



Self-Neglect Policy

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The North East SAR Champions have produced a series of 7 minute briefings and an animation about self-neglect. These summarise some of the key issues included within this Self-Neglect Policy.

7-Minute Guides

[Self-Neglect Overview](#)

[Self-Neglect and Alcohol and Substance Misuse](#)

[Self-Neglect and Engagement](#)

[Self-Neglect and Hoarding](#)

[Self-Neglect and Homelessness](#)

[Self-neglect and Self Care](#)

[Self-Neglect and Trauma](#)

Animation

This [short animation about self-neglect](#) is aimed at members of the public, to raise awareness and signpost to services who can help and support.

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1. Introduction

This aim of this document is to provide guidance for people supporting adults with care and support needs who are at risk of harm as a result of self-neglect.

Managing the balance between protecting adults from self-neglect and their right to self-determination can be complex. Whilst there can be a degree of subjectivity, this guidance aims to support good practice, consistency, and proportionate, person-centred actions.

2. The Care Act 2014

Self-neglect and safeguarding adults

The Care and Support Statutory guidance, accompanying the Care Act 2014, highlights self-neglect as a specific category type of abuse. The statutory guidance's definition of self-neglect is as follows:

Self-neglect – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

The statutory guidance notes that self-neglect may not always prompt a Section 42 enquiry. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this without external support.

In the majority of self-neglect cases, early intervention and preventative actions will negate the need for safeguarding adults procedures to be used. The Care Act (2014) emphasises the importance of using local community support networks and facilities provided by partner and voluntary organisations.

Duty of cooperation

The Care Act 2014 makes integration, cooperation and partnership a legal requirement on local authorities and all agencies involved in public care, including, the NHS, independent or private sector organisations, housing and the Police. Cooperation with partners should enable earlier intervention – the best way to prevent, reduce or delay needs for care and support and safeguard adults at risk from abuse or neglect.

Wellbeing principle

The Care Act 2014 places significant emphasis on the wellbeing principle with decisions being person-led and outcome-focused. Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of an individual, including when carrying out safeguarding adults

enquiries. The wellbeing principle will be an important consideration in responding to self-neglect cases.

Wellbeing covers an intentionally broad range of the aspects of a person's life and will encompass a wide variety of specific considerations depending on the individual.

A local authority can promote a person's wellbeing in many ways. How this happens will depend on the circumstances, including the person's needs, goals and wishes, and how these impact on their wellbeing.

Information sharing and consent

The Care Act 2014 states that information sharing should be consistent with the principles set out in the Caldicott Review¹ published in 2013 ensuring that: information is only shared on a 'need to know' basis and when it is in the interests of the adult. Decisions about what information is shared and with whom will be taken on a case by-case basis.

For more information about consent and safeguarding, see [Northumberland Adult Safeguarding Procedures](#)

Definitions of self-neglect

Whilst there is currently no standard definition of self-neglect, in addition to the Care Act 2014 definition above, research has suggested that there are three recognised forms of self-neglect which include:

- **Lack of self-care** – this may involve neglecting personal hygiene, nutrition and hydration or health. This type of neglect would involve a judgement to be made about what is an acceptable level of risk.
- **Lack of care of one's environment** – this may result in unpleasant or dirty home conditions and an increased level of risk in the domestic environment such as health and safety and fire risks associated with hoarding. This may again be subjective and require a judgement call to determine whether the conditions within an individual's home environment are acceptable.
- **Refusal of services that could alleviate these issues** – this may include the refusal of care services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment.

The term "self-neglect" can be perceived as stigmatising by some and often emotive. Practitioners should be careful about how and when it is used.

¹ [Caldicott review: information governance in the health and care system - GOV.UK \(www.gov.uk\)](#)

There should be a broad view of what constitutes self-neglect, and this should not be constrained to just hoarding. Hoarding may co-exist with other forms of self-neglect and vice versa, but not always.

3. Understanding self-neglect

Self-neglect is often hidden. There can be embarrassment and shame associated with it, which might mean the person would find it difficult to ask for help or let professionals into their home environment.

Often the reasons for self-neglect are complex and varied, and it is important that practitioners pay attention to mental, physical, social and environmental factors that may be affecting the situation (Braye et al, 2011²). Practitioners should take time to understand if a person is unable or unwilling to attend to maintain their self-care or environment.

Indicators of self-neglect:

The adult may:	The adult's home may:
<ul style="list-style-type: none"> • Have dirty hair, nails and skin. • Smell of urine and/or faeces • Have skin rashes or pressure ulcers. • Have a poor diet and/or hydration resulting in weight loss/gain or other health impacts. • Be socially isolated. • Refuse services or support. • Not turn up to appointments 	<ul style="list-style-type: none"> • Be cluttered/have an accumulation of possessions. • Be filthy, odorous, hazardous or unsafe. • Require major repairs/maintenance. • Have human or animal faeces. • Have a large number of pets and/or abuse or neglect of pets.

Factors that may lead to individuals being overlooked:

<ul style="list-style-type: none"> • The perception that this is a "lifestyle choice" without fully understanding the causes, including whether the person has mental capacity to make relevant decisions (see Section 5). • Poor multi-agency working and lack of information sharing. • Reduction in face-to-face contact with people (and their home environments). • An individual in a household is identified as a carer without a clear understanding of what their role includes which can lead to 	<ul style="list-style-type: none"> • A de-sensitisation to well known cases, resulting in minimisation of need and risk. • An individual with assessed mental capacity making decisions which result in continuing risk of significant or serious harm. • Individuals with multiple or competing needs. • Inconsistency in thresholds across agencies and teams – level of subjectivity in assessing risk. • Refusal of services leading to ending of involvement or de-prioritisation.
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² [Conceptualising and responding to self-neglect: the challenges for adult safeguarding | Emerald Insight](#)

assumptions that support is being provided when it is not.

Contributing factors which may lead to, or escalate, self-neglect

- Age related changes, in physical health or mental health.
- Bereavement/ traumatic event.
- Chronic mental health difficulty.
- Social isolation.
- Fear and anxiety.
- Financial difficulties
- Alcohol or drug use/dependency

Adults who self-neglect may be more at risk of experiencing other forms of abuse, exploitation, victimisation, bullying and radicalisation. Self-neglect may be a coping response to another form of abuse.

Learning from Safeguarding Adult Reviews

In the Second National Safeguarding Adult Review (SAR) Analysis (2024)³, 60% of all SARs were about self-neglect. The following is an overview of learning and best practice in responding to self-neglect.

