



Self-Neglect and Hoarding Strategy and Toolkit

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Strategy

Introduction

This strategy and toolkit will be referred to where an adult is believed to be self-neglecting.

The scope of this Strategy and Toolkit does not include cases of risk associated with **deliberate self-harm**; the intentional infliction of physical damage or injury by an individual to their own body. Anyone who self-harms should be advised to see their GP or other relevant health professional as a matter of urgency or referred with their approval.

What is self-neglect?

The definition of self-neglect from the Care Act 2014 is as follows:

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

Indicators of self-neglect:

- Neglecting personal hygiene impacting upon health
- Neglecting home environment, with an impact on health, well-being and public health issues
- Poor diet and nutrition leading to severe weight loss and associated health issues
- Lack of engagement with health and other services/agencies who can offer appropriate support
- Hoarding items
- Substance misuse

A failure to engage with individuals who are not looking after themselves (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's health and wellbeing. It can also impact on the individual's family and the local community.

Locally there has been learning from a multi-agency adult review where a woman with complex needs, Adult A, was living in self-neglectful conditions. The learning was that professionals needed to better understand the factors that led to the root cause of the issue.

A Safeguarding Adult Review for Adult B recognised that, although single agencies worked well with Adult B, a lack of information sharing and joined up action planning meant that not all agencies had access to information that could have improved the quality of involvement with Adult B.

Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take particular action. Instead, authorities are expected to act within the powers granted to them. They must act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act (2005) and consideration should be given to the application of the Mental Health Act (1983).

Aim of the Strategy/Toolkit

The Aim of the Strategy and Toolkit is to prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:

- individuals are empowered as far as possible, to understand the implications of their actions
- there is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect
- there is effective multi-agency working and practice
- concerns receive appropriate prioritisation
- agencies and organisations uphold their duties of care
- there is a proportionate appropriate response to the level of risk to self and others.

This is achieved through:

- promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity
- promoting a person-centred approach which supports the individual to be in control of, and as far as possible, to lead an independent life
- aiding recognition of situations of self-neglect
- increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individuals' needs
- increasing knowledge and awareness of the extent and limitations of the 'duty of care' of professionals
- promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, in order to avoid foreseeable harm
- promoting a proportionate approach to risk assessment and management
- clarifying different agency and practitioner responsibilities and in so doing,
- promoting transparency, accountability, evidence of decision-making processes, actions taken and promoting an appropriate level of intervention through a multi-agency approach.

Our Ambition

The strategy aims to build on the already important work that has been started by RBSAB and its partners who work to protect people who need help and support. The introduction of the Care Act 2014 created a legal framework so organisations and individuals with responsibility for adult safeguarding can agree on how they can best work together and what roles they must play to keep persons at risk safe. This strategy will aim to strengthen and encourage a more preventative approach to cases of self-neglect and hoarding.

Our Vision

Is for all professionals to be supported to recognise and respond to individuals who as a result of their care and support needs may self-neglect and/or hoard, with the desired replacement of worker as the expert to the practitioner as the advocate or facilitator. Our interventions will be person centred, responsive, sensitive and proportionate.

Our Pledge

Ensure we listen to the person and they are at the centre of the self-neglect and/or hoarding concern.
Encourage professional curiosity.
Early recognition and identification of the signs of self-neglect and hoarding.
Work with each individual on their terms and at their pace.
Ensure effective information sharing between agencies
Re-enforce the importance of collaboration amongst agencies.
Public and professionals are able to recognise the indicators of self-neglect and hoarding.
Provide and ensure the assessment tools used among partner agencies are consistent.
Ensure all professionals and partners used the Mental Capacity Act appropriately to support decision making.
The Multi-Agency Risk Management (MRM) Protocol is used when appropriate by all professionals and partners.

A multi-agency approach

Research¹ suggests that on average between 2% and 5% of the population will be living within varying degrees of self-neglect and/or hoarding. Some individuals may not meet agency eligibility thresholds and as such previous experience of attempting to engage may have had limited or no success. These factors increase the potential risk of harm and should be identified as risk indicators that will prompt action under these self-neglect and hoarding procedures.

The RBSAB partnership agrees that responding to individuals with self-neglect/hoarding behaviours must be a multi-agency priority and there is a presumption that all partner agencies will actively engage when this is requested by the lead agency as appropriate or required; and the agency holding the case will take responsibility for initiating a multi-agency partnership working approach.

1 A Psychological Perspective on Hoarding (2015) Holmes S. (Ed), British Psychological Society, Leicester.

Failure to engage with individuals who are not looking after themselves (regardless of whether they have mental capacity or not for decision about their self-neglect or hoarding behaviours) may have serious implications for, and may have a profoundly detrimental effect on, an individual's health and wellbeing and home environment. It can also impact on the individual's family and the local community.

Underpinning this strategy and toolkit and its ability to deliver outcomes, will be individual organisations' own policies and procedures around self-neglect and hoarding and the RBSAB policies and procedures, with the aim of preventing serious injury or even death of individuals who appear to be self-neglecting and/or hoarding by ensuring that:

- Individuals are empowered as far as possible, to understand the implications of their actions and/or behaviours on themselves and others
- There is a shared, multi-agency understanding and recognition of the issues including those involved in working with individuals who self-neglect and/or are deemed as hoarders
- There is effective and proactive multi-agency working, which challenge practice and ensure that concerns/ risks receive appropriate prioritisation
- The Multi-Agency Risk Management Protocol (MRM) is used where appropriate.
- That all interventions to work with an individual who has self-neglecting and/or hoarding behaviours are based on the principles of Making Safeguarding Personal (MSP).
- There is a proportionate response to the level of risk to self and others.
- There is a knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individuals' needs, this includes the extent and limitations of the 'duty of care' of professionals

Governance and accountability

Governance will be provided by RBSAB and challenge provided by monitoring progress against the strategic objectives. This will be done in the Excellence in Practice Sub-Group and the Quality Assurance and Performance Improvement Sub-Group of the Safeguarding Adult's Board.

