HALTON
SAFEGUARDING
ADULTS
BOARD

SELF-NEGLECT

Policy, Procedure and Good Practice Guidance

Version 4.0

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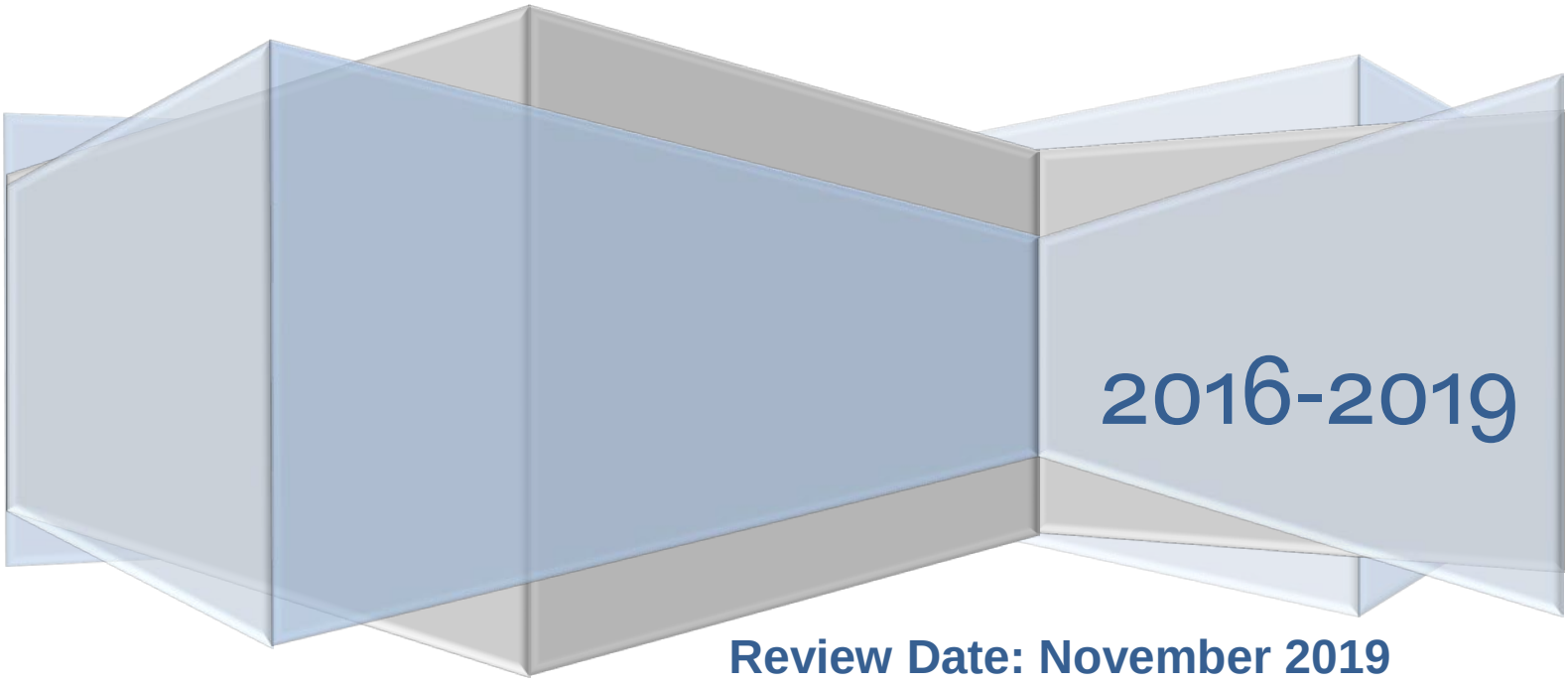


Review Date: November 2019

Contents

Acknowledgements

This policy has been developed with reference to the following documents:

Croydon Multi-Agency Safeguarding Adults Board – Self Neglect Dignity and Choice Practice Guidance for Social Services, Partner Agencies, Voluntary and Community Groups, September 2015

Social Care Institute for Excellence – Self Negelct and Practice Key Research Messages, March 2015

West Midlands Adult Self Neglect Best Practice Guidance and Procedure for responding to Self Neglect concerns and enquiries

Sutton Safeguarding Adults Board – Sutton Multi-Agency Self Neglect and Hoarding Protocol, 2015

Kent and Medway Safeguarding Adults Board – Kent and Medway Multi-Agency Policy and Procedures to support people who self-negelct, April 2015

Cheshire East Council Self Neglect Policy April 2015

Self-Neglect Toolkit - Training, Advice, Solutions and Consultancy

1.0 POLICY

1.1 Introduction

The Care Act 2014 clarified the relationship between self-neglect and safeguarding and has now made self-neglect a category of harm about which the Local Authority has a duty to make enquiries and to assess need with the promotion of well-being at the heart.

In further clarification received from the Department of Health in June 2015, it states that self-neglect is the responsibility of safeguarding boards in terms of ensuring that policies and procedures underpin work around people who self-neglect, balancing self-determination, robust mental capacity assessment, consent and protection. It does not mean that each case of self-neglect must be opened as a Section 42 enquiry, but that each case must receive an appropriate response.

1.2 Aims and Objectives

The aim of this policy and procedure document is to prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:

- Individuals are empowered as far as possible, to understand the implications of their actions
- There is a shared, multi-agency understanding and recognition of the issues concerning self-neglect
- There are effective multi-agency working practices in place
- Concerns received regarding self-neglect are prioritised appropriately
- There is a proportionate response to the level of risk to self and others

These aims and objectives can be achieved by:

- Promoting a person-centred approach which supports the right of the individual to be treated with respect, dignity and to be in control of, and as far as possible, to lead an independent life
- Increasing knowledge and awareness of self-neglect including relevant legislation
- Promoting a proportionate response to self-neglect and approach to risk assessment
- Clarification of different agency and practitioner responsibilities in order to aid identification of a lead agency, when required
- Promoting an appropriate level of intervention through a multi-agency approach

1.3 Principles

The following principles should be adhered to in any work regarding self-neglect and the successful implementation of this policy and procedure:

- The most effective approach to hoarding and self-neglect is to use consensual and relationship-based approaches. These may be more effective if carried out by, or in partnership with, non-statutory parties including and not limited to family members; friends; housing associations; charities and voluntary sector organisations

- Hoarding and self-neglect will be approached in the least restrictive manner unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention

- The rights of individuals under the Human Rights Act 1998 will be supported and consensual interventions will be made unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention

- Risk of harm should always be considered in terms of harm to the individual and harm to other people, for instance, neighbours

- A lead organisation has to be identified when it is necessary to coordinate interventions across multiple organisations to reduce risk of harm to an individual/community

- Leading and coordinating does not mean taking responsibility for carrying out **all** of the necessary work and interventions

1.4 Definitions of Self-Neglect

The Care and Support Statutory Guidance issued under the Care Act 2014 - Department of Health and updated in March 2016, self-neglect has been defined as follows:

"Self-neglect covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and included behaviour such as hoarding. It should be noted that self-neglect may not prompt a Section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support"

Gibbons et al (2006) defined self-neglect as follows:

"The inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and wellbeing of those who self-neglect and perhaps too to their community"

The definition of self-neglect used by Social Care in Excellence (SCIE) during their research project was broad and centred on:

- ***Lack of self-care – neglect of personal hygiene, nutrition and hydration and/or health, thereby endangering safety and wellbeing and/or***
- ***Lack of care of one's environment – squalor and hoarding, and/or***
- ***Refusal of services that would mitigate risk of harm***

Self-neglect may happen because the person is unable to manage to care for themselves or for their home, because they are unwilling to do so, or sometimes both. They may have mental capacity to make decisions about their care, or may not. Often the reasons for self-neglect are complex and varied and it is important that health and social care practitioners pay attention to mental, physical, social and environmental factors that may be affecting the situation. (Braye et al, 2011)

There are also other definitions which may prove useful when considering self-neglect, which are as follows:

Adult at Risk: Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Sigificant Harm:

- Is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development

- The individual's life could be or is under threat
- There could be a serious, chronic and/or long lasting impact on the individual's health and physical/emotional/psychological wellbeing

Significant Risk: Indicators of significant risk could include:

- History of crisis incidents with life threatening consequence
- High risk to others
- High level of multi-agency referrals received
- Risk of domestic violence
- Fluctuating capacity, history of safeguarding concerns/exploitation
- Financial hardship, tenancy/home security risk
- Likely fire risk
- Public order issues; anti-social behaviour/hate crime/offences linked to petty crime
- Unpredictable/chronic health conditions
- Significant substance misuse, self-harm
- Network presents high risks
- History of chaotic lifestyle; substance misuse issues
- The individual has little or no choice or control over vital aspects of their life, environmental or financial affairs

Hoarding:

The acquisition of items with an associated inability to discard things that have little of no value (in the opinions of others) to the point where it interferes with use of their living space or activities of daily living. Hoarding can include new items that are purchased and hoarded. Also, hoarding can include food items, items of no monetary value, refuse and animals.

