Leeds Safeguarding Adults Board

LSAB Self-neglect Policy

Version 1

Contents

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1. Introduction

This Policy has been developed around national research and learning in Leeds. It has been developed to support practitioners and agencies across the city, to achieve the best possible outcomes for people who self-neglect. As such it will be relevant to all organisations that that work with, or come into contact with people who self-neglect.

The policy begins with key messages for practice that summarise key points from national research, and continues with required information about legal frameworks, best practice principles around creative interventions, engagement and support, multi-agency procedures, legal powers of intervention and tools for effective multi-agency working.

2. Self-neglect: Key messages for practice

Voices of people who self-neglect[1].

"(It) makes me tired ... I get tired because daily routines are exhausting me, to do the simple things like get washed, put on clean clothes, wash my hair".

"I don't have time to make a note of everything in the paper that has an interest to me and so I'm very fearful of throwing something away".

"I'm drinking, I'm not washing; I wouldn't say I'm losing the will to live, that's a bit strong, but I don't care, I just don't care".

"I got it into my head that I'm unimportant, so it doesn't matter what I look like or what I smell like"

Self-neglect can involve a wide range of behaviour such as a lack of self-care and / or a lack of care of one's environment resulting in a significant risk to their health and wellbeing. A key element of self-neglect is the refusal of support or services that would otherwise reduce or remove the risk of harm to them.

Whilst everyone is entitled to make decisions that others may consider to be unwise, that is, to refuse support or services, but practitioners and services must never dismiss self-neglect as a 'lifestyle choice'. People's circumstances, life histories or their reasons for not seeking or accepting help, may not always be clear or known, but it will often be the case that people didn't really choose to live in this way.

Self-neglect: Is it really a choice, when:

- You don't see how things could be different?
- You don't think you're worth anything different?
- You didn't *choose* to live this way, but adapted gradually to circumstances
- Your mental ill-health makes self-motivation difficult?
- Impairment of your executive brain function makes your decisions difficult to implement?[2]

[1] Presentation of Emerita Professor Suzy Braye to the Leeds Safeguarding Adults Board (May, 2019)
[2] Adapted presentation of Emerita Professor Suzy Braye to the Leeds Safeguarding Adults Board (May, 2019)

The challenge is to support people to make informed decisions and to engage them in ways they feel able to accept. Key to service response is the person's mental capacity to make decisions, and proportionate service responses based upon risk and the person's wishes.

When a person is presumed to have mental capacity or has been assessed as having capacity, their autonomy must be respected, and efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated if required.

When a person has been assessed not to have capacity to understand and make specific choices and decisions, interventions and services can be provided in the person's best interests (See Section 5.5 in relation to mental capacity issues and assessments).

When working with people who self-neglect, the research identifies[3] key practice messages for practitioners that can lead to improved relationships, engagement and positive outcomes for the person at risk:

1. Take the time to build rapport and a relationship of trust through persistence, patience and continuity of involvement
2. Seek to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation's specific role
3. Work at the individual's pace, spot moments of motivation that could facilitate change, even when the steps towards it are small
4. Ensure you understand the nature of the individual's mental capacity in respect of each specific self-care decision
5. Be honest, open and transparent about risks and options
6. Understand and consider the legal mandates providing options for intervention
7. Be creative with flexible interventions, including family members and community resources where appropriate
8. Engage in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals.

[3] Suzy Braye et al: Self-neglect policy and practice: research messages for practitioners (SCIE: March 2015)

3. What is self-neglect?

The Care and Support Statutory Guidance (March 2020)[4] states that self-neglect is a form of abuse and neglect. It defines self-neglect as:

"… a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding" (Section 14.17)

This may include people, either with or without mental capacity, who demonstrate:

- Lack of self-care (neglect of personal hygiene, nutrition, hydration and/health, thereby endangering their safety and wellbeing)
- Lack of care of one's environment (squalor and hoarding)
- Refusal of services that would mitigate the risk of harm.

Self-neglect[5] can arise due to a range of mental, physical, social and environmental factors. It may be a longstanding pattern or a recent change and be linked to loss, past trauma and/or low self-esteem with responses shaped by rationalisation, shame or denial. However, contributing elements may include:

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

Sometimes self-neglect is related to deteriorating health and ability in older age and the term 'Diogenes syndrome' may be used to describe this. People with mental health problems may display self-neglecting behaviours. However, there is often an assumption that self-neglecting behaviours indicate a mental health problem but there is no direct correlation and practitioners should not make this assumption.

People who self-neglect may live in a whole range of diverse circumstances. They may for example, live in their own home, in care or health establishments, with friends or family, they may live street based lives or live in other very different circumstances.

3.1 Lack of self-care

The following characteristics and behaviours are useful indicators of self-neglect:

- Living in very unclean home environment e.g. rubbish or waste not disposed of

[4] Care and Support Statutory Guidance 2020
[5] SCIE Self-neglect at a glance

- Physical or health needs not adequately cared for, causing them to deteriorate
- Inadequate diet and nutrition, which impact on the person's health and wellbeing
- Social contacts not being maintained
- Finances not being managed, or assistance being sought
- Prescribed medication not being taken or being declined
- Refusing to allow access to health and/or social care staff in relation to care needs, health needs or property maintenance, or, being unwilling to attend appointments with relevant staff.

3.2 Lack of care for one's environment

3.2.1 Squalor

Squalor describes those situations where a person is living in extremely dirty, unhygienic or unpleasant conditions that impact on their welfare or wellbeing. This may result from someone's inability to manage their environment due to their support needs. It may relate to hoarding behaviours; however, it may also relate to other reasons, life trauma, low self-esteem, dementia, obsessive compulsive disorder, learning disability or another similar condition.

3.2.2 Hoarding

Hoarding is a form of self-neglect behaviour. It involves acquiring or saving lots of things regardless of their objective value.

Someone who hoards, might:

- have very strong positive feelings whenever they get more items
- feel very upset or anxious at the thought of throwing or giving things away
- find it very hard to decide what to keep or get rid of.

The reasons people hoard will vary from person to person and may result from underlying factors such as dementia or brain injury, or be triggered by significant life events, such as trauma and loss. However, it is increasingly recognised that hoarding can be a condition by itself, as well as sometimes being a symptom of other mental health problems.

Hoarding Disorder is a psychiatric condition associated with the distress of discarding possessions, and the impact this has on the person's ability to function and maintain a safe environment for themselves or others. The World Health Organisation's International Classification of Diseases, 11th Edition (2018) defines hoarding disorder as "characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value". For more information, the NHS: Hoarding Disorder webpage provides useful information.

In some cases, the accumulation of possessions can be symptoms of other mental health conditions, such as obsessive compulsive disorder (OCD). This can occur for example, where a person who feels they have to check and recheck documents and therefore ignore piles of papers to avoid their checking rituals. Or a person with a

contamination obsession may prevent them from touching things that have fallen to the floor, creating clutter in the home[6].

Similarly, someone may initially appear to display hoarding behaviour, but the underlying causes be related to difficulty processing information, difficulty performing particular tasks, low motivation, physical illness or the impact of addictions for example. As such, there should be no automatic assumption that the hoarding behaviour relates to a mental health condition, and in seeking to understand and provide support, the starting point must be the unique circumstances of the person concerned.

[6] International OCD Foundation

4. Self-neglect: Legal Frameworks

All public bodies must act fairly, proportionately, rationally and in line with the principles of the Human Rights Act 1998, the Care Act 2014, and the Mental Capacity Act 2005. These provisions are highlighted here, however wider legislation such as the Mental Health Act 1983 may also be an important considerations in individual cases, and relevant provisions of wider legislation are outlined in Appendix 1.