Measuring effectiveness

The following outcome based indicators will demonstrate the effectiveness of the strategy:

- Reduction in the number of referrals and re-referrals to Adult Social Care
- Increase in early intervention offers to address self-neglect issues
- Individual case studies which look at the impact on services pre/post support offer
- Measuring cost effectiveness of the Housing Triage Service and identifying savings to services
- Multi-agency case file audits (MACFAs) to demonstrate improvements in outcomes

Toolkit

Definition of Self-Neglect

There is no accepted operational definition of self-neglect nationally or internationally due to the dynamic and complexity of self-neglect.

A review of literature suggests the following definition for self-neglect:

- Persistent inattention to personal hygiene and /or environment
- Repeated refusal of some/ all indicated services which can reasonably be expected to improve quality of life
- Self-endangerment through the manifestation of unsafe behaviours.

Indicators of Self-Neglect

There are numerous indicators of self-neglect; the following list is not exhaustive and should be considered in conjunction with *all* information within this document:

- Where the person may have a history of mental illness which may manifest itself in behaviours of self-neglect and hoarding
- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Obsessive hoarding therefore creating hazards within the property for both themselves and other parties
- Poor diet and nutrition, for example, evidenced by little or no fresh food in the fridge, or what is there, being mouldy
- Persistent declining or refusing prescribed medication and / or other community healthcare support
- Continued refusing to allow access to health and / or social care staff in relation to personal hygiene and care, including the non-attendance and or registration with a General Practitioner
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services
- Repeated episodes of anti-social behaviour – either as a victim or perpetrator
- Being unwilling to attend external appointments with professional staff in social care, health or other organisations (such as housing)
- A significant lack of personal hygiene resulting in poor healing / sores / pressure ulcers, long toe nails leading to a risk of falls, unkempt hair, uncared for facial hair, and or body odour.

It is important to acknowledge that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect; they can arise as a result of cognitive impairment, substance misuse, and compromised vision or functional and financial constraints.

An individual may therefore be considered as self-neglecting and therefore maybe at risk of harm where they are:

- Either unable, or unwilling to provide adequate care for themselves
- Not engaging with a network of appropriate support
- Unable to or unwilling to obtain necessary care to meet their needs
- Following a mental capacity assessment is unable to make reasonable, informed or mentally capacitated decisions due to mental disorder (including hoarding behaviours), illness or an acquired brain injury
- Unable to protect themselves adequately against potential exploitation or abuse
- Refusing essential appropriate support without which their health and safety needs cannot be met and the individual lacks the insight to recognise this.

Definition of Hoarding

Hoarding disorder is now considered a standalone mental disorder. However, hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy.

It is **not** simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of the real value.

It can affect anyone regardless of their personal circumstances.

There are five diagnostic criteria for identifying a case of hoarding disorder:

1. Persistent difficulty discarding or parting with possessions, regardless of their monetary value.
2. A perceived need to save items and the individual experiencing distress with discarding items.
3. The accumulation of possessions that congest and clutter in active living areas.
4. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
5. The hoarding is not attributable to another medical condition or mental disorder.

Anything can be hoarded, in various areas including the resident's property, garden or communal areas. However, commonly hoarded items include but are not limited:

- Clothes
- Newspapers, magazines or books
- Bills, receipts or letters
- Food and food containers
- Animals
- Medical equipment
- Collectibles such as toys, video, DVD, or CDs

Types of Hoarding

There are three types of hoarding:

- **Inanimate objects**

This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.

- **Animal Hoarding**

Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. As well, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

- **Data Hoarding**

This is a new phenomenon of hoarding. There is little research on this matter and it may not seem as significant as inanimate and animal hoarding. However, people that do hoard data could still present with same issues that are symptomatic of hoarding. Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

Hoarding Characteristics

There are a number of hoarding characteristics;

- **Fear and anxiety:** compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.
- **Long term behavior pattern:** possibly developed over many years, or decades. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.
- **Unrelenting standards:** people who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks. A person who hoards may appear unkempt and disheveled, due to lack of toileting or washing facilities in their home.
- **Socially isolated:** people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office based appointments.
- **Large number of pets:** people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”.
- **Mentally competent:** people who hoard are typically able to make decisions that are not related to hoarding.

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- **Poor insight:** a person who hoards will typically see nothing wrong with their behavior and the impact it has on them and others.

Where there is evidence of animal hoarding at any level and or potential neglect of animals this should be reported to the RSPCA.

What causes hoarding? *(This section is taken from the Mind publication "Hoarding")*

No one knows exactly what causes hoarding. There are lots of theories and different people will have different explanations for their own experiences. It's likely to be a combination of things.

Difficult feelings

Hoarding can be to do with difficult experiences and painful feelings, which people may be finding it hard to express, face or resolve. Some people report that hoarding helps them cope with other mental health problems, or distracts them from feeling very anxious, upset or afraid.

Perfectionism and worrying

Lots of people who hoard feel very worried about making mistakes (also known as perfectionism), or find it hard to make decisions, plan ahead or work out how to do tasks. These could be possible reasons why some people are more vulnerable to having problems with hoarding.

For example, people might struggle to sort or group possessions into types, or to decide what to keep or throw away. The idea of this might seem so difficult or upsetting that it feels easier not to try.

Childhood experiences

Some researchers believe hoarding can be linked to childhood experiences of losing or not having possessions, or not being cared for. This might include experiences like:

- money worries and living in poverty
- having their belongings taken or thrown away
- being deprived or neglected – for example if their basic needs weren't met, or they feel they weren't treated warmly or supportively.

Trauma and loss

People might be able to link the start of their hoarding to a stressful event or period in their lives, such as:

- being abused or attacked
- breaking up with a partner
- becoming very unwell
- someone close to them dying
- feeling extremely lonely.

For some people, experiences like these can also lead to an increase in existing hoarding.

Family history or habits

It's common for people who hoard to have family members who share this, such as a parent or sibling. Some studies suggest this could be due to shared genes, or that a person's genes could make them more vulnerable to hoarding.

But family links are likely to be much more complex and shared environments could also be a factor. For example, people might have learned habits and behaviours from their parents or carers, including ways of arranging and managing their home and belongings.

