



Shropshire Safeguarding
Community Partnership

Responding to Self-Neglect in Shropshire: Local Procedure and Good Practice Guidance



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Introduction and purpose

Working with individuals who self-neglect is a challenging area of work for front line practitioners, managers, organisations, and Adult Safeguarding Partnerships including the Shropshire Safeguarding Community Partnership. Aspects of the work considered most challenging both nationally and locally include:

The difficulty of balancing both ethical and legal obligations to respect individual autonomy and fulfil professional duty of care. This particularly occurs when the risk of harm to the individual or others is likely or imminent, but the individual is assessed as having mental capacity to make specific decisions relating to their care and treatment and is refusing help or support.

The impact that these competing imperatives of respect for autonomy versus duty of care can have upon professional expectations in terms of roles, responsibilities and management of such individuals. This can often lead to professional disagreement, misunderstanding and/or miscommunication, which can, if not resolved, often further compromise the safety of those at risk.

The challenges to services of finding a way to engage with individuals which is meaningful, credible, and relevant to them.

The challenge of undertaking detailed capacity assessments with adults who services are struggling to engage with.

The difficulty in achieving long term change, in which the standard of living for the individual is improved, and the risks relating to self-neglect and/or hoarding are reduced or managed.

This document provides tools, practice guidance and outlines the local multi-agency procedure in Shropshire for responding to self-neglect in relation to adults with care and support needs.

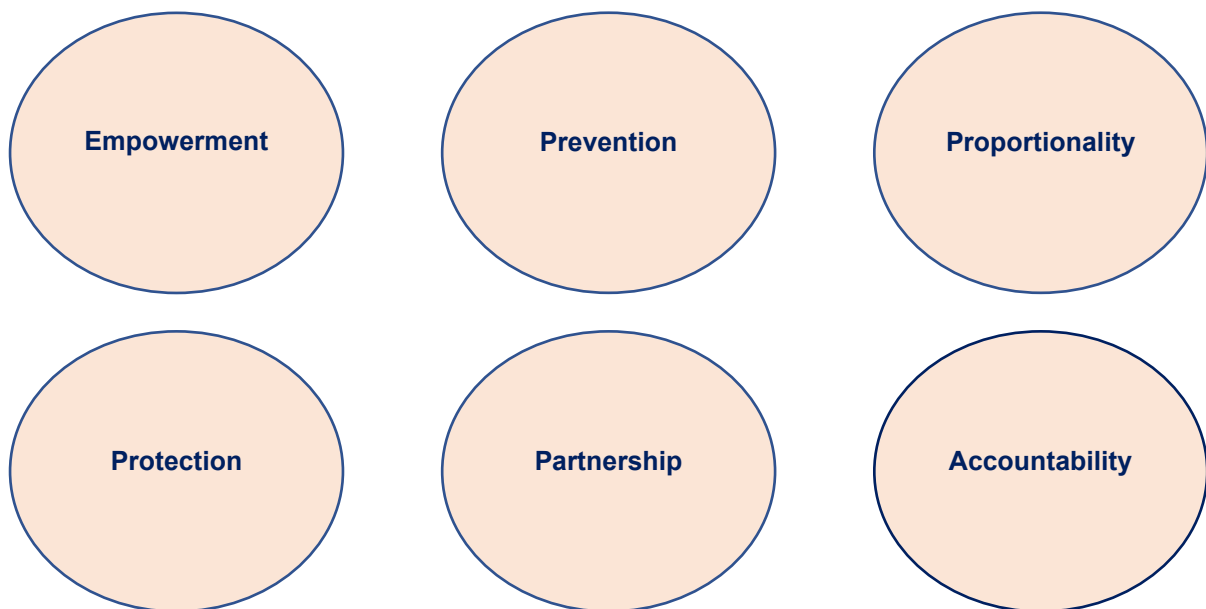
It applies to all front-line staff and managers in member organisations of the Shropshire Safeguarding Community Partnership Board and others working with adults with care and support needs in Shropshire. The Board expectation is that all

organisations work collaboratively and in partnership with the adult who is at risk of experiencing self-neglect to achieve the best outcome for the adult and others who may be at risk.

The document should be read alongside the following Shropshire Safeguarding Community Partnership Policies and Procedures which can be found [here](#):

- [West Midlands Adult Safeguarding Multi-Agency Policies and Procedures](#)
- [Safeguarding Process in Shropshire](#)
- [Working with Risk](#)

As with all safeguarding concerns, the 6 key principles outlined in the Care Act Statutory Guidance should underpin all work with people in situations of self-neglect.



This document does not include guidance on how to work with people who are self-harming (self-injury or self-poisoning irrespective of motivation ([NICE: 2022](#))). If an individual's motivation for self-harm is assessed as being due to an act of abuse, neglect or inaction by another individual or service, consideration should be given (with the person affected) to raising a Safeguarding Concern with Adult Social Care.

What is self-neglect?

The Care Act Statutory Guidance 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’. (DHSC: 2023:14.17).

The risk to the adult and others is greater when they are refusing services that would mitigate the risk of harm to themselves or others. (Preston-Shoot:2018).

Research often refers to three types of self-neglect; lack of self-care, lack of care of one’s environment and refusal of services that could alleviate issues connected to self-care or care of the environment.

Examples of self-neglect.		
Neglect of self	Neglect of home and/or garden	Refusal of services
Poor personal hygiene which impacts upon health	Hoarding (see section below) and excessive clutter, creating potential mobility and fire hazards	Refusing social care services e.g. domiciliary care
Poor nutrition/diet/hydration (such as little or no fresh food or moldy food in the fridge)	Living without access to utilities	Refusal of medical care or treatment (including failure to attend appointments)
Failing to provide self-care in such a way that health, emotional or physical wellbeing may rapidly decline	Neglecting household maintenance, so creating hazards	Seeking help and then not engaging with assessments when they are offered
Chronic alcohol and substance misuse	Animal collecting, with the potential of insanitary conditions and neglect of animal needs or prioritising the animals needs over their own needs	Not allowing entry to the property for assistance with other support e.g. cleaning/ shopping
Failing to maintain social/family contact	Living in unclean, sometime verminous circumstances	Refusing support from or entry to organisations with an interest (legal duty to investigate) in the property (e.g. housing, utility companies, environmental health, fire safety etc.)
Failing to manage finances		
Neglect of health (not accessing support or treatment from health services or taking medication that would improve the adult’s situation)		

It is important to understand that poor environmental conditions, personal hygiene, or health may not necessarily always be because of self-neglect. It could arise due to other factors, such as cognitive impairment, poor eyesight, functional abilities, such

as changes in mobility, cultural factors, alcohol or substance misuse and financial constraints. 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 the support of others who can advocate or speak for them. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

The circumstances of a person's self-neglect can be the result of a number of smaller decisions where the person may have had capacity but has not foreseen the overall outcome on their situation. It may be the person does not have the mental capacity to understand this situation or to be able to change it. If an individual is given the right support at right time, then this can reduce the risk of self-neglect and potentially improve their situation.

Neglect of self

Neglect of self-care includes various forms as described in the above table; this is not an exhaustive list. There may be significant impact/risks to the person such as malnutrition, dehydration, skin breakdown, undiagnosed conditions, homelessness.

Neglect of home and/or garden

Neglecting of the person's home and/or garden can result in unsafe conditions, as per the examples provided in the above table, which can impact on the person, their family and others. In addition to unsafe conditions a person who has neglected their home and/or garden may not invite others into their home which can also result in the person becoming isolated, depressed, and lonely.

Hoarding

Hoarding is specifically cited as a type of self-neglecting behaviour in the Department of Health and Social Care definition of self-neglect.

There is a spectrum of order that we all live on. Not everyone who has a lot of items or possessions in their home has a problem with hoarding. Hoarding is different from saving, collecting or cluttering. Many individuals enjoy building up collections of things, organising them well. These items may be viewed as interesting or valuable by other people. When a person hoards items they may collect things that others see as useless or of little value (Royal College of Psychiatrists, 2016).

A person who hoards collects an excessive amount of items and does not manage or discard them. Often items are of limited monetary value. The hoarding becomes a problem when it is affecting the person's everyday health, wellbeing and puts them or others in danger. For example, the person is unable to use their kitchen, bedrooms or bathroom and cannot access rooms or escape if there is a fire. Hoarding can also happen in gardens, and these can become hazardous to the adult and pose a risk to others for instance due to infestations of rodents or other hazards such as decomposing garden waste.

To learn about hoarding behaviour and hoarding disorder, the following resources are useful:

- Hoarding UK (UK-wide charity dedicated to supporting people affected by hoarding behaviours): [About Hoarding | HoardingUK](#)
- NHS Guidance on Hoarding Disorder: [Hoarding disorder - NHS \(www.nhs.uk\)](#)
- Clouds end: An organisation that works with people who Hoard [Clouds End CIC - Social enterprise specialising in hoarding issues](#)
- Hoarding support: [Hoarding Support](#)
- Hoarding Disorders UK [Home - Hoarding Disorders UK](#)

To determine whether hoarding is becoming a concern, practitioners should use the [Risk Assessment](#). You may come into contact with someone in your day to day work and discover that they are hoarding items, if this happens then you should complete the [clutter image rating scale](#). This can then be used when talking to others about the individual to support them in demonstrating the level of concern. It is important when discussing a situation involving hoarding with other practitioners/workers/professionals that reference is made to the clutter image rating to inform the discussion around potential approaches to support the adult and identify/address risks to the adult and others proportionately.

Refusal of services

Refusal of services may be in relation to support offered around a person's health and social care needs or may be around the safety and maintenance of a person's home. It therefore means that the response to the risks in these areas are refused so the risk remains. The person may not view the concern in the same way which the practitioner does and may not want to change the way they are living. There can be other reasons as explored below.

Why do people self-neglect?

There is no single explanation or consensus in research for why adults self-neglect. Self-neglect can often co-exist with and/or be linked to physical or mental health issues, disability or alcohol or substance misuse or other addictions. Some people have insight into their behaviour, while others do not. Some people may lack capacity to make decisions (see Mental Capacity below). Often people may be unwilling to acknowledge there might be a problem and/or be open to receiving support to improve their circumstances.

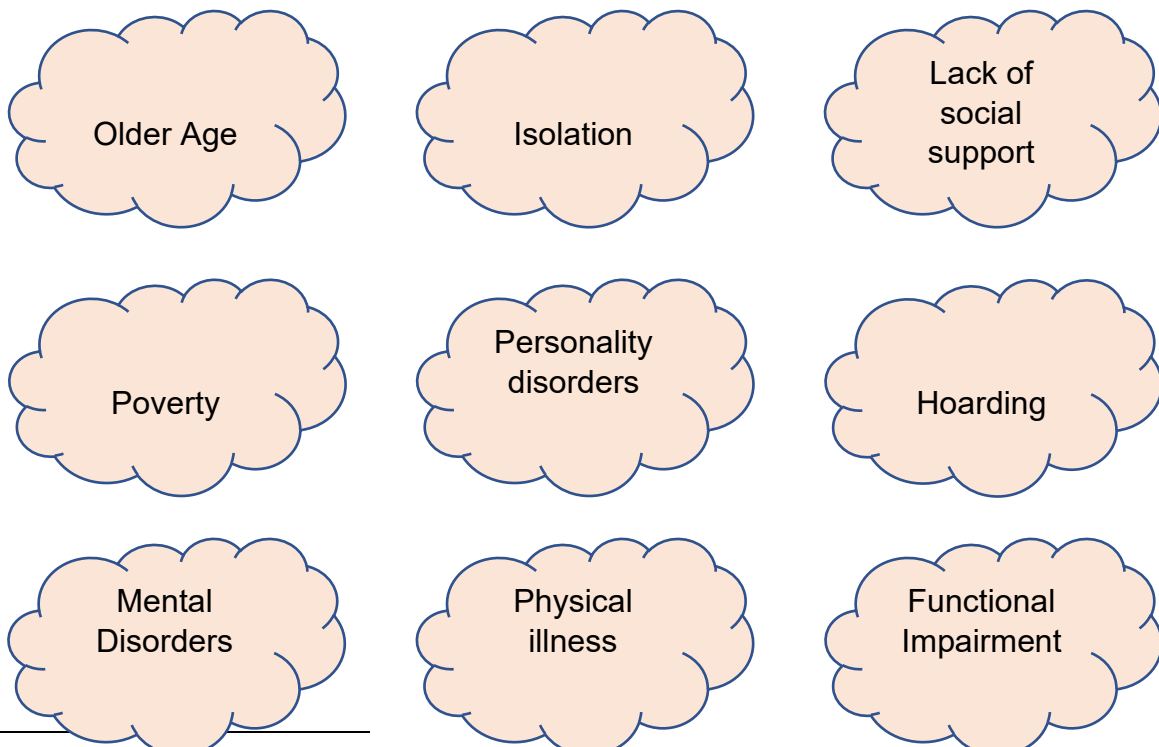
Managing the balance between protecting adults from self-neglect against their right to self-determination can be a challenge for all professionals who work with them.

Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making. Dismissing self-neglect as a "lifestyle choice" or being difficult is not an acceptable explanation or basis upon which to withdraw services or support.

Research conducted (Braye et al:2015) with practitioners and people who use services, highlighted many different causes of self-neglect including:



Research conducted by Martineau et al (2021)¹ into the social care responses to self-neglect of older people identified the following cases and risk factors associated with self-neglect:



¹ [Martineau et al 2021 Social care responses to self neglect among older people.pdf \(kcl.ac.uk\)](https://www.kcl.ac.uk/life-and-learning/learning-and-teaching/learning-resources/psychology/psychology-of-older-people/martineau-et-al-2021-social-care-responses-to-self-neglect-among-older-people.pdf)

An individual assessment with the adult, their family and/or carers (where appropriate) and other agencies involved should take place. This should explore the adult's needs, capacity to make decisions relating to their possessions and/or self-care, motivations and the facts of the situation. This should then enable determination of the extent of the concern, and what action, if any, should be taken. In the tools section of this document you will find both a [self-screening tool](#) and a Self-Neglect and Hoarding [risk assessment](#) and Clutter Image Rating Guidance Tool that can be completed by/with the adult which will help support decision making.

