Liverpool Safeguarding Adults Board

Self Neglect Toolkit

1. Introduction

Liverpool Safeguarding Adults Board (LSAB) has produced this toolkit to support agencies in Liverpool to work together to prevent and respond to abuse and neglect when adults are at risk.

Learning from Safeguarding Adults Reviews (SARs) commissioned by LSAB suggests a requirement for professionals to be provided with advice and guidance to support people who are experiencing self-neglect and/or hoarding.

See Liverpool Safeguarding Adults Board website to access published *Safeguarding Adults Reviews*

This toolkit provides practical support for professionals working in Liverpool with people who are experiencing self-neglect and hoarding.

The toolkit will be regularly reviewed, and your feedback will be important to its ongoing improvement.

Please contact lsab@liverpool.gov.uk to provide feedback.



Quick guide

First response to self-neglect

- **When to be concerned:** Significant decline in self-care; unsafe or unsanitary living conditions; hoarding/clutter preventing safe use of rooms; repeated refusal of support alongside escalating risk.
- **Immediate safety checks:** Consider fire risk, blocked exits, gas/electric hazards, infestations, structural concerns, and whether children or other vulnerable people are affected.
- **First actions:** Engage respectfully; seek consent where possible; gather basic information; complete an initial risk assessment; consider referrals (health, housing, fire service) and whether a multi-agency meeting (e.g., MARAM) is needed.
- **Keep capacity in view:** Capacity is decision-specific; consider executive functioning (ability to carry out decisions in practice) as well as understanding.
- **Record and review:** Document risks, the person's views, actions taken, information sharing rationale, and review dates.

Decision prompts (first response)

- **Is anyone at immediate risk?** If there is an immediate threat to life, serious injury, fire, gas leak, structural collapse, or urgent child protection concern, contact the appropriate emergency response (e.g., 999 / urgent children's referral) and take immediate steps to reduce danger.
- **Can the person be engaged safely today?** Prioritise a calm, respectful approach. If access is refused, consider how to keep the door open (agree the next contact, offer practical help, and escalate for management oversight if risks are high).
- **Does this meet the safeguarding threshold (Care Act s.42)?** Consider whether the adult has care and support needs, is experiencing, or is at risk of, abuse or neglect and is unable to protect themselves because of those needs. If in doubt, discuss with your safeguarding lead/manager.
- **If not s.42, is multi-agency risk management needed?** Where risks remain significant or escalating, consider a MARAM meeting to coordinate actions and monitoring (see MARAM section).
- **Information sharing:** Seek consent where possible but share relevant information lawfully and proportionately where needed to prevent serious harm. Record what was shared, with whom, and why.
- **Agree actions and review:** Set clear actions, owners, and review dates (including who will re-contact the person and when).

Good Practice – Case Recording expectations

- **Risks:** To the person and to others (including fire/structural/environmental risks).
- **Person's views and desired outcomes:** What matters to them; what they do/do not want.
- **Capacity considerations:** Decision-specific MCA considerations (including executive functioning where relevant) and support/adjustments offered.
- **Information sharing:** What was shared, with whom, and the lawful basis/rationale (including consent where obtained).
- **Actions and owners:** Who will do what, by when (include access arrangements).
- **Review and escalation:** Review date/trigger; when to escalate to management oversight, MARAM, or safeguarding.

2. Definitions

The term 'self-neglect' is commonly used by practitioners to describe widely differing behaviour or lifestyle. Statutory guidance (Department of Health and Social Care (DHSC), 2020) defines it as...

> *'a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding'. There is inevitably a subjective element to using the term and the person concerned may not use it to describe their own situation.'*

This definition can be considered to be somewhat broad but for the purpose of this self-neglect toolkit the following should be considered as amounting to self-neglect:

a) lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing.

b) and/or lack of care of one's environment – squalor and hoarding (see below):

c) and/or refusal of services that would mitigate risk of harm.

Common indicators of self-neglect (examples)

- Untreated or poorly managed health needs (e.g., not attending appointments, not collecting medication, unmanaged long-term conditions).
- Concerns about nutrition and hydration (e.g., little food in the home, significant weight loss, dehydration).
- Untreated wounds/skin issues, recurrent infections, or poor personal hygiene impacting health.
- Unsafe or non-functioning utilities (e.g., no heating/electricity/water, unsafe use of appliances, use of open flames).
- Severe squalor, infestations, or environmental hazards (e.g., waste build-up, blocked exits, trip hazards, fire loading).
- Refusal of support that would reduce risk, particularly where risks are escalating.

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.

Clutter vs hoarding disorder (non-diagnostic): Not all clutter is hoarding. Many people accumulate belongings at times of stress, bereavement, or reduced mobility.

Hoarding disorder is a clinical diagnosis and cannot be determined from home conditions alone. In practice, **focus on impact and risk** (e.g., rooms not usable for their purpose, blocked exits, fire risk, hygiene hazards) and the person's ability to make and sustain change with support.

3. Why are there challenges in working with people who self-neglect?

There are many reasons why people may self-neglect, often deeply rooted. The contributing factors are typically complex and longstanding, making them difficult to resolve. Agencies frequently face the challenge of balancing the desire to provide help with the need to respect an individual's autonomy and choices. This tension creates significant challenges for those involved in providing support.

Trauma, adversity and self-neglect

Self-neglect and hoarding can be linked to experiences of adversity and trauma (including childhood and adult trauma). A trauma-informed approach helps practitioners understand how past experiences can shape a person's sense of safety, trust, control and ability to accept help.

- **How trauma may present:** Heightened anxiety when professionals visit; distress about people entering the home; avoidance, missed appointments or refusal; difficulties trusting services; strong emotional attachment to possessions; shame and fear of judgement; substance use or mental health crisis.
- **Practice implications:** Prioritise emotional and physical safety; be transparent about concerns and options; offer choice and control where possible; agree small steps and review dates; keep the same worker where possible; involve advocacy and trusted networks.
- **Avoiding re-traumatisation:** Consider that sudden, intensive interventions (e.g., 'blitz'/deep cleaning) can be experienced as traumatic. Where urgent action is necessary, plan carefully, explain why, use the least restrictive option, and build in follow-up support.

