Lambeth Safeguarding Adults Board

Self-Neglect

Multi-Agency Practice Guidance

Approval date	March 2025

Acknowledgements: This document has taken content from the Wiltshire Safeguarding Adults Board guidance on self-neglect (2019), the Bath and North East Somerset SAB Revised self-neglect policy and best practice guidance (2019), Merseyside Self-neglect too, original version 2020 with review by LSAB task and finish group in March 2025.

Version Control

Version number	Purpose of the change or details of the change	Person making the change	Date
2020.01	Initial drafting	Ceri Gordon	Jan 2020
2020.02	Amendments/final draft	Mala Karasu/Janna Kay	Sept 2020
March 2025	Reviewed by all agencies at LSAB Task and Finish March 2025– added in complex case pathway way detail, SAR Martin, SAR HI, I and J and Self neglect video	Jenny Johnson on behalf of LSAB	17/03/25

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Key messages for working with people who self-neglect

All agencies have a role to play in supporting people who self-neglect. This document will help you and your agency to play your part.

Relationships

Relationship building is crucial. Try to really get to know the person and 'get alongside' them; show interest and concern. Communicate clearly and regularly with the person.

Curiosity

Try to find out why the person is self-neglecting – this may be connected with trauma, grief, mental health episodes or other experiences.
Don't just look at the current picture; try to piece together the person's life story and find out what is important to them.

Risk

Undertake a thorough risk assessment and explain your concerns openly to the person who is self-neglecting.

Support

Look at the person's family network and any community networks and think about how these might help support the person.

Partnership

Be clear about your role and responsibilities and those of others. Think about how to link up with others agencies involved to ensure a joined up approach.
Share the risk and ensure that everyone understands that persistence and commitment require time.

Decision Making

Consider mental capacity in relation to the decisions which need to be made – is the person able to understand information / retain it / weigh it / communicate their decision?
Also consider the person's '**executive functioning**' – they may appear to understand but can they / will they see the decision through in action?

Patience

Be patient and work at their pace. Be prepared for long-term involvement – self-neglect situations are rarely resolved quickly.

Understanding

The term 'self-neglect' can be perceived as a very stigmatising and emotive term – be careful how you use it. Don't dismiss self-neglect as a 'lifestyle choice' or take an initial rejection of support as final. Work on shared goals, not goals based on how you think they should live

2. Introduction and purpose

Many professionals working with adults have encountered cases of self-neglect or hoarding. This is a challenging area of work because often there is no simple way to help. This practice guidance has been written to help provide a clear pathway and tools for dealing with people who are self-neglecting or hoarding.

The Care Act 2014 places duties on *all professionals* to respond to people who self-neglect. Where people are placing themselves at serious risk due to their self-neglect, adult safeguarding concerns can be raised with the local authority.

The Lambeth Safeguarding Adults Board (LSAB) recommends that all agencies, both statutory and voluntary, utilise this practice guidance to inform their responses to people with complex needs who self-neglect. This should be used to inform individual agencies' own procedures on Self-Neglect.

This guidance was produced following Safeguarding Adults Review (Martin) where a death occurred. There were multiple agencies involved who struggled to know how to effectively respond to a vulnerable man self-neglecting and refusing help.

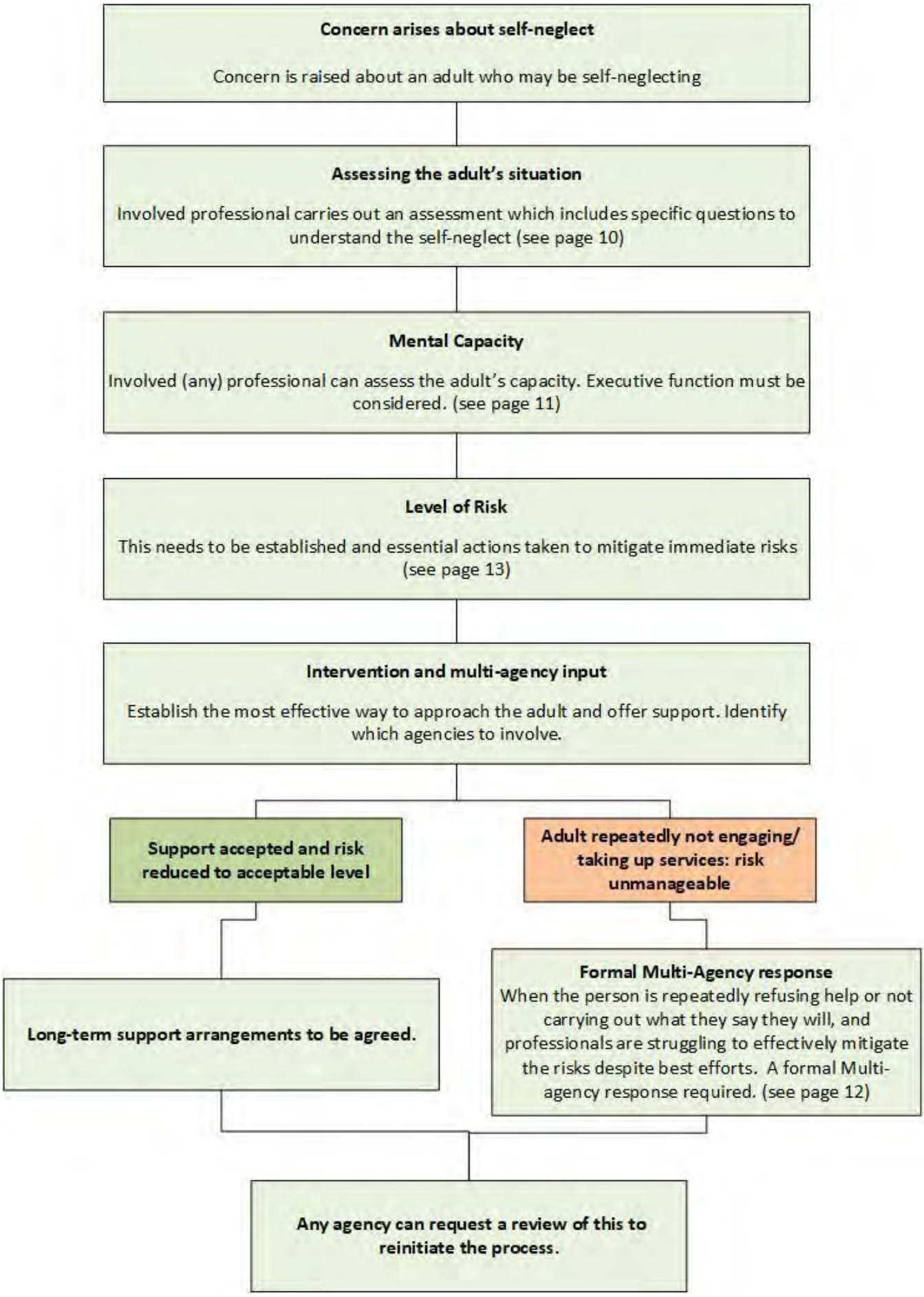
Complex situations such as self-neglect can lead to competing professional values – those of respect for autonomy and self-determination, versus 'duty of care' and promotion of dignity, particularly where there is uncertainty in relation to the persons decision making capacity. Finding the right balance is a difficult judgement. Concerns around self-neglect are often best approached by pulling together key elements of the person's personal, social, and professional network to find solutions. These issues are thematically reviewed in SAR HIJ SAR HIJ report by Steve Chamberlain final Nov 2022 (A)pdf_0.pdf

Co-ordinated actions by general practitioners, district nurses, housing officers, mental health services, volunteers, social workers, police and fires services *alongside* the person's family members and friends, have led to improved outcomes for individuals.