Practitioners tools



Self-neglect Flow Chart

1. Identification of Self-Neglect (All Agencies) should;

Work with the adult and their family or carer(s) to understand their situation and start to build a relationship.

Assess and manage the level of danger to the person and others, involving other agencies as necessary. If there is immediate risk dial 999.

Identify appropriate agencies and call a Multi-disciplinary team meeting. Include agencies already involved and, those that can help the situation.

2. Undertake relevant assessments for your service and as part of the multi-disciplinary team*. Ensure that you keep the person at the centre of your work by establishing their views, wishes and feelings and being guided by the principles of making safeguarding personal.

If needed undertake assessment of capacity. **REMEMBER:** capacity is decision and time specific

If someone has capacity, then they can make their own decision. If someone lacks capacity, then a best interests decision is required. Just because someone has capacity does not mean that they do not need your service and support.

Is the adult open to Adult Social Care

No

Ask the adult if they want a Care Act assessment

Yes

Adult Social Care updates

Adult agrees

Refer to Adult Social Care (via FPoC) to request a Section 9 Care Act assessment.
Continue to work with the adult and others.

Adult disagrees

Refer to Adult Social Care (via FPoC) to request a Section 11 Care Act Assessment.
Continue to work with the adult and others.

Continue to work with the individual throughout and build a relationship

Work together, Do not give up, keep going, there is a solution

3. If practitioners have been **unable to find a way of engaging** with the adult through what they have offered at stages 1 & 2 (having considered consent and capacity) AND there is a **high level of danger** to the adult and/or others then raise an **Adult Safeguarding Concern** via FPOC 03456 789044.

* These assessments may include Fire risk assessment, mental health or other health assessments, specialist drug and alcohol services (Shropshire Recovery Partnership/We Are With You), housing assessments, welfare assessments for benefits, environmental health, assessments for children or other adults in the home

Self-screening Tool



Purpose of the Tool

The purpose of this tool is to help **you** to:

- Think about your situation
- Consider if you are looking after yourself as well as you would like to be able to
- Notice what areas you might need some more help with

Using this Tool

Read each statement and then tick the box which best describes you. There is space for you to write some notes by the side of each one. You can fill this in on your own or with a friend/neighbour or someone who is working with you. It might be that they have different answers to you, this could be because they are really worried about you. You can talk to each other about your answers and find out what you might need or want some extra help with and who can help you.

If you are filling this form in with a worker then it maybe that they ask you further questions or prompt you around some of the areas of concern. They may also suggest involving other people who may be able to help you.

Your Details:

Name:

Date of birth:

Address:

Area of concern (examples are given as a guide only)	Yes	No	Not known	Give details here (Please tell us what you think could improve the situation for you)
1. Your weight				
<ul style="list-style-type: none"> Are you under or overweight? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Is your level of fitness a concern? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Your access to adequate food				
<ul style="list-style-type: none"> Do you have concerns about the availability of food in your home? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Home and garden conditions				
<ul style="list-style-type: none"> Do you feel that your house and garden are well maintained; are you able to have repairs if they are needed? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Are you concerned about your safety in your home and garden? For example, are there fire hazards, faulty equipment, things which may trip you, an overgrown garden, rats and/or mice. Would you be able to leave quickly in an emergency and could emergency services access you within your home? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have lots of things around? Are there things piled up high in different rooms? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area of concern (examples are given as a guide only)	Yes	No	Not known	Give details here (Please tell us what you think could improve the situation for you)
<ul style="list-style-type: none"> Is your house overcrowded? (this could be with items, people or pets) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Does the cleanliness of your home concern you? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have electricity/gas? & can you use it? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have running water? & can you use it? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Can you use your appliances in your kitchen? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Can you wash in your bathroom? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Can you sit down in your sitting room? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Your sleeping arrangements				
<ul style="list-style-type: none"> Do you have enough bedding on your bed? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Does your sleep pattern worry you? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Can you sleep on your bed? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area of concern (examples are given as a guide only)	Yes	No	Not known	Give details here (Please tell us what you think could improve the situation for you)
5. Others living with you				
<ul style="list-style-type: none"> Do any other adults live with you? How many? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do any of the adults rely on you for care or support? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have any children living with you? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Are you able to look after the children properly? (provide them with affection, food, a bed, clothes and clean up after them. Are they accessing school and health services.) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have pets? How many? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Are you able to look after them properly? (provide them with food and clean up after them) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you tend to accumulate items? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you find it difficult to discard things? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	


Area of concern (examples are given as a guide only)	Yes	No	Not known	Give details here (Please tell us what you think could improve the situation for you)
<ul style="list-style-type: none"> Do you have areas full of possessions – e.g living areas, garden, sheds, vehicles etc 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Your clothing and footwear				
<ul style="list-style-type: none"> Do you have clothing/footwear that is right for the weather conditions? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do your clothes fit you? Do you have somewhere to clean them if they are dirty? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Your physical appearance				
<ul style="list-style-type: none"> Are you worried about your cleanliness 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area of concern (examples are given as a guide only)	Yes	No	Not known	Give details here (Please tell us what you think could improve the situation for you)
8. Your health				
<ul style="list-style-type: none"> Do you have any health problems that you haven't seen a doctor or other health professional about? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have medication that you don't take? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> If you have an appointment to see a Doctor or someone at the hospital do you go? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have a Dentist? When was the last time you visited the dentist? What is the reason for this? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have a Doctor? when was the last time you visited the doctor? What is the reason for this? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have tooth pain or a sore mouth? Does this determine what you eat or drink? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> If a doctor or nurse gives you advice about your health do you follow it? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you avoid going to the Dentist/Doctors or Hospital even when you need to? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area of concern (examples are given as a guide only)	Yes	No	Not known	Give details here (Please tell us what you think could improve the situation for you)
<ul style="list-style-type: none"> Do you feel scared or frightened a lot of the time? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you find that you lose your temper quickly? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Are you using drugs or alcohol? Does the amount of drugs or alcohol you use concern you or friends and family? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you have pain anywhere? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you struggle to get around because of mobility issues or pain? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you often feel low in mood? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Your friends				
<ul style="list-style-type: none"> Are you lonely 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area of concern (examples are given as a guide only)	Yes	No	Not known	Give details here (Please tell us what you think could improve the situation for you)
<ul style="list-style-type: none"> Do you have friends? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you see friends as much as you like? What do you like to do with your friends? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Contact from people you don't know				
<ul style="list-style-type: none"> Do you have/use a computer and/or a smart phone? If yes, what do you use them for? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Have you been asked to share personal and/or banking details with anyone? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do you receive phone calls/emails/texts from people you don't know or have not met face-to-face? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Do people you don't know call at your home and try to sell you products/services? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Have you been asked to keep any financial arrangements secret? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Have you ever felt pressured into buying something as a result of a phone call or someone at your door? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Have you been asked to pay for products/services upfront, in an unusual way or to do so urgently? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Area of concern (examples are given as a guide only)	Yes	No	Not known	Give details here (Please tell us what you think could improve the situation for you)
11. Finances				
<ul style="list-style-type: none"> Are you worried about your finances? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Has anyone who cares about you ever said they are worried about your finances? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I am seeking help/want to talk about this because:	Tick  where appropriate
Because I am experiencing Anti-Social Behaviour from others	
Because I have realised that the situation has become dangerous for me	
I would like help to resolve my behaviour	
I am feeling overwhelmed by the situation and I don't know where to start to make things better	
I feel unwell because of how I am living, and I want things to change	
My Landlord/ other agency has said I need to make some changes and I don't know how to, without help	
I want to make sure that my family don't have to deal with this when I am dead	

Additional help and support

If you would like further help and support with some of the things mentioned in this form, then the following websites and services can provide you with further advice and signpost you to support. The Shropshire Safeguarding Community Partnership Website has a page dedicated to self-neglect.

You can visit it at www.shropshiresafeguardingcommunitypartnership.co.uk and find lots of information and support services.

Provider	What they do	Email/website	Telephone
Access Team	Free phone service receiving referrals for mental health services in Shropshire	Mental Health Community Services :: Midlands Partnership Foundation Trust (mpft.nhs.uk) Email: access.shropshire@mpft.nhs.uk	0808 196 4501
Age UK	Befriending services, support and advice, events and advocacy.	Welcome to Age UK Shropshire Telford & Wrekin	01743 233 123
Citizens Advice Consumer Service/Trading Standards	Advice and support for people affected by scams and doorstep crime	https://www.citizensadvice.org.uk/consumer/	0808 223 1133 Relay UK - if you can't hear or speak on the phone, you can type what you want to say: 18001 then 0808 223 1133
GP	Emotional and physical health support	You will have your own GP practice	You will have your own GP practice
Housing providers	Housing support Officers, debt support, emotional support.	You will have your own housing provider	You will have your own housing provider
Local Authority - First Point of Contact (FPOC)	Help, support or advice about Social Care, Housing, Environmental Health	Shropshire Council	0345 678 9044
Qube	Shropshire's Local Directory	Find local support in Shropshire - Shropshire's Local Directory (shropshire-directory.co.uk)	
Shrewsbury Ark	Ongoing support and day	Home Support for vulnerable and	01743 363305

	centre facilities for the homeless and vulnerable in our community	homeless in Shrewsbury The Shrewsbury Ark	
Shropshire Choices	Signposting resources to lots of different agencies that can help	Shropshire Choices Shropshire Council	
Shropshire Fire and Rescue	Safe and well visits to properties and health and well-being checks.	Safe and Well Visit Shropshire Fire and Rescue Service	01743 260 260
Shropshire Mental Health Support	Support and services for people affected by mental health issues	www.shropshiremhs.com	01743 368647
Shropshire Recovery Partnership	Drug and Alcohol Services	Shropshire - With You (wearewithyou.org.uk)	01743 294700

Self-Neglect and Hoarding Risk Assessment and Clutter Image Rating Guidance Tool

This document is for guidance purposes and to be used to prompt discussion with the individual and aid multi-agency professional planning and decision making. The document can be used at referral stage and also as an ongoing risk assessment tool.

Date of Home Assessment:				
Individual Reference Number:				
Name:				
Date of Birth:				
Address:				
Contact Details:				
Property Type:				
Freeholder:	Y/N	Tenant – Name and Address of Landlord:		
Consent to share information with Social Care, NHS and other partners: <input type="checkbox"/> Obtained <input type="checkbox"/> Not Obtained				
Reason if consent not obtained:				
Are there any concerns about the person’s capacity to make their own decisions? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Household Members:	Name	Relationship	DOB	
Pets: (indicate what pets and any concerns you have)				
What are the person’s views?				
Has the person completed a self screening tool? if so are they happy to share a copy?				
What works well for the person? Are there any known risks to self or others?				
Are there any neighbours/members of the community who could be at risk?				
Is there any known background information?				

When using the risk score consider whether the individual has the capacity to make a decision with regards to self-care and their environment and also consider whether the person has capacity to execute any changes to reduce identified risk.

Outcomes (To guide level of intervention required following assessment, this is not exhaustive and will depend on the individual at the centre of the assessment)

Level 1 – no intervention needed in this area.

Level 2 – work with the adult (where appropriate), their family/carer(s), consider Care Act Assessment, consider a multi-agency approach where more than one agency is involved with the person

Level 3 - work with the adult (where appropriate), their family/carer(s), consider Care Act Assessment, ensure that there is a multi-agency approach including risk assessment and management. Make referrals where required (e.g. Fire and Drug and Alcohol Services) and arrange Multi-agency meetings. If the adult is not engaging with what is offered and there is a high level of danger to the adult/or others raise a safeguarding concern via First Point of Contact.

Level 4 - work with the adult (where appropriate), their family/carer(s), consider Care Act Assessment, ensure that there is a multi-agency approach including risk assessment and management. Make referrals where required (e.g. Fire and Drug and Alcohol Services) and arrange Multi-agency meetings. If the adult is not engaging with what is offered and there is a high level of danger to the adult/or others raise a safeguarding concern via First Point of Contact.

For further information refer to Shropshire Safeguarding Community Partnership Self-Neglect Guidance and Multi-Agency Guidance: [Working with Risk](#).

