



**Safeguarding
Adults Board**
LEICESTERSHIRE & RUTLAND

Leicester, Leicestershire, and Rutland Multi-agency Responding To Self-Neglect (including Hoarding) Guidance

Updated September 2024

Responding To Self-Neglect (including Hoarding) Guidance

1.Introduction

This guidance will support you as a front line professional to work with people who are at risk of self-neglecting or hoarding. It replaces the Leicester, Leicestershire and Rutland Vulnerable Adults Risk Management Guidance (VARM).

The guidance provides a risk assessment tool to support you to identify whether the person's self-neglect or hoarding is **low, moderate, or high risk** (see section 7 for more details). Where a person is assessed as low or moderate risk, you should work flexibly with the person and colleagues in a multi-agency approach to achieve the best outcomes for them. The guidance ***does not, specify which agencies need to be involved nor does it prescribe any specific actions that may need to be taken***. You will need to decide the responses based on the person's individual circumstances as well as the eligibility criteria of partner agencies.

Where your assessment establishes that:

- the person's self-neglect or hoarding is High Risk, meaning they are at risk of serious harm or death,
- they have care and support needs (whether or not the local authority is meeting any of those needs)
- and because of those care and support needs they are unable to protect themselves from neglect,

It would be appropriate to raise a Safeguarding Adults concern to the local authority. The Local Authority Adult Social Care has a duty to make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

This process promotes a persons' human rights (Article 2 and Article 3 rights) by encouraging agencies within Leicester, Leicestershire and Rutland to work together to exercise their duty of care in a way that is a reasonable and proportionate response to the risks.

This guidance should be read in conjunction with other sections of the Leicester, Leicestershire and Rutland Multi-Agency Safeguarding Procedures. If the risk of harm to the person is due to abuse by a third party for example financial abuse, neglect or exploitation by others, including cuckooing then safeguarding duties will apply, rather than using this process, please refer to the Leicester, Leicestershire and Rutland Safeguarding Adults [Multi-Agency Policy and Procedures](#).

Please use this guidance alongside the Leicester, Leicestershire and Rutland Safeguarding Children's Multi-Agency Policy and Procedures [Leicester and the Leicestershire and Rutland Safeguarding Children Partnerships Procedures Manual \(proceduresonline.com\)](#)

2. Consent

In all situations of self-neglect, you should consider consent. This includes any proposed interventions or safeguarding actions and whether the person has capacity to consent. You should always document discussions around consent.

If a person does not consent, you can still take action where there is reasonable suspicion of a potential crime, risks to others, coercion, or harassment of the person, or when it is in the public interest to do so.

If a person lacks capacity to consent, a capacity assessment must be completed by the most relevant person and a Best Interests Decision made regarding any referrals, or any planned actions.

3. Leicester, Leicestershire & Rutland Self-Neglect Process summary: (see process chart below)

Leicester, Leicestershire and Rutland Safeguarding Adults Board

Practitioner has a concern that a person is self-neglecting, in all situations please:

- Assess the person's circumstances using the LLR Self-Neglect (including hoarding) Guidance.
- Does the adult have care and support needs arising from a physical or mental impairment?
- Is a decision specific (e.g. care and support needs, medication management, etc) capacity assessment required?
- Has the person had key decisions regarding social care and health needs assessed under the MCA?
- What are the adults views regarding the self-neglect concerns and what outcomes do they want?
- Are there any carers involved?
- Does the self-neglect impact on any other adults at risk or children?

Please assess risks of self-neglect using the LLR Self-Neglect (including Hoarding) risk assessment (page 5)

Low Risk

Practitioner has considered and concluded that the adult has capacity to make decisions regarding their social care and health needs; and the risk of self-neglect is currently low.

Moderate Risk

Practitioner has considered and concluded that the adult has capacity to make decisions regarding their social care and health needs and the risks posed by any self-neglect.

High Risk *

- Take immediate action to ensure the safety of the adult.
- Follow own organisation's escalation process.
- Complete a safeguarding adult referral (alert) to Adult Social Care for section 42 concerns.