- The importance of early information sharing, in relation to previous or ongoing concerns.
- The importance of thorough and robust risk assessment and planning. Identify whether any risks (or worries) require immediate action – what is the duration and seriousness of the self-neglect. Are the problems low, medium or high risk?
- The importance of face-to-face contact.
- The importance of effective collaboration between agencies, whether that is within safeguarding adults procedures or otherwise. Ensure everyone (professional and personal) who can assist in managing risk is involved and aware of what is happening. The Care Act (2014) did not bring any additional powers to safeguard adults, it requires all agencies to
- Assessment processes need to identify who carers are (and significant others – the “whole family approach”) and how much care and/or support they are providing.
- The need to escalate cases where risks are high and ongoing attempts to manage risk have been unsuccessful.
- Understanding what has led to the self-neglect. Be professionally curious and trauma informed. Engage with individuals and families through visits, conversations, asking relevant questions that ascertains historical and current information. Try to understand the cause of self-neglect.
- Show empathy and compassion, ensuring you are non-judgmental about a person’s situation. Kindness is powerful and needed.
- Have a clear understanding of what the adult wants to happen, what their short- and long-term

³ [Analysis of Safeguarding Adult Reviews: April 2019 – March 2023 \(executive summary\)](#) | Local Government Association

contribute within the existing legal frameworks available.

- Increased understanding of the legislative options available to intervene to safeguard a person who is self-neglecting.
- The importance of the application and understanding of the Mental Capacity Act (2005).
- The need for practitioners and managers to challenge and reflect upon cases through the supervision process and training.
- The need for robust guidance to assist practitioners in working in this complex area.

goals might be. Play to the adult's strengths and capabilities.

- Relationship building, working patiently and at their pace is important. Identifying a lead professional might be helpful in building trust and avoiding the person feeling overwhelmed.
- The need to be persistent and tenacious. Everyone needs to understand the time and resource that is required, this might involve manager escalation and support.

4. What needs to be considered by professionals when working with self-neglect cases?

Self-neglect presents a great challenge for professionals due to its complexity. This guidance recognises the inter-relationship between financial, physical, mental, social, personal and environmental factors in contributing to self-neglect.

Partner agencies have a vital role in the early recognition and prevention of self-neglect and have a responsibility to recognise and act upon the risk factors associated with self-neglect.

You can find out more information in [Research in Practice's Practice Tool on working with people who self-neglect](#).

Mental capacity

Balancing autonomy and protection in relation to Mental Capacity is important. An assessment of a person's mental state is significant and mental capacity assessments are key in professional decision making. A person with mental capacity has the right to make decisions even if they threaten their health or safety; however, a capacitated decision alone does not mean that the professional can cease engagement, close a case, or walk away if the person remains at significant risk of harm or is experiencing harm.

The onus is on the professional to look for other ways to engage the individual and consider alternative legal powers if necessary and proportionate. For those who

lack the capacity to make a specific decision, a decision will need to be made in their best interests.

If a person is assessed as having mental capacity this does not negate the need for action under the safeguarding adults' procedures, particularly where the risk of harm is deemed to be serious or critical.

Where professionals foresee serious/critical harm to a person and they have mental capacity, duty of care extends to gathering all the necessary information to inform a thorough risk assessment and subsequent actions even without the consent of the individual. It may be determined that there are no legal powers to intervene, however it will be demonstrated that risks and possible actions have been fully considered on a multi-agency basis.

As per the first principle of the MCA, a person must be presumed to have capacity to make their own decisions. However, a prior presumption of mental capacity may be revisited in self-neglect cases. This is confirmed by the MCA code of practice which states that one of the reasons why people may question a person's capacity to make a specific decision is "the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision" (4.35 MCA Code of Practice, p. 52).

Mental Capacity

- Mental capacity assessments must be decision-specific - apparent capacity to make simple decisions should not result in an assumption that the person is able to make more complex decisions.
- Any capacity assessment carried out in relation to self-neglect behaviour must be time specific and relate to a specific intervention or action. The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention or action and is referred to as the 'decision-maker'.
- Mental capacity is a complex attribute, involving not only the ability to understand the consequences of a decision but also the ability to carry out the decision
- When capacity has been considered, it should be recorded whether or not a capacity assessment has been undertaken and on what rationale this decision was based on.
- If the person is capacitated any action to address self-neglect must be with their consent unless there are wider public interest concerns: i.e. where other people may be at risk of harm or a crime has or may be committed. For examples where there is a fire risk or where there are public health concerns such as infestation affecting other properties.
- Where decisional capacity is not accompanied by the ability to carry out the decision, overall capacity is impaired and 'best interests' intervention by professionals to safeguard wellbeing may be legitimate.
- If the person lacks capacity to consent to the specific action or intervention, then the decision maker must demonstrate that they have met the requirements of the best-interests "checklist".
- In particularly challenging and complex cases, it may be necessary for a referral to the Court of Protection to make the best interests decision. Any referral to the Court of Protection should be discussed with legal services and the relevant Safeguarding Adults Manager. Due to the complexity of such cases, there must be a safeguarding strategy meeting to oversee the process.

Mental Capacity features heavily in Safeguarding Adult Reviews where self-neglect is the main type of abuse. Best practice is highlighted where agencies have taken a relationship-centred approach and shortfalls are evident where there is an oversimplification of the principles of the Mental Capacity Act 2005 or a failure to assess, including lack of consideration of executive functioning.

Undertaking assessments despite capacitated refusal

The Care Act 2014 s.11 states that adults (with mental capacity to make the decision) may refuse an assessment of their care and support needs. However, if the adult may be, or at risk of, experiencing abuse or neglect, the local authority still has a duty to assess needs, even if the adult does not consent to this. This would include situations where a safeguarding enquiry around self-neglect is taking place.

As a matter of practice, it will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing. Practitioners and managers should record fully all the steps that have been taken to undertake a needs

assessment. This should include recording what steps have been taken to involve the adult and any carer, as required by section 9(5) of the Care Act, and assessing the outcomes that the adult wishes to achieve in day-to-day life and whether the provision of care and support would contribute to the achievement of those outcomes, as required by section 9(4) of the Care Act.

Where a practitioner has begun working with an adult and subsequently identifies that there may be self-neglect concerns they should initially speak with the adult where possible to ascertain their views. It would also be appropriate to engage with other professionals to share concerns and gather information. Acting in this way will assist with decision making and consider the least restrictive approach.

Gathering information would also identify any additional risk factors, e.g. risk to children or other adults, and ensure that where necessary appropriate referrals are made.

Where there are concerns about the adult's ability to make decisions about how their care needs should be met, identified during the assessment, a mental capacity assessment regarding care arrangements may also be required.

Case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is reasonable and proportionate in all the circumstances.

As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support.

