Supporting adults who self-neglect: Multi agency Protocol and practice guidance

Bracknell Forest
SAFEGUARDING BOARD

Summary

Bracknell Forest Safeguarding Board would like to acknowledge the work of the Slough Safeguarding Partnership in developing this protocol.

The aim of the protocol is to serve as a guide and toolkit for professionals and agencies so as to be more consistent in the way in which we jointly identify, assess and coordinate support and reduce risks that arise for adults who self-neglect.

This guidance should be read in conjunction with the Bracknell Forest Hoarding Protocol and the Bracknell Forest Multi-agency Risk Framework for working with those who do not meet the threshold for statutory adult safeguarding. This guidance has also been developed in line with the Berkshire Safeguarding Adults Policies and Procedures The section on Self Neglect can be found here.

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SECTION A

Introduction

The Berkshire Policy and Practice guidance includes the following definition for self-neglect:

Where someone demonstrates lack of care for themselves and /or their environment, and /or refuses assistance or services. It can be long-standing or recent and covers a wide range of behaviour; for example, neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

The full guidance can be found on The Berkshire Safeguarding Adults Policies and Procedures – Self Neglect

The term self-neglect is subjective. It is unlikely that an individual would recognise or accept the term self-neglecting and that should be borne in mind when working with people in this situation. There are various reasons why people may neglect themselves; some have insight into their behaviour whilst others do not; some may be experiencing an underlying condition which affects their ability to make choices. Often people may be unable or unwilling to acknowledge there might be a problem or be open to receiving support to improve their circumstances.

The person's views, needs and situation will need to be assessed to establish the facts, the potential risk to themselves and others, and what action, if any, should be taken. In some situations, the risk may be to partner agencies. This is particularly true when a person behaves in a way which places high demand on services. For example on some occasions a person may, perhaps due to their levels of distress, mental health, or struggles with communication, make contact with multiple services in a bid to seek some help for their situation. In such situations the Risk Framework is a useful tool for co-ordinating responses with the service user at the heart of the process.

Part of the challenge is knowing when and how far to intervene when there are concerns, and a person does not acknowledge there is a problem.

People who neglect themselves often decline help from others; in many cases they do not feel that they need it. Family or neighbours can sometimes be critical of professionals because they don't do anything to improve the situation of the individual. But there are limitations to what others can do if the adult has mental capacity to make their own decisions about how they live. Sometimes, even when all agencies have done everything in their power to support an individual, they may die or suffer significant harm as a result of their own action or inaction. It is therefore vital that all efforts to engage with and support an individual are clearly recorded.

The inclusion of self-neglect in the Care Act statutory guidance with regard to safeguarding focused attention on the issue and led local authorities to develop new approaches to working with people. In some cases, where the adult has care and support needs, safeguarding responses may be appropriate. However, the inclusion of self-neglect in statutory guidance does not mean that everyone who self-neglects needs to be safeguarded.

Safeguarding duties will apply where the adult has care and support needs (many people who self-neglect do not), and they are at risk of self-neglect and they are unable to protect themselves because of their care and support needs. In most cases, the intervention should seek to minimise the risk while respecting the individual's choices. It is rare that a total transformation will take place and positive change should be seen as a long-term, incremental process.
https://www.scie.org.uk/self-neglect/at-a-glance

Managing the balance between protecting adults from self-neglect against their right to self-determination is a serious challenge for all partners. Article 8 of the Human Rights Act 1998 gives us a right to respect for private and family life. However, this is not an absolute right and there may be justification to override it - for example: protection of health, prevention of crime, protection of the rights and freedoms of others. Dismissing self-neglect as a "lifestyle choice" is not an acceptable solution in a caring society. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making across all agencies involved with the person. On top of this, there is the question of whether the adult has the mental capacity to make an informed choice

about how they are living and the level of risk they are exposing themselves to. Assessing that mental capacity and trying to understand what lies behind self-neglect is often complex. It is usually best achieved by working with other agencies and, where possible, extended family and community networks.

Improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help, research has shown that they rarely go back to their old lifestyle, although this sometimes means receiving help over a long period.