All agencies

- Offer the adult:
- Advice, [information](#) or signposting
- provision of universal services
- Referral to appropriate agencies if required.

All agencies

- consider preventive actions with the adult to define and mitigate risks.
- consider calling a multi-agency meeting with the adult's consent/involvement to formulate an action plan to mitigate the presenting risks.
- offer the adult a risk reduction plan with timescales to monitor the risk.
- If the adult refuses interventions, ensure the adult knows how and where they can seek support if they change their mind.

Social Care for section 42 concerns where the adult has care needs arising from a physical or mental impairment and is unable to protect themselves as a result of these care and support needs.

Escalation to ASC Manager if the threshold for a safeguarding referral has not been met and the risks are in relation to two or more of their Care Act 2014 outcomes.

All decisions should be made in line with LLR Safeguarding Adults Procedures and LLR Safeguarding Children's Partnership Procedures, including information sharing and Escalation & Resolving Professional Disagreements.

* High Risk The [OASys](#) risk assessment tool defines "serious harm" as: "an event which is life threatening and/ or traumatic and from which recovery, whether physical or psychological can be expected to be "difficult or impossible."

4. What is Self-Neglect

The Care and Support Statutory Guidance to the Care Act (2014) defines self-neglect as a situation, “Where someone demonstrates lack of care for themselves and or their environment and refuses assistance or services. It can be longstanding or recent”.

SCIE (Social Care Institute of Excellence) defines self-neglect as:

“An extreme lack of selfcare, it is sometimes associated with hoarding and may be a result of other issues such as addictions.”

Self-neglect is therefore when someone is unwilling, for a number of reasons, to care for themselves. Self-neglect can be longstanding or recent.

It can include:

- Lack of selfcare to an extent that it threatens personal health and safety.
- Neglecting to care for one’s personal hygiene, health, nutrition, or environment.
- Inability to avoid harm as a result of self-neglect.
- Failure to seek help, support, or access services to meet health and social care needs.
- Refusal of services that would reduce risk of harm.
- Unwillingness to manage one’s personal affairs.

The Statutory Guidance to the Care Act (2014) states that self-neglect may be an adult safeguarding issue. However, concerns about self-neglect should not automatically be dealt with under Leicester, Leicestershire and Rutland Safeguarding Adults Procedures. Decisions should be made on an individual basis and according to the risk of serious harm or death. Very often other supportive action, such as signposting to universal services or an assessment of care needs by the person’s Leicester, Leicestershire and Rutland local authority may be the most appropriate intervention. In the first instance you should always promote an early intervention and preventative approach.

Where the person at risk of self-neglect lacks mental capacity in relation to their self-neglect and carrying out a needs assessment would be in the person’s best interests, the local authority is required to do so.

Where a person at risk of self-neglect has mental capacity in relation to their self-neglect but refuses a needs assessment, the local authority must undertake an assessment so far as possible and document this. It should continue to keep in contact with the person and carry out an assessment if the person changes their mind and asks them to do so.

5. Hoarding

The World Health Organisation (WHO, 2021) classifies hoarding as a mental disorder:

'Hoarding disorder is characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value. Excessive acquisition is characterized by repetitive urges or behaviours related to amassing or buying items. Difficulty discarding possessions is characterized by a perceived need to save items and distress associated with discarding them. Accumulation of possessions results in living spaces becoming cluttered to the point that their use or safety is compromised. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.' WHO (2019/2021)

6. Why do people self-neglect or hoard?

There are complex interconnecting social, psychological, and contextual reasons why people self-neglect or hoard, key reasons are:

- Sometimes self-neglect and hoarding are associated with some kind of trauma.
- Physical and social changes due to ageing
- Brain injury, sometimes related to alcohol consumption, dementia, stroke accident or other neurological causes.
- Addictions- this can be substances or items such as newspapers or animals.
- Self-neglect and hoarding can be an indicator of mental distress however, many people who hoard do not have an additional psychiatric disorder.