4.1 Human Rights Act 1998

Public authorities must not act in a way that is incompatible with Human Rights; and wherever possible, existing laws have to be interpreted and applied in a way that fits with these rights.

A summary of key articles of the European Convention on Human Rights is included within the appendix, refer to Equality and Human Rights Commission www.equalityhumanrights.com for a full description and explanation of each article.

Article 8 and First Protocol Article 1 however, are also highlighted here:

Article 8: Right to respect for a private and family life

1. Everyone has the right for his private and family life, his home and his correspondence

2. There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

The First Protocol Article 1 – Protection of Property

1. Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

2. This provision does not however impair the right of the State to enforce such laws as it deems necessary to control the use of property in accordance with the general interest or to secure payment of taxes or other contributions or penalties.

For a public body to interfere with these rights, the actions would need to be lawful, necessary and proportionate. An action is 'proportionate' when it is appropriate and no more than necessary to address the problem concerned. Where a person lacks mental capacity, decisions should be made in accordance with the Mental Capacity Act 2005.

4.2 Specific responsibilities of local authorities

The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect:

(i) Assessment (Care Act 2014, Section 9 and Section 11). The Local Authority must undertake a needs assessment where it appears that the adult may have needs for care and support. In the event of their refusal, the duty to assess still applies if they are experiencing, or at risk of, self-neglect or if they lack capacity to decide and the assessment is in their best interests.

In the event that a person refuses an assessment of need in situations of self-neglect, this may indicate the need for a safeguarding enquiry alongside the Section 11(2) duty to carry out a needs assessment

ii) Carers' Assessments (Care Act 2014, Section 10)

Carers are entitled to an assessment of their need for support as set out in Section 10 of the Care Act 2014. This entitlement would apply even where the person self-neglecting, is declining an assessment or support from the local authority or other agencies.

(iii) Safeguarding enquiry (Care Act 2014, Section 42)

When a Local Authority has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, self-neglect, and as a result of these needs, is unable to protect himself or herself against self-neglect, or the risk of it, 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,

The Care and Support Statutory guidance further states:

"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"[7]

iv) Duty to cooperate (Care Act 2014, Section 6 and Section 7)

General Duty (Section 6)

Local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of its respective functions relating to adults with needs for care and support and carers.

Section 6(3) sets out examples of persons with whom a local authority may consider it appropriate to co-operate:

[7] Care and Support Statutory Guidance, June 2020: Section 14.17

- a person who provides services to meet adults' needs for care and support, services to meet carers' needs for support or services, facilities or resources
- a person who provides primary medical services, primary dental services, primary ophthalmic services, pharmaceutical services or local pharmaceutical services under the National Health Service Act 2006;
- a person in whom a hospital in England is vested which is not a health service hospital as defined by that Act;
- a private registered provider of social housing.

Co-operating in specific cases (Section 7)

Where cooperation between parties set out in Section 6, is sought from the other in relation to an individual with needs for care and support or in the case of a carer, a carer of a child or a young carer, each party must comply with the request unless it considers that doing so—

(a) would be incompatible with its own duties, or
(b) would otherwise have an adverse effect on the exercise of its functions.

v) Representation and advocacy (Care Act 2014, Section 67 and Section 68)

If an adult has a substantial difficulty in understanding or engaging with an assessment or safeguarding enquiry, the local authority must ensure that there is a friend or family member to facilitate their involvement; and if there is not, must arrange for an independent advocate[8].

4.3 Mental Capacity Act 2005

The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. All professionals have an obligation and duty to comply with the law and the Code of Practice.

Mental capacity considerations are a key aspect of practice around supporting people who self-neglect. The Mental Capacity Act principles, mental capacity assessments, best interests, court of protection, issues of fluctuating capacity and unwise decisions are outlined in Section 5.5.

4.4 Legal powers of intervention

There will be times when the self-neglect impacts on the person's health and well-being, their home conditions or on others, to such a degree that practitioners may need to consider what wider legislative action can be used to assist in minimising risks.

Possible legal powers of intervention are included within Appendix 1 for information only. Any such actions need to be considered in consultation with legal advice and as part of a carefully considered multi-agency agency intervention plan. Enforcement approaches are often most likely to succeed where they form part of a plan of support.

[8] SCIE: Independent advocacy under the Care Act

5. Self-neglect: Key practice principles

The key practice principles outlined here are important considerations for all practitioners. Based upon research, they provide guidance on the approaches most likely to achieve positive outcomes for people living in circumstances of self-neglect. Practitioners will need to apply these with proportionality based upon the nature and extent of any risks, the person's wishes and individual circumstances.

5.1 The importance of relationships

Building a positive relationship with individuals who live in circumstances of self-neglect is critical to supporting them to achieving change, and in ensuring their safety and protection.

"It was important to build rapport, find the right tone to use and sometimes overcoming lack of trust left over from previous experiences with services, and to gradually build up a relationship by demonstrating trustworthiness"[9]

Practitioner tips from research[10]

- Show humanity
- Be reliable
- Show empathy
- Demonstrate patience
- Be honest
- Work at the individual's own pace

Leeds Citizens' advice on the qualities and approaches they value in practitioners that make a difference to them, are also very relevant considerations:[11]

- Empathy, kindness, patience
- Don't make judgements about me
- Do not make assumptions about what I want or need
- Take time to understand what is important to me
- To be treated with respect
- To take account of what have been through
- To give you confidence and the ability to value yourself
- Be honest with me
- Be someone I can trust
- For someone to stop and listen to what I am saying

[9] Suzy Braye et al: Self-neglect policy and practice: research messages for practitioners (p.8) (SCIE: March 2015)
[10] Suzy Braye et al: Self-neglect policy and practice: research messages for practitioners (SCIE: March 2015)
[11] LSAB Citizen-led Practice Guidance

5.1.1. Developing plans alongside relationships

The research identifies a range of approaches which can help build relationships and engagement when working with self-neglect.

Themes

- **Building rapport** - Taking the time to get to know the person. Show acceptance and understanding – in contrast, do not display shock by someone's situation – this can cause embarrassment, defensiveness and a reluctance to engage

- **Moving from rapport to relationships** - Avoid kneejerk responses to self-neglect. Do not jump in and take over. Seek to build relationships, talk through interests, history and stories

- **Finding the right tone -** Be honest whilst also being non – judgmental; separate the person from the behaviour

- **Going at the individual's pace** - Moving slowly and not forcing things; this may mean talking about other things until the person is ready to talk about the evidence of self-neglect. Opening up can take time. Involvement over time makes a difference

- **Agreeing a plan** - Making clear what is going to happen; this might mean starting with very small steps – a weekly visit might be the initial plan

- **Finding something that motivates the individual** – Seek to understand the person's interests and make links with these (For example, someone who is hoarding for environmental reasons might be interested in recycling initiatives; and someone who cares for their pets may be motivated to improve their living space)

- **Starting with practicalities** - Providing practical help with small tasks at the outset may help build trust

- **Bartering** – Involves linking practical help to another element of agreement; – I could help with this… If you could….

- **Focusing on what can be agreed** - Finding something to be the basis of the initial agreement, that can be built on later

- **Keeping company** - Being available and spending time to build up trust

- **Straight talking** - Being honest about risks and potential consequences

- **Finding the right person** – Identify those people who are well placed to achieve positive engagement with the person at risk. Those people with established relationships might be able to act as a bridge to support new relationships.