Levels of risk identified (state level 1, 2, 3 or 4) (Complete the levels of risk identified, using the self-neglect assessment guidance on pages 25 - 28 of this document)							
Eating and drinking	1 2 3 4	Washing/ bathing	1 2 3 4	Medical needs	1 2 3 4	Home amenities, furniture and utilities	1 2 3 4
Home and garden cleanliness	1 2 3 4	Home safety	1 2 3 4	Person's own views of safety in home and environment	1 2 3 4		

Clutter Rating (state level 1, 2, 3 or 4) (Complete the clutter rating scale below using the images found on pages 29 - 31 of this document)							
Kitchen	1 2 3 4	Bathroom	1 2 3 4	Living room	1 2 3 4	Dining room	1 2 3 4
Garden	1 2 3 4	Bedroom	1 2 3 4	Hallway	1 2 3 4	Other room	1 2 3 4

Self-Neglect Assessment Guidance

Physical well-being & self-care			
Eating and Drinking			
1	2	3	4
Aware of nutritional needs & provides excellent/good quality food and drink	Quality of food and/or drink inconsistent through lack of knowledge or effort	Quality of food and/or drink is consistently poor through lack of effort; consistent support required to improve any quality May be experiencing health related issues	Quality and frequency of food and/or drink consistently not a priority despite support leading to health issues of concern such as dehydration, malnutrition, infection, diarrhoea, vomiting and/or significant weight loss
Washing/bathing			
1	2	3	4
Clean, bathed and groomed regularly with clean, weather appropriate clothing	Irregular bathing and occasional weather inappropriate clothing	Occasionally bathed but seldom groomed. Clothing often dirty and/or unsuitable to weather conditions Concerns that this maybe having an impact on health of low level concern which is responsive to treatment in the community	Seldom/never bathed or clean, concern regarding odour. Dirty and/or poor condition of clothing (Maybe wholly unsuitable to weather conditions) Poor health of significant concern such as skin infections, sores, abscesses. Likely to unmanageable within community setting.
Medical needs			
1	2	3	4
Medical advice sought proactively for all health matters. Quantities of medication are within appropriate limits, in date and stored appropriately.	Seeks advice from professionals on matters of genuine and immediate concern. Occasionally fails to keep appointments Some concern with the quantity of medication, or its storage or expiry dates. Person amenable to resolving.	Only seeks advice when illness becomes moderately severe. Fails to keep some medical appointments and takes only partial medical advice Significant concern with the quantity of medication, or its storage or expiry dates.	Only seeks help when illness becomes critical (emergencies), this can also be ignored. Clear disregard for own welfare and/or fails to consistently take medication leading to physical ill health and frequent hospital admissions. Significant mental ill health may also be of concern

Living conditions			
Home Amenities, Furniture and Utilities			
1	2	3	4
<p>Home is well maintained and useable. Essential and additional amenities/utilities - electric, gas, heating, water, useable toilet, shower/bath, cooker and fridge</p> <p>All rooms can be used for intended purpose</p> <p>No additional unused household appliances appear in unusual locations around the property</p>	<p>All essential amenities/utilities - electric, gas, heating, water, useable toilet, shower/bath, cooker and fridge</p> <p>Some repairs needed and amenable to repair or able to self - repair.</p> <p>Not all rooms can be used for intended purpose, however, this is not causing any negative impact</p>	<p>Lack of some essential amenities/utilities or lack of access to essential amenities due to hoarding</p> <p>In disrepair - unable and /or unamenable repair</p> <p>Some rooms cannot be used for intended purpose and this is having a negative impact</p> <p>Some household appliances are not functioning properly and there may be additional units in unusual places</p>	<p>Little or no essential amenities or hoarding prevents safe use of any amenities within the home</p> <p>Dangerous Disrepair – significant risk to well-being of person and/or others</p> <p>Broken household items not discarded</p> <p>Rooms can not be used for intended purpose</p>
Home and garden cleanliness			
1	2	3	4
<p>Takes pride in appearance of home and garden which is accessible, maintained, clean and tidy</p> <p>(ref clutter score pic 1)</p>	<p>Cleanliness is not of concern</p> <p>However, level of untidiness may be having some impact on well-being but manageable</p> <p>(ref clutter score pic 2-3)</p>	<p>Unclean and/or cluttered home.</p> <p>Garden is not accessible due to clutter or is not maintained.</p> <p>Dirty (bad odour) Light insect infestations Animal/human waste Food waste</p> <p>These are having a moderate impact on person's health and well-being and with support could be managed</p> <p>Properties with children or adults with care and support needs may trigger a</p>	<p>Hoarding within unclean environment of home and garden</p> <p>Garden not accessible and extensively overgrown</p> <p>Evidence of inside items stored outside</p> <p>Dirty (bad odour) Heavy insect infestations Animal/human waste Food waste Visible rodent infestation</p> <p>These are significantly impacting on person's health and well-being – consider whether there is any impact</p>

		<p>Safeguarding Concern / Referral to the Local Authority under a different risk</p> <p>Pets at the property are not cared for</p> <p>Resident not able to control the animals</p> <p>Animal's living area is not maintained and smells</p> <p>(ref clutter score pic 4-6)</p>	<p>on animals, other adults or children in the property also</p> <p>(ref clutter score 7-9)</p>
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Home safety

1	2	3	4
<p>Essential safety features, secure doors and windows</p> <p>Safe gas and electrical appliances, smoke alarms, Carbon Monoxide alarms</p> <p>Home escape plan pertinent to needs of the person</p> <p>Additional appliances/assistive technology pertinent to needs of the person</p>	<p>All doors, stairways, roof space and windows in use and accessible</p> <p>Possible fire risk - Lacking/insufficient essential safety features, DIY that is not safe, concern over use of candles, overloaded electrical sockets</p> <p>Lacking an escape plan</p>	<p>Limited access to windows and doors (may be missing or blocked)</p> <p>Increased fire risk - No essential safety features. Some possible hazards of escape/fire due to disrepair and/or clutter</p> <p>Evidence of smoking</p> <p>Flammable items stored in the home, consider newspapers, stocked piled continence aids, paraffin-based medications, irresponsible use of oxygen, concerning use of candles</p> <p>No escape plan</p> <p>Evidence of light structural damage including damp.</p> <p>Person is unable to sleep in a bed and must sleep in an alternative place due to clutter or hygiene</p>	<p>Access/exit via one route only or unable to exit unaided due to mobility</p> <p>Property lacks ventilation due to the clutter</p> <p>Stairs are unsafe</p> <p>No essential safety features e.g. smoke alarms</p> <p>Significant fire risk - Definite hazard of escape/fire from disrepair or clutter-exposed electric wires and sockets, unsafe electronic items, concerning use of candles</p> <p>Evidence of cigarette burns to clothes or bedding</p> <p>Evidence of small fires or burns</p> <p>Unsafe storage or use of flammable liquids or gases</p>

		<p>(Rough sleeping while declining all offers of support to reduce significant risk)</p> <p>Risk of entry by intruders – Problems keeping a dwelling secure against unauthorised entry due to disrepair, and the maintenance of defensible space</p>	<p>Property is not maintained</p> <p>Property is at risk of notice being served by Environmental Health.</p> <p>Evidence of damp and/or mold</p> <p>Excess cold in winter with no functioning heating system or hot water</p> <p>Person is unable to sleep in a bed and is forced to sleep in uncomfortable and/or insanitary conditions</p>
Own views of safety in home and environment			
1	2	3	4
Fully aware of personal safety issues - trips, slips and falls	Variable awareness and perception of personal safety issues, accepting of advice	Oblivious to personal safety issues and/or reluctant to accept advice due to lack of motivation or understanding	Unconcerned about personal safety issues Lacks motivation or understanding to address concerns

Clutter Image Rating Scale

Select the photo that most accurately reflects the amount of clutter in the room/garden. The SSCP Self Neglect Guidance contains clutter images for each room in the home; however, the following images may be used for guidance and early assessment purposes.

Kitchen

Image 1 (Ref home and garden level 1)



Images 2-3 (Ref home and garden level 2)



Images 4-6 (Ref home and garden level 3)



Images 7-9 (Ref home and garden level 4)



Choose an item.

Bedroom

Image 1 (Ref home and garden level 1)



Images 2-3 (Ref home and garden level 2)



Images 4-6 (Ref home and garden level 3)



Images 7-9 (Ref home and garden level 4)



Choose an item.

Living Room

Image 1 (Ref home and garden level 1)



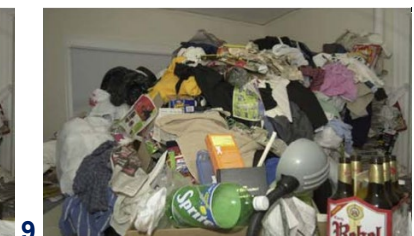
Images 2-3 (Ref home and garden level 2)



Images 4-6 (Ref home and garden level 3)



Images 7-9 (Ref home and garden level 4)



Choose an item.

Resources used to in the production of this risk tool include: Suffolk County Council Multi-Agency self-neglect and hoarding risk assessment guidance tool, T&W Safeguarding Partnership Hoarding and Clutter Image Rating Assessment and Salford Clutter Image Rating Tool.

The following scale above is not exhaustive but allows the professionals to consider the observed living conditions of the individual.

The score is for assessment purposes only and may be re-visited at any time to measure progress and prompt discussion with the individual and other professionals.

Standard Multi-Agency Risk Management & Multi-Disciplinary Meetings

The partnership supports two different types of multi-agency meetings; multi-agency risk management meetings (MARM's) and multi-disciplinary team meetings (MDT's) built around the individual.

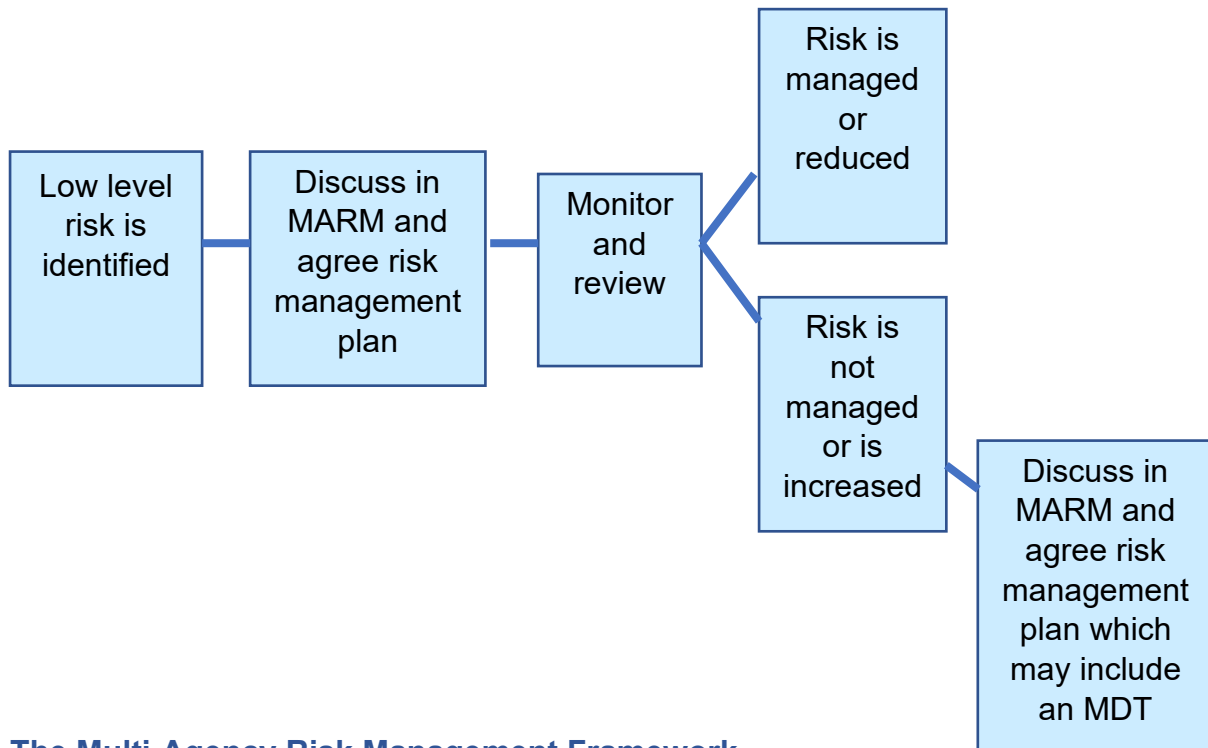
The multi-agency risk management meeting is for situations where the risk is low and prevention is required.

The multi-disciplinary meeting should be called where the risks are medium to high and we have a statutory duty to respond.

The differences are outlined in the table below:

	Multi-agency risk management meetings (MARM's)	Multi-disciplinary team meetings (MDT's)
Risk level	Designed for professionals to come together where immediate risks are lower and a prevention plan or guidance is required. Adults discussed within the MARM will be below the criteria for statutory intervention.	Designed for individuals where immediate risks are medium to high and there is a statutory duty to intervene.
Attendees	Representatives from all organisations who are part of the self-neglect and hoarding forum	Representatives from organisations who may be, or could/should be working with the individuals
Calling the meeting	Meetings take place every month. The referrer is asked to email a risk assessment and where appropriate a clutter rating scale. (See Risk Assessment for further guidance on risk levels and clutter ratings)	The meeting will be called based on the needs of the adult. Multi-disciplinary team meetings are high priority and urgent
Aims of the meeting	The aim is to develop a multi-agency risk management plan and to prevent the need for further intervention	The aim is to ensure that the right services are engaged, and to develop an action plan. This will include, but be wider than, a risk assessment. The action plan will be owned by all attendees at the meeting

The multi-agency risk management meeting is focused on prevention. If, however, the risk continues to escalate a multi-disciplinary team meeting may be required (see flow chart below)