3. Lambeth Safeguarding Adults Board Policy on self-neglect

The Lambeth SAB Policy outlines the local policy on adult safeguarding responses to self-neglect. This states that in Lambeth, the starting point will be that an adult safeguarding enquiry is usually not the best response to *a first incident or concern about self-neglect or hoarding*. Any professional who has concerns about someone who is self-neglecting should consider how best to respond. Often this will involve discussing with the adult the concerns and agreeing with the adult, what could happen. Individuals can be offered an assessment and support in the first instance. Where this is taken up, no further protective action is likely to be necessary.

The flowchart below outlines the process for responding to concerns of self-neglect. The details of the different stages are fully explained within this guidance document.


Concern arises about self-neglect
Concern is raised about an adult who may be self-neglecting
Assessing the adult's situation
Involved professional carries out an assessment which includes specific questions to understand the self-neglect (see page 10)
Mental Capacity
Involved (any) professional can assess the adult's capacity. Executive function must be considered. (see page 11)
Level of Risk
This needs to be established and essential actions taken to mitigate immediate risks (see page 13)
Intervention and multi-agency input
Establish the most effective way to approach the adult and offer support. Identify which agencies to involve.
Support accepted and risk reduced to acceptable level
Adult repeatedly not engaging/ taking up services: risk unmanageable
Long-term support arrangements to be agreed.
Formal Multi-Agency response
When the person is repeatedly refusing help or not carrying out what they say they will, and professionals are struggling to effectively mitigate the risks despite best efforts. A formal Multi-agency response required. (see page 12)
Any agency can request a review of this to reinitiate the process.

What is self-neglect?

As a board we developed a video which helps to understand what is self neglect and how we should respond to it **https://youtu.be/QgVWtHf17mE**

Self-neglect is extremely difficult to define given it take

s several forms. It has sometimes been referred to as 'Diogenes syndrome'. Gibbons (2006) defined it as: "The inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the self-neglecters and perhaps even to their community".

Self-neglect is usually a symptom of other problems such as:

- deteriorating physical health
- onset of depression or other mental health needs
- trauma response, and/or neuropsychological impairment
- diminishing social networks and/or economic resources
- personal philosophy and identity

Gaining a fuller understanding of a person's life history and experiences may help to create a better insight into their behaviour and possible changes that can be affected.

Self-neglect can be found in all areas of society and needs to be understood in the context of each individual's life experience. It is more usual for people to start to self-neglect when they become mentally or physically unwell or older and frailer. Those who are homeless or living in temporary accommodation may also be at greater risk. *The person concerned may recognise the term but may not wish to use it to describe their own situation* (Braye, Orr and Preston-Shoot, 2015).

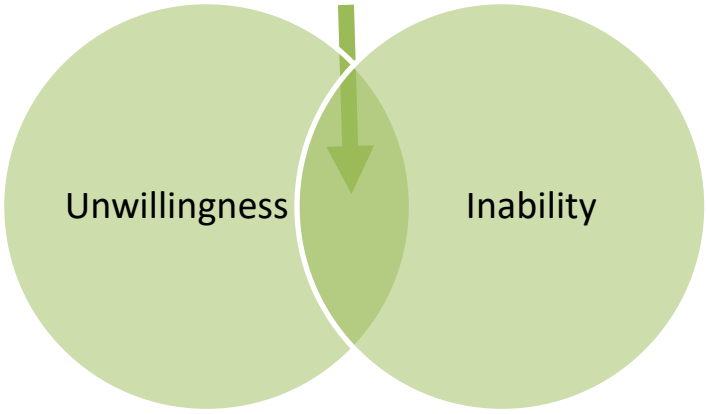
The signs of self-neglect often include a dirty or squalid home circumstances, poor hygiene, and personal care, dirty, unchanged or inappropriate clothing, signs of weight loss, lack of evidence of food in the house, untreated injuries or skin breakdown, or poor dental care.

Figure 1; Signs that someone may be self-neglecting

It is important to understand that poor environmental and personal hygiene could arise as a result of cognitive impairment, poor eyesight, functional or financial constraints, or neglect by others. In addition, many people who self-neglect may lack the ability and/or confidence to come forward to ask for help and may also lack others who can advocate or speak for them.

It can be helpful to remember that Self-neglect:

- Arises from an unwillingness or inability to care for oneself, or both.
- It is interlinked where inability arises from the care and support needs of the individual.



Research in Practice for Adults (RiPFA)

Research has identified the following common characteristics in people who are considered to be self-neglecting:

- Fear of losing control
- Pride in self sufficiency
- Sense of connectedness to the places and things in their surroundings
- Mistrust of professionals / people in authority

Figure 2: Braye, Orr and Preston-Shoot, 2015.

4. Hoarding as a form of self-neglect

Professionals will come across different types of concerning environments and it is important to fully understand a person's situation first, because people can have cluttered homes without having a hoarding disorder.

Homes can become disorganised and / or squalid due to:

- Psychosis
- Dementia
- Intellectual disability
- Someone 'not coping' through depression or trauma
- Drug or alcohol use

The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value. Appendix 1 outlines some of the general characteristics of hoarding.

In 2018, the World Health Organisation included hoarding disorder in the latest edition of its International Classification of Diseases (ICD 11, 6B24) for the first time. The decision was important because it meant that hoarding could be formally recognised and defined as a distinct mental health condition, allowing UK patients to be formally diagnosed by their GPs for the first time.

Definition of Hoarding Disorder (HD):
"Hoarding disorder is characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value… The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning".

A formal mental health assessment is required by a qualified mental health professional before someone can be diagnosed and treated for Hoarding Disorder.

Most hoarders never seek help. People are referred for other reasons – depression, anxiety, and obsessive-compulsive disorder. People who hoard are often difficult to treat. They may deny that there is a problem, rationalise the situation and/or display a low motivation to change.

5. Assessing a person's situation

Self-neglect is a complex issue and it is important to understand the person's unique circumstances and their perception of their situation as part of any assessment and intervention.

It is crucial to consider how to engage the person at the beginning of the assessment. If an appointment letter is being sent, careful consideration should be given to what it says and whether this is the best way to engage the person. The usual standard appointment letter is unlikely to be the beginning of a trusting professional relationship if it is perceived as being impersonal and authoritative.

Home visits are important. The professional will need to use their skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment. Professionals should discuss with the person any causes for concern about their health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others. The assessment should include the person's understanding of the cumulative impact of a series of small decisions and actions as well as the overall impact.

- What is the person's own view of the self-neglect?
- Is the self-neglect a recent change or a long-standing pattern?
- What motivation for change does the person have?
- Is alcohol consumption or substance misuse related to the self-neglect?
- Does the self-neglect play an important role as a coping mechanism? If so, is there anything else in the person's life that might play this role instead?
- Is the self-neglect important to the person in some way?
- Is the self-neglect intentional or not?
- What strengths does the person have – what is he or she managing well and how might this be built on?
- Are there links between the self-neglect and health or disability?
- How might the person's life history, family or social relations be interconnected with the self-neglect?
- Does the person have mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?