Signs of hoarding can include:

- Conditions of extreme clutter, especially where necessary objects in the household, like bathroom facilities, food storage, oven, heating sources and entry and exits are blocked
- Inability to throw things away that may seem like, or actually is, rubbish
- Often times there are empty food containers, or papers stacked up in the living space

It is important to recognise that there are numerous factors that might lead to or exacerbate hoarding and self-neglect. These include sensory deprivation/loss (i.e. loss of hearing or sight) and physical disability etc. Hoarding can also become a comfort to someone, especially during times of discomfort or upset. In these cases, relief of or support with these problems may result in an alleviation of self-neglect and hoarding.

Hoarding may become a reason to make safeguarding enquiries when:

- The level of hoard poses a serious health risk to the person or neighbours
- There is a high risk of fire; of infestations by insects or animals; neglect of physical health; lack of adequate nutrition
- Hoarding may be linked to serious cognitive decline and lack of capacity to self-care and care for the environment
- Hoarding is threatening a person's tenancy and they are at risk of being made homeless through closure orders or possession orders

1.5 Indicators of Self-Neglect

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

Indicators of self-neglect can broadly be categorised into two domains – neglect of self and neglect of environment. Possible indicators under these two domains are as follows:

Neglect of Self:

- Either unable or unwilling to provide adequate care for themselves

- Not engaging with a network of support
- Unable or unwilling to obtain necessary care to meet their needs
- Portraying eccentric behaviour/lifestyles leading to harm
- Poor diet and nutrition and personal hygiene
- Declining or refusing prescribed medication and/or other community healthcare support
- Refusing to allow access to health and/or social care staff in relation to personal hygiene and care needs
- Repeated episodes of anti-social behaviour – either as a victim or perpetrator
- Dirty/inappropriate clothing (e.g. clothing not appropriate to season)
- Alcohol/substance misuse
- Social isolation
- Poor financial management leading to unpaid bills
- 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

Neglect of Environment:

- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Obsessive hoarding
- Refusing to allow access to other organisations with an interest in the property, for example, utility companies or housing association
- Unsanitary, untidy or dirty conditions which create hazardous conditions that could cause physical harm to the individual or others
- Fire risk

- Lack of heating
- No running water/sanitation
- Issues with vermin

1.6 Causes of Self-Neglect

The exact cause of self-neglect is unknown. The following information has been taken from the Self-Neglect.Org website. Researchers believe that it is related to one or more of the following factors:

- Decreased executive function/frontal lobe function
- Poor social support
- Physical or mental disability
- Long standing medical conditions
- Mental illness
- Poor reasoning/dementia

(Lien et al, 2016; Day, Leahy-Warren & McCarthy, 2016)

One's life experiences can also effect self-neglecting behaviour (Lien et al 2016; Paveza, Vandeweerd & Laumann 2008). The two most common experiences cited by individuals with self-neglect are traumatic loss of a loved one and being a victim of violence (Lien et al 2016). Self-neglecting elders may not view themselves as having self-neglect (Day et al 2016; Kutame 2007, Bozinovski 2000). This is true even when they are unable to perform essential tasks required to maintain independence. Individuals with self-neglect see themselves as trying to maintain their identify and control within the limits of failing physical and mental health (Day et al 2016; Kutame 2007). In other words, these individuals do not think their condition as self-neglect' instead he or she may think of themselves as self-care challenged.

Risk Factors

Self-neglect most often occurs in the elderly, especially in people over the age of 75 (Lauder & Roxburgh 2012). It can also affect individuals with mental health problems like dementia and long standing alcohol abuse (Lee & LoGuudice 2012). Self-neglect occurs more with social isolation intelligence and certain personality characteristics (Clarkm Mankikar & Gray 1975; Macmillan & Shaw 1966). Self-neglect has no preference for religion or region. It is not known if self-neglect is hereditary.

The following are risk factors for self-neglect:

- Old age

- Depression
- Dementia
- Poor memory, poor reasoning
- Untreated mental health problems
- Long standing and untreated diseases
- Poor diet resulting in low levels of vitamins and minerals
- Alcohol and substance misuse
- Needing help for routine daily activities, social support and transportation
- Not wanting to be around anyone for long periods of time
- Living alone
- Mental confusion that can come and go
- Poverty

(Macleoud 2015; Lauder & Roxburgh 2012; Day & Leahy-Warren 2008; Dyer & Goins 2000)

The following table provides more detail about some of the important risk factors commonly describing self-neglect (Day & Leahy-Warren, 2008):

Risk Factors for Self-Neglect	
Feature	**Comment**
Chronic Diseases	Long-standing medical conditions worsen when neglected
Dementia	Memory loss, poor judgement
Depression	Low self-worth, not enjoying pleasurable activities, lack of motivation and energy
Alcoholism	Malnutrition, dehydration, slow healing injuries, ulcers, dementia
Phobia & Anxiety	Phobias may delay seeking medical care
Delusions Schizophrenia	Suspiciousness, poor social networking, care refusal
Obsessive Compulsive Disorder	Hoarding can cause fire hazards and infestations
Personality Problems	Limits social networking, leading to isolation and depression
Disorders that influence Cognition & Behaviours	May cause delirium and impaired judgement

Sensory impairments	Poor vision and hearing can lead to social isolation and increase risk of falls
Physical Disabilities	Limits the ability to seek care and maintain the environment
Social Isolation	Poor social network, separation, divorce, living alone, bereavement and fear all can promote behaviours such as hoarding
Low Education	Uniformed lifestyle choices
Adverse Life Events	Includes physical, financial or emotional hardship
Independence	Persistent fear of losing one's independence or privacy or being the subject of harm

Mental Capacity

The subject of mental capacity is one which is heavily debated regarding the issue of self-neglect. Research undertaken by Braye, Orr and Preston-Shoot (2011) – "Self-neglect and Adult Safeguarding: Findings from the Research", has proposed that mental capacity consists of two distinct components, which have come to be labelled as Decisional Capacity and Executive Capacity:

Decisional Capacity: Is the ability to make a decision in full awareness of its consequences and is the component that is assessed under the Mental Capacity Act (2005). A person has capacity in relation to a specific decision if they:

- Understand the information relevant to the decision
- Can retain the information, even if only for short periods
- Can use or weigh the information relevant in the decision-making process, including seeing both sides of the argument and being able to make a decision one way or the other
- Can communicate their decision by talking, using sign language or another form of communication understood by others

Executive Capacity: Is the ability to implement and to adapt the implementation of the decision. It is possible for someone to be assesssed to have decisional capacity but to lack executive capacity and this clearly poses a significant problem in practice. The evidence suggests that executive capacity also needs to be assessed, although there is as yet, no formally approved way of doing this.

When an adult refuses to engage and appears to be at serious risk of harm, a detailed and specific capacity assessment of both decision making and executive capacity assessment of both decision making and executive functioning skills is critical in helping to determine how best to intervene. Capacity assessment in these circumstances is not a one off event, but a series of repeated assessments to build an understanding of a person's ability to make informed decisions and to carry out these decisions. If the person refuses initial contact, it is important not to close the case whilst uncertainty remains about the level of risk and the person's capacity to make informed decisions about their circumstances and need for support.

1.7 Addressing Self-Neglect

It is essential for an assessment to be carried out to address needs and risks that is both appropriate and proportionate for the individual in question. The assessment should be informed by the views of carers and/or relatives as well as by the views of the individual themselves, wherever this is possible. Where there are concerns that the individual may lack the mental capacity to fully understand the risks related to their behaviour and their need for care and support, a mental capacity assessment should be considered in relation to their ability to make informed decisions.