Building a positive relationship is essential when engaging with individuals in offering support without causing alarm or distress. Failing to work in partnership with the person can limit the effectiveness of interventions, and not collaborating with other agencies can further reduce the impact of any approach in addressing issues concerning self-neglect.

What is self-neglect?

- The person neglecting their personal hygiene, health, living environment or safety
- The person being unable to prevent harm due to self-neglect
- The person failing to seek help or access services for health and social care needs
- The person having an inability or unwillingness to manage personal affairs

What may cause self-neglect?

It may not always be possible to identify a single root cause for self-neglecting behaviours. However, self-neglect can result from a range of factors, such as:

- A brain injury, dementia or other mental condition such as a learning disability, depression, schizophrenia or hoarding disorder
- A Physical illness which effects ability, energy levels or motivation
- Reduced motivation as a side effect of medication
- Dependencies such as substances, alcohol or gambling
- Traumatic experiences from both a childhood and adult perspective

Points to consider

While it's important to rule out factors such as mental illness, physical health deterioration, or substance misuse when identifying potential support, self-neglect does not always result from these causes. This highlights the need for multi-agency collaboration to ensure thorough assessments and effective support for individuals who self-neglect.

In addition, the term self-neglect may be perceived as very stigmatising to the person being described and has the potential to create upset which in turn may damage the relationships required to make effective change.

Difficulties agencies may have when working with people who may be self-neglecting:

- **Influenced by multiple factors** – Self-neglect is often complex, shaped by personal, mental, physical, social, and environmental circumstances.
- **Increased risk** – It can pose significant risks to the individual and, at times, to others.
- **Potential rejection of support** – Any proposed intervention may be declined by the person.
- **Challenges in assessing capacity** – Determining mental capacity for specific decisions requires input from multiple agencies and consideration of executive functioning.
- **Ethical dilemmas** – Balancing respect for autonomy with the duty of care can be difficult.
- **System limitations** – Workflow systems that prioritise short-term, task-focused involvement can hinder the development of long-term relationships.
- **Need for coordination** – Effective support often requires strong collaboration across multiple agencies.

Working with people who self-neglect is more effective when:

- **Prioritise respect, empathy, persistence, and continuity** in all interactions.
- **Break down the issues related to self-neglect** and seek to understand their meaning and significance individually.
- **Consider the individual's life experiences,** viewing the person as an expert in their own situation and a partner in achieving change.
- **Work at the person's pace,** while confidently using opportunities to encourage positive change.
- **Conduct thorough assessments,** including referrals to other agencies to analyse both needs and risks.
- **Keep mental capacity under ongoing review,** recognising that capacity assessment is a continuous process rather than a one-off event.
- **Take full account of mental and physical health** when planning support
- **Comprehensive risk assessments** – multi-agency risk assessments are essential for thorough planning of interventions in making change
- **Working at the pace of the person,** while being confident in making the most of opportunities to encourage change.

4. Risk associated with self-neglect

Perceptions of Risk

Views on what constitutes significant risk or acceptable standards of risk in cases of self-neglect can vary widely—both among professionals and the individual themselves.

Potential Risks and Consequences

Self neglect can lead to serious hazards to both the adult and others, including:

- Dangerous living conditions.
- Physical and mental health decline.
- Increased risk of accidents such as fires and falls.

Risk review triggers (examples)

- A significant incident (e.g., fire, flood, fall, infestation, hospital admission).
- The home environment deteriorates or hazards increase (e.g., exits become blocked, utilities unsafe).
- Engagement reduces (missed appointments, increased refusal, blocked access).
- New concerns about mental capacity, executive functioning, coercion/undue influence, or safeguarding linked to other people.
- The safeguarding threshold may now be met (or is newly suspected).
- Excessive accumulation of objects and poor attention to hygiene or living conditions can create fire hazards, pest infestations, and structural damage. These issues may result in social isolation, strained relationships with family and friends, and foster negative perceptions within the community.

Risk to the Person

- **Increased Accidental Injury:** Accumulation of items in the home can block exits, cause trips and falls. Items can fall and crush someone when excessive in the home.
- **Fire Hazard:** The sheer volume of possessions within a home, which can include flammable materials, can pose a significant risk of fire.
- **Health Deterioration:** A lack of personal care and poor hygiene can lead to severe physical and mental health issues which may have a significant impact upon the person's wellbeing.
- **Inability to use home:** Essential areas like the kitchen, bathroom, and bedrooms may become unusable, preventing basic needs like cooking and attending to personal hygiene.

Risks to others

- **Community Harm:** The risk of fires, gas leaks, or water leaks can spread, putting neighbours, family members, and the wider community at risk.
- **Infestations:** People who self-neglect may feel deeply distressed or even traumatised by immediate interventions such as 'blitz' or deep cleaning. It is essential to first assess immediate risks to determine whether urgent action is necessary. From there, the focus should shift to building a relationship and creating a collaborative plan, which is key in all cases of self-neglect.

5. Practice considerations

It is important to firstly try to understand the individual and what may be driving their behaviour.