For further information on the Mental Capacity Act please see:

[Mental Capacity Resource Centre | 39 Essex Chambers](#)

[Mental Capacity Guidance Note: Relevant information for different categories of decision | 39 Essex Chambers](#)

[Mental Capacity Act 2005 Resource and Practice Toolkit](#)

A person-centred approach

An initial response should take into account the principles of Making Safeguarding Personal (MSP). More information and the MSP Toolkit is [here](#). In line with 'Making Safeguarding Personal' principles of good practice, the adult should be included and involved in the assessment process and in developing a plan to reduce or eliminate identified risks.

The person, their advocate, or someone from their personal support network should be invited to attend any meetings and comment on any findings or proposed actions.

Care and action plans are much more likely to succeed if the person at risk has been involved in developing them and if they are in a format that the person and/or their representative can understand and make use of in their daily life.

Things to consider when working with people who self-neglect

- Work at an individual's own pace and set achievable goals (smaller steps rather than complete life changes).
- Support the person to be 'in control' of their life and involve them in decisions.
- Support autonomous decision making but also consider that to make independent and rational decisions, a person may sometimes need support (this also applies to situations where the person is considered to be capacitated to make decisions)
- Try and view the risk and concerns from the person's perspective:
 - What do they identify as the most pressing concern?
 - Would they benefit from taking actions, which are considered risky?
 - What would their quality of life be if all risk were removed?
 - Is there a way to agree an outcome that addresses the risk with the person still being in control of their life?
- Supporting someone who self-neglects to manage risk to their wellbeing can take a long time, months or sometimes years to address; a short-term outlook or plan are unlikely to achieve any change.
- Would the person benefit from attending a professionals' meeting, what would a meeting have to look like to support the person to want to engage? How can the person be involved in their action plan and how can this be put into a format that makes sense to the person and/or their representative? Advocacy support may be considered here, and reasonable adjustments should be considered to meet any additional needs that the person may have.
- The action plan should be reviewed to assess whether outcomes are being met.

Birmingham Safeguarding Adults Board have produced a short film called [Keith's Story](#). The film guides professionals on the kind of interventions that seem to work best with people who hoard and emphasises taking a person-centred approach.

Person Centred Assessment of Risk

Local authorities must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish

whether any action needs to be taken to prevent or stop abuse or neglect and if so, by who.

Responses to self-neglect will depend on the level of risk/harm and the ability of the adult at risk to protect themselves. In order to fully understand levels of risk, comprehensive assessments should be undertaken e.g., risk assessment, Care Act Assessment. **Please note:** The term 'risk assessment' can heighten anxiety, adults may prefer it to be referred to as a safety plan.

Assessments should consider the following:

- Presentations of self-neglect and the home situation.
- The individual's perception of their situation.
- Underlying mental health conditions.
- Functional and cognitive abilities of the person.
- Underlying medical conditions.
- Engagement in activities of daily living.
- Family and social support networks, and the lack of these.
- The individual's regular routines and who else is involved in their life.
- Substance or alcohol misuse issues.
- Environmental factors, including fire risks.
- Domiciliary care and other services offered/in place and whether living conditions are preventing necessary care being provided.
- Environmental health monitoring.
- Money management and budgeting.
- Other people posing risks.
- Risks to others, including children and other adults with care and support needs. If you are concerned that a self-neglecting parent may be neglecting children in their care also, you should report concerns to children's social care.

Professionals should refer to their Safeguarding Boards risk tool to support decision making: [Northumberland Safeguarding Adults Risk Threshold](#)

Professional Curiosity

Professional Curiosity is the open mind and readiness to explore a situation in full, instead of accepting it 'at face value'. Natural curiosity can be suppressed by competing commitments and biases. Professionals are naturally curious but also have a tendency to think that 'what they see is all there is'. A lack of professional curiosity has been referenced in numerous Safeguarding Adult Reviews relating to self-neglect and is therefore of the utmost importance. For further guidance see [Research in Practice's Strategic Briefing: Professional Curiosity in Safeguarding Adults](#).

Things to consider when working with people who self-neglect

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| <ul style="list-style-type: none"> ✔ Explore a situation in full, instead of accepting it 'at face value'. ✔ Look beyond first impressions and assumptions. ✔ Appreciate people's lived experience as much as the situation they currently find themselves in ✔ Be respectfully quizzical about people's lives and get an understanding of individuals' and their families' past history. ✔ Look, listen, and ask direct questions but generally communicate and engage in ways that work for the person. ✔ Triangulate information from different sources to gain a better understanding of individuals and their networks. ✔ Ask yourself: <ul style="list-style-type: none"> • How might I...? • What if there was another possibility? • What other resources are available that I haven't used? • Who else has the skills I don't, which might help here? | <ul style="list-style-type: none"> ✘ Don't presume. Try and glean specific information e.g., 'who lives here?', 'where does everyone sleep?', 'how do you get to medical appointments?' etc. It is important to seek clarity if you're uncertain, to accurately assess risk. ✘ Don't be afraid to ask questions, ensuring that you do this in a friendly and non-judgemental way. It is important that the individual doesn't feel criticised, but rather that they appreciate you are just trying to get to know them and understand their specific situation. ✘ Don't ignore or discredit information that doesn't fit with your original assessment. It is vital to consider all information that might help us understand what life is like for the individual and accept that the course of action taken to safeguard the person may need to change depending on the information you receive. |
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Engaging with people who self-neglect

Key to effective interventions is building relationships to effectively engage with people without causing distress and reserving use of legal powers to where they are proportionate and essential.

Safeguarding processes may be required when working with people that self-neglect, but much of the work is long-term work, which happens under other frameworks. This 3-minute animation video [Responding to Self-Neglect](#) from Lambeth SAB highlights the challenges faced.

The nature of self-neglect cases means there is an increased likelihood that the person may refuse support when it is first offered. In conjunction with being flexible, patient and creative, professionals have to be gently persuasive and persistent in

working with a person to reduce risks. Professionals may consider if there are alternative agencies that may be able to joint work to assist engagement with the person. Working creatively with other agencies supports the person and professionals in sharing the risk and finding alternative ways to support the person to engage in support.

Initial non-engagement should **not result in no further action**. Support could be offered again later, particularly where risks may have changed, or referrals made to other agencies clearly indicating why the referrer thinks these agencies may be best placed to try and engage the person.