Research regarding self-neglect has highlighted the importance of:

- A person centred focus which attempts to establish a relationship of trust and cooperation that can facilitate greater acceptance of support
- Gaining insight into family background and work by professionals to explore the motivation and understanding behind decisions to decline services
- Not accepting superficially refusals of service, which leave professionals working reactively to each crisis rather than proactively engaging with repeated refusals of support
- Monitoring changing needs in order to be ready to respond when the individual did recognise the need for help and may be prepared to engage
- Ensuring that capacity is assessed and recorded thoroughly on a decision specific basis and reassessing capacity over time

- Developing legal literacy and recording the legal basis for decisions

An assessment of self-neglect should include the following elements:

- A detailed social and medical history
- Activities of daily living
- Environmental assessment
- Details of the extent of self-neglect
- Individual's perspective of their situation and needs
- Willingness of the individual to accept help
- Views of family members, healthcare professionals, other relevant professionals/individuals
- Whether there are any children at risk of harm as a consequence of the adult's behaviour

An intervention with an individual who is self-neglecting, was found to be more successful when it:

- Was based on a relationship of trust built over time, at the individual's own pace
- Worked to 'find' the whole person and to understand their life history rather than just the particular need that might fit into an organisation's specific role
- Took account of the individual's mental capacity to make self-care decisions
- Was informed by an in-depth understanding of legal options
- Was honest and open about risks and options
- Made use of creative and flexible interventions
- Drew on effective multi-agency working

Organisations that were found to be most successful in supporting work regarding self-neglect were found to have:

- A clear location for strategic responsibility for self-neglect – usually found to be the Local Safeguarding Adults Board
- Shared understanding of how self-neglect might be defined
- Joined-up systems to ensure coordination between agencies
- Time allocations that allow for longer term supportive involvement
- Data collection on self-neglect referrals and outcomes
- Training and practice development around the ethical challenges, legal options and skills involved in working with adults who self-neglect

Research undertaken by SCIE concluded that self-neglect practice is a complex balance of knowing, being and doing:

Knowing: in the sense of understanding the person, their history and the significance of their self-neglect, along with all the knowledge resources that underpin professional practice

Being: in the sense of showing personal and professional qualities of respect, empathy, honesty, reliability, care, being present, staying alongside and keeping company

Doing: in the sense of balancing hands-on and hands-off approaches, seeking the tiny opportunity for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when the risks are so great that some intervention must take place

The emotional impact of self-neglect must also be taken into account. Individuals who self-neglect can often report a sense of worthlessness and reduced motivation to improve their lives. Many individuals, though not all, were worried about how they would be perceived by others and in some instances would try and “cover up” their self-neglect. This was sometimes due to embarrassment or stigma, but could sometimes be due to fear of eviction or clearing of possessions.

Practitioners dealing with cases of self-neglect can also experience some form of emotional impact. Supervision is extremely valuable in such circumstances, to give practitioners the opportunity to reflect and receive appropriate support.

Information Sharing

Information gathering will aim to build an understanding of:

- Any previous successful engagement with the individual
- Approaches that appeared to disengage the individual
- An insight into the individual's wishes and feelings
- The views of anyone who has contact with the individual including relatives and neighbours

When working with individuals who may be reluctant to engage, the risk of miscommunication between agencies is greater than usual. It is important to ensure that all relevant information is available to those who undertake any assessments. Responses to self-neglect from a range of organisations is likely to be more effective than a single agency response. Sharing information between organisations will usually require the person's consent and each organisation will have to consider when, if at all, it is appropriate to share information without the individual's consent, for example, if it is in the public interest.

Information will only be shared on a "need to know" basis when it is in the best interests of the adult:

- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk
- Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing and wherever possible the Caldicott Guardian should be involved
- Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework

- Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult, then a duty arises to make full disclosure in the public interest.

The decisions about what information is shared and with who will be taken on a case by case basis. Whether information is shared and with or without the adult at risk's consent. The information shared should be:

- Necessary for the purpose for which it is being shared
- Shared only with those who have a need for it
- Be accurate and up to date
- Be shared in a timely fashion
- Be shared accurately
- Be recorded proportionally demonstrating why a course of action was chosen
- Be shared securely

(Self-Neglect Toolkit – Training, Advice, Solutions and Consultancy)

Risk Assessment

It is the responsibility of all involved practitioners to conduct and record a risk assessment and to review and share this when appropriate.

The risk assessment should include the following:

- Whether the person is refusing medical treatment/medication
- Whether there is adequate heating, sanitation, water in the home
- Whether there are signs of the client being malnourished
- The condition of their environment
- Whether there is evidence of hoarding/obsessive compulsive disorder
- Whether there are serious concerns over level of personal or environmental hygiene

- Whether the person may be suffering from untreated illness, injury or disease, physically unable to care for themselves or may be suffering from depression
- Whether the adult has serious problems with memory or decision making, signs of confusion or dementia rendering them unable to care for themselves
- Whether there are associated risks to children
- Seek to establish the individual's life history including any major losses or traumas in order to aid understanding of their current situations

Effective Multi-Agency Working

It is likely that these individuals will not clearly meet the criteria for any one or a number of different agencies or organisations. Previous attempts to engage the individual may have proved unsuccessful. Self-neglect should be viewed as a multi-agency priority and thereby there is an expectation that:

- All partner agencies will engage when this is requested by the lead agency as appropriate or required, and
- Where an agency is the lead agency, then take responsibility for coordinating multi-agency partnership working

There are often a number of practitioners who are involved in self-neglect cases, they can include:

- General Practitioners
- District Nurses
- Community Matrons
- Psychiatrists
- Community Nurses
- Drug and Alcohol services
- Psychologists
- Physiotherapists
- Occupational Therapists
- Communtiy Chiropodists
- Dentists
- Pharmacists
- Community Physicians
- Ambulance Crew
- Police
- Solicitors
- Advocates
- Social Landlords
- Voluntary Organisations

- Housing Associations/Organisations
- Environmental Health
- Fire and Rescue Service
- Welfare Benefits
- Animal Welfare

Self-neglect work can be well co-ordinated when there is clarity and flexibility regarding the role of the practitioners involved, with clear goals agreed by all concerned. It is beneficial to agree a common approach, ensuring consistency of the messages received by the individual concerned. Case conferences, team discussions or multi-agency risk panels have generally been found to be positive from research undertaken. They were found to confirm a sense of direction for each case and helped form agreement on the most appropriate actions to be taken, and by which agency.

1.8 Advocacy

The Care Act 2014 requires that a Local Authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or community care assessment, where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate individual to help them. There is a difference between people who do not lack capacity and have substantial difficulty and people who lack capacity who by the nature of their cognitive impairment will have substantial difficulty.

People who self-neglect or hoard may not agree to engage with an advocate any more than they may agree to engage with any other professional. However, the need for advocacy should be considered and kept in mind. This is especially true of the person's whose situation may lead to sanctions, for example, if the landlord is seeking a possession order due to the unsafe state of the property.

2.0 PROCEDURE

2.1 Procedure for Managing High Risk Self-Neglect Cases

This is the procedures for the management of cases involving individuals who are at high risk of severe injury and/or death due to lifestyle; self-neglect and refusal of services.

Please note: This procedure is intended for use where there is **NO** perpetrator – the risk arises from the individual's refusal to engage with services and/or their high level of self-neglect puts them at risk of severe injury and possible death. It is essential that the referrer/professional establishes that the individual is not a vulnerable adult suffering from abuse from another party before this procedure is implemented.

In the majority of cases the Community Care process or the Care Programme Approach assessment, care planning and review will be the best route to provide appropriate intervention in self-neglect. This will respect the person's right to make unwise choices where there is capacity.

Self-Neglect Referrals to the Local Authority – from provider services/member of the public (external)

- Concerns regarding self-neglect will be made via the same route as all other safeguarding concerns and reported into the Halton Borough Council Contact Centre using the Adult Social Care telephone number (0151 907 8306)

- The concerns will be triaged by IASU and a decision made as to the most appropriate team to try and co-ordinate any efforts at engagement

- Once the referral has been allocated to either IAT; Mental Health or Complex Care Widnes or Runcorn, the referral will be moved onto Risk Assessment Stage

- The type of abuse on the Risk Assessment form should be selected as Self-Neglect

- The allocated worker within the appropriate team will then attempt to coordinate a multi-agency approach to resolve the issues which will need to be evidenced

- If all efforts to engage with the person prove fruitless, it may be necessary for a referral to be made to other resources within the Council, for example, the WAVES project

- Please note any onward referrals do **not** transfer the responsibility of the case, it will still remain the responsibility of the allocated worker

- The Risk Assessment form will be closed on Carefirst when there are agreed actions and clear direction that a case will be allocated to care management for ongoing support

- The risk assessment should also identify what providers/stakeholders need referring to and highlight the support currently in place for the person. This could be family, domiciliary care, GP, Housing Tenancy support etc.