Points to Consider	
Initial gathering of information and assessing risk	Gaining basic information about the person and assessing the level of risk posed provides better insight into what interventions may be required. *'Has an initial assessment of risk been considered in order to determine the severity of risk and whether single agency support can realistically achieve change?'* For Hoarding ...Who owns the house? and has the clutter scale rating been used (see MARAM Guidance: Local policies and procedures - Liverpool Safeguarding Board)
Analytical	It may be possible to identify underlying causes that help to address the issue with the help of other agencies *'...Have appropriate referrals to other agencies been made?'*
Multi-agency working	Work with partners to ensure the right approach for each individual is in place. Differing knowledge and expertise creates more effective analysis of risk and helps identify any appropriate support. *'...Has holding a MARAM meeting been considered to bring all relevant agencies together?'*
Person centred	Respect the views and the perspective of the individual, listen to them and work with them towards the outcomes they want. *'...Change is unlikely to occur without establishing a positive relationship with the person first'*
Acceptance	Good risk management may be the best achievable outcome. While it may not be feasible to alter the individual's lifestyle or behaviour, there remains scope to support them through alternative approaches... *'Reducing and managing the risk and putting effective monitoring in place will be achievable'*
Non-judgemental	It isn't helpful for agencies to make judgements about cleanliness or lifestyle; everyone is different. *'...Be respectful and non-critical'*
Empathy	It is difficult to empathise with behaviours we cannot understand, but it is helpful to try. *'...step into their shoes; put yourself in their situation'*

Relationship building	
Build rapport	Get to know the person and avoid reacting with shock to their situation.
Moving from rapport to relationship	Be considerate and discuss their interests, history, and life experiences. Carefully negotiate a way to observe their living environment without criticism.
Find the right tone	Be honest while also being non-judgemental; express concern about self-neglect, while separating the person from the behaviour of self-neglect.
Going at the individual's pace	Move slowly and don't force things; show concern and interest through continued involvement with the person over time.
Agreeing a plan	Work together to decide what will happen next; planning could begin with mutually agreeing how often visits will take place, or which agencies should be informed, and can gradually evolve from there.
Spotting something that motivates the individual	Identify links to the person's own interests (for example, linking to recycling initiatives if they are hoarding as the person may hate waste)
Starting with the basics	Providing small practical help at the very start may help build trust with the person.
Negotiating Reciprocal Actions	Connect practical assistance with another agreed action (for example, *"I'll help you tidy the kitchen, and afterwards we can look at making that appointment together").*
Focusing on what can be agreed	Identify a common ground that serves as the foundation for an initial agreement towards achieving positive change. This starting point should be something that can be developed further over time and revisited when necessary.
Being available	Be available and spend time to build up trust with the person.
Straight Talking	Be honest and transparent about potential consequences
Finding the right person	Working with someone who is well placed to promote engagement or to complete the necessary assessments to provide support and mitigate risk – is there another professional or a member of the person's network which could help to achieve change?

When people self-neglect there are almost always many areas that need to be considered that require the involvement and collaboration of different agencies who have differing knowledge and skills.

Safeguarding Adults Reviews have often highlighted the importance of effective multi-agency coordination in achieving positive outcomes when supporting individuals who self-neglect. This highlights the importance for agencies to work collaboratively with the person to achieve change.

6. Multi-Agency Risk Assessment Management meeting (MARAM)

Multi-Agency Risk Assessment Management (MARAM) is a process endorsed by the Liverpool Safeguarding Adults Board (LSAB), designed for any agency in Liverpool to utilise when supporting individuals who self-neglect.

The MARAM process enables agencies to collaborate and analyse risk collectively.

The purpose of this process is to help people live independently and autonomously, while providing support to manage, reduce, and mitigate risks associated with their lifestyle or behaviour.

A MARAM meeting involves the individual and relevant agencies coming together to share information and discuss concerns, enabling both the assessment of risk and the development of a coordinated action plan.

Any agency in Liverpool can initiate the MARAM process.

For further guidance on MARAM and instructions for arranging a MARAM meeting, please see below:

Local policies and procedures - Liverpool Safeguarding Board

Safeguarding (s42) duty triggered:

Use a safeguarding concern / consider a s.42 enquiry where:

- The **adult has care and support needs**, and
- They are experiencing, **or at risk of, abuse or neglect** (including self-neglect), and
- As a result of those needs, they are **unable to protect themselves** from the abuse/neglect (for example, they appear unable to take self protective action by controlling their own behaviour).

Common indicators that the safeguarding duty is triggered:

- High and/or escalating risk (to the person or others), especially where there are repeated incidents (e.g., fires, falls, infestations) or significant deterioration.
- Concerns about mental capacity, executive functioning, coercion/undue influence, or barriers to engagement that prevent effective self protection.

Use MARAM Multi-agency Risk Management meeting where:

- There is **significant risk arising from self-neglect/hoarding,** but the s.42 criteria are not met (or a safeguarding enquiry is not indicated), and
- A coordinated multi agency plan is needed to **reduce, manage and monitor risk** while working at the person's pace.

MARAM is particularly helpful when:

- Single agency work has not achieved change and risks remain.
- You need joint risk analysis and coordinated actions (e.g., fire safety, housing, environmental health, health/mental health input).
- The person has capacity but is taking high risks and requires a multi agency approach to mitigate harm.

In all cases: record your rationale, information sharing decisions, agreed actions, and review dates; escalate for management oversight where risks are high or decisions are complex.

7. Legislation relevant to self-neglect

When considering legislation firstly consider the following points:

- It is preferable to work with the consent of the person wherever possible.
- There are legal duties such as those under the Care Act (2014), the Mental Capacity Act (2005) and the Mental Health Act 1983 (amended 2007) which, in certain circumstances, allow health and social care interventions without the person's consent.
- Significant risks can lead to enforcement actions under Housing, Environmental Health or anti-social behaviour legislation. For such actions to be instigated, it is essential that multi agency collaboration takes place with health and social care assessments being completed and a shared consensus being agreed.
- The individual's mental health needs to be fully considered.
- Mental capacity should be considered for the decisions being asked of the person.
- Clearly communicate any potential enforcement actions within the framework of an established supportive and trust-based relationship. This transparency may empower individuals to consider alternative choices that could preclude the need for imposed measures.
- When it becomes necessary to implement enforced measures, it is important to sustain a constructive relationship with the individual, thereby providing support throughout both the intervention and subsequent period (e.g., mandated property clean-ups). If this relationship ceases to exist, there is a considerable risk that issues related to self-neglect may resurface.