British Psychological Society (2024) & Research in Practice (2020)

People who self-neglect and hoard can provide an important insight into the causes:



[Research in Practice](#) (2020)

7. Risk Assessment

It is important that when you first identify self-neglect you gather enough information to inform a risk assessment about the immediate safety of the person and others who may be living in, or affected by, the self-neglect.

The tables below provide guidance on points to consider when assessing the risk level of self-neglect and divides the risks into three categories Low, Moderate and High

* Please note that professional judgement should be used to determine the overall self-neglect risk level. -It is important to consider

- Frequency of the risk of self-neglect.
- Impact of the self-neglect on the person or others who may be affected.

8. Self-Neglect Risk Assessment

(Please note that these are examples and not an exhaustive list- people could have a combination of risks or be experiencing risks that have not been defined here).

Low	Moderate	High
<p>Person is accepting support and services.</p> <p>Health care is being addressed.</p> <p>Person can contribute to daily living activities.</p> <p>Person is not losing weight.</p> <p>Person is accessing services to improve their wellbeing.</p> <p>There are no carer concerns.</p> <p>No concerns about personal hygiene.</p> <p>Aids, adaptations, and support equipment is being used.</p> <p>Person has access to social and community resources</p>	<p>Access to support services is limited.</p> <p>Carers are not present or prevent intervention.</p> <p>Health care and attendance at appointments are sporadic.</p> <p>Person's ability to contribute toward daily living activities is affected.</p> <p>Person is off low weight.</p> <p>Personal hygiene is becoming an issue.</p> <p>Aids, adaptations, and support equipment is in place but not being used.</p> <p>Person has limited access to social and community resources.</p> <p>Person's wellbeing is partially affected.</p>	<p>The person declines to engage with necessary services leading to risk of serious harm or death.</p> <p>Health care is poor and there has been a serious deterioration in health.</p> <p>Wellbeing is affected daily.</p> <p>The person does not manage daily living activities to the extent that there is risk of serious harm or death.</p> <p>Weight is reducing resulting in risk of serious harm or death.</p> <p>Person does not engage in social or community activities where the consequence is serious harm or death.</p> <p>Personal hygiene is extremely poor causing skin problems and could result in serious harm or death.</p> <p>Essential Aids, adaptations, and support equipment is refused or not accessed without them there is a risk of serious harm or death.</p>

9. Hoarding risk assessment

Please use the Clutter Rating Images in Appendix 1

Low	Moderate	High
Clutter score image rating 1-3	Clutter score image rating 4-6	Clutter score image rating 7-9
All entrances and exits, stairways, roof space and windows accessible.	Only major exit is blocked.	Limited access to the property due to extreme clutter.
All utilities (gas, water, electricity) functional and maintained.	Some utilities are not fully functional/safe.	Utility Services not connected or functioning properly.
Garden is accessible, tidy, and maintained.	Garden is not accessible due to clutter or is not maintained.	Garden is not accessible and extensively overgrown.
No excessive clutter, all rooms can be safely used for their intended purpose.	Clutter impacting on the use of the rooms for their intended purpose.	Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.
Property is clean with no unpleasant odours.	Offensive odour in the property.	Excessive odour in the property, may also be evident from the outside.
No concerns over vermin.	Some concerns over vermin.	Heavy vermin infestation.

10. Response to levels of concern

In all situations you must have made significant attempts to engage the person as much as possible

Low risk from self-neglect (for hoarding this relates to Level 1 of the Clutter Image Rating A).

If you assess that the overall risk of self-neglect is **low** then you should make sure that an appropriate professional provides information, advice, and guidance to the person regarding ways to manage any

risks of harm. The overall aim is to empower the person to improve their wellbeing and develop their own self-management and preventative strategies manage the risks.

Moderate risk from self-neglect (for hoarding this relates to above Level 4 of the Clutter Rating Index)

If you assess that the overall risk of self-neglect is **moderate** then you need to ensure that any professionals involved with the person have provided information, advice, and guidance to the person regarding ways to manage any risks of harm. All agencies already involved with the person must ensure that they have responded to the person's presenting needs in line with their policies, procedures, and legal duties. All professionals should ensure that they have signposted or referred the person to any Leicester, Leicestershire and Rutland agencies or organisations that are deemed to be the appropriate to support the person to reduce the risk or prevent risks escalating. Arranging an MDT meeting will assist you to do this. On page 19 of the guidance there is an agenda and meeting templates to support with this.