Referrals to the Self-Neglect Panel – Internal only by Care Management teams – Halton BC

Referrals to the Self-Neglect Panel should **only** be made by internal HBC staff once all other avenues have been explored and have proven to be ineffective. There should be evidence of attempts at engagement on a multi-agency level, not single-agency only.

If it is felt that an individual meets the criteria for a High Risk Self Neglect Panel, professionals must discuss the case with their line manager. After discussions if it is appropriate a referral form (see Appendices) will need to be completed and forwarded to the secure email account of the Integrated Adults Safeguarding Unit Halton Borough Council (IASU@halton.gcsx.gov.uk), for consideration as to whether the referral meets the criteria for high risk/self-neglect.

If the case does fulfil the criteria, it will be placed on the agenda of the next multi-agency high risk/self-neglect professionals meeting. Partner Agencies are expected to attend the meeting and provide details of all services that have been offered as well as detailed information on all assessments including capacity and risk. High Risk/Self-Neglect Panel meetings will take place on a monthly basis and will be chaired by a suitably Senior Officer within Cheshire Constabulary or IASU for the duration of the policy pilot.

If a case does not fulfil the criteria the Integrated Adult Safeguarding Unit will contact the referrer to discuss the basis for this decision.

Minutes from the Panel meeting will be circulated to attendees and each agency will take responsibility for the secure storage of these minutes on their relevant databases.

The Integrated Adult Safeguarding Unit (IASU) Halton Borough Council, will keep a record of all actions from the meetings. The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the High Risk/Self-Neglect Panel or IASU, nor will they resume care management for the case.

There will be a review of cases six months after the original meeting to update, share information and monitor outcomes.

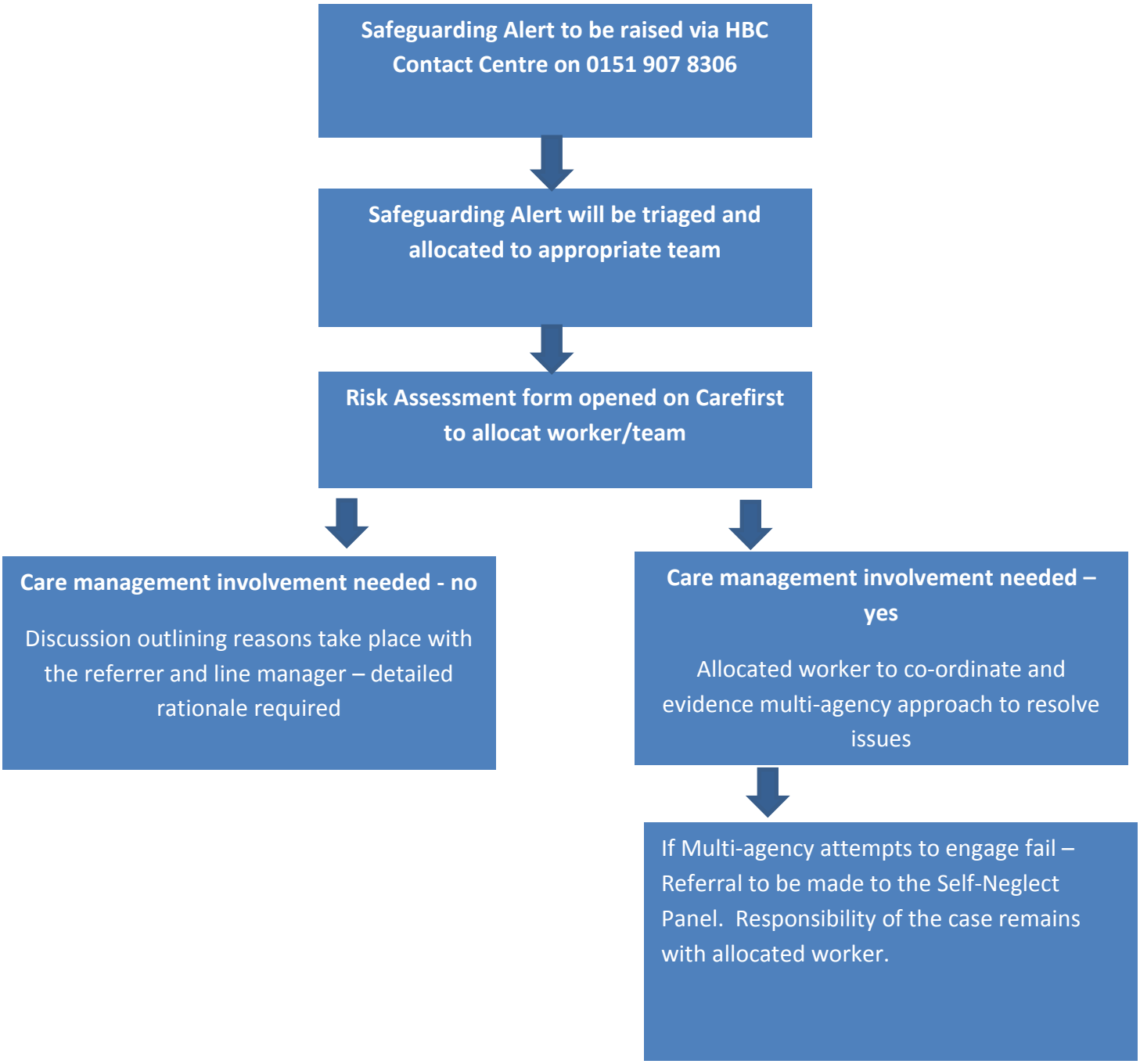
Examples of Inappropriate Referrals

Referrals to the Panel should not be made where it cannot be evidenced that there has been multi-agency efforts to engage the person i.e. where for instance, a person has a drink or drug habit that is jeopardising a tenancy, but there are no other exacerbating features and therefore, no other services involved such as Police or Social Services. In this situation it would not be appropriate for the Panel to lead on addressing what is fundamentally a housing issue.

Referrals should not be made where the lack of engagement is merely sporadic or intermittent, as research shows that full engagement only develops over a period of time with some people, where the efforts to engage with them are sustained and a relationship is established.

Referrals should not be made on the basis of an inability to contact somebody. If there are genuine concerns for welfare, then perhaps consider discussing these with the Police via 101 contact number.

PROCEDURE FLOW CHART



APPENDIX ONE: High Risk/Self-Neglect Referral Form

Please note completed forms should be sent electronically to:

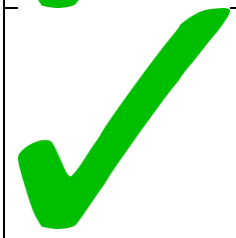
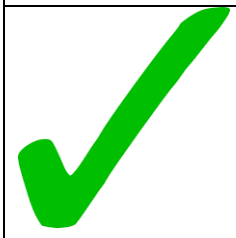
IASU@halton.gcsx.gov.uk

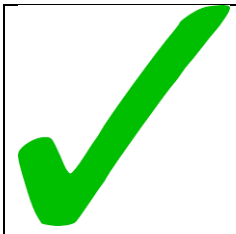
Name of Adult	
Address	
Nature of Vulnerability	
Workers Name	
Details of Concern **(please include a chronology of events and interventions, including outcomes)**	
Name of services/workers that should be invited to the meeting by the Referrer: Please note: If a case is accepted for discussion at a High Risk/Self-Neglect Panel it is the responsibility of the **Referrer** to invite relevant agencies to the meeting to aid discussions regarding the case. It is **NOT** the responsibility of the High Risk/Self-Neglect Panel.	
Is the person aware that this referral is being made? Yes / No Please note: wherever possible consent should be sought, however, if consent is not given a referral can still be made and a discussion will take place	
Managers Comments: Referrals will not be accepted unless evidence of management oversight has been provided and signed	
Signature ***Name*** ***Designation*** ***Date*** ***Date referred***	

