Safeguarding Adults and Self Neglect.

1. INTRODUCTION

This guidance contains links (underlined in blue) to internet pages that professionals may find helpful so is best viewed electronically.

Please note that at time of writing, July 2026, work is underway to create an Enfield Safeguarding Adults Board Self Neglect Framework and a separate Hoarding Framework. When these are complete, this piece of work will be rewritten (and the topics separated) to incorporate these changes.

This local guidance supplements the London Multi-Agency Adult Safeguarding Policy & Procedures (November 2025) and aims to support practice with individuals where there are concerns in respect of self-neglect and/or hoarding. Enfield Council has a Multi-Agency Hoarding and Self-Neglect Policy which sets out the multi-agency approach to dealing with hoarding and self-neglect issues for adults in Enfield. This guidance is to be read in addition to this and is around the specific issue of identifying when and how to progress such concerns under Safeguarding Adults.

Adult Social Care duties are set out under the Care Act 2014 and adults who self-neglect will often have the appearance of care and support needs. This appearance of need should trigger an assessment under sections 9 or 11 of the act. Furthermore, self-neglect is included within the definition of abuse and neglect in statutory guidance, this means that safeguarding duties under s.42 (1) and (2) *may* also apply.

It is recommended that referrals for adults unknown to the local authority or unallocated to a professional or service should be progressed through existing pathways for an assessment of their care and support needs in the first instance before progressing to safeguarding.

The Local Authority is duty bound to promote an individual's wellbeing under s.1 of the Care Act 2014. 'Wellbeing' is defined in a number of areas which includes personal dignity, physical and mental health and emotional well-being, protection from abuse and neglect, control by the individual over day-to-day life, participation in work, education, training or recreation, social and economic well-being, domestic, family and personal relationships, suitability of living accommodation and the individual's contribution to society.

Where an adult self-neglects and/or hoards and there are others living within the same environment, consideration must also be given to the wellbeing and welfare of those persons (do they have appear to have needs for care and support?). In situations where there are concerns that a child is suffering or is likely to suffer significant harm due to their environment or the behaviours of caregivers information may be shared with Children's Services without parental/carer consent. A referral can be made to the Children's Multi-Agency Safeguarding Hub via the Child Protection portal.

All work in dealing with risk and safeguarding should consider the six Making Safeguarding Personal principles of Prevention, Participation, Empowerment, Partnership working, Proportionality and Accountability. Decision making should be clearly recorded to reflect these principles in any form of safeguarding work.

2. WHAT IS SELF-NEGLECT?

The Care Act statutory guidance defines the term '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*. This is evident where someone demonstrates *a lack of care for themselves and/or their environment and refuses assistance or services*. Furthermore, the behaviour may be *recent or long-standing.*

Wider examples of self-neglecting behaviours are highlighted by the Social Care Institute for Excellence (SCIE); *a lack of self-care to an extent that it threatens personal health and safety, neglecting to care for*

one's personal hygiene, health or surroundings, inability to avoid harm as a result of self-neglect, failure to seek help or access services to meet health and social care needs and/or an inability or unwillingness to manage one's personal affairs.

People who are self-neglecting may therefore become known to Adult Social Care with the following issues;

- Refusal or inability to meet their basic needs in relation to hygiene, personal care and appropriate clothing
- Neglecting their health needs, for example, failing to manage or seek assistance for medical conditions or the diagnosis thereof or refusing to comply with medical advice or support.
- Refusal or inability to manage their living environment appropriately, for example, signs of disrepair, evidence of pests (including signs of infestation), the accumulation of rubbish or items with little or no apparent value.

This can include the hoarding of inanimate objects such as newspapers and magazines, electronic data (such as emails), clothing, books, plastic bags, cardboard boxes, bills, receipts and letters. The adult may also hoard animals for which they may not be able to provide the necessary care.

SCIE suggest that establishing the cause of self-neglecting behaviours is not always possible and could be as a result of any of the following factors;

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

Research into self-neglect was undertaken by Braye, Orr and Preston-Shoot in 2011 who found that there are three distinct areas that are characteristic of self-neglect;

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well-being;
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g., health or fire risks caused by hoarding);
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

3. DETERMINING LEVELS OF RISK

As highlighted above, Enfield Council has a Multi-Agency Hoarding and Self-Neglect Policy which sets out the multi-agency approach to dealing with hoarding and self-neglect issues for adults in Enfield. A multi-disciplinary approach is crucial to dealing with such complex issues and partner agencies must be

consulted and updated (or may even take the lead) in these cases. Whilst each agency has a role to play in identifying and responding to self-neglect and hoarding, this does not automatically become a safeguarding issue and the risks in each case must be considered, both to the adult concerned and wider risks that may impact others.