Figure 3: Questions to consider as part of the assessment

Sensitive and comprehensive assessment is important in identifying capabilities and risks. When undertaking the assessment, the professional should be cautious not to accept the first, and potentially superficial response given rather than exploring more deeply how a person understands and could act on their situation. It is important to look further and tease out the possible significance of personal values, past traumas, and social networks. **This may require more than one visit**.

In cases of hoarding, professionals can use the clutter image rating scale to determine the level of hoarding in an environment. *Appendix 4 is a Hoarding assessment template that can be used to support any professional in assessing hoarding.*

6. Mental Capacity

All adults should be presumed to have capacity. There may be cases where a person may lack understanding and insight into the impact of their actions (or inactions) on themselves or on others. *When an individual's behaviour or circumstances cast doubt as to whether they have capacity to make a decision, then a capacity assessment should be carried out in line with the Mental Capacity Act 2005*. All professionals working with someone who is self-neglecting should know how to carry out a mental capacity assessment. See **appendix 2** for an MCA template.

When assessing capacity in relation to self-neglect, the key question to consider is whether the adult has the capacity to understand their situation and the consequences arising from it. The assessment should consider:

- **Understand:** Does the adult understand that their current behaviours or living conditions may constitute self-neglect?
  Do they grasp the nature and extent of the risks involved?
- **Retain:** Is the adult able to retain relevant information about their situation long enough to make a decision?
- **Use and weigh:** Is the adult able to weigh up the alternative options and their implications? e.g. being able to move around their accommodation unhindered, sleep in their bed, cook in their kitchen?
- **Communicate:** Is the adult able to communicate their decision

Once the adult has responded to the above test, you ***must assess person's executive function*****:** This is particularly critical in cases of self-neglect, where an adult may communicate an understanding of their needs but fail to follow through in practice.
The key question is: **Can the adult carry out the decisions they say they are making?**
Examples relevant to self-neglect include:

- **Nutrition**: Does the adult follow through with obtaining, preparing, and consuming food, even if they state they will?
- **Healthcare**: If the adult acknowledges a medical need and agrees to seek help, do they actually attend appointments or access treatment?
- **Personal hygiene and living conditions**: Despite expressing intent to clean or maintain their environment, is there evidence of action?
- **Safety**: If the adult identifies risks (e.g. fire hazards, trip hazards), do they take steps to mitigate them?

Any capacity assessment in relation to self-neglect or hoarding behaviour must be time specific and relate to a specific intervention or action; they should therefore be considered and/or repeated as risk increases and in relation to each individual risk. Capacity Assessments should be appropriately recorded.

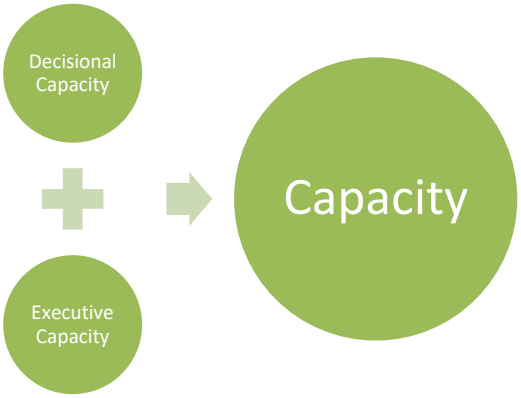
When a person is assessed as lacking capacity, a Best Interests Decisions should be made on their behalf, involving other professionals and anyone with an interest in the person's welfare (such as members of the family). The lesser restrictive (available) response option should always be preferred.

In particularly challenging cases it may be necessary to refer to the Court of Protection to make the best interests decision e.g. where someone lacks capacity but is objecting to the intervention or family members are in dispute.

Preston-Shoot, Braye & Orr (2014) highlight that professionals assessing capacity in relation to self-neglect must remember that capacity involves not only:

- weighing up information and being able to understand consequences of decisions and actions, **but also**
- the ability to implement (execute) those actions

Practitioners must consider both a person's decisional and executive capacity



What is executive function? Executive function is a group of cognitive processes that regulate, control, and manage other cognitive processes. It is responsible for a number of key skills including:

- Planning and organisation
- Flexible thinking
- Solving unusual problems
- Motivation
- Initiating appropriate behaviour
- Inhibiting inappropriate behaviour
- Controlling emotions
- Concentrating and taking in information

Whilst it may be determined that someone has decisional capacity around their personal welfare or their environment, this may not translate into the person's ability to carry out the actions needed to keep themselves safe or well. This may relate to a deficit in the person's executive functioning and is a result of their cognitive impairment.

Impairment of executive functioning can make it difficult for a person to initiate appropriate behaviours in the moment; for example, they may recognise the need to eat and drink, but fail to act on that need. (Braye, Orr and Preston-Shoot, 2015).

'Articulate and demonstrate' models of assessment (**tell me, then show me**) can be effective in identifying if the person's executive functioning is impacting their mental capacity.

Figure 4: Examples of how you might explore executive function

- Observe the person's practical ability to complete actions relating to the decision. For example, a person may say they are able to make meals, but you can't 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.*

- Does the person have physical difficulties that could be impacting? For example, they 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.

- 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.

- In hoarding situations, a person may have the ability to clean up or order a skip, but that doesn't consider the related emotions – the value of their possessions to them, emotional significance of the items, safety, anxiety, or guilt.

Section 11 of the Care Act provides local authorities with a legal right to conduct an assessment for someone assessed as having mental capacity to refuse an assessment where that person is subject to a s42 adult safeguarding enquiry. As such, where the safeguarding concern relates to self-neglect and the person is refusing, this piece of legislation enables information gathering and sharing with involved professionals.

7. Assessing Risk

A number of Safeguarding Adults Reviews (SARs) undertaken in relation to self-neglect have highlighted how there were failures by multi-agency professionals to work together to assess and manage risks effectively. This is usually because someone is considered to have capacity to make decisions and so professionals feel unclear as to how to intervene appropriately. A key lesson arising from these SARs in the importance of a person-centred approach and agencies working together.

It is important to undertake a risk assessment which considers an individual's preferences, histories, circumstances, and lifestyle to achieve a proportionate and reasonable tolerance of acceptable risks.

The below risk assessment can assist you in <u>determining the level of risk for the adult:</u>

Minimal Risk	Moderate Risk	High/Critical Risk
• 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 • Person's 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/ not accessed • Person's vital interests (life) is at risk due to their level of self-neglect

For more guidance on assessing risk, please see appendix 3

8. Responding to risk:

There are a number of actions that must be taken as outlined below, in response to managing the risks identified. **There are some standard actions recommended for levels 1-3 and additional actions that should be considered for levels 2 and 3.**

Level 1

Discuss concerns with individual and obtain their views of their situation

Discuss with NOK/Family/Carer wherever possible and appropriate

Fire Services Home Safety Check: Agree with individual that a referral will be made for this

Assessment of needs (if required): discuss a referral to Social Care

GP notification: refer where appropriate and consented

Signpost for emotional and practical support: Provide details of supports available e.g. charities/voluntary organisations e.g. Samaritans

Tenancy support: including helping to ensure rent and utilities are maintained

Finance check: Provide details on debt or benefit advice (if appropriate) and options for appointeeship

Risk to adults: Assess and take action if required

Risk to children: Assess and take action if required

Level 2

Refer to landlord: if resident is a tenant and landlord needs to be aware of risk to others