APPENDIX TWO: Communicating with someone who hoards

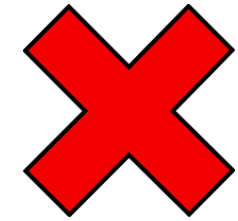
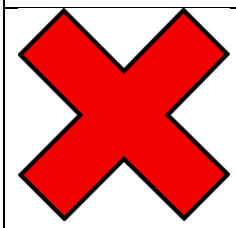
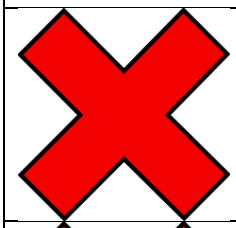
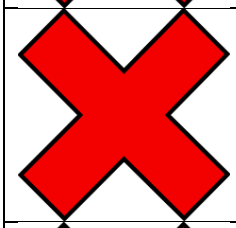
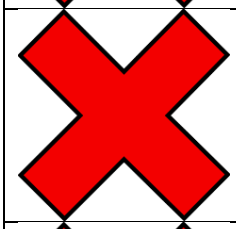
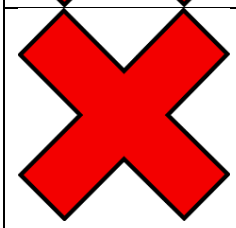
(Source: Self-Neglect Toolkit – Training, Advice, Solutions and Consultancy)

When talking to someone who hoards **DO:**

	**Imagine yourself in that person's shoes** How would you want others to talk to you, to help you manage your anger, frustration, resentment and embarrassment?
	**Match the person's language** Listen for the individual's manner of referring to his/her possessions (e.g. "my things", "my collections") and use the same language (i.e. "your things", "your collections")
	**Use encouraging language** In communicating with people who hoard about the consequences of hoarding, use language that reduces defensiveness and increases motivation to solve the problem (e.g. "I see that you have a pathway from your front door to your living room. That's great that you've kept things out of the way so that you don't slip or fall. I can see that you can walk through here pretty well by turning sideways. The thing is that somebody else that might need to come into your home, like a fire fighter or an emergency responder, would have a pretty difficult time getting through here. They have equipment they're usually carrying and fire fighters have protective clothes that are bulky. It's important to have a pathway that is wide enough so that they could get through to help you or anyone else who needed it. In fact, the safety law states that [insert wording about exits/ways out must be clear], so this is one important change that has to be made in your home"
	**Highlight Strengths** All people have strengths, positive aspects of themselves, their behaviour, or even their homes. A visitor's ability to notice these strengths helps forge a good relationship and paves the way for resolving the hoarding problem (e.g. "I see that you can easily access your bathroom sink and shower", "What a beautiful painting!", "I can see how much you care about your cat"

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

When talking to someone who hoards **DO NOT:**

	**Use judgemental language** Like anyone else, individuals with hoarding will not be receptive to negative comments about the state of their home or their character (e.g. "What a mess!" "What kind of person lives like this?") Imagine your own response if someone came into your home and spoke in this manner, especially if you already felt ashamed
	**Use words that devalue or negatively judge possessions** People who hoard are often aware that others do not view their possessions and homes as they do. They often react strongly to words that reference their possessions negatively, like "trash", "rubbish", "junk"
	**Let your non-verbal expression say what you're thinking** Individuals with compulsive hoarding are likely to notice non-verbal messages that convey judgement, like frowns or grimaces
	**Make suggestions about the person's belongings** Even well-intentioned suggestions about discarding items are usually not well received by those with hoarding
	**Try to persuade or argue with the person** Efforts to persuade individuals to make a change in their home or behaviour often have the opposite effect – the person actually talks themselves into keeping the items
	**Touch the person's belongings without explicit permission** Those who hoard often have strong feelings and beliefs about their possessions and often find it upsetting when another person touches their things. Anyone visiting the home of someone with hoarding should only touch the person's belongings if they have the person's explicit permission

APPENDIX THREE: Questions to ask about hoarding and self-neglect

(Source: Sutton Multi Agency Self Neglect and Hoarding Protocol, 2015)

The following is a list of questions to ask where you are concerned about someone's safety in their own home and where there may be a risk of self-neglect or hoarding. Each question may lead to further questions enquiring when did the event happen and what the outcome was:

1. How did you get in and out of your property, do you feel safe living there?

2. Have you ever had an accident, slipped, tripped up or fallen, how did it happen?

3. How have you made your home safer to prevent this (above) from happening again?

4. How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot or other hazards)

5. How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?

6. How do you manage to keep yourself warm, especially in winter?

7. Do you have an open bar fire or a convection heater?

8. When did you last go out in your garden? Do you feel safe to go out there?

9. Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?

10. Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?

11. Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?

12. Can you prepare food, cook and wash up in your kitchen?

13. Do you use your fridge? Can I have a look in it? How do you keep things cold in the hot weather?

14. How do you keep yourself clean? Can I see your bathroom? Are you able to use the bathroom and use the toilet ok? Have a wash/bath/shower?

15. Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up?

16. Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?

17. What do you do with your dirty washing?

18. How do you keep yourself warm enough at night? Have you got extra coverings to put on your bed if you are cold?

19. Are there any broken windows in your home? Any repairs that need to be done?

20. Have you experienced weight loss recently? How long ago?

21. When did you last see your GP?

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

22. Has a fire ever started by accident?

23. Do you ever use candles or an open flame to heat and light here or cook on a camping gas or a barbeque inside your home?

24. Do you use your gas cooker to heat your home?

Do we want to include the clutter image rating toolkit?

(Share example with Dean – wording of Assessment Tool Guidelines would need to be amended to reflect our processes)

APPENDIX FOUR: Legislation

The following pieces of legislation are important to consider in all aspects of work relating to self-neglect. It is advised that practitioners should closely liaise with a legal representative within their organisation, if in any doubt or are at all unclear on any legal aspects of the work being undertaken regarding self-neglect, before it commences:

Care Act 2014

Under Section 42 of the Care Act, a local authority has a duty to make enquiries itself or cause others to make enquiries in cases where it has reasonable cause to suspect that an adult:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect

A safeguarding enquiry may not necessarily result in what is typically considered to be a 'safeguarding response', such as an investigation by the police or a health and social care regulator, but it could result in other action to protect the adult concerned, such as providing a care and support package for either or both the adult and their carer.

Under the Care Act, there is no express legal power of entry or right of unimpeded access to the adult. However, where necessary, local authorities can apply to the courts or seek assistance from the police to gain access in certain circumstances under existing powers.

Gaining access to an adult who may be at risk of harm

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

- If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare: the Court of Protection has the power to make an order under Section 16(2) of the Mental Capacity Act (MCA) relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person
- If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely: the inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by

an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules.

- If there is concern about a mentally disordered person: Section 115 of the Mental Health Act (MHA) provides the power for an Approved Mental Health Professional (approved by a local authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care.

- If a person is believed to have a mental disorder, and there is suspected neglect or abuse: Section 135(1) of the MHA, a Magistrates Court has the power, on application from an Approved Mental Health Professional, to allow the Police to enter premises using force if necessary and if thought fit, to remove a person to a place of safety if there is reasonable cause to suspect that they are suffering from a mental disorder and

  (a) have been, or are being, ill-treated, neglected or not kept under proper control, OR

  (b) are living alone and unable to care for themselves

Power of the Police to enter and arrest a person for an indictable offence: Section 17(1)(b) of PACE

Common law power of the Police to prevent, and deal with, a breach of the peace.

Although breach of the peace is not an indictable offence the Police have a common law power to enter and arrest a person to prevent a breach of the peace.

- If there is risk to life and limb: Section 17(1)(e) of PACE gives the Police power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. (This represents an emergency situation and it is for the Police to exercise the power)

Mental Capacity Act 2005

This Act established important principles including:

Principle 1: Self-determination and informed consent. There is a presumption that vulnerable adults will take their own decisions and that support, assistance, services and

sometimes major intervention for an individual will be on the basis of that person's informed consent.

Principle 2: Proportionality and least restrictive intervention. Assistance and intervention should be based on a principle of proportionality and least intrusiveness. That is, the extent, nature and degree of a response should be commensurate with the extent, nature and degree of the risks in question.

A person must be assumed to have capacity unless it is established that he lacks capacity. A person is unable to make a decision for himself if he is unable:

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

An inability to satisfy any one of these four conditions would render the person incapable.