7.1 Key legislative points

- The Care Act 2014 sets out the local authority's powers and duties towards adults with care and support needs.
- The Mental Capacity Act 2005 provides the principle that a person must be assumed to have capacity to make a decision, even one that appears eccentric or unwise, unless an assessment using the criteria set out in the Act has shown that they lack capacity.
- Between these key statutes lie a range of other powers and duties that can, in specific circumstances, enable intervention by agencies such as housing providers, environmental health, the police and mental health services.
- In addition, in line with the Human Rights Act 1998, use of legal powers and duties must comply with the European Convention on Human Rights which provides, for example, the right to liberty and security (article 5) and the right to respect for private and family life (article 8), along with the principle of proportionality and procedural safeguards in circumstances where rights may be infringed.
- Public authorities must act in accordance with the Equality Act 2010, including implementation of the public sector equality duty (section 149) requiring proactive engagement with outcomes for people with protected characteristics.

7.2 Human Rights

- All public services have a positive obligation to promote human rights. See guidance for further details: https://www.equalityhumanrights.com/human-rights/human-rights-act
- In situations involving self-neglect, the most relevant rights are the right to life (Article 2, ECHR), the right to live free of inhuman and degrading treatment (Article 3), the right to liberty (Article 5), the right to respect for private and family life (Article 8) and the right to enjoy all ECHR rights and freedoms without discrimination (Article 14).
- Any interference with the person's human rights must be lawful and proportionate to the level of risk. For example, the Data Protection Act 2018 (see https://www.gov.uk/data-protection) would permit information to be shared without the person's consent where it is in the person's vital interests or in the public interest, however any information that is shared, for example to safeguard wellbeing, should be limited to that deemed necessary to achieve the objective.
- It is unlawful to enter a person's home without their consent unless lawful authority to do so is in place. Such authority includes the power available to the police to force entry to save life and limb and/or prevent serious damage to property (Section 17, Police and Criminal Evidence Act 1984).
- It is unlawful to remove a person from their home without lawful authority, such as that within the Mental Health Act 1983 or Mental Capacity Act (2005). Removing a person from their home is a deprivation of their liberty and must be authorised according to law (Milton Keynes Council v RR [2014] EWCOP B 19).

7.3 Promoting Equality

- Public bodies must promote equality and have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations (s.149 Equality Act, 2010).
- Advancing equality of opportunity means taking steps to minimise or remove disadvantages associated with the protected characteristics of age, disability, sex and sexual orientation, religion and belief, race, marriage and civil partnership, gender reassignment, pregnancy and maternity.
- Fostering good relations means tackling prejudice and promoting understanding of the needs of particular communities with their being a need for public authorities to consider how to advance equality.
- Assessments from agencies should thoroughly consider how to advance equality. Information should be provided in a language and form that is accessible, and interpreters/advocates be used when required.
- Supervision and management oversight of decision making about the person should also challenge any potential for unconscious bias and social stereotypes.
- Experiences of discrimination and exclusion can affect trust in services, access to support and engagement. This may include racism (including race-based traumatic stress), disability discrimination, and barriers faced by neurodivergent people. Practitioners should consider culturally responsive practice, use of interpreters/advocacy where appropriate, and reasonable adjustments (e.g., communication style, appointment format, sensory needs, and allowing extra time) to support meaningful involvement and reduce avoidable escalation.
- Where there are concerns about mental health crisis or use of compulsory powers, ensure early, preventative support is explored and decisions are well evidenced and subject to management oversight, recognising that some communities are disproportionately affected by crisis and compulsory pathways.

For further details on the Equality Act, 2010 please see Equality Act 2010: guidance - GOV.UK

7.4 Powers to enter the property

- In England there is no specific adult safeguarding power of entry.
- The Police & Criminal Evidence Act 1984 (section 17(1) (e)) permits the police to enter premises without a warrant in order to save life or prevent injury or prevent serious damage to property. It is applicable **when a police officer determines there is a genuine emergency**, not in response to general concerns about welfare.
- Section 135 of the Mental Health Act 1983 empowers an approved mental health professional (AMHP) to request a magistrate's warrant authorising a police constable (accompanied by an AMHP and a doctor) to enter a person's house if it is believed they have a mental disorder *(see Code of practice: Mental Health Act 1983 - GOV.UK)* to enable an assessment under the Mental Health Act to take place, and, if necessary, to remove the person to a place of safety as part of this assessment process.
- With granted warrants, environmental and housing officers are permitted to enter premises, to identify and manage hazards that pose a risk of harm to health and safety.
- Fire & Rescue Services have no power of entry to take preventive measures in a private dwelling. The power in the Regulatory Reform (Fire Safety) Order 2005 to prohibit or limit the use of premises applies only to non-domestic premises.

7.5 Mental Capacity

- Thorough mental capacity assessments could be required for a variety of relevant decisions when working with people who self-neglect.
- A common theme identified in a number of SARs is that the Mental Capacity Act (2005) is not always fully considered when working with people who self-neglect.
- A person must be assumed to have capacity to make their own decisions unless proven otherwise.
- Determining legal powers and duties depends on whether a person has the mental capacity to make decisions about aspects of their lives such as living conditions, diet, self-care, or care assessment.
- The Mental Capacity Act Code of Practice (para. 4.34) notes it is important to carry out an assessment when a person's capacity is in **doubt.** When considering self-neglect in its entirety, assessors should consider all elements of the situation to determine whether there are doubts about specific decisions relating to the self-neglect'. It is also important that the person who undertakes the assessment can justify and evidence their conclusions *(for further details (see Mental Capacity Act Code of Practice - GOV.UK).*
- The Mental Capacity Act 2005 (MCA) (section 2) defines lack of capacity as being unable to make a decision for oneself in relation to a specific matter because of an impairment or disturbance in the functioning of the mind or brain.
- Being 'unable to make the decision' is defined as being unable to understand, retain, use or weigh up information relevant to the decision, or to communicate the decision.
- An assessment of mental capacity may not be a single event; capacity may fluctuate and need to be considered over time. The person would need to be given any necessary support to enable her to make and express a decision. The use of 'articulate and demonstratable' models of assessment may be appropriate.
- If the person is found not to have mental capacity in respect of self-care decisions then there is a duty to act in their best interests, with the MCA (section 4) setting out a range of factors to be taken into account when determining what those are. *Please see Mental Capacity Act: making decisions - GOV.UK for further details.*

