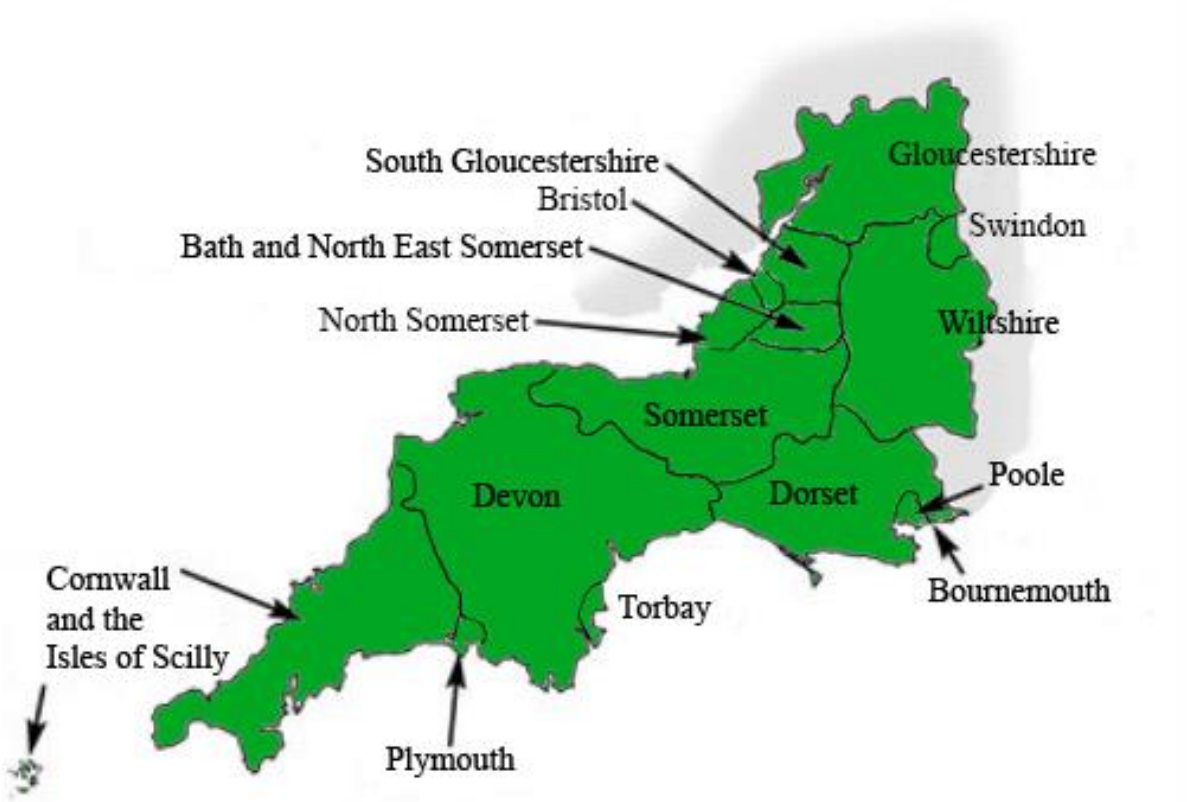

ADULT SELF-NEGLECT BEST PRACTICE GUIDANCE

Responding to self-neglect concerns and enquiries for adults with care and support needs in the South West

This best practice guidance is intended to inform local Safeguarding Adults Board policy and practice

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Acknowledgements

With thanks to Warwickshire County Council, whose guidance and procedures for self-neglect have been adapted to produce this document, and the West Midlands regional adult safeguarding editorial group for sharing their work with the South West.

1. About this document

1.1. This document outlines the process and guidance for dealing with issues and concerns of self-neglect in relation to adults with care and support needs.

1.2. This process and guidance follow a broad Concern to Enquiry operational model as outlined in the (local SAB) Policy and Procedures and should be read alongside that document.

1.3. As with all safeguarding concerns, the 6 key principles (Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability) outlined in the Care Act Statutory Guidance should underpin all work with people in situations of self-neglect.

1.4. This guidance draws on the research published by SCIE; *Self-neglect policy and practice: building an evidence base for Adult Social Care,* Suzy Braye, David Orr and Michael Preston-Shoot, SCIE Report 69 September 2014.

1.5. This guidance does not include issues of risk associated with deliberate self-harm. If self-harm appears to have occurred due to an act of neglect or inaction by another individual or service, consideration should be given to raising a safeguarding adults concern with Adult Social Care.

2. Introduction

2.1. Self-neglect can be a result of a conscious decision to live life in a particular way that may result in an impact on a person's health, wellbeing or living conditions and/or may have a negative impact on other people's environments. In these circumstances people may be unwilling to acknowledge that there is a problem, they may not be open to receiving support to improve their circumstances. People who self-neglect may come to the attention of others during a crisis in their lives, and as such may be more open to change. Understanding the unique circumstances of the person and

avoiding assumptions is vital in working with people who are neglecting their own wellbeing.

2.2. There are many reasons why people self-neglect. Some people have insight into their behaviour, while others do not; some may be experiencing an underlying condition, such as dementia, depression, other mental illness, or an addiction.

2.3. The person's needs and situation must be assessed to establish the facts of the situation, the nature and extent of the concern, and what action, if any, should be taken.

2.4. Part of the challenge is knowing when and how far to intervene when there are concerns about self-neglect and a person makes a capacitated decision not to acknowledge there is a problem or to engage in improving the situation. The practitioners will need to make individual judgments about what is an acceptable way of living, balanced against the degree of risk to an adult and/or others.

2.5. Managing the balance between protecting adults from self-neglect against their right to self-determination is a serious challenge for public services.

2.6. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making. Dismissing self-neglect as a "lifestyle" choice is **not** an acceptable solution in a caring society.

2.7. On top of this there is the question of whether the adult has the mental capacity to make an informed choice about how they are living and the amount of risk they are exposing themselves to.

2.8. Assessing that mental capacity and trying to understand what lies behind self-neglect is often complex. It is usually best achieved by working with other organisations and, if they exist, extended family and community networks.

2.9. Often people who self-neglect find it impossible to accept help to change, which puts themselves and others at risk, for example through vermin infestations, poor hygiene, or fire risk from hoarding. However self-neglect is not restricted to environmental neglect or hoarding and may take other forms; individuals may also neglect their health needs to the point where they place themselves at risk of serious harm or death (*see "KH", case 3 Appendix 1*).