It is important to nominate the best person to help build a relationship with the person to ensure their voice is heard, any blockages are explored as to why they might not understand risk to themselves and to assess their mental capacity over a period of time

Please refer to SCIE research on self-neglect and what has been found to be best practice for practitioners https://www.scie.org.uk/self-neglect/policy-practice/research-messages-practitioners

Aims of the Protocol

This protocol is for all professionals and partner agencies working within the borough of Bracknell Forest including those in the health, mental health, housing, social care, fire, police and environmental health services. It is intended to assist them to support adults who display indicators of self-neglect.

This protocol aims to:

- Provide guidance on how to support people who self-neglect
- Identify our collective responsibility towards all adults in the community who self-neglect
- Promote awareness of self-neglect and how to respond
- Support individuals, families and their advocates
- Provide a support network for agencies dealing with these cases, coordinate an effective multi-agency response where required and enable the sharing of best practice
- Demonstrate and implement appropriate compliance with the statutory duties of cooperation and integration regarding adults who may have needs for care and support outlined within the Care Act 2014; including the duty to prevent, reduce and delay the need for care and support
- Avoid ‘satellites’ of information held by separate services and agencies by clarifying the need to share information and use a multi-agency approach

Throughout this document there will be references to the Multi-Agency Risk Framework. This provides support and guidance on how to manage cases relating to adults where there is a high level of risk but where the circumstances sit outside the statutory adult safeguarding framework. It provides guidance for holding a multi-agency meeting as well as the recording of that meeting, the identification of risk and the measures in place to mitigate that risk. The Multi-Agency Risk Framework is the key to addressing individual cases, using a bespoke approach that takes into consideration the specific needs and wants of the person. This includes the complex cases where an adult has mental capacity but continues to place themselves at significant risk and is not engaging with services,

SECTION B

Recognising Self neglect

There is no single operational definition of self-neglect. Skills for Care identified three distinct areas that are characteristic of self-neglect:

1. **Lack of self-care** includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well being

2. **Lack of care of one's environment** includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment e.g. health or fire risks caused by hoarding

3. **Refusal of assistance that might alleviate these issues.** This might include refusal of care services in either their home or a care environment or refusal of health assessments or interventions (including taking medications) which could potentially improve self-care or care of one's environment

There are many indicators for those who self-neglect:

- Living in very unclean environment, such as living with a toilet blocked with faeces or with a rodent infestation
- Neglecting household maintenance, creating hazards within and surrounding the property
- Obsessive hoarding
- Poor diet and nutrition evidenced by little or no food in the fridge/cupboards, or what is there being mouldy
- Declining, refusing or forgetting prescribed medication and/or other healthcare support
- Refusing to allow access to health and/or social care staff in relation to personal hygiene and care
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
- Being unwilling to attend external appointments with professional staff
- Poor personal hygiene, poor healing/sores, long toenails
- Isolation – Failure to maintain social contact
- Increased substance misuse - unable to function in an acceptable way
- Increased debt – failure to manage finances.

This list is not exhaustive.

It is not always possible to establish a root cause for self-neglecting behaviours. Self-neglect can be a result of:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- medication causing reduced motivation
- addiction – this is most often to drugs or alcohol, but may include any other addiction
- distorted thoughts due to substance misuse
- traumatic life change
- fears or phobias of authority, treatments or support

Sometimes self-neglect is related to deteriorating health and ability in older age and the term 'Diogenes syndrome' may be used to describe this. There is often an assumption that self-neglecting behaviours indicate a mental health problem but there is no direct correlation.

Scie: self-neglect at a glance

The probable cause of the self-neglect will have an influence on the process used to address it but a multi-agency approach will be required in any process.

SECTION C

Legislative Considerations

The Care Act and Self-Neglect

The Care Act 2014 (Statutory Guidance updated March 2016) included self-neglect as a category of harm and made it a responsibility of Safeguarding Boards to ensure they co-operate with all agencies in establishing systems and processes to work with people who self-neglect and to minimise risk and harm. The Care Act placed a duty of co-operation on the local authority, police and health services and raised expectations about the cooperation of other agencies.

