Self-Neglect Guidance and Tools

December 2015

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1. Definition of Self-Neglect

‘Self-neglect’ is: 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 well-being of the individual and potentially to their neighbours and the community, it includes:

- Lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing, and/or
- Lack of care of one’s environment – squalor and hoarding, and/or refusal of services that would mitigate risk of harm.

Detailed examples are available at appendix five.

2. Introduction

This policy provides a framework to facilitate effective multi-agency working with adults [18 plus] who are at risk of serious harm or death through self-neglect.

This Self Neglect guidance describes a multi-agency process to discuss, identify and document risk for cases of high concern, and formulate a risk management plan identifying appropriate agency responsibility for carrying out these actions. It also provides a mechanism for review and re-evaluation of the risk management plan.

The dilemma of managing the balance between the protection of adults at risk from self-neglect, our duty of care and an individual’s right to self-determination is a recognised challenge for all services.

Using this multi-agency process will help ensure all reasonable and appropriate actions are taken to ensure, as far as possible, the safety and welfare of individuals who are at risk of serious harm because of self-neglect.

This guidance does not preclude or prevent agencies/services from undertaking or discharging their single agencies responsibilities including the disclosure or sharing of information.

3. Aim of these procedures

The aim of these procedures is to prevent death and serious injury/harm to people who self-neglect by ensuring:

- People who self-neglect are empowered as far as possible, to understand the implications of their actions.
- A shared, multi-agency understanding and recognition of the issues involved in working with people who self-neglect.
- Effective multi-agency working and practice.
- Appropriate prioritisation.
- Agencies, services and organisations uphold their duties of care.
Where staff from any organisation/service have identified a self-neglect situation they should take all reasonable steps available to their organisation to address this. Where it has been identified that the involvement of another single agency would assist, contact should be made with the service to jointly address the situation. All agencies should co-operate in partnership when receiving a referral from another.

Where self-neglect is identified as an issue and there are children [under 18 years of age] involved a Multi-Agency Safeguarding Hub (MASH) enquiry must be raised.

4. Criteria

In order to consider a person for a self-neglect risk management meeting all the following criteria should apply:

- There is a risk of serious harm or death by self-neglect, fire, deteriorating health condition, non-engagement with services.
- There is a high level of concern from a partner agency.
- There is a public safety interest.

Serious harm means potential death or serious injury (either physical or psychological) which is life threatening and/or traumatic and which is viewed to be imminent or very likely to occur. For more information on assessing risk please see the Self Neglect Assessment Tool.

Public safety interest means there is, or is a risk of, an impact upon the health and wellbeing of the public by such as, the attraction of vermin, the attraction of infestations, the risk of fire and fire spread, caused by the build of clutter etc., unsafe buildings/structures perhaps due to disrepair. An overriding public interest refers to a situation where it is essential to share information in order to prevent a serious crime or to protect others from harm.

Please note: involvement in multi-agency risk assessment fora (for example JMAPP A or MARAC) or in the criminal justice process does not prevent an individual from being referred using the Self Neglect guidance. Any involvement with these fora will be discussed at the first Self-Neglect Risk Management Meeting (SNRMM).

Where a practitioner thinks that this might apply they must consult with their manager and/or designated safeguarding lead or advice can be sought from the adult safeguarding team.

The Self Neglect Assessment tool can support your decision making but should not delay the decision to call a Self-Neglect Risk Management Meeting [SNRMM] where it is clear that a person fits the criteria above.

Please note if all criteria are met except the public safety interest then information can be shared with the Single Point of Referral, Adult Services This will enable contact to

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1 http://jerseyscb.proceduresonline.com/chapters/p_glossary.html
be maintained with the capacitated adult or where an adult is assessed or considered not to have capacity to make decisions regarding their safety and welfare to ensure they receive appropriate services.

**N.B. Any agency can request a Self-Neglect Risk Management meeting.**

Consent for holding a SNRM meeting should be obtained from the person wherever possible, and the person will be encouraged to participate in the process. However, a lack of consent would not prevent a meeting from taking place.

### 5. Role of the Safeguarding Adult Team, Community and Social Services

The Safeguarding Adult Team are the lead co-ordinating agency for this multi-agency process. Their role is to:

- Co-ordinate and chair the Self Neglect Risk Management Meetings [including Review Meetings].
- Identify agencies to be invited in consultation with the referring agency.
- Ensure the timely distribution of minutes and Risk Management Plans.
- Provide support, advice and guidance to the Lead Worker and other members of the multi-agency team around the adult.
- Ensure the rights and responsibilities of the person remain central to the process.
- Ensure appropriate escalation of the situation in line with this guidance.
- Share relevant and proportionate information with all those engaged in supporting the person and who are part of the plan.

### 6. Role of the Lead Worker

The Lead Worker can be from any agency that has a role in working to support the person. Their role is to:

- Ensure the person is aware of the process and the risk management plan.
- Try to build effective relationship with the person with the support, advice and guidance of the Safeguarding Adult Team and relevant others in the team supporting the person e.g. Substance Misuse Worker.
- Share relevant and proportionate information with all those engaged in supporting the person and who are part of the risk management plan.
7. Role of all members of the multi-agency team supporting the adult at risk who self neglects

- All those engaged in trying to reduce and mitigate risk to the person should support the process by providing relevant advice, information and guidance.