The Multi-Agency Risk Management Framework

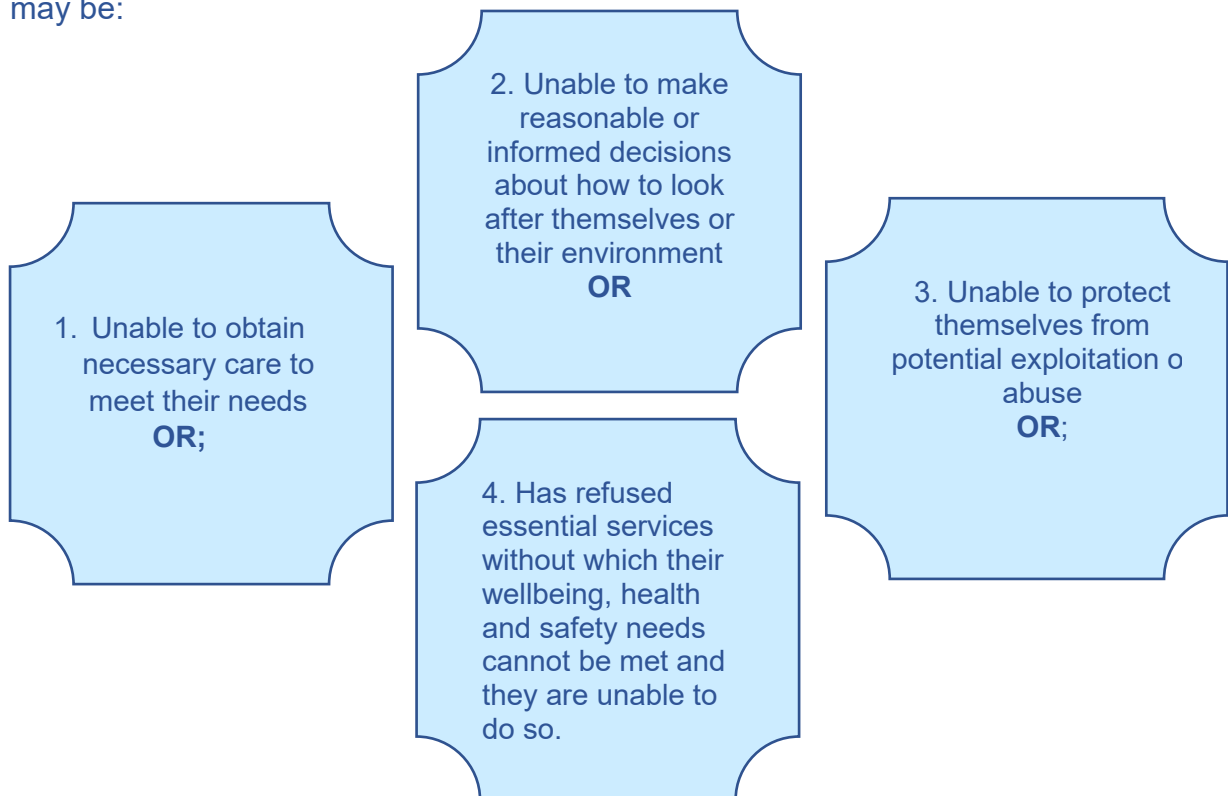
The multi-agency risk management framework is for people who may sit outside of statutory frameworks (e.g. safeguarding under the Care Act 2014) where there is risk due to self-neglect or hoarding and it is thought that a multi-agency approach may be beneficial. The framework works to the prevention agenda aligned to Section 2(1) of the Care Act (2014). It aims to develop a collaborative and multi-agency approach which helps to identify and manage risks before crisis is reached.

The framework ensures that information relating to risk is shared in a timely manner, that there is a holistic assessment of risk, and that multi-agency risk management plans are developed.

The framework is underpinned by a number of important principles including; the duty to protect from foreseeable harm, effective partnership working, professional curiosity, person-centred working, strengths-based approaches and trauma informed responses.

Multi-agency risk management methodology recognises that complex situations often involve people with long-term and entrenched risky behaviours and thus requires a relationship-based, trauma-informed approach. In these cases, the focus is on building trust and rapport in order to foster engagement to enable work to take place to reduce potential harm.

Multi-agency risk management is designed for situations where an individual is self-neglecting or hoarding and agencies require advice, guidance and support. They may be:



The purpose of the meeting is to gain a holistic overview of current risks and agree a multi-agency risk management plan. As far as possible the person should be included and involved in the process and developing the risk management plan. The multi-agency risk management plan enables a collaborative approach in which the person being supported and those providing support, work together to determine an outcome that draws on the adult's strengths and goals.

In this sense, multi-agency risk management provides the adult with the opportunity to be a co-producer of their support rather than a passive recipient of support but supported where required by an advocate who can offer independent support, ensure the adult is heard and their rights are promoted and respected. Responses from professionals need to be balanced with the personal rights and freedoms and need to be the least intrusive.

Wherever possible, the person's consent to share information should be sought and if necessary, discussions held with them to explain why the meeting is needed, how they can be involved and potential benefits.

However, in certain circumstances, a multi-agency risk management meeting (MARM) can be held without the person's consent even if this means overriding their decision not to consent. However, there has to be a lawful basis for this to occur with the decision and rationale for this action recorded: Public interest, vital interest.

The multi-agency risk management process continues until the identified risks are resolved or managed to an acceptable level. If risk is unable to be managed through this process, or the risk increases then a multi-disciplinary team meeting should be instigated and consideration for a safeguarding referral.

Referring into the Hoarding and Self-Neglect Forum for a MARM:

There will be monthly multi-agency risk management meetings (MARM) for Hoarding & Self-neglect. A representative for all agencies will be invited.

Any agency can initiate the process by **starting** to complete the Multi-Agency Risk Management Plan document found on the [Working with Risk page](#).

The Risk Management Plan should be sent to mentalhealthsocialwork@shropshire.gov.uk.

Where hoarding is identified all referrers will be asked to complete the Self Neglect and Hoarding risk assessment and clutter image rating found above or for a separate copy of this document download one from [here](#).

Calling a multi-disciplinary team meeting (MDT)

A multi-disciplinary meeting can be called by **any professional** who is working with the adult in question and is concerned about self-neglect and how, as a system, we are responding to the adult's needs.

What: When you call a meeting, you need to be clear on the issues are and what you have already done to address them. Familiarise yourself with the template below and ensure that you are able to address the areas identified within the template.

When: The meeting should be called as soon as the professional has identified a requirement for the meeting. The meeting should be given priority and held as soon as possible.

Where: Meetings can be in person or via an online platform such as Microsoft Teams. The use of Teams may ease coordination of meetings

Who: We know that individuals who self-neglect may withdraw from services and therefore, when calling multi-agency meetings, there may not be many services actively involved with the individual. It is important that all services which **should or could** be involved are invited to the meeting alongside those which are involved. The list of invitees will vary depending on the circumstances but in all cases should include Adult Social Care, Shropshire Council and primary care GP. If the GP is unable to attend then a report should be provided for the meeting outlining diagnosis, treatment, when the person was last seen by the practice and if they have any concerns.

The meeting can be split into two parts whereby the individual who is self-neglecting can be invited to part of the meeting. It is up to the individual who is chairing the meeting to determine how to do this. It is advised that the individual who is self-neglecting is invited to the part of the meeting in which actions and ways forward are agreed. The action plan should ideally be co-produced with the person who is self-neglecting.

How: Agencies have committed to attending multi-agency meetings, including for individuals who are not known to their service. When calling the meeting state that you are calling a meeting in accordance with this guidance and that you require an attendee from the relevant organisation. If an agency refuses to attend or does not respond to an invitation this must be escalated following the [escalation policy](#).

Multi-disciplinary team meeting template

Introductions and Apologies: (is everyone that is needed in attendance? If not have they provided the necessary information. Is there anything at this point that requires escalating in terms of partnership engagement)?

Background: (incl. [trauma informed approaches](#) that have been taken, what's been tried with what outcomes)

The views of the person and/or their representative/advocate: (if the person who the meeting is about is not in attendance explain why here. Is the person's support network involved i.e., family, friends, keyworker or carers, and if not, can they be engaged?)

Strengths/Abilities: (of the person and/or existing sources of support)

Presenting needs:

Risks to individual/others: (make reference to self-neglect and hoarding risk assessment and clutter image rating guidance tool)

Lead team and lead manager:

Assessments required: (consider what assessments might support the individual and who can do what)

Actions and decisions: (refer to Risk Management Plan, what is the best plan of care / what else can be done to support the person now? Have all legal frameworks been explored, are any legal responses needed e.g Court of protection)?

Date of next meeting: (if required)

(Download this template [here](#))



Partner Agency Fire Safety Check List

KITCHEN – 60% of house fires start in the kitchen	Yes	No	Advice Given
Are there any concerns about cooking methods (please expand)			
Potential to forget cooking?			

ELECTRICITY	Yes	No	Advice Given
Are there any overloaded sockets?			
Does the client use an electric blanket?			

SMOKING – The biggest cause of fatal house fires	Yes	No	Advice Given
Does the client smoke?			
Do smoking practices of the client cause you concern? (Expand)			

CANDLES / HEATING	Yes	No	Advice Given
Does the client use candles?			
Log burners / open fire in use?			
Portable heater used in a safe manner?			

SMOKE ALARMS	Yes	No	Advice Given
Are there working Smoke Alarms (Minimum one per floor)			

ESCAPE PLAN	Yes	No	Advice Given
Is the person able to make their escape unaided?			
Are the escape routes free from obstructions?			
Are door keys always to hand?			
Are internal doors closed at nighttime? (prevents smoke spread)			
Any signs of hoarding?			

Further comments.....

Client Details

Name: _____

Address: _____

Contact details: _____

Signature: _____

Agency Details

Agency: _____

Representative: _____

Contact Details: _____

Date: _____

Would you like a visit from Shropshire Fire and Rescue Service? Yes / No
 (Circle as appropriate)

Please return to SFRS via homevisit@shropshirefire.gov.uk

Prevention Team: Tel 01743 260 258/279

This tool is also available on the Shropshire Safeguarding Community Safety Partnership Website to download separately [here](#).

Shropshire Fire & Rescue Service (SFRS) are collecting Personal Identifiable Information to enable us to provide you with a safe and well check. This information is being processed under GDPR 2018 – Article 6 (1) A). SFRS will not share any Personal Identifiable Information collected with external Organisations unless required to do so by law. However, this information will be shared within SFRS and with our partner agencies (Shropshire Council or Telford & Wrekin Council) solely for the purpose of providing you with any help and support you may need. For further details on this view the privacy page on SFRS website page, www.shropshirefire.gov.uk

Local arrangements and procedure



The following sections of this guidance will help you to understand the arrangements and procedures in place in Shropshire to support you when working with individuals who self-neglect.

Ensure that you are following Shropshire's self-neglect flow chart when working with anyone who you suspect is self-neglecting. You will find it [here](#).

What to do when struggling to engage with someone

If you are struggling to engage with someone who self-neglects it is important to utilise your peer and line management support and supervision as required. Asking for help is a proactive and preventative approach.

Where an adult with capacity has decided that they do not want action taken to support them, or action taken to protect them, the risks of this decision must be discussed with the person to ensure they are fully aware of the consequences of their decision. These discussions should not be a one-off conversation but revisited when it is appropriate to do so. Practitioners should use their professional judgement as to when these risk discussions should be revisited. Respect for the wishes of an adult does not mean services can simply walk away. Instead they need to adopt alternative ways of engagement through polite persistence and calling a multi-disciplinary meeting.

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 get back in touch with services (or named person) as do all others involved. Because the person has declined support before doesn't mean they will in the future.

Even if the adult has capacity to make the relevant decision and is refusing, **action may need to be taken** if the risk to them and/or others (including children) is significant enough or where it is in the public interest to act.

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. In such cases appropriate information should be given to enable the adult to make informed decisions, potentially enabling them to act to avoid the necessity of legal intervention. Actions should be agreed at the multi-disciplinary meeting, with appropriate legal advice and management approval. See below the types of legislative remedies that might need to be considered.

Possible Legal Interventions

The essence of all the key legislation in the United Kingdom recognises and protects the rights and freedom of individuals to choose how they live their lives. Some legislation enables practitioners and organisations to limit or restrict this freedom and choice in certain circumstances such as where the individual’s safety or the safety of others need protection or a law is broken. When limitation or restriction takes place, the response must be balanced and proportionate to the risk(s) to the individual and public safety and the law. All professionals must adhere to the Humans Rights Act (1998). Article 2 Right to life and Article 8 Right to respect for private and family life are particularly relevant to people who self-neglect.

In the case of self-neglect, legal interventions can reduce the imminence of risk of serious harm to the individual or others. However, they can also often be limited in their application or impact on the adult and only offer a short-term solution to temporarily disrupt behaviour or reduce risk. Legal interventions and coercive measures alone will not reduce the risk of self-neglect in the longer term; and may not stop behaviours leading to self-neglect (such as hoarding) in the longer term; and in some situations, can make it worse.

Research indicates a strong preference to seek voluntary solutions over enforcement, where possible, through engagement with and respectful persuasion of the individual. Additionally, it is desirable for any “legal interventions to take place through a coordinated sequence of actions between agencies so that support [can] be provided even while enforced intervention [takes] place” (Braye et al: 2015).