Consider different ways to engage the person:

- Go on a joint visit with someone that the individual knows, trusts and feels comfortable with. This could be a family member, friend or another professional.
- Contact other professionals who are in contact with the person (GP, day centre workers, cleaners, etc.). They may have suggestions about how best to engage with the individual.
- Discuss whether the person would consent to a referral to the fire service for a free Safe and Well check, for advice and resources to stay safe in their home. You may feel it suitable to attend with the fire service to support the individual.
- Take something as a positive introduction. For example, an Occupational Therapist may take a piece of equipment, which could make the person's life easier and may be accepted. If the individual has meals delivered, you could go along at the same time as the delivery.
- Ask others about the individual's interests and hobbies to find something that might engage them, think creatively about how this could be incorporated into your work, or the work of other agencies.
- Consideration should also be given to things that you know have succeeded in the past with this individual, as this may have the same outcome if tried again.

If there are significant concerns, professionals may need to visit someone with a police escort. Local Police Community Support Officers often have a good relationship with the community and may know the person. The police can also gain entry if there are risks to the person's life, in line with Police and Criminal Evidence Act legislation.

Multi-agency working

There should be effective coordination of any actions that need to be taken across all agencies by the key professional involved. Information about risk and actions

should be shared with relevant agencies, in most circumstances with consent of the adult at risk.

Multi-agency meetings can be coordinated by any professional, are not limited to safeguarding adults procedures, and can often be the best means of sharing information and collaborating on risk assessments.

Accurate recording

Identification of risks and actions taken to manage or minimise risk should be fully documented in professional notes and, where appropriate, a risk assessment and risk management document should be completed. Recording should fully evidence and support any decision making and appropriate monitoring arrangements should be considered and implemented if necessary. This is particularly important where safeguarding adults procedures have not been used and therefore as a result safeguarding adults documentation will not have been completed.

Key Agencies and their roles.

Adult Social Care – Are responsible for assessing care needs and safeguarding adults with needs for care and support.

Advocacy – An Independent Advocate is an advocate working independently of the Local Authority and appointed under the Care Act. The role of an Independent Advocate is different to the role of a general Advocate because they are not just supporting the person to have a voice, but to facilitate and maximise their involvement in a whole range of adult Care and Support processes. Advocates also have a role in reporting concerns.

Ambulance Services – Ambulance staff are called to people's properties in emergency situations and often access parts of the property that other professionals may not ordinarily see. They are able to assess an individual's living environment and physical health and often raise concerns with Adult Social Care Services and health services.

Building, maintenance workers and utility companies – Utility companies/building and maintenance workers have an important role in the identification of hoarding and self-neglect as they visit people's homes to read meters, carry out inspections or carry out building/maintenance work.

Care Services – Those providing the services have a role in both identifying people who self-neglect and hoard and in working with them.

Children's Services – Self neglect and hoarding impacts whole families, and a joined-up approach is required. Adult Social Care and Childrens Social Care have a duty to make referrals where there are concerns about children or adults.

Community Support – Often family members, friends, or neighbours have the best insight into cases of self-neglect and hoarding. Members of the public are encouraged to report concerns to Adult Social Care, or to discuss with a trusted professional.

Environmental Health Services – Environmental Health Services have a range of powers to intervene where a property is in a condition that is prejudicial to health, or where the premises is materially affecting neighbouring premises. Environmental Health is a frontline agency in raising alerts and early identification of cases of self-neglect.

Fire and Rescue Service – Are best placed to work with individuals offer advice, guidance and resources to minimise significant harm from fire, as a result of the occupiers' risk factors. Fire and Rescue Services will raise alerts when called to or visiting addresses where significant risk is identified or where homes have damage because of a fire and the individual continues to live at that address. [Safe and Well](#) visits can be conducted jointly with partners, to protect occupiers from fire.

Health services – Community based therapists, nursing staff and GP's are often the first people to observe hoarding and self-neglect related problems. These professionals can be key to identifying triggers and changes which are then fed into the multi-disciplinary team. Health professionals may, for example notice possible indications of self-neglect where an individual may be declining prescribed medication or support, not attend appointments or declining care of impaired skin integrity.

Housing

Private landlords/housing associations and registered social landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. The role of the landlord/housing association and powers afforded to them means that they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within multi-agency discussions.

Police

Neighbourhood police teams often hold vital intelligence about the community they support and have responsibility for reporting these concerns. The police can support in gaining access to conduct assessments if all else fails.

RSPCA

If an animal/s are being neglected by the individual, a referral may need to be made to the RSPCA.

6. Levels of risk/harm and suggested responses

Lower-level concerns

Lower-level concerns are usually dealt with outside of adult safeguarding procedures and are often managed effectively by an appropriate practitioner. Under Section 9 of the Care Act 2014, where it appears to the local authority that an adult may have needs for care and support, they must assess whether this is so and what those needs are. Consideration should be given to the presence of multiple lower-level concerns, as these can often indicate patterns of greater concern.

Where an adult refuses a needs assessment, the local authority must carry out the assessment if the adult lacks capacity to refuse the assessment and the assessment would be in the adult's best interests, or the adult is experiencing, or is at risk of, abuse or neglect. (Section 11. Care Act 2014).

Examples can include but may not be exclusive to, isolated incidents of:

- Poor self-care causing some concern, but no signs of impact or distress.
- Property neglected but all essential services/appliances work.
- Occasional non-attendance at appointments not impacting health, safety or wellbeing.
- There is no/low risk or impact to self or others.
- Some evidence of hoarding – no impact on health/safety.
- Support declined but no impact on health, safety, or wellbeing. Isolated or occasional reports about unkempt personal appearance or property which is out of character or unusual for the person.

Suggested responses to lower-level concerns

- Referral to Adult Social Care
[Contact Adult Social Care](#)
01670 536 400
- Referral to Childrens Social Care (where there are concerns a child may be impacted by a care giver self-neglecting)
[Contact Children's Social Care or Early Help](#)
01670 536 400
- Provide information/advice about risks and what options there are for reducing risks.
- Care Act assessment and/or review of existing care plans
- Risk assessment.
- Use of Clutter Image Rating Tool (where appropriate – see Appendix 2).

- Multiagency meetings.
- Referral to District nurse, GP, OT, Crisis Team
- Referral to NFRS for [Safe and Well visit](#)
- Promote self-help (asking for help if needed; keeping appointments).
- Provide financial information/advice.
- Signpost to universal services (e.g., GP, Fire Service, Leisure Services, Libraries).
- Tenancy support
- Change of accommodation.
- Provision of social care services (long-term or short-term reablement)
- Health assessment/re-assessment/review (including action intervention under the Mental Health Act 1983)

Significant/critical concerns

Where presenting risks of self-neglect have been identified as significant or critical, safeguarding adults procedures must be used, and a safeguarding adults enquiry should be coordinated so that the concerns can be fully explored on a multi-agency basis and reassurance can be provided that all possible options to manage risk have been attempted.

