



Derby and Derbyshire Safeguarding Adults Boards Self-Neglect Toolkit and case closure checklist

Working together to support adults who are at risk of harm due to self-neglect

Self-neglect can be a complex and difficult area of work for practitioners.

This toolkit has been produced to support practitioners working with adults in Derby and Derbyshire who have been referred for adult safeguarding support due to self-neglect concerns.

Practitioners should continue to refer to the self-neglect section of the [Derbyshire and Derby Safeguarding Adults Board Decision Making Guidance](#) alongside this toolkit to ensure they have a clear understanding of the level of risk.

Contents

What is self-neglect?	3
Who is the self-neglect toolkit for?	3
What is the self-neglect toolkit designed to do?	3
Useful things to remember when working with adults in cases of self-neglect	3
Multi-Agency Hoarding Framework (MAHF)	4
Clutter Image Ratings.....	5
Keith's story – film about hoarding.....	5
How different agencies can help adults who self-neglect.....	5
Building trust.....	7
Feedback from adults in Derbyshire about their experience of the safeguarding process	8
The safeguarding process from the adult's perspective	9
The Mental Capacity Act 2005 – considerations	10
Tell me/show me approaches.....	11
'Have you tried?' Common practice situations when the adult has not allowed you or other agencies into their property	11
Before you visit or meet with the person, think about	11
When you go out.....	12
If you are still unsuccessful	12
If there is difficulty in communication or a lack of communication between the practitioner and the adult.....	13
Have you tried?	13
During assessments/multi-agency meetings	13
Practical support for the adult.....	13
When to keep the case open and when to close involvement	14
Case closure checklist	15

What is self-neglect?

Self-neglect is when a person is unable, or unwilling, to care for their essential needs and may include:

- A lack of self-care to an extent that it threatens personal health and safety.
- Neglecting to care for personal hygiene, health, or surroundings.
- The inability to avoid harm because of self-neglect.
- Failure to seek help or access services to meet health and social care needs.
- The inability or unwillingness to manage personal affairs.

The Care Act 2014 recognises self-neglect as a category of abuse and neglect.

Who is the self-neglect toolkit for?

All practitioners and managers working for agencies in Derby and Derbyshire who support adults in complex self-neglect situations.

What is the self-neglect toolkit designed to do?

The self-neglect toolkit aims to:

- Provide suggestions about what can be done when working with adults who self-neglect.
- Make sure that you, and all the other agencies you work with, have tried everything you possibly can to safeguard the adult prior to closing involvement.
- Help you to understand how working with other agencies can improve outcomes for adults who self-neglect.

Useful things to remember when working with adults in cases of self-neglect

It is important to identify whether any risks or worries require immediate action i.e. are the risks low, medium or high? Refer to the Derby and Derbyshire SAB Decision Making Guidance for support: [Adult safeguarding decision-making guidance](#)

- Relationship building is crucial. Work at the adult's pace wherever this is possible. Persistence and commitment require time and patience.
- Find out what the adult wants and expects, and what is worrying them; see if they feel able to cope or resolve some things for themselves.
- Use professional curiosity to understand the history of the adult, how their self-neglect started. Consider how trauma, diversity, bereavement, or loss may have impacted on their life and show empathy.
- Be open and honest with the adult, particularly in relation to the concerns about them.
- Reinforce the positive aspects of the adult's life. Offer choices, but do not make promises you cannot keep.
- Involve other relevant agencies early in the process. This will help to identify the collective support available for the adult and which agency staff member might be accepted by the person in working with them.
- Liaise with and involve close family and friends of the adult where possible and proportionate, or their advocate.
- Remember that the use of language is important, and the term 'self-neglect' may not be recognised or understood by the adult you are working with.
- Work on shared goals, not goals based on how you think the adult should live.
- Be persistent, do not give up, but make sure your involvement is lawful.
- Think creatively about the best way to enable the adult to work with you. This may mean adapting your communication style or the timing of your calls and visits. Ask the adult what would make it easier for them to feel comfortable.