In situations of hoarding which are at Clutter Index Rating 4 onwards, then a referral to Fire and Rescue Service, their Housing provider including Housing Association, Leicester City Housing, District and Borough Council (Private Sector Housing and Environmental Health) must be considered with the person.

In partnership with the person, consider referral to mental health services or self-referral to psychological support.

High-risk from self-neglect (imminent risk of serious harm or death)

If you assess Self-neglect, where there is an imminent risk of serious harm or death then you should make a Safeguarding Alert to the relevant local authority:

Leicester City:

Leicestershire County:

Rutland:

Please ensure that you have established that the person:

1. Has care and support needs from a physical or mental impairment (whether or not the authority is meeting any of those needs).
2. As a result of their care and support needs, is unable to protect themselves from self-neglect or the risk of self-neglect.

In high-risk cases of self-neglect, the local authority will decide on the next steps, as defined in the Leicester, Leicestershire and Rutland Multi-Agency Safeguarding Policies and Procedures.

11. Cultural Competence

Self-neglect or hoarding can occur in people of any race or culture. However, it is important that professionals have an awareness of the person's cultural heritage. (Research in Practice, 2020). You cannot be an expert in every culture. (Research in Practice, 2020).

Principles of Cultural Curiosity can assist you to consider how a person's culture could be impacting on their self-neglect or hoarding:

- Strive to understand the person's culture and background.
- practice generic skills such as curiosity about the person's culture and you can demonstrate an open-minded awareness of the differences that cultural background can produce.
- explore any external cultural influences that may impact on the person's emotional availability to engage.
- Interpreters in health care have been shown to improve safety with respect to diagnosis and prescription even when people can speak English well it does not necessarily mean that their comprehension of the English language is sufficient to understand the complexities surrounding their health and environment.
- Use supervision and reflective practice to explore any unconscious biases.

<https://rochdalesafeguarding.com/p/about-us/safeguarding-adult-reviews>

12. Trauma-informed responses to self-neglect and hoarding

Trauma is known to play a significant role in self-neglect and hoarding. Trauma can be a one-off event or a number of different incidents. The principles of trauma-informed services are:

Safety: ensuring physical and emotional safety for people who have experienced trauma, and creating a safe and supportive environment that promotes healing.

Trustworthiness: building trust with people who have experienced trauma by providing transparent and clear communication, and avoiding actions that may be perceived as threatening or harmful.

Choice: allowing people who have experienced trauma to have a say in their care and treatment plans and providing options and choices when possible.

Collaboration: working together with people who have experienced trauma, as well as other providers and agencies, to provide holistic coordinated care.

Empowerment: Helping people who have experienced trauma to regain a sense of control and empowerment and promoting resilience and recovery.

Taylor & Shrive (p. 388, 2023)

13. Engaging with people who self-neglect or hoard

The factors that lead a person to self-neglect or hoard will be unique to each individual and often the result of a combination of factors. Therefore, the most effective response to self-neglect is for professionals to establish a therapeutic relationship with the person that allows professional curiosity and respectful enquiry.

“Practitioners may need to take time to build up trust, through persistence, patience and continuity of involvement.”

The following approaches to engagement with adults who hoard or self-neglect:

What is the person's own view of the self-neglect?

Is the self-neglect important to the person in some way?

Is the self-neglect intentional, or an unintended consequence of something else?

Is the self-neglect a recent change or a long-standing pattern?

Does the person have mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?

What strengths does the person have – what is he or she managing well and how might this be built on?

What motivation for change does the person have?

Have there been recent changes of experience, attitude or behaviour that might provide a window of opportunity for change?

Are there links between the self-neglect and health or disability?

Is alcohol consumption or substance misuse related to the self-neglect?

How might the person's life history, family or social relations be interconnected with the self-neglect?