Examples can include but may not be exclusive to incidents of:

- Lack of engagement with health and social care professionals which leads to risk of significant harm.
- Property or environment shows signs of neglect with evidence of unsanitary conditions, clutter, hoarding that are potentially damaging to health and wellbeing.
- Extensive structural deterioration/damage in the property causing risk to life including, but not limited to, fire or gas leaks.
- Substance use significantly impacting on health/safety/wellbeing.
- Lack of essential amenities/food provision.
- Non-compliance with medication with risk to health and wellbeing.
- Where animals in property are impacting on the environment with risk to health.
- Refusal of health/medical treatment that will have a significant impact on health/wellbeing.
- Behaviour poses risk to self and others, and care in place does not effectively mitigate this risk.
- Appearance of malnourishment.
- Reports of welfare concerns from multiple agencies.
- Behaviour which poses a fire risk to self and others.
- Poor management of finances leading to risks to health, wellbeing or property.
- Ongoing lack of self-care to the extent that health and wellbeing deteriorate significantly e.g., pressure sores, wounds, dehydration, malnutrition, incontinence.

- Failure to seek lifesaving services or medical care where required.
- Complex and high-level risk, including the potential for or possibility of death and/or serious injury because of the presenting risks and situation.

Suggested responses to significant/critical concerns (in addition to all suggested actions re. lower-level concerns

- **Referral into safeguarding adults procedures**
[Report a safeguarding concern](#)

Safeguarding adults enquiries

The safeguarding adults enquiry should result in a Safeguarding Adults Plan being devised which could include any of the actions/interventions described above when responding to low level harm.

In self-neglect cases, the safeguarding adults enquiry should include specific consideration of:

- The mental capacity of the adult at risk in relation to specific decisions
- Involvement of the adult at risk (and/or their family/a representative), including in the development of a Safeguarding Adults Plan
- A review of current arrangements for providing care and support. Does there need to be an assessment/reassessment/review? This should include any informal carer arrangements.
- Options for encouraging engagement with the adult at risk (e.g., which professional is best placed to successfully engage? Who would the adult respond most positively to?)
- Any legal options available to safeguard the adult (see appendix 1). Legal advice should be sought.
- Whether there any other people at risk (including children) and what action needs to be taken if this is case.
- A contingency plan should the agreed Safeguarding Adults Plan fail.
- How agencies/professionals will keep in regular communication about any changes or significant events/incidents.
- Support for front-line staff delivering services to the individual.

As with all safeguarding adults enquiries, it is important that details of actions and decision-making are clearly recorded.

7. Ending safeguarding adults enquiries

Ideally work will be carried out with individuals, which will result in their situation and safety being improved. This will be based on decisions made with the

individuals themselves, their families/carers (if appropriate) and any agencies involved.

There may come a point at which all options have been exhausted, and no improvement has been established and/or risks remain. In cases where a critical level of harm has been encountered and it has not been possible to reduce risks, senior management must be informed and consulted.

A decision to end a safeguarding adults enquiry must be made on a multi-agency basis and will be based on an individual risk assessment.

The shared decision will be recorded highlighting any monitoring that may be in place. It will also be clear that future concerns will be reassessed if the person is agreeable and motivated to become involved in the future or if risk increases.

Where safeguarding adults procedures have not been used (because the level of risk/harm is deemed to be low or due to a lack of consent) a decision to end involvement should be communicated with the other agencies/services involved.

Dispute resolution

Professional challenge and escalation are an integral part of professional co-operation and joint working to safeguard adults with care and support needs. The [Escalation processes](#) are detailed within NCASP's multi-agency policy and procedures. It provides a framework that encourages professional challenge in a constructive and non-threatening way, establishes processes to ensure a culture of learning, and ensures that staff in agencies are competent and confident in challenging practice in the interests of adults with care and support needs.

Appendix 1: Legal options

There are many legislative responsibilities placed on agencies to intervene in or be involved in some way with the care and welfare of adults who are believed to be vulnerable.

It is important that everyone involved thinks pro-actively and explores all potential options and wherever possible, the least restrictive option e.g., a move of the person permanently to smaller accommodation where they can cope better and retain their independence.

The following outline a summary of the powers and duties that may be relevant and applicable steps that can be taken in cases of dealing with persons who are self-neglecting and/or living in squalor. The following is not necessarily an exhaustive list of all legislative powers that may be relevant in any particular case. Cases may involve using a combination of the following legislative powers.

Human Rights Act 1998

The Human Rights Act outlines everyone's basic rights in law. There are a total of 13 articles, three relevant articles are summarised below.

Article 2: Right to life. This means public authorities must sometimes take positive steps to protect people if their lives are in danger.

Article 3: Freedom from torture and inhuman or degrading treatment. There is a positive duty for public bodies to intervene when abuse is performed by one individual towards another.

Article 8: Respect for your private and family life, home and correspondence. This is not an absolute right and there may be justification to override it, for example, protection of health, prevention of crime, protection of the rights and freedoms of others.

The Care Act 2014

As well as the safeguarding adults duties, The Care Act 2014 includes other relevant duties:

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

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

Carers' Assessments (Care Act 2014, Section 10)

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

Environmental Health

Environmental Health Officers in the Local Authority have wide powers/duties to deal with waste and hazards. They will be key contributors to cross departmental meetings and planning, and in some cases e.g., where there are no mental health issues, no lack of capacity of the person concerned, and no other social care needs, then they may be the lead agency and act to address the physical environment.

Remedies available under the **Public Health Acts 1936 and 1961** include:

- power of entry/warrant to survey/examine (sections 239/240)
- power of entry/warrant for examination/execution of necessary work (section 287)
- Enforcement notices in relation to filthy/verminous premises (section 83) – applies to all tenure.

Remedies available under the **Environmental Protection Act 1990** include:

- Litter clearing notice where land open to air is defaced by refuse (section 92a)
- Abatement notice where any premise is in such a state as to be prejudicial to health or a nuisance (sections 79/80)

Other duties and powers exist as follows:

- **Town and Country Planning Acts** provide the power to seek orders for repairs to privately owned dwellings and where necessary compulsory purchase orders.
- The **Housing Act 2004** allow enforcement action where either a category 1 or category 2 hazard exists in any building or land posing a risk of harm to the health or safety of any actual or potential occupier or any dwelling or house in multiple occupation (HMO). Those powers range from serving an improvement notice, taking emergency remedial action, to the making of a demolition order.
- Local Authorities have a duty to take action against occupiers of premises where there is evidence of rats or mice under the **Prevention of Damage by Pests Act 1949**
- The **Public Health (Control of Disease) Act 1984** Section 46 sets out restrictions in order to control the spread of disease, including use of infected premises, articles and actions that can be taken regarding infectious persons.