- All should actively contribute to problem solving and resolving issues as part of the Risk Management Plan.

- All are collectively responsible for developing the Risk Management Plan and remain accountable to their agencies for the actions they have agreed to deliver.

- All will share relevant and proportionate information with all those engaged in supporting the person and who are part of the plan.

8. Self-Neglect Risk Management Meeting [SNRMM tool Section 1 initial meeting]

If the criteria are met the Safeguarding Adult Team will coordinate attendance at a SNRM meeting. The Safeguarding Adult Team will help identify which other agencies/services will be invited to the meeting. This will be done in consultation with the referring agency.

Consideration should be given to inviting appropriate agencies including non-statutory, voluntary sector and local community groups to facilitate the best opportunity to encourage positive engagement with the person.

- The Safeguarding Adult Team can request the attendance of another agency even if the person may be currently unknown to that agency.

- All partner agencies must ensure appropriate staff attend who have the required seniority to make decisions on behalf of their organisation.

- The purpose of this multi-agency meeting is to formulate a multi-agency risk assessment and identify actions to reduce risk to the person.

- Consideration must be given as to how the views of the person can be included. The person and/or an appropriate representative are encouraged to attend.

The following agenda should be followed when chairing a meeting:

- Introductions.
• Background to the circumstances of the concerns by the referring agency [as outlined in the assessment].
• Consent & capacity Issues.
• Identify risks.
• Identify actions & timescales.
• Identify a Lead Worker to maintain/support contact the person.
• Organise review date or exit strategy.

The meeting will formulate a Risk Management Plan including options available for creating/sustaining engagement with the person. Considering who is best placed to successfully engage with the person, for example; whether the person would respond more positively to a health or a voluntary agency professional. This person will be the identified Lead Worker.

The role of the Lead Worker is to try to engage the person in the risk management plan, sharing information about the process with the person and focusing on building an effective relationship. They will be supported in this by the Safeguarding Adult Team who will offer advice and guidance.

The Safeguarding Adult Team will ensure the effective co-ordination of information about the Self Neglect Risk Management Plan and will be informed of any issues emerging in the operation of the plan that mean risk is not being reduced or if risk is heightened. It is their responsibility to share this information with the multi-agency practitioners engaged in the risk management plan, including and in particular the Lead Worker.

The first review date of any Risk Management Plan under this process must be within 28 days of the first meeting. Following this subsequent reviews must be held within a maximum of 3 months.

Following a period of implementing the Risk Management Plan, the meeting will reconvene to review the plan which will be evaluated and new actions identified as required. This is called a Self-Neglect Risk Management Meeting Review [SNM tool Section 2 Review] and is a multi-agency meeting.

9. Recording the Risk Management Process

It is an expectation that the Risk Management Meeting Record will be completed fully and will be circulated within 5 working days through the Adult Safeguarding Team.

Actions agreed at the meeting need to be initiated immediately by partner agencies and attendees must not rely on the minutes being distributed.

The Chair will request minutes are taken by an appropriate person attending the meeting using section 2 of the SNRM proforma. It is not appropriate that the Chair also takes the minutes.
The minutes will be agreed by the Chair prior to distribution to attendees and the adult at risk. This should happen within 5 working days of the meeting. This will include consideration of whether the adult at risk can receive the minutes in part or in full (if third party/other sensitive/confidential information is contained within, considering the requirements of the Data Protection Law) and this should be determined by the Chair in consultation with other key professionals where appropriate.

Each agency, when sharing information within the meeting or when collectively considering the need to share/disclose information to others who may be at risk by the person’s behaviour/activity, must have regard to the principles of information sharing as outlined in Appendix 2.

10. **Central Point of Co-ordination**

All Self Neglect Assessments and SNRM Meetings will be collated by the Single Point of Referral, Adult Social Services to ensure:

- A single record of activity around an individual in relation to Self-Neglect.
- There is no potential duplication of activity around an individual.
- The sharing of information around previous and current service contact.
- Provide the mechanism for audit, review and scrutiny of practice in relation to Self-Neglect.

This will be achieved by:

- The SPOR receiving and recording contacts from agencies where there is a request to begin a Self-Neglect Risk Management process.
- The Safeguarding Adult Team informing the SPOR of their intention to begin a Self-Neglect Risk Management process.
- Copies of meeting minutes and plans will be sent to the SPOR in a timely manner.
- The Safeguarding Adult Team will inform the SPOR at the point the process is closed.
- The Safeguarding Adult Team will maintain data, information and oversight in relation to the SN process as agreed with the Safeguarding Partnership Board. This will be included as part of the performance reporting of the SPB and inform operational practice.
- Usual case recording requirements apply.
11. **Reviewing the Risk Management process**

The Safeguarding Adult Team will need to reconvene the multi-agency meeting at appropriate intervals [in accordance with this guidance] to review the risk management plan. It is assumed that the same agency representatives will attend the review meeting. If substitution is unavoidable the representative must have sufficient decision making authority. The review should look at how the actions from the risk management plan have been achieved, or whether any changes in approach are needed.

It may be that a decision is made to exit the SN procedure as the risks may not be assessed meeting the criteria for the process.