Agency	Legal Power and Action	Circumstances requiring intervention
Local Authority Services	Powers of Entry/Warrant s.287 Public Health Act 1936 Power to gain entry for examination or to execute necessary works under PHA. Police attendance required for forced entry.	Non-engagement of person. Applies to both Freehold and Leasehold property. Entry for examination / execution of necessary works.
	Power of Entry/Warrant s. 239/240 Public Health Act 1939. Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathered) Police attendance required.	Non-engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)

	<p>Enforcement Notice s.83/s84 Public Health Act 1936 Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred.</p>	<p>Cleansing of Filthy or Verminous Premises/ Articles Filthy or unwholesome condition of premises (articles requiring cleansing or destruction) Prevention of injury or danger to person served. Applies to Freehold/Leasehold property – occupied or unoccupied.</p>
	<p>Abatement Notice s.80 Environmental Protection Act 1990. Dealing with a Statutory Nuisance</p>	<p>Powers to deal with any premises in such a state as to be prejudicial to health or a nuisance.</p>
	<p>Enforcement Notice s.4 Prevention of Damage by Pests Act 1949. Power to require action to prevent or treat rats and mice</p>	<p>Powers to require action such as the removal of materials providing food or harbourage to pests where there is evidence of rats or mice (only on 'land' not 'premises' so not for internal infestations inside a property). Notice may be served, giving a reasonable time to carry out works to treat for rats/mice, remove materials that may feed or harbour them and carry out structural works. LA may carry out works in default and recover costs.</p>
	<p>Litter Cleaning Notice s.92a Environmental Protection Act 1990. This may be more appropriate than those above in some circumstances.</p>	<p>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.</p>
	<p>The Housing Act 2004 Allows the Local Authority to carry out a risk assessment of residential properties and identify and hazards that could cause harm. If there are serious hazards (Category 1) there is a duty on the</p>	<p>Can assess the design, construction and maintenance of dwellings but expressly excludes deficiencies solely attributable to the behaviour of the occupant. Private rented and owner-occupied properties can be assessed by different services within the local</p>

	LA to act. If there are other less serious hazards (Category 2) the LA has the power to act.	authority; if you call FPOC (0345 678 9044) they will direct you to the appropriate team.
	Building Act 1984 s.76 Defective Premises. It provides an expedited procedure. LA may undertake works after 9 days and recover expenses, unless the owner/occupier states intention to undertake works within 7 days.	Powers to deal with premises which are in such a state as to be prejudicial to health or a nuisance. Private rented and owner-occupied properties can be assessed by different services within the local authority; if you call FPOC (0345 678 9044) they will direct you to the appropriate team.
	Town and Country Planning Act 1971 s.215 Power to require proper maintenance of land Minimum 28-day notice to remedy condition of land as specified	Powers to issue owner and/or occupier to deal with condition of land that is adversely affecting amenities for which it is part of or adjoining to.
	Building Act 1984 s.77 Dangerous Structures	Where danger arises from the condition of the building or structure the Council can make an order requiring the owner: (i) to execute such work as may be necessary to obviate the danger or, (ii) demolish the building or structure, or any dangerous part of it, and remove any rubbish resulting from the demolition Etc.
Local Authority West Mercia Police Housing Providers	Anti-Social Behaviour, Crime and Policing Act 2014 Warning Letter and Community Protection Notice (CPN) requiring an individual to do specific things, stop doing specific things or take reasonable steps to achieve a specified result. A warning letter must be served before the Community Protection Notice is served.	Powers to tackle ongoing Anti-Social Behaviour and stop conduct which unacceptably affects victims and the community. Behaviour needs to be detrimental to the quality of life of those in the locality, persistent or continuing and be unreasonable. Served upon a person 16 years or older

West Mercia Police	Power of Entry (S.17 of Police and Criminal Evidence Act) Person inside the property is not responding to outside contact and there is evidence of real danger or a crime being committed.	Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life or limb
Shropshire Fire and Rescue	Powers of Entry Part 6 Section 44 The Fire and Rescue Services Act 2004 An employee of a fire and rescue authority who is authorised in writing by the authority for the purposes of this section may do anything they reasonably believe to be necessary.	This for the purpose of: <ul style="list-style-type: none"> - extinguishing or preventing the fire or protecting life or property; - rescuing people or protecting them from serious harm in a road traffic accident; - reacting in an emergency of another kind relating to the function of the fire and rescue authority; preventing or limiting damage to property resulting from action taken.
Animal Welfare	Animal Welfare Act 2006 Offences (Improvement notice) Education for owner a preferred initial step. Improvement notice issued and monitored. If not complied can lead to a fine or imprisonment	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 needs of the animals are met.
West Mercia Police And Approved Mental Health Professionals	Mental Health Act 1983 Section 135(1) Provides for a police officer to enter a private premise, if need be by force, to search for and, if thought 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.	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 <ul style="list-style-type: none"> • 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.

	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.	
All	<p>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.</p> <p>NB: Where the decision is that the person needs to be deprived of their liberty in their best interests, a Deprivation of Liberty Safeguards (DoLS) authorisation will be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the Court of Protection may be needed and legal advice should be sought.</p>	When a person does not have the capacity to make their own decision and any of the above apply.

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 2 (right to life), 3 (right not to be subjected to inhumane or degrading treatment, 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of importance.

These are not absolute rights, i.e. some 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 person's human rights.

Mental Health Act (1983)

For individuals who have a severe and enduring mental illness there are other sections of the Mental Health Act that mental health professionals would be able to utilise in specific circumstances to meet the ongoing needs of the person.

This list can be downloaded separately [here](#).

Practitioner Guidance



Mental Capacity

Identification, assessment, and intervention in potential situations of self-neglect is not dependent on any diagnoses of a physical or mental health condition. Whilst hoarding is recognised as a mental disorder, a lack of a specific diagnosis should not preclude a recognition that an adult is self-neglecting through hoarding behaviour. The use of the Mental Health Act 1983 may be appropriate for some individuals where self-neglect is evident, this should be considered along with the best practice guidance outlined below.

Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. Learning from Safeguarding Adult Reviews (SARs) in general, but specifically in relation to individuals who self-neglect; has identified a need for improvement in the quality of direct practice in relation to practitioners' understanding and application of the Mental Capacity Act (Braye et al, (2017) and Preston-Shoot:2018).

Consideration and application of the Mental Capacity Act (MCA) 2005 and associated Code of Practice should be prominent and clearly recorded in the assessment, management and intervention of all individuals where self-neglect is identified. This should include where an assumption of capacity has taken place. The worker's belief that the adult has capacity to make a specific decision should be recorded.

The expectation of the Shropshire Safeguarding Community Partnership is that all organisations to whom this document applies should ensure that there is a sufficient understanding and ability to apply in practice the Mental Capacity Act 2005 and associated Code of Practice at all levels of their organisation. Staff must act in accordance with the MCA 2005 and the five guiding principles. Further guidance on how to assess capacity and make best interests decisions can be found in the mental capacity resource centre here: [Mental Capacity Resource Centre | 39 Essex Chambers](#).

Principle 1 of the Mental Capacity Act states that "A person must be assumed to have capacity unless it is established that he lacks capacity". Whilst mental capacity should be assumed for all adults behaviours indicating serious self-neglect, as outlined above, may lead professionals to question this assumption. Practitioners may therefore need to consider whether undertaking a robust assessment of capacity is required which takes into account the complexities of executive decision making.

It is common within the context of self-neglect that some people will 'talk the talk but not walk the walk'^[2]. It is therefore imperative to ensure that satisfactorily detailed capacity assessments are carried out in situations where a person appears to understand the information relevant to the decision but does not appear to be able to use or weigh that information at the time that it is required. This is referred to as 'executive functioning'. Where there is evidence that the person is not carrying out the actions identified within their decision making it is important to consider the

^[2] [CARRYING OUT AND RECORDING CAPACITY ASSESSMENTS March 2023](#) (these notes are updated, check for the latest version [here](#))

reasons for this with the person to try to ascertain why this is happening and what can be done to address this.

Assessing mental capacity and trying to understand what lies behind self-neglect is often complex. Staff need to ensure that they are clear on what the decision is, and that they present information relevant to the decision. The courts have outlined the relevant information when deciding whether a person has capacity to make decisions in respect of their items and belongings. This is summarised in the table below. Capacity may well fluctuate, and this should be taken into account. A person's ability to make a specific decision may change frequently or occasionally. Sometimes the person will be able to make a specific decision and sometimes they will not. If a decision can be delayed until the person has the capacity to make it then it should be (Department for Constitutional Affairs, 2007). It is also important to remember that the person may present differently to professionals and they in turn may interpret their presentation differently. All views should be recorded to provide a fully rounded assessment. This is usually best achieved by working with other organisations and, if they exist, extended family and community networks. It is essential that assessments not only capture the views and understanding of the person about the situation they live in and risks they face but that information is checked against other sources of information such as:

- How the person behaves or what they do in comparison to what they say.
- The presentation of the person.
- Observations of their home environment property by professional visitors, family, friends and neighbours (if relevant).
- The history and impact of any interventions or actions that may have taken place (such as previous clearances or public health action in the case of hoarding).

Only when all information is put together, is it possible to reach an informed assessment about the person's needs, their understanding of those needs and their capacity to make decisions in relation to those needs.

Where there is documented evidence of repeated situations where the required actions which the person describes are needed are not taken it may be an indication that the individual lacks capacity to make the decision. This relates to the functional test described in the Mental Capacity Act and may indicate that the person cannot use or weigh the relevant information at the time that the decision needs to be made.

Nevertheless, an individual can be experiencing or at risk of self-neglect and have mental capacity. This is often a regular occurrence in individuals who self-neglect and who are refusing to engage with or consent to services or intervention, where the risk to themselves and/or others is likely or imminent.

Distinguishing whether the person is unwilling or unable to participate in the capacity assessment is important. Various methods should be attempted where the person appears to be unwilling to participate in an attempt to find the best way to engage with the person in the process. These attempts should be recorded. A multi-agency approach to considering different options will be advantageous. Where it has not been possible to engage with the person it should be decided whether there is sufficient evidence to consider that the person lacks capacity and if so, how to

proceed in relation to how to act in the person's best interest within the Mental Capacity Act. This would include consideration of whether the person can understand why they are unable to carry out the actions which they were able to decide upon. Where a person's situation involves high risk an application to the Court of Protection should be made where the court will decide if the person has or lacks capacity to make the relevant decision.

Where the outcome is that an individual lacks capacity to make a decision about their self-care and/or possessions then a best interest's decision will be required. This should follow the checklist outlined in the Act which includes taking into account the person's past and present wishes and feelings, his/her beliefs and values, and any other factors which s/he would be likely to consider if s/he was able to do so. Consultation with others such as the adult's representatives will be necessary in order to gather information about the adults wishes feelings beliefs and values (Department for Constitutional Affairs, 2007).

The Courts (Re: AC and GC) have given guidance on what information is relevant to the decisions about items and belongings. They state that the following information is relevant:

(a) Volume of belongings and impact on use of rooms: the relative volume of belongings in relation to the degree to which they impair the usual function of the important rooms in the property for the person (and other residents in the property) (e.g. whether the bedroom is available for sleeping, the kitchen for the preparation of food etc). Rooms used for storage (box rooms) would not be relevant, although may be relevant to issues of (c) and (d);

(b) Safe access and use: the extent to which the person (and, if relevant, other residents in the property) are able or not to safely access and use the living areas.

(c) Creation of hazards: the extent to which the accumulated belongings create actual or potential hazards in terms of the health and safety of those resident in the property. This would include the impact of the accumulated belongings on the functioning, maintenance and safety of utilities (heating, lighting, water, washing facilities for both residents and their clothing). In terms of direct hazards this would include key areas of hygiene (toilets, food storage and preparation), the potential for or actual vermin infestation and risk of fire to the extent that the accumulated possessions would provide fuel for an outbreak of fire, and that escape and rescue routes were inaccessible or hazardous through accumulated clutter.

(d) Safety of building: the extent to which accumulated clutter and inaccessibility could compromise the structural integrity and therefore safety of the building.

Best Practice in responding to self-neglect: the evidence to date

The following is based on research conducted with practitioners, managers and people who use services to explore best practice in and outcomes for working with adults who self-neglect (Braye et al:2015) and learning from Safeguarding Adult Reviews both locally and nationally (Preston-Shoot:2018). A learning event which captures the learning from two local Safeguarding Adult Reviews where self-neglect was a feature can be found [here](#). It also draws on the Research in Practice Working with people who self-neglect Practice [Toolkit](#) by Suzy Braye, David Orr and Michael Preston-Shoot (2020).

Several themes have been identified as best practice when working with self-neglect. Assessment of the situation and early intervention are key to understanding what is happening and how to support an individual who is self-neglecting:

Starting to work with people who self-neglect

Individuals may respond in different ways when workers try to engage with them around self-neglect. The adult may or may not agree that there is an issue which social care input might help, and they may or may not feel that it is about self-neglect. The adult may respond unpredictably, shifting between different responses at different times:

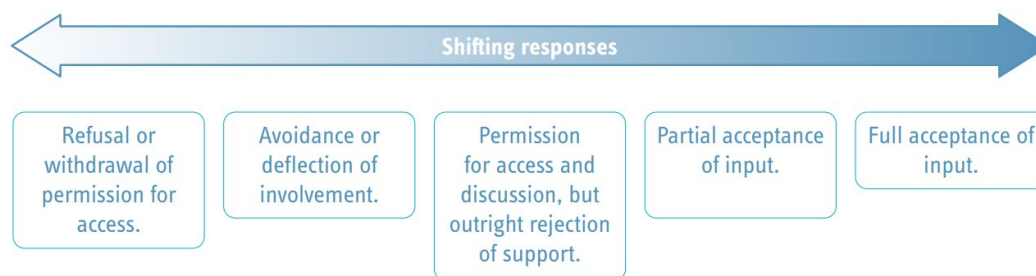


Diagram reproduced with permission from Professor Michael Preston-Shoot.

The shifting responses to the worker may reflect the individual's own internal uncertainty about modifying their behaviours. The worker should be aware that the shifting responses to them, or to what they are offering, could be about the adult's inner conflict. Seeking to understand why the adult is responding in this way might explain why the response is not consistent. Working to build a relationship with the person from the outset is key, in this sense it is important to try to 'find the person' by learning as much as possible about their life history and social, economic, psychological and physical situation (Braye et al, 2020).

The Care and Support Statutory Guidance (DHSC, 2023) outlines that working in a person-centred and outcomes-focused way is at the heart of 'Making Safeguarding Personal,' a key goal of the statutory safeguarding framework (Braye et al, 2020).

The importance of relationships

Fundamentally the best intervention to those who are self-neglecting is finding a way to engage the individual. This is through building a rapport with a person who may be reluctant, scared, ashamed and even possibly hostile. In order to build rapport, we need to understand what is important to the individual and what the underlying causes of their self-neglect are. This can be achieved by building relationships of trust which will be key to achieving positive outcomes. This is what making safeguarding personal is all about (Research in Practice, no date).