Housing – landlord powers

These powers could apply in Extra Care Sheltered Schemes, Independent Supported Living, private-rented or supported housing tenancies. It is likely that the housing provider will need to prove the tenant has mental capacity in relation to understanding their actions before legal action will be possible. If the tenant lacks capacity, the Mental Capacity Act 2005 should be used.

In extreme cases, a landlord can take action for possession of the property for breach of a person's tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard. This would be under either under Ground 1, Schedule 2 of the **Housing Act 1985** (secure tenancies) or Ground 12, Schedule 2 of the **Housing Act 1988** (assured tenancies).

The tenant is responsible for the behaviour of everyone who is authorised to enter the property.

There may also be circumstances in which a person's actions amount to anti-social behaviour under the **Anti-Social Behaviour, Crime and Policing Act 2014**. Section 2(1)(c) of the Act introduces the concept of "housing related nuisance", so that a direct or indirect interference with housing management functions of a provider or local authority, such as preventing gas inspections, will be considered as anti-social behaviour. Injunctions, which compel someone to do or not do specific activities, may be obtained under Section 1 of the Act. They can be used to get the tenant to clear the property or provide access for contractors. To gain an injunction, the landlord must show that, on the balance of probabilities, the person is engaged or threatens to engage in antisocial behaviour, and that it is just and convenient to grant the injunction for the purpose of preventing an engagement in such behaviour. There are also powers which can be used to require a tenant to cooperate with a support service to address the underlying issues related to their behaviour.

Mental Health Act 1983

Sections 2 and 3 of the Mental Health Act 1983

Where a person is suffering from a mental disorder (as defined under the Act) of such a degree, and it is considered necessary for the patient's health and safety or for the protection of others, they may be compulsorily admitted to hospital and detained there under Section 2 for assessment for 28 days. Section 3 enables such a patient to be compulsorily admitted for treatment.

Section 7 of the Mental Health Act 1983 – Guardianship

A Guardianship Order may be applied for where a person suffers from a mental disorder, the nature or degree of which warrants their reception into

Guardianship (and it is necessary in the interests of the welfare of the patient or for the protection of other persons.) The person named as the Guardian may be either a local social services authority or any applicant.

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

In all three cases outline above (i.e., Section 2, 3 and 7) there is a requirement that any application is made upon the recommendations of two registered medical practitioners.

Section 135 Mental Health Act 1983

Under Section 135, a Magistrate may issue a warrant where there may be reasonable cause to suspect that a person believed to be suffering from mental disorder, has or is being ill-treated, neglected or kept otherwise than under proper control; or is living alone unable to care for themselves. The warrant, if made, authorises any constable to enter, if need be, by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove them to a place of safety.

Section 135 lasts 72 hours and is for the purpose of removing a person to a place of safety with a view to the making of an assessment regarding whether or not Section 2 or 3, or 7 of the Mental Health Act should be applied.

Section 136 Mental Health Act 1983

Section 136 allows police officers to remove adults who are believed to be "*suffering from mental disorder and in immediate need of care and control*" from a public place to a place of safety for up to 24 hours (with option for further extension) for the specified purposes.

Mental Capacity Act 2005

The powers to provide care to those who lack capacity are contained in the Mental Capacity Act 2005. Professionals must act in accordance with guidance given under the Mental Capacity Act Code of Practice when dealing with those who lack capacity, and the overriding principal is that every action must be carried out in the best interests of the person concerned.

Where a person who is self-neglecting and/or living in squalor does not have the capacity to understand the likely consequences of refusing to cooperate with

others and allow care to be given to them and/or clearing and cleaning of their property a best interest decision can be made to put in place arrangements for such matters to be addressed. A best interest decision should be taken formally with professionals involved and anyone with an interest in the person's welfare, such as members of the family.

The Mental Capacity Act 2005 provides that the taking of those steps needed to remove the risks and provide care will not be unlawful, provided that the taking of them does not involve using any methods of restriction that would deprive that person of their liberty. However, where the action requires the removal of the person from their home then care needs to be taken to ensure that all steps taken are compliant with the requirements of the Mental Capacity Act. Consideration needs to be given to whether or not any steps to be taken require a **Deprivation of Liberty Safeguards** application.

Where an individual resolutely refuses to any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Act are anticipated, it will be necessary to apply to the Court of Protection for an order authorising such protective measures. Any such applications would be made by the person's care manager who would need to seek legal advice and representation to make the application.

Emergency applications to the Court of Protection

You can apply to the Court of Protection to get an urgent or emergency court order in certain circumstances, e.g., a very serious situation when someone's life or welfare is at risk and a decision has to be made without delay. You won't get a court order unless the court decides it's a serious matter with an unavoidable time limit.

Where an emergency application is considered to be required, relevant legal advice must be sought.

Power of entry

The Police can gain entry to a property if they have information that a person inside the property was ill or injured with the purpose of saving life and limb. This is a power under Section 17 of the Police and Criminal Evidence Act 1984.

Inherent Jurisdiction

There have been cases where the Courts have exercised what is called the 'inherent jurisdiction' to provide a remedy where it has been persuaded that it is necessary, just and proportionate to do so, even though the person concerned has mental capacity.

In some cases, there may be evidence of some undue influence from others who are preventing public authorities and agencies from engaging with the person concerned and thus preventing the person from addressing issues around self-neglect and their environment in a positive way.

Where there is evidence that someone who has capacity is not necessarily in a position to exercise their free will due to undue influence then it may be possible to obtain orders by way of injunctive relief that can remove those barriers to effective working. Where the person concerned has permitted another to reside with them and that person is causing or contributing to the failure of the person to care for themselves or their environment, it may be possible to obtain an Order for their removal or restriction of their behaviours towards the person concerned.

In all such cases legal advice should be sought.

Animal welfare

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

Fire

The fire service is the enforcing authority for the **Regulatory Reform (Fire Safety) Order 2005**. They have the power to issue prohibition notices on premises where there is a serious risk to life, typically on domestic premises connected to commercial properties

Appendix 2: Hoarding

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for which they are designed.

Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. A person with a hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs.

Hoarding is a standalone mental health disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. Hoarding can also be a symptom of other medical disorders. Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a hoarder and a collector is that people who hoard have strong emotional attachments to their objects which are well in excess of their real value.

Many different items can be hoarded in and around the home. Items include, but are not limited to:

Inanimate objects: This is the most common. This could consist of one type of object or collection of a mixture of objects, such as old clothes, papers, receipts, food, containers, DVDs, CDs and VHS tapes, computers and electronic storage devices.

Animal hoarding: Often accompanied by poor standards of animal care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often subject to the accumulation of animal faeces and infestation by insects.