The Care Act places specific duties on local authorities in relation to self-neglect:

(i) Assessment- (Care Act Section 9 and Section 11)

The Local Authority must undertake a needs assessment, even when the adult refuses, where:

- it appears that the adult may have needs for care and support,

- and is experiencing, or is at risk of, self-neglect.

This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

(ii) Enquiry- (Care Act Section 42)

The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when:

The Local Authority has reasonable cause to suspect that an adult in its area:

- has needs for care and support,

- is experiencing, or is at risk of, self-neglect, and

- as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it.

(iii) Advocacy

If the adult has 'substantial difficulty' in understanding and engaging with a Care Act Section 42 Enquiry, the local authority must ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate.

The Care Act and Making Safeguarding Personal have set out guiding principles to consider when engaging with individuals who may self-neglect:

- Start with the assumption that the individual is best placed to judge their wellbeing
- Pay close attention to individual's views, wishes, feelings and beliefs
- Preventing or delaying development of needs for care and support and reducing needs that exist
- The need to protect people from abuse and neglect

Mental Capacity

Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. The first three principles of the Mental Capacity Act 2005 support people's right to make decisions where they have the capacity to do so:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.

The third principle is perhaps particularly relevant to working with a person who self-neglects.

Section 2(3) of the act also makes clear that a person's lack of capacity cannot be established simply by "an aspect of his/her behaviour, which might lead others to make unjustified assumptions about his/her capacity".

Working with people who self-neglect is likely to raise issues of whether the person lacks mental capacity to make particular decisions.

Whilst all agencies should assess for mental capacity regarding decisions about the care, treatment or services that they supply, someone who lacks capacity to make decisions related to their self-neglect should be referred through to the Procedures, Practice and Guidance for Adult Social Care for the most appropriate response.

When assessing capacity, it is important to assess whether the adult can:

- **understand** the risks associated with the self-neglecting behaviour, including the options they have to reduce any risk
- use and **weigh up** the information including understanding the consequences of alternative options e.g. if the bathroom or kitchen is clear, you would be able to use it and your health would improve
- **retain** the information given to them for long enough to make a decision
- **communicate** their decision.

It is essential that any capacity assessment is clearly documented on case records.

Any mental capacity assessment carried out must be time specific and relate to a specific decision/intervention/action, in line with the Mental Capacity Act 2005. This may include decisions about where a person should live, their tenancy agreement, care provision, healthcare or more generally accepting support. In some cases there will need to be a series of mental capacity assessments for different agencies and time periods.

For people aged 16 and over who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act allows for agency intervention in the person's best interests. In urgent cases, where there is a view that an adult lacks mental capacity (and this has not yet been satisfactorily assessed and concluded), and the home situation requires

urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.

It is useful to put concerns in writing to a person self-neglecting - i.e. what are we concerned about? As practitioners working with self-neglect, we need to explain the nature, purpose and consequences to assess capacity fully. Mutually agreed goals should be suggested with a time frame for the person as this gives an opportunity to work out if they lack executive decision making capacity, i.e. they accept all the worker says, agree to do something and work on goals but weeks down the line nothing has changed. This gives opportunity to explore blockages in their mental processing as practitioner has examples which are up to date. It is important as practitioners in working with self-neglect to get to know the person's emotions and explore their emotional journey.