Securing engagement with and achieving interventions that make a difference to an adult who self-neglects are vital in reducing their risk. Failure to engage adults in making decisions about their risk can be counter-productive to effectively safeguarding them in line with their wishes. It will be important for you to find out how the person prefers to communicate in order to best engage with them. It will be pointless to text them if they don't text for example.

The initiation and development of a constructive working relationship between the adult and at least one professional or carer is paramount to ensure that they are effectively engaged. The key professional(s) and/or carer with whom the individual has this relationship can vary each time; but their inclusion in the assessment, management of and intervention with the adult is vital.

Engagement can be particularly challenging when the adult is not ready, accepting or willing to agree to change and any associated support available to them. In some circumstances, it may be assessed that they may not have the mental capacity or health to decide and implement change.

The more choice and control an adult has around their decisions and actions, the more enabled they will be to keep themselves safe and to engage with those attempting to safeguard them.

The Care and Support Statutory Guidance makes clear the importance of engaging with an adult "to establish what being safe means to them and how that can be best achieved" (DHSC:2023: 14.8). Even when the adult is resistant to or unable to agree and implement change or service involvement; practitioners should continue to attempt to engage with the adult (using an advocate where necessary) so that "their views, wishes, feelings and beliefs in deciding on any action" (DHSC:2023:14.7) are included at all stages of the process. Engagement continues to be important when potentially restrictive action, including the use of enforcement or other legal intervention (see Appendix 1) is being taken.

Building a positive relationship takes time to build the trust of the adult, by demonstrating trustworthiness, including sometimes overcoming a lack of trust based on previous experiences with services (Braye et al: 2015:8).

People who use services have been clear in research about what is and is not helpful in building a trusting relationship and gaining their engagement. Learning from Safeguarding Adults Reviews have also provided further guidance. These are summarised in the table below:

Helpful – create engagement	Not Helpful – creates greater resistance
<p>Show humanity</p> <p>Show empathy</p> <p>Separate the behaviour from the adult</p> <p>Be reliable and available</p> <p>Demonstrate patience</p> <p>Be honest. Do not avoid difficult conversations and be clear about consequences. Recognise and work with the possibility of enforcement action</p> <p>Work at the individual’s own pace</p> <p>Being encouraging</p> <p>Provide practical support</p> <p>Negotiate interventions wherever possible (including enabling choice within restriction)</p> <p>Attempt different strategies to respond to persistent non-engagement.</p> <p>Enforcement and restriction should be used as a last resort, only when various other strategies have been unsuccessfully attempted or to respond to imminent risk</p> <p>Be respectful when challenging decisions and actions</p> <p>Ensure that there is a close working relationship with those who are already engaged with the adult or who are well placed to get engagement (see multi-agency working below)</p> <p>“Find” the adult (see below)</p>	<p>Pushing and overly directing</p> <p>Criticising or judging</p> <p>Being rigid in strategies to engage (e.g. just sending letters with no follow-up or not trying alternative strategies to engage)</p> <p>Blaming, or using blame-based language (such as ‘should’)</p>

(Braye et al: 2015)

Braye et al, 2020 summarise what workers have found useful in engaging with an adult who self neglects:

The approach	Examples of what this might mean in practice
Building rapport	Taking the time to get to know the person; refusing to be shocked.
Moving from rapport to relationship	Be considered and thoughtful in reactions to self-neglect; talking through with the person their interests, history and stories.
Finding the right tone	Being honest while also being non-judgmental; expressing concern about self-neglect, while separating the person from the behaviour.
Going at the individual's pace	Moving slowly and not forcing things; showing concern and interest through continued involvement over time.
Agreeing a plan	Making clear what is going to happen; planning might start as agreeing a weekly visit and develop from there
Finding something that motivates the individual	Linking to the person's interests (for example, linking to recycling initiatives if they are hoarding because they hate waste).
Starting with practicalities	Providing small practical help at the outset may help build trust.
Negotiating reciprocal actions	Linking practical help to another element of agreement (for example, "I'll bring round a replacement for your heater, then shall we then go to see the doctor?")
Focusing on what can be agreed	Finding something to be the basis of initial agreement, that can be built on later.
Keeping company	Being available and spending time to build up trust.
Straight talking	Being honest about potential consequences.
Finding the right person	Working with someone who is well placed to get engagement – another professional or a member of the person's network.
External levers	Recognising and working with the possibility of enforcement action.

'Finding' the adult

Understanding an adult's life history and who is or has been important in their lives can help not only to develop a relationship with them but also make connections to patterns of self-neglect; and form hypotheses with the adult and those working with them about why and when they self-neglect. This can help to inform individualised interventions and safety strategies which might work for that adult to reduce their risk.

Learning from Safeguarding Adult Reviews has highlighted the importance of considering previous patterns of self-neglect when responding to specific incidents and considering of and engaging with (where possible) others with whom the adult had/has a relationship. The impact of the adult's self-neglect on others, including children should also be considered and responded to via the appropriate pathways (including child safeguarding processes where necessary) (Preston-Shoot:2018)

“Finding” the adult is a key part of the assessment process to inform risk management and intervention, which should also involve appropriate others (see assessment sub section below).

Trauma informed approaches and practice

Much of the research into self-neglect and hoarding makes strong links between previous trauma and current behaviour. In light of this practitioners need to be aware of trauma and the long shadow which it can cast on someone’s life.

Trauma results from an event, a series of events, or a set of circumstances which is perceived by the individual to be harmful or life-threatening. All individuals will experience trauma in different ways. For some trauma can have long lasting effects and can impact someone’s ability to care for themselves or their environment.

When working with someone who self neglects we can adjust our approach to recognise the impact that previous trauma can have. The Department of Health and Social Care (2022) ² identify six principles of trauma-informed practice. These are:

1. **Safety.** People who have been subject to trauma need to feel safe. We can help with this by asking them what they need to feel safe, ensuring that there is no current threat, preventing re-traumatisation and putting policies and safeguarding practices in place where there is a threat of harm or abuse.
2. **Trustworthiness.** As practitioner we need to be trustworthy. To do this we need to explain what we are doing and why. We need to do what we say we will do. We need to ensure that we are clear about what we can and cannot do.
3. **Choice.** People who have been subject to trauma need to have choice in decision making and goal setting. We can do this by listening to the adult and ensuring that their views, beliefs, wishes and feelings are heard. We need to involve adults in decision making. We need to explain the options which are available clearly. We need to take our time; people who have experienced trauma may have difficulty in developing trusting relationships.
4. **Collaboration.** The value of staff and the person’s experience is recognised in overcoming challenges and improving the system as a whole. We can do this by encouraging formal and informal peer support and mutual help, asking people who draw on services how their needs can be met and, by working alongside people who use services in the delivery of services.
5. **Empowerment.** People who have experienced trauma may have low self-esteem and feel powerless. We therefore need to make efforts to share power and to ensure that the adult has a strong voice in decision making. We can do this by validating the adult’s feelings and concerns, listening to what they are saying, and supporting them to make decisions and take actions.
6. **Cultural considerations.** People may have suffered trauma as a result of discrimination, oppression, racism, sexism and other biases. We can respond by recognising the impact of discrimination on the individual and offering access to cultural/gender appropriate services. We need to ensure that our

² [Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/working-definition-of-trauma-informed-practice)

policies, protocols and processes are responsive to the needs of the individuals who we serve.

A helpful way to think about a trauma informed approach is that instead of framing the situation as ‘what is wrong with you?’ frame it as ‘What happened to you.’ This question, and your curiosity may generate a deeper level of understanding of the issues which are fueling the self-neglecting behaviour.

Case study: Sally (30 years old) was living in the family home; both of her parents had moved out. Over a period of time, she neglected her home to the point in which she was living in extreme neglect; with few utilities, no heating and a hoarded home. Her worker identified with her that as a child she had witnessed considerable domestic violence in this house. She hated the home and found that it triggered a range of memories and emotions, including a desire to hide away. She said that she did not think that her situation could improve whilst living there. At her suggestion steps were taken to find alternative accommodation. When she did move out many of her self-neglecting behaviours stopped. She is now taking steps to improve her health and her quality of life.

Creative Interventions

Given the varied and complex manner of self-neglect there is no single intervention that works. Research indicates that themes running through successful interventions are those that are:

- Flexible (to fit individual circumstance)
- Negotiated and agreed (according to what the individual might tolerate)
- Gradual, continuous and patient (led by the adult rather than being resource driven).
- Proportionate (to act only to contain risk, rather than remove it altogether, in a way that preserves respect for autonomy)
- Multi-modal (using a variety of interventions available from several different sources both formal and informal – see effective multi-agency working below).

(Braye et al: 2015)

The starting point for all interventions should be to find out what is important to the adult and understand the underlying causes of the self-neglect as this will then help to inform the approach taken. All efforts and the response of the adult to the approaches should be recorded fully. Adults should be encouraged and empowered to do things for themselves. Where this fails in the first instance, this approach should be revisited regularly throughout the period of the involvement.

Below is a table of specific interventions that can be effective, but all have limitations, which professionals should be mindful of when deciding to implement them. These are broad examples and do not contain the whole range of interventions that could be available. For more information, refer to the [Making Safeguarding Personal Toolkit](#):

Intervention	Benefits	Limitations
<p>Being present and maintaining contact by:</p> <p>Home visits (essential when conducting assessments)</p> <p>Phone calls or texts where appropriate</p> <p>Personalised rather than standard letters where appropriate</p> <p>Visiting in other environments (such as community venues, hospitals etc where the adult spends time)</p>	<p>Enables relationship building, motivation and assessment.</p> <p>Can be used to monitor risk, capacity and changes to motivation</p>	<p>The adult may not want to see and refuse to engage with certain professionals.</p> <p>See relationships section above.</p>
<p>Support/assistance with routine daily living tasks (such as cleaning, shopping, preparing and eating food, using toilet facilities, occupational therapy)</p> <p>Encouragement to take small steps.</p>	<p>Enables the individual to (re)establish routines with a view to gradually reducing intervention over time.</p> <p>Provides ongoing domiciliary care or support where the adult is not able to maintain this themselves in the longer term.</p>	<p>Cleaning and other interventions to improve risks around home conditions do not emerge as effective as a stand-alone intervention in the longer term.</p>
<p>Education, advice and guidance or brief targeted interventions on issues linked to self-neglect which present the individual with information and explore costs and benefits of options and how they relate to risk of harm. This can include in areas such as:</p> <p>Finances including benefits.</p> <p>Alcohol or substance use</p> <p>Housing</p>	<p>Effective when an adult is ambivalent about change.</p> <p>They have the information and understand the consequences but the choice is theirs to make. Effective if the adult feels able/wants to do for themselves.</p> <p>Useful to use alongside enforced legal interventions to maintain engagement.</p>	<p>Most effective when the adult understands the information, can choose and is able to implement.</p> <p>This approach will need to be tailored to individuals who are assessed as not having physical or mental capacity or illness (including consideration of the use of advocates where necessary).</p>

<p>Fire safety Environmental health/pest control Animal care Parenting Self-care (physical and emotional)</p>		
<p>Encouraging informal networks and engagement in activities such as: family friends and/or Befriending/ mentoring services (including one-to-one services and support groups);</p> <p>Getting involved in activities/groups that they are interested in; Support getting into voluntary or paid work.</p>	<p>Enables the adult to have someone/others to talk to and seek support or companionship from without a “professional agenda”. This can often lead to the adult being more receptive to change.</p> <p>Connecting the adult with others can help them to rely less upon on the self-neglecting behaviour. Providing them with a purpose, improved self-esteem.</p>	<p>Must be something the adult wants to do. Directing or imposing such support is likely to be counter-productive.</p> <p>Assessment of informal networks and impact/dynamic of self-neglecting behaviour is important before it is encouraged.</p>
<p>Therapeutic input such as psychological therapies or other services specialising in working with individuals with specific problems (such as hoarding, bereavement, substance misuse, gambling).</p>	<p>Useful when the adult has decided to change but needs targeted support to enable them to do this.</p> <p>Can be useful once legal intervention has taken place/disrupted as a means of relapse prevention or returning to their environment.</p>	<p>There can often be difficulty accessing or finding such services. Some services may not be sufficiently individualised or available at the right time for the adult’s motivation. The above interventions can help to maintain engagement and motivation in such circumstances.</p>
<p>A change of environment (temporary as a respite or permanently to enable a new start)</p>	<p>Most successful when adult makes the decision for change.</p> <p>Can help to disrupt, reduce or stop self-neglect. Can provide or provide an opportunity for additional support, intervention or treatment for the adult to</p>	<p>Can be unwelcomed by the individual if enforced upon them, which may mean intervention has less effect in reducing risk in the longer term. Ongoing relationship as above remains critical in such situations.</p>

	address the underlying reasons for self-neglect.	
Enforced action	<p>Protects the adult and others from likely or imminent risk of harm by temporary disruption and reduced risk. Statutory duty to investigate when issues are affecting neighbours</p> <p>Sets boundaries for the individual on risk to self and others.</p> <p>Can lead to the individual deciding to engage with a long-term change (but only when undertaken in line with strategies that help to engage above as part of an ongoing relationship and care plan)</p>	<p>Unlikely to be effective if used too soon without trying other strategies above first Unlikely to be effective as a stand-alone intervention.</p>

Professional curiosity and why it is important

Professional curiosity is required to support workers or volunteers to question and challenge the information they receive, identify concerns and make connections to enable a greater understanding of a person's situation (Thacker et al, 2020). This is important when working with adults who are self-neglecting as they may feel embarrassed, ashamed, hurt or traumatised. Being curious by asking *sensitive and respectful* questions allows information to be discovered and appropriate support to be provided (LGA, 2017). Safeguarding Adult Reviews in Shropshire have identified that professional curiosity is often absent from practice. This guidance supports the use of professional curiosity so that opportunities to assist or intervene are available.

