discussions will be necessary as may legal advice.

l) If you are clear that the person does lack capacity in relation to a particular matter, then detailed reasoned discussions will need to take place, which must include the person themselves, to determine what actions might need to be taken in their best interests. A lack of capacity is not an 'on-off' switch for either the human rights or personal dignity of the individual.

m) Do not forget that at every stage of the process of assessment good recording is essential – and especially so in the event of 'unwise or eccentric' decisions.

Appendix 5 – The Care Act

By way of expansion of Paragraph 7(i) above, the National Eligibility Criteria ("NEC") (Care Act s13) referred to are as follows:

<u>National Eligibility Criteria</u>

Condition 1

The adult's needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors.

Condition 2

As a result of the adult's needs, the adult is unable to achieve two or more of the outcomes specified in the regulations and outlined in the section 'Eligibility outcomes for adults with care and support needs'.

Eligibility Outcomes

- Manage and maintain nutrition
- Maintain personal hygiene
- Manage toilet need
- Being appropriately clothed
- Be able to make use of their home safely
- Maintain a habitable home environment
- Develop / maintain family and other personal relationships
- Access / engage in work, training, education or volunteering
- Make use of community services
- Carry out caring responsibilities for a child

Local authorities must also be aware that 'being unable' to achieve an outcome includes any circumstances where the adult is:

- unable to achieve the outcome without assistance. This includes where an adult would be unable to do so even when assistance is provided. It also includes where the adult may need prompting. For example, some adults may be physically able to wash but need reminding of the importance of personal hygiene.
- able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety. For example, an older individual with severe arthritis may be able to prepare a meal but doing so would leave them in severe pain and unable to eat the meal.
- able to achieve the outcome without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others. This would include, for example, cases where the health or safety of another member of the family, including a child, could be endangered when an adult attempts to complete a task or an activity without relevant support;
- able to achieve the outcome without assistance but takes significantly longer than would normally be expected. For example, a physically disabled adult can dress themselves in the morning, but it takes them a long time to do this, leaves them exhausted and prevents them from achieving other outcomes.

Local authorities must consider whether the adult is unable to achieve the whole range of outcomes contained in the criteria when making the eligibility determination.

There is no hierarchy to the eligibility outcomes – all are equally important.

Condition 3

As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on the adult's wellbeing, determining whether:

- the adult's needs impact on at least one of the areas of wellbeing in a significant way or the cumulative effect of the impact on several the areas of wellbeing means that they have a significant impact on the adult's overall wellbeing.

Note that the NEC is determining whether a person's assessed needs are eligible for support from the Local Authority only. It is not a determination about suitability for a service provision or even about what type of support the Local Authority should or should not provide to meet the need.

How to Apply the National Eligibility Criteria:

The National Eligibility framework should be applied against the information gathered during assessment in order to determine which (if any) of the persons needs are eligible for the Local Authority to meet under the Care Act.

For each need the person has in the areas listed above a judgement must be made by the Local Authority as to whether the person is able to achieve that need and if not, whether not being able to do so has a significant impact on their wellbeing.

Unable to achieve

As above, and by way of summary a person is deemed 'unable to achieve' a listed outcome if they are:

a. Unable to achieve it without assistance or
b. Able to achieve it without assistance but doing so causes them significant pain, distress or anxiety (this is a determination made using professional judgement) or
c. Able to achieve it without assistance but doing so endangers or is likely to endanger the health and safety of the person or others; or
d. Able to achieve it without assistance but takes significantly longer than would normally be expected (this is a determination made using professional judgement).

Significant impact

Significant impact on the wellbeing of the person can mean:

a. A single impact on a single area of wellbeing that is seen as significant;
b. A cumulative effect, where several areas of wellbeing are impacted significantly or where the overall impact is significant; or
c. A domino type effect, whereby the impact on wellbeing may not yet be significant, but where ongoing stability in the situation is unlikely and it is anticipated that outcomes will be significantly impacted in the near future without support.

Fluctuating needs

Where the level of a person's needs fluctuates, in determining whether their needs meet the eligibility criteria, the Local Authority must consider their circumstances over such period as it considers necessary to establish accurately their level of needs. This means that judgements about eligibility should not be made on either a 'worse case' or 'best case' scenario.