- **External levers** - Recognising where relevant and appropriate, the possibility of enforcement action. This usually works best as part of a plan of support

5.2 'Finding' the person: Talk to me, Hear my voice

An approach based around understanding the person and the underlying reasons for their behaviour, is seen throughout the research to achieve better outcomes than solely focusing on a reduction of the presenting behaviours[12].

In Leeds, 'Talk to me, Hear my voice' is the expression given to us by citizens – the message is to engage, to get alongside, and seek to understand their views and perspectives. This approach underpins good practice in supporting citizens living in circumstances of self-neglect.

Wherever possible practitioners should:

- Explore and understand the individual's life history and circumstances, and their possible connections to current patterns of self-neglect.

- Recognise that underlying reasons for someone's self-neglect may be linked to earlier life experiences or traumas, or be occurring within in the context of complex relationships.

- Use this approach to form an accurate assessment of the issues and work out what kinds of intervention are most likely to enable the person to achieve change.

- Recognise the emotional component of people's current experience of their circumstances. Practitioners need to work with people who may be experiencing fear, anxiety, embarrassment and shame in relation to their circumstances; which may pose barriers to accepting support.

- Demonstrate calm and understanding reactions to self-neglect. The research identifies that where practitioners normalised the self-neglect, neither dismissing it nor treating it as exceptional, this was valued.

- Adopt strength-based approaches. Learning from research identifies that people who used services emphasised their own resilience and determination in coping with the circumstances that had led to self-neglect. They felt that practitioners did not often recognise these qualities, focusing instead on the highly visible signs of neglect, and they valued practitioners who recognised and worked with the strengths they had.

There is a clear evidence base that approaches based upon finding the person help, practitioners to devise individualised interventions that recognise the person's personal life experience, networks, strengths, relationships and motivations.

[12] Suzy Braye et al: Self-neglect policy and practice: research messages for practitioners (SCIE: March 2015)

5.3 Engaging with the adult at risk: family/unpaid carers

Working closely with family members/unpaid carers can be an important element of achieving effective engagement with the person at risk, and in providing support that reduces risks and improves personal circumstances.

The family member / unpaid carers should be involved with their consent or in their best interests under the Mental Capacity Act 2005. There may also be occasions where involving a person's family members / unpaid carers without consent is a proportionate act taking into account Article 8 of the Human Rights Act.

Be aware that relatives and unpaid carers:

- Have unique relationships with the person at risk that may support positive engagement with practitioners
- Will be able to support assessments of need and risk
- Will have a unique understanding of the person's past history and motivation
- May provide ongoing support, or be key to the provision of support in the future

Practitioners should consider the following when working with relatives and unpaid carers:

- Ensure the person at risk is aware and wherever possible consenting to the proposed role of the relative / unpaid carer in his/her care/treatment plan
- Offer/carry out carers' assessments if relatives are providing care or support
- Involve the relative / unpaid carer in the development of any care and support plan. Consider if it is appropriate to invite relatives / unpaid carer to meetings or develop other ways of involving them in planning.
- Ensure the carer's role and responsibilities are clearly recorded on formal care and support plans
- Check that they are willing and able to provide care and support
- Provide them with necessary support, training, information to do what is expected
- Mentor/supervise to ensure they understand and have the skills they need
- Explore the dynamics between family members – these may underpin the person's self-neglecting behaviours and influence their decision making.
- Recognise that relatives/unpaid carers may have shared life experiences with the person who is self-neglecting
- Adopt Think family, Work family approaches to understanding the support needs of family, and their ability to provide support to the person at risk.

When the person with mental capacity does not give consent to engage with a relative / unpaid carer, the carer however is nonetheless still entitled to a carer's assessment in relation to their own needs (See Section 3.2). If they raise concerns in their own right, or if they have made the referral about the self-neglect, these concerns should still be discussed and their concerns heard.

5.4 Creative interventions

The underlying causes of self-neglect and the person's unique circumstances, history, wishes and perspectives mean that there is no single response that will work in every situation. Individually tailored and creative approaches are most likely to achieve the best outcomes.

Key considerations:

- The starting point for all interventions should be to encourage the person to do things for themselves. Where this fails in the first instance, the approach should be revisited regularly throughout the intervention and consideration given to the reasons for this failing.

- Efforts should be made to build and maintain supportive relationships through which services can in time be negotiated. This involves a person centred approach that listens to the person's views of their circumstances and seeks informed consent where possible before any intervention.

- It is important to note that a gradual approach to gaining improvements in a person's health, wellbeing and home conditions is more likely to be successful than an attempt to achieve substantial change all of a sudden. This may be too much for the person to accept or tolerate.

- Creativity is key to all interventions involving self-neglect; this involves:

    - Flexibility (to fit individual circumstances)
    - Negotiation (of what the individual might accept / cope with / tolerate)
    - Proportionality (to act only to contain risk, rather than to remove it altogether, in a way that preserves autonomy

Sometimes this involves understanding and recognising the limitations of what is possible, with practitioners need to focus on reducing harm in the first instance rather than achieving the ideal outcome.

Interventions will need to be unique to the situation, but might involve:

Being there, for example

- Maintaining contact; building relationships
- Monitoring risk and wellbeing
- Identifying opportunities and motivations

Practical assistance, for example

- Help to support with daily living activities e.g. safe food storage or preparation areas; that improve wellbeing and reduce risks whilst providing opportunities to build up trust
- Assistance and support look after the welfare of pets

Risk reduction, for example

- Fire safety measures – addressing immediate risks, including those caused by smoking in unsafe environments.

- Responses to immediate health risks e.g. preventative actions relating to deteriorating health conditions, such as skin integrity, diabetes and or safe use of medication.
- Adaptations and repairs to the home that make the accommodation more habitable, safer and help build trust.
- Safe substance use schemes (support for a set level of consumption)

Therapeutic interventions, for example

- Support with specific mental health conditions or support to change the way in which an individual might think about themselves

Change of environment, for example

- Moving home (together with support to minimise the risk of future environments deteriorating)
- Short-term respite

Building social networks and interests, for example

- Building upon the person's interests, including any that led to self-neglect
- Reducing social isolation
- A forward-looking focus on lifestyle, companionship and activities (helping to let go of / replace previous lifestyles).

Cleaning / clearing, for example

- Deep cleaning or removal of hoarded material (although often this is found to work best when done in agreement and as part of an overall planned intervention). Sometimes a partial reduction will be more easily achievable – the aim is proportionate risk-reduction.

Health matters, for example

- Assistance with specific health conditions; GP / medical appointments

Enforced action, for example

- Setting boundaries on risks to self and others
- Recognising and working with the possibility of enforcement action

Care and support, for example

- As self-neglect can often be linked to poor physical functioning a key intervention can be assistance with activities of daily living. For example:

    - Support with bills and paperwork – often along with the identification of benefits that can be applied for
    - Negotiations around assistance with cleaning, laundry, medication management and personal care
    - Prompting around daily living tasks.

- Agencies will need to work with people to offer support in ways the person feels able to accept

5.5 Mental capacity

Mental capacity is a key factor in understanding people's circumstances and how they respond in practice. That is:

- When a person is presumed to have mental capacity or has been assessed as having capacity, their autonomy must be respected, and efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated if required.

- When a person has been assessed not to have capacity to understand and make specific choices and decisions, interventions and services can be provided in the person's best interests.

The information provided here cannot act as a full guide to best practice in relation to issues of mental capacity, but serves to highlight some important areas of consideration when working with people who self-neglect.