If all risks have been identified, presenting problems resolved and there are no further actions a decision may be made to exit the process.

The review date can be brought forward if a situation changes significantly at any given time.

12. **Escalation**

Please note: If at a SNRM Review attempts to implement the plan have been unsuccessful, the self-neglect could result in significant harm and the person is rejecting the Risk Management Plan, a Head of Service/Senior Manager of Adult Social Services must be informed to consider appropriate next steps and provide oversight of the risk assessment process. This must be documented and signed by the appropriate manager on the SN case records.

An outcome of the escalation may be one which confirms that agencies/services involved have undertaken all reasonable steps within their powers, as the law is clear there are circumstances when intervention could be illegal. Where this is the case this will need to be documented clearly.

Attempts will continue to engage the adults in the risk management plan and the plan will continue to be reviewed 3 monthly.

Please see [Practice Considerations](#) in addition.

N.B The case should not be closed just because the adult at risk is refusing to accept the plan.

13. **Exit Strategy**

The multi-agency group should consider implementing the exit strategy when:

- Actions identified have been completed; and
- Presenting problems are resolved.
• Ongoing support for the person has been identified and agreed by relevant agencies, if required.
• Learning and good practice have been recorded and shared as part of the performance management of the process to be incorporated in learning.

Exit from SNRM process is complete when the SPOR have been informed, in addition to the person at the centre of the process and all agencies/services that need to know.

14. Escalation and Resolution

Where a practitioner disagrees with a decision made in this process, from the request to start a Self-Neglect Risk Management process to the decision to close the process they should follow the Escalation and Resolution Pathway.

15. Legal Considerations

**Human Rights**
It is an essential part of the process that people are involved as far as possible, and have a right to privacy and to make unwise decisions if they wish to do so [Presumption of capacity]. However the Human Rights Law also includes the Right to Life (article 2) The SNRM meeting is an opportunity to ensure that all agencies have offered support and options to individuals whose life is at serious risk or harm.

**Capacity**
It is important to consider issues of capacity within the Self-Neglect process. Practitioners are advised to consider their own agencies policies and procedures and the SPB Capacity Policy to ensure they are working to good practice guidance.

People who are assessed not to have capacity to make decisions regarding their safety and welfare should have their needs considered in line with the SPB Capacity Policy and agencies own procedures and guidance. (Best Interests Decision Making Process).

*Information Sharing: Appendix Two*

16. Practice Considerations

All people have the right to take risks and to live their life as they choose. These rights will be respected and weighed up, when considering duties and responsibilities, in particular the duty of care.

The right to self-determination will not be overridden, other than where it is clear that the consequence would be seriously detrimental to the person's, (or another person's) health and well-being and where it is lawful to do so.
Each person’s situation is individually unique. Professional judgement will dictate the significance of different issues and approaches included, along with how and when these may most effectively be considered and applied.

Balancing choice, control, independence and wellbeing calls for sensitive and carefully thought through decision-making. Dismissing self-neglect as a "lifestyle" choice is not acceptable. Labelling people and ascribing terms to their condition without proper assessment is unhelpful and inappropriate.

There are various reasons why people self-neglect. Some people have insight into their behaviour, while others do not; some may be suffering an underlying condition, such as dementia. In many cases people have suffered major losses or traumas.

Part of the challenge is knowing when to intervene, as this usually involves making individual judgments about what is an acceptable way of living, balanced against the degree of risk to a person. Assessing capacity is the cornerstone and starting point of good practice.

Remember if a person is assessed as lacking capacity in relation to decisions regarding their safety and welfare then the best interest’s process must be followed.

For further guidance on practice considerations see Appendix 3

17. Specific Guidance for Young People aged 16-17 years

Where notification is received by the SPOR/Safeguarding Adult Team of a young person aged between 16 and 17 years in relation to self-neglect a MASH enquiry must be raised. This is the responsibility of the notifying agency. This is because the responsibilities of the Children’s Service in relation to children up to 18 years of age [and 21 if a care leaver] take precedence over this process.

Where a young person is a child in need or on the child protection register, this process can be used where the criteria is met as the child reaches 18 years. In practice this means the Safeguarding Adult Team should be involved in any planning meetings or conferences that happen where the young person meets the criteria for self-neglect risk management as defined by this guidance. The Safeguarding Adult Team should be included in a timely manner [after the young person is 17 years old].

For care leavers the self-neglect process could be utilised where a young person meets the criteria in addition to the statutory support that is offered.
18. Self-Neglect Process Flowchart

Practitioner identifies an adult person meets the criteria for a SNRMM and this has been agreed by manager or designated Safeguarding Lead [DSL]

If in doubt about whether criteria are met or whether this is the appropriate response contact Adult Safeguarding Team

If the criteria are met the practitioner fills in the Self-Neglect Assessment Tool [please see appendix three]

Send to the Safeguarding Adult Team via the Single Point of Referral [SPOR]

Consider Capacity in relation to identified risks of self neglect; use Capacity Policy

Self-Neglect Risk Management Meeting co-ordinated by Safeguarding Adult Team – Risk Management Plan in place

Review SNRMM co-ordinated by Safeguarding Adult Team – revised risk management plan as necessary. If risks sufficiently reduced go to EXIT strategy or plan further review

Exit from SNRM process and inform the SPOR

Please note that if at SNRM Review, attempts to implement the plan have been unsuccessful, the self-neglect could result in significant harm and the person is rejecting the Risk Management Plan, then a head of Service/Senior Manager of Adult Social Services must be informed to consider appropriate next steps and provide oversight of the risk assessment process. This must be documented and signed by the appropriate manager on the SSN case records.