The Care Act and Substance misuse

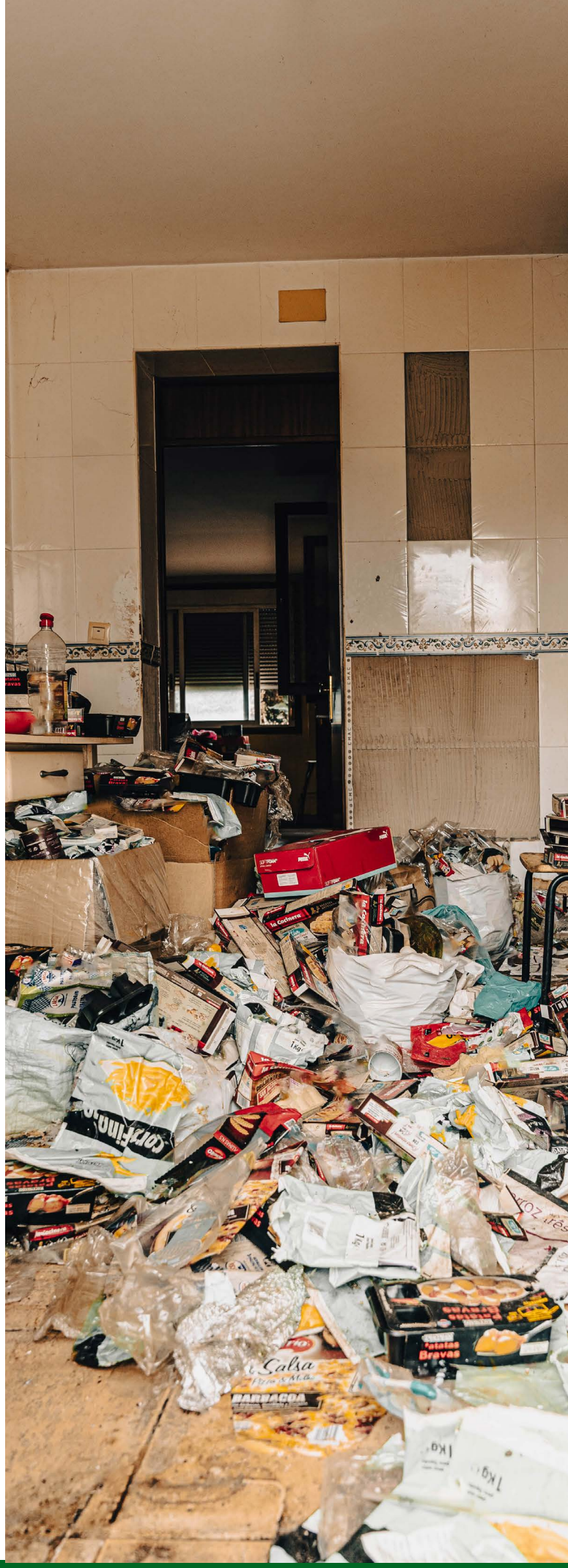
The Care Act 2014 applies to people who have care and support needs, including those related to substance misuse (guidance re: assessing eligibility can be found here). The Care and Support act statutory guidance Section 6.104 states that: To meet the national eligibility threshold for adults needing care… local authorities … must consider…if the adult has a condition as a result of… (among others) … substance misuse or brain injury. This section also emphasises that a formal diagnosis is not required to prove eligibility.

Section 9 of the Act requires a local authority to assess a person who appears to have needs for care and support. These needs should arise from, or be related to, physical or mental impairment or illness including substance misuse. For a person who self-neglects, the assessment may need to be over a period of time by one allocated worker who starts by making the relationship with the service user first.

Section 13 relates to eligibility criteria to establish needs. Eligibility requires the person to be unable to meet two or more of a number of specified outcomes, with a consequent significant impact on wellbeing. The outcomes include problems:

- managing and maintaining nutrition
- managing toilet needs
- being appropriately clothed
- being able to maintain a habitable home environment
- being able to use facilities and services in the community.

Safeguarding duties also relate to self-neglect as detailed above, and these safeguarding duties will therefore encompass a large number of chronic dependent drinkers. (Alcohol Change UK: Safeguarding vulnerable Dependent Drinkers: Mike Ward and Professor Michael Preston-Shoot)



SECTION D

Good Practice

Assessing risks

Self-neglect is a complex issue and it is important to understand the person's unique circumstances and perceptions of their situation as part of assessment and intervention. It is unlikely that the person will see it in terms of "self-neglect" and sensitivity must be used so that subjective judgements are not imposed on the person. The aim must be to minimise risks to the person and those around them. The outcome of any work undertaken may not be that the person stops "self-neglecting." It may be that a compromise is reached where the person and those around them are not at risk from self-neglecting behaviour.

Improvements to health, wellbeing and home conditions can be achieved by spending time b**uilding relationships and gaining trust**. When people are persuaded to accept help, research has shown that they rarely go back to their old lifestyle, although this **sometimes means receiving help over a long period**.