The Mental Capacity Act principles

All work with people who self-neglect must be undertaken with due regard to the Mental Capacity Act 2005[13], which is underpinned by five clear principles. It can be helpful to consider the principles in order. The first three principles support the process before or at the point of determining whether someone lacks capacity. If it is decided that someone lacks capacity in relation to a specific decision, then the last two principles inform the decision-making process.

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

Assessing mental capacity

The Act sets out a two stage test mental capacity for whether someone lacks mental capacity to make a specific decision, at the time it needs to be made.

Section 2 of the Act states that:

[13] Mental Capacity Act 2005, Section 1

A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain[14]

Section 3 of the Act clarifies that:

For the purposes of section 2, 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 (for as long as required to make the decision).
- to use or weigh that information as part of the process of making the decision, or
- to communicate their decision (whether by talking, using sign language or any other means)[15]

Thus it is important to assessment whether any inability in understanding, retaining, using or weighing relevant information, or in communicating the decisions, results from an impairment or disturbance in the functioning of the mind or brain.

Furthermore mental capacity is time- and decision- specific. This means that a person may be able to make some decisions but not others. A person's mental capacity to make a decision may also fluctuate over time.

It is also important to be aware however, that when assessing mental capacity people can be initially articulate and superficially convincing regarding their decision making but as issues are explored, may actually be unable to identify risks or understand how these could be addressed.

The Mental Capacity Act; Code of Practice should be referred to for further guidance.

Executive functioning

The term, 'executive functioning' refers to the ability to carry out decisions and intentions, for example in relation to one's own welfare. Where tasks involve several steps or decisions a person may have difficulties carrying these out if the person's mental processes involved are affected, for example, by brain injury or illness. This is commonly called 'executive dysfunction'.

Executive dysfunction may be evident when a person give coherent answers to questions, but it is clear from their actions that they are unable to carry into effect the intentions expressed in those answers. It may also be that there is evidence that the person cannot bring to mind relevant information at the point when they might need to implement a decision that they have considered in the abstract[16].

This will be relevant to assessments of mental capacity; as it raises the question as to whether someone can 'understand' and 'use or weigh relevant information' in the moment when a decision needs to be enacted.

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[14] Mental Capacity Act 2005, Section 2
[15] Mental Capacity Act 2005, Section 3
[16] 39 Essex Chambers June 2020: Carrying out and recording capacity assessments

For these reasons, assessments of capacity may need to be supplemented by real-world observation of the person's functioning and decision-making ability in order to provide the assessor with a complete picture of an individual's decision-making ability[17]. It can also helpful to not only ask the person to articulate what they would do, but to demonstrate how they would do something in practice.

Where a person is unable to carry out their expressed intentions, a key question in the mental capacity assessment is whether the person is aware of their own deficits – in other words, whether they are able to use and weigh (or understand) the fact that that there is a mismatch between their ability to respond to questions in the abstract and to act when faced by concrete situations[18].

This is complex area and practitioners should seek advice from their lead practitioners, and legal advisers as and when required.

Best Interests Decision

For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act 2005 allows for agency intervention in the person's best interests. Chapter 5 of Mental Capacity Act: Code of Practice sets out a non-exhaustive list of consideration for such decisions.

In urgent cases, where there is a view that an adult lacks mental capacity (and this has not yet 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.

Court of Protection

Where an individual without mental capacity, resolutely refuses to any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Mental Capacity Act are anticipated, it may be necessary to apply to the Court of Protection for an order authorising such protective measures. Legal advice should be sought where such actions and interventions are being considered.

The Court of Protection deals with decisions and orders affecting people who lack mental capacity. The court can make major decisions about health and welfare, as well as property and financial affairs, that the person lacks the mental capacity to make (Mental Capacity Act 2005; Sections 15-23).

Fluctuating capacity

Fluctuating capacity is when a person's ability to make a specific decision changes frequently or occasionally. Such changes could be brought on by the impact of a mental illness, physical illness, the use or withdrawal of medication, the use of illicit substances or alcohol.

[17] NICE Guidelines 2018: Decision-making and mental capacity (Para 1.14.19)
[18] 39 Essex Chambers June 2020: Carrying out and recording capacity assessments

Where an adult has fluctuating capacity, it may be possible to support them to appoint a lasting power of attorney or produce an advanced statement that sets out what they want to happen when they lack capacity in the future.

Unwise decisions

Circumstances of self-neglect will often involve decisions, including those to take actions, or not take actions or decline support that others consider unwise. However a person is not to be treated as unable to make a decision merely because he makes an unwise decision[19]. This applies even if family members, friends or healthcare or social care staff are unhappy with a decision.

There may be cause for concern however, if somebody repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or makes a particular unwise decision that is obviously irrational or out of character. These things may not necessarily mean that someone lacks capacity but there might be need for further investigation, taking into account the person's past decisions and choices.[20]

For example, further investigation may reveal whether a person may need more information to help them understand the options available to them or the consequences of the decision they are making; or whether the person has a mental disorder or illness that is impacting on their decision.

[19] Mental Capacity Act 2005, Section 1
[20] Mental Capacity Act: Code of Practice

5.6 Risk to others, including children

Self-neglect involves situations where a person places themselves at risk due to difficulties providing for their own health and care needs, and a reluctance or refusal to accept support. The impact or consequences of these decisions however, may sometimes also place others at risk and hence there may be a need to take actions, to ensure the rights and safety of others are also protected.

For example;

- A person living in circumstances of squalor could result in an environmental health risk to neighbours, as well as themselves. In such cases, Leeds City Council Environmental Health Services, alongside other key agencies such as housing, should be included in multi-agency planning meetings. There may be actions required to protect others that are contrary to the person's own wishes.

- A person's hoarding behaviour may result in a fire hazard to neighbours, as well as themselves. In such cases, West Yorkshire Fire and Rescue Service should be included in multi-agency planning meetings to advise on appropriate responses, and actions may be required in the public interest.

- A person's self-neglect behaviour may pose a risk to a young child living in their direct care. In such cases, Leeds Children's Services should be alerted immediately and subsequently included within multi-agency planning meetings.

- Similarly, where living conditions impact on the safety and welfare of another adult with care and support needs being cared for within a household, Leeds City Council: Adults & Health should be consulted on the need to follow the Safeguarding Adults Procedures.

Article 8 of the Human Rights Act allows for someone's right to his private and family life, his home and correspondence to be restricted, circumstances such as where necessary to protect public safety, health, or for the protection of rights and freedoms of others.

Where a person poses a risk to others, it remains important to work with them as far as possible to support them to bring about change in their circumstances. However, actions may be necessary that are contrary to their wishes, including the enforcement actions of agencies to protect the safety of others. Practitioners should seek to explain to the person why the actions have had to be taken and talk through the implications for the person concerned.

5.7 Effective multi-agency working

Situations of self-neglect will usually require agencies to work together in order to have shared understanding of issues, risks, concerns and to develop a consistent approach to working with the person at risk.

A formalised multi-agency meeting may not always be necessary or pragmatic, and depending on the circumstances, this may be achieved by close liaison between agencies. Where a meeting is not held, the guidance below will however remain relevant to the approach developed.

In complex circumstances it will however be necessary to bring together a range of agencies who can bring their collective knowledge, skills and resources to assess the risk and offer/provide effective interventions, in the way the person is most likely to feel able to accept.