An outcome of the escalation may be one which confirms that agencies/services involved have all undertaken all reasonable steps within their powers, as the law is clear; there are circumstances when intervention could be illegal. Where this is the case it will need to be clearly recorded. NB The case should not be closed just because the adult at risk is refusing to accept the plan.
Appendix One: Single Agency Responsibilities

Family Nursing and Home Care

Family Nursing and Home Care provides district nursing services to patients in the community who have a nursing need. Patients who are immobile are visited in their own home and those who are able to leave their homes are offered a clinic appointment.

Nurses undertake a comprehensive assessment of a patient’s health and social needs which includes their home environment and their ability to self-care. They can identify patients with a nursing need who are self-neglecting and support them to access services. Nurses will work closely with GP’s and other members of the multi-disciplinary team to inform joint risk assessments and formulate a support plan for patients with a nursing need.

FNHC are also an approved provider of home care services. Due to the integrated nature of the care we provide to clients requiring homecare our Senior Health Care Assistants are able to assess clients and make referrals to the District Nursing service for clients who have a nursing need.

General Practitioners [GPs]

General Practitioners often have a good long term relationships with their patients and their families. In the case of serious self-neglect, these patients themselves may not be known to GPs, relatives/neighbours/friends of the individuals may however still have contact and may voice their concerns to their GP. General Practitioners do provide home visits on a routine and urgent basis and in this capacity they may come across home situations which would concern them. It is sometimes challenging for other agencies to ascertain which GP surgery an individual is registered with. The best way to ascertain this is to contact Social Security for details of the last known contact with a General Practitioner. General Practitioners offer an out of hours service for consultations and home visits from the JDOC base at the Gwyneth Huelin wing of the hospital. This service is only accessible by patients registered at JDOC member practices. It is thus unlikely that this would be the first point of contact for those with serious self-neglect issues. As part of GP services, both in and out of hours, we would be called to attend in order to support psychiatrists and social workers in Mental Health Assessments (under the Mental Health Jersey Law). General Practitioners whilst limited in their ability to attend meetings during surgery hours would be keen to be involved in communications regarding self-neglect cases and to be involved in the subsequent risk management processes.

Adult Social Services

From January 2016, the Adult Social Work Team and the Older Adult Social Work Team will amalgamate to form one integrated service for all adults aged 18 and over who have social care needs. Whilst there are separate teams with responsibility to support those experiencing acute mental health problems, the majority of adults in Jersey who need support to meet their social care needs will be referred to the adult social work team, via the Single Point of Referral.
Though the legal framework is different in Jersey than in the United Kingdom, the laws from the UK (primarily the Care Act 2014 and the NHS and Community Care Act 1990) are followed for best practice, and as such anyone who may have social care needs will have those needs assessed by a suitable professional.

The main funding mechanism for meeting people’s social care needs is via the Long Term Care Benefit, which was implemented in June 2014.

**Safeguarding Adult Team**

The Safeguarding Adults Team is responsible for the coordination of all operational adult safeguarding work in Jersey. This ordinarily means that individuals have experienced or are at risk of experiencing abuse from a third party. This can include all abuse types e.g. physical, psychological, institutional, sexual, discriminatory, and financial or neglect. From January 2016 the Safeguarding Adults Team will also be responsible for co-ordination of activity and plans for those adults who meet the criteria for a self-neglect risk management meeting and plan as defined by this guidance.

In addition it is planned that adults at risk of significant harm - serious injury or death from self-neglect will be included in the category of neglect in the adult safeguarding procedures as part of the next review of procedures [planned for July 2016].

The Safeguarding Adults Team will coordinate and tailor an appropriate response to risk assess individuals and ensure that there is proper representation from Health and Social Care Partners to optimise the safety of the individual, and carry out any necessary assessments of capacity; and attempt to build rapport to begin effecting positive change.

The team will maintain and analyse accurate statistical information which will be shared with the Safeguarding Partnership Board.

The team will also ensure that case notes are correctly maintained, should they be required for purposes of scrutiny.

**Advocacy and Advocacy Workers**

Where a client has capacity, independent advocacy can assist the client to

- understand their rights,
- consider their options,
- express their views and wishes, and
- ensure that they are listened to.

Where a client lacks capacity, independent capacity advocacy can provide a valuable safeguard to review important best interest decisions which should be made in line with the Capacity Policy/Law and the individual’s Human Rights.

The Independent Capacity Advocate’s role would be to assess the person’s best interests. In order to do this they would provide support to the individual to enable the
person to participate as fully as possible, obtain and evaluate information in relation to the decision being made, ascertain what the person’s wishes and feelings may have been and the beliefs and values which influenced them whilst they had capacity. Ascertain any alternative courses of action taking into account the principle of least restrictive.

The Independent Capacity Advocate would then provide information to the decision maker and challenge any decisions where they believe it to be inappropriate or unnecessary. The ICA is not responsible for providing care or treatment, neither do they make the final decision.