Multi-Agency Hoarding Framework (MAHF)

Hoarding is where someone acquires an excessive number of items, usually resulting in unmanageable amounts of clutter. The items can sometimes be of little or no monetary value. Hoarding is considered a significant problem if:

- The amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms.
- The clutter is causing significant distress or negatively affecting the quality of life of the person or their family – for example, they become upset if someone tries to clear the clutter and their relationship suffers.

Someone who has a hoarding disorder may typically:

- Keep or collect items that may have little or no monetary value, such as junk mail and carrier bags, or items they intend to reuse or repair.
- Find it hard to categorise or organise items.
- Have difficulties making decisions involving their hoard.
- Struggle to manage everyday tasks, such as cooking, cleaning, and paying bills.
- Become extremely attached to items, refusing to let anyone touch or borrow them.

The [Multi-Agency Hoarding Framework \(MAHF\)](#) provides a collaborative multi-agency 'person centred approach' for addressing matters arising as a result of hoarding in Derby City and Derbyshire County.

The MAHF offers clear guidance for all professionals and agencies, working with people who hoard, with an expectation that everyone engages fully to achieve the best possible outcome for the person involved.

Clutter Image Ratings

[Clutter Image Ratings](#) have been produced from a previous study and are widely used across the world to assist with assessing the level of risk.

Keith's story – film about hoarding

The film tells [Keith's story](#), in his own words, describing how hoarding affected his life and with the right support, his journey to recovery.

How different agencies can help adults who self-neglect

By working in partnership with other agencies the outcome for adults can be greatly improved.

- **Clinical psychologists** help to develop a psychological understanding of the adult's situation and help to identify strategies to help manage their situation, including psychological therapy.
- **Community nurses** provide health care to adults in their own homes. They can also refer to other services, such as the continence service, or for specialist equipment like hospital-type beds.

- **Community Mental Health Teams (CMHT)** offer holistic assessment which will identify people who are self-neglecting and pro-actively signpost them to the best services that can support that person. All CMHT staff receive Safeguarding training. As part of the CMHT offer, some patients can be seen at home and in the event of a crisis, referrals can be made to crisis teams.
- **Environmental Health Officers** have duties and powers to ensure the safety of a property (of any tenure and type). Any matters of safety within a property can, and should be, assessed by an officer. Once inspected the officer may decide to take action to remove a hazard within the premises. This can relate to matters such as infection, excess cold, fire, gas safety, food safety, entrapment, burn and scold hazards. When necessary, the officer have powers of entry to a premises via a warrant from the court.
- **Fire and Rescue Services** provide fire safety advice and put practical measures in place to reduce the risk of a fire if the adult agrees to them entering the property. They may refer on to other agencies for more support.
- **GPs** identify adults who seem to be self-neglecting, provide support and refer to other agencies to enable people to get support and help if required.
- **GP Care Co-ordinators**. Not every GP will have a Care Co-ordinator. Care Co-ordinators are not clinical staff; they liaise with GPs, community health staff, other agencies ensuring that relevant information/action about patients on the caseload and those who may be at risk is shared and recorded. Care Co-ordinators manage the Community Support Team/MDT (multi-disciplinary team) meetings that are held at GP surgeries and will document the outcome in the patient's record. Care Co-ordinators will ensure a meeting invitation is sent to the GP and will, where possible, attend a safeguarding or other multi-agency meeting if the GP is unable to do so. Their role at a meeting would be to communicate information to and from the meeting on behalf of the GP.
- **Hospital staff** may identify patients who appear to be self-neglecting, support the patient, and refer to other agencies to enable patients to gain help and support if required whilst in hospital.
- **Housing staff** help adults to support their tenancies if they are at risk of being evicted because of problems with self-neglect or hoarding.
- **Independent Advocates** support the adult to make their own decisions, ensure their views, wishes, feelings, beliefs, and values are listened to, and may challenge decisions that they feel are not in the person's best interests.
- **Occupational therapists** work with adults to identify any difficulties they experience in day to day living activities and find ways to alter or solve them. They support independence and safety within the community and build confidence and motivation where possible.