A key step in any consideration of self-neglect is to consider the mental capacity of the adult in question – specifically around their ability to understand the impact of their lack of self-care (or refusal of professional care) – and explicitly record this. If the adult does not have capacity to make specific decisions around their own care, then professionals have a duty to step in (in various ways depending upon the circumstances) to prevent harm and neglect. If there is no reason to doubt their capacity, then this should also be documented. Section 5 of this guidance looks at Mental Capacity in more detail.

The following indicators can be used in to determine the level of self-neglect associated risk and should be used in conjunction with the Clutter Image Rating Tool if/where there are concerns regarding clutter or hoarding;

Minimal Risk	**Moderate**	**High / Critical**
• Person is accepting support and services • Health care is being addressed • Person is not losing weight • Person accessing services to improve wellbeing • There are no carer issues • Person has access to social and community activities • Person is able to contribute to daily living activities • Personal hygiene is good	• Access to support services is limited • Health care and attendance at appointments is sporadic • Person is of low weight • Persons wellbeing is partially affected • Person has limited social interaction • Carers are not present • Person has limited access to social or community activities • Persons ability to contribute toward daily living activities is affected • Personal hygiene is becoming an issue	• The person refuses to engage with necessary services • Health care is poor and there is deterioration in health • Weight is reducing • Wellbeing is affected on a daily basis • Person is isolated from family and friends • Care is prevented or refused • The person does not engage with social or community activities • The person does not manage daily living activities • Hygiene is poor and causing skin problems • Aids and adaptations refused or not accessed

Further risk indicators in relation to hoarding can be obtained within the policy and include property characteristics, household characteristics, health and safety and safeguarding of children, family members and / or animals.

The policy includes information about a number of professional responses that are possible. Legal services should also be consulted around complex cases where court solutions may be required,

4. RESPONSES TO REFERRALS AND CONCERNS ABOUT SELF-NEGLECT AND HOARDING

The criteria for safeguarding adults is set out in s.42 of the Care Act; a section 42 (1) duty is triggered when there is *reasonable cause to suspect* that the following three stage test is met;

The adult;

1. Has needs for care and support (whether or not the local authority is meeting any of those needs);

2. Is experiencing, or at risk of, abuse or neglect; and
3. Because of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

and to ascertain the views of the adult on the nature, level and type of risk and support they may need to mitigate risk.

It may be necessary, following proportionate fact finding, to continue to the section 42 (2) duty to make or cause to be made whatever enquiries are necessary and decide whether action is necessary and if so what and by whom. However, statutory guidance states that self-neglect *may* not prompt a safeguarding enquiry as it may be that the adult is able to protect themselves against the self-neglect by controlling their behaviour and that decisions on whether to undertake an enquiry will need to be undertaken on a case-by-case basis (Care and Support Guidance, paragraph 14.17).

As mentioned above, the assessment of mental capacity in relation to the relevant decisions is an important first step.

Furthermore, it is acknowledged that self-neglect differs from other safeguarding concerns as there is no perpetrator of abuse, however, abuse cannot be ruled out as a causal factor in the adult becoming self-neglecting and the Care Act requires that local authorities address what has caused the self-neglect or hoarding. Engaging the adult in a conversation about how best to respond to their safeguarding situation in a way that enhances their involvement, choice and control as well as improving quality of life, well-being and safety is central to Making Safeguarding Personal.

There are a number of possible responses which will need to be considered based on the individual circumstances of the adult, the information Adult Social Care and partner agencies hold and presenting levels of risk;

- Provision of information and advice to promote the adult's wellbeing (s.1)
- An assessment of the adult's care and support needs (s.9) with their consent
- An assessment of the adult's care and support needs where they have refused to consent to such but there are concerns that the adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interests, or
  the adult is experiencing, or is at risk of, abuse or neglect (s.11)
- Safeguarding duties under s.42(1) and (2)

The following pathway and practice scenarios are suggested to support decision making in cases of self-neglect and hoarding. It is advisable that professionals consult with their line managers and involve colleagues from legal services where necessary and that any decision made is clearly recorded, detailing the rationale behind the decision made. It is also important that professionals review the information held, as whilst an individual referral may not in itself be considered a safeguarding concern, the existence of other incidents, referrals or information indicating a pattern or escalation of risks may inform the decision that a safeguarding duty is triggered/met. It might be appropriate for both a s.9 needs assessment and safeguarding duties under s.42 to be conducted concurrently, and where one pathway is decided, one process may inform the other; it is possible that a s.9 could feed into a s.42 enquiry and vice versa.