It is important to consider how to engage the person by taking a person-centred approach. For example, sending a standard appointment letter at the outset is unlikely to be the beginning of a lasting, trusting professional relationship if it is perceived as being impersonal and authoritative.

It should also be considered that a person who self-neglects may be unlikely to open their mail.

Home visits are crucial; it is important that the practitioner uses their professional skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment. Doorstep conversations are a valuable starting point if the person does not want to let the worker in. Also trying different times of day and night, for e.g. is it known that at 9.00 pm each night the person pops out to local garage for some food or tobacco etc, i.e. work to the person's timetable not ours as staff. However, should this be unsuccessful, consideration should be given to identifying another professional from the multi-agency group who may be able to gain access, e.g. the Fire Service or GP, or someone who has an established rapport with the person. It may take visits over a period of time before the person is comfortable with allowing someone into their home. Practitioners should discuss with the person any causes for concern over the person's health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others.

Practitioners should undertake a risk assessment which takes into account an individual's preferences, histories, circumstances and lifestyles to achieve a proportionate and reasonable tolerance of acceptable risks.

Sensitive and comprehensive risk assessment including professional curiosity and appropriate challenge is important in identifying capabilities and risks. It is important to look further and tease out, through a professional relationship, the possible significance of personal values, past traumas and social networks. It is important that when assessing risk that the practitioner does not accept the first, and potentially superficial, response rather than questioning more deeply into how a person understands and can act on their situation. It is important to put the adult in the centre of any assessment of their situation, even when they appear to be declining the intervention.

Where the risks to the person are significant, the case should not be closed because the person refuses an assessment or refuses to accept a plan to minimise the risks associated with the specific behaviour(s) causing concern. This is when a Multi-agency Risk Framework meeting should take place.

Working with someone who self neglects can be challenging for practitioners. It is tempting to close the case because the person does not wish to engage; however practitioners should consider the potential of their own unconscious collusion.

Questions to ask include:

- Am I relieved when there is no answer at the door?
- Am I colluding to avoid conflict e.g. speaking to other people rather than speaking to the person I am concerned about?
- Am I minimising negative information in order to avoid provoking a reaction?
- Am I hesitant to share my concerns in order to avoid confrontation?
- Am I keeping my concerns to myself rather than sharing them with others who could help?
- Am I accepting risky situations due to workload pressures?
- Am I focussing on the family needs not the needs of the person I am concerned about?

It is important to collect and share information with a variety of sources, including other agencies, to complete a picture of the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others. The Berkshire Safeguarding Adults' Boards' Information Sharing Protocol can be found here.

Agencies to consider include:

- Adults Social Care
- Childrens Social Care
- Housing Provider
- Fire Service
- Drug and Alcohol Team
- Mental health services
- Health Professionals who are already involved, including the ambulance service and GP
- Health Professionals who could provide support
- Social prescribers
- Thames Valley Police – consider the 'Right Care, Right Person' guidance
- Probation
- Public Protection Partnership
- Environmental Health Officers
- Voluntary services via Involve

Safeguarding considerations: Children

If children reside in the affected household, a referral must be made to:

Multi-Agency Safeguarding Hub (MASH) | Bracknell Forest Council (bracknell-forest.gov.uk)

Safeguarding considerations: Adults

Where there is a concern that the individual or another adult within the household may have care and support needs due to a physical or mental disability a referral should be made via Adult Social Care Safeguarding Procedures. Adult Social Care will work with the person to assess their needs and where appropriate may need to lead a safeguarding enquiry to enable the person to achieve their safeguarding outcomes with the support of partner agencies. Greater detail about these procedures and requirements can be found in the Berkshire Safeguarding Policies and Procedures.

Health Considerations

Where the risks arise from the person neglecting their health needs, closer monitoring by the appropriate health professional is needed to continue assessing the physical/mental health and consider further impact upon the person's well-being as well as their capacity. Self-harm is a form of self-neglect too and is a health consideration as it implies emotional distress, probable trauma, and is a risk indicator regarding suicidal ideation and completed suicide. Self-harm may incur more self-neglect, i.e. not getting wounds dressed, not seeking help for overdose etc.