If an adult lives together with people who also hoard, this can result in them having more clutter in their home overall. It might be especially difficult to make changes because they disagree with each other on what to keep or throw away.

Other mental health problems

People might start hoarding due to another mental health problem, for example:

- depression
- anxiety
- obsessive-compulsive disorder (OCD)
- bipolar disorder
- psychosis, including schizophrenia
- obsessive compulsive personality disorder (OCPD).

In these situations, hoarding is usually seen as a symptom and not a main diagnosis.

People might also hoard alongside addiction to recreational drugs or alcohol.

Literacies for Self-Neglect

For effective work with self-neglect we MUST draw on a range of literacies (Braye and Preston-Shoot 2016).

Legal	Knowledge and skilled application of legal options or requirements
Ethical	Reflective and critical consideration and application of values
Relational	Engaging with people's biographies and lived experience Demonstrating concerned curiosity
Emotional	Managing stress and anxiety Recognising the impact of personal orientation to practice
Knowledge	Drawing on different sources of evidence
Organisational	Understanding accountability and management of practice within a multi-agency context Challenging procedures, cultures and decision making where these make error more likely
Decision-making	Sharing information Managing the multi-agency partnership Explicitly weighing the evidence for different options

Key Legislation

Mental Health Act 1983

S.135 Provides the Authority to seek a warrant authorising a police officer to enter premises if it is believed that someone suffering from mental disorder is being ill-treated or neglected or kept otherwise than under proper control anywhere within the jurisdiction of the Court or, being unable to care for themselves, is living alone in any such place.

An adult who is removed to a place of safety in the execution of a warrant issued under this section may be detained there for a period not exceeding 72 hours.

S.136 This section allows police officers to remove adults who are believed to be "suffering from mental disorder and in immediate need of care and control" to a place of safety for a period of 24 hours (starts at the time they arrive at the place of safety or when the Police Officer entered the property in cases where the person is kept at a place of safety). A further 12 hour period can be authorised by the doctor responsible for the assessment only in cases where an assessment is not practicable within 24 hours owing to the person's condition.

S. 7-10 A guardianship application may be made in respect of a patient on the grounds that—

- (a) They are suffering from mental disorder of a nature or degree which warrants his reception into guardianship under this section; and
- (b) It is necessary in the interests of the welfare of the patient or for the protection at other persons that the patient should be so received.

A guardian has the authority to make sure that:

- The person lives at a specified place.
- The person goes to the place where they are required to live if they do not (or cannot) go there without assistance.
- The person attends specified places for medical treatment, occupation, education or training.
- Access be given to the person by a doctor, Approved Mental Health Practitioner (AMHP) or other specified person.

The guardian cannot authorise medical treatment, and has no control over a person's money or property.

Environmental Health Legislation

Public Health Act 1936 as amended

Section 79: Power to require removal of noxious matter by occupier of premises

The Local Authority (LA) will always try and work with a householder to identify a solution to a property affected by self-neglect and/or hoarding. However, in cases where the resident is not willing to co-operate the LA can serve notice on the owner or occupier to, remove accumulations of noxious matter. Noxious is not defined, but usually is, 'harmful or unwholesome'. No appeal to this action is available. If not complied with in twenty four hours, the LA may carry out works in default and recover expenses.

Section 83: Cleansing of filthy or verminous premises

Where a local authority is satisfied that any premises is either;

- a) Filthy or unwholesome so as to be prejudicial to health; or
- b) Verminous (relating to rats, mice other pests including insects, their eggs and larvae)

The Local authority shall serve a notice requiring the recipient to take such steps as may be specified in the notice to remedy the condition of the premises by cleansing and disinfecting them. The notice may require among other things the removal of wallpaper or other wall coverings, and in the case of verminous premises, the taking of such steps as may be necessary for destroying or removing vermin.

If the recipient of the notice fails to comply with the requirements of the notice then the local authority may carry out works in default in accordance with the requirements specified in the notice. The local authority may recharge the recipient of the notice for the cost of carrying out such works. There is no appeal against this

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notice but an appeal can be made against the reasonableness of the authority's requirements set out in the notice.

Section 84: Cleansing or destruction of filthy or verminous articles

The local authority shall cause any article that is considered to be in so filthy a condition as to render its cleaning, purification or destruction necessary in order to prevent injury, or danger of injury, to the health of any person in the premises will cleanse, purify, disinfect or destroy that article. If necessary, the local authority may remove any article that is verminous, or having been used by, or having been in contact with any verminous person to be cleansed, purified, disinfected, destroyed or removed from the premises at the recipients expense.

Prevention of Damage by Pests Act 1949

Section 4: Power of LA to require action to prevent or treat Rats and Mice

Local authorities have a duty to take such steps as may be necessary to ensure their districts are kept free from rats and mice as far as it is reasonably practicable to do so. This may include; carrying out inspections of land, ensure the destruction of rats and mice on all land within its jurisdiction and ensuring the land is kept free of rats and mice so far as it is reasonably practicable to do so.

The local authority may serve notice on the occupier (or owner if the land is unoccupied) of land/ premises where rats and /or mice may be present due to the conditions at the time. The notice should provide a reasonable period of time to carry out reasonable works to treat for rats and/ or mice, remove materials that may feed or harbour them and carry out structural works if such works are necessary in keeping the land free from rats and/ or mice. The local authority may carry out works in default and recharge the occupier/ owner in full for the cost of carrying out such works.

Environmental Protection Act 1990 as amended

Section 80: Dealing with Statutory Nuisances (SNs)

Statutory Nuisances (SNs) are defined in section 79 of the Environmental Protection Act. A number of defined nuisances are relevant in cases of self-neglect and/ or hoarding in Section 79(1) including;

- (a) Any premises in such a state as to be prejudicial to health or a nuisance;
- (b) Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance
- (e) Any accumulation or deposit which is prejudicial to health or a nuisance
- (f) Any animal kept in such a place or manner as to be prejudicial to health or a nuisance
- (fa) any insects emanating from relevant industrial, trade or business premises and being prejudicial to health or a nuisance;

Relatively few circumstances will be considered to be 'prejudicial to health' but 'nuisance' encompasses both public and private nuisances. A public nuisance is any act which, without specific legal authority for it, results in an unreasonable reduction in amenity or environmental quality that affects 'a class of her Majesty's subjects'

A private nuisance consists of damage arising from a substantial and reasonable interference with the use of land or some right over it.