Self-Neglect Pathway

New referrals:

As mentioned above, It is recommended that referrals for adults unknown to the local authority or unallocated to a professional or service should be progressed through existing pathways for an assessment of their care and support needs in the first instance before progressing to safeguarding.

This is so that their needs can be determined and the options for support explored with them so that they are aware of their choices (and professionals can gain an understanding of their needs/ mental capacity). Sometimes individuals can be believed to be self-neglecting but, upon assessment and exploration, they are simply unable to care for themselves and unsure where to find the support that they need.

Existing service users:

Where the adult has an allocated worker or is under the care of a particular service, referrals should be directed to that professional or service to inform their ongoing support and any necessary actions required.

*Throughout the course of assessment and support planning, where a professional identifies that there is *reasonable cause to suspect* that the adult is unable to protect themselves from self-neglect, or the risk of it, due to their care and support needs, the duty of enquiry under s.42 of the Care Act is triggered in addition to the duty to assess. This duty can arise at any stage, for example, through the act of assessment (including observation, evidence and the views of others interested in their welfare) or on receipt of further information that gives reasonable cause to suspect.

In these circumstances, a safeguarding concern should be referred to the Multi-Agency Safeguarding Hub where a professional will plan what enquiries are needed, coordinate and undertake these enquiries (or cause others to do so), and evaluate the outcomes of enquiries to decide what action is needed. Safeguarding seeks to promote the Adult's rights and wellbeing by taking action to prevent abuse or neglect from taking place or reoccurring by working with the adult to decide what actions they, or others can take to mitigate risks.

Practice scenarios

<u>The adult is self-neglecting as a result of free and informed choice</u>

Where the adult is self-neglecting and this is as a result of free and informed personal choice, for example, the adult understands the risks associated with their decisions and has control over their behaviour, we should provide information and advice to prevent or delay further needs for care and support developing. Furthermore, we should share information with other agencies where there is a legal basis for doing so*. A word of caution here, we may only reach the conclusion that the adult is indeed self-neglecting as a result of free and informed choice from having completed an assessment of their care and support needs* and recorded consideration (not necessarily a full assessment if there is no cause for this) of their mental capacity in relation to these specific decisions.

<u>The adult is able to control their behaviour and is engaging with services</u>

Where an adult consents to a needs assessment and is working with their allocated professional to make progress in relation to self-neglect and associated risk, the adult would be demonstrating that they are able to take measures to protect themselves. In these circumstances, the most appropriate pathway for a service user would be to access/be referred for a needs assessment under s.9 Care Act.

This assessment will need to identify the levels of risk and determine the need for immediate action as well as longer term actions and support mechanisms. It is also acknowledged that the allocated professional will need to be persistent and assertive with the adult over a period of time due to overcome reluctance and to build a relationship through which small changes can be achieved to reduce risks.

<u>The adult is unable to control their behaviour, refuses to engage or disengages</u>

In cases where an adult has refused an assessment and services and remains at high risk of serious harm as a result, a s.42 enquiry should be undertaken. This includes where professionals have taken all

reasonable attempts to assess and engage the adult in the management of their health and social care needs **and** risks to their health, welfare or wellbeing remain, it will be necessary for a safeguarding concern to be raised to the Multi-Agency Safeguarding Hub. Similarly, where an adult refuses to consent to an assessment or to engage with adult social care **and** there is reasonable cause to suspect that they are unable to protect themselves due to an inability to control their behaviour, this would trigger the need for a safeguarding response under s.42 Care Act. As part of the enquiry, the information gathered by the enquiry officer can feed into a s.9 needs assessment as well as a safeguarding plan which will set out the actions required to manage risk and how this will be reviewed.

Whichever pathway is decided, multi-agency working will be essential in understanding and responding to various risks given the complexity of self-neglect. Engagement with partner agencies should be undertaken as part of a safeguarding enquiry and safeguarding plan, s.9 needs assessment or Care Programme Approach review and could include the following agencies (this list is not exhaustive);

- Health professionals (GP, District/Community Nurse, Community Matron)
- Mental Health Services
- London Fire Brigade
- Legal Services
- Home care and floating support agencies
- Enfield Carer's Centre
- Community Psychiatric Nurse
- Advocacy organisations
- Voluntary organisations
- Counselling or therapy services
- Community Safety Unit
- Drug and Alcohol Team
- Environmental Health
- Housing Association or private landlord
- Community Therapies (Physiotherapy, Bone Health, Nutrition and Dietetics)
- Children's Services (where a child's welfare is impacted by self-neglect or hoarding behaviours)
- The RSPCA (where animals are present and there are concerns for their welfare)

Advocacy must be arranged where the adult has substantial difficulty in being involved and if there is an absence of an appropriate individual to support them in making decisions regarding their care and support arrangements. Substantial difficulty is defined in relation to understanding relevant information, retaining information, using or weighing information or communicating views, wishes and feelings.