Andium Homes

Andium Homes is Jersey’s largest provider of affordable housing, managing more than 4,500 properties and providing homes for over 10,000 Islanders. The Company offers a number of services which are to be expected from a responsible landlord, such as a robust planned maintenance service, response repairs, tenancy management, income recovery, a challenging capital programme and an allocations service. Like all social housing providers, we allocate our homes through the Affordable Housing Gateway, to those assessed as being in the greatest need.

Unlike the other social housing providers, Andium Homes also offers a number of unique services, such as:

- Client Engagement – we have a strong Tenants Forum, High Rise Panel, and On-line Forum and a number of other residents groups. Engaging with clients is a priority and this is achieved face to face, over the phone, electronically, using social media and also with a regular magazine which is sent out to all clients twice a year.
- Sales – we sell a proportion of housing stock and offer a deferred payment scheme, which increases the opportunity to purchase for many Islanders by making home ownership more affordable.
- 24 hour emergency maintenance service – we are on call 24/7 to deal with emergency maintenance issues.
- Independent Living - Providing appropriate accommodation and support to clients with complex needs. We have a Medical Adaptations Scheme which enables older people to live independently in their homes for longer. We play a key role in safeguarding both children and adults at risk and work hard to raise awareness of safeguarding issues across our client base and our contractors.

States of Jersey Police

In the event of the police responding to any incident where there is a concern for an individual’s welfare whilst they are at their home address the police do have a Common Law power of entry if they have sufficient concerns that the individual is at immediate risk of harm. These powers could be utilised in cases of self neglect if the circumstances warranted this.

Where the circumstances do not warrant the police forcing entry to a premises, but there is evidence of self neglect that requires an immediate response, police will notify...
appropriate agencies to attend and assess where the individual consents or is deemed not to have capacity. Where an immediate response it not required the Police Office will create an adult protection notification which is assessed by the Public Protection Unit sergeant for consideration of referral to Community and Social Services, Single Point of Referral.

In the event of a self-neglect concern where an individual is in a public place, the police can consider detaining the person under the Mental Health Law to be taken to a place of safety.

The police can also support Mental Health Service to execute Warrants issued to them by the Bailiff to enter premises to detain persons under the Mental Health Law.

Whilst the police have limited powers specifically relating to incidents of self-neglect we do have an overall duty to protect the public and as such where we are called upon to deal with such incidents officers have a responsibility to take appropriate measures to mitigate these risks, whilst being mindful of all individual’s right to self-determination.

**Jersey Fire and Rescue**

Our service has five key functional areas of responsibility, they are Prevent, Protect, Prepare, Respond and Support. Our Prevent (Community Engagement) and Protect (Technical Fire Safety) functions are the areas where we have legislative powers which enable us to engage with the public and other external stakeholders and agencies to educate on fire safety and enforce and advise on fire safety measures which help improve the built environment making Jersey a safer place to live and work.

Below is a list of key areas where our Prevent and Protect functions are currently pro-active, this list is not exhaustive and if other stakeholders or agencies think that we may be of assistance then please ask.

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<tr>
<th>Area of work</th>
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<tr>
<td>Fire Safety Advice</td>
<td>We offer a free advice on fire safety in the home.</td>
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<tr>
<td>Home Fire Safety Visit (HFSV)</td>
<td>We carry out HFSV and install free smoke alarms for all those people who are in our at risk groups.</td>
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<tr>
<td>Fire Education Safety Education</td>
<td>Ensure fire safety education is given in schools to all key stage areas and to those who are in our at risk groups.</td>
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<tr>
<td>Fire Certificates</td>
<td>Enforce fire safety measures on all premises which require a fire certificate under the Fire Precautions (Jersey) Law 1977.</td>
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<tr>
<td>Building Applications</td>
<td>Enforce appropriate fire safety measures commensurate with risk.</td>
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<tr>
<td>Planning Applications</td>
<td>Act as a consultee.</td>
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<td>Petroleum Installations</td>
<td>Licence all petroleum installations.</td>
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<td>Explosives/Fireworks</td>
<td>Give advice and inspect premises who import, store and supply fireworks.</td>
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<tr>
<td>Licensing Applications</td>
<td>Inspect, report and advise on Fire Safety Requirements in premises which hold a current licence under the Licencing (Jersey) Law 1974.</td>
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<td>Hoarders and where there are concerns regarding hoarding and clutter</td>
<td>Carry out joint visits and offer advice about fire safety and escape plans. Use statutory powers to prohibit use if required.</td>
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<tr>
<td>Bonfires</td>
<td>Give advice where deemed necessary.</td>
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When working with adults who meet the criteria for a self-neglect risk management meeting practitioners can consider, in particular Fire Safety Advice, Escape Plans and free smoke alarms. If in any doubt practitioners should contact Jersey Fire and Rescue who will be able to offer advice as any of the above powers and duties may come into play.

**At risk groups:**

Children and Young people  
Older People (65 Over)  
Vulnerable People/Adults at risk/Adults at risk of self-neglect

**Environmental Health**

The Environmental Health team are experienced in engaging with owner occupiers, landlords and tenants to gain improvement at a property. The below is a list of our legal measures, but it may be possible to provide assistance outside of these areas if the subject is receptive to suggestions.