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Local authorities have a duty under the Act to inspect their areas from time to time to detect statutory nuisances and must take such steps as are reasonably practicable to investigate any complaints of statutory nuisance made by persons living within their area. However, if the local authority does find that a statutory nuisance exists or is likely to occur or recur, that must serve an abatement notice to abate the nuisance. Any person breaching the requirements of an abatement notice commits a criminal offence which could result in the matter being referred for prosecution. The local authority may also carry out works in the default and can recover its costs from the recipient(s) of the abatement notice.

Housing legislation

The housing health and safety rating system (HHSRS) is a risk based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. It was introduced under the Housing Act 2004 and applies to residential properties in England and Wales. The HHSRS assess 29 categories of housing hazard. Each hazard has a weighting which determines whether the property is rated as having category 1 (serious) or category 2 (other) hazards. The local authority must take action to address category 1 hazards and has some discretion in whether any action is taken for category 2 hazards.

Housing providers (the landlord) deal with any concerns relating to self-neglect and or hoarding raised, which may be through contractors, in a sensitive manner. The housing officer (HO) would arrange a visit to inspect the condition of the property and action will be taken as appropriate. It is standard practice for the HO to ask a tenant if they would like support to deal with a range of issues and they will make the necessary referrals if consent is given.

The HO will usually set small actions for the tenant to complete and then revisit to monitor on a regular basis. Whilst the tenant continues to engage with the housing provider and improve the condition of the property then the HO will continue to visit, but if they cease to engage or do not take steps to improve the condition then a referral may be made without consent to adult social care or other agencies. The decision to take this course of action will often be made having referred the case to housing management following a thorough review of the case with colleagues in the Anti-Social Behaviour and Tenancy Enforcement Team (ABATE) and Environmental Health. Only when the housing provider has exhausted all avenues to get the tenant to engage and take responsibility for clearing the property themselves would they consider enforcement action and is considered a last resort.

Housing providers have a range of enforcement that they can take and this is summarised below:

- **Schedule 2 of the Housing Act 1985** sets out the grounds for possession of properties let under secure tenancies. These grounds include:

Ground 1 – rent lawfully due from a tenant has not been paid or an obligation of the tenancy has been broken or not performed. This would include breach of clauses within a tenancy agreement which relates to tenants keeping the parts of the home

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that we are not responsible for to a reasonable standard and which may also state they must maintain their home to a standard of hygiene and good order so as not to damage the fabric of the building, cause a nuisance or annoyance to neighbours or create a hazard for our staff or contractors.

Ground 4 – allows the landlord to seek possession if the tenant has allowed the condition of the property to deteriorate owing to acts of waste, or neglect, or default.

Housing providers could use either of these grounds to seek possession of a property due to hoarding. Under these grounds the Court must decide if it is reasonable to grant an order for possession which can be challenging if the tenant has mental health issues or other vulnerabilities.

Provisions of the Housing Act 1996 allow housing providers to take possession action of properties let under introductory tenancies. These should be more straight forward as the housing provider needs to prove a breach of any clause of the tenancy agreement. The court does not have to consider whether it is reasonable to grant possession but should merely consider whether the landlord has followed the correct process i.e.; served the correct notices and given the tenant the opportunity to appeal the service of any notice. However, in practice many District Judges do consider any vulnerability the tenant may have when considering an application of this type. Housing providers also have the option to apply for an injunction which would force the tenant to bring the condition of the property up to a reasonable standard. They would work closely with environmental health teams who have the power to serve notices under the Environmental Protection Act 1990 which will allow the landlord to enter a property to clear it and re-charge the tenant the cost of doing so.

Practitioners should consult and seek advice from Strategic Housing and Environmental health to determine the most appropriate approach.

When is self-neglect a safeguarding issue?

Whenever and wherever there is a belief an individual is, or may be, self-neglecting there needs to be a response. It should never be ignored. It makes no difference whether the person is a home owner, in a rental property, in supported housing or in a care home. There will be circumstances when there is a statutory duty to respond under the safeguarding adults duties. The statutory duty applies when the adult is unable to protect themselves because of the care and support needs that they have. In other circumstances, staff and volunteers should follow their own agency's procedures.

The statutory duty is set out in the Care Act 2014. A The supporting statutory guidance recognised self-neglect as a category of abuse and neglect, and within that category further identified the behaviour of hoarding.

If the individual is a carer for an 'adult at risk', i.e. provides unpaid care to someone who meets the definition of an 'adult at risk', then the circumstances should always

be discussed with Adult Social Care to come to a decision as to whether a safeguarding response should be put in place.

In accordance with the Care Act 2014, DH Care and Support Statutory Guidance 2017, 'self-neglect may not prompt a section 42 enquiry' and 'an assessment should be made on a case-by-case basis' with a decision on whether a response is required under safeguarding dependent on the adult's ability to protect themselves by controlling their own behaviour.

Role of the individual

Regardless of role, responsibility or organisation, protecting adults and safeguarding people from harm is everyone's responsibility. See www.rbsab.org/

Raising a concern is not optional. If the adult at risk does not want any action taken, it may be possible to do nothing further about the concern, but, initially, the concern must be raised and recorded.

Timescale

A concern must be raised and reported immediately or no later than the end of the same working day.

If a person with (or appears to have) care and support needs and there are safeguarding concerns this must be raised with Rochdale Adult Care.

To contact Adult Care – to make a referral or for advice

Call (*during office hours*): 0300 303 8886

Call (*out of office hours*): 0300 303 8875

Email: adult.care@rochdale.gov.uk.