Where an individual is unwell or injured, medical attention should be called by the staff member at the scene. This may be by contacting the individual's GP surgery or, in an emergency, calling an ambulance.

If there are indicators of a decline in either physical or mental health, practitioners should ask the person's GP practice to make contact with the individual. This may include a telephone consultation or a face-to-face review undertaken by the GP or allied health professionals. If the person declines essential medical services, medical practitioners will make the assessment under the Mental Capacity Act to make a decision as to how to proceed.

Cases of self-neglect do not automatically indicate a mental health problem. However, there are circumstances when a referral to mental health services might be appropriate.

- If the person is expressing signs of depression or despair they should be encouraged to attend their GP practice and arrange an appointment with the Primary Care Mental Health Practitioner (PCMHP). PCMHP will undertake a brief assessment to identify ongoing needs and direct to most appropriate support. Alternatively individuals are able to self-refer to Talking Therapies for Depression and Anxiety symptoms using the online Referral Form (mayden.co.uk) or calling 0300 365 200 (option 2)

For urgent mental health support individuals can call NHS 111.

Where there is a concern about Serious Mental Illness a referral can be made to the gateway using the relevant referral form which can be requested from gateway@berkshire.nhs.uk Consent from the individual MUST be obtained prior to referral. If there are significant concerns about risk to self or others due to a mental health condition or an individual is deemed not to have capacity then advise should be sought from the duty worker at the gateway by calling 0300 365 200 (Option 4) or emailing gateway@berkshire.nhs.uk to discuss appropriate action.

- If the person is threatening harm to themselves or others, practitioners should contact the Crisis Resolution and Home Treatment Team (CRHTT):

You may also need to contact Thames Valley Police (TVP) if you feel there is an immediate risk. Refer to the new TVP Right Care Right Person (RCRP) guidance as whilst police will still respond to immediate risk to life and limb i.e. as set out in section 17(1)(e) of PACE, the RCRP means partners must do all they can too and not leave it to the police. The police need to now be satisfied partner agencies have done all they can.

Enforcement Considerations

It is possible, if complaints have been received from neighbouring properties, that the resulting behaviours could be classed as antisocial behaviour, in which case proceedings can be brought against an individual in this manner. A thorough assessment of the situation must be made before any action is considered. People demonstrating self-neglect are likely to consider that their behaviour is not problematic or irrational, so it may be counter-productive to argue the case with them on the basis of what is normal, rational or acceptable. However, it may be possible to lead the person to understand that their behaviour is having a detrimental effect on others. Consider whether the problem can be resolved purely by taking steps to ensure that the person complies with their conditions of tenancy or lease, or whether they need some assistance (for example because they are elderly). Informal action should be taken first, usually a letter confirming the steps that need to be taken. This may be followed by formal action if necessary. People may be owner occupiers and legislation applies to them too. See Appendix 1 for more detail on Environmental Health Officer powers.

Possession proceedings are unlikely to be helpful where a person does display self-neglect because:

- there could be mental capacity issues which may impact their ability to understand or participate in proceedings, or
- the individual may be breaching their tenancy because of a potential mental illness rather than for co-operation reasons.

The result would be counterproductive as it may lead to just "moving the problem around" as opposed to resolving the issue. Relying on strict contractual or tenancy rights should only be considered once this protocol has been exhausted and there are no capacity issues relating to the individual.

SECTION E

Process for support

The Multi Agency Risk Framework

Concerns around self-neglect are best approached by different services working together to find solutions.

Co-ordinated actions by Housing Officers, mental health services, GPs, District Nurses, social work teams, the police and family members are needed to improve outcomes for individuals. This is facilitated using the Multi Agency Risk Framework tool and holding a Risk Framework meeting. The agency which has raised concerns about self-neglect will usually be in the best position to lead the first meeting. This may not be the case if it has been raised by a voluntary agency or family member, and the main safeguarding agencies should be prepared to lead the initial meeting and agree the most appropriate lead going forward.

As many individuals struggle to identify with their situation as being problematic, it is important that practitioners seek to negotiate a common ground to understand the individual's own description of their situation and lifestyle rather than making possible discriminatory value judgements or assumptions about how it can be defined.