A multi-disciplinary meeting provides an opportunity to:

- Recognise and understand the person at risk's views and wishes, their assessment of their circumstances, and what outcomes they would like to achieve, if any
- Share information about issues and concerns, to form a shared understanding
- Seek to understand the underlying reasons for the self-neglecting behaviour
- Consider issues of mental capacity
- Consider how best to engage with the person at risk
- Develop a multi-agency assessment of risk and risk management plan
- Establish a multi-agency risk management plan
- Ensure there is clarity about who is monitoring and updating on any identified risks
- Consider the need for further meetings to review plans and risks
- Provide / plan how to provide mutual support to agencies, relatives and unpaid carers
- Continually evaluate the need for legal advice
- Develop a multi-agency approach informed by the Practice Principles identified in Sections 5.1 -5.7.

Important to this will be:

- Ensuring the adult at risk is invited to meetings or if this is not possible, or considered appropriate, ensure they are consulted and that their views and wishes are represented and are a focus of discussion within the meeting
- Ensuring advocacy representation is provided for where necessary to facilitate the person's involvement
- Providing for people's need for support with communication, such as translation services
- Ensuring that the views of family members are considered as appropriate
- Ensuring that all agencies that have been involved with the adult at risk, or may need to be, are consulted / invited to the meeting

6. Self-neglect: Procedures

Self-neglect involves situations where a person declines essential support that significantly impacts on their health or wellbeing. In circumstances, where a person finds it difficult or is reluctant to engage with essential services, four levels of responses should be considered. These are not always mutually exclusive.

6.1 Response to the declining of support and services

Key points:

1. Practitioners should always work to engage with people, offer all the support they are able to without causing distress, and understand their limits to intervention if the person does not wish to engage.

2. Where someone is assessed as not having capacity in relation to relevant decisions, actions should be taken in the persons best interests, in accordance with the Mental Capacity Act 2005.

3. Where mental capacity is presumed or has been assessed as being present, and the person is expressing that they do not wish to engage with services, any actions taken should be proportionate to the risk and with due consideration of Article 8 of the Human Rights Act.

Where a person is declining support assessed to be essential to their health or wellbeing, then further actions may still be appropriate to assess risk, offer support and support their engagement. However, in each case practitioners must weigh up whether their actions are proportionate to the risks, and no more intrusive than is necessary to achieve a legitimate aim.

'**Talk to me, Hear my voice**' is the citizen-led practice principle adopted in Leeds. This is a phrase given to us by citizen groups, and is a short-hand term for working alongside someone to understand the person's views, wishes, circumstances and desired outcomes. It is not always the case however, that people say, 'Talk to me'. Sometimes they will say 'I don't want your help', or simply 'go away' instead. This can be the biggest challenge for practitioners when working with adults who have self-neglecting behaviours as they may refuse to engage or accept support.

The Leeds 'Talk to me, Hear my voice' principle is one of trying get alongside and work with people, and this includes seeking to understand why the person is reluctant or unwilling to seek or accept support. Practitioners should seek to engage with people who are self-neglect with due consideration of the best practice principles set out in Section 4.

Before disengaging with a person declining support or services:

- Consider if the person has been provided with all the necessary information in a format they can understand
- Assess the risk as far as is possible given the person's limited engagement
    - Be open and honest; share concerns about these risks with the person self-neglecting

- Check as far as possible, if the person has understood the options and the consequences of their choices
- Listen to and show understanding of the person's reasons for mistrust, disengagement, refusal and their choices and consider if there are ways to provide support in the way the person feels able to accept
- Where the person is willing, ensure there is the time to have conversations over a period of time to develop a trusting relationship
- Check out your concerns with other relevant agencies in accordance with the Safeguarding Adults Board: LSAB Information Sharing Policy
- Consider who (whether family, advocate, other professional) can support engagement with the person at risk. You may not be the best person.
- Formally assess a person's mental capacity if there is evidence to indicate this is lacking in relation to these specific decisions.
- Formally record decisions, actions, attempts to engage and peoples responses.

However, where there significant threat to the person's health and wellbeing, practitioners and services should seek to provide continued support and take further actions in accordance with this policy.

- Where there is limited or partial engagement and risks are low, seek to provide continued engagement and support in to help the person to identify and overcome barriers they may experience in accepting support, as set out in Section 6.2.

- Where there is a significant threat to the persons health and wellbeing, consider whether a multi-agency meeting is needed to understand the issues, concerns, and assess and respond to the risks, as set out in Section 6.3.

- In circumstances where the person appears to be unable to protect themselves from the self-neglect they are experiencing; concerns should be reported in line with multi-agency safeguarding adults policy and procedures (Section 6.4)

6.2 Engagement & support

In some circumstances, a person may only periodically or partially engage with services, but the impact on their health and wellbeing is low. Although individual circumstances, would need to be considered, low impact, may be illustrated by examples such as:

- Health care and attendance at appointments is intermittent
- There is a minor impact on the person's wellbeing
- Personal hygiene is becoming an issue
- The person does not engage with social or community activities and this is having an impact on the health and wellbeing of the individual
- The person does not manage daily living activities
- Hygiene is poor and causing skin problems
- Aids and adaptations refused or not accessed

Incidents such as these are usually best managed by positive engagement with the person using the key practice principles set out in this policy. This may involve supporting the person to address their concern, engage with community activities, or access social care services, health care and counselling.

There may need to be good communication and a level of coordination across different agencies involved with the person, in order to have a consistent approach but this will be consistent with usual agency assessment and support roles. Agencies currently involved should aim to work with the person over time to understand their concerns and to support their engagement with appropriate services.

6.3. Formal multi-agency responses

Where there are significant concerns that a person with capacity or who lacks capacity is self-neglecting, to an extent that this poses a significant threat to their health and wellbeing, concerns should be reported to Leeds City Council: Adults & Health.

Where it appears the adult has needs for care and support; the local authority must carry out an assessment of eligible care and support needs, under Section 9 (and Section 11) of the Care Act.

Where it is established via this assessment and/or other agency assessments, that the person has care and support needs and finds it difficult or is reluctant to accept essential services which threaten their health and wellbeing, the local authority will need to consider whether to initiate a multi-agency meeting/discussion to assess and respond to the concerns.

Such decision-making should take into consideration issues of mental capacity to make decisions, risk and the person's wishes. Actions taken should be proportionate to the concerns.

Multi-agency responses as determined by the local authority, dependent on the circumstances, may take the form of:

1. Multi-agency meeting/discussion lead by LCC: Adults & Health within their care management function

2. Multi-agency meeting chaired by a partner agency. This may be more appropriate, for example, where the person at risk has mainly health needs.

3. Multi-agency safeguarding adults policy and procedures where the criteria set out in Section 6.4 is met.

All agencies would be expected to support such meeting/discussions consistent with the Care Act: Duty to Cooperate, in the exercise of respective functions relating to adults with needs for care and support and carers.

Multi-agency responses should be undertaken with due consideration of the best practice principles set out in Section 5.7 in relation to multi-agency meetings. The format for such meetings, templates and agendas used however, will those of the lead agency.

6.4. Multi-agency safeguarding adults procedures

The multi-agency safeguarding adults policies and procedures should be followed in specific circumstances, where there is reasonable cause to suspect that the person is unable to protect themselves from the self-neglect.

The Care Act 2014 states:

Section 42.1 Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)-

- 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 the [self-neglect] or the risk of it.

Section 42.2 The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.

The Care and Support Statutory guidance further states:

"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" [21]

Practitioners will need to consider this provision, as to whether someone is able to control their own behaviour, based upon the unique circumstances of each person.