If children are present contact Children's Social Care: 0300 303 0440

If you feel an adult is in immediate danger please contact the police on 999

Strengths Based and Impact on Wellbeing Approach

The strengths-based approach focuses on how practitioners build partnerships with persons in suspected or substantiated abuse or neglect safeguarding situations. The approach is also a very adaptable and can be used as an effective tool for practitioners to use within managerial and/ or clinical supervision.

What does it mean when recognising and responding to self-neglecting situations?

1. What are you worried about?	Worries and concerns identified. Who is worried and why?																	
2. What's working well?	Understand the person's wishes & feelings in relation to risk. What strengths or positive factors exist that might mitigate some of the impact of the risks? Who can help support with the consequences and associated fear or guilt?																	
3. Where do you rate this situation today and the impact on well-being?	<p>Scale of: 0 to 10 where 10 means the concern is safely managed as much as it can be and zero means things are so bad for the person you need to get professional or other outside help.</p> <p>Put different judgment numbers on the scale for different people.</p> <p>0  10</p> <table border="1" data-bbox="746 1496 1305 1845"> <tr> <td>Person</td> <td></td> </tr> <tr> <td>Family/Other</td> <td></td> </tr> <tr> <td>Practitioner</td> <td></td> </tr> <tr> <td>Consultant</td> <td></td> </tr> <tr> <td>G.P.</td> <td></td> </tr> <tr> <td>District Nurse</td> <td></td> </tr> <tr> <td>Other Professional</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Person		Family/Other		Practitioner		Consultant		G.P.		District Nurse		Other Professional			
Person																		
Family/Other																		
Practitioner																		
Consultant																		
G.P.																		
District Nurse																		
Other Professional																		
	Can we promote the person's safety without interfering with the benefits they gain or infringing their rights?																	

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4. What needs to happen?	<p>Can we help change the situation to reduce the risk to acceptable levels whilst still respecting their choices & promoting their quality of life?</p> <p>What could go wrong and how could we respond in that case?</p> <p>Shared responsibility for promoting safety:</p> <ul style="list-style-type: none"> • What will the person do? • What will staff do? • What will others who are important to the person do?
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It is important services do not work in isolation or work with a lack of comprehensive knowledge of the wider support on offer across the borough, as this would lead potentially to a less efficient and effective response to safeguarding and support.

Partners must be able to evidence the concept of defensible decision making:

- Has there been an exploration and understanding what was happening rather than assumptions made and/ or accept things at face value (professional curiosity / respectful uncertainty / safe uncertainty)?
- Has the person been involved in the safeguarding response exploring desired outcomes and at a pace that suits them?
- Has the persons support network been involved in the response?
- Have all reasonable steps been taken?
- Have reliable assessment methods including assessment of risk/s been used to inform decisions?
- Has a multi-agency approach been explored to achieve positive outcome?
- Has the use of all legal frameworks bespoke to each case been thoroughly explored?
- Has information been collated and thoroughly evaluated?
- Have decisions been recorded, shared and communicated with relevant parties?
- Have organisational policies and procedures been followed?
- Has the Care Act statutory guidance been cross referenced?
- Has a proactive, analytical approach and non-judgement approach been explored?
- Has critical evaluation been employed to information and maintain an open mind?
- Has there been a focus on risk enablement which balances safety and risk management that takes into account changing information, different perspectives and acknowledges that certainty may not be achievable?
- Have safeguarding been lawful and are decisions made defensible?

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Six key principles of safeguarding

Empowerment	People being supported and encouraged to make their own decisions and informed consent.
Prevention	It is better to take action before harm occurs.
Proportionality	The least intrusive response appropriate to the risk presented.
Protection	Support and representation for those in greatest need.
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
Accountability	Accountability and transparency in delivering safeguarding

Prevention

In the majority of self-neglect cases, early intervention and preventative actions will negate the need for adult safeguarding procedures to be used. The Care Act is clear in its direction that partners should work cohesively to address the issues at the earliest opportunity.

The needs of children whose parents self-neglect, and the subsequent effect on their development, is also a critical consideration.

It is imperative that the views and wishes of the adult are sought and what their desired outcome is. Consideration should also be given to gathering the views of other people who know the individual well.

If a person lacks mental capacity the views and wishes of the adult at risk and their representative should be part of the best interest decision.

Identifying level of risk or harm

A “Professional Decision-Making Tool in Response to a Safeguarding Alert” has been created and is available to all staff. Rochdale Borough Adult Care Service have a risk assessment process which will also help identify the level of risk or harm a person is experiencing. The Tool is available at www.rbsab.org/

Making Safeguarding Personal

In addition to the six principles, Making Safeguarding Personal (MSP) aims to ensure that the safeguarding process:

- Is person-led and outcome-focused
- Enhances the individual’s involvement, choice and control, and

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- Seeks to improve the quality of life, wellbeing and safety of the individual.

Engage the Adult

- Ensure they have necessary information in a format they can understand
- Check out that they do understand options and consequences of their choices
- Listen to their reasons for mistrust, disengagement, refusal and their choice

The above three points may need to be a conversation over time i.e. “not a one off” Repeat all the above if risk to their health/safety increases.

Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and in ensuring their safety and protection.

Consideration needs to be given at an early stage, to determining if the individual has the mental capacity to understand and make informed decisions about their responses to agencies concerns about their apparent self-neglecting behaviour. In cases of self-neglect it will often take considerable time to build the relationship that enables the person to want to make changes and this needs to be understood by all agencies engaging with the individual. It is always important to involve the family and carers. The Rochdale Borough Safeguarding Adults Board (RBSAB) Multi Agency Information Sharing Protocol provides the framework for sharing information.

Remember the individual may have experienced significant trauma in their life such as bereavement, homelessness, sexual / physical / emotional abuse or health issues. They may have had poor experiences of engagement with services in the past and these factors may be the reason why they appear to be unwilling to engage.