2.10. However, improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help some research has shown that they

rarely go back to their old lifestyle, although this sometimes means receiving help over a long period. This may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

3. Legal framework

3.1. The Care Act 2014 and the accompanying statutory guidance (updated August 2017) included self-neglect as a category of harm and made 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 risk and harm. The Care Act placed a duty of co-operation on the local authority, police and health services and raised expectations about the co-operation of other agencies.

The Care Act places specific duties on local authorities in relation to self-neglect:

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

The Local Authority must undertake a needs assessment, *even when the adult refuses*, where-

- it appears that the adult may have needs for care and support,

- and is experiencing, or is at risk of, self-neglect.

This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

(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 an adult's case, when:

The Local Authority has reasonable cause to suspect that an adult in its area-

- has needs for care and support,

- is experiencing, or is at risk of, self-neglect, and

- as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it.

(iii) **Advocacy-**

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

3.2. The Care Act and Making Safeguarding Personal have set out guiding principles to consider when engaging with individuals who may self-neglect or hoard:

- start with the principle that the individual is best placed to judge their wellbeing;
- pay close attention to the individual's views, wishes, feelings and beliefs;
- take action to prevent or delay the development of needs for care and support and reduce needs that exist;
- the need to protect people from abuse and neglect.

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4. What is self-neglect?

4.1. Definition

There is no one accepted and universally known definition of self-neglect. However, the following is commonly used and a useful starting point:

'Self-neglect is defined as 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.'

(Gibbons, S. 2006. 'Primary care assessment of older people with self-care challenges.' Journal of Nurse Practitioners, 323-328.)

The Care Act statutory guidance 2014 defines self-neglect as:

"a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding".

4.2. Models of self-neglect

4.2.1. There is a consensus in the research on the main characteristics of self-neglect and the approach practitioners should take when working with people who are deemed to be self-neglecting. There is less consensus as to why people self-neglect. Models of self-neglect encompass a complex interplay between physical, mental, psychological, social and environmental factors. Social exclusion can lead to a fear and uncertainty over asking and receiving assistance.

4.2.2. Braye et al (2014) identified six overarching themes in their research with people who self-neglect: demotivation stemming from other factors; other priorities; different standards; maintaining self-care; uncertainty about reasons for self-care and inability to self-care.

"*Health difficulties, homelessness, loss and social isolation were repeatedly cited as reasons why self-care had come to seem comparatively unimportant. This in turn could impact on self-image, further demotivating them and entrenching negative cognitions: "I would sit here and not even have a wash. I got it in my head that I'm unimportant, so it doesn't matter what I look like or what I smell like*".

Self-neglect had led some interviewees to fail to take steps to care for their health; the resulting deterioration or new diagnosis came as a shock that further worsened their tendencies to self-neglect"[1].

4.2.3. Executive dysfunction – the inability to perform activities of daily living, even though the need for them may be understood – is significant, and when this is accompanied by an inability to recognise unsafe living conditions, self-neglect may be the result.

4.2.4. The perceptions of people who neglect themselves have been less extensively researched, but where they have, emerging themes are pride in self-sufficiency, connectedness to place and possessions and behaviour that attempts to preserve continuity of identity and control. Traumatic histories and life-changing events are also often present in individuals' own accounts of their situation. Feelings of shame regarding the consequences of self-neglect and hoarding may also mean that others are not allowed to see the extent of the person's neglect of self or environment.

4.2.5. Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one's actions, are crucial determinants of response.

4.2.6. Identification and intervention in potential situations of self-neglect must not be dependant on any diagnoses of a physical or mental health condition, e.g. Diogenes syndrome.

4.3. **Characteristics of self-neglect**

4.3.1. The **impact** of the following characteristics and behaviors are useful examples of potential self-neglect and consequent impairments to lifestyles:

[1] Available at: https://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/

- failing or being unable to provide care for him/herself in such a way that his/her health or physical well-being may decline precipitously;
- living in very unclean, sometimes verminous, circumstances, such as living with a toilet completely blocked with faeces, not disposing of rubbish;
- neglecting household maintenance, and therefore creating hazards;
- obsessive hoarding creating potential mobility and fire hazards;
- Little furniture, no bed or bedclothes
- animal collecting with potential of insanitary conditions and neglect of animals' needs;
- poor diet and nutrition, evidenced by for instance by little or no fresh food or mouldy food in the fridge; no food in the house.
- An absence of social contact;
- Inability or failure to manage finances;
- declining or refusing prescribed medication and/or other community healthcare support – for example, in relation to the presence of mental disorder (including the relapse of major psychiatric features, or a deterioration due to dementia) or to podiatry issues;
- refusing to allow access to health and/or social care staff in relation to personal hygiene and care – for example, in relation to single or double incontinence, the poor healing of sores;
- refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas electricity); no electricity or gas to the property
- being unwilling to attend appointments with relevant staff, such as social care, healthcare or allied staff. Not registered with a GP.

4.3.2. It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. The person may be unable to leave their property for fear of hate crime or other intimidation, they may be experiencing domestic abuse including coercive control. In addition, many people, particularly older people, who self-neglect may lack the ability and/or confidence to come forward to ask for help, and may also lack others who can advocate or speak for them. The experience of social isolation and loneliness may compound any predisposition to self-neglect. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

5. Mental capacity

5.1. Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. One of the statutory principles of the Mental Capacity Act 2005 states that "*a person is not to be treated as unable to make a decision merely because he makes an unwise decision"*.[2]Efforts should be made to build and maintain supportive relationships through which services can in time be negotiated.

5.2. For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act allows for agency intervention in the person's best interests. In urgent cases, where there is a view that an adult lacks mental capacity (and this has not been satisfactorily assessed and concluded), and the home situation requires urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.

5.3. **Guidance on assessing mental capacity in connection to hoarding.**

When assessing capacity, it is important to remember this is an assessment of capacity for whether the adult has capacity to access help for their hoarding – so, does the adult understand they have a problem with hoarding; is the adult able to weigh up the alternative options, e.g. being able to move around their accommodation unhindered, being able to sleep in their bed, take a bath, cook in their kitchen, sit down on a chair/sofa (this list is not exhaustive); can the adult retain the information given to them (e.g. if the accommodation is cleared, you would be able to move around your accommodation, etc); can the adult communicate their decision. It is essential that any capacity assessment is clearly documented on case records.