Assistive Technology: Consider how this can be used to increase safety e.g. more smoke detectors in the property

Animal welfare referral to (where appropriate): consent not required who should:

- Visit property to undertake wellbeing check on animals
- Remove animals (if required) to a safe environment
- Educate client regarding animal welfare (if appropriate)
- Take legal action for animal cruelty if appropriate
- Provide advice/assistance with re-homing animals

Environmental Health: Refer to if resident is a private tenant or owner occupier (*and risk to others established*)

Information sharing with other agencies to ensure a collaborative response (consent must be obtained)

Safeguarding Adults: raise a concern if person has no insight into risk and is not engaging or accepting assistance (consent not essential)

Level 3

Refer to landlord: who should

- Carry out their own inspection of property
- Consider what tenancy conditions relating to resident's responsibilities will be enforced
- Work collaboratively with agencies involved to achieve the best outcome

Safeguarding Adults: raise a concern if person has no insight into risk and is not engaging or accepting assistance (a multi-agency response is likely required)

Environmental Health: Refer to if resident is a private tenant or owner occupier (*and risk to others established*)

Environmental Health to assess and consider serving notices under:

- Environmental Protection Act 1990
- Prevention of Damage by Pests Act 1949
- Housing Act 2004

Mental Health services: this level of hoarding indicates the person likely requires support from MH services.

- If the person already has a MH diagnosis but is not known to a CMHT, referral should be made to Mental Health Single Point of Access (SPA)
- If no diagnosis known, referral to GP should be made for MH input e.g. assessment and treatment for hoarding disorder through secondary services

9. How to approach your interventions

The risk assessment described above helps to inform whether there are immediate actions that need to be taken i.e. where someone's life is at risk. The starting point however for most interventions should be to encourage the person to do things for themselves. This approach should be revisited regularly throughout the period of the engagement. All efforts and the responses of the person to this approach should be recorded fully.

It is important to understand that people who self-neglect often have shifting responses - Braye et al. (2005) outline this below to highlight the difficulty professionals will encounter with trying to work with the person.

Refusal or withdrawal of permission for access	Avoidance or deflection of involvement	Permission for access and discussion, but outright rejection of support	Partial acceptance of input	Full acceptance of input

Efforts should be made to build and maintain supportive relationships through which the take up of support or services by the person, is negotiated over time. This involves a person-centred approach that listens to the person's views of their circumstances and seeks informed consent where possible before any intervention. Figure 5 (below) provides tips on how to effectively engage someone. A **gradual approach** to gaining improvements in a person's health, wellbeing and home conditions **is more likely to be successful** than an attempt to achieve considerable change all at once.

For example, forcible clearing away of possessions is rarely a successful approach with hoarders, as discarded items are usually replaced. The process of forcible clearing can also be a very traumatic experience and detrimental to a person's wellbeing. Any clearing process should take place as part of an integrated, multi-agency long-term plan.

As self-neglect is often linked to disability and poor physical functioning, a key area for intervention is often around assistance with activities of daily living, from preparing and eating food to using toilet facilities. The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.

Home fire safety visits

Where a person's home environment becomes cluttered through the excessive hoarding of items, the risk of a fire occurring increases, and it is more difficult for adult's living within the property to evacuate safely.
With the consent of the adult, the London Fire Brigade will undertake a home safety visit and provide the necessary guidance and advice regarding fire safety, and also where necessary will install smoke alarms and / or other specialist equipment. Any individual or partner agency can make a referral for a home safety visit by contacting the London Fire Brigade. The adult, or a friend or family member, may also

make a self-referral.
The London Fire Brigade also have some useful tips for carers and support workers.

- **Building rapport**; taking the time to get to know the person, refusing to be shocked
- **Moving from rapport to relationship**; avoiding kneejerk responses to self-neglect, talking through interests, history and stories
- **Finding the right tone**; being honest while also being non-judgmental, separating the person from the behaviour
- **Going at the individual's pace**; moving slowly and not forcing things; continued involvement over time
- **Agreeing a plan;** making clear what is going to happen; a weekly visit might be the initial plan
- **Finding something that motivates the individual**, linking to interests (e.g. hoarding for environmental reasons, link into recycling initiatives)
- **Starting with practicalities**; providing small practical help at the outset may help build trust
- **Bartering**; linking practical help to another element of agreement – bargaining
- **Focusing on what can be agreed**; finding something to be the basis of the initial agreement, that can be built on later
- **Keeping company**; being available and spending time to build up trust
- **Straight talking**; being honest about potential consequences
- **Finding the right person**; working with someone who is well placed to get engagement
- **External levers**; recognising and working with the possibility of enforcement action

Figure 5: Tip for engaging with person as suggested by Braye et al (2015)

When professionals are unable to engage the person and obtain their acceptance of the support offered, the person, carer or advocate should be fully informed of the support or services offered and the reasons why the services were not implemented. The professional should make it clear that the person can make contact at any time in the future for services (if this is possible) or advise them who they can contact in the future.

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

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 (appendix 5) can be taken to improve the situation when

persuasion and efforts of engagement have failed. **Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.**

10.Multi-agency responses to self-neglect

Any professional who is working with an individual who is self-neglecting should consider engaging with other involved agencies where relevant, to optimise the responses to managing the risk. For example, with the consent of the adult, the London Fire Brigade will undertake a home safety visit and provide the necessary guidance and advice regarding fire safety, install smoke alarms or other specialist equipment (see appendix x).

Case example
Arlene's story provides an example of how different services can come together to support a person who is self-neglecting:

Arlene is in her 70s and lives alone in her privately owned property. Arlene's neighbour tells the housing officer she is worried that Arlene may be self-neglecting. Her flat is completely full of hoarded items, papers, old clothes and a strong smell coming from the property. Arlene's boiler is broken, and she has been using an electric heater to keep warm; it is not clear how long this has been the case. Arlene is also spending a lot of time sat in one spot.