- In line with the principle set out in section 1 of the MCA, regard must be taken to whether a best interest decision can be effectively achieved in a way that is less restrictive of their rights and freedom of action.
- Where best interests interventions involve a deprivation of liberty, additional legal frameworks provide scrutiny and authorisation of such arrangements in a hospital or care home; the Court of Protection may authorise arrangements in other types of accommodation and agree to transition plans to effectively move the person to a safer environment.
- Where, following assessment, capacity is uncertain, or where best interests decisions are complex or contested, the Court of Protection may be asked to make a determination or order, or give directions.
- Inherent jurisdiction of the court also remains available in some cases where the decision-making of an individual may be affected not by a lack of mental capacity within the meaning of the MCA but by coercion or duress from a third party. In Southend on Sea v Myers [2019] EWHC 399 (Fam), a situation involving both self-neglect and neglect, the High Court employed its inherent jurisdiction to safeguard an older person who had what was described as a relationship of co-dependency with his adult son.

7.6 More on mental capacity

In circumstances which involve self-neglect and hoarding,, a person may be able to explain the risks and state a decision, but still struggle to initiate, plan, sequence and follow through with the actions needed to keep themselves safe.

Common decision areas	What to explore	What to evidence/record
Allowing access for visits / property checks (e.g., fire safety, housing, environmental health)	• Can they organise the visit (answer the door, tolerate the visit, sustain engagement)? • Do anxiety, trauma responses, substance use or cognitive issues disrupt follow-through?	• Patterns of missed appointments / repeated refusal at point of action. • Adjustments tried (timing, trusted person present, short visits, written prompts).
Maintaining basic self-care (hygiene, nutrition, hydration, medication)	• Can they translate intention into a routine (initiate/sequence tasks, remember, persist)? • Are there practical barriers (mobility, pain, depression) that make action unrealistic without support?	• Observed presentation/risks and the person's stated plan. • Support offered and whether it led to sustained change.
Reducing environmental risk (clutter, blocked exits, utilities, pests, waste)	• Can they prioritise and complete small, specific tasks (e.g., clear one exit)? • Do they become overwhelmed, stuck, or unable to start even when they agree?	• Agreed micro goals, timescales, and what happened in practice. • Risk assessment updates and review dates.
Engaging with assessment/ support (Care Act assessment, OT, health input)	• Can they attend/participate and then act on recommendations? • Is there evidence of fluctuating capacity or executive difficulty over time?	• How capacity was considered for the specific decision(s), including timing. • How least restrictive options and reasonable adjustments were explored.

Practice note: These prompts do not replace a decision specific MCA assessment. They are intended to help practitioners evidence how the person's decision making operates in practice over time, what support/adjustments have been attempted, and when to seek management oversight, specialist input, or multi agency planning where risks remain high.

- The MCA (2005) Code of Practice emphasises that an unwise decision does not necessarily indicate a lack of mental capacity but recommends that capacity may need to be questioned in circumstances where repeated unwise decisions place a person at significant risk.
- It can be important when assessing mental capacity, especially when there are repeating patterns of risk, not just to rely on what a person says but also to take account of what they do.
- The MCA Code of Practice (2005) and NICE Guidance *(see Recommendations | Decision-making and mental capacity | Guidance | NICE)* emphasise that an unwise decision does not of itself indicate a lack of mental capacity but recommend that capacity may need to be questioned in circumstances where repeated unwise decisions place an individual at significant risk.
- Consideration should be given as to not just what a person says but also what they do. This means considering any difficulties the person has in using or weighing up relevant information in the moment a decision is to be enacted rather than just basing the decision upon a discussion.
- The care and support statutory guidance notes, a person may have capacity to make decisions but could still be at risk of serious harm through self-neglect

7.7 Safeguarding Enquiries

- Where an adult with care and support needs is experiencing, or is at risk of, abuse and neglect (including self-neglect) and, as a result of the care and support needs, is unable to protect him or herself, the local authority must make (or cause to be made) whatever enquiries it thinks necessary (s.42 Care Act, 2014).
- The purpose of a safeguarding enquiry is to establish whether any action needs to be taken to prevent or stop the abuse and neglect, including a plan for protection and support to promote wellbeing. This should, where possible, reflect the adult's views and wishes or, if they do not have mental capacity, their best interests. Making Safeguarding Personal requires it to be person-led and outcome-focused.
- The Care and support statutory guidance clarifies that self-neglect may not necessarily prompt a section 42 enquiry however safeguarding enquiries will be appropriate where a person is self-neglecting and they appear unable to take self-protective action by controlling their own behaviour *(for further details please see Care and support statutory guidance - GOV.UK)*
- The statutory guidance is clear even when a safeguarding response is not indicated there is still an expectation that action is taken in terms of care management, housing support, mental health input, fire safety checks, health involvement and multi-agency risk planning.

7.8 Care Act (2014) and wellbeing

- The Care Act 2014 (section 1) establishes that the local authority has a duty to promote the wellbeing of adults in need of care and support, while having regard to their wishes and feelings.
- Wellbeing includes dignity, physical and mental health, protection from abuse and neglect, and suitable living accommodation.
- Even if the adults' circumstances do not trigger an enquiry under section 42, they will trigger a duty to carry out an assessment of their care and support needs under s. 9 (Care Act, 2014).
- The person's mental capacity to consent to or refuse an assessment should be considered and kept under ongoing review, recognising that capacity may fluctuate and should not be determined by a single assessment. Where the person lacks capacity to make this specific decision, or where they continue to experience or remain at risk of abuse or neglect, an assessment of care and support needs will be required under Section 11 of the Care Act 2014, should the person refuse the assessment.
- Such assessments enable the adult's care and support needs to be formally assessed within the National eligibility threshold criteria set out under the Care Act (2014) which has a focus upon the extent by which the wellbeing outcomes are compromised
  (for further details please see Care and support statutory guidance - GOV.UK).