6. Assessment

6.1. Self-neglect is a complex phenomenon and it is important to elicit the person's unique circumstances and perceptions of their situation as part of assessment and intervention.

[2] Mental Capacity Act Code of Practice, p 19.

6.2. It is important to consider how to engage the person at the beginning of the assessment, by taking a person-centred approach. For example, sending a standard appointment letter at the outset is unlikely to be the beginning of a lasting, trusting professional relationship with the person if it is perceived as being impersonal and authoritative. It should also be considered that a person who self-neglects may be unlikely to open their mail.

6.3. Home visits are important, and practitioners should try not to rely on proxy reports where possible. It is important that the practitioner uses their professional skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment. However, should this be unsuccessful, consideration should be given to identifying another professional from the multi-agency group who may be able to gain access, e.g. the Fire Service or GP, or someone who has an established rapport with the person. Practitioners should discuss with the person any causes for concern over the person's health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others. The assessment should include the person's understanding of the overall cumulative impact of a series of small decisions and actions as well as the overall impact.

6.4. Repeat assessments might be required to ensure that professional curiosity and appropriate challenge is embedded within an assessment. It is important than when undertaking the assessment that the practitioner does not accept the first, and potentially superficial, response rather than exploring more deeply into how a person understands and can act on their situation.

6.5. Sensitive and comprehensive assessment is important in identifying the persons capabilities and risks. It is important to look further and tease out through a professional relationship the possible significance of personal values, past traumas and social networks. Some research has shown that events such as the loss of parents as a child, childhood abuse, traumatic wartime experiences, and struggles with alcohol or other substance misuse have preceded the person self-neglecting. Relatively recent grief and loss may also tip a person into self-neglect, particularly if the loss is of a figure who has previously cared for the person or their environment, e.g. a parent or partner.

6.6. It is important to collect and share information with a variety of sources, including other agencies, to complete a picture of the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others.

6.7. Consideration should be given in complex cases, and where there are significant risks, to convening a multi-agency meeting to share information and agree an approach to minimising the impact of specific risks and improving the person's wellbeing. Wherever possible the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate.

6.8. It is important to undertake risk appraisal which takes into account the individuals' preferences, histories, circumstances and life-style to achieve a proportionate and reasonable description of risks that are acceptable to the person, and to others in the environment or person's life.

6.9. Where the risks to the person are of high probability with serious impact, the case should **not** be closed simply because the person refuses an assessment or to accept a plan to minimise the risks associated with the specific behaviour(s) causing concern
(see KH", case 3 Appendix 1).

7. Interventions

7.1. in research undertaken by Braye, Orr and Preston-Shoot (2015)[3] practitioners most commonly cited the following as being key to making a positive difference:

- the importance of relationships;
- 'finding' the person;
- legal literacy;
- creative interventions;
- effective multi agency working.

7.2. This research identified that the term 'self-neglect' has itself proved controversial, in that individuals sometimes do not identify with the description of their situation. As a result, it is important that practitioners seek to negotiate a common ground to understand the individual's own description of their lifestyle rather than making possible discriminatory value judgements or assumptions about how it can be defined.

7.3. What specifically emerged from the research was a way of working that combined aspects of **Knowing, Being and Doing:**

[3] Self-neglect policy and Practice; key research messages: SCIE. Available at: https://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/files/self-neglect_general_briefing.pdf

'***Knowing*** *the individual, their unique history and the significance of their self-neglect compliments the professional knowledge resources that practitioners bring to their work.*

Such understanding is achieved through ways of ***being****: personal and professional qualities of respect, empathy, honesty, patience, reliability and care – the ability 'to be present' alongside the person while trust is built.*

Finally, ***doing*** *professional practice in a way that combines hands-on and hands-off approaches is important: seeking the tiny element of latitude for agreement, doing things that will make a small difference while negotiating for bigger changes, and being clear about when enforced intervention becomes necessary'.*

Not surprisingly, given how varied self-neglect is, no 'magic bullet' for what works has been identified. However, key themes that ran through successful interventions were:

- flexibility (to fit individual circumstances);
- negotiation (of what the individual might accept or at least tolerate);
- proportionality (to act only to contain risk, rather than to remove it altogether, in a way that preserves respect for autonomy). (*SCIE report 69, 2014).*

7.4. Often concerns around self-neglect are best approached by different services working together to find solutions. Co-ordinated actions by Housing Officers, mental health services, GPs and District Nurses, social work teams, the police and other public services and family members have led to improved outcomes for individuals.

7.5. Research supports the value of interventions to support routine daily living tasks. However, cleaning interventions alone, where home conditions are of concern, do not emerge as effective in the longer term. They should therefore take place as part of an integrated, multi-agency plan which addresses the concerns that the person may have about their lives.

7.6. As self-neglect is often linked to disability and poor physical functioning, often a key area for intervention can be assistance with activities of daily living, from preparing and eating food to using toilet facilities.

7.7. The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.

7.8. Where agencies are unable to engage the person and obtain their acceptance to implement services to reduce or remove risks arising from their self-neglect, the reasons for this should be fully recorded and maintained on the person's case record, with a full record of the efforts and actions taken by the agencies to assist the person.

7.9. The person, carer or advocate should be fully informed of the services offered and the reasons why the services were not implemented. There is a need to make clear that the person can contact the Council at any time in the future for services.

7.10. However, where the risks are high, arrangements should also be made for ongoing monitoring and, where appropriate, making proactive contact to ensure that the person's needs, risks and rights are fully considered and to monitor any changes in circumstances.

7.11. Where the risks arise from the person neglecting their health needs, closer monitoring by an appropriate health professional is needed to continue to assess physical/mental health and consideration of further impact on the person's mental capacity.

7.12. In cases of animal collecting, the practitioner will need to consider the impact of this behaviour on either the adult's health and wellbeing, the animals' welfare, or the health and safety of others. The practitioner should collaborate with the RSPCA and public health officials. Although the reason for animal collecting may be attributable to many reasons, including compensation for a lack of human companionship and the company the animals may provide, considerations have to be given to the welfare of the animals and potential public health hazards.