It should also be noted that self-neglect may occur alongside abuse and neglect caused by another party, for example, where self-neglect occurs alongside neglect by a carer; or the person is experiencing coercion and control or other forms of domestic abuse, that prevent the person from accessing support and services they would otherwise wish to accept. These situations would further indicate the need to follow the multi-agency safeguarding adults procedures as opposed to other multi-agency responses.

Safeguarding adults relating to abuse, neglect or self-neglect should be reported to the Leeds City Council: Adults Social Care: 0113 222 4401

The Leeds Multi-Agency Safeguarding Adults Policy and Procedures set out subsequent processes to be followed. The following summary describes key elements of the approach.

Wider duties and responsibilities of organisations, such as in relation to needs assessments under Section 9 (and Section 11) may also be indicated. These should be incorporated within the multi-agency response safeguarding procedures. These

[21] Care and Support Statutory Guidance, June 2020: Section 14.17

1. Information gathering

The local authority will lead a process of information gathering, to establish the cause for concern (that is, whether Section 42.1 above is met) and the need for further actions:

This will involve:

- Gathering information from key partners, the individual and their relatives/informal carers
- Establish persons views and desired outcomes
- Involvement of representation/independent advocacy

At this point, the local authority may be satisfied that a different level of response is appropriate, as for example, set out 6.1 – 6.3. However, where they are satisfied that Section 42.1 is met, they will undertake enquiries to determine the appropriate response.

The local authority should also consider if its duty to undertake a needs assessment under Section 9 (or Section 11) is met at this stage and subsequent ones.

2. Planning meeting / discussion

Planning a response will involve a planning meeting/discussion with key agencies, and where possible the person at risk and their representatives to consider appropriate responses.

This could be a specific meeting; but it may also be a discussion as to the need for arrangements relating to a multi-agency risk management meeting and how this should be managed.

3. Multi-agency risk management meeting

In circumstances of self-neglect, a multi-agency discussion/meeting must be convened to coordinate any support or intervention. Or indeed, to agree no further intervention where that is indicated by the assessment and specific circumstances.

The Multi-Agency Risk Management Agenda and Template should be used to assess risk and plan responses (see Appendix) 3. The key principles (Sections 4) should be used to inform discussions and plan appropriate interventions.

All relevant agencies have an obligation to participate and support the development of a multi-agency approach to the concerns.

Such meetings may be chaired by the local authority; however, where it is more appropriate another agency may be asked to do so[22], for example, where they have relevant expertise or are in practice leading on the response.

[22] Care Act 2014, Section 42.2: The local authority must make (or cause to be made) whatever enquiries it thinks necessary…

In cases of self-neglect more than one multi-agency risk management meeting may be required to assess concerns, engage with the person at risk, and to re-evaluate the risk or approach.

4. Outcome Meeting/Discussion

In situations of self-neglect, an outcomes meeting / discussion provides the forum to review actions taken, reassess risk, identify learning and whether the desired outcomes of the person have or can be achieved.

In practice, where a Multi-Agency Risk Management Meeting has been held, a further meeting may not always be required, providing that outcomes have been reviewed during the meeting.

However, where a relevant party is not present, in particular, the person at risk, their representative, or their relative / unpaid carer, then a further outcomes discussion/meeting would be appropriate to ensure outcomes and the need for further actions are agreed.

6.5 Procedures Overview Diagram:

I am concerned about someone who self-neglects

1. First and foremost, offer support:
   - Always work to engage with people to offer all the support you are able to, without causing distress.

2. If someone declines support, assessed to be essential to their health and wellbeing:

   Review your approach using the best practice principles within this policy. In particular:

   - Support the person to make an informed decision
   - Assess risk, as best as you can in the circumstances
   - Speak to partners to understand concerns and approaches
   - Consider if there is evidence to suggest a mental capacity assessment is required

3. If you assess that there is a low risk to their health and wellbeing

   - Respect their wishes – making sure they how to access support in the future
   - If they periodically or partially engage with services, continue to work with them following the principles in the policy. This can involve working alongside other agencies involved in the persons care – to share information, and agree joined up approaches. You should seek, overtime, to help the person overcome barriers to accessing the wider support they need.
   - If someone lacks mental capacity however, to make decisions about access to support or services, these will need to be make in their best interests.

4. If the risk is more significant, and a formal multi-agency approach is required or you believe it is a safeguarding concern.

   Contact: Adult Social Care

   If you identify a risk to child, at any point, contact Leeds Children Services

5. What Adult Social Care will do:

   - Undertake an assessment of care and support needs as indicated
   - Decide whether to facilitate a multi-agency meeting, or request a partner do so in line with the principles of the policy
   - Decide whether a multi-agency safeguarding adults procedures should be followed

Leeds Safeguarding Adults Board

LSAB Self-neglect Policy:

Appendicies

- Appendix 1: Legal powers of intervention
- Appendix 2: Clutter Index
- Appendix 3: Practical Checklists

Appendix 1: Legal powers of intervention

1. Introduction

This guide is intended for use as a source of reference. It outlines common legislation and protective measures that can be used to safeguard adults experiencing self-neglect. Use of legal powers can help bring about change, however enforcement powers usually have the most success when they are part of a planned approach, complemented by other forms of support.

This summary will not be fully comprehensive however. The range of circumstances within which a person may be subject to abuse are diverse and other legislation may be relevant. Furthermore the law is subject to continual change by means of new legislation and case law.

The purpose of this practice guide is to signpost practitioners to relevant common legislation. It should not be used as a replacement for legal advice.

2. Human Rights Act 1998

The Human Rights Act makes it unlawful for a Public Authority to act incompatibly with the European Convention on Human Rights, unless an Act of Parliament meant it could not have acted differently.

A summary of key articles of the European Convention on Human Rights is included here. Refer to Equality and Human Rights Commission www.equalityhumanrights.com for a full description and explanation of each article.

- **Article 3 – Right to Live Free of Inhuman and Degrading Treatment**

There shall be no interference by a public authority with the exercise of rights except such as permitted by the law, for a lawful purpose e.g. is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country; for the prevention of disorder or crime; for the protection of health or morals, or the protection of the rights and freedoms of others and is proportionate.

- **Article 5: Right to liberty**

Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law.

- **Article 8: Right to respect for a private and family life**

Everyone has the right for his private and family life, his home and his correspondence… There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

For a public body to interfere with this right, the actions would need to be lawful, necessary and proportionate. An action is 'proportionate' when it is appropriate and no more than necessary to address the problem concerned.

- **The First Protocol Article 1 – Protection of Property**

Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

This provision does not however impair the right of the State to enforce such laws as it deems necessary to control the use of property in accordance with the general interest or to secure payment of taxes or other contributions or penalties.

Again, for a public body to interfere with this right, the actions would need to be lawful, necessary and proportionate. An action is 'proportionate' when it is appropriate and no more than necessary to address the problem concerned.

3. Environmental health

Local authority environmental health departments have powers/duties to deal with waste and hazards. Principal legislation is noted below for reference and Environmental Health Officers should be consulted in relation to their remit and powers in relation to individual cases.

- **Environmental Protection Act 1990**

Local authority environmental health departments have powers of entry to premises in respect of statutory nuisances.

Statutory nuisance is defined in section 79 of the Environmental Protection Act 1990 (EPA 1990) as '...any premises in such a state as to be prejudicial to health or a nuisance '.

'Prejudicial to health' is defined as '... injurious, or likely to cause injury, to health'. This means that both actual and potential injury to health is covered by the Act.

A local authority has a duty to serve an abatement notice if a statutory nuisance exists (Section 80). If the notice is not complied with, the local authority may itself take action to address the nuisance.