Advocacy

- Advocacy should be considered when supporting people who might be self-neglecting.
- Independent Care Act Advocacy (ICAA) is a statutory advocacy role that was introduced in the Care Act 2014. An adult is legally entitled to advocacy if they meet certain criteria.
- An Advocate can support an adult if they have difficulties being involved in or making decisions about their care and support needs.
- The aim of advocacy is to ensure the person is able to participate in decisions being made about their care, support and safety, to better enable their wellbeing.
- An advocate can support a person if they have "substantial difficulty" taking part in assessments and reviews of their care needs, or participating in safeguarding enquiries and they do not have an appropriate person who is willing and able to support them.
- Substantial difficulty is defined in the Care Act, it does not mean the person cannot make decisions for themselves, but refers to situations where the adult has "substantial difficulty" in doing one or more of the following:
  - understanding relevant information
  - retaining that information
  - using or weighing that information as part of the process of being involved:
  - communicating their views, wishes or feelings:

Housing Legislation

- A risk assessment may be undertaken to identify hazards that could potentially cause harm. If necessary, measures should be implemented to eliminate or minimise these risks in accordance with the Housing Act 2004. This requirement applies equally to both owner-occupied and rented properties.
- Tenants who breach their tenancy agreement may work with a tenancy support officer to minimise risks of losing their tenancy and improve their quality of life.
- For both social and private landlords, there is an ultimate recourse to possession proceedings (Housing Act, 1985 and the Housing Act, 1988).
- Local authorities can consider their power to deal with any premises in states that create significant risk to health in which the owner/occupier refuses to take remedial action (Building Act, 1984).

Environmental Health

- The local authority has the power to require an owner or occupier to remedy the condition of premises that are 'filthy, verminous or unwholesome' and therefore present significant risks to health (s. 83/84, The Public Health Act, 1936).
- Such powers include cleansing and disinfecting and the removal of vermin, which the local authority may carry out and charge for.
- The Public Health Act (1961) (s.36) allows local authorities to consider a property be vacated whilst it is fumigated, with temporary housing being provided.
- The Public Health (Control of Disease) Act 1984 provides powers to intervene in situations of disease or infection that poses significant risk of harm.
- The Environmental Protection Act 1990 (sections 79/80) empowers local authorities to consider issuing an abatement notice with regard to any premises in such a state, including through 'accumulation or deposit'. Failure to comply can result in fines, prosecution or having works done at the person's expense.
- The Environmental Protection Act (1990) provides a power of entry and a notice can also apply to the area outside a property.
- The Prevention of Damage by Pests Act (1949) requires the local authority to consider taking action against owners and occupiers of premises where there is evidence of rats or mice.

Mental Health Act (1983)

- Assessments can be completed by an Approved Mental Health Professional (AMHP), supported by two medical recommendations to establish if a person is experiencing a mental disorder of a nature or degree that warrants detention in hospital for assessment should there be significant concerns in relation to their own health and safety or for the protection of others (s.2, MHA, 1983)
- Guardianship (s. 7, MHA, 1983) can give the Guardian powers to determine the place of residence and ensure attendance for medical treatment and access by professionals.
- An AMHP may also request a warrant from a Magistrate to enable the police (with the AMHP and a doctor) to access a property where it is thought a person believed to have a mental disorder may be being ill-treated or neglected or is living alone and unable to care for themselves (section 135). If needs be, the person can be removed to a place of safety in order to consider what should further be done to secure treatment or care.

Possible Interventions to consider

- Self-neglect is highly diverse, so no single intervention works in every case. However, research consistently shows that building a relationship of trust is essential for successfully reducing risk and improving well-being. Practical support is also valuable—both as a symbol of commitment and as a way to reduce risk.
- Any intervention should be grounded in the relationship you establish with the person. Emotional trust and genuine connection are key. Being respectful and honest helps align support with the individual's own perception of need. Without that connection, efforts to mitigate risk are unlikely to succeed.
- Taking a holistic approach to interventions can promote positive change for people who self-neglect. Below are examples of strategies that may help reduce risk while supporting change.

Working with refusal (including refusing access and/or support)

- **Start with engagement:** approach with respect and curiosity; avoid shock or judgement; be clear about your role and what you are worried about.
- **Clarify what is being refused:** is the person refusing entry, refusing specific actions (e.g., decluttering), refusing assessment, or refusing a particular service? Agree the smallest next step possible.
- **Keep capacity in view (decision-specific):** if refusal appears linked to cognitive impairment, mental ill health, substance use, trauma, learning disability, or executive functioning difficulties, consider whether a Mental Capacity Act assessment is required for the specific decision.
- **Offer proportionate, practical options:** focus on immediate safety (e.g., keeping one exit clear, safe cooking/smoking); agree micro-goals and review dates; consider reasonable adjustments and advocacy.
- **When access is refused:** do not put staff at risk; consider alternative ways to gather information (e.g., trusted networks, housing, health, fire service) and plan the next contact. Consider management oversight for repeated refusal where risk is high.
- **Information sharing:** seek consent where possible; share information lawfully and proportionately to prevent serious harm, protect others, or coordinate risk management—record your rationale.
- **Escalate when risk remains high:** where risks are significant or escalating, consider multi-agency planning (e.g., MARAM). Where Care Act s.42 criteria may be met, raise a safeguarding concern and follow local safeguarding procedures.
- **Record and review:** document the person's views, the risks, offers of support, what has been refused, the rationale for decisions, agreed actions, and the date/trigger for review.

Trauma-informed practice: quick prompts

- **Safety:** Consider both physical safety (hazards) and emotional safety (shame, fear of judgement). Explain what will happen and why.
- **Choice and control:** Offer options (timing, who attends, where to meet, how information is shared). Agree the smallest next step possible.
- **Predictability:** Keep appointments, give notice, and be consistent about roles and expectations (continuity where possible).
- **Collaboration:** Work with the person's goals and strengths; co-produce micro-goals and review dates.
- **Avoid re-traumatisation:** Sudden intensive actions (e.g., deep cleaning/clearances) can be experienced as traumatic. Where urgent action is necessary, plan carefully, use least restrictive options, and build in follow-up support.
- **Culturally responsive practice and adjustments:** Consider how previous experiences of discrimination and exclusion may shape trust. Use interpreters/advocacy when needed and make reasonable adjustments (including for neurodiversity and sensory needs).
- **Reflective supervision:** Use supervision/management oversight to test assumptions, reduce unconscious bias, and agree escalation where risks remain high.