- **Paramedics** deliver appropriate emergency treatment, assess mental capacity in relation to the health issues presented, particularly if a person is refusing to go to hospital, and refer on to other agencies with their concerns.
- **Physiotherapists** help with treatment and management of injury, disease and disorders through movement and exercise, manual therapy, education and advice.
- **Police** investigate and prosecute if there is a risk of wilful neglect, they can use force to gain entry/access if there are legal grounds to do so.
- **Probation case manager** identify problems via home visits and provide regular monitoring. They may refer to social care, mental health services, housing, health, etc. They will complete risk assessments and risk management plans, making links to the risk of serious harm.
- **RSPCA** investigate complaints of cruelty and neglect to animals and offer support and advice.
- **Social workers** will complete an assessment by talking to and getting to know the person. They may establish the mental capacity of the adult to make particular decisions about their lives and look at all of the options. They may put in a package of care or refer to other agencies for other services. They can help with relationship building and communication skills and try to develop support networks.
- **Voluntary, Community and Faith Groups** staff and volunteers can provide a whole range of social opportunities and support services that can connect adults with their communities such as support groups. Health advice, furniture recycling, food banks and advocacy.

All agencies can arrange multi-agency meetings to discuss concerns and support needed.

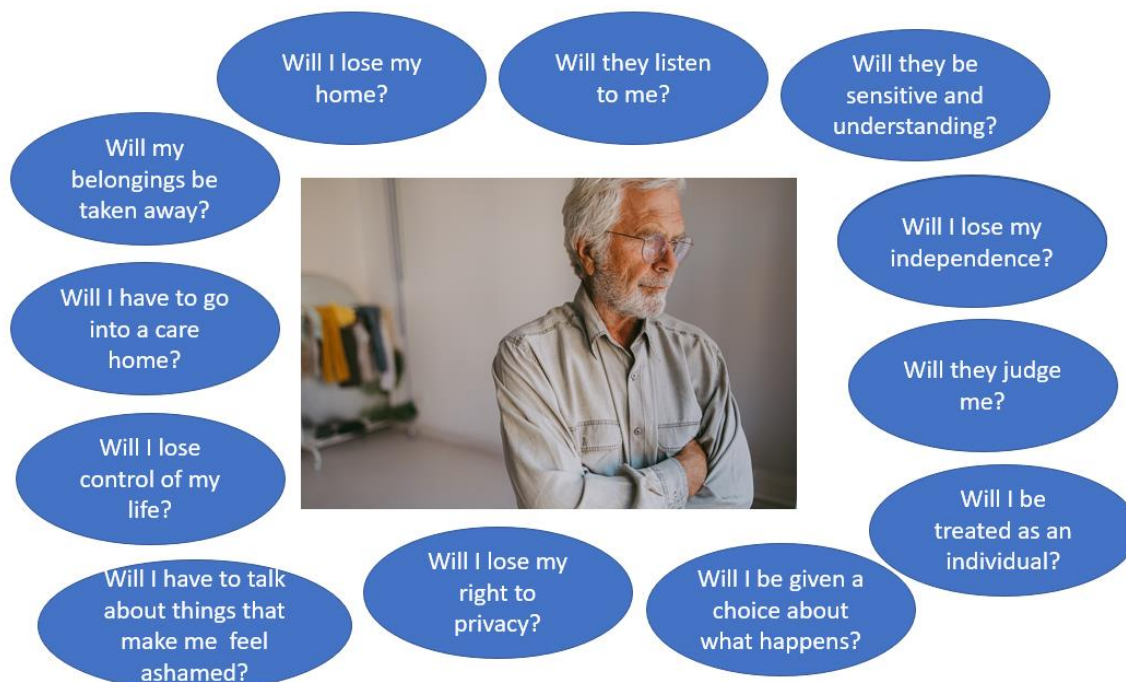
If you are unsure of how to contact one of the above services, your local Safeguarding Adults Board office may be able to advise you.

- Derbyshire SAB, email DerbyshireSAB@derbyshire.gov.uk
- Derby SAB, email DSAB@derby.gov.uk

Building trust

By gaining an understanding of self-neglect from the adult's point of view and considering the possible worries and concerns they may have about you or other agencies contacting/visiting them, you are more likely to find a way to build a positive relationship with the adult and work together.