Under Section 2 of the Mental Capacity Act 2007 under **Best Interest** the decision maker must:

- Consider whether it is likely that the person will at some time have capacity in relation to the matter in question
- Permit and encourage the person to participate as fully as possible in any act done for them and any decision affecting them
- Consider the person's past and present wishes and feelings (and in particular, any relevant written statement made by them when they had capacity)
- Consider the beliefs and values that would be likely to influence their decision if they had capacity, and the other factors that they would likely to consider if they were able to do so
- Take into account, if it is practicable and appropriate to consult them, the views of:
    - Anyone named by the person as someone to be consulted on the matter in question or in matters of that kind
    - Anyone engaged in caring for the person or interested in their welfare
    - Any done of a Lasting Power of Attorney granted by the person
    - Any deputy appointed for the person by the Court

The Court of Protection can make an order under Section 16(2) of the MCA relating to a person who lacks capacity's welfare, which makes the decision on that person's behalf to allow a third party (including local authority practitioners) access to that person. Failure to comply with an order of the Court of Protection could be a contempt of Court.

The Court can attach a penal notice to the order, warning that failure to comply could result in imprisonment or a fine.

Mental Capacity Act Code of Practice

The Mental Capacity Act Codes of Practice guidance notes cover:

- Who should assess capacity
- Whether the person has made an advance decision or given authority to someone else to make this decision
- How to determine "Best Interest" and when to call a Best Interest meeting
- The role and function of the Independent Mental Capacity Advocate
- The Role of the Court of Protection
- The Deprivation of Liberty Safeguards

When assessing someone who self-neglects it is important to remember that when a person makes a decision which is unwise, inappropriate or places themselves at risk, this does not necessarily mean that they lack capacity to make that decision. Poor decision making alone does not constitute lack of capacity. The assessment of capacity must be based on the person's ability to make a decision in relation to the relevant matter. In case of self-neglect where a person is repeatedly making decisions that place him/herself at risk and could result in preventable suffering or damage, an assessment of capacity should be undertaken.

When a vulnerable adult has been assessed under the Mental Capacity Act as lacking capacity, a referral to an Independent Mental Capacity Advocate will assist to ensure that any action taken is on the basis of the person's best interest.

The action taken should consider:

- The wishes, feelings, values and benefits of the person who has been assessed as lacking mental capacity

- The views of family members, parents, carers and other people interested in the welfare of the person lacking capacity, if it is practical and appropriate

- The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney

- The views of any Deputy appointed by the Court of Protection to make decisions on the persons behalf

Office of the Public Guardian

The Office of the Public Guardian (OPG) functions under the Mental Capacity Act to protect people lacking capacity and specifically to:

- Set up and manage registers of lasting powers of attorney, of enduring powers of attorney and of court order appointed deputies
- Supervise deputies
- Send Court of Protection visitors to people who may lack capacity and to those acting formally on their behalf
- Receive reports from attorneys and deputies
- Provide reports to the Court of Protection
- Deal with complaints about attorneys and deputies

Clearly, these functions are directly relevant to safeguarding. The OPG has published a document outlining procedures and timescales to be followed in response to allegations, suspicions or reports of abuse of a vulnerable adult. It envisages that such concerns may be raised from a variety of sources (OPG, 2008).

Inherent jurisdiction of the High Court

'Inherent jurisdiction' is a term used to describe the power of the High Court to hear any case which comes before it, unless legislation or a rule has limited that power or granted jurisdiction to some other court or tribunal to hear the case. This means that the High Court has the power to hear a broad range of cases including those in relation to the welfare of adults, so long as the case is not already governed by procedures set out in rules or legislation. It is 'common law' developed by the High Court to control the procedures before it and to stop any injustices arising from it being prevented from hearing any case.

It is not normally used in relation to people who lack capacity, because such cases are dealt with by the Court of Protection under the procedures established by the MCA. However, inherent jurisdiction may still be relevant to an adult lacking capacity if the matter and intervention required are not covered by the MCA; for example, when making a declaration of non-recognition of a marriage or depriving a person of their liberty for the purpose of enforcing physical treatment. It will also sometimes be necessary for a local authority to make

an application to the High Court to ask the Court to exercise its inherent jurisdiction to protect an adult with mental capacity.

The order could in principle be directed against a third party and so relevant to a situation on which this guide focuses: the denial of access by a third party to a person suspected of experiencing, or at risk of, abuse or neglect.

http://www.mentalcapacitylawandpolicy.org.uk/wp-content/uploads/2016/02/Inherent-Jurisdiction-Note.pdf

https://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/law/mca2005.asp

Mental Health Act 1983 (amended 2007)

Sections of the Mental Health Act may be applicable in cases of self-harm or self-neglect where the person is also suffering from a mental disorder. In 2007 the term personality disorder, which may be present in cases of self-harm now comes under the definition of 'mental disorder'.

Section 135 Mental Health Act 1983

Provides the authority to seek a warrant authorising a Police Officer to enter premises if it believed that someone is suffering from a mental disorder, is being ill-treated or neglected or kept otherwise than under proper control anywhere within the jurisdiction of the court, or being unable to care for himself and is living alone in any such place. This allows the Police Officer with a Doctor and Approved Mental Health Professional to enter the premises and remove the person to a place of safety for a period of up to 72 hours with a view to an application being made under part II of the Act, or other arrangements for their treatment or care. A place of safety may include a suitable registered care home.

Section 7 of the Mental Health Act 1983 (amended 2007) – Guardianship

Application for guardianship is made by an Approved Mental Health Professional or the person's nearest relative (as defined under the Act). Two Doctors must confirm that:

- The patient is suffering from a mental disorder of a nature or degree that warrants reception into guardianship and;
- It is necessary in the interests of the patients welfare or for the protection of others

The guardian must be a local social services authority, or person approved by the social services authority, for the area in which the proposed guardian lives.

Guardianship requires the:

- Patient to live at a place specified by the guardian

- Patient to attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment) and that a doctor, social worker or other person specified by the guardian can see the patient at home.

Environment Health Legislation

Local authorities with environmental health responsibilities have powers to deal with public health problems, including as a last resort powers of entry to a dwelling. These powers are sometime relevant to vulnerable adults who may be subject to extreme self-neglect or neglect from other people, and where the consequence is that a public health issue has been created.

Public Health Act 1936

Under the Public Health Act 1936, local authorities have a duty to give notice to the owner or occupier of a dwelling to take certain steps to clean and disinfect a dwelling and destroy vermin. The duty is triggered if the local authority believes the filthy and unwholesome state of the premises is prejudicial to health, or if the premises are verminous. Local authorities must give the occupier of a residential address 24hours notice. Entry by force can only be executed under the authority of a Magistrate's Court warrant.

Sections 31-32 Public Health Act (1984)

Section 31: Indicates that the occupier of a premises can be required to 'cleanse and disinfect' the premises and to disinfect or destroy any unsanitary articles. If the occupier fails to comply, the local authority can take the necessary action and charge the occupier for doing so.

Section 32: The local authority can 'cause any person to be removed to any temporary shelter or house accommodation provided by the authority', with or without their consent, using reasonable force if necessary.

If the person does not do what the notice requires, the local authority has the power to carry out the work itself and make a reasonable charge. The person is also liable to a fine.

If a person, or their clothing, is verminous, the local authority can remove him or her – with their consent, or with a court order – for cleansing (Public Health Act 1936, Sections 83-86).

As a last resort the Council has a power of entry to premises, using force if necessary. An order can be obtained from a Magistrates Court (Public Health Act 1936, Section 287).

Section 79: Power to require removal of noxious matter by occupier of premises

The Local Authority will always try and work with a householder to identify a solution to a hoarded property, however, in cases where the resident is not willing to co-operate the LA can service notice on the owner or occupier to "remove accumulations of noxious matter". Noxious not defined but usually is "harmful, unwholesome". No appeal available. If not complied with in 24 hours the local authority can do works in default and recover expenses.

Section 83: Cleansing of filthy or verminous premises

Where any premises, tent, van, shed, ship or boat is either:

(a) Filthy or unwholesome so as to be prejudicial to health; or
(b) Verminous (relating to rats, mice, other pests including insects, their eggs or lavae)

The Local Authority serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within 24 hours or more. If not complied with, Environmental Health can carry out works in default and charge. No appeal against notice but an appeal can be made against the cost and reasonableness of the works on the notice.

Section 84: Cleansing or destruction of filthy or verminous articles

Any article that is so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous, the Local Authority can serve notice and remove, cleanse, purify, disinfect or destroy any such article at their expense.

Prevention of Damage by Pests Act 1949

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

Notice may be served on owner or occupier of land/premises where rats and/or mice are or may be present due to the conditions at the time. The notice may be served on the owner or occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works.

The Local Authority carry out works in default and charge for these.