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<th>Area of work</th>
<th>Can do</th>
<th>Cannot do</th>
<th>Alternative option</th>
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<tr>
<td>Noise nuisance</td>
<td>If the noise is regular and of a level to impact on the enjoyment of the complainant in their own home. Examples include shouting / loud TV / loud stereo / parties</td>
<td>Andium are the lead team for complaints about properties owned by them. Noise from aircraft. Noise in the street. Noise when not in your own home.</td>
<td>The police may be able to assist with noise nuisance in a street</td>
</tr>
<tr>
<td>Housing defects</td>
<td>Private rented sector only. If the defect is likely to impact on the health of the tenant (damp, insufficient heating (too hot / cold), insufficient toilet facilities, lack of hot water</td>
<td>Owner – occupied properties Defects relating to material effects (broken bed, no flooring etc)</td>
<td></td>
</tr>
<tr>
<td>Planning applications</td>
<td>Act as a consultee</td>
<td>Enforce planning restrictions</td>
<td></td>
</tr>
<tr>
<td>Odour nuisance</td>
<td>If the odour impacts on neighbours</td>
<td>Where the odour is contained solely within the person’s property.</td>
<td></td>
</tr>
<tr>
<td>Complaint</td>
<td>Action Description</td>
<td>Refer to:</td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Bonfires</strong></td>
<td>If the bonfire is regular and of a level to impact on the enjoyment of the complainant in their own home</td>
<td>Bonfires on open land. If the complainant isn't being effected at their own property.</td>
<td></td>
</tr>
<tr>
<td><strong>Rubbish in gardens / homes</strong></td>
<td>If the rubbish is likely to impact on neighbours (odour, flies, attract vermin)</td>
<td>If the rubbish is inert or on open land</td>
<td>Ring the pollution hotline to report fires on open land</td>
</tr>
<tr>
<td><strong>Filthy / verminous properties</strong></td>
<td>Require the owner / occupier / tenant to remove nuisance if impacting on neighbouring properties</td>
<td>If the person’s living conditions do not impact on another person’s property</td>
<td></td>
</tr>
<tr>
<td><strong>Drainage faults</strong></td>
<td>If the sewage is coming out above ground</td>
<td>Undertake actual repair work.</td>
<td>TTS have ability to inspect and require improvement of drainage systems.</td>
</tr>
</tbody>
</table>

**Areas we cannot take action on**

- Complaints of cats defecating in surrounding gardens
- Overhanging trees
Appendix Two: Information Sharing

To comply with the legal framework, public authorities and the professionals that work for them should follow a step-by-step process to decide whether they can share personal information for this purpose. This process and the principles to be applied at each stage are described below:

- **Openness:** wherever possible those wishing to share information should be open with the person(s) whose information they wish to share about their intention to share information. They should explain the reasons for wanting to share information, who the information they collect will be shared with and how it will be used. Where possible, this information must be given in writing to the person(s) whose information will be shared either before or soon after any sharing takes place and this may be though the provision of a standard ‘fair processing’ notice;

- **Consent:** informed consent to disclosure of personal information must be sought except where that would be contrary to the public interest, for example because it would put someone at risk of harm. Where a person consents that should be recorded in writing, if possible by the person signing a statement that reflects his or her understanding of how the information will be used;

- **Public interest:** personal information may only be shared without consent where there is reason to consider, in the specific circumstances, that sharing is necessary in the public interest. There may, in particular, be a public interest in sharing information without consent where that is necessary to detect or prevent crime, or to protect the subject of the personal information or others from serious harm. The public interest in disclosing without consent should always be balanced against the risk of harm that disclosure without consent is likely to have and consideration should be given to whether there is any other means of achieving the same aim. If appropriate, the reasons why the balance of public interest is in favour of sharing the information should be recorded at the time the decision is made, or in any event as soon as possible thereafter;
• Proportionality: the information shared should not be more than is necessary for the specific purposes identified and it should only be shared with those who need to have it;

• Accuracy: So far as practical, all those responsible for personal information should ensure, so far as is practical, that the personal information shared is accurate and is stored for no longer than necessary. Professionals should ask themselves whether the information they are sharing is reliable and complete.

• Security: All personal information shared must be transmitted and kept secure.
Appendix Three: Practice Considerations

Indicators of Self Neglect

Where there is no reasonable explanation attributable to the person’s medical condition the following may indicate self-neglect;

- Weight loss/malnutrition/dehydration.
- Incontinence.
- Infected wounds/cores.
- Compromised skin integrity.
- Missed health appointments, health professionals unable to gain access.
- Failure to follow treatment plans, medication regimes.
- Repeated injuries as a results of falls, accidents in the kitchen.

Home environment

- Fire hazards, alerts raised by the fire service, unsafe electrical appliances.
- Alerts raised by police, ambulance service re concerns for safety including ASB from neighbours, high number of APNs.
- Extreme clutter [Rating scale].
- Windows/locks broken.
- No heating, water, electricity.
- Little or no sign of food in the home and/or rotting foods.
- Infestations.
- Recusal to allow access to property.
- Unusual patterns of behaviour.

Any single indicator could be cause for concern. Multiple indicators are likely to raise the risk.