Waste hoarding: Accumulating human waste (both urine and faeces) is a less common form of hoarding.

For further information, including sources of local support, see our [7 Minute Briefing on Self Neglect and Hoarding](#).

As people may see clutter differently, Hoarding UK have published a **Clutter Image Tool** to support professional judgement. This will also help identify any deterioration of self-neglect.

The Clutter Image Rating Tool and Practitioner's Hoarding Assessment form is intended to support all professionals to consistently assess and record the level of

hoarding in each room of a house. The tool allows professionals to quantify changes within a home, and to communicate this with others effectively. The tool should be used as part of wider assessment processes where hoarding is identified as an issue.

Practitioner’s hoarding assessment form

This tool may be used by all practitioners to support wider assessment, review and onward referral as appropriate.

It may be helpful to attach this assessment when making a safeguarding referral where hoarding is present.

Date of home assessment						
Client’s name						
Client’s date of birth						
Address						
Client’s contact details			Landline		Mobile	
Type of dwelling						
Freeholder	Yes	No	If tenant – Landlord’s name & address			
Household members			Name	Relationship	Date of birth	
Family/friends/advocate’s contacts						
Pets present (indicate type and number)						
Agencies currently involved						

Non-agency support in place e.g., Ex-military	
--	--

RISKS							
Structural damage to property		Insect or rodent infestation		Large no. of animals		Clutter outside	
Rotten food		Animal waste in house		Cleanliness concerns		Human faeces	
Blocked exits		Self-neglect		Concerns for other adults		Concerns re children	
Fire Risk		Other (please state)					
Use Clutter Image Rating to score each room. (Use living room pictures to rate rooms not pictured in CIR)							
Living room		Kitchen		Bathroom			
Bedroom #1		Bedroom #2		Bedroom #3			
Dining room				Garage			
Attic		Basement		Car			
Property overall assessment (total clutter rating) - please tick							
Level 1 (1 – 3) (Low level risk or harm) - info, advice, signposting, assessment or provision of services.		Level 2 (4 – 6) (Significant risk or harm) – consider safeguarding		Level 3 (7 – 9) (Critical risk/harm) – safeguarding adults procedures must be used.			
How would these risks affect the person’s safety or the safety of others? (E.g., lack of access by district nurse prevents change of dressings).							

NORTHUMBERLAND FINAL VERSION

Name of practitioner		
Have the risks been discussed with the adult?	Yes	No
Has the adult consented to information being shared?	Yes	No
If not, please provide a rationale for sharing information without consent.		
What does the adult want to happen as a result of this referral?		

Referrals your organisation has made to other agencies (Please tick all that apply)

Safeguarding (child or adult)	<input type="checkbox"/>	Adult social care	<input type="checkbox"/>
Environmental Health	<input type="checkbox"/>	Children's services	<input type="checkbox"/>
Fire and Rescue service	<input type="checkbox"/>	GP or district nurse	<input type="checkbox"/>
Police	<input type="checkbox"/>	Mental health service	<input type="checkbox"/>
Housing/Housing Association/ private	<input type="checkbox"/>	RSPCA	<input type="checkbox"/>
Voluntary sector (specify)	<input type="checkbox"/>	Other e.g., SSAFA (specify)	<input type="checkbox"/>

Clutter Image Rating: Living Room

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale: Kitchen

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Bedroom

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



1



2



3



4



5



6



7



8



9

Appendix 3: Nutrition and Self-Neglect

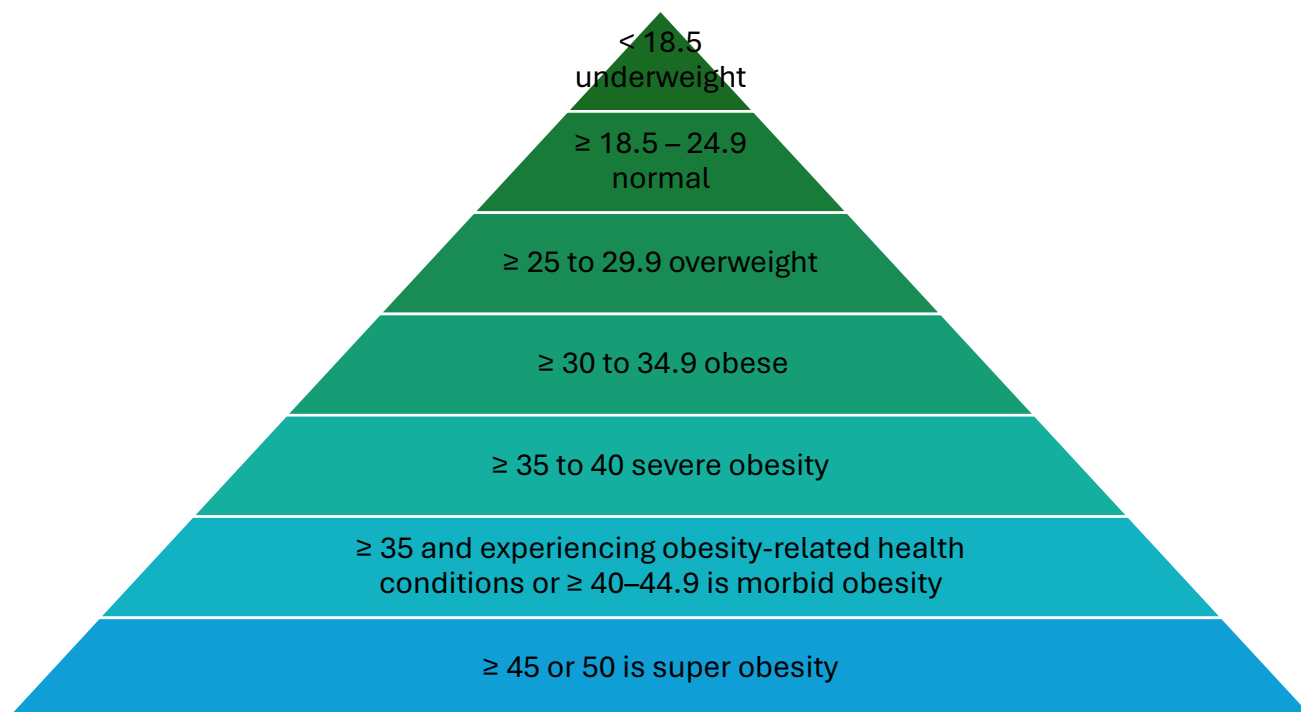
The level of obesity is increasing in the general population, and as a consequence a greater number of plus-size individuals with health conditions are accessing local health and social care services. The provision of care, support and manual handling of these individuals presents a specific challenge partly due to individual factors but also due to the lack of policies, space, equipment, adequate staff numbers and vehicles for safe care, treatment, and transportation.