7.13. Where the conditions of the home are such that they appear to pose a serious risk to the adult's health from filthy or verminous premises, or their living conditions are becoming a nuisance to neighbours/affecting their enjoyment of their property, advice from Environmental Health should be sought and joint working should take place.

7.14. If as a result of hoarding the practitioner thinks there may be a risk of fire, they **must** seek advice from the local Fire Service. Risks are also created when people light fires indoors to keep warm, and/or may use candles as power supplies are not being used.

8. Legal interventions

8.1. There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. Such considerations should be taken as a result of a multi-agency intervention plan with appropriate legal advice.

8.2. Appendix 2 lists the types of legislative remedies that might need to be considered.

Process for managing self-neglect concerns - Adult Social Care

9. Overview

9.1. The process is based on the following principle-

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 they are “unable to protect themselves” from self-neglect or the risk of it. In such circumstances, usual adult assessment and support service provision will be the most proportionate and least intrusive way of addressing the self-neglect risk. In these circumstances, the duty and need to undertake enquiries under s42 of the Care Act will not be triggered or necessary. See Appendix 4 for a flowchart covering this process.

9.2. The process can be summarised as follows-

(i) **Concern is received-**

New or unallocated cases- Concerns relating to self-neglect will follow the usual local pathways in the first instance (e.g. assessment or reablement service).

Allocated cases- Self-neglect concerns relating to cases already allocated to a practitioner in the Local Authority should go directly to that practitioner.

(ii) Raising a safeguarding concern – this should happen when all reasonable attempts have been made to assess and engage the person in meeting their health and social care needs **and** there is a risk to their independence, health and welfare and/or that of others.

10. Undertaking assessments despite capacitated refusal

10.1. As a matter of practice, it will always be difficult to carry out a full assessment where an adult with mental capacity is refusing. Practitioners and managers should thoroughly document all the steps that have been taken to undertake a needs assessment. This should include recording what steps have been taken to involve the adult and any carer, as required by section 9(5) of the Care Act, and assessing the outcomes that the adult wishes to achieve in day to day life and whether the provision of care and support would contribute to the achievement of those outcomes, as required by section 9(4) of the Care Act.

10.2. In light of the adult's on-going refusal or capacitated life-style choices, the result may either be that it has not been possible to undertake an assessment fully or the conclusion of the needs assessment is that the adult refuses to accept the provision of any care and support. However, case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that are required, reasonable and proportionate in all the circumstances.

10.3. As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support.

10.4. In cases where an adult has refused an assessment and services and remains at high risk of serious harm as a result, a s42 enquiry should be undertaken.

11. Self-neglect enquiries under section 42 of the Care Act 2014

11.1. **Objectives of an enquiry**

The objectives of statutory Care Act s42 enquiries 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 & support from self-neglect in accordance with the wishes of adult, and in line with their mental capacity to make relevant decisions about their care and support needs;

- promote the wellbeing and safety of the adult through a supportive and empowering process.

Where an adult has died or has experienced life-threatening harm as a result of self-neglect, consideration should be given to whether a Safeguarding Adult Review should be undertaken by the Safeguarding Adults Board.

11.2. Structure of an enquiry

Enquiry under s42 of the Care Act will usually be structured as below-

- ***planning*** what enquiries or assessments are needed, and who should do these;
- ***coordinating and undertaking*** these enquiries and assessments;
- ***evaluating the outcomes*** of enquiries and assessments, and
- ***deciding what action is needed*** in the adult's case.

Enquiries may need to move fluidly between planning, enquiry, and evaluation stages as the case progresses.

11.3. Advocacy

At the start of an enquiry process, or at any later point, the ability of the adult to understand and engage in the enquiry must be assessed and recorded. If the adult has 'substantial difficulty' in understanding and engaging in the Care Act Section 42 Enquiry, the local authority **must** ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate. See the Care Act Statutory Guidance on Care Act Advocacy for more information on this.

11.4. What enquiries or assessments will be needed?

It is important to note that whilst the practitioner is undertaking a s42 enquiry the information gathered will be feeding into a s9 needs assessment (an assessment of the adult's need for care and support), and/or a positive risk assessment and management plan.

Any enquiries or assessments that are made will need to be appropriate and proportionate to the individual circumstances of the case. These should be formulated and agreed between practitioner and relevant Line Manager. As per Care Act statutory guidance, an enquiry could range from a conversation with the individual to a much more formal multi-agency arrangement.

Examples of enquiries and assessments that ASC will make could be:

- reading the case record, if there is one, for background information, history or referrals, responses, actions taken;
- gathering information from the person's professional support network e.g. GP, District Nurse etc and others such as Housing Departments;
- undertaking an assessment of need and establishing the person's views and wishes;
- speaking to anyone providing care and support;
- speaking to the adult's family and informal network e.g. friends, neighbours, church as relevant;
- undertaking mental capacity assessments if needed;
- deciding if a multi-agency planning meeting is required to share information and formulate a plan;
- ensuring that the enquiry is completed in a timely and proportionate manner in relation to the perceived risks.

This is the same range of operational activity that would usually be undertaken as part of needs assessment under s9 of the Care Act 2014 and will therefore also inform such an assessments of the person's needs.

Examples of enquiries and assessments that ASC may ask others to undertake could be:

- visits or checks of physical health concerns by GPs, DNs, other primary care staff;
- referrals to and assessments by mental health services, including psychology where appropriate;
- Mental Health Act assessments where appropriate;
- visits and assessments by Children's Services, Environmental Health, Fire & Rescue, RSPCA;
- input and involvement from Housing Providers or Council colleagues;
- gaining quotes for work needed to restore essential safety and hygiene to unsafe or unhygienic properties.

Any enquiries or assessments made, and actions taken, must be lawful and be proportionate to the level of risk involved.

12. Deciding what action is needed in an adult's case

12.1. Where concerns of self-neglect are established, the practitioner should focus on building a relationship with the adult to persuade them to receive assistance to improve their health, wellbeing and living conditions. The aim of should be:

- to empower the person who is neglecting him/herself as far as possible to understand the implications of their actions;
- to help the person, both individually and collectively with others (e.g. family, friends, other professionals and agencies) without colluding with the person or seeking to avoid the issues presented;
- to avert the potential need for statutory intervention wherever possible. This may be achieved by providing some form of low level monitoring either through ongoing input through social work relationship

See Section 7 above for more detail on approaches to interventions.