Considering concerns and worries from the perspective of the adult.



Feedback from adults in Derbyshire about their experience of the safeguarding process



"I was not living any more, just existing, I was so low I could feel the ground scratching me and I was ready to give in. Meeting with professionals (as part of the safeguarding process) has helped me to reflect on my life and take my situation seriously."



"Trust makes a big difference. At first, I would leave her (the practitioner) outside the window."



"I found people coming to the house difficult initially but because everyone was so friendly over time it was less intimidating. My social worker would reassure me and make sure I didn't feel blamed or judged."

The safeguarding process from the adult's perspective

Think about the safeguarding process from the adult's perspective when you are working with them:

- Consider how you can work at the adult's pace through continued involvement over time.
- Contact other agencies to see if the adult is known to them already to help inform risk assessment and multi-agency working.
- Consider that the adult may have a very different view of their current situation and may not agree with the level of concern being raised about them.
- Consider that there may be a reason why the adult is fearful or resistant to being contacted by services. This could be related to previous trauma or abuse, issues of equality and diversity, or neurodiversity. It may also be related to feelings of shame about their situation.
- Consider and establish the adult's preferred methods of communication and their preferred times for contact/visits for example, some adults may feel less anxious in the afternoon in comparison to the morning.
- Take the time to get to know the adult and learn about their interests, history, and stories. Finding something that motivates the individual linked to their interests can help to build the relationship.
- Developing a chronology of the adult's history, previous referrals and interventions helps practitioners to understand their situation and to know what has worked and what has not worked in the past.

The Mental Capacity Act 2005 – considerations

Have you considered whether the adult you are supporting has mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?

- You must not assume someone lacks capacity because they have a particular condition/impairment.
- Refusal of treatment does not mean that the adult lacks capacity.
- Indecision or perceived avoidance should not be confused with lacking capacity.
- If you reasonably suspect a person may lack capacity to take a relevant decision, especially if what they are wanting to do is likely to have serious consequences for them, it would be incorrect to record because of a presumption of capacity, the decision was the person's choice.
- Mental capacity is time and decision specific.
- The person does not need to have a detailed understanding of every aspect of the decision they are making to demonstrate they have capacity. The adult only needs to understand the key information relevant to the decision, often called the 'salient factors'.
- Principle 2 of the MCA requires all 'practicable steps' to be taken before concluding that a person cannot make a decision. You must explain all the pieces of information identified as being relevant, or salient, to the decision. Consider what time of day is best for the person. Might a loved one help them to understand? Would pictures, objects of reference or transporting the person to a particular place help maximise their capacity?
- To have capacity, a person only needs to be able to retain the salient information for long enough to weigh their options and communicate their decision. The MCA states 'people who can only retain information for a short while must not automatically be assumed to lack the capacity' to make the decision.

Mental capacity involves not only the ability to understand the consequences of a decision but also the ability to execute, or carry out, the decision.

A simple way to demonstrate this is to use 'tell me/show me' approaches. Ask the person to 'tell you' how they do something, and then ask them to 'show you' how they do it.

Tell me/show me approaches

- Observe the adult's practical ability to complete actions relating to a decision such as cleaning, shopping or cooking. For example, a person may say they are able to make meals, no problem, but you cannot see any evidence that meals are being prepared or cooking done. You could ask them to show you how they make a cup of tea, or a slice of toast.
- Sometimes, people have physical difficulties with completing an action. For example, an adult may say they are able to take their medication independently. But when you look at the medication blister pack it is unopened. It may simply be that the person is unable to open the blister pack unassisted.
- A person may have the ability to self-medicate but make the decision not to take the necessary medication as they fear the side effects (such as frequent urination), or they lack confidence in its efficacy.
- It may be hard to separate out embarrassment, avoidance, or the person just changing their mind from 'decisional incapacity' as they can be almost identical in how they present. People who self-neglect may have compounding factors.
- In hoarding situations, a person may have the ability to clean up or order a skip, but that does not consider the related emotions – the value of their possessions to them, emotional significance of the items, safety, anxiety or guilt.
- Mental capacity may be difficult to test in some environments, such as hospital. 'Testing' decisional capacity may require there to be a level of trust that comes from a more established relationship.