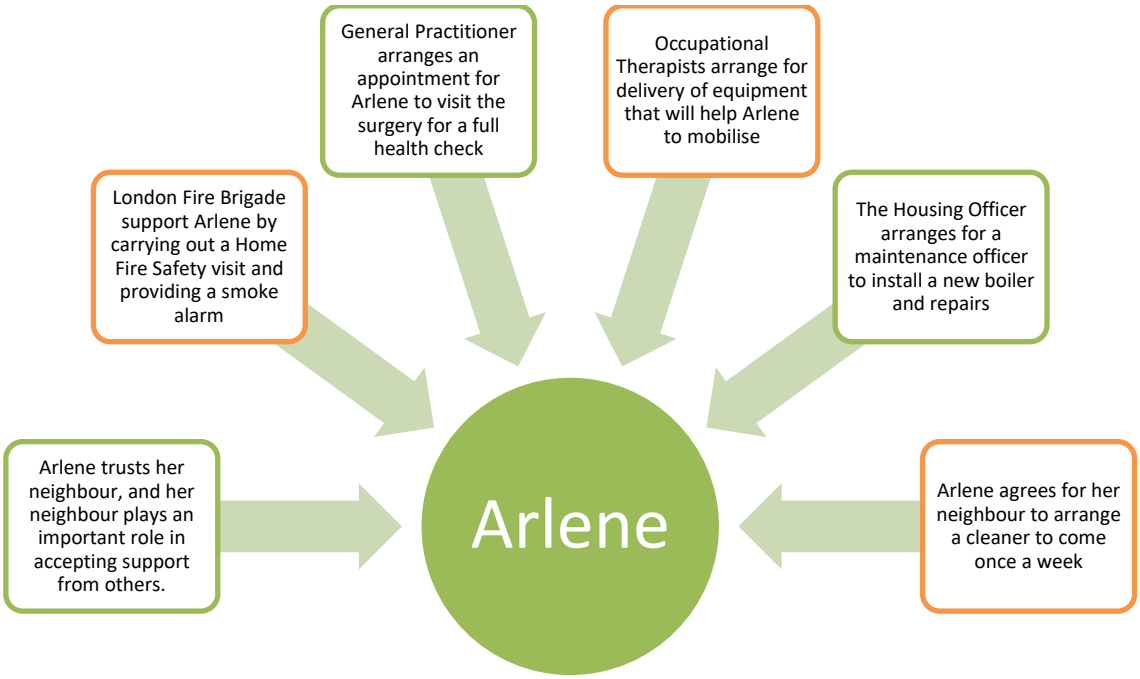


Figure 6: Example of the different roles partner agencies play in responding to self-neglect

The above shows how different agencies play their role in responding to the concerns about Arlene's self-neglect. The Housing Officer and Neighbour play an important role in ensuring the areas of risk are addressed.

11. Formal multi-agency responses to complex cases of self-neglect

SAR Martin highlighted the importance of professionals recognising when an individual's *vital interests* are at stake. Under **Recital 46 of the UK GDPR**, *vital interests* refer specifically to interests that are essential for someone's life—typically invoked in situations where processing personal data is necessary to protect a person from serious harm or death

"If someone's vital interests are at risk, a case should not be closed simply because the person refuses an assessment or refuses to accept a plan to minimise the risks associated with the specific behaviour(s) causing serious concern."

This principle reinforces the duty of care under the Care Act 2014 and supports the use of multi-agency risk management approaches when conventional engagement fails. It also aligns with the Mental Capacity Act 2005, including considerations of executive capacity and fluctuating capacity and decision-making.

This was further embedded with the 2021,Thematic SAR, H, I and J. This focussed on three black British or black Caribbean men, all with fluctuating mental ill health and vascular disease as a result of different health needs. These cases led to two of the men having below-knee amputations and one person found deceased at home. The thematic review identifying common elements to the cases including self neglect, refusal of support and unclear application of the Mental health 2017 and Mental capacity act 2005. It was not clear that use of self-neglect guidance had been applied or an appropriate MDT approach. The full report can be found here.

As outlined in section 2, there will be **certain situations when the person's needs are extremely complex, and professionals are struggling to effectively mitigate the risks** *despite best efforts***.** In these situations, a multi-agency risk management meeting should be arranged.

The use of either the complex case framework or adult safeguarding enquiry process is required for complex cases of self-neglect of hoarding.
Conditions that would warrant this include:

- Person is repeatedly refusing care, support, essential medical treatment services or frequently engages but does not take forward what is agreed, and this is placing their life at risk (vital interests) **and/or**
- Person repeatedly refuses to engage with necessary services or frequently engages but does not take forward what is agreed and there is a significant risk of fire and/or public interests' risk **and/or**
- Person lacks mental capacity to decide about how to manage their situation and the state of their environment is causing chronic health and safety risks or pending enforcement action (placing them at risk of homelessness)

Any professional who has involvement *(more than one off)* is in a position to initiate a multi-agency meeting. Section 11 outlines what the process might look like.
Figure 7 below demonstrates the possible actions agreed following a multi-agency meeting to the case example of Arlene - in the circumstances where *she is repeatedly refusing the support offered and those involved are worried about her vital interests.*

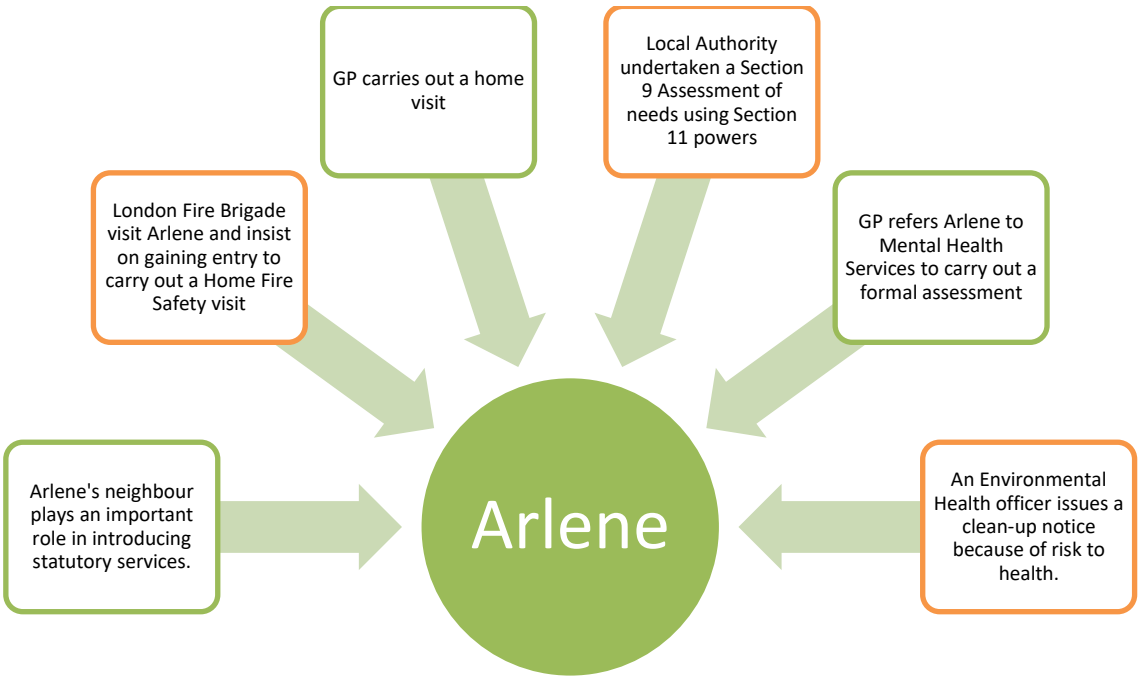


Figure 7: Multi-agency response in complex cases

12. Complex case framework

Complex case framework
The Complex Case framework was developed collectively by Lambeth, Bromley and Southwark Safeguarding Adults Boards. The framework and associated guidance were developed in response to findings from Safeguarding Adult Reviews from each of the 3 SABs (including SAR Martin and SAR E); with the SAR's all having similar themes. These themes related to concerns about how agencies worked together effectively to support adults at risk of self-neglect, where the risks (both known and unknown) are increasing, and where providing support for the person is either challenging or those support pathways are unclear.

Complex Case Framework promotes multi-agency working in supporting people with complex needs who may be at risk of abuse of neglect due to either a lack of engagement with services or because they do not meet eligibility criteria for one or more services but have safeguarding needs that might benefit from a multi-agency response.

This framework detail and background can be found here. We have done numerous sessions and training to embed this tool which helps to bring together professionals. See flow chart below.