Does the self-neglect play an important role as a coping mechanism? If so, is there anything else in the person's life that might play this role instead?

https://www.researchinpractice.org.uk/media/xqqlavsi/working_with_people_who_self-neglect_pt_web.pdf

14. Advocacy

Advocacy is an important part of supporting people who self-neglect or hoard. The Care Act (2014) states that advocacy must be arranged for an independent advocate to represent and support an adult during a safeguarding enquiry or Safeguarding Adult Review (SAR) if:

- the person would have substantial difficulty in being involved
- there is no one else who is suitable
- and the person consents to the representative, or if they lack capacity the local authority is satisfied it is in their best interests.

Independent Mental Capacity Act (IMCA)

The purpose of an IMCA is to help a person who lacks capacity to make decisions who does not have friends or family to consult regarding best interest decisions. An IMCA may be arranged by a local authority or NHS organisation to support someone who lacks capacity to make decisions about safeguarding adults, care reviews or accommodation arrangements even if there are family and friends who can be consulted (MCA Code of Practice, The Stationary Office, 2007).

Charities specialising in hoarding support including advocacy.

There are specific charities that can offer support and advocacy to those who hoard as well as their friends and family.

- Hoarding UK [About Hoarding | Hoarding UK](#)
- Hoarding Support <https://hoarding.support/>
- Mind <https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/useful-contacts-for-hoarding/>
- <https://www.peoplefirstinfo.org.uk/at-home/maintaining-or-adapting-your-home/clutter-and-hoarding/>

15. Self-Neglect & Alcohol and substance misuse

Many people use substances such as alcohol or drugs recreationally. There is a group of adults who are dependent on substances and within this group there are a smaller group of adults whose substance use is so entrenched and chronic that they present with significant safeguarding risks to themselves and others. Dependent drinkers who have care and support needs who are, or at risk of

being, abused or neglected, or are self-neglecting require safeguarding by local authorities. Self-neglect (and/or living with abuse and exploitation) should never be regarded as a 'lifestyle choice'. Alcohol Change (2021 p.20) states:

“Chronic, highly vulnerable, dependent drinkers may not have a diagnosed mental illness such as schizophrenia, but they are often functionally mentally disordered at a level where freedom of choice over their behaviours is largely absent. Not using legal powers may be seen as respecting their personal choice, but in reality, it may be allowing them to “die with their rights on”.

- [Alcohol Change](#) (2021)

The impact of self-neglect and alcohol and substance misuse:

- Increased risk of deterioration in physical and mental health.
- Risk of overdose or contaminated substances if drugs purchased on the street.
- Risk of engaging in criminal activity to fund drug or alcohol use.
- Increased risk of violence from others.
- Exploitation by others, including sexual exploitation.
- Increased risk of domestic abuse. • Increased risk of suicide or misadventure.
- Financial difficulties can occur due to expenditure on drugs/alcohol resulting in debts and inability to pay for basic needs.
- Increased risk of homelessness if unable to adhere to tenancy agreements.
- Emotional or psychological harm due to increased social isolation.

[Northumberland Safeguarding Adults Board](#)

Legal Frameworks to support a response to self-neglect in the context of alcohol and substance misuse. The three main pieces of legislation that can be used to protect and support chronic, highly vulnerable, dependent drinkers or those dependent on substances are:

The Care Act 2014

The Care Act 2014 applies to people with alcohol problems. Dependent drinkers with care and support needs have a right to assessment under the Act and, if they meet certain criteria, the right to have those needs met. Dependent drinkers with care and support needs who are, or at risk of being, abused or neglected, or being victims of self-neglect, require safeguarding by local authorities.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 applies to people with mental impairments due to the symptoms of alcohol or drug use. In the case of addictive behaviour, the compulsion can be seen as overriding someone's understanding of information about the impact of their addiction and this can indicate a lack of capacity. Substance use and dependence can impact a person's ability to use and weigh information at the time it is required. [Mental Capacity Act Code of Practice \(2007\)](#)

The Mental Health Act 1983 (amended 2007)

The Mental Health Act 1983 (amended 2007) defines a mental disorder as “any disorder or disability of the mind.” The Act’s definition of a mental disorder includes: “Mental and behaviour disorders caused by psychoactive substances.”