Professionally curious workers are persistent and determined, they are interested in finding out about the person's story and hearing the voice of lived experience (Preston-Shoot, 2020). Workers might sometimes have to think 'outside the box', beyond their usual professional role and consider the risks involved (Swindon Safeguarding Partnership, 2021).

When workers are practising in this way, they ask questions to narrow the information gap and gain a fuller perspective on a situation from the person and others (Oshikanlu, 2014) this might take time to achieve. Workers will be alerted by tension, uncertainty or repeating patterns in people's situations, recognising this as a signal to push for further information (Burton & Revell, 2018). They will need to

explain what is giving them a 'gut feeling' that something is wrong and will have the courage to hold difficult conversations and challenge.

It is suggested that you take a 'Look, Listen, Ask, Check' approach when exercising professional curiosity:

Look

- Using observational skills - is there anything about what you see when you meet with the adult which prompts questions or makes you feel uneasy?
- Are you observing any behaviour which indicates self-neglect?
- Does what you see support or contradict what you're being told?
- Can you see the whole home?

Listen

- Are you being told anything which needs further clarification?
- Is the adult trying to tell you something but is finding it difficult to express themselves? If so, how can you help them to do so?

Ask

- Are there direct questions you could ask when you meet the adult which will provide more information about their situation?
- Check out the facts, don't accept things at face value.

Check Out

- Are other professionals involved?
- Have other professionals seen the same as you?
- Are professionals being told the same or different things?
- Are others concerned? If so, what action has been taken so far and is there anything else which should or could be done by you or anyone else?

(Swindon Safeguarding Partnership, 2021)

If you want to find out more about professional curiosity and why this is important, you can watch a professional curiosity learning event from Shropshire Safeguarding Community Partnership on [YouTube](#)

Effective multi-agency working

No one practitioner or agency can support an individual who is self-neglecting effectively alone. Whilst an adult who self-neglects may not always be at a level of risk which warrants adult safeguarding arrangements to be initiated there are often many agencies and professions already involved with them before safeguarding concerns become significant.

It is imperative that **all** agencies work with the adult and each other to try and prevent individuals who self-neglect from getting to a point where it is deemed that safeguarding processes or a type of enforcement action is needing to be implemented to protect them. Even when safeguarding processes are initiated to protect the adult; the aim of these are to reduce the risk to the adult to the extent that safeguarding measures are no longer required.

The aim of any multi-agency approach, whether preventing or protecting the adult from self-neglect; should be to support and enable the person to achieve and maintain their safety and wellbeing in the least restrictive way possible.

The challenges and ineffectiveness of multi-agency working can increase the risk to and/or impact upon effective engagement with the individual and others who may be at risk because of their self-neglect. This has been illustrated in learning from local Safeguarding Adult Reviews³ it can also lead to additional cost and use of resources for organisations.

No professional should allow a lack of information prevent them from making a referral to other agencies. Professionals can refer for a case to be included in a multi-agency risk management meeting (MARM) or call a multi-disciplinary meeting. You can find the risk management plan [here](#). They may hold a piece of a puzzle that brings everything together.

Anyone utilising the tools in this document should complete what they are able to and use these to form a picture of what is happening for the person. These should be used in discussions with other professionals about the person and the risk.

Case study: Eric (66 years old) was living on his own in a housing association property after being moved there from the family home (that he had inherited) after it was flooded. His home was hoarded (as had the previous home been). Eric had diabetes an acquired brain injury and displayed autistic tendencies. There had been on/off involvement of multiple agencies over many years but these all generally worked in isolation from each other, believing that the responsibility lay with someone else.

This led to Eric not having any trust in agencies as “no one sorts everything out,.... and just goes away after a while”, and he had a deep mistrust of the intentions of those seeking to help him. When three agencies agreed that a collaborative approach to engaging and building trust with Eric by visiting at regular times and addressing both the hoard and whatever his pressing need was that day there was after a sustained period of time (18 months) a breakthrough in that Eric agreed to start accelerating the reduction of his hoard and allow a social support agency in to assist him. Over a period of 6 months his home was transformed once more with Eric at the centre of decision making, into a habitable, safe environment. Sadly Eric passed away in hospital before being able to live in his transformed home but he saw pictures and expressed how pleased he was with the outcome.

<https://www.shropshiresafeguardingcommunitypartnership.co.uk/media/mugh1ufv/04-lily-safeguarding-adult-review.pdf>

The Impact on workers supporting an adult who self-neglects

Organisations and line managers should be aware of the health and safety and wellbeing risks and impacts to workers who are supporting an adult who is self-neglecting. This may be particularly obvious when an adult has challenges around hoarding but is relevant to consider risk in all self-neglect scenarios.

The type of support and relationship building required when supporting an adult who self-neglects can involve encountering physical risks. This might be for example from structural issues with the property or the hoarded items, risks from animals in the property, infestations, respiratory problems or other issues connected to mould or damp conditions, electrical issues or needle stick injury. In addition, the worker could experience verbal assaults from the adult who is self-neglecting or others such as neighbours or family members. The workers wellbeing could also be impacted if they are feeling distressed, emotionally drained or exposed (Braye, et al 2020).

Organisations should use their risk assessment processes and seek to identify and remove or mitigate any risks to the workforce and provide personal protective equipment where required. In addition, staff may need access to specialist advice such as legal or health, liaison with colleagues from other agencies and support through mechanisms such as supervision to support their wellbeing (Braye, et al 2020).

Self- Neglect and Hoarding Forum

Multi-Agency Risk Management (MARM) discussions are hosted by Adult Social Care, Shropshire Council and are part of the Hoarding and Self Neglect forum which meets every month. All agencies are welcome to attend the forum and to be involved in the MARMs. If you wish to discuss someone who you are working with at a MARM then complete (as far as possible) the risk management plan found here [[Working with Risk — Shropshire Safeguarding Community Partnership](#)] and send it to mentalhealthsocialwork@shropshire.gov.uk. If you are discussing hoarding then you are asked to complete the clutter scale found [here](#).

Alcohol and substance misuse and self-neglect

There are numerous health risks associated with drinking alcohol and substance misuse including cancer, heart disease, reduced life expectancy, accidents, fires and injuries. Each of these risks is increased as the amount of alcohol or substance that is consumed increases.

Other Risks

Some of the issues around abuse and neglect include areas identified by North Esat SAR Champions (2022)

- Increased risk of deterioration in physical and mental health
- Risk of engaging in criminal activity to fund alcohol use
- Increased risk of violence from others- including domestic abuse
- Exploitation by others, including sexual exploitation
- Increased risk of suicide or misadventure
- Financial difficulties can occur due to expenditure on alcohol resulting in debts and inability to pay for basic needs

- Increased risk of homelessness if unable to adhere to tenancy agreements.
- Emotional or psychological harm due to increased social isolation

Self-neglect due to alcohol and substance misuse fits in with the definition of self-neglect. Alcohol and substance misuse is often mistaken as a lifestyle choice however an individual's addiction may take away their ability to choose.

Substances and Mental Capacity

Understanding the mental capacity of the adult is necessary to manage risks associated with alcohol and substance misuse. Consideration of the Mental Capacity Act 2005 may be necessary when working with an adult who is self-neglecting and misuses alcohol and substances, the adult may have a mental impairment due to the symptoms of alcohol and substance use (Dudley Safeguarding People Partnership, 2022). Executive function should be considered in assessments, around the adult's ability to use and weigh information. It may be necessary to consider how the compulsion associated with an addictive behaviour can be seen as overriding someone's understanding of information about the impact of their drinking (Dudley Safeguarding People Partnership, 2022).

What Does Research Tell Us About Alcohol Misuse and Self-neglect?

Research often refers to three types of self-neglect; lack of self-care, lack of care of one's environment and refusal of services that could alleviate issues connected to self-care or care of the environment. People who are alcohol dependent or using substances are arguably lacking in self-care, their dependence on alcohol or substances will make it difficult for them to care for their own environment and they often refuse services. In spite of this, referrals to safeguarding are not often made for these individuals as there is a misconception that self-neglect related to alcohol and substance misuse is an "unwise decision made with full mental capacity, and this negates the need for a self-neglect referral".

In the National Analysis of Safeguarding Adult Reviews 2017-2019 it was noted that an individual would be assessed by professionals as being at risk due to their alcohol dependence. This would be the focus of an assessment and management plan to reduce the risk of harm. Even if this person had multiple hospital admissions or repeatedly refused support services it was often not recognised that they were self-neglecting.

In Learning from tragedies (Alcohol Change, 2019); an analysis of alcohol-related Safeguarding Adult Reviews, it was stated that "the failure to properly recognise or understand the relationship between alcohol misuse and other forms of self-neglect can create a serious blockage in care and treatment pathways".⁴

By not recognising alcohol dependence and substance use as self-neglect, it means that professionals are not utilising and applying the wealth of research available both nationally and locally regarding how to respond to individuals who self-neglect.

⁴ [ACUK SafeguardingAdultReviews A4Report July2019 36pp WEB-July-2019.pdf](#)

How to Support Engagement?

The principles apply when working with an adult who misuses alcohol or substances as with generally working with adults who self-neglect, building a rapport with the adult will be important and understanding their situation. It will be important to take a multi-agency response, this might involve safeguarding adults' procedures where appropriate or general multi-agency work⁵. An understanding of the adults' overall needs will be necessary to support them rather than just focusing on the alcohol misuse⁶. Alcohol use, co-occurring needs and the adults life experiences can affect their ability to engage so it is important to build an understanding of the specific challenges they face in accessing services to support them⁷. If the adult is self-neglecting, they may be less visible and isolated (Cumbria Safeguarding Adults Board, 2021). Using this guidance and the tools contained within it will also support engagement.

There may be some additional factors to consider:

- Implementing change can be difficult due to other risks associated with alcohol and substance misuse
- How do peer groups impact on the adult's engagement with services?
- Non-engagement with services may result in increased risks associated with alcohol and substance misuse
- It is necessary to recognise the additional time it may take for workers to build a rapport with the adult to support engagement
- It is important to be politely persistent rather than ceasing contact if there are times when engaging the adult is more difficult for them

Alcohol and substance misuse are chronic and relapsing health conditions, that requires the same access to services, as less stigmatised health needs.

Ceasing involvement with an adult who is self-neglecting.

Before any professional considers ceasing involvement with someone who is self-neglecting including hoarding items where professionals have not been able to engage with them, or risks remain a number of points may require consideration:

- Has capacity been addressed? Have you established whether the person has capacity to make decisions about their own wellbeing, and whether or not they are able or willing to care for themselves? In hoarding situations, the court gave guidance on the information that is relevant to decisions about items and belongs with the following information seen as relevant (see AC and GC (Capacity: Hoarding and Best Interests) [2022] EWCOP 39):
 - Volume of belongings and impact on use of room
 - Safe access and use

⁵ North East SAR Champions (2022) SELF-NEGLECT AND ALCOHOL AND SUBSTANCE MISUSE
<https://proceduresonline.com/trixcms1/media/12334/7-sn-reg7mb-alcohol-and-substance-misuse-04042022.pdf>

⁶ North East SAR Champions (2022) SELF-NEGLECT AND ALCOHOL AND SUBSTANCE MISUSE
<https://proceduresonline.com/trixcms1/media/12334/7-sn-reg7mb-alcohol-and-substance-misuse-04042022.pdf>

⁷ Cumbria Safeguarding Adults Board (2021) A Quick Guide to Substance Misuse & Self Neglect
<https://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6683/17937/45090121639.pdf>

- Creation of hazards
- Safety of building
- Removal/disposal of hazardous levels of belongings
- A person may say they understand the impact of their behaviour, but, can they actually *carry out* the actions they say they will (see section on mental capacity)?
- Do they really understand the likely consequences of their behaviour or continuing to live as they are?
- Has a Care Act assessment been carried out (including under Section 11 if the adult has refused the assessment)?
- Have you considered carrying out a risk assessment or actually carried one out before ceasing involvement where the person is neglecting themselves or not engaging?
- Have you thought about the persons 'vital interests' – is there an immediate risk of death or major harm?
- Are you assured that no one else is at risk, for example from fire? Where appropriate have you made a referral to the fire service?
- If others are at risk from the person's behaviour in relation to hoarding items, is it safe to cease involvement?
- Have other agencies have been informed and involved as necessary if you are ceasing involvement? Prior to ceasing involvement have you called a Multi-Disciplinary meeting and discussed this with other agencies who are involved or who could be involved? Is this recorded?
- Don't forget to record mental capacity and risk assessments.
- Have you considered scheduling a review or follow up by your organisation or a partner agency at a later date?
- Are you assured that your organisation has fulfilled their legal duties to the adult and others at risk?
- Have enforced actions such as legal interventions been considered in serious circumstances?

It is important to be politely persistent rather than ceasing contact if there are times when engaging the adult is more difficult for them.

Risk Assessment and Planning

Learning from local and national Safeguarding Adult Reviews involving self-neglect highlights the importance of robust, holistic, thorough and implemented risk assessments and plans (Preston-Shoot:2018).

Whatever form assessments and plans take within organisations, they should address self-neglect when there is evidence that the adult is at risk of or experiencing it.

An Assessment is:

The gathering of information from a wide variety of sources to enable;

a holistic, informed, evidence based and analysed understanding of how, when and why an adult is self-neglecting.

Past incidences of self-neglect or significant life events and history should be particularly considered to identify patterns and improve understanding. The assessment should be balanced by both strengths of and risks to the adult

and;

a professional judgement using an agreed framework on the level (impact and likelihood) of risk of harm, both now and in the future, to the adult and (where applicable) others because of the self-neglect.