Training sessions specifically around executive functioning and the complex case framework can be found on the board you tube channel https://www.youtube.com/@lambethsafeguardingadults3855

Aims of the complex case framework

promote a **pro-active** responsibility *to act* on the agency that identifies the concern,

- encourage the facilitation of **multi-agency conversations** about risk
- develop on-going consideration of **risk** and **actions** through the identification of a lead agency

13. Complex Case Pathway

IDENTIFY

An agency has concerns about a person where:

1. The person's unmet self-care needs are problematic to manage **and**
2. The person's lack of self-care or decision(s) to refuse services/support are significantly increasing their risks of harm **and**
3. The person does not live in a registered care home*

**The safeguarding process should be used for these cases*

SAFEGUARD

Agency that identifies the concern is the **first responding agency** and has **responsibility for progressing the concern** at this stage. Two actions are required;

RESPOND

1. **Report an adult safeguarding concern**

2. **First responding agency identifies other 'relevant agencies'** that
   - are currently providing support to that person
   - may add expertise to the assessment of risk
   - is the person's GP

ORGANISE

Arrange multi-agency videoconference meeting involving 'relevant agencies'

- Consider if other pre-arranged meeting could be utilised to cover the requirements of the complex case risk assessment

ACTION

Possible Safeguarding enquiry process

Multi-agency (virtual) case conference meeting takes place

- First responding agency presents overview of case
- Relevant agencies share information
- Risks are reviewed in more detail
- Create action plan and review period
- **Lead Agency** identified , replacing First Responding agency

Lead Agency oversees action plan

Action plan/ Risks are reviewed at subsequent meetings until risks are reduced or stabilised.

Appendix 1:

General Characteristics of Hoarding

- *Fear and anxiety:* compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket.

- Any *attempt to discard* hoarded items can *induce feelings* varying from mild anxiety to a full panic attack with sweats and palpitations.

- *Long term behaviour pattern*: possibly developed over many years, or decades, of "buy and drop". Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.

- *Excessive attachment to possessions*: People who hoard may hold an inappropriate emotional attachment to items.

- *Indecisiveness*: people who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.

- *Unrelenting standards:* People who Hoarder will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.

- *Socially isolated*: people who hoard will typically alienate family & friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office based appointments.

- *Large number of pets*: people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed "rescuer of strays"

- *Mentally competent*: People who hoard are typically able to make decisions that are not related to the hoarding.

- *Extreme clutter*: hoarding behaviour may prevent several or all the rooms of a person property from being used for its intended purpose. Churning: hoarding behaviour can involve moving items from one part a person's property to another, without ever discarding anything.

- *Self-Care:* a person who hoards may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities, in order to maintain their personal hygiene and appearance.

- *Poor insight:* a person who hoards will typically see nothing wrong with their behaviour and the impact it has on them and others.

Appendix 2:

Mental capacity assessment template for Self-Neglect:

Mental Capacity Assessment record

1.1 Person's details			
Name:		**Date of Birth:**	
Case/Ref:			
Present Address/Location:			
Home Address (if Different):			
1.2 Details of person carrying out this assessment			
Name:			
Role:		**Organisation:**	
Tel:		**Email:**	
1.3 What is the specific decision relevant to this capacity assessment? *(Suggest this is written in 1st person)*			
Details:	*Examples:* - *Whether to refuse an admission to hospital* - *Whether to refuse my diabetes medication* - *Whether to decline care/treatment of my pressure areas* - *Whether to refuse support to ensure my environment is safe for me to live in*		
1.4 Have you been supported to carry out the capacity assessment by another person or professional?			
□ **Yes**		☐ **No**	**(If yes, give details of person/s below)**
Name	**Profession**	**Relationship to Person**	**Contact details**
1.5 Identify any legally appointed Decision Maker:			
Is there Power of Attorney or Court appointed deputy in place with authority to make this decision? ☐ Yes Details: ☐ No			

1.6 Stage 1 Assessment process

☐ The person is considered to have an impairment/disturbance in the functioning of the mind/brain.

Please state what this is:

☐ I have provided all the information the person needs to make an informed decision, incl. all options available.

☐ The decision cannot be delayed, and I have chosen the best time for the person to engage in the assessment.

Stage 2: Assessment process *(can only proceed if stage 1 confirms there is an impairment of mind/brain)*

☐ Person cannot understand *relevant information to the decision (e.g. xxxx) to make this decision*

☐ Person cannot retain relevant information to make the decision *(not a memory test – it is whether person remembers the relevant information you gave them above to explain the decision)*

☐ Person cannot use or weigh *the relevant information/options* to make this decision

☐ Person cannot communicate *(despite best efforts to support this e.g. communication aids/methods)* to make this decision

How does the identified impairment or disturbance in Stage 1 is affect the service user's ability to make the decision:

Is there an indication that the person's executive function is compromised? *I.e. they cannot do what they say they can/will?*

1.7 Best Interests Decision Making

☐ I have consulted with all those involved with the person incl. family/friends/person themselves

☐ The decision taken is one that is the less restrictive and determined to be in their best interests

1.8 Please outline what action has been agreed

Date:

Signed:

Appendix 3: Risk Assessment guidance

	Minimal Risk	Moderate Risk	High/Critical Risk
Health Physical and mental health Engagement with universal health services (e.g. GP) Engagement with specialist health services (e.g. drug, alcohol, counselling), Compliance with medication Medical advice	Individual sometimes engages with universal and/or specialist physical/mental health services, but only after prompting or with support. Individual doesn't always take prescribed medication as advised, but this is unlikely to result in significant harm. Individual generally seeks medical support, but not straight away and not always from the most appropriate agency. Individual only uses any physical aids and equipment sometimes, and requires prompting, but this is not likely to cause significant harm to their health.	Inconsistent engagement with universal and/or specialist physical/mental health services, despite prompting and support. This is likely to result in significant harm to their health over time. Individual doesn't take prescribed medication consistently, which is likely to cause a significant deterioration in health over time. Individual needs a lot of prompting to seek medical help, which might cause damage to their health over time. Individual only uses physical aids or equipment with extensive prompting, and this is likely to cause significant harm to their health over time. Some evidence of untreated skin conditions such as ulcers, skin sores etc. which is having a negative impact on their health and wellbeing	Individual doesn't engage with any physical/mental health service, universal or specialist **or** Individual says they will but never do. This is likely to result in immediate and significant harm to their health. Individual consistently doesn't take life-sustaining medication (e.g. insulin), **or** Individual says they will but never do. This is then contrary to medical advice, and resulting in an immediate threat to their life. Individual fails to consistently seek medical advice for conditions that put their life at imminent risk. Individual refuses to use, or does not see the need to obtain, physical aids or equipment that are vital to enabling daily life e.g. a ventilator. This puts their life and/or personal wellbeing at immediate risk Evidence of untreated skin conditions such as ulcers, skin sores etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm
Home Environment Condition of accommodation Shelter Animals Utilities	Maintenance issues are minimal (e.g. broken lightbulb) but individual needs prompting to address them. Individual is homeless but engages with support to look after their personal wellbeing and safety.	Maintenance issues are more significant (e.g. cracked windowpane, broken boiler) and individual has made minimal attempts to address them, despite prompting. Individual is homeless but does not consistently engage with services to keep	Maintenance issues are a significant threat to safety (e.g. floorboards missing, broken external doors). Individual has made no attempt to address them or obstructs attempts to do so. Individual is rough sleeping and not engaging with any support services to keep safe. Or individual has a safe property to stay in but chooses not to use it.