Multi-Agency Support and Intervention Options

Trauma-informed practice: quick prompts	
Get to know the person	**Aim:** establish a clear baseline and identify who is best placed to engage. **Actions (examples):** confirm housing status/landlord; confirm GP and key services involved; identify any trusted person/advocate; agree preferred method/timing of contact; request information (with consent or recorded rationale). **Review:** set a review point within 2–4 weeks (or sooner if risk escalates) to confirm engagement, update risk, and agree next steps.
Fully utilise local partners	**Aim:** coordinate practical support that reduces risk and increases engagement. **Actions (examples):** agree priority risks with the person; make/refine referrals (e.g., GP, housing, environmental health, fire safety); confirm who is leading coordination; share a brief written summary of agreed actions with the person (where appropriate). **Review:** review progress within 4 weeks (or sooner for high risk) and update the plan based on what has changed in the home, health, or engagement. *The Live Well Directory* brings together information about groups and organisations across the Liverpool City Region, offering services to people of all ages with various needs. National voluntary organisations may also be able to support, including: *Our Services | HoardingUK* *Report A Concern | RSPCA - RSPCA - rspca.org.uk* *Citizens Advice Liverpool*
Children's MARF referral (only applicable if children are involved/living in the home)	Discuss with the person, if safe to do so, and complete a MARF referral if children are present in the home. To make a referral please click on the below. *https://liverpool.gov.uk/referrals/childrens-social-care-referrals/make-an-urgent-marf-referral/* Should **urgent child protection concerns** be identified please make an immediate referral by calling children's social care on **0151 459 2606.**

Trauma-informed practice: quick prompts	
Arrange a Multi-Agency Risk Assessment and Management (MARAM) meeting.	**Aim:** agree a coordinated multi-agency plan to reduce and monitor risk. **Actions (examples):** identify lead professional; invite relevant agencies and the person (and advocate where needed); share a concise risk summary; agree actions, owners and timescales (including immediate risk reduction, engagement plan, and contingency if access is refused). **Review:** agree a review date at the meeting (commonly 4–6 weeks), and bring the plan back sooner if there is an incident, deterioration, or escalating risk. A MARAM can be initiated for adults where self-neglect presents significant risk but the criteria for a statutory safeguarding response are not met. **Any agency can arrange a MARAM meeting** The LSAB has guidance on MARAM which contains a Clutter Image Rating Tool. This provides a visual, standardised and objective means to assess the severity of clutter in a home and can support shared discussion of clutter and risk levels. LSAB guidance on MARAM can be found at *Local policies and procedures - Liverpool Safeguarding Board*
Complex Lives	Bring agencies together to coordinate support for people with complex needs that are not being met through standard pathways. The MDT develops a shared, person-centred plan with clear actions and responsibilities. **Consider when:** An individual has multiple needs (e.g. mental or physical health issues, homelessness, substance use, offending, domestic abuse) and is experiencing repeated crises, poor service engagement, or involvement with multiple agencies. **Actions:** Share information, identify risks and services involved, agree coordinated actions, clarify responsibilities, address barriers to engagement, and identify opportunities to improve wellbeing and reduce risk. **Review:** Agree recommendations, actions, leads and follow-up arrangements. Case management remains with the referrer unless otherwise agreed. Referrals are made via the Central Liverpool Integrated Care Team Coordinator/MDT Administrator.
Raising a s.42 safeguarding concern	Raising a safeguarding concern to Liverpool City Council may be an appropriate course to take but self-neglect might not always lead to s.42 (Care Act, 2014) safeguarding enquires being made. Decisions as to whether to make a referral should be made on a case-by-case basis on **whether the adult is able to protect themselves by controlling their own behaviour. If you are uncertain then firstly discuss with your agency's safeguarding lead and / or your manager.** Please refer to Liverpool Safeguarding Adults Pathway & Procedures for additional guidance: *https://pathway.liverpoolsab.com/* Of note, situations of high-risk arising from self-neglect need to be addressed, whether through safeguarding or through other approaches such as MARAM. Adult safeguarding concerns can be raised to Liverpool City Council via *https://liverpool.gov.uk/adult-social-care/professional-referrals/safeguarding-adults/report-an-adult-safeguarding-concern/* To view the Safeguarding Pathway please see *https://pathway.liverpoolsab.com/*

Trauma-informed practice: quick prompts	
Fire Safety	**Aim:** reduce immediate fire risk and improve safe exit/escape in the home. **Actions (examples):** request a Home Fire Safety Check; support access arrangements; implement agreed immediate measures (e.g., clear exits, reduce ignition sources, safe smoking/storage advice) where possible. **Review:** confirm the fire safety check has taken place and agreed actions are in place within 2–3 weeks (or sooner for high risk); revisit after any incident or significant change.
Adaptations and repairs to the home	**Aim:** reduce environmental risk by improving the safety and usability of the home (e.g., heating, electrics, safe cooking/washing facilities). **Actions (examples):** agree which hazards need addressing first; contact landlord/housing provider; consider OT/Healthy Homes advice on grants or practical support; plan access arrangements and any reasonable adjustments. **Review:** review progress within 4–8 weeks (or sooner if hazards present immediate risk) and document what has been completed and what remains outstanding. Relevant Housing providers may be able to provide support in this area when contacted. Liverpool City Council currently has a Healthy Homes Service who may be able to provide advice on relevant grants etc. alongside providing guidance in relation to repairs and adaptations in the home. Contact *Fuel bills and energy efficiency* - Liverpool City Council for further details Citizens Advice may also be able to support in providing advice in this area *Citizens Advice Liverpool*
Provision of equipment and/or furniture for the home	Introducing equipment and/or furniture in the home may improve food hygiene and cleanliness as well as assist in building relationships between agencies and the person who self-neglects. It also has the potential to create motivation in the person to influence change Liverpool Citizens Support Scheme can provide support with necessities that include gas and electric vouchers alongside furniture and household essentials. For further details please click on: Liverpool Citizens Support Scheme - Liverpool City Council Collating information from the person as to why self-neglect is occurring may indicate a need for equipment in the home. Occupational Therapy assessments can offer a professional view regarding possible reasons as to why self-neglect may be occurring and identify any equipment which may mitigate any associated risks i.e. equipment to gain access to the bath etc. For information on making a referral please see https://liverpool.gov.uk/adult-social-care/who-we-support/living-independently/occupational-therapy-for-adults/ask-for-an-occupational-therapy-assessment/ Mersey Care Liverpool Community Falls team can assess and rehabilitate adults who have fallen or who are at high risk of falling. To refer please click on: https://www.merseycare.nhs.uk/our-services/liverpool/community-falls-team GPs and District Nurses can also refer for specialist equipment relating to poor mobility. Functional assessments from Mersey Care can enable a greater understanding of possible issues creating self-neglect.