When to apply the NEC

Only when the Local Authority is satisfied based on a needs assessment that a person has needs for Care and Support, should it determine whether any of the needs meet the National Eligibility Criteria. This means that the eligibility criteria cannot lawfully be applied before an assessment has been completed.

- Referral
- Assessment
- Eligibility
- Ordinary residence

Communicating the outcome of eligibility

Having decided, the Care Act requires that in all cases the Local Authority must give the person concerned a written record of the determination and the reasons for it. Under the Care Act the final decision on eligibility rests with the Local Authority.

Needs that are not eligible

Where none of the person's assessed needs meet the eligibility criteria, the Local Authority must give them written advice and information about:

a. What can be done to meet or reduce the needs; and
b. What can be done to prevent or delay the development of needs for Care and Support in the future.

Needs that are eligible

Care and Support needs

Where at least some of a person's needs for Care and Support meet the eligibility criteria, the Local Authority must:

a. Consider what could be done to meet those needs.
b. Ascertain whether the person wants to have those needs met by the Local Authority; and

c. Establish whether the person is ordinarily resident in the Local Authority area

It is accepted that if the person is refusing a needs assessment then the process becomes far more difficult on a practical level. If this is the case, Local Authorities are required to remain in contact with the person, assess as far as possible and document all outcomes. This could require a multi-agency meeting to consider who has the best rapport with the person concerned and who may be able to achieve the assessment, including any relevant capacity assessments and to determine what support can be provided from other agencies to achieve this.

The process will take time, requires compassion for the needs of the person concerned and must comply with the principles of safeguarding (see Paragraph 8 above).

Appendix 6 - Self Neglect Referral Pathway Process

1) Risk factors relating to self-neglect identified by an agency;
2) The person must be vulnerable and pose a risk of harm to themselves or others;
3) Is the client Care Act Eligible? (if yes or unsure go to point 4, if no go to point 8)
4) Referring agency contact the Community Access Team (0300 1237034) and if anytime during the plan you consider the client does not have capacity, refer the case to the Community Access Team;
5) Does the client meet the criteria for the Care Act? (if yes go to point 6, if no go to point 8);
6) Is the client already open to services under the Care Act? (if yes go to point 10, if no go to point 7);
7) Agree plan with client / advocate;
8) Are any other agencies working with the client? (if yes go to point 9, if no go to point 14);
9) Does the client have a plan to reduce risk of self-neglect? (if yes, go to point 10, if no Agree lead agency and agree plan with client and go to point 15);
10) Is the plan mitigating the risks? (If yes go to point 11, if no go to point 12);
11) Continue with plan until next review
12) *Consider High Risk Panel (led by agency requesting panel);
13) Agree plan with client / advocate
14) Single agency lead worker and agree plan with client
15) Continue with plan until next review

*A High-Risk Panel can be requested by any agency, at any time through the process if they feel that outcomes for the client are not being met.

Appendix 7 – Safeguarding

By way of elaboration of Paragraph 8 above, the 6 principles outlined in Making Safeguarding Personal need to be applied in relation to those adults who may be self-neglecting. By way of guidance, consider the following guidelines (not exclusive):

Empowerment

a) How can I ensure that this person has equitable access to services, including the criminal justice service?
b) Have I informed the person about any safeguarding process and the roles of those involved in support whilst maintaining their human rights?
c) How can I take a strength based focused intervention with this person as the expert in their own wellbeing?
d) Have I considered the expectations, wishes, values and outcomes expressed by the person and made them central to any action or intervention?
e) Have I correctly assumed that this person has capacity to consent to interventions and only questioned this with good reason?

Prevention

a) Am I being truly non-discriminatory in all my actions so that the experience of care and support the person has is positive and equitable? Packages of care should not distinguish between those perceived as deserving or undeserving, obstructive or receptive?
b) Am I treating this person with dignity, compassion and respect in all that I am doing?
c) Do I have a good understanding of the legal and policy options that are available in this situation?
d) Have I considered the person's cultural and religious beliefs as well as their personal values in my assessment and planning?
e) Have I considered the needs of any wider family members with Carers' Assessments identifying and addressing additional family needs?