Where agencies are unable to engage the person and obtain their acceptance to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded and maintained on the person's case record. Evidence of the Risk Framework process should be recorded using the template with a full record of the efforts and actions taken by the agencies to assist the person.

Taking account of appropriate confidentiality considerations, the person, carer or advocate should be informed of the services offered and the reasons why the services were not implemented. There is a need to make clear that the person can contact Adult Social Care or other support agencies at any time in the future for services.

Information about The Multi Agency Risk Framework and the Risk Framework tool can be found here.

The Initial Multi-Agency Meeting

The purpose of the meeting will be to consider the adults situation, to clarify whether any further action/s can be taken and to make the necessary recommendations.

- The lead agency must inform the adult and their family/advocate that a meeting will be held; they must invite them to the meeting and should ensure that any support necessary is provided.
- If the adult is not invited to attend the meeting, the reasons for this should be recorded. A representative who is most able to represent the adult's views and wishes can attend on their behalf; this could be an advocate, or anyone who is appropriate to consult and who knows the adult. Alternatively, the adult's views and wishes can be presented at the meeting in a written form which can be read out at the meeting if they wish.
- The lead agency must invite all agencies who have, or could have had, involvement with the adult or anyone else living in the home.
- The meeting should be chaired by the primary agency identifying concerns, unless otherwise agreed and there must be a separate minute taker to document the proceedings accurately.
- Risk assessment should be discussed at the first meeting and may need to be updated in light of information provided by other agencies.
- It is the collective responsibility of all those who attend the meeting to discuss the risks and consider the following:
- What is/are the risks to the adult?
- What support is already in place for the adult?

- Is this support sufficient to manage increasing or intensifying needs?
- What responses are appropriate to the risks identified to the adult? For example, is advanced care planning indicated or is a move to different accommodation more suited to their needs?
- Agree an action plan, with timescales and named leads.
- Agree a review meeting date.
- Send meeting minutes to all attendees.
- If the adult has not attended the meeting it is essential to identify who will be providing them with information about any decisions that have been discussed and any that have been made.

The Review Meeting

- Agencies will share any new information.
- Review actions and agree a revised action plan, with named leads and timescales if appropriate.
- Update the risk assessment. • If the adult's health continues to deteriorate and risk is escalating, the risk assessment tool must be updated.
- The chair of the meeting should discuss the adult's case with their line manager following this meeting as a matter of course.
- This review process will be ongoing until the risks are managed. This does not mean that the risks have been completely negated, but that they are at a point where the multi-agency group is able to act and react in a planned and consistent way. At this point of the process, regular meetings can be stopped.
- As part of the plan, identify and agree at what point another meeting may be required, i.e. if issues change significantly or there are new concerns

Ongoing Support

- When risks are at a level where they are considered to be managed, consider what support is needed to meet any ongoing needs and ensure the well-being of the adult.
- Any ongoing support must be clearly identified and agreed by relevant agencies. This should include any services that are commissioned.

Sharing Learning

- Any learning and good practice should be shared with immediate colleagues and wider networks, including the Safeguarding Adults Board

Multi Agency Risk Tool training

Training is offered annually by BFSB. Please contact the Business unit for details.

Appendix 1 –

Housing Act 2004 - Part 1 assessment of hazards in the home, and powers including improvement and prohibition notices and emergency actions for urgent works.

Environmental Protection Act 1990 - Sections 79-82 abatement of statutory nuisance, including accumulations of rubbish or dampness affecting neighbouring properties.

Public Health Act 1936. - Clearing and cleansing of 'Filthy & Verminous' property

Prevention of Damage by Pests Act 1949. - Requires owners to eradicate vermin or take steps to prevent vermin infestations.

Anti-Social Behaviour Act 2003 - Parts I & II – Closure Orders for crack-dens, illegal brothels and premises with persistent disorder or nuisance. Generally Police-led.

Anti-Social Behaviour, Crime & Policing Act 2014. - Community Protection Notices. Person's conduct is having a detrimental effect, of a persistent or continuing nature, on the quality of life of those in the locality and the conduct is unreasonable.

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