The interface between obesity and self-neglect identifies some key issues for practitioners:

- In cases of self-neglect where the person is plus size, staff should consider any possible underlying causes, or disabilities which may be interfering with the person's ability and/or choice to engage with care and support.
- Co-operation, collaboration, and communication between professionals specialised in working with disability and those working in obesity can help lead to improved prevention, early detection, and treatment for people.
- Health and social care providers need to identify and understand the barriers that people with disabilities and obesity may face in access to health and preventative services and make efforts to address them before assuming that the person is "refusing".
- Health and social care providers need to make adjustments to policies, procedures, staff training and service delivery to ensure that services are easily and effectively accessed by people with disabilities and obesity. This needs to include addressing problems in understanding and communicating health needs, access to transport and buildings, and tackling discriminatory attitudes among health care staff and others, to ensure that people are offered the best possible opportunity of engaging with services.
- It may be that the person is able to engage in a conversation about a mental health or physical health problem when they do not feel able to talk about their obesity. This may be due to concerns about stigma, embarrassment or worries that professionals may seek interventions that they are not ready to access. Engaging the person to work on the issues they see as important is essential to developing a longer-term relationship.
- There should be active support for plus size individuals to live independent and healthy lives. It is important that health promotion initiatives recognise the limits

of information-giving and the need for whole communities to be included in tackling discrimination, to allow people to have the confidence to accept support and join in with community activities.

Body Mass Index Degrees of obesity are calculated using Body Mass Index (BMI) (WHO 2000)



*Asian and African populations tend to experience health problems at a lower BMI than Caucasians; the National Institute for Health and Care Excellence (NICE) advises the use of BMI of 23 as a threshold for persons from ethnic minority backgrounds. (NICE, 2014)

NCASP have published [Safeguarding Adults Plus Size Guidance](#) following the death of Adult C. This is a multi-agency briefing for practitioners to identify the pathways and support that may be required by plus size individuals, to prevent and/or reduce the risk of abuse and neglect.

Remember:

Obese adults may show signs of self-neglect as they experience decreased activity levels and subsequent change in their quality of life. Obesity interferes with all activities of daily living and physical functioning, such as bathing, toileting, showering, dressing, cooking, walking, parenting, bending, stooping and kneeling. Obese individuals may feel a sense of inadequacy or failure if they have to ask for assistance in such basic tasks which in turn may impact on their engagement with care and support services.

Refusal of care and support may well damage their physical and/or mental health further.

Undernutrition

People who self-neglect may do so by eating too little and becoming dehydrated and undernourished. They may not recognise the risks and undernourishment can be overlooked as an indicator of self-neglect in adults.

There are 4 broad sub-forms of undernutrition: wasting, stunting, underweight, and deficiencies in vitamins and minerals. (WHO, 2024)

Low weight-for-height is known as wasting. It usually indicates recent and severe weight loss because a person has not had enough food to eat and/or they have had an infectious disease, such as diarrhoea, which has caused them to lose weight.

Who is at Risk?

Women, infants, children, and adolescents are at particular risk of malnutrition.

Poverty amplifies the risk of, and risks from, malnutrition. People who are poor are more likely to be affected by different forms of malnutrition. Also, malnutrition increases health care costs, reduces productivity, and slows economic growth, which can perpetuate a cycle of poverty and ill-health (WHO,2024).

Undernutrition in self-neglecting adults could be caused by:

- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions
- traumatic life change.

Please see: [Self Neglect and Self-Care 7-minute briefing](#)

Appendix 4: Poverty and Self-Neglect

In all cases of self-neglect, it is important to think about the extent to which a presentation of self-neglect may be as a result of the financial difficulty that a person is experiencing. The impact of not having enough money to pay for things like food, bills, accommodation, transport, fuel or digital access may result in a very similar set of signs and indicators to those seen in cases of self-neglect. Poverty is not inevitable and there are a range of different agencies and frameworks of support for people in financial difficulty.

In the first instance, consider whether the person experiencing self-neglect may need a welfare benefit check to ensure they are in receipt of their benefit entitlement, particularly if they are unable able to work because they may need help with a new benefit application or renewal.

Talk about money

People are sometimes reluctant to admit that they have debts and money problems. If we make it our business to talk to people about money management, we will make it easier for people to ask for help and to prevent crises. Below are some examples of the sort of questions you can ask:

- Do you have any money worries?
- Are you behind with any of your bills?
- Do you have enough money for food?
- Do you have an income to pay for food, bills and other essentials?
- Have any of your benefits stopped recently?
- Have you been managing to pay your rent, Council Tax and utility bills?
- Do you have any debts or bills that you are worried about and would like some help with?
- Have you been served with a notice, or are you at risk of being made homeless or are homeless?
- Do you regularly turn your heating off because you're worried about the cost?
- Have you been threatened when you were unable to pay your loan?
- Has your benefit or bank card been taken from you as security for a loan?

Know who to contact

There are several organisations that provide trustworthy free debt advice to people. They can be accessed in a variety of ways: by phone, online or face-to-face.

You can find out more about the different agencies in Northumberland that might be able to offer advice at: [Northumberland County Council - Debt help & advice](#)

Safeguarding Adults Plans

Where financial difficulty is identified as a risk factor, Safeguarding Adults enquiries into situations where a person is experiencing self-neglect need to take into account the financial circumstances of the individual. Safeguarding Adults Protection Plans formed in relation to cases of self-neglect need directly address the risk of poverty and identify actions that can be taken to alleviate the risk of destitution.

Language

Whilst the term self-neglect is widely used and understood, to an extent it places the responsibility on the person for the risks that they are experiencing. When responding to cases of self-neglect where financial difficulty or poverty has been identified as a contributory factor, practitioners should be mindful that the circumstances the person is experiencing may be through no fault of their own. When recording as part of enquiries, try to avoid any language which places blame on the individual.

Appendix 5 – Useful contacts

NCASP	Email: ncasp@northumberland.gov.uk	
Adult Social Care	Tel: 01670 536 400	Email: onecall@northumberland.gov.uk
Safeguarding Adults Unit	Tel: 01670 536 400	
Mental Health Services	Tel: 0191 246 6800 (Crisis Support)	
Advocacy	Tel: 0300 303 1660	Email: helpline@voiceability.org Website: https://www.voiceability.org
Environmental Health	Tel: 0345 600 6400	Email: public.protection@northumberland.gov.uk
Children’s services	Tel: 01670 536 400	Email: Childrentriage@northumberland.gov.uk
Fire Service	Tel: 01670 621111	Website: Northumberland Fire & Rescue Service