A plan is:

An explanation of what action will be taken with the adult

Proportionate to the assessed level of risk of harm to the adult and (where applicable) others

Informed by the risk assessment

Responsive to the adult's needs, views, values and beliefs. Particularly, their level of motivation, physical and mental capacity to engage with services.

Contains interventions and controls to both:

- address the reasons why an adult is self-neglecting and manage (mitigate but preferably reduce) the risk of harm to the adult and (where applicable) others from self-neglect;
- interventions and controls should be specific, and outcome orientated.

Contains contingency plans in the event of an increased risk of harm to the adult and (where applicable) others. Contingency plans should be clear and specific about who will take what action and in what circumstances.

- Involve and include the adult at risk or experiencing self-neglect and include a clearly recorded consideration and/or where appropriate an assessment of mental capacity in line with the MCA 2005 and associated Code of Practice.
- Risk assessments and management plans should be shared where appropriate with other agencies (and the adult). Frequency, severity and patterns should be considered as part of the risk assessment.
- If involvement of the adult has not taken place the reasons why should be clearly recorded; as well as any best interest decisions made on their behalf or decisions that have been taken due to vital interest where the person lacks capacity or the public interest.
- At such times a balanced, proportionate and defensible decision will need to be taken and agreed by all agencies involved, according to the assessed level of risk as to what action to taken. Case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is reasonable and proportionate in all the circumstances.
- 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.
- Involve and include (where appropriate) people who are significant to the adult at risk. Particularly where significant others are specifically identified as being at risk because of the self-neglect or can assist with management of risk (such as children or other dependents, parents, carers or friends). Refer to the Shropshire Safeguarding Community Partnership Information Sharing Protocol and Practice Guidance for more information
- Involve and include information, assessments, decisions and plans of other agencies who have in the past or who have worked or had contact with or are attempting/have attempted to do so (see multi-agency working above).
- Any information which is missing, or resources not available/limited should be clearly recorded.
- Be clearly recorded in organisational records at all stages.

Individuals should not be closed to a service simply because they refuse to engage with an assessment or plan, instead services should look to adjust their approach to encourage engagement

Roles and responsibilities

Integrated Care Systems

ICSs are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. They are responsible for how health and care is planned, paid for and delivered in Shropshire. [NHS Shropshire, Telford and Wrekin](#) is the health commissioning body within the ICS. It came into being as a statutory body on 1 July 2022 and took on the duties and responsibilities of the former NHS Shropshire, Telford and Wrekin Clinical Commissioning Group.

NHS Shropshire, Telford and Wrekin can commission any service provider that meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities or private sector providers. However, they must be assured of the quality of services they commission, taking into account both [National Institute for Health and Care Excellence \(NICE\)](#) guidelines and the [Care Quality Commission's \(CQC\)](#) data about service providers.

NHS Shropshire, Telford and Wrekin have a duty to engage, involve and be accountable to their patients, stakeholders, politicians and the public in decisions about the services they commission.

NHS Shropshire, Telford and Wrekin Safeguarding Team provides safeguarding support and advice to all Shropshire GP practices. This includes dissemination of safeguarding related information as required.

Shropshire Recovery Partnership

Shropshire Recovery Partnership offers information, advice and support for adult and young people with drug and/or alcohol issues. Shropshire Recovery Partnership is based at Roushill in Shrewsbury and offers services from a number of hubs around the county, including Oswestry, Whitchurch, Ludlow and Bridgnorth.

Services offered include:

- Advice and Information
- Assessments
- One-to-One Interventions
- Group Work
- Access to Community & Inpatient Detoxification
- Support to access Residential Rehabilitation
- Substitute Prescribing
- Needle Exchange
- Blood Borne Virus Testing & Treatment
- Support to those working with probation
- Structured support for Young People using drugs and/or alcohol
- Support for concerned others (Family/Friends)

The person can self-refer. Professionals can also refer to the service on a person's behalf or for professional advice and information.

Website(s):

<https://www.wearewithyou.org.uk/services/shropshire/>
<https://www.wearewithyou.org.uk/services/shropshire-for-young-people/>

Telephone:
01743 294700

Address:
Roushill, Shrewsbury, SY1 1PQ

Shropshire Fire and Rescue Service

- Fire Safety: Community Safety information and resources can be found on the Shropshire Fire and Rescue Service website: <https://www.shropshirefire.gov.uk>. Shropshire Fire and Rescue Service can carry out free Safe and Well Visits to any adult in their own home to ensure that they are aware of potential hazards within the home and can take appropriate actions. These visits include a discussion on the person's health and wellbeing relating to their safety. Refer to [Fire Safety Checklist and Partner Agency Referral Form](#) should you wish to consider someone you are working with for this service.
- Fire Fighting - extinguishing fires and protecting life and property in the event of fires.
- Road Traffic Accidents - rescuing people in the event of road traffic accidents and protecting people from serious harm in the event of road traffic accidents.
- Emergencies - when necessary deal with emergencies, other than fires and road traffic accidents relating to people's safety (such as flooding and adverse weather)

The Fire Service also has a legal responsibility to undertake periodic inspections or audits of non-domestic premises (including the common parts of blocks of flats or houses in multiple occupation (HMOs)). If it is considered that the responsible person has failed to comply with any provision of the order, further action can be taken.

Primary Community Mental Health Services:

Midlands Partnership NHS Foundation Trust

- Shropshire Primary Care Psychological Therapies Service: aims to improve health and wellbeing by offering a range of help, advice, life skills courses, supported self-help, other groups and individual therapies for everyone aged 16 and over. People can self-refer or be referred through their GP. The website: <https://shropshireiapt.mpft.nhs.uk> offers online resources and further links/websites that can be accessed by the person or professionals supporting them.

Self-referral telephone number: 0300 123 6020

Secondary Community Mental Health Services: Midlands Partnership NHS Foundation Trust

- Access Team: Provides a single point of contact for all the Trust's adult mental health services, including people with dementia. The team provide advice and guidance to individuals, carers and partners and non-health professionals. The Access Team has the ability to book straight into the relevant pathway team for a person's needs to minimise duplication and ensure individuals are supported by the right person, at the right time and in the right place.

Shropshire, Telford and Wrekin Access Team can be accessed on
Telephone: 0808 196 4501
Email: access.shropshire@mpft.nhs.uk

Secondary Health Care

Secondary healthcare is usually delivered in hospital settings but can also be provided in the community. Most people who attend or are admitted to a hospital or community provision are there:

- because of a referral from their General Practitioner; or
- through accident and emergency departments; or
- from a telephone and Internet-based help system, NHS 111 (<https://111.nhs.uk>).

Hospitals and community health services have developed, and continue to develop, based on government planning for health care needs. Since the NHS changes of 1991, hospitals are managed by health care trusts that not only provide hospital and mental health care services, but also deal with ambulances and special services.

In Shropshire we have:

- Acute hospital services (Shrewsbury and Telford Hospital Foundation NHS Trust: <https://www.sath.nhs.uk>.)
- Emergency Ambulance Service and patient transport (West Midlands Ambulance Service: <https://wmas.nhs.uk>.)
- Specialist orthopedic services (Robert Jones Agnes Hunt: <https://www.rjah.nhs.uk>.)
- Specialist mental health services (Midlands Partnership Foundations Trust: <https://www.mpft.nhs.uk>)

Shropshire Community Health NHS Trust

Shropshire Community Health NHS Trust's aim is to be the best local provider of high quality, innovative health services near people's homes, working closely with partners so people receive well co-ordinated, effective care. Shropshire Community Health NHS Trust provides a range of community – based health services for adults and children in Shropshire, Telford and Wrekin, and some services to people in

surrounding areas. Services range from district nursing and health visiting, to physiotherapy and specialist community clinics. (<https://www.shropscommunityhealth.nhs.uk>). The trust runs three community hospitals – in Bridgnorth, Ludlow and Whitchurch, and there are four Minor Injuries Units in the country that are at:

- [Ludlow Community Hospital](#)
- [Bridgnorth Community Hospital](#)
- [Oswestry Health Centre](#)
- [Whitchurch Community Hospital](#)

Independent, Voluntary Sector Providers and Community Groups

This group of providers and groups offer a range of potential support or services including preventative services at home. The role of domiciliary care services and residential or nursing care for people with more intensive needs may be important and positive interventions may include care packages, emergency respite care or a change of accommodation (Martineau et al, 2021).

In addition, voluntary sector providers can offer a wide scope of support from inclusion and addressing an adult's interests to advocacy, advice, support and befriending. Voluntary sector providers and community groups, clubs and societies can provide engagement in activities and a new focus for an adult who self-neglects as well as supporting their cultural needs.

Involving agencies from this sector

Assessments and conversations with the adult will guide the identification of appropriate services from the independent, voluntary sector and community groups. Services provided by the independent sector may be funded by the Council, the Integrated Care System, the adult themselves or a combination of these. Voluntary agencies and community groups will offer a range of available support, the costs of these services will vary.

You can access the Adult social care and support services finder here <https://shropshire.gov.uk/shropshire-choices/adult-social-care-and-support-services-finder/> and also Partners in Care members here <https://www.spic.co.uk/>

Housing Services: Shropshire Council

The function of Housing Services includes:

- Assisting in making the home of a person with disabilities more suitable to live in, further information and resources can be found on the Shropshire Council website: <https://shropshire.gov.uk/private-sector-housing/>
- Dealing with property conditions in homes that are owner-occupied and assess properties for hazards under the Housing, Health & Safety Rating System. Other than in exceptional circumstances, the Council expects owner-occupiers, including

long leaseholders to take their own action to remedy hazards at their own properties.

Hoarded properties cannot be properly assessed as much of the fabric and services cannot be seen. If the owner occupier is uncooperative, court warrants may be required to gain entry, (any enforcement action is taken only when all other avenues have been exhausted.) Often extensive repairs become apparent, Housing Services can serve legal notices, do works in default and place a charge on the property. In some cases, however, costs may be exorbitant and such works may be deemed unreasonable and impracticable. Action may also be taken when properties are in a filthy or verminous condition. Regardless of the condition of the property, Housing Services do not have legislative powers to remove someone from their own home or to prevent them from returning home.

- The Housing Options team can offer support in finding alternative accommodation and preventing homelessness.
housing.options@shropshire.gov.uk 0345 678 9005 (If you're made homeless outside of office hours call 0345 678 9000).

Further information and resources can be found at:

<https://www.shropshire.gov.uk/housing-options-and-homelessness/>

- The Housing Enforcement Team works with landlords to ensure safe, good quality rented accommodation. Further information can be found on the Shropshire Council website at: <https://www.shropshire.gov.uk/private-sector-rented-housing-enforcement/>

Adult Social Care: Shropshire Council

Shropshire Council provides a range of services that aim to meet people's social care needs including advice and guidance.

Adults are entitled to an assessment of their needs but for someone to be supported by the local authority they must be eligible to receive services. Factsheets explaining various aspects of Adult Social Care; as well as further information and advice including a directory of services that can be accessed by adults and their families/carers can be found on the Shropshire Choices website:

<https://www.shropshire.gov.uk/shropshire-choices/>

There are a range of teams within Adult Social Care (usually area based) providing assessment, reviewing and support services. They include:

- First Point of Contact (FPoC): provides a single point of contact. The team provide advice, and guidance on queries relating to care and support for adults to individuals, carers, partners and professionals. This includes safeguarding concerns. Depending on the information provided the team will either accept the referral into Adult Social Care, or signpost individuals to other services within the County.

FPoC Telephone: 0345 678 9044

FPoC Email: firstpointofcontact@shropshire.gov.uk.

- Community Social Work Teams
- Preparing for Adulthood Team
- Deprivation of Liberty Safeguards Team
- Mental Health Social Work Team
- Hospital Discharge Teams
- Redwoods Team (including Approved Mental Health Professionals)
- Emergency Social Work Team
- Safeguarding Team
- Occupational Therapy Team
- Client Property and Affairs Team
- Financial Assessment Team
- START (domiciliary care)
- Day Services
- Four Rivers Nursing Home

The primary pieces of legislation that supports the work of adult social care are the Care Act (2014), the Mental Capacity Act (2005) and the Mental Health Act (1983)

Health, Environmental Protection and Healthy Place: Shropshire Council

Services provided include:

- Investigating Statutory Nuisances
Investigate Service Requests regarding statutory nuisance, such as noise, light, animals, smoke, dust, fumes, insects and accumulations. An informal approach will be taken initially encouraging those affected to try to resolve the issues themselves whilst the situation is analysed and evidence is gathered to determine if the matter amounts to a Statutory Nuisance. If so, in line with the Council's statutory duty, formal action will be taken.
- Public Health
Working in partnership with housing teams, Investigate premises which may be considered to be filthy & verminous and take appropriate action where they are considered to be verminous, or they are causing a statutory nuisance to neighbouring residents. Work in partnership with other teams and agencies, organising and participating in multi-agency meetings where the risk determines that this approach is needed. Reduce the amount and level of council and state resources, while supporting continued independent living.
- Take appropriate action to ensure steps are taken to control rats & mice under the powers contained in the Prevention of Damage by Pests Act 1949 by keeping land free from vermin. Protect residents from pest related diseases. Bring about a

cleaner, safer and healthier environment. Protect against a deterioration in neighbourhoods due to refuse accumulations likely to attract rodents.

- **Anti-Social Behaviour**

Assess incidents of ASB where they are linked to and relate to Statutory Nuisances, assessing the risk of harm and vulnerability . Ensure early intervention when problems are identified while also preventing duplication of efforts. Lead on reports of ASB where issues have links to Environmental Health. Attend multi agency meetings such as ASB case reviews where the Community Trigger has been invoked

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