Proportionality

a) Has the least intrusive and restrictive response to the person's situation, relevant to the risk presented, been actioned as appropriate and recorded?
b) Have I discussed and resolved any ethical considerations and evidenced them in practice- i.e. the balance between beneficence (active kindness and caring), non-maleficence (doing no harm), justice (being fair, moral and equitable), and autonomy (freedom from external control and influence; independence)
c) Do I have a good understanding of this person's mental capacity across all decision making, and is this evidenced?
d) Have I evidenced the support offered to help the person understand the decisions to be made in order that they can make an informed decision?
e) Do I have evidence of those decisions that may be unwise decisions made by a person with capacity?

Protection

a) Have I considered whether any other form of abuse has occurred?
b) What information needs to be shared with other agencies, and when would it be appropriate to do so?
c) Have I considered what therapeutic and other support may be necessary, particularly concerning loss, bereavement and other perceived traumas?
d) Has the person got access to advocacy where appropriate?
e) Safeguarding is everyone's business – have roles and responsibilities been clarified and coordinated with a key lead person identified?

Partnership

a) The person is aware of all Agencies involved in their care and support and recognises (or is helped to) the roles and responsibilities of all those agencies

b) What evidence do I have that partners across Agencies have supported each other in overcoming barriers and obstacles that they and the person may have that could prevent or delay the need for more intrusive or restrictive intervention in the future?
c) Do partner organisations take responsibility for decision making and recognise their accountability for both their actions and inactions?
d) Have I considered the person's past occupational interests, recreational or leisure interests and how they can be supported to re-engage with those in order to reduce social isolation and regain purpose?
e) Have I identified local solutions within the person's community and done all I can to support them in maintaining contact with community resources and facilities?

Accountability

a) Have I acknowledged that as a practitioner I am both responsible and accountable for the decisions I make in relation to the person?
b) Has partnership accountability for recognising and determining capacity and consent in safeguarding practice been recognised and actioned in safeguarding plans?
c) Do I have support and guidance regarding when to escalate concerns to appropriate strategic or decision-making forums?
d) Is there evidence of clear and transparent care and support planning in a clearly formulated multi-agency support plan?
e) Have I recognised responsibility for protecting and advocating the human rights of the person and to prevent oppressive and discriminatory practices?

Appendix 8 – Assessment

1. A good assessment of those who self-neglect requires practitioners to ask themselves:

    a) Have I considered the appropriate legal frameworks, particularly the Mental Capacity Act, the Care Act and the Mental Health Act?
    b) Have I considered the wishes and values person concerned and their Carers/Family, and offered / completed a Career's assessment (where appropriate)?
    c) Is my assessment outcome-focused and solution-focused from the person's perspective, using SMART goals?
    d) Have I adequately evidenced Mental Capacity throughout the process?
    e) Has the person been able to access advocacy support where necessary?
    f) Is my assessment evidence based and considered legal frameworks, policy guidelines, research outcomes and the principles of best practice?
    g) Is my assessment clear in how the wellbeing of the person is promoted, and that all safeguarding steps have been made personal?
    h) Is my Risk Assessment robust and would it withstand scrutiny?

i) Has my assessment been properly documented, and have I made decisions which I would be able to defend if necessary?
j) Have I offered 'good' and realistic choices, considering a realistic appraisal of risk as well as the person's strengths?
k) Have I completed my assessment with the person, rather than on him/her, actively listening to what they had to say and used the opportunity to provide education around health, safety and support?

2. As to Risk assessment specifically, this should be considered by reference to the Integrated Adult Social Care and Health Risk Assessment Policy, and attention is drawn to Paragraph 1.3 of that document 'Identifying a potential 'significant risk''. Practitioners are also reminded that the following matters must be taken into consideration and evidenced:

   a) In cases of self-neglect, risk must be considered proportionately i.e. what is the degree of risk with which both the service user and service providers are 'content' with carrying, given that by definition, self-neglect potentially carries a high degree of risk both to self and others
   b) Always aim for the least restrictive option available consistent with the ability of the service user to exercise their fundamental human rights
   c) Living life is not risk free and so a Risks and Strengths Balance model is advocated. Such approach to assessment and support planning in Safeguarding enables an evaluation of potential and/or actual risk factors associated with an individual; an identification of their personal and/or social strengths which mitigate those risks; and places the person at the centre and in control wherever and whenever possible (based upon individual needs, circumstances and legal requirements)
   d) Risks and Strengths model should be collaborative, and person centred. Assessment should consider the person's physical and mental health, their social network, their environment, and their vulnerability and liability to exploitation
   e) There will always be a balance between actual, potential and theoretical risks as against personal strengths, social mitigating factors and human rights/freedoms and practitioners must aim to find that balance.