The capacitated individual

If someone with capacity refuses help, any support risks breaching the individual’s human right [article 8 – the right to a private and family life]. In this scenario practitioners need to document that they have done everything reasonably practicable to support the individual short of breaching Article 8.

Deciding to intervene

Deciding the scale of the intervention is a professional judgement taking into account all factors through a risk assessment. Including:

- The degree to which the individual is placing their health and wellbeing at risk.
- Whether the person has capacity to make the relevant decisions.
• The willingness of the individual to accept help.
• Where further intervention is necessary but the risks are not deemed critical this may involve relationship building by any agency to gain the trust of the individual to support behaviour change.

Whenever a decision not to intervene is made, an explanation for the decision should be recorded.

Engaging the adult

1. Make sure you always share information in an appropriate format for the adult.
2. Check out the adult understands their options and consequences of their choices.
3. Listen to reasons they may have for mistrust, disengagement, refusal of services and their choice.

These points may be a conversation over time rather than a one off discussion and may need to be repeated if risks to their health and safety increase.

Think about who else may help with the conversation – e.g. other professional, family member, advocacy worker.

Where an adult has fluctuating capacity it may be possible to establish a plan which outlines what they want to happen when they lack capacity. Involve the adult in meetings whenever possible.

Engage and support the person’s family/carers

Families and informal carers can make a valuable contribution in terms of the history of behaviour and what is “usual” for the individual. They may also help in establishing trust.

Make sure the person is aware and consents to the family/carer being involved.

They may have a role to play in the ongoing plan of support, if this is the case make sure they are willing and able to undertake the actions needed.

Engage other agencies/services

• Referrals should be clear and timely.
• Where risk is complex make sure that communication of essential information is timely and accurate.
• Don’t forget the GP.
• Escalate if the risk cannot be managed by single agency or multi-agency processes.
• It is acceptable for multi-agency professionals to meet without the adult and/or their representative if this is needed to support better co-ordination or shared understanding of risk.
**Record Keeping**

- Make sure basic details are correct – Name/address/telephone as missed appointments can be caused by letters going to the wrong address.
- Include factual observations from visits that describe risk factors – e.g. person appearance, health symptoms and environment.
- Record emails, telephone calls, management or supervisor decisions.
- Record meetings, decisions and actions – this includes:
  - Decisions made.
  - Who was present/involved in the decision?
  - Rationale for the decisions.
  - Dates of meetings.

These could be formal meeting minutes, but can form part of case recording in less complex cases.

**Clutter Rating Scales**

Clutter rating scales can be found at Appendix Six. These are visual representations of when to be concerned regarding clutter within someone’s home. Please note that any living conditions regarded as 5 or above on the Clutter Rating Scale should be considered significant cause for concern and contact made with the Safeguarding Adult Team for consideration under this guidance.
## Appendix Four: Self-Neglect Assessment REFERRAL form

1. Details of the Person / Adult at Risk of Self Neglect.

<table>
<thead>
<tr>
<th>Name:</th>
<th>URN Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Date of Assessment</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Type of Property</td>
</tr>
</tbody>
</table>

Background information regarding the Person / Adult at risk
### 2. Domains for Consideration (complete proportionally)

<table>
<thead>
<tr>
<th>Area</th>
<th>Observations</th>
<th>Supporting Information (Reports / Photos / etc)</th>
<th>Describe Identified Risks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use / Misuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Concerns / Medical Care / Medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognition / Capacity (consider depression screening)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Engagement / Disengagement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Awareness / Fire Risk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impact on others / Neighbours/ crime</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pets / Pet Care &amp; Welfare / Pet Excrement etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Support Networks / and refusal to accept help.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Person / Adult at Risk’s or View of the situation.

*Please state the person’s own views if known (in their own words were appropriate)*
Please state the person’s express wishes in relation to their situation / Desired outcomes and tolerance towards changes, if known.

<table>
<thead>
<tr>
<th>4. Evaluate Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please evaluate the CURRENT risks.</td>
</tr>
<tr>
<td>Consider whether the person’s attitude towards the risk is increasing the likelihood / severity.</td>
</tr>
</tbody>
</table>
Please see grid below and decide (in conjunction with your line manager) upon an overall risk rating, LOW, MEDIUM, HIGH or VERY HIGH, and see recommended actions.

<table>
<thead>
<tr>
<th>Severity of Self Neglect</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 = Low Risk</td>
</tr>
<tr>
<td>6-8 = Medium Risk</td>
</tr>
<tr>
<td>9-12 = High Risk</td>
</tr>
<tr>
<td>16 = Very High Risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likelihood of event happening</th>
<th>Almost Certain</th>
<th>Probable</th>
<th>Possibly</th>
<th>Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>12</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suggested Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>in all cases follow and review an updated capacity assessment</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low, Med, High, Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
</tr>
<tr>
<td>Very High</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final Risk Rating</th>
<th>Low/Med/High/V High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Rationale For Risk Rating |
5. Actions

Please give details of any actions taken and how they will reduce the risks. (Always discuss and explore risks with your line manager)

<table>
<thead>
<tr>
<th>Actions</th>
<th>By Whom</th>
<th>By When</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

*Please store this record in accordance with your agency’s directions. In high risk/very high risk cases please share this information follow Self-Neglect Guidance and contact the Safeguarding Adult Team.*

6. Completed By

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Role:</td>
<td></td>
</tr>
<tr>
<td>Organisation:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Contact Number:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

*Capacity – confirm capacity has been assessed and reviewed and by whom in relation to what decision.*

Please send a copy of this assessment to the SPOR (Single Point of Referral) at: SPOR@health.gov.je
Appendix Five: Self-Neglect Risk Management Tool

Section 1 to be completed at the initial SN Risk Management Meeting. Section 2 at the SNRM Meeting. Attendance Sheet at each meeting. After each meeting copies of the revised paperwork should be sent to the SPOR and with those invited to attend.