- Consider if a family member, advocate or other professional may help the adult and you in these conversations and assist with assessment and/or support
- Always involve attorneys, receivers, person representatives if the adult has one
- Where an adult has fluctuating capacity it may be possible to establish a plan when they are capacitated which determines what they want to happen when they lack capacity
- Check whether the individual has made an Advance Directive when involved with significant decisions, re. health
- Involve the individual in meetings where possible

Engage & Support the Person’s Family/Carers

Ensure the individual is aware and consenting to the proposed role of their family/carer/advocate in their care/treatment plan and:

- Involve them in the development of the care/treatment plan. They must be invited to planning/discharge meetings
- Ensure that the carers role and responsibilities are clearly recorded on formal care or treatment plans
- Check that they are willing and able to provide care/treatment

- Provide them with necessary training and information to do what is expected
- Mentor/supervise, review to ensure they understand and have the skills
- Carers Assessments must always be offered

This most obviously applies to family and friends but may equally apply to professional carers- e.g. health professionals should not assume that a care worker has the skills or capacity to undertake certain health related tasks.

Engage Other Professionals/Agencies

- Make referrals clear and timely, if others are regarded as essential to a care/treatment plan
- Consult and seek advice on areas which others may have more expertise- this does not always mean they should become actively involved in cases
- Where the risk is high and complex, ensure communication with other involved professionals about essential information is timely and accurate. Consider the need for a multi-agency professionals meeting with/without the individual and their representatives. This will aid co-ordination and a shared understanding of risk

Advocacy

It is essential to ensure all efforts are made to ensure the person suspected of self-neglecting and or hoarding is consulted with and included in discussions, with concerns raised directly with them at the earliest opportunity.

The individual concerned should be invited to participate in the multi-agency strategy meeting and offer the necessary support to do so by the case holding agency. If the person's choice is not to attend the meeting the case holding agency must feedback back any decision that is made to the person within a reasonable time period.

If there is concern that the person is in need of additional support to ensure they understand the concerns raised, the involvement of an appropriate advocate must be considered where it is deemed necessary to do so. This may be a friend or family member, or a representative from a voluntary agency such as Together – Your Voice Advocacy. Where the individual refuses to participate or engage with agencies or provide access, information obtained from a range of other sources may 'hold the key' to achieving access into the property or to determining areas / levels of risk.

Rochdale Borough Safeguarding Adults Board (RBSAB)

The Rochdale Borough Safeguarding Adults Board's web site contains a lot of useful information - <https://www.rbsab.org/>

Mental Capacity

When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. Any proposed intervention or action must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers. In extreme cases of self-neglect and/or hoarding behaviour, the very nature of the environment *should* lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity.

Any capacity assessment carried out in relation to self-neglect and or hoarding behaviour must be time and decision specific, and relate to a specific intervention or action. The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention or action, and is referred to as the '*decision maker*'. Although the decision maker may need to seek support from other professionals in the multidisciplinary team, they are responsible for making the final decision about a person's capacity.

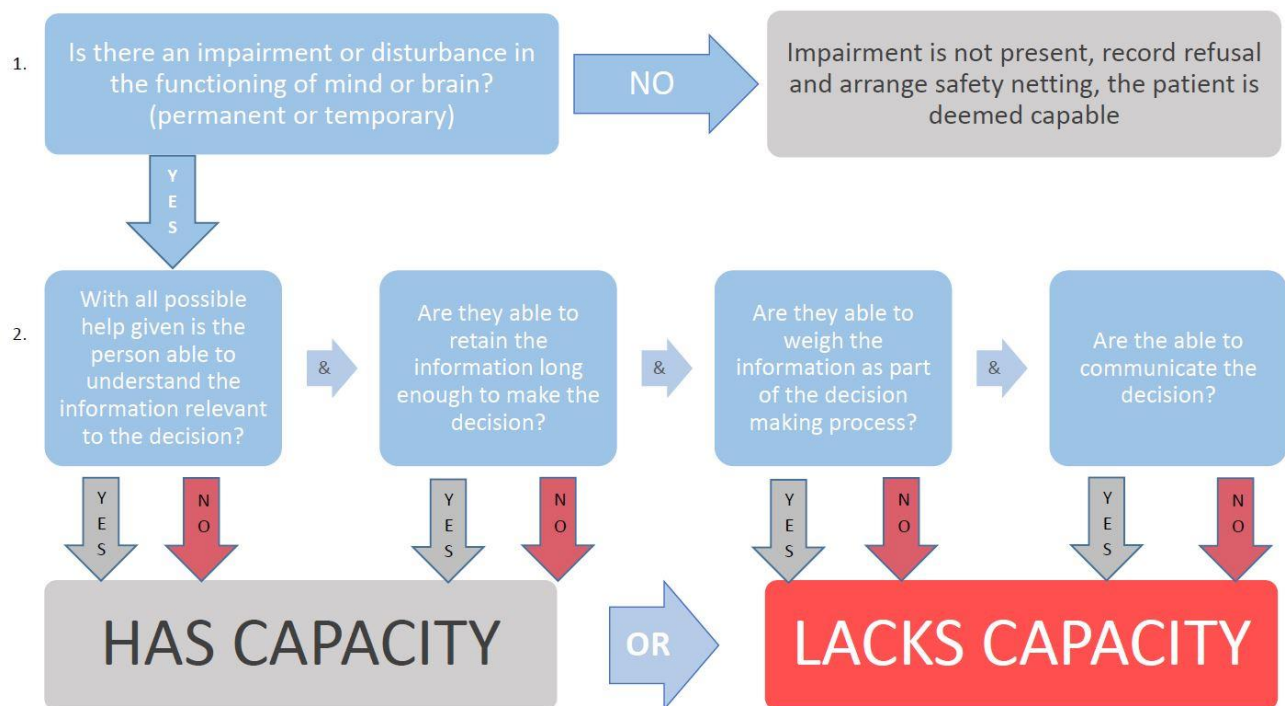
If the client lacks capacity to consent to the specific action or intervention, then the decision maker must demonstrate that they have met the requirement of the best interests 'checklist'. Due to the complexity of such cases, there *must* be a best interests meeting, chaired by a team manager.

In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (COP) to make the best interests decision.