Appendix 9 – Process to support decision making

1) Concerns about self-neglect;
2) Is the adult known to services? If Yes involve those agencies. If No, and the person has or is suspected of having care and support needs then refer to Adult Social Care;
3) Multi-Agency Assessment of situation or risk – Is there evidence that the neglect will result in serious harm to the person's health or wellbeing?
4) Assess Capacity in relation to specific identified needs (if the client lacks go to point 5, if the client has capacity go to point 6);
5) If lack of capacity, then intervention must be in Best Interests and proportionate;

6) If person has capacity, then work to build a relationship and engage the person;
7) S9 Care Act Needs Assessment (if person in agreement);
8) Implement support plan if eligible and person in agreement (if person accepts plan, go to point 9, if they don't accept plan go to point 10);
9) If person accepts support plan, then monitor and review as necessary to ensure continued engagement and effectiveness;
10) If person rejects plan and remains at high risk are they deemed unable to protect themselves from harm due to refusal of support? (If yes – S42 Enquiry begins);
11) S42 Enquiry – planning, coordinating and evaluating – decide what action is needed in the adult's case (see Safeguarding Policy)

Appendix 10 – Legislation guidelines

The information below does not constitute legal advice which should always be sought prior to any intervention taking place. The legislation listed here can best be described as the 'core' which may inform actions. Various amendments and ancillary Regulations may be relevant in individual circumstances, and there may be additional legislation (e.g. Housing Act 1985, 1986, 2004; Environment Protection Act 1990; Prevention of Damage by Pests Act 1949) which may also offer redress.

Environmental Health

- **Legal Powers and Action:** Power of entry / Warrant (s.287 Public Health Act 1936 (PHA)). Power to gain entry for examination or to execute necessary works under PHA. Police attendance required for forced entry.
- **Circumstances of intervention:** Non-engagement of person. Applies to both Freehold and Leasehold property. Entry for examination / execution of necessary works.

- **Legal Powers and Action:** Environmental Health Officer to apply to Magistrate. Good reason to force entry required as will Police attendance at the property.
- **Circumstances of intervention:** Non-engagement of person or entry previously denied. Applies to Freehold and Leasehold property. Entry for purposes of survey and examination.

- **Legal Powers and Action:** Enforcement Notice (s.83/84 Public Health Act 1936) Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred.
- **Circumstances of intervention:** Filthy or unwholesome condition of premises (articles requiring cleansing or destruction) Prevention of injury or danger to person served. Applies to Freehold/Leasehold property – occupied or unoccupied.

- **Legal Powers and Action:** Litter Clearing Notice (Section 92a Environmental Protection Act 1990) Environmental Health will assess to see if this option is the most suitable.

- **Circumstances of intervention:** Where land open to air is defaced by refuse which is detrimental to the amenity of the locality – e.g. where hoarding has spilled over into a garden area.

Police

- **Legal Powers and Action:** Power of Entry (S17 of Police and Criminal Evidence Act). Person inside the property is not responding to outside contact and there is evidence of danger.
- **Circumstances of intervention:** Information that someone inside the premises was ill or injured and Police would need to gain entry to save life.

Fire Service

- **Legal Powers and Action:** Prohibition or Restriction of Use (Regulatory Reform (Fire Safety) Order 2005). Fire brigade can serve a prohibition or restriction notice on an occupier to take immediate effect. In some circumstances this can apply to domestic premises including single private dwellings where the appropriate criteria of risk to person's property has been met.
- **Circumstances of intervention:** If premises involve such risk to person so serious that the use of the premises ought to be Prohibited or Restricted notice can be served on the responsible person owner/occupier).

Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA

- **Legal Powers and Action:** Animal Welfare Act 2006 Offences (Improvement Notice). Education for owner a preferred initial step. Improvement notice issued and monitored and if not complied with can lead to a fine or imprisonment
- **Circumstances of intervention:** Cases of Animal mistreatment/ neglect. The Act makes it unlawful to be cruel to an animal - a person must ensure that the welfare needs of the animals are met

Mental Health

- **Legal Powers and Action:** Mental Health Act 1983 Section 135(1) enables a police officer to enter private premises, if need be by force, to remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. NB. Place of Safety is usually the mental health unit, but can be the Emergency Department of a general hospital, or anywhere willing to act as such including the person's own home if requested.
- **Circumstances of intervention:** Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being Ill-treated, neglected, being kept other than under proper control or, if living alone is unable to care for self, and that the action is a proportionate response to the risks involved.

All Professionals

- **Legal Powers and Action:** Mental Capacity Act 2005 A decision can be made about what is in the best interests of a mentally incapacitated person by an appropriate decision-maker under the MCA. It is important to follow the empowering principles of the Act and ensure that any actions taken are the least restrictive option available.
    - Adult Social Care (only): Where the decision is that the person needs to be deprived of their liberty in their best interests, a Deprivation of Liberty Safeguards (DoLS) authorisation will be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the Court of Protection may be needed and legal advice should be sought.
- **Circumstances of intervention:** A person who lacks capacity to make decisions about their care and where they should live is refusing intervention and is at high risk of serious harm as a result.

Care Act 2014

- **Legal Powers and Action:** Section 42 enquiries*

In addition to the above, consider the **Human Rights Act 1998:** Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998) to protect the rights of the individual. In cases of self-neglect, **articles 5** (right to liberty and security) and **8** (right to private and family life) of the ECHR are of relevance.

Articles 5 and 8 are not absolute rights, i.e. they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental Health Acts) is unlawful and would be challengeable in the Courts.

Inherent jurisdiction of the High Court: In extreme cases of self-neglect, where a person with capacity is at risk of serious harm or death and refuses all offers of support or interventions, taking the case to the High Court for a decision could be considered. The High Court has powers to intervene in such cases, although the presumption is always to protect the individual's human rights.

Appendix 11 – Practitioner Toolkit

20 top tips to remember when working with people in complex cases of self-neglect:

1. There is no ‘one way’ of working with an individual who may self-neglect, and everyone’s situation must be regarded as unique. The self-neglect, physical or environmental, must be seen as only the symptom of the underlying problems and difficulties that the person may be experiencing, and so simply to address the symptom without addressing the underlying problem will only ever provide a short-term solution at best.
2. Over everything else, remember to respect human rights as well as what may be unwise decisions.
3. If the person does not want to engage with you, persist – do not give up – keep trying but make sure your involvement is lawful. Try ‘cold calling’ rather than sending letters or phoning although for some people, a phone call might be beneficial. Everyone is unique.
4. Agree a ‘secret knock’ with the person if they are concerned about letting people in.
5. Relationship building is vital – be patient and work at the person’s pace. Never ‘assume’ engagement and keep actively pursuing it and understand that persistence and commitment require time.
6. Ask yourself whether you are the ‘preferred professional’ for the person. If not, who is?
7. Think about the need to have a ‘third party’ present – friend, relative of the person might help them to feel more comfortable. Equally, think about joint visits with the referrer or someone else they might trust e.g. Community Psychiatric Nurse.
8. The term ‘self-neglect’ can be perceived as a very stigmatising and emotive term and should be used sparingly and carefully which may mean being discrete when visiting the person’s property.
9. Show curiosity, interest and concern about the person’s welfare.
10. Find out what the person wants and expects from you, and what is concerning them (often that will be unrelated to their self-neglect), and see what strengths they may have to resolve some things for themselves which will help to reinforce the positive aspects of their life.
11. Try to understand the history of how the person came to be self-neglecting and their view of the world – what is their life like? Consider how it may be, or have been, impacted by trauma, bereavement, loss, divorce, stigma, diversity issues.
12. Work on shared goals, not goals based on how you think they should live. Offer choices, but do not make promises you cannot keep – do not over promise – and identify possible sources of support.
13. At the right time, be open and honest with the person (particularly about your concerns and especially if coercive action might be likely), and try and negotiate ‘quick wins’ for the person – possibly leading to ‘bargaining’.