Working with the adult to understand the reasons for their behaviours is important as this will inform how to support them effectively, this is likely to be through a range of measures which could include practical tasks and, for adults not being supported by Mental Health Services, referrals to their GP to request psychological therapies. Research published by SCIE (2014) suggests that the following factors are central to positive practice with adults who self neglect;

- **Knowing**, in the sense of understanding the person, their history, the significance of their self-neglect, along with all the knowledge resources that underpin professional practice.
- **Being**, in the sense of showing personal and professional qualities of respect, empathy, honesty, reliability, and care, being present, staying alongside, keeping company, being human.
- **Doing**, in the sense of balancing hands-on and hands-off approaches, seeking the tiny element of latitude for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when intervention becomes a requirement.

Any intervention undertaken should be planned alongside the adult, having elicited their views and wishes and with informed consent. Supporting the adult to make gradual changes which benefit their wellbeing and reduce risk is likely to be more successful over time than attempts to make considerable immediate

changes which may not be sustainable in the long term.

The level of risk, including the risk to others, must be understood by the adult as well as all professionals and organisations working with them with a plan in place to monitor and review regularly. This should be recorded within care planning documents, setting out roles and responsibilities of all involved.

A referral should never be closed on the basis of the adult refusing an assessment, enquiry or safeguarding plan. Efforts should be made to support the adult to understand the implications of their decision and to offer them further opportunities to review or change their mind.

Professionals should also consider what support the adult may require following an intervention, this could be one of, or a combination of the following;

- Formal support to manage their needs including their environment
- Ongoing psychological support
- Signposting to hoarding organisations and/or user-led peer support groups
- Monitoring of progress and risks

In circumstances where the impact of self-neglect on the adult's health and wellbeing, environment and or other property is such that professionals need to consider legislative options, this should be planned as part of a multi-agency approach and with the benefit of legal advice or a legal planning meeting.

5. MENTAL CAPACITY

Mental capacity is key in determining how professionals understand and respond in cases of self-neglect and hoarding. The adult's circumstances or behaviour may cause you to question their capacity to make certain decisions in respect of their self-care and/or environment. If there is any doubt regarding the adults' capacity to make such a decision, professionals must record this and undertake a mental capacity assessment, taking care to plan what information will be relevant to the particular decision and how the adult should be supported to understand this in line with the principles of the Mental Capacity Act 2005. Relevant information could include;

Emotional and psychological factors
Care needs
Risk assessments
Actual resources available in terms of local services or funding (what are the available options?)
(ref Richards and Mughal, 2018)

Mental capacity involves not only the ability to understand the consequences of a decision, known as decisional capacity, but also the ability to execute the decision, known as executive capacity. The Mental Capacity Act Code of Practice states *for someone to have capacity, they must have the ability to weigh up information and use it to arrive at a decision. Sometimes people can understand information, but an impairment or disturbance stops them using it. In other cases, the impairment or disturbance leads to a person making a specific decision without understanding or using the information they have been given.* The mental capacity assessment should therefore include both the ability to make a decision in full awareness of its consequences and the capacity to carry it out.

It may be necessary to reassess the adult's mental capacity at different stages, taking into account evidence of decisions put into practice and information and observations from individuals who know the adult and have experience of their everyday functioning.

It is important to remember that this would be an assessment of their mental capacity to decide whether to access help for their hoarding, as such, the following information may also be relevant;

- The consequences (risks) associated with their hoarding? (this could include fire safety risks, environmental risks; trip hazards, electrical safety, lack of heating, unsanitary conditions, the impact upon the adult's health and wellbeing)
- Their personal safety needs (ability to react to an alarm or fire and their ability to escape their environment in a timely way)

- What resources including services are available locally (this can include support offered by the local authority)?

Are they able to weigh up the different options;

- Being able to navigate their living environment safely and unhindered? Are they able to avoid injury or infection?
- Able to access different parts of their environment that may currently be inaccessible?
- Able to access kitchen/bathroom areas and utilise these? (management of nutrition and hydration needs and use of sanitation facilities)
- Able to access/sleep in their bed?