In relation to residential premises 24 hour notice must be provided, unless it is an emergency. An emergency would be considered to apply where is there is reasonable cause to believe that circumstances exist that are likely to endanger health and that immediate entry is required.

- **Public Health Act 1936**

Where a local authority is satisfied that any premises are:

- in such a filthy or unwholesome condition as to be prejudicial to health, or
- verminous

The local authority officer will give notice to the owner or occupier requiring them to take such steps as specified to remedy the condition by cleansing and disinfecting them, or in the case of verminous premises taking such steps as to remove or destroy the vermin.

If the person fails to comply with the requirements, the local authority may themselves carry the requirements and recover expenses reasonably incurred. The person may also receive a fine.

Other duties and powers exist as follows:

- Local Authorities have a duty to take action against occupiers of premises where there is evidence of rats or mice under the Prevention of Damage by Pests Act 1949.

4. Anti-Social Behaviour

The Anti-Social Behaviour, Crime and Policing Act 2014 provides for both injunctions and Community Protection Notices

Injunctions

Section 1 states that a civil injunction can be obtained if the court is satisfied that the person against who the injunction is sought has engaged or threatens to engage in anti-social behaviour and that it just and convenient to grant the injunction for the purpose of preventing the respondent from engaging in anti-social behaviour.

The effect of an injunction may for the purpose of preventing the respondent from engaging in anti-social behaviour—

(a) prohibit the respondent from doing anything described in the injunction;
(b) require the respondent to do anything described in the injunction.

Section 2 states that anti-social behaviour means:

(a) conduct that has caused, or is likely to cause, harassment, alarm or distress to any person,
(b) conduct capable of causing nuisance or annoyance to a person in relation to that person's occupation of residential premises, or
(c) conduct capable of causing housing-related nuisance or annoyance to any person.

The concept of "housing related nuisance" means direct or indirect interference with housing management functions of a provider or local authority, such as preventing gas inspections, will be considered as anti-social behaviour.

Premises Closure order

Only the police or a local authority can initiate the process to close premises which are causing antisocial behaviour, the serving of a closure notice (Section 76-79) must result in seeking an order from a Magistrates court.

A Magistrates' Court can make a closure order only if it is satisfied that:

- a person has engaged, or is likely to engage, in disorder, antisocial or criminal behaviour on the premises
- the use of the premises is, or is likely to be, associated with disorder or nuisance to members of the public, and
- the order is necessary to prevent the occurrence, or re-occurrence, of the disorder, nuisance or antisocial/criminal behaviour (Section 80)

Community Protection Notices

Part 4 of the Act provides for Community Protection Orders, whereby an authorised person, generally the police or local authority may issue a community protection notice to an individual aged 16 or over, or a body, if satisfied on reasonable grounds that—

(a) the conduct of the individual or body is having a detrimental effect, of a persistent or continuing nature, on the quality of life of those in the locality, and
(b) the conduct is unreasonable.

A community protection notice is a notice that imposes any of the following requirements on the individual or body issued with it—

(a) a requirement to stop doing specified things;
(b) a requirement to do specified things;
(c) a requirement to take reasonable steps to achieve specified results.

4. Owner occupiers

Housing – landlord powers

Landlords have powers in relation to the maintenance of their property. A landlord can take action for possession of the property for breach of a person's tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard. This is provided for within the Housing Act 1985 in relation to secure tenancies or the Housing Act 1988 in relation to assured tenancies.

Causing a nuisance to others is also a reason for taking action for possession of the property as a breach of the tenancy agreement. A property that is unsafe for workman to enter due to its condition from squalor/hoarding may also be a reason to take possession action as a breach of the tenancy agreement.

Town and Country Planning Acts provide the power to seek orders for repairs to privately owned dwellings and where necessary compulsory purchase orders.

The **Housing Act 2004** allows enforcement action where either a category 1 or category 2 hazard exists in any building or land posing a risk of harm to the health or safety of any actual or potential occupier or any dwelling or house in multiple occupation (HMO). Those powers range from serving an improvement notice, taking emergency remedial action, to the making of a demolition order.

Building Act 1984 - Where premises are in such a state as to be prejudicial to health or nuisance and there would be an unreasonable delay caused by following the procedures prescribed by Section 80 of the Environmental Protection Act 1990,

the local authority can give notice to deal with the defective premises and recover expenses from the person upon who the notice was served. Section 76.

If it appears to a local authority that a building or structure is by reason of its ruinous or dilapidated condition seriously detrimental to the amenities of the neighbourhood, the local authority may also by notice require the owner thereof to execute such works of repair or restoration. Section 79

5. Gaining access to adult suspected to be at risk of neglect or abuse

Powers of Entry

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 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 any concern about a mentally disordered person: Section 115 of the 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.

  Section 115 does not allow for forced entry. However, obstruction without reasonable cause by a third party of the approved professional acting under Section 115 could constitute an offence under Section 129 of the Act.

- If a person is believed to have a mental disorder, and there is suspected abuse or neglect: 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 the 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 the Police and Criminal Evidence Act 1984 (PACE) (1984 c. 60).

- 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 a risk to life and limb: Section 17(1)(e) of the PACE gives the police the 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.

- The Housing Act 2004 provides the local authority with the power of entry to properties for the purpose of enforcing a notice for housing repairs or for the purpose of carrying out an inspection to identify hazards that pose risk of harm to health and safety. A court warrant conferring powers of entry would be necessary if access was denied.

- Environmental Health officers have powers of entry under public health legislation, as do utility companies for disconnection or safety inspection purposes. Again a warrant conferring power of entry would be necessary if access was denied.

- Fire and Rescue Services Act 2004; Fire services have power to force entry where it reasonably believes a fire to have broken out (or to be at the point of breaking out) (Section 44)

For further information the Social Care Institute of Excellence Guide: Gaining access to an adult suspected to be at risk of neglect or abuse may be helpful.

7. Mental Health

In the event that self-neglect is associated with a mental health condition, alongside treatment and support, there are also legal powers in specific situations. Advice would need to be gained from mental health services within the local authority (or the court in the case of S.135) as to whether the Act would be applicable in specific situations.

- **Mental Health Act 1983 (as amended by the Mental Health Act 2007)**

Under Section 2 of the Act an application for compulsory admission into hospital for up to 28 days where:

- the patient is suffering from mental disorder of a nature and degree that warrants his or her detention in a hospital for assessment (or for assessment followed by medical treatment); and
- he or she ought to be detained in this way in the interests of his or her own health or safety or with a view to the protection of others

Under Section 3 of the Act an application for admission for treatment can be made where:

- the patient's mental disorder is of a nature and degree which makes it appropriate for him or her to receive medical treatment in hospital, and
- it is necessary for the health or safety of the patient or for the protection of other persons that he or she receives treatment, and

- the treatment cannot be provided without the detention, and
- appropriate medical treatment must be available

Under Section 7 of the Mental Health Act 1983 – Guardianship can be used to encourage people who live in the community to use services or to live in a particular place. The person must have a mental disorder of a nature and degree that merits guardianship.

A Guardianship Order confers upon the named Guardian the power to require the patient to reside at a place specified by them; the power to require the patient to attend at places and times so specified for the purpose of medical treatment, occupation, education or training; and the power to require access to the patient to be given, at any place where the patient is residing, to any registered medical practitioner, approved mental health professional or other person so specified.

Section 135 Mental Health Act 1983 (as amended by the Policing and Crime Act 2017). Under Section 135, a magistrate may issue a warrant where there may be reasonable cause to suspect that a person believed to be suffering from mental disorder has or is being ill-treated, neglected or kept otherwise than under proper control; or is living alone unable to care for themselves.