12.2. Where an adult with capacity has made a decision that they do not want action taken to support them, or to take action to protect themselves, the risks of this decision must be discussed with the person to ensure they are fully aware of the consequences of their decision. Respect for the wishes of an adult does not mean passive compliance - the consequences of continuing risk should be explained and explored with the person.

12.3. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action. Wishes need to be balanced alongside wider considerations such as level of risk or risk to others, including any children who could be affected.

12.4. Management oversight-
Practitioners must discuss with their line manager what action can and should be taken, considering possible legal interventions. In cases where the risk of harm caused through self-neglect are potentially serious, the line manager should report these concerns to their Operational Manager and seek legal advice when needed. Closure of self-neglect enquiries and associated recording must have management approval.

12.5. It may be necessary to intervene using statutory powers, for example the conditions in the house warrant intervention by environmental health services

or the involvement of the RSPCA. If any agency needs to take such steps, the reasons for doing so should be clearly documented.

12.6. Where the adult is not engaging and if action is not required imminently the practitioner and line manager will proactively consider what emphasis should be given to monitoring the circumstances in case of further deterioration and how this should be done. However, it is useful to note that monitoring is not protection but merely a way of identifying changes in as timely a manner as possible.

12.7. The practitioner should ensure that, where the person has capacity to decline intervention after all reasonable efforts have been made to engage them, the person knows how to easily get back in touch with the Council (or named person) as do all significant others involved in the notification of the enquiry or concern. Because the person has declined support before doesn't mean they will in the future.

12.8. The practitioner should provide feedback to all parties involved in the enquiry and assessment process on the outcome of that process and what actions are to be taken, or not taken, with the reasons why.

13. Safeguarding plans

13.1 In some cases following a self-neglect enquiry, it will be necessary to have a safeguarding plan. This will usually be in circumstances where the risk cannot be adequately managed or monitored through other processes.

13.2. Safeguarding plans will not always be required, for example, in circumstances where the risk to the adult can be managed adequately through ongoing assessment and support planning input, through Care Programme Approach by Mental Health services, or through a positive risk taking and management plan approach.

13.3. In other circumstances – e.g. where the adult has been assessed as having capacity to make informed decisions about their care and support needs, and has been given all reasonable support and encouragement to accept support to meet those needs, but still chooses to refuse support - it may be decided that the action required is to provide information and advice including how to get in touch the Council, and no ongoing safeguarding plan would be appropriate.

13.4. However, in other circumstances, particularly where the risks to independence and wellbeing are severe (e.g. risk to life or others) and cannot adequately be managed or monitored through other processes, it will be necessary to have a safeguarding plan to monitor the risk in conjunction with other agencies. In self-neglect cases this would usually involve health service colleagues, but other agencies may well need to retain ongoing oversight and involvement (e.g. environmental health, housing).

If the plan is still rejected and the risks remain high, the meeting should reconvene to discuss a review plan. **The case should not be closed just because the adult is refusing to accept the plan.** Legal advice should be sought in these circumstances.

13.5. Safeguarding plans should-

- be person-centred & outcome focussed;
- be proportionate to the risk involved & be the least restrictive alternative;
- have agreed timescales for review & monitoring of the plan;
- have an agreed lead professional responsible for monitor & review of the plan.

All involved should be clear about their roles and actions.

14. Recording

14.1. General principles

It is important to record assessment, decision-making and intervention in detail to demonstrate that a proper process has been followed and that practitioners and managers have acted reasonably and proportionately. There should be an audit trail of what options were considered and why certain actions were or were not taken. At every step and stage in the process record the situation, what you have considered, who you have collaborated with and what decisions have been reached. This may appear a time-consuming process, but it is simply a case of putting your activity notes into a framework of considerations and why you have chosen a particular course of action.

14.2. Mental capacity assessments

Recording should routinely reflect mental capacity considerations, including recording explicitly where there is no reason to doubt the adult's ability to make their own decisions and why this is. Formal mental capacity assessments need to be recorded fully in line with the Mental Capacity Act Code of Practice.

15. Duty of Care

All members of staff dealing with adults at risk should be aware of their duty of care when dealing with cases of serious self-neglect, even when the individual has mental capacity. Duty of care is described in tort law as "*the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property*". A failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages. Where necessary, legal advice should be sought.

It is noted that in such cases of serious self-neglect, it can be very challenging to professionals / agencies / organisations involved to balance the individual's rights and agencies' responsibilities. All individuals have the right to take risks and to live their life as they choose. These rights, including the right to privacy, must be respected and weighed when considering duties and responsibilities towards them. They will not be overridden other than where it is clear that the consequences would be seriously detrimental to their, or another person's health and wellbeing and where it is lawful to do so.

Appendix 1: Case examples

Case example 1: Elizabeth is 85 years old and lives alone in her own home. She used to live with her son, but he died 2 years ago. The local butcher has phoned the Helpdesk to raise a concern that Elizabeth is ordering £45 worth of meat for delivery from him on a weekly basis. She has told him that she gives it to friends of hers, but he doesn't think she is doing this. When he called to deliver the meat that week, he said the smell coming from the property was overpowering and he could see a lot of flies in there. Elizabeth herself looked very unkempt and he could see from the doorway that the house was very cluttered.

A social worker was allocated and tried to visit Elizabeth, but she refused to let him in. While there he spoke to her neighbour who said she was concerned about Elizabeth as well. She has always been a very private person but since her son died she has become "reclusive" and hardly leaves the house. She has the contact details for the daughter who lives in Scotland. The daughter tells the social worker that her mum has a gardener who visits once a fortnight, so the social worker contacts him and arranges to visit again when the gardener is there. This time Elizabeth lets him in and it is clear that the property is in a very poor state, with rotting meat left on the kitchen floor, very cluttered and a potential fire risk because she uses an old electric heater. Elizabeth herself also looks unkempt. However, the social worker feels that she has the mental capacity to understand her situation and she refuses offers of help, saying she just wants people to leave her alone.

The social worker arranges a multi-agency meeting with the GP, the Fire Service and Environmental Health, where actions are agreed to try to mitigate the risks to Elizabeth. The Environmental Health Officer visited and issued a clean-up notice because of the risk to health. In the meantime, the social worker continued to try and build a relationship with Elizabeth by making occasional drop in visits. It became clear that Elizabeth was grieving for her son and that had caused her to shut off from everyone else.