	Individual has pets but they appear mostly well cared for, and this does not significantly prevent them from caring for themselves. Person usually addresses their housing needs but requires support from specialist services or their support networks. Early signs of vermin or infestations are visible and are addressed by the individual, but only with prompting. There are some signs of hoarding, but these are addressed by the individual. Items within the house are not used for their intended purpose but this is unlikely to cause immediate harm e.g. significantly overloading plug sockets. Individual has some safety systems (e.g. basic smoke detector, lockable external doors) but needs support to fit or maintain them. There is a working toilet, but it requires fixing and individual is using makeshift repairs. Property has basic utilities (heating, access to clean water) but individual sometimes needs prompting or support to use, or minor maintenance is needed which support is needed for (e.g. bleeding radiators).	themselves safe or look after their health and/or personal wellbeing. This contributes to their homelessness. Individual has pets which are not all cared for appropriately or doing so causes harm to the person (e.g. walking dogs makes individual's severe arthritis flare up, then requiring intervention). Person admits to needing support in addressing their housing needs but does not consistently seek or follow this information and advice. Vermin and infestations are visible, but limited to one area in the home, and individual requires significant encouragement to address this. Initial prompts to address signs of hoarding are largely ignored, but this is addressed by the individual with more intensive support Items within the house are sometimes used in a way that may cause harm (e.g. lighting gas hob to keep warm) and person doesn't always respond to safety advice. Individual has few safety systems and makes little attempt to maintain them or allow others to do so (e.g. broken front door locks). Property has a toilet and sewage system but significant repairs are needed, with little effort to arrange.	The number of pets in the property is unmanageable and makes the living environment dangerous for the individual. Individual refuses specialist support to address their housing needs, putting them at risk of imminent homelessness. Vermin and infestations are rife, and individual does not co-operate with attempts to address this. There are clear signs of hoarding that may cause harm to the person e.g. blocked exits. The individual is unwilling to address this with or without support. Incorrect use of items within the house which could lead to serious and immediate harm e.g. lighter fluid to light internal fire. Individual has no safety systems or makes no attempt to maintain systems, coupled with behaviours that make them more necessary (e.g. no smoke detector, heavy smoker and lack of fire escape). There is no working toilet and individual uses other receptacles, without proper waste disposal. There is no supply of basic utilities to the house nor is the individual seeking alternatives, and individual is therefore lacking heat and / or access to clean water. This is likely to cause immediate harm to their health.

		Property has an inconsistent supply of basic utilities, due to individual neglecting to maintain systems (e.g. broken radiators, blocked drainage) but individual is using alternatives (electric heater, bottled water). Reluctant engagement with attempts to fix broken systems.	
Personal care and well-being Engagement with services Social isolation Clothing Hygiene Presentation	Person has engaged with an assessment and will follow most of the recommendations, but not all. Self-neglecting behaviours (e.g. unpleasant odours from lack of self-care) has a small impact on their access to community facilities (e.g. groups, cafes) but the person seeks support to address this. Individual can sometimes appear dishevelled or unkempt (e.g. clothes buttoned up incorrectly, wearing items backwards) but not consistently, and generally washes themselves. There is sometimes a discernible unpleasant smell but the person addresses this when prompted. Person presents well (mood, behaviours, and physical appearance) most of the time, but not always, and they require low level prompts which are generally responded to. Person generally appears to have an awareness of their	Person engages with the assessment stage but does not follow any of the recommendations. Self-neglect impacts on access to some key community facilities (e.g. shops, buses) and/or their support network and the person does not seek support for this but will reluctantly engage when offered. Individual often appears unkempt and there are minimal signs that the person washes regularly (e.g. greasy hair, wearing the same clothes repeatedly). There is often a discernible unpleasant smell and the person does not consistently address this, despite repeated prompting. Person's presentation often causes some concern but more so lately (low mood, erratic behaviours, dishevelled appearance), signifying a slow deterioration. Person needs support to maintain their dignity (e.g. used to be house-proud but now needs a	Person repeatedly refuses to engage in an assessment and doesn't follow any other associated advice and guidance. Self-neglect has caused significant estrangement with essential services (e.g. food shops) and/or their support network, and person makes no attempt to address this. Individual has major infestations due to lack of washing (scabies, nits, headlice), that result in secondary conditions such as sepsis. Person may refuse support to address this. Person has a strong and distinct odour without seeming to notice or be willing to address. There is a rapid deterioration in the individual's presentation over a short period of time. Evidence of skin breakdown which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm Evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm No usable bath/bathroom appliances which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm

	dignity but they require and engage with support to maintain this (e.g. requires help to do buttons but still takes pride in choosing clothes).	cleaner due to ill-health) but individual has inconsistent engagement with this, which may cause harm to their health e.g. unhygienic bathroom and kitchen areas).	
Nutrition Weight (loss or gain) Food preparation Food choices Access to food	Lots of the individual's food is out of date by up to a week but there is some food still in date. Individual is over or underweight, but this is not likely to cause them significant harm now, and they are generally engaging in support to manage their weight. Food is generally stored in an appropriate place, but not always (e.g. meat not always put in the fridge quickly enough).	Most of the food is out of date by up to a week and there is little evidence of attempts to get more. Individual is noticeably under/overweight and requires specialist support to manage this. Engagement with the support is inconsistent and person requires a lot of encouragement. Food is stored inappropriately, and person requires support with this, which they reluctantly engage with, needing frequent encouragement and repeated advice.	No evidence of food in the property or evidence of mouldy and out of date food items which is compromising and impacting on their health and wellbeing and resulting in Individual makes informed choices not to spend money on food leading to significant and dangerous weight loss. Or individual appears to have only one food-type (e.g. fast food, biscuits, sweets), which causes them to become dangerously overweight. Evidence that food and drink is not a priority which is leading to concerns such as dehydration/malnutrition/significant weight loss etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm
Finance Access to money Management of money Self-funding	The person may have limited finances due to unemployment, not claiming all benefits, or debt, which they may need support to address. Person is self-funded and pays for essential services that will keep them safer, but only after much advice and guidance from their support network. Person often makes decisions around their finances which could put them at risk of harm (e.g. not leaving enough money to buy	Person may have very limited access to money (due to financial exploitation, benefit error, lack of support networks), and does not engage with support to address this. Person is self-funded and often chooses not to pay for essential services that will keep them safer but pays for some. Person's financial decisions frequently put them at great risk of significant harm (e.g. regularly not prioritising paying for essential	The person has no access to money at all or is in serious debt, due to their self-neglect (e.g. not applying for benefits, not opening a bank account or setting up payment plans for essential services) and needs immediate support Person is self-funded and doesn't pay for essential services that will keep them safe, through a seeming absence of awareness about their responsibility for their own safety and does not see this as a financial priority. Person consistently makes financial decisions which put them at immediate and significant risk of harm e.g. refusing to pay utility bills.

	adequate food, or not prioritising money to pay for utilities) but is working with agencies to address this.	utilities and so is temporarily cut off), and person is reluctant to engage with support for this, requiring extensive intervention before risk is reduced.	

Appendix 4

Hoarding Assessment form (for multi-agency use):

This assessment should be completed using the information within this guidance document. Complete this review away from the adult's property and in conjunction with the clutter image rating scale tool and guidance.