<table>
<thead>
<tr>
<th>Name of service user:</th>
<th>ID/URN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.o.B</td>
<td>Age:</td>
</tr>
<tr>
<td>Address:</td>
<td>Ethnicity:</td>
</tr>
<tr>
<td>First Language:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Details of practitioners/individuals involved in the risk assessment</th>
<th>Name</th>
<th>Role</th>
<th>Phone number/email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Chair of Meeting – name</th>
<th>Role</th>
<th>Date of Risk Management discussion/meeting</th>
<th>Name of Lead Worker and Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting risks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Relevant previous risk factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of risk information/data.</td>
<td>Is the information verified as current and accurate?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Identified</th>
<th>Level of Risk</th>
<th>Likelihood to occur</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Does this case meet the criteria for the SNRM process? Yes/No
If Yes please provide the rationale for the decision
Risk Management Plan
List each action that could reduce or mitigate the risk(s)

<table>
<thead>
<tr>
<th>Risk Management Plan</th>
<th>Action by whom</th>
<th>Action by Date</th>
<th>Review Date</th>
<th>Contingency Plans identified/agreed</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

Date of Review Meeting

Please send a copy of this to the SPOR
**Self-Neglect Review Management Review Meeting** – section 2

Please note if at a review meeting attempts to implement the plan have been unsuccessful, the self-neglect could result in significant harm and the person is rejecting the risk management plan then a Head of Service/Senior Manager of the Adult Social Services must be informed to consider appropriate next steps and provide oversight of the risk assessment process.

<table>
<thead>
<tr>
<th>Review Record – Detail how the risk management plan has been implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact and involvement of the individual. By who, when and what attempts have been made and how successful or not.</strong></td>
</tr>
</tbody>
</table>

| Have the risks increased – what has changed and what can be done to address this | Have the risks decreased – what has changed – Should the exit strategy be implemented. |

---
### Revised Risk Management or Exit Plan
What actions have been agreed and who will carry them out? Please list

<table>
<thead>
<tr>
<th>Action by whom</th>
<th>Action by Date</th>
<th>Review Date [if needed]</th>
<th>Contingency Plans identified/agreed</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Date of next review if needed**

**Date of Closure**

**Reason for closure**

Please send a copy of this to the SPOR
Attendance List

To be completed at the end of each SNRM meeting.

<table>
<thead>
<tr>
<th>Name and Role</th>
<th>Contact Details</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix Six: Clutter Rating Scales

Clutter Rating Scale. Please note anything that is rated 5 or above should be considered a significant cause for concern and is likely to require action under this Guidance.

**Clutter Image Rating: Bedroom**

Please select the photo that most accurately reflects the amount of clutter in your room.
Clutter image rating: Kitchen
Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.
Appendix Seven: Examples of Self Neglect Situations

Self-neglect situations might include:

• Portraying eccentric behaviours/lifestyles, such as hoarding or antisocial behaviour causing social isolation. This can impact on the living environment causing health and safety concerns.
• Neglecting household maintenance, and therefore creating hazards.
• Poor diet and nutrition, evidenced for example by little or no fresh food, or what there is being mouldy or unfit for consumption.
• Refusing to allow access to health and/or social care staff in relation to personal hygiene and care.
• Personal or domestic hygiene that exacerbates a medical condition that could lead to a serious health problem.
• The person refuses to consent to treatments, medications, the use of equipment or interventions for a health or medical condition which could compromise and significantly impact on their health and well being.
• There are signs of serious self neglect that is regularly reported by the public or other agencies, but no change in circumstances occur.
• The person refuses to engage with services despite a need being identified.
• The person is either unwilling or refuses to attend external appointments with professional staff, whether social care, health or other organisations (such as housing).
• The person refuses to allow access to other organisations with an interest in the property, for example; staff working for utility companies (gas, electric and water).
• The abode they are living in becomes filthy and verminous causing a health risk or possible eviction.
• The conditions in the property cause potential risk to people providing support or services.
• There could be other wide ranging situations not listed above or a situation could include one or a combination of the above.

---

## Contact Details for Safeguarding Adult Team

<table>
<thead>
<tr>
<th>Single Point of Referral (SPOR) - Community and Social Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel: 01534 444 440</td>
</tr>
<tr>
<td>Email: <a href="mailto:SPOR@health.gov.je">SPOR@health.gov.je</a></td>
</tr>
<tr>
<td>Post: Single Point of Referral Team, Third Floor, Eagle House, Don Rd, St Helier, JE2 4QD.</td>
</tr>
</tbody>
</table>