14. Remember to be proportional in your responses and interventions. Think about ‘harm reduction’ approaches rather than ‘abstinence’ from self-neglect. That may be more realistic, and achievable, and less demoralising for everyone.
15. Identify whether any risks of concerns require immediate action. Do the problems and concerns represent a low, medium or high risk? Consider calling a case conference or professionals meeting early in the process in order to share the risk.
16. Keep communication alive with other professionals and where possible the person’s family and friends and anyone else who may be usefully involved.
17. When visiting, have a plan as to what you want to say although it is important to remain informal and client led. Do not wear a uniform and do not go wearing masks, protective suits etc.
18. Remember, you are a guest in the person’s property, so do not touch anything without permission, do not be oppressive and forceful and be conscious of your body language so that you do not make people feel uncomfortable.
19. Always start with ‘safe’ conversations, using visual clues and common prior knowledge about the person and try to find a common interest if possible.
20. For those who environmentally self-neglect, remember that the meaning attached to items and objects is logical to them and just because someone has a lot of items, it does not mean that they are unhygienic.

Appendix 12

1) Is the adult in need of care and support? If so, offer assessment and, if eligible, care and support services. If they refuse to engage move to point 2;
2) Complete a mental capacity assessment which should be time and decision specific. If they refuse to engage, gather as much information as possible then move to point 3;
3) Complete a risk assessment, ideally with the adult. If they refuse to engage, gather as much information as possible, then ….

4) Consider whether there is any legal basis to intervene further and take advice if necessary

   It may be reasonable not to intervene further, as long as no-one else is at risk and the adult's 'vital interests' are not compromised (immediate risk of death or serious harm, or whether a crime has been committed, or there is evidence of coercion).

   There needs to be clear and well documented attempts to discuss this with the person in order to make sure that all decisions are fully explained and recorded and that they have been supported to:
   - Weigh up the risks and benefits of different options
   - Have an awareness of the level of risk and possible outcomes
   - Agree on the level of risk they are taking and have the capacity to do so
   - Access advocacy or other appropriate support

5) If the person continues to refuse to engage, and there are still worries, then:
   a) Record your reasons for not intervening or sharing information, including every detail of your assessment of the person's capacity and of your conversations with them about the potential risks posed by their chosen action.
   b) Review the situation regularly.
   c) Communicate (ideally in writing if appropriate) with them, making sure that they understand where they can go if they want to get help in the future.
6) Make sure that other agencies have been informed and involved as necessary. This means that after all reasonable and proportionate attempts to engage are exhausted, and other agencies have been informed or are involved with the person, then the case may be closed. Where there are no other agencies involved, and the reason will be without any contact, discuss and consider regular contact via professional's support and review. The frequency should be proportionate to the know and presenting risks.

Appendix 13 – Local Services and Resources

The following local services and resources are available as of April 2020:

Community Rangers - a self-funded charity who will help clear overgrown gardens for vulnerable tenants.

Contact Thomas Staples-Deva (Head of Operations) 07377891528

Thomas@rangerservice.org

operations@rangerservice.org

ForHousing Discretionary Fund – available to ForHousing tenants receiving support from the Wellbeing Team.

West Cheshire Facilities Ltd – assistance with clearing properties and gardens, cleaning including deep clean and experience of working with hoarders.

Contact Stace Conroy (Director) M- 07879400663 T – 01516302147
stace@westcheshire.net

Social Care institute for Excellence (SCiE) – Available knowledge and evidence about what works in Adult Social Care in respect of Self Neglect. https://www.scie.org.uk/

Research in Practice for Adults (RIPFA) – Supporting Evidence – Informed practice with adults. https://www.researchinpractice.org.uk/adults/

Appendix 14 – Case Studies

1. Miss X

Miss X is 56 years old and lives alone in a 2nd floor flat. She was referred to the Wellbeing service by the Housing Officer (HO) following a hoarding alert from a repairs operative. A joint visit with the tenant was arranged between the HO and Wellbeing Coordinator (WBC). A hoard was identified as extreme, with the living conditions unsafe and unhygienic. The living space was so severely cluttered that it was no longer able to function as a viable living space.