The Mental Capacity Act (2005) provides a statutory framework for people who lack capacity to make decisions for themselves. The Act has 5 statutory principles and these are the values which underpin the legal requirements of the act. They are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practical steps have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done or decision made, under this act for or on behalf of a person who lacks capacity must be done, or made in his or her best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The two stage test of capacity



If the answer to 1. Is YES and the answer to any of 2. Is NO then the person lacks capacity under the Mental Health Act 2005

Information Sharing

Under the Data Protection Act 1998, we all have the responsibility to ensure that personal information is processed lawfully and fairly. All individuals have a right to view any information held about them. Practitioners should consider this when they are recording information about that person.

Reference should be made to the RBSAB Information Sharing Agreement.

The decision about what information is shared, and with who, will be taken on a case by-case basis. Whether information is shared and with or without the adult at risk's consent, the information shared should be:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- be accurate and up to date
- be shared in a timely fashion
- be shared accurately
- be shared securely

Risks

Determining risk may be subjective and complex in nature due to many competing factors. These may include the individual's behaviour and perception of the risks they face in living in self-neglecting and/or hoarding circumstances which will often differ from the professionals view on what is and what is not an acceptable standard within which to live. In such cases there are often clinical, social, environmental and

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ethical decisions to be made in its managing a subject's expectations of what is considered to be acceptable.

Self-neglect and hoarding may carry the following risks:

- Impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- Financial hardship, tenancy / home security risk; risk of eviction
- Likely fire risks
- Social network presents high risk factors
- Environment presents high risks

The Multi-Agency Risk Management protocol

This protocol provides professionals with a framework to facilitate effective multi-agency working with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services, but are refusing to engage with services.

It aims to provide professionals from all Rochdale Borough Safeguarding Adults Board (RBSAB) partner agencies with a framework for the management of complex cases where, despite ongoing work, serious risks are still present. The MRM is available [here](#).

Safeguarding Children

Safeguarding Children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue.

The needs of the child at risk must come first and any actions we take must reflect this. Therefore, where children live in the property where there is an issue with safe-guarding and/ or hoarding a Safeguarding Children alert should always be raised.

Fire Safety

Hoarding can pose a significant risk to both the people living in the hoarded property and those living nearby as well as the emergency services personnel. Where an affected property is identified regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit route. Appropriate professional fire safety advice must be sought and a multi-agency approach is important to reduce risk. This will assist Greater Manchester Fire and Rescue Service (GMFRS) in responding appropriately and may undertake a safe and well visit as part of the multi-agency approach.

This will allow GMFRS to respond appropriately. Once the risks have been addressed information must be updated.

Record Keeping

- Ensure personal details of the individual and significant others are correct e.g. name, address, telephone etc. (Failed appointments could be due to letters going to the wrong place)
- Include all factual observations from visits and contacts which describe risk factors, e.g. person's appearance, comments, others present, health symptoms, environment etc.

Self-neglect situations are challenging and often involve judgements which are not clear cut and may need to stand scrutiny at a future date, e.g. coroner's court or other enquiry. It is therefore essential to record:

- Mental capacity – was an assessment considered necessary? In high risk situations it is advisable to record the decision to formally assess or not.
- Mental Capacity – formal assessment should be recorded on the recommended pro forma.
- The decisions made
- Who was involved in the discussion/meeting? How was the adult included?
- The rationale for decision making e.g. options considered, risks and benefits of options, least restrictive principles, individual's wishes and views of others etc.
- When the decisions were made and how they will be reviewed, i.e. the dates of meetings/discussions

In some cases these records may be in the form of formal meetings minutes which are necessary when there is a need to bring a number of people together to address complex or significant risk issues. Examples of such meetings include Discharge Planning meetings, Case Review meetings, Mental Capacity Best Interest Meetings. In less complex scenarios it suffices for the above to be included in case notes.

Employees

For employees dealing with cases of self-neglect and or hoarding this can be a stressful time and all agencies should have robust support mechanisms and policies in place, to ensure the health and safety of its employees. This should include practice supervision, peer support, lone working systems and where appropriate access to health and welfare advisory support services.

To enable employees to be effective in dealing with cases of self-neglect and hoarding, employees should also have access to a range of learning and development opportunities either offered by their own organisation, or by a multi-agency approach.

Data information & performance management

It is expected that all agencies will have in place data information and performance management systems in order to capture information in regard to the identification and management of self-neglect and hoarding cases, and that these will be made available to the RBSAB and be populated within the RBSAB performance dashboard. This generally should not involve the sharing of identifiable personal data.

National Guidance

In March 2015 SCIE (Social Care Institute for Excellence) published research on learning from policies and practices that have produced positive outcomes in self-neglect work, from the perspective of key groups of practitioners, managers and people who use services.

Successful Practitioner Practice

Self-neglect practice was found to be more successful where practitioners:

- Took time to build rapport and a relationship of trust, through persistence, patience and continuity of involvement.
- Use of professional curiosity and working in a non-judgmental approach.
- Tried to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation's specific role.
- Worked at the individual's pace, but were able to spot moments of motivation that could facilitate change, even if the steps towards it were small.
- Ensured that they understood the nature of the individual's mental capacity in respect of self-care decisions
- Were honest, open and transparent about risks and explored real options with the person
- Had in-depth understanding of legal mandates providing options for intervention
- Made use of creative and flexible interventions, including family members and community resources where appropriate.
- Engaged in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals.

Successful Organisational Arrangements

Arrangements that best supported such work included:

- A clear location for strategic responsibility for self-neglect, often the Local Safeguarding Adults Board (LSAB)
- Shared understandings between agencies of how self-neglect might be defined and understood.
- Data collection on self-neglect referrals, interventions and outcomes
- Clear referral routes
- Systems in place to ensure coordination and shared risk management between agencies
- Time allocations that allow for longer-term supportive, relationship-based involvement

- Training and practice development around the ethical challenges, legal options and skills involved in working with persons who self-neglect
- Supervision systems that both challenge and support practitioners.

Complex Interactions

At the heart of self-neglect practice is a complex interaction between knowing, being and doing:

- Knowing, in the sense of understanding the person, their history and the significance of their self-neglect, along with all the knowledge resources that underpin professional practice
- Being, in the sense of showing personal and professional qualities of respect, empathy, honesty, reliability, care, being present, staying alongside and keeping company
- Doing, in the sense of balancing hands-off and hands-on approaches, seeking the tiny element of latitude for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when intervention becomes a requirement.