Therefore, it is possible to detain someone under the Act if they have disordered mental functioning due to chronic drinking or substances. However, such actions are likely to be rare and should be a last resort in the context of the least restrictive option now available to meet the person’s treatment needs.

[Mental Health Act Code of Practice \(2015\)](#) page 27

Local services to support those who are dependent on alcohol or substances:

- Leicester Turning Point: <https://www.turning-point.co.uk/services/leicester>
- Leicestershire and Rutland Turning Point: <https://www.turning-point.co.uk/services/leicestershire>

Please follow this guidance when working with adults who are alcohol or substance dependent:

[How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales.](#)

The approach	Examples of what this might mean in practice
Building rapport	Taking the time to get to know the person; refusing to be shocked.
Moving from rapport to relationship	Be considered and thoughtful in reactions to self-neglect; talking through with the person their interests, history and stories.
Finding the right tone	Being honest while also being non-judgemental; expressing concern about self-neglect, while separating the person from the behaviour.
Going at the individual's pace	Moving slowly and not forcing things; showing concern and interest through continued involvement over time.
Agreeing a plan	Making clear what is going to happen; planning might start as agreeing a weekly visit and develop from there.
Finding something that motivates the individual	Linking to the person's interests (for example, linking to recycling initiatives if they are hoarding because they hate waste).
Starting with practicalities	Providing small practical help at the outset may help build trust.
Negotiating reciprocal actions	Linking practical help to another element of agreement (for example, "I'll bring round a replacement for your heater, then shall we then go to see the doctor?").
Focusing on what can be agreed	Finding something to be the basis of initial agreement, that can be built on later.
Keeping company	Being available and spending time to build up trust.
Straight talking	Being honest about potential consequences.
Finding the right person	Working with someone who is well placed to get engagement - another professional or a member of the person's network.
External levers	Recognising and working with the possibility of enforcement action.

17. Information Sharing:

The starting point is always to speak to the person and/or their advocate. There will be times when a person who has mental capacity decides to accept a situation considered as harmful or neglectful. Where this is the situation and they do not want any action to be taken, this does not prevent the sharing of information with relevant professional colleagues and appropriate recording.

It is important to record evidence of why any decision is made including when decisions are taken against the persons' views and wishes. For further information please read [The Leicester, Leicestershire, and Rutland Information Sharing Agreement](#)

18. Professional Differences and Escalation

It is recognised that at times there will be disagreements over the handling of concerns. These disagreements typically occur when:

- The person is not considered to meet the criteria for the Responding To Self-Neglect process.
- The person's mental capacity to make decisions about the risk of self-neglect within their situation is disputed.
- Professionals feel that meeting the self-neglect needs of the person sits outside of their agencies remit.
- Partner agencies are consistently not providing input to the Responding To Self-Neglect process or following up on their identified or delegated actions.
- Professionals are in dispute about aspects of Information sharing and/or confidentiality.

Professionals involved in this process should always try to work out their differences and put the person's needs at the centre of the process. Where there are irreconcilable and significant differences between professionals it may also be necessary to consider escalating the self-neglect case to more senior decision makers within individual organisations. Given the risk often inherent in the situations of people where the Responding To Self-Neglect process is used, the decision to escalate should not be delayed. The following link provides further information on how and who to escalate too.

[Escalation / Resolving Professional Differences – LLR SAB Multi-Agency Policies & Procedures Resource \(llradultsafeguarding.co.uk\).](#)

Appendix 1: Clutter Image Rating Tool Guidance

Clutter Image Rating (CIR) – BEDROOM

Please select the CIR which closely relates to the amount of clutter.



1



2



3



4



5



6



7



8



9

Clutter Image Rating (CIR) – LOUNGE




Please select the CIR which closely relates to the amount of clutter.

**1****2****3****4****5****6****7****8****9**

Clutter Image Rating (CIR) – KITCHEN

Please select the CIR which closely relates to the amount of clutter.