'Have you tried?' Common practice situations when the adult has not allowed you or other agencies into their property

Before you visit or meet with the person, think about

- Are you the 'preferred professional' for this person? If not, who is?
- Checking the preferred methods of communication for the adult and whether any alternative formats or languages are required for information to be shared and understood.
- Is it necessary to meet at home? Where else do they go? Can you meet them outside the home in a neutral non-threatening place, e.g., GP surgery?
- Would they like to bring a friend or have a friend present when you visit?

- Can a family member or neighbour introduce you?
- Texting/emailing/telephoning people in advance of your visit to re-assure them.
- Being discreet because the person does not/may not want their neighbours to know you are visiting.
- Joint visits with referrer or someone they trust.
- Think about what other services are likely to have contact with the person, such as the Fire Service, Housing. Can you enlist the help of faith, voluntary and support services, church leaders? Can you do a joint visit?
- Can you make an appointment, by phone or letter, rather than just turning up?
- Can you build rapport before the visit over the phone?
- If the person is known to your service find out what has worked or failed before?

When you go out

- Plan what you are going to say taking a positive approach where possible.
- Consider whether wearing a uniform will help or hinder the visit.
- Consider what can be offered to the adult to make their situation better?
- Be open and honest about why you are there but try not to show your opinions or be judgemental.
- Be aware of your body language and verbal language and so that you do not make people feel uncomfortable.

If you are still unsuccessful

- Revisit all the points above.
- Be persistent.
- Put a note through the letterbox, giving another time when you will call back.
- Put a note through the letterbox asking the adult to call you.
- Try calling at a different time of day.
- Contact the police if there are immediate concerns about the adult's safety.

If there is difficulty in communication or a lack of communication between the practitioner and the adult

Have you tried?

- Starting with safe conversations using visual clues - look at family photos, ask about hobbies, what they have had for their breakfast, etc.
- Asking the adult to show you how they do things around the house.
- Looking for positive topics of conversation.
- Trying to find a common interest.
- Just chatting rather than trying to get 'things done'.

During assessments/multi-agency meetings

- Identify a health/care need and possible solutions to which the adult agrees.
- Ask the adult if you can contact family/carers.
- Check entitlements and other services/agencies available.
- Offer choices where possible.
- Create outcome-focussed assessments with the adult.
- Set SMART (specific, measurable, achievable, relevant, and time-bound) goals.
- Focus on risks rather than telling the adult how to live.
- Be clear about the consequences of risks.
- Make sure the action plan and reviews are created with the adult.
- Try a staged approach, not doing everything at once.
- Celebrate successes, however small they may be.
- Think about verbal and non-verbal approach – be an active listener.

Practical support for the adult

- Offer support on a trial basis as this may seem less overwhelming.
- Consider any other sources of help such as family members.
- Are there actions that can be quickly agreed?

- Work with the adult to establish their priorities in terms of needs.
- Work at the adult's pace when supporting them to move or remove items.
- If you are going to offer a skip, can some items be recycled or donated instead?
- Remember that there may be meaning attached to hoarded items.
- Educate the adult in relation to their health, safety, support.
- Emphasise the positives.
- Escalate to your manager obstacles of ongoing intervention due to the adults financial contributions and follow your agencies financial review process.
- Look for support groups and peer support for the adult.

When to keep the case open and when to close involvement

Working with adults who self-neglect, and building up a trusting relationship with them, can be a slow process. Consistency in terms of the worker who is involved and their approach to the adult is very important.

It is important to think about who the best person is to maintain direct involvement as this may not necessarily be a social worker. For example, the adult may form a positive relationship with a worker from housing, an occupational therapist, or a community fire safety officer.

There can be a tendency to close self-neglect cases, particularly if the adult does not appear to want support from services, where it appears that little or no progress is being made and the adult is deemed to have mental capacity. Where the level of risk remains high, professionals should remain actively involved despite the difficulties and challenges of maintaining contact. Professionals can focus on small improvements and changes that the person accepts while continuing to negotiate on larger, more contested issues.