In cases where it has been established that that adult is making capacitated decisions it is important that efforts are made to develop supportive relationships as a method through which support can be offered and negotiated. Where an adult has been assessed not to have capacity to make a specific decision, interventions and services can be provided where it is decided that this is in the adult's best interests under s.4 Mental Capacity Act 2005.

If the adult is assessed as lacking the mental capacity to make the relevant decision, an application to the Court of Protection may need to be considered, especially where professionals are uncertain or where there is disagreement as to what would be in the adults' best interests. Furthermore, where there is reasonable belief that the adult lacks mental capacity to make the relevant decision (though the assessment may not have come to a conclusion) and the circumstances are such that urgent intervention is required, an application can be made for an interim order directing the actions necessary.

In the event that the adult has capacity to make the decision but that there are concerns that they are unable to exercise that capacity due to matters such duress, coercion or undue influence, the local authority can request that the High Court exercise its powers under the inherent jurisdiction in order to protect the adult.

Historically situations have arisen where different professionals have differing assessments of an individual's mental capacity on a specific point. It is important that these disagreements are discussed within the multi-disciplinary team to avoid a situation where different agencies are working with the individual in contradictory ways. Where possible, the MDT should work together to understand these differing views and reach agreement on the way forward. Cases where these disagreements arise tend to be complex and a multi-disciplinary meeting or High Risk Panel (chaired by a Service Manager or Head of Service and involving multiple agencies or teams) may be appropriate. Please feel free to contact the Mental Capacity Manager or Strategic Safeguarding Adults Team for support in such cases.

6. Discussion Forums.

Hoarding Panel.

The Enfield Hoarding Panel is a monthly meeting developed by Strategic Safeguarding and the London Fire Brigade to discuss cases where hoarding may put adults in Enfield at risk. This Panel is attended by Adult Social Care, the London Fire Brigade, Enfield Environmental Health, Enfield Housing Services and the North London Foundation Trust. To discuss referral to the panel, please contact safeguardingadults@enfield.gov.uk.

The Enfield High Risk Advisory Panel.

The High-Risk Advisory Panel exists as an exceptions process to discuss cases where normal risk management processes have not managed risk of real harm to an adult with care and support needs (or those around them). Often these are cases of self-neglect and where professionals have been unable to engage with the adult. Guided by safeguarding principles, the panel seeks to improve outcomes for adults at risk through partnership working and is informed by learning from recent cases featuring self-neglect.

The panel is advisory only. It has no case management function and no budgetary responsibilities. It is not an appropriate forum for the resolution of disputes between teams and services (please see Enfield Safeguarding Adults Board Escalation Policy for ways forward on this). So, while the panel may oversee whether actions have been completed through its review, the responsibility to ensure actions are implemented resides with the allocated professionals and their line managers.

An adult at risk may be referred to the High-Risk Advisory Panel if they meet the following criteria:

- The adult has care and support needs and is at a high level of risk

and

- Professionals involved have exhausted all reasonable, usual attempts to work with the adult to reduce the level of risk without success (including through assessment, support planning and review, professional's meetings / multidisciplinary team meetings, Mental Capacity Act assessments and multi-agency risk assessments)

and

- Professionals have explored existing risk multi-agency risk management forums (please see below for examples of these in Enfield).

Cases may be referred to the High-Risk Advisory Panel by partner agencies who are members of the Enfield Safeguarding Adults Board in cases involving apparent self-neglect. All the referral criteria as mentioned above apply in these cases. It is expected that cases will already have been referred into Adult Social Care via either Safeguarding or Assessment routes prior to such a referral.

Useful resources

Care Act 2014
https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Care and Support Statutory Guidance
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Mental Capacity Act (2005)
https://www.legislation.gov.uk/ukpga/2005/9/contents

Mental Capacity Act Code of Practice (2007)
https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

London Fire Brigade advice for people with hoarding behaviour (leaflet)
https://www.london-fire.gov.uk/media/4840/hoarding-leaflet_feb-2019-final.pdf

London Fire Brigade Checklist for Person-Centred Fire Risk
https://www.london-fire.gov.uk/media/4844/pcra_v2-april-2020-final.pdf

OCD UK (Obsessive-Compulsive Disorder)
https://www.ocduk.org/related-disorders/hoarding-disorder/

Hoarding UK
https://hoardinguk.org/ and https://hoardinguk.org/about-hoarding/hoarding-behaviour/

Mind
https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/#.XGLnZmeID5o

International OCD Foundation
https://hoarding.iocdf.org/about-hoarding/do-i-have-hoarding-disorder/

NHS, Hoarding disorder
https://www.nhs.uk/conditions/hoarding-disorder/

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