Date of assessment				
Name of adult				
Date of Birth				
Address				
Contact details				
Type of dwelling				
Freeholder		If adult is a tenant: Name & address of landlord		
Household Members		Name	Relationship	DOB
Does the person appear to have a physical/mental impairment?				
Agencies currently involved with adult and contact details:				
Other persons/ informal support and contact details:				
Adult's view of their own environment?				

Please indicate if present at the property							
Structural damage to property		Insect or rodent infestation		Large number of animals		Clutter outside	
Rotten food		Animal waste in house		Concerns over the cleanliness of the property		Visible human faeces	
Concern of self-neglect		Concerned for children at the property		Concerned for other adults at the			

Using the Clutter Image scale please score the each of the rooms below

Bedroom 1		Bedroom 4		Separate toilet	
Bedroom 2		Kitchen		Lounge	
Bedroom 3		Bathroom		Dining Room	

Provide a description of the environment and concerns: *(level of clutter, any presence of human or animal waste, rodents or insects, rotting food, are utilities operational, structural damage, problems with blocked exits, are there combustibles, is there a fire risk? etc.)*

Please conduct your assessment using the clutter image rating scale tool and then refer to the essential actions guidance in this document. Based on this, what level is your case graded?

☐ Level 1- Green	☐ Level 2 - Orange	☐ Level 3 - Red
Name of the professional undertaking this assessment:		
Name of Organisation		
Contact details:		
Next action to be taken:		
List agencies referred to with dates & contact names:		

Appendix 5

Legal Frameworks for responding to self-neglect

Legal processes can be implemented via a single agency and do not have to be under safeguarding adults' procedures or using the complex case pathway. Legal processes are used to compel an individual to remove risk and or permit service access. This is again where there is a very fine balance between the rights of the individuals and the rights of others who have be affected by the behaviour, particularly in cases of hoarding. Agencies should work together to determine and agree the best legal options to pursue.

In brief some of the legal options may include:

i. **The Care Act 2014,** Section 42: Adult Safeguarding enquiries, Section 11: Right to carry out an Assessment even if person capacitated and refusing, Section 9: Assessment of needs

ii. **Mental Capacity Act 2010**: Where an individual who is self-neglecting is unable to agree to have their needs met because they are assessed as lacking mental capacity to make specific decisions in relation to this, then the principles of the Best Interests process must be followed in line with the Mental Capacity Act.

iii. **Human Rights Act 1998**: In cases of self-neglect, articles 5 (the right to liberty and security) and 8 (the right to private and family life) are of particular importance. These are not absolute rights: they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration.

iv. **The Housing Act 2004:** Allows Local Authorities to carry out a risk assessment of residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. Provide grounds for eviction of a tenant in certain circumstances

v. **Public Health Act 1936 and 1961**, Section 79: Power to require removal of noxious matter by occupier of premises

vi. **Public Health Act 1936 and 1961**, Section 83: Cleansing of filthy or verminous premises

vii. **Public Health Act 1936 and 1961**, Section 84: Cleansing or destruction of filthy or verminous articles

viii. **Prevention of Damage by Pests Act 1949**, Section 4: Power of LA to require action to prevent or treat rats and mice

ix. **Environmental Protection Act 1990**, Section 80: Gives the local authority a power of entry to deal with a statutory nuisance.

x. **Mental Health Act 1983 and 2007**, Section 2 & 3: for health and safety and protection of others

xi. **Mental Health Act 1983 and 2007**, Section 135: removal of person to place of safety for assessment to take place

xii. **Anti-Social Behaviour, Crime and Policing Act 2014:** Introduced Injunctions to Prevent Nuisance and Annoyance (IPNA) and Community Protection Notices.

xiii. **Anti-Social Behaviour Orders** where there is persistent conduct which causes alarm, distress, or harassment (through Police/anti-social behaviour Officer)

xiv. **Building Act 1984:** Gives the Local Authority powers to undertake works in certain circumstances.

xv. **Animal Welfare Act 2006:** Makes it an offence to cause an animal to suffer where that suffering is unnecessary, and also places a duty on people to meet the welfare needs of animals that they are responsible for.

xvi. **Misuse of Drugs Act 1971 Section 8:** A person commits an offence if, being the occupier or concerned in the management of the premises, he/she knowingly permits or allows production or supply of illegal drugs on their premises.

xvii. **Court of Protection:** The Court of Protection can be asked to determine whether the person has the mental capacity to make a decision on a specific matter, and/or where they lack capacity, to decide what is in the individual's best interests.

xviii. **Inherent Jurisdiction of the High Court:** The inherent jurisdiction of the High Court can be used to protect people who have the mental capacity to make decisions but cannot exercise that capacity freely.

xix. **Protection of Property (Section 47 Care act 2014):** The Local Authority has a duty to protect the property of adults where A) the adult is being cared for during periods of admission to hospital or residential care and B) it appears to a local authority that there is a danger of loss or damage to movable property of the adult's in the authority's area because i) the adult is unable (whether permanently or temporarily) to protect or deal with the property and ii) no suitable arrangements have been or are being made

xx. **Powers of Entry:** Powers of entry are available to the police, to Approved Mental Health Professionals (AMHPs) and to the Local Authority in specific situations.

Appendix 6

Meeting template for Complex Case Framework

Step 1: Where are we now?

(10 to 15 minutes)

1. Details of Adult at Risk:
(Select 1 person to provide a summary based on a Multi-Agency Client Chronology. Confirm whether there is any agency involvement or whether services have been refused).
2. Views of Client:
(Try to facilitate client attending the meeting, what support would be required? If the client is not attending, ensure that their views are sought prior to the meeting).
3. Details of mental capacity to make a decision regarding ability to prevent harm and self-neglect:
Consider: - *Decision(s) and associated risks and consequences against which mental capacity (including 'executive functioning') has been assessed* - *How capacity assessment was carried out, when and by whom* - *If mental capacity has been assumed, how has this assumption been reached?* - *Is a legal view required?*
4. Assessment of risk indicators
Agree severity of risks identified (see Appendix 3)

Step 2: Start with the Solution

(10 minutes - it may be helpful to use whiteboard or flipchart to gather ideas)

What does P want to achieve, what do we think needs to be achieved? **What has been tried already? What was the outcome?**

Step 3: Problem Identification

(10 minutes - it may be helpful to use whiteboard or flipchart to gather ideas)

What needs to change to achieve step 2? **"What are the issues/concerns which we need to work on to support P (e.g. accommodation, addiction, personal care, or health)?**

Step 4: Problem Prioritisation

(10 minutes - it may be helpful to use whiteboard or flipchart to list ideas)

Which of the above issues will be of the most benefit to focus on first? **Consider who these will be of most benefit too?**

Step 5: Create steps for change

(20 minutes - it may be helpful to use whiteboard or flipchart to list ideas)

How we will do this? • **what is working at the moment, identify strengths of the client and in existing support.** • **In how many ways might we work together on providing support?** • **Small changes can lead to bigger changes.** • **What already works? Do more of this.**
Examples: *Support and advice to frontline agencies* *Provision of domiciliary support* *P is engaging with…..* *P is accepting support for…….*

Agencies are talking to each other *Clear expectations of what we can do* *Support for each other between organisations*

Step 6: Action planning

(20 minutes - it may be helpful to use whiteboard or flipchart to list ideas)

- **Agree who will do what and when. Identify core team to ensure effective communication and review**
- **Agree who is best placed to talk to the adult at risk, empower them to make decisions and to take action**
- **Agree timescales for review**

Action	Who	How	When by