In cases where the adult has no support from family or friends it is particularly important that consideration is given to the adult remaining open to your service.

Case closure checklist

Professionals may wish to refer to this checklist when considering closure of their involvement with an adult to ensure they have explored all options to support the adult. It can also be used as a tool when discussing with a manager to assist with decision making around next steps.

Understanding and involving the adult at risk	
Do you know and understand the person's views, wishes and desired outcomes? Has your approach taken these into account?	
Is the adult in need of representation of a friend, relative, or advocate to facilitate their involvement?	
Have you considered the person's communication and support needs to enable them to manage support arrangements?	
Have you gathered information about the person's personal and cultural background? Does your approach actively take these into consideration?	
Has the person experienced adverse childhood experiences or adult trauma that impacts on their ability to maintain their safety? Are you taking a trauma informed approach where relevant?	
Adopting a strength-based approach	
Are you building upon the person's strengths and their social and community networks? Are you focused on what people can do, rather than what they cannot?	
Using professional curiosity	
Have you read previous records held in relation to the person?	
Are you questioning assumptions? Considering alternative explanations?	
Is what they say consistent with what you see?	
Are you seeking to understand the underlying issues?	
Ensuring the right people and services involved	
Are all key services engaged?	
Is there an agreed lead person/agency to coordinate actions?	

Where an agency is not involved, have you sought to escalate concerns to gain involvement? You might need help from a manager in your service to do this.	
If there are differences of views, have you actively sought to resolve disagreements?	
Have you considered contact with the adult's relatives, do you have the consent of the person at risk, or is it proportional to do so even without the adult's consent?	
Have you considered involving an agency or service that has a role that enables them to befriend and get alongside the person, for example a community group or specialist service?	
Having a Multi-agency approach	
Are a number of organisations involved? Should other organisations be involved?	
Have you escalated your concerns if you have not received the response you feel you should?	
Has there been a multi-agency meeting about these concerns?	
Has there been a formal multi-agency risk assessment?	
Has a multi-agency plan for intervention been tried?	
Has there been a review of this multi-agency approach? Are there other things you can try?	
Are you or other practitioners feeling they cannot share relevant information? Do not assume this is the case. Seek advice immediately, contact your Information Governance Lead.	
Declining support with essential services	
Have you sought to build relationships? You may need to build relationships and trust before the person is gradually able to accept support.	
Have you sought to understand and find the person you are concerned about? Do you know why they decline support, and what is important to them?	
Have you tried to develop plans alongside the adult, starting with where they are and with what is important to them?	

Have you sought to be creative, addressing their particular needs, issues and concerns?	
Are you working with the person's strengths, at their pace?	
Have you considered if further interventions are proportionate to the risk, and in accordance with Article 8 of the Human Rights Act 1998 .	

Legal options to be considered	
Is there evidence to indicate an assessment of mental capacity is required?	
Is your practice in accordance with the 5 principles Mental Capacity Act 2005?	
Have you considered the adult's capacity to make a decision? Have you considered 'executive capacity' the ability to use or weigh the information in practice?	
Does the adult have fluctuating mental capacity?	
Do you need to seek advice from a Mental Capacity Act lead for your organisation?	
Has legal advice been considered?	
Have legal powers of intervention been considered? This may involve considering the legal powers of agencies other than your own.	
Is there a risk to others? THINK FAMILY	
If there is a risk to a child? Have you informed Children's services?	
If there is a risk to other adults, have you considered how to manage those risks?	
Supervision	
Have you used supervision to gain advice from a manager, to reflect on progress or lack of progress made in supporting the adult, or to rethink your formulation of the person's needs and your approach?	
Have you consulted your lead professional e.g. a safeguarding lead	
If significant risks have been identified, have you escalated your concerns within your organisation? Are your managers fully aware of the issues and concerns?	

Have you referred to relevant policies, procedures or guidance?	
Have you accessed your own organisations and DSAB specific guidance or procedures?	

For more information about adult safeguarding in Derbyshire and Derby City, please refer to the Safeguarding Adults Board websites.

- [Derbyshire Safeguarding Adults Board](#)
- [Derby Safeguarding Adults Board](#)

-End of document-