Trauma-informed practice: quick prompts	
Attention to health concerns	Counselling and therapies can address deeper-rooted issues which contribute to self-neglect. Mersey Care provides psychological treatments, sometimes called talking therapy, to help people with common mental health problems such as feeling stressed, feeling low in mood (depressed) or very nervous (anxiety). This free and confidential talking therapy service is available to adults aged 16 or over who are registered with a Liverpool GP. Further details can be found at https://www.merseycare.nhs.uk/our-services/liverpool/talking-therapies#:~:text=Liverpool%20Light%20Service,be%20available%20free%20of%20charge. The following link also provides a number of local resources in Liverpool who can provide initial support for individuals who may require support with their mental health. https://www.brownlowhealth.co.uk/mental-health-resources/
Hospital Admission	Hospital admission may address acute health concerns in cases of severe life-threatening self-neglect. 999 must be called when someone is seriously ill, injured or their life is at risk. Similar to the GP, 111 can advise accordingly if the person has complex problems caused by an existing medical condition, or if advice is needed in respect of help with symptoms or injury. To gain advice please see Get help for your symptoms - NHS 111
Support for Physical Health	Seeking support for a person's physical health can sometimes help address aspects of self neglect. In the first instance, speak with the person and, where appropriate, contact their GP for advice and guidance. If additional support is needed, NHS 111 can provide advice, particularly if the person has complex health needs related to an existing medical condition, or if guidance is required for symptoms, illness, or injury. For further advice, visit Get help for your symptoms - NHS 111 or contact NHS 111 directly.
Mental health services	Seeking support for the person's mental health may have the potential to challenge some elements of self-neglect GP surgeries have clinicians available to support individuals whose mental health may have deteriorated. They can often be considered as 'gate keepers' in completing referrals for a wide variety of support relating to mental health. Secondary mental health services can offer counselling and therapies addressing deeper-rooted issues' which may contribute to self-neglect alongside providing ongoing clinical support for individuals who may suffer from severe and enduring mental illness.

Trauma-informed practice: quick prompts	
Support with alcohol /drug use	For some people, gaining specialist support for individuals who are experiencing difficulties with alcohol or drugs can have a positive impact on mitigating risks associated with self-neglect. River Drug and Alcohol Support Services is an open access service that doesn't require an appointment - you can just walk in. Assessments are completed and discussions can take place with a recovery coordinator about the treatment options that would suit the person. For further details please see https://www.changegrowlive.org/service/liverpool/info
Universal Mental Health Support	Counselling and therapies can address deeper-rooted issues' which contribute to self-neglect. Mersey Care provides psychological treatments, sometimes called talking therapy, to help people with common mental health problems such as feeling stressed, feeling low in mood (depressed) or very nervous (anxiety). This free and confidential talking therapy service is available to adults aged 16 or over who are registered with a Liverpool GP. Further details can be found at https://www.merseycare.nhs.uk/talking-therapies-liverpool The following link also provides a number of local resources in Liverpool who can provide initial support for individuals who may require support with their mental health. https://central.brownlowhealth.nhs.uk
Family/ neighbours/ community involvement	Recognising the value of people or organisations in the individual's network who may be able to provide informal support in achieving change.
Refer for an assessment of care and support needs	If the person is assessed as eligible under the Care Act (2014) then support can lead to greater trust and acceptance alongside meeting identified need. Assessments under the Care Act (2014) can also signpost the person to local resources should eligibility not be identified. Referrals to Liverpool City Council Adult Social Care can be made via Professionals: Request support for an adult - Liverpool City Council
Deep cleaning	Key areas of the domestic environment made safe via instigating a deep clean. For this to be achieved the person and agencies need to come together in order to plan.
De-cluttering	**Aim:** reduce risk by agreeing small, achievable changes to clutter and household hazards. **Actions (examples):** agree a priority area (e.g., clear one exit, make bathroom usable); set micro goals (bags/boxes per week); agree what will happen to items (keep/recycle/dispose); consider practical help where consented. **Review:** review weekly/fortnightly initially and record progress against the agreed micro goals; adjust the plan if the person becomes overwhelmed or risks escalate.

Trauma-informed practice: quick prompts	
Life management	**Aim:** support routines and practical skills that reduce risk (finances, cleaning, food, appointments). **Actions (examples):** agree 1–2 priority goals (e.g., food shopping weekly, bills plan); link to benefits/debt advice; use prompts/checklists; consider support from voluntary/community organisations. **Review:** review progress within 4 weeks and record whether goals are being maintained (not just achieved once). The Live Well Directory brings together information about groups and organisations across the Liverpool City Region, offering services to people of all ages with various needs. Liverpool City Council provides a service for Benefit advice. Further details can be found at Benefits advice - Liverpool City Council Citizens Advice Liverpool can also provide support and advice in this area
Peer support	Enabling links to be made between people addressing similar challenges can be beneficial. Hoarders helping Hoarders is a local peer group based in Liverpool. For further information see https://hoardershelpinghoarders.com