Environmental Protection Act 1990

The Local Authority has a duty to investigate statutory nuisances as set out in section 79 of the Act. Where satisfied a statutory nuisance exists the Local Authority must serve a notice imposing requirements. The act contains various powers to take action once inside the premises.

Section 80: Dealing with Statutory Nuisances

Statutory nuisances are defined in Section 79 of the Act and include any act or omission at premises that prevents the normal activities and use of another premises, including the following:

Section 79 (1) (a) any premises in such a state as to be prejudicial to health or a nuisance

(c) Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance

(e) Any accumulations or deposit which is prejudicial to health or a nuisance

(f) Any animal kept in such a place or manner as to be prejudicial to health or a nuisance

The local authority serves an Abatement Notice made under Section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.

Please note: Public Health Act deals directly with an occupant, if the property is in a filthy and/or verminous condition. Environmental Protection Act 1990 is usually used where a filthy and/or verminous property is causing, likely to cause or there is likely recurrence of a nuisance to others i.e. the neighbours.

Crime and Policing Act 2014 (section 76093) Part 4, Chapter 3 of the ASB Premises Closures

A closure order can subsequently be issued if the court is satisfied:

- That a person has engaged, or (if the order is not made) is likely to engage, in disorderly, offensive or criminal behaviour on the premises; or
- That the use of the premises has resulted, or (if the order is not made) is likely to result in serious nuisance to members of the public; or
- That there has been, or (if the order is not made) is likely to be, disorder near those premises associated with the use of those premises, and that the order is necessary to prevent the behaviour, nuisance or disorder from continuing, recurring or occurring.

Housing Act 1985, as amended. Clause 14: Access:

This legislation covers the right to force entry for essential maintenance of gas/electricity facilities or to cut off supplies. It provides a right:

- To enter the property at any reasonable time to inspect and carry out any repairs, improvements or other works to the property or any adjoining property, including inspecting for pests and to carry out any treatment works that may be necessary, and

for any purpose that ensures that conditions of tenancy are being adhered to, provided we give you at least 24 hours' written notice.

- In the event of an emergency to enter the property without notice by an necessary means

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/380551/Powers_of_Entry_Review_27_November__2_.pdf

Human Rights Act 1998

Article 8 – Right to respect for private and family life

This states that everyone has the right to respect for his private and family life, his home and correspondence and that there shall be no interference by a public authority with the exercise of this right except in certain circumstances. Any intervention must accord with the law and be for a range of reasons which include public safety and the protection of health or for the protection of the rights and freedoms of others. However Article 8 is a qualified right and has to be balanced against other laws designed to protect the individual and/or those around them.

Article 2 – Right of Life

Article 2 is one of the most fundamental provisions in the European Convention on Human Rights. The state must never arbitrarily take someone's life and must also safeguard the lives of those in its care. In addition, the state must carry out an effective investigation when an individual dies following the state's failure to protect the right of life, or the use of force by government officials.

Article 5 – Right to Liberty and Security

This states that no one should be deprived of his liberty other than in accordance with the procedure prescribed by law or in a number of specified circumstances. One of the provisions relates to 'lawful detention for the prevention of the spreading of infectious diseases, of service users of unsound mind, alcoholics, drug addicts or vagrants'.

APPENDIX FIVE: Health & Care Professionals Council Standards of Conduct, Performance and Ethics

The following sets out the standards of conduct, performance and ethics. The standards set out, in general terms, how the Council expects registrants to behave.

The Health & Care Professionals regulate the following 16 professions:

- Arts therapists
- Biomedical scientists
- Chiropodists/Podiatrists
- Clinical scientists
- Dieticians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthopists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosethetists/Orthotists
- Radiographers
- Social workers in England
- Speech and Language therapists

1. Promote and protect the interests of service users and carers

Treat service users and carers with respect

- You must treat service users and carers as individuals, respecting their privacy and dignity

- You must work in partnership with service users and carers, involving them, where appropriate, in decisions about the care, treatment or other services to be provided

- You must encourage and help service users, where appropriate, to maintain their own health and well-being, and support them so they can make informed decisions

Make sure you have consent

- You must make sure that you have consent from service users or other appropriate authority before you provide care, treatment or other services

Challenge discrimination

- You must not discriminate against service users, carers or colleagues by allowing your personal views to affect your professional relationships or the care, treatment or other services that you provide
- You must challenge colleagues if you think that they have discriminated against, or are discriminating against, service users, carers and colleagues

Maintain appropriate boundaries

- You must keep your relationships with service users and carers professional

2. Communicate appropriately and effectively

Communicate with service users and carers

- You must be polite and considerate
- You must listen to service users and carers and take account of their needs and wishes
- You must give service users and carers the information they want or need, in a way they can understand
- You must make sure that, where possible, arrangements are made to meet service users' and carers' language and communication needs

Work with colleagues

- You must work in partnership with colleagues, sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers
- You must share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a service user

Social media and networking websites

- You must use all forms of communication appropriately and responsibly, including social media and networking websites

3. Work within the limits of your knowledge and skills

Keep within your scope of practice

- You must keep within your scope of practice by only practising in the areas you have appropriate knowledge, skills and experience for

- You must refer a service user to another practitioner if the care, treatment or other services they need are beyond your scope of practice

Maintain and develop your knowledge and skills

- You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development

- You must keep up to date with and follow the law, our guidance and other requirements relevant to your practice

- You must ask for feedback and use it to improve your practice

4. Delegate appropriately

Delegation, oversight and support

- You must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively

- You must continue to provide appropriate supervision and support to those you delegate work to

5. Respect Confidentiality

Using information

- You must treat information about service users as confidential

Disclosing information

- You must only disclose confidential information if:
  - You have permission
  - The law allows this
  - It is in the service user's best interests; or
  - It is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people

6. Manage Risk

Identify and minimise risk

- You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible
- You must not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer or colleague at unacceptable risk

Manage your health

- You must make changes to how you practice, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason

7. Report concerns about safety

Report concerns

- You must report any concerns about the safety or well-being of service users promptly and appropriately
- You must support and encourage others to report concerns and not prevent anyone from raising concerns
- You must take appropriate action if you have concerns about the safety or well-being of children or vulnerable adults
- You must make sure that the safety and well-being of service users always comes before any professional or other loyalties

Follow up concerns

- You must follow up concerns you have reported and, if necessary, escalate them
- You must acknowledge and act on concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so

8. Be open when things go wrong

Openness with service users and carers

- You must be open and honest when something has gone wrong with the care, treatment or other services that you provide by:
  - Informing service users or, where appropriate, their carers, that something has gone wrong
  - Apologising
  - Taking action to put matters right if possible; and
  - Making sure that service users or, where appropriate, their carers, receive a full and prompt explanation of what has happened and any likely effects

Deal with concerns and complaints

- You must support service users and carers who want to raise concerns about the care, treatment or other services they have received

- You must give a helpful and honest response to anyone who complains about the care, treatment or other services they have received

9. Be honest and trustworthy

Personal and professional behaviour

- You must make sure that your conduct justifies the public's trust and confidence in you and your profession

- You must be honest about your experience, qualifications and skills

- You must make sure that any promotional activities you are involved in are accurate and are not likely to mislead

- You must declare issues that might create conflicts of interest and make sure that they do no influence your judgement

Important information about your conduct and competence

- You must tell us as soon as possible if:
  - You accept a caution from the Police or you have been charged with, or found guilty of, a criminal offence
  - Another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you; or
  - You have had any restriction placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence

- You must co-operate with any investigation into your conduct or competence, the conduct or competence of others, or the care, treatment or other services provided to service users

10. Keep records of your work

Keep accurate records

- You must keep full, clear and accurate records for everyone you care for, treat, or provide other services to

- You must complete all records promptly and as soon as possible after providing care, treatment or other services

Keep records secure

- You must keep records secure by protecting them from loss, damage or inappropriate access

http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/

APPENDIX SIX: Nursing and Midwifery Council - The Code – Professional Standards of Practice and Behaviour for Nurses and Midwives

The Code contains the professional standards that registered nurses and midwives must uphold. UK nurses and midwives must act in line with the Code, whether they are providing direct care to individuals, groups, communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education or research. While you can interpret the values and principles set out in the Code in a range of different practice settings, they are not negotiable or discretionary.

Our role is to set the standards in the Code but these are not just our standards. They are the standards that patients and members of the public tell us they expect from healthcare professionals. They are the standards shown every day by good nurses and midwives across the UK.