An assessment was carried out and an action plan agreed with tenant, WBC and cleaner. The HO continued to support the tenant and WBC. Miss X was extremely distressed and embarrassed about the condition of the property and said this had all come about as a result of her decreased mobility and loss of her job. She was unable to manage the situation. She agreed to move into temporary accommodation for health and safety reasons while a suitable property was found.

Outputs:

- Assistance required to move into temporary accommodation
- Funding applied for to clear property

- Assistance with Universal Credits (UC) / Personal Independence Payment (PIP) & Council Tax Reduction
- HELP application for replacement furniture/white goods
- Source curtains & bedding
- Assistance required to move into new property
- Energy Project Plus (EPP) referral for energy advice
- Port Grocery application for affordable food
- Occupational Therapy (OT) referral for mobility aids & adaptations
- Lifeline service
- Referral for Mental Health (MH) counselling
- Source cleaner/gardener/handyman
- Assisted bin collection requested
- Plus Bus referral for door to door transport

Outcomes:

- Assisted with move to temporary accommodation
- Funding awarded to clear property from ForHousing discretionary fund
- Awarded full Council Tax Reduction, Limited Capability for Work-Related Activity (LCWRA), PIP
- HELP application successful: Furniture/white goods awarded
- Curtains, bedding sourced
- Assisted with move to new property-bungalow
- Energy advice provided by EPP; cheapest utility tariffs in place
- Port Grocery used weekly
- Aids and adaptations installed
- ForHousing life-line installed
- Attending counselling support
- Garden and property maintained by garden/handyman/cleaner
- Bins being emptied regularly
- Registered with Plus Bus

Miss X extremely happy with her new home and feels she has got her life back. Now engaging with her daughter and had her granddaughter for a sleepover which she said she thought would never happen. She is thinking of going back to into employment. She has been able to visit her parents using the Plus Bus. She now has more disposable income. She has made friends with her neighbors and is looking forward to spending time in her garden.

Miss X said “I received great support, with practical advice and information about services available to me. I found the coordinator and the service invaluable and I am very grateful”.

2. Mr Y

Mr. Y self-discharged from hospital following major surgery. He was not medically fit but assessed as having the mental capacity to make this decision. He could not therefore be legally detained in hospital. As a type 2 diabetic he was referred to the District Nursing service for support with his insulin. Concerns were raised with Mr Y's General Practitioner (GP) following several visits by District Nurse visit as he had failed to take his insulin with any reliability and had been found on the floor following a fall several times. He was hypoglycemic when the paramedics assessed him. After eating food and taking glucose tablets his blood sugar was corrected although he declined admission to the A&E department for a medical assessment.

Mr. Y. was found on the floor by the District Nurse on 3 further occasions over the following 2 weeks and again refused conveyance to hospital. On assessment he was believed to have the mental capacity to make decisions about staying at home and was able to understand the risks of potential injury or even death as a possible outcome of his actions.

Mr. Y's GP showed concern for his welfare, and made attempts to admit him to hospital, concerned that he was a risk to himself. He assessed his "poor" decision making as an indicator that he lacked the mental capacity to make a decision about his care and treatment and to remain at home, and raised a safeguarding alert through to the local authority.

To better understand the issues around perceived self-neglect and capacity the Clinical Commissioning Group (CCG) Safeguarding lead and district nurse carried out a joint visit. Initially, Mr Y. would not engage in conversation and was keen for the CCG Safeguarding lead to leave his property stating he did not want to go into hospital. Once it was established that this was not the desired outcome, he became less reluctant to communicate and felt safe enough to tell his story.

Mr. Y. described how he was reluctant to go into hospital as his insulin was always removed from him, and administered by nursing staff, not in keeping with his usual routine, which caused him undue stress. He had already lost two close family members as a result of their diabetes and was worried that the same would happen. He was clear about how he would manage low blood sugars and had all the necessary equipment within reach.

Mr. Y. was still acutely unwell following his surgery, which explained why he had fallen and had deranged blood sugars. After further conversation, he agreed to additional visits from the district nurse and to a carer calling once a day.

A joint Mental Capacity assessment was completed which required consideration of his executive as well as decisional capacity and thus an assessment of his ability to carry

out aspects of his care in relation to the decisions he made. This provided re-assurance to Mr. Y's GP.

Both Mr. Y and his daughter were supportive of the assessment and actions that had been taken in order to keep him at home as safely as possible.