Outcomes

The clean-up of the property was arranged with the daughter's help. Over time Elizabeth was persuaded to accept some support with keeping the property in a reasonable state of hygiene and she also allowed the Fire Service in to install smoke detectors. She was using the electric heater because her central heating boiler had broken, so the social worker got funding through a charity for the boiler to be replaced. While Elizabeth remained resistant to what she saw as too much "interference" she did accept a level of support that enabled her to continue living as she wished. She also accepted visits from a befriender, arranged by the local village agent, with whom she had the opportunity to talk about her son.

Issues highlighted/learning

This case highlights some of the difficulties of working with someone who neglects their care and is at high risk of serious harm as a result. Where someone is deemed to have capacity, they may make decisions that others regard as unwise, however that does not mean that professionals should just withdraw. The risks in this situation were such that Elizabeth's wishes were overridden in terms of involving other agencies such as Environmental Health, who have powers to enforce actions where there is a public health risk.

The social worker had to think creatively in order to gain access and begin to build a relationship with Elizabeth. It can take time and the good use of interpersonal skills to build trust with an individual who is wary of accepting help. Sometimes the offer of something the person sees as useful (in this case arranging for a replacement boiler) can mark a breakthrough in helping the person to accept support. The issues around self-neglect are often very complex, but bereavement and loss have been identified as contributory factors.

Case example 2: Keith talks about the shame of hoarding ..and what eventually helped on https://www.youtube.com/watch?v=fhmfptpwNZc

(Birmingham Safeguarding Adults Board)

Case example 3 Learning from Safeguarding Adults Reviews

KH (Gloucestershire)

KH was a 56-year-old man who lived in a rented flat with his two adult sons. He had mobility difficulties as the result of a road traffic accident, and a number of other health issues. His attendance at GP and hospital appointments was sporadic; he was admitted as an inpatient for investigations into his increasing mobility difficulties but discharged himself before these could take place. The GP referred him to ASC with concerns about his deteriorating health and living environment, and after numerous unsuccessful attempts, a social worker and OT managed to gain access to him. They found his living conditions to be poor, but not severely neglected, and arranged a reablement service for him to commence immediately. The reablement workers made several unsuccessful attempts to see KH over a number of weeks, being told by his sons over the phone that he was away from home and not expected back in the foreseeable future. The Reablement team subsequently closed the case. KH was not seen again until 6 months later, when his sons called the emergency services to report that their father had had a suspected heart attack. When Paramedics attended, they found KH sitting in a chair in the living room, covered in faeces and urine. He was found to have full depth pressure sores to his groin (the worst ever seen by the professionals who treated him), which were infested with maggots. The hoarding in the property was such that the Fire Service had to be

called to remove KH from the property via a window. He was not expected to survive his very serious wounds; however, he did make a full recovery and was able to participate in the review.

Learning
The review highlighted the fact that KH had been "hidden in plain sight" from the agencies involved in trying to support him. An "Out of Contact" protocol was revised to cover assertive practice with people who fail to attend health appointments and place themselves at risk as a result.

The case closure decision point has been reviewed to try to ensure that a more robust approach is taken when professionals have not succeeded in making contact with an individual and there are concerns about the potential risks to the person that this entails.

Issues emerging from the review
This SAR highlights the need to consider an individual's neglect of their health needs as a form of self-neglect, and the potential to consider this under section 42. It also raises the issue of the balance between an individual's right to make unwise decisions and professionals' duty of care.

The full report can be found at http://www.gloucestershire.gov.uk/media/13347/gsab-sar-report-kh-final.pdf.

Appendix 2: Possible legal interventions

Agency	Legal Power and Action	Circumstances requiring intervention
Environmental health	**Power of entry/ Warrant (s.287 Public Health Act)** Gain entry for examination/ execution of necessary work required under Public Health Act Police attendance required for forced entry	Non-engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders)
Environmental health	**Power of entry/ Warrant (s.239/240 Public Health Act)** Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathering) Police attendance required	Non-engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)
Environmental health	**Enforcement Notice (s.83 PHA 1936)**	Filthy or unwholesome condition of premises (articles requiring cleansing

	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	or destruction) Prevention of injury or danger to person served. (All tenure including Leaseholders/ Freeholders/Empty properties)
Environmental health	**Litter Clearing Notice (Section 92a Environmental Protection Act 1990)** Environmental Health to make an assessment to see if this option is the most suitable.	Where land open to air is defaced by refuse which is detrimental to the amenity of the locality. An example would be where hoarding has spilled over into a garden area.
Police	**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.	Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb
Housing	**Anti-Social Behaviour, Crime and Policing Act 2014** A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in anti-social behaviour.	Conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or a local housing authority
Housing	**Housing Act 2004** Allows Local Housing Authority (LHA) to carry out risk assessment of any residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. If the hazard is a category 1 there is a duty by the LHA to take action. If the hazard is a category 2 then there is a power to take action. However, an appeal is possible to the Residential Property Tribunal within 21 days. A Local Housing Authority can prosecute for non-compliance	
Animal Welfare agencies such as RSPCA/Local	**Animal Welfare Act 2006 Offences (Improvement notice)** Education for owner a preferred initial step, Improvement notice issued and monitored, if not	Cases of Animal mistreatment/ neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare

authority e.g. Environmental Health/DEFRA	complied can lead to a fine or imprisonment	needs of the animals are met. See also: http://www.defra.gov.uk/wildlife-pets/.
Mental Health Service	**Mental Health Act 1983** **Section 135(1)** Provides for a police officer to enter a private premises, if need be by force, to search for and, if though fit, 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.	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, or • Neglected, or • 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 Local Authority	**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 less restrictive option available. **NB:** Where the decision is that the person needs to be deprived of their liberty in their best interests in a care home or hospital, a **Deprivation of Liberty Safeguards (DoLS)** authorisation may 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.	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,

Other legal considerations:

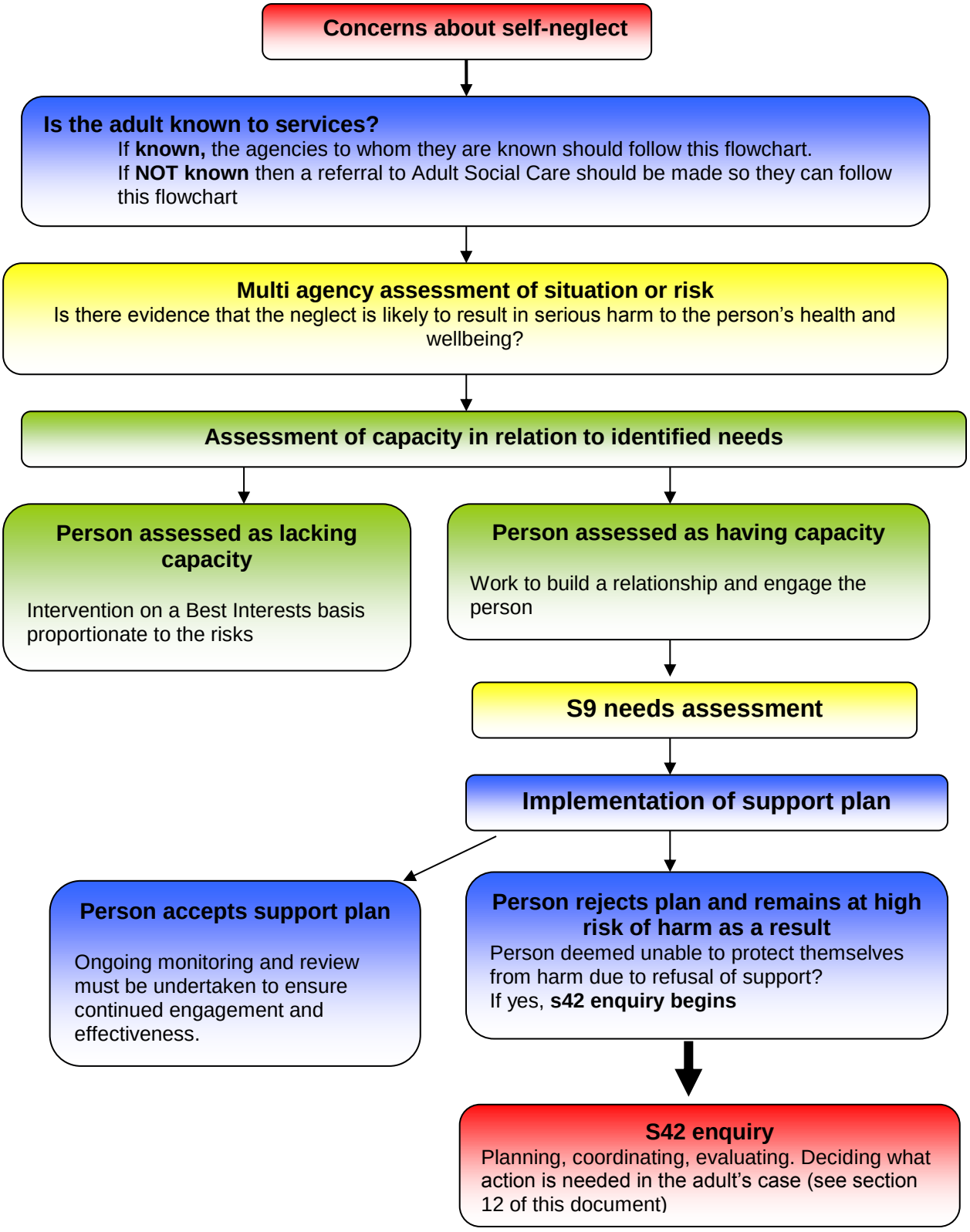
Human Rights Act 1998: Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect,

articles 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of particular importance.

These 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 or is unduly influenced by someone else, 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. Legal advice should be sought before taking this option.

Appendix 4: Process flowchart


Concerns about self-neglect
Is the adult known to services?
If known, the agencies to whom they are known should follow this flowchart.
If NOT known then a referral to Adult Social Care should be made so they can follow this flowchart
Multi agency assessment of situation or risk
Is there evidence that the neglect is likely to result in serious harm to the person's health and wellbeing?
Assessment of capacity in relation to identified needs
Person assessed as lacking capacity
Intervention on a Best Interests basis proportionate to the risks
Person assessed as having capacity
Work to build a relationship and engage the person
S9 needs assessment
Implementation of support plan
Person accepts support plan
Ongoing monitoring and review must be undertaken to ensure continued engagement and effectiveness.
Person rejects plan and remains at high risk of harm as a result
Person deemed unable to protect themselves from harm due to refusal of support?
If yes, s42 enquiry begins
S42 enquiry
Planning, coordinating, evaluating. Deciding what action is needed in the adult's case (see section 12 of this document)

Appendix 6: Multi-Agency Hoarding Guidance

1. Introduction

This document sets out a framework for collaborative multi-agency working using a 'person-centred solution' based model. It offers clear guidance to staff working with people who hoard. This guidance has been developed from work undertaken by the Gloucestershire SAB Fire Safety Development sub-group and has drawn on material developed by Nottinghamshire Fire and Rescue Service, Ashfield District Council's Environmental Health Team and the Nottinghamshire Hoarding Steering Group. It should be considered in conjunction with the information contained within the Self-Neglect Best Practice Guidance which covers mental capacity and possible legal interventions amongst other things.

There is an expectation that agencies engage fully with the guidance to achieve the best outcome for the individual, while meeting the requirements and duties of their agency or Board.

This guidance provides Clutter Image Ratings to identify the level of any possible hoarding, followed by guidance for practitioners, then courses of action for involved agencies to take dependent on the level of identified hoarding.

The Care Act 2014

The Care Act, 2014 builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people.

The Care Act introduced three new indicators of abuse and neglect to Adult Safeguarding. The most relevant to this hoarding guidance is self-neglect. The guidance states; this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. In practice, this means that when an adult at risk has care and support needs, their case may require a safeguarding enquiry.

However, as per the Self-Neglect guidance (to which this hoarding framework is attached) the initial intervention from Adult Social Care would be to offer an individual an assessment of their care and support needs; this may avoid the need to enter formal Safeguarding procedures.