		
1	2	3

		
4	5	6

		
7	8	9

Appendix 2: Responding To Self-Neglect Meeting Templates

For downloadable version of Self-Neglect MDT Meeting Agenda template, see <https://www.lradultsafeguarding.co.uk/self-neglect-and-hoarding/>

Date, time, and venue

- 1. Introductions, ground rules, housekeeping and purpose of meeting, apologies.**
- 2. Relevant background / history of involvement with the person**
- 3. Mental Capacity in relation to self-neglect risks identified.**
- 4. If risk to others and how is this being addressed.**
- 5. Views of person / outcomes expressed.**
- 6. Views of family/advocate/significant others**
- 7. Engagement with agencies**
- 8. Assessment of current level of risk by each agency/person**
- 9. Action Plan**
 - What actions?
 - Who will complete actions and timescales?
 - Who will lead?
 - Who will coordinate?

Date for review meeting

- 9. Summary / Conclusion**

Appendix 3: Record of Multi Agency Meeting – Self Neglect

For downloadable version of Record of Multi Agency Meeting Template, see <https://www.lradultsafeguarding.co.uk/self-neglect-and-hoarding/>

Record of Multi Agency Meeting – Self Neglect

Strictly Confidential – the contents of this report are intended for members of the meeting and should not be shared with any other agency or individual without the consent of the Chair.

Date	
Time	
Venue	

Agency leading the Meeting	
Chair	
Contact Number	

Person Details	
Name	
Date of Birth	
Address	
Relevant ID Number (LAS / NHS No.)	
Is the person attending the meeting?	
If No, or N/A, why is this?	

Others invited to the meeting (agencies, family, carers)			
Name	Relationship to Person	Contact Details	Present at meeting (if not, state reason)

1. Relevant background / history of involvement with the person (please include details of whether the person had refused engagement with agencies)			
2. Are there any doubts about the person's capacity to understand the consequences of the risks of self-neglect? (If yes please provide details of what plans are in place for a Mental Capacity Assessment to be undertaken and who is leading on this)			
3. What evidence is there that the risks to the person around self-neglect are moderate? (use the risk assessment in the self-neglect guidance – link)			
4. Are there any risks to others within the situation (particularly consider children or other adults with care & support needs)? If so, how will these be addressed?			

5. Views and wishes / outcomes of the person

--

6. Views of family / advocate / significant others

--

7. Is the person currently engaging with any agencies?

--

8. Is any action required under alternative processes? (if the risks are assessed as high and the person is deemed to be an adult at risk, a safeguarding adult's referral should always be made to ASC)

--

9. If there is disagreement about the level of risk of self-neglect to the person, please state how this can be resolved, or whether escalation process is required.
(Please refer to Professional Difference section of the Self Neglect Guidance)

--

10. Is the current agency leading the MDT meeting the most appropriate agency to continue?
If not, state which agency will lead the process.

11. Are there any agencies not present who should be involved in the MDT meeting?
If so, please include plan for contact in the action plan.

12. Risk Assessment

**Record of level of risk agreed by each person attending the MDT meeting.
Using the risk assessment in the self-neglect guidance
This should be recorded at every MDT meeting.**

Name	Risk Level	Reasons for risk level

13. Agreed action plan

Action	By Whom	By When

14. What is the monitoring plan and when will the next MDT meeting take place?

Date of Next Meeting:

15. What is the contingency plan if it is identified by any agency prior to the next meeting that the risks have increased?

16. If the person is not present at the meeting, what is the plan to discuss the outcome of the meeting with them?

Signature

Chair:

Date:

The completed record should be circulated securely to all present at the meeting and, where appropriate, any agencies who were invited but did not attend.

References

Cultural Competence in Safeguarding

[https://www.newcastle.gov.uk/sites/default/files/Final%20Cultural%20Competence%20March%202019%20\(1\).pdf](https://www.newcastle.gov.uk/sites/default/files/Final%20Cultural%20Competence%20March%202019%20(1).pdf)

Hoarding UK [About Hoarding | Hoarding UK](#)

Hoarding Support <https://hoarding.support/>

Research in Practice (2020). Working with People Who Self Neglect: a practice tool.

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