The Code should be useful for everyone who cares about good nursing and midwifery:

- Patients and service users and those who care for them, can use it to provide feedback to nurses and midwives about the care they receive
- Nurses and midwives can use it to promote safe and effective practice in their place of work
- Employer organisations should support their staff in upholding the standards in their professional code as part of providing the quality and safety expected by service users and regulators
- Educators can use the Code to help students understand what it means to be registered professional and how keeping to the Code helps to achieve that.

The code contains a series of statements that taken together signify what good nursing and midwifery practice looks like. It puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.

Prioritise People – You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.

1. **Treat people as individuals and uphold their dignity**

2. **Listen to people and respond to their preferences and concerns**

3. **Make sure that people's physical, social and psychological needs are assessed and responded to**

4. **Act in the best interests of people at all times**

5. **Respect people's right to privacy and confidentiality**

Practice Effectively – You assess need and deliver or advise on treatment, or give help (including preventative or rehabilitative care) without too much delay and to the best practice. You communicate effectively, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive to improve your practice.

6. **Always practice in line with the best available evidence**

7. **Communicate clearly**

8. **Work cooperatively**

9. **Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues**

10. **Keep clear and accurate records relevant to your practice**

11. **Be accountable for your decisions to delegate tasks and duties for other people**

12. **Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse or midwife in the U.K**

Preserve Safely – You make sure that patient and public safety is protected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

13. **Recognise and work within the limits on your competence**

14. **Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place**

15. **Always offer help if an emergency arises in your practice setting or anywhere else**

16. **Act without delay if you believe that there is a risk to patient safety of public protection**

17. **Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection**

18. **Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations**

19. **Be aware of and reduce as far as possible, any potential for harm associated with your practice**

Promote Professionalism and Trust – You uphold the reputation of your profession at all times. You should display a personal commitment to the standards of practice and behaviour set out in the code. You should be a model of integrity and leadership for others to aspire to. This should lead to trust and confidence in the profession from patients, people receiving care, other healthcare professionals and the public.

20. **Uphold the reputation of your profession at all times**

21. **Uphold your position as a registered nurse or midwife**

22. **Fulfil all registration requirements**

23. **Cooperate with all investigations and audits**

24. **Respond to any complaints made against you professionally**

25. **Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the healthcare system**

If you wish to access the full version of the Code it can be accessed via the following link:

https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

APPENDIX SEVEN: Templates for Self-Neglect Strategy Meeting and Review Meetings

UPDATE WITH NEW AMENDED FORMS

Halton Borough Council

Adults & Community Directorate

MINUTES OF SELF-NEGLECT

STRATEGY MEETING

STRICTLY CONFIDENTIAL

Self-Neglect Strategy Meeting Details:	
Date of Meeting:	
Time of Meeting:	
Venue:	
Chairperson:	
Allocated Worker:	

Adult At Risk:			
Name:		Carefirst Id:	
Date of Birth:		Date of Death: (if applicable)	

Allocated Worker:	
Name:	Allocated Team:
Date Safeguarding Alert Received:	
Has the adult at risk agreed to information being shared with other agencies?	

Has the adult at risk (or relevant family members, where appropriate) been consulted as to their desired outcome from the self-neglect enquiries?
<Guidance Note: Please describe what difference the adult at risk, or their relevant family members, wished to be achieved at the start >

Information about the adult at risk
< Guidance Note: Provide a summary pen picture of the adult at risk, their current circumstances, relevant information about support needs, services received, support networks, family relationships >

Self-Neglect Allegations/Concerns
List specific allegations/concerns requiring exploration

List of Activities Undertaken In Date Order	
Include details of persons interviewed or consulted, records or policies checked	
Activity	Dates
< Guidance Note: You should record here what you have done as part of the enquiries.	

Evidence Collated
Evidence collated for each specific self-neglect allegations/concern investigated
< Guidance Note: This section should record the evidence you have gathered.

Analysis of Collated Evidence
Analysis of evidence gathered during the enquiries
< Guidance Note: This section should be used to understand the evidence collated and consider 'who', 'what', 'when' and 'how'. Also consider 'why', were any triggers evident? Consider and describe whether the evidence supports or challenges the allegation of self-neglect. As part of this, consider how the actions/incidents fit with accepted practice. You may need to reference local or national policies or legal requirements in order to determine accepted practice.

Allocated Worker's View As To Whether Self-Neglect Has Occurred
Comment in relation to each specific allegation/concern
< Guidance Note: This section should clearly record the opinion as to whether self-neglect has taken place based upon the collection and analysis of the evidence.

Views of the Adult At Risk (and views of relevant family members where relevant)
In relation to the investigation findings/recommendations
< Guidance Note: Wherever practicable the person should be provided with an opportunity to respond to the investigation findings/recommendations. Please also refer back to the original desired outcome for the adult at risk or relevant family members and indicate whether this has been achieved.

Risk Assessment: Risks To The Person And / Or Others
Detail any separate risk assessment undertaken
< Guidance Note: Record in this section identified risks of harm. Each identified risk will need to be specifically addressed through the safeguarding plan.

Decision Making Capacity	
Assessed under the Mental Capacity Act:	☐ Lacks mental capacity ☐ Does not lack mental capacity
No assessment under the Mental Capacity Act	☐ Mental capacity presumed ☐ It is not known if they lack capacity
Record decisions made in the person's best interests, in line with the Mental Capacity Act	
< Guidance Note: Relevant decision may include; • Investigation within the safeguarding procedures • Specific safeguarding planning activities >	
If the person lacks mental capacity, do they have support/representation of an advocate, family member or friend?	
☐ Yes ☐ No If Yes, record who:	

Interim Safeguarding Plan		
Actions Required	Person Responsible	Date
< Guidance Note: The interim safeguarding plan should relate specifically to the risk assessment.	Every action must have a named responsible person for	Specify an actual date. Do not use terms

Every action must be worded in a way that it is clear what is to be done and how it is completed.	completion of the action	such as 'ASAP' or 'a week'>

Multi-agency Feedback	
Feedback:	By Whom:
< Guidance Note: Please record all discussions from multi-agency partners specifically in relation to the findings of the investigation, the risk assessment and the safeguarding plan.>	

Safeguarding Plan		
Actions Required	Person Responsible	Date
< Guidance Note: The safeguarding plan should relate specifically to the risk assessment. Every action must be worded in a way that it is clear what is to be done and how it is completed.	Every action must have a named responsible person for completion of the action	Specify an actual date. Do not use terms such as 'ASAP' or 'a week'>

Review Arrangements	Person Responsible	Date

Additional Actions Required/Recommendations		
Actions: Including persons to be informed	Person Responsible	Date
< Guidance Note: If not present, ensure arrangements to inform the adult at risk and person alleged to have caused harm of relevant decisions are recorded here. Other parties may also require notification. Please identify any further recommendations and who is responsible to implement these. Consider if there are any other adults or children at risk and include names and action taken.>		

Conclusion of Meeting		
Is a review meeting required?	Yes / No	Review date:
Is closure agreed?	Yes / No	
To whom is feedback appropriate?		
Agreed method of feedback:		

Halton Borough Council

Adults & Community Directorate

SELF-NEGLECT

Review Document

STRICTLY CONFIDENTIAL

Adult At Risk:			
Name:		Carefirst Id:	
Date of Birth:		Date of Death: (if applicable)	

Allocated Worker:	
Name:	Allocated Team:
Date Safeguarding Alert Received:	
Has the adult at risk agreed to information being shared with other agencies?	
Has the adult at risk (or relevant family members, where appropriate) been consulted as to their desired outcome from the safeguarding investigation	
<Guidance Note: Please describe what difference the adult at risk, or their relevant family members, wished to be achieved at the start of the investigation.>	

Information about the adult at risk
< Guidance Note: Provide a summary pen picture of the adult at risk, their current circumstances, relevant information about support needs, services received, support networks, family relationships >

Self-Neglect Allegations/Concerns
List specific allegations/concerns requiring investigation
< Guidance Note: Include here, as needed, background information that puts the allegations/concerns in context.

Further Actions Required		
Actions Required	Person Responsible	Date
< Guidance Note: The interim safeguarding plan should relate specifically to the risk assessment. Every action must be worded in a way that it is clear what is to be done and how it is completed.	Every action must have a named responsible person for completion of the action	Specify an actual date. Do not use terms such as 'ASAP' or 'a week'>