Clutter Image Rating (CIR) – BEDROOM

Please select the CIR which closely relates to the amount of clutter

1	2	3

4	5	6

7	8	9

Clutter Image Rating (CIR) – LOUNGE

Please select the CIR which closely relates to the amount of clutter

1

2

3

4

5

6

7

8

9

Clutter Image Rating (CIR) – KITCHEN

Please select the CIR which closely relates to the amount of clutter

1	2	3

4	5	6

7	8	9

Guidance for practitioners

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

Most clients with a hoarding problem will be embarrassed about their surroundings so try to ascertain information whilst being as sensitive as possible.

- 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 do you move safely around your home? (Where floor is uneven or covered or there are exposed wires, damp, rot or other hazards)
- Has a fire ever started by accident? Is the property at risk from fire?
- Do you have a working smoke alarm? Do you have any ailments or conditions that would prevent you hearing or responding to it?
- Are there hot water, lighting and heating in the property? Do these services work properly?
- Do you have any problems keeping your home warm?
- When did you last go out in the garden? Do you feel safe to go outside?
- Are you able to use the bathroom and toilet ok? Have a wash, bath,

shower etc.?

- Where do you sleep?
- Are there any obvious major repairs that need carrying out at the property?
- Are you happy for us to share your information with other professionals who may be able to help you?

Level One Actions

Level 1 Clutter image rating 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 declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.

Level 1	Actions – SEEK CONSENT BEFORE MAKING ANY REFERRALS
Referring Agency	• Discuss concerns with the Individual. • Raise a request to local Fire & Rescue Service (GFRS) for a Safe & Well Check and to provide fire safety advice. • Refer to Adult Social Care for a Section 9 care needs assessment. • Refer to GP if appropriate.
Environmental Health	• No action.
Social Landlords	• Provide details on debt advice if appropriate to circumstances. • Refer to GP if appropriate. • Refer to Adult Social Care for a Section 9 care needs assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Ensure residents are maintaining all tenancy conditions. • Refer for tenancy support if appropriate. • Ensure that all utilities are maintained and serviceable.
Practitioners	• Make appropriate referrals for support to other agencies. • Refer to social landlord if the client is their tenant or leaseholder.

Emergency Services	• **Local Fire Service** - Carry out a Safe & Well Check if it fulfils Service criteria and share with statutory agencies with consent. • **South West Ambulance Service Foundation Trust (SWASfT) -** Ensure information is shared with statutory agencies (request consent) & feedback is provided to referring agency on completion of home visits.
Animal Welfare	• No action unless advice requested.
Safeguarding of Adults and Children	• Properties with adults or children presenting care and support needs should be referred to the appropriate Social Care referral point.

Level Two Actions

Level 2 Clutter Image Rating 4 – 6

Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.

Level 2	**Actions – SEEK CONSENT BEFORE MAKING REFERRALS In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCURRENCE**
Referring Agency	• Refer to landlord if resident is a tenant. • Refer to Environmental Health if resident is a freeholder. • Raise a request to the local Fire Service to provide a Safe & Well Check with a consideration for monitored smoke alarms/ assistive technology. • Provide details of garden services. • Refer to Adult Social Care for a Section 9 care needs assessment. • Referral to GP. • Referral to debt advice if appropriate. • Refer to animal welfare if there are animals at the property. • Ensure information sharing with all necessary statutory agencies.
Environmental Health	• Carry out an inspection of the property utilising the referral form. • At the time of inspection, 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 by occupier.

Social Landlord	• Visit resident to inspect the property & assess support needs. • Refer internally to assist in the restoration of services to the property where appropriate. • Ensure residents are maintaining all tenancy conditions. • Enforce tenancy conditions relating to residents responsibilities. • Ensure information sharing with all necessary statutory agencies.
Practitioners	• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	• **Local Fire Service -** Carry out a Safe & Well Check, share risk information with Statutory agencies and consider assistive technology**.** • **SWASfT -** Ensure information is shared with statutory agencies (with consent) & feedback is provided to referring agency on completion of home visits via the referral form.
Animal Welfare	• Visit property to undertake a wellbeing check on animals at the property. • Educate client regarding animal welfare if appropriate. • Provide advice / assistance with re-homing animals.
Safeguarding Adults and Children	• Properties with adults or children presenting care and support needs should be referred to the appropriate Social Care referral point. • If you are aware of any children who live in the property (or who visit regularly), refer to the Children's Helpdesk.

Level Three Actions

Level 3 Clutter image rating 7 - 9

Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding concern due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.

Level 3	Actions
Referring Agency	• Raise Safeguarding concern **within 24 hours – or sooner if you feel there are risks that could materialize imminently.** • Raise a request to local Fire Service within 24 hours (or sooner if appropriate) to flag up the level of risk, and to consider a Safe & Well Check. • Refer to Environmental Health via the referral form.

Environmental Health	• Carry out an inspection. • At time of inspection, 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.
Landlord	• Visit resident to inspect the property & assess support needs. • Attend multi agency hoarding meeting. • Enforce tenancy conditions relating to residents responsibilities.
Practitioners	• Refer to "Hoarding Guidance Questions for practitioners". • Complete Practitioners Assessment Tool. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	• **Local Fire Service**- Carry out a Safe & Well Check, share risk information with statutory agencies and consider assistive technology. • **SWASfT**- Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits via the referral form. • Attend hoarding multi agency meetings on request. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	• Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment. • Educate client regarding animal welfare if appropriate. • Take legal action for animal cruelty if appropriate. • Provide advice / assistance with re-homing animals.

General Points to Consider:

- Always seek the consent of the individual before making a referral or sharing information – refer to SAB and own organisational information sharing protocols.

- If consent is not given but you feel there is a significant risk of harm to either the individual themselves or others (for instance children living in hoarded properties, where there are fire risks for both the individual or to neighbours in terraced properties, or where there is a risk of harm to fire-fighters should they need to enter a property with significant hoarding or structural defects etc.), consult your line manager at that time for further advice.

- Additionally, seek advice from the Adult Safeguarding advice line (0300 247 0201), Children's Helpdesk (01225 396312/01225 396313) and local Fire and Rescue Service – **remember, you can discuss your concerns in general terms to establish whether the risks justify you sharing information without consent.**

- If you have any safeguarding concerns you must log your concern at that time

- Refer to the Multi Agency Adult Self Neglect Best Practice Guidance (Access from B&NES LSAB Safeguarding Policy Website https://www.safeguarding-bathnes.org.uk/adults/local-safeguarding-adults-board/4-lsab-multi-agency-policy-and-procedures#