The warrant, if made, authorises any constable to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, allow for the person to be removed and kept at a place of safety to enable further applications of the Mental Health Act 1983 or other arrangements for the person's treatment or care.

8. Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack mental capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken within the safeguarding adult procedures must comply with the Act.

An outline of key issues is included in Section 5.5 of the policy, but for further information refer to:

- Mental Capacity Act Code of Practice
- Mental Capacity Act 2005

9. Inherent Jurisdiction

The Mental Capacity Act 2005 means that decisions previously taken by the Family Division of the High Court under common law, will now be made by the Court of Protection. However, issues falling outside of the Mental Capacity Act may still be considered by the High Court.

The inherent jurisdiction of the High Court can extend to a vulnerable adult who 'even if not incapacitated by mental disorder or mental illness, is, or is reasonably believed to be, either (i) under constraint, or (ii) subject to coercion or undue influence or (iii) for some other reason deprived of the capacity to make the relevant decision, or disabled from making a free choice, or incapacitated or disabled from giving or expressing real or genuine consent' (Re SA [2005] EWHC 2942 (Fam))

The courts have stated that they see the inherent jurisdiction – in relation to an adult with mental capacity to take a decision – as about facilitating decision making free of external pressure or physical restraint… [inherent] jurisdiction is not about imposing decisions concerning welfare or finance on a person (LBL v RYJ [2010] 2665 (COP)).

10. Misuse of Drugs Act 1971

Section 8 (this creates an offence if the occupier of premises permits certain acts to take place on the premises).

'A person commits an offence if, being the occupier or concerned in the management of the premises, he knowingly permits or suffers any of the following activities to take place on those premises…'

(a) Producing or attempting to produce a controlled drug…
(b) Supplying or attempting to supply a controlled drug to another or offering to supply a controlled drug to another….
(c) Preparing opium for smoking
(d) Smoking cannabis, cannabis resin or prepared opium'

11. Animal Welfare

The Animal Welfare Act 2006 can be used in cases of animal mistreatment or neglect. The Act makes it against the law to be cruel to an animal and the owner must ensure the welfare needs of the animal are met. Powers range from providing education to the owner, improvement notices, and fines through to imprisonment. The powers are usually enforced by the RSPCA, Environmental Health or Department for Environment, Food & Rural Affairs (DEFRA).

12. Fire

Under the Regulatory Reform (Fire Safety) Order 2005 the London Fire Brigade can serve a prohibition or restriction notice to an occupier or owner of a flat where there is a risk to other occupiers/residents; this notice would take immediate effect. This option does not apply to premises such as detached/semi-detached/town houses or other premises consisting of or comprised in a house which is occupied as a single private dwelling.

West Yorkshire Fire and Rescue Services will offer a range of support in relation to fire safety as set out in their Safe & Well Visits information https://www.westyorksfire.gov.uk/your-safety/home/safe-well-visits/

Appendix 2: Clutter Index Rating

As people may have very different understandings of what a cluttered home may be, it can be difficult to effectively communicate the concerns about someone's circumstances. As such, the clutter index rating was developed.

The clutter index provides images for a kitchen, bathroom and living room, in various levels of clutter that are rated.

The images and rating (1-9) can be a very effective tool for communicating concerns and in supporting the assessment of risk to people living in that environment.

Clutter Image Rating: Living Room

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


1


2


3


4


5


6


7


8


9

Clutter Image Rating: Bedroom

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


1


2


3


4


5


6


7


8


9

Self-neglect Procedures: Checklists

A. Responding to service refusals

This checklist should be read alongside the LSAB Self-neglect policy. It is intended to support front-line practitioner responses, when faced by situations whereby someone declines services essential for their health and wellbeing.

1. First and foremost, offer support:

- Always work to engage with people to offer all the support you are able to, without causing distress. Use the principles within the policy to inform your approach.

2. Review your approach and consider if there is a better way of engaging with the person.

If someone declines support, assessed to be essential to their health and wellbeing:

Ask yourself:

a. Have I provided the person with all the necessary information they need, in a format they understand?

b. Does the person understand the options and the consequences of their choices? Can I do something else to help them do so?

c. Have I assessed risk, as best as I can, in the circumstances?

d. Do I understand the reasons for their decision to decline assistance? Am I able to explore this to resolve any concerns they may have?

e. Is there an opportunity for me to build a relationship with them over time? This may help to build trust, and to find ways to offer support in a way they can accept

f. Have I spoken to other agencies involved, to inform my understanding and share my concerns?

g. Is there someone I can ask to help? Is there a friend, a relative, or other professional who can assist? I may not be the best person to be offering this help.

h. Whilst I must assume mental capacity, have I considered if there is evidence to indicate that I need to assess mental capacity in relation to this specific decision?

i. Have I considered the need to seek advice from a line manager?

j. Have I formally recorded decisions, actions, attempts to engage and peoples responses?

k. Everyone's situation is unique. Have I reflected and considered if there is anything else I could reasonably do?

3. Consider, what if any, further actions you may need to take

   a. Is someone lacks mental capacity in relation to the specific decision in question, then you will need to make decisions in their best interests. This may involve providing services or seeking access to services on their behalf

   b. If you assess the impact of the person declining services, to be a low risk to their health and wellbeing and the person is unwilling to engage further with you. You will have to accept their right to privacy.

      Seek to explain the risks associated with the person's decision and the potential impact on them, alongside the options for support. If possible, provide them with information that enables them to seek help at a later time if they wish.

   c. If you assess the impact of declining services, to be a low risk to their health and wellbeing, but the person engages with some services, or periodically with services, seek to provide continued engagement and overcome barriers they may experiencing accepting support, using the best practice principles in the policy.

   d. If you assess that there is a more significant risk to the person, and there is a need for a multi-agency approach or you believe the concerns amount to a safeguarding adults concern – contact Adults Social Care.

4. If you believe a child is at risk, contact Leeds Children Services

B. Reviewing the multi-agency approach

This checklist is intended to support practitioners to both plan and review the multi-agency approach to providing support to the person at risk. It should be read alongside the LSAB Self-neglect policy.

1. Multi-agency working

    a. Are all key agencies engaged
    b. Is there an agreed lead person/agency?
    c. Where an agency is not involved, have we sought to escalate our concerns to gain involvement?
    d. Is there effective information sharing in line with the LSAB Information Sharing Policy?

2. The person at risk

    a. Do we know and understand the person's views?
    a. Is the person in need of representation of a friend, relative, or advocate to facilitate their involvement?
    b. Have we provided for communication and support needs to enable the person to engage with support arrangements?

3. Have we considered who else is at risk?
   (E.g. Neighbours, other people in the household, children, animals/pets)

4. If a child is at risk; have Leeds Children Services been contacted/notified?

5. Is our approach based upon:

    a. Guidance on building relationships
    b. Guidance on understanding and finding the person
    c. Guidance on developing plans with alongside the person, where possible
    d. Guidance on engaging with family/unpaid carers, where appropriate
    e. Guidance on creative approaches and interventions

6. Is there a multi-agency assessment of risk?

7. Is there a multi-agency plan to provide support?

8. Is all practice consistent with the Mental Capacity Act 2005?

9. Is all practice consistent with the Human Rights Act 1998?

10. Have legal powers of intervention been considered?

11. Has there been consideration of seeking legal advice?

12. Are there agreed arrangements in place to review arrangements and monitor risk?