Pathways: Adults Refusing Services & Self Neglecting

Is this resulting in significant harm to an individual's health, safety or wellbeing?

Does the individual have capacity to make necessary decision(s) re, safety or wellbeing?		
Yes	Maybe/Fluctuating	No
Provide individual with information relevant to decision. Signpost to relevant services, support as needed. Seek consent to share information with other appropriate agencies/family Discuss options and consequences of decisions Record the fact that the individual has capacity Offer Carers Assessment if appropriate	Mental Capacity Assessment record outcome Re-package information, to maximise individual's capacity to understand Consider possibility of a plan which takes account of fluctuating capacity Re-negotiate options for delivery of services/treatment Share appropriate risk information with other appropriate agencies Need for Advocate considered Consider need for Professional Meeting/ Case Conference/Protection Planning Meeting Monitor/Review	Lead agency/professional considers need for Best Interest meeting, especially if there is a disagreement Involve an Advocate if the person has no suitable representation DOLS Safeguards considered if appropriate Court of Protection considered Consider powers and duties to get person to a place of safety
Always consult your manager/supervisor before closing a case if significant risk remains. Record decision and rationale in case records.		

If the Individual has capacity and service refusal continues and/or risk becomes critical, the Lead professional should inform the designated safeguarding officer in their agency to follow the Multi Agency at Risk Management (MRM) Escalation process (www.rbsab.org)

If the individual does not have capacity and service refusal continues and/or risk becomes critical the Lead professional should inform the designated safeguarding officer in their agency who will convene a Multi-Agency Professionals meeting to

consider whether all available powers and duties are exhausted and to consider the need for Court of Protection involvement.

Key Contacts:

Adult Care – 0300 303 8886

GMFRS - 0800 555 815

Children's Services – 0300 303 0440

Self-Neglect Screening Tool



PLEASE NOTE:

This checklist does not replace any other assessment tools.


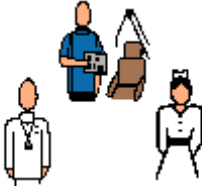
The checklist is appropriate for practitioners in all agencies.

Not every part of this checklist will be appropriate in all cases.


Please circle the appropriate rating

Health						
Sub-areas	1 Optimum care	2 Person uses Universal services	3 Referral to Adult Care 0300 303 8886	4 Person in need of support from Statutory Services	5 Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
Health checks and immunisation 	Person is registered with GP, Dentist etc. and proactive in scheduled health checks, immunisation and dental visits	Person is up to date with scheduled health checks, dental visits and immunisation unless exceptional or practical problems. Plans in place to address this.	Social or practical difficulties prevent the person scheduling and keeping health checks, dental visits and immunisation	Person needs a high level of practical support to scheduling and keeping health checks, dental visits and immunisation	Evidence of declining health – person may not be registered with GP, Dentist etc. – repeated use of 999	
Disability/chronic illness 	All medical interventions/ medications are complied with.	Any lack of compliance is due to pressing practical reason. Plans in place to address this.	Social or practical difficulties prevent the person complying with some or all medical interventions and/or medications.	Person needs a high level of practical support to comply with some or all medical interventions and/or medications.	Serious compliance failure (medication not taken for no reason), can mislead – serious risk to health	



Health

	1 Optimum care	2 Person uses Universal services	3 Referral to Adult Care 0300 303 8886	4 Person in need of support from Statutory Services	5 Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
Follow up Appointments 	All appointments kept or rearranged if needed	Fails one in two appointments due to doubt about their usefulness.	Fails to keep appointments even if there is a clear benefit. May feel judged by services.	Needs support to attend critical appointments in line with health needs	Fails a needed follow up a third time despite reminders. Misleading explanations for not attending. – see care act	
Opinion sought 	Not only on illnesses but also other genuine health matters thought about in advance and with sincerity, including oral hygiene and state of teeth.	From professionals/ experienced adults on matters of genuine and immediate concern about child health.	On illness of any severity.	Only when illness becomes moderately severe (delayed consultation). Or frequent unnecessary consultation and/ or medication.	When illness becomes critical (emergencies) or even that ignored.	

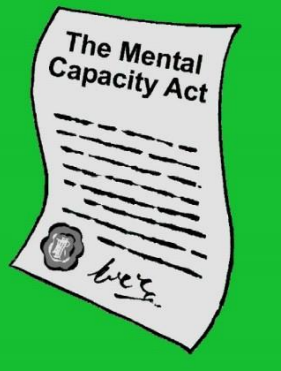
Nutrition

	1 Optimum care	2 Person uses Universal services	3 Referral to Adult Care 0300 303 8886	4 Person in need of support from Statutory Services	5 Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
Quality and Quantity 	<p>Aware and plans ahead; has excellent quality food and drink. And consumes the correct adult portions</p>	<p>Provision of reasonable quality food, it may be inconsistent but does not impact on health. Person may benefit from nutritional advice.</p>	<p>Provision of reasonable quality food, it may not be available due to Social, financial or practical difficulties – may need advice on how to access community provision</p>	<p>Person may need support to be able to access, cook or consume good quality food.</p>	<p>Person is very thin or obese, maybe dehydrated, does not eat enough/eats significantly too much to maintain health.</p>	



Access to Specialist services

	1 Optimum care	2 Person uses Universal services	3 Referral to Adult Care 0300 303 8886	4 Person in need of support from Statutory Services	5 Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
Drug Services 	<p>Person does not use any illicit substances. Person does not abuse any opiate based prescribing from GP surgery</p>	<p>Recreational use of cannabis (non-problematic).</p>	<p>Drug use is having an impact on the neighbourhood however the person does not view this as an issue.</p>	<p>Person's drug use is having a negative impact on their health and fire safety. The person has agreed to receive support from the drug service.</p>	<p>The person's drug misuse is resulting in risk to self from others and/or the person is unable to protect self (financial exploitation). The person is unable to meet his/ her own physical/ psychological needs</p>	
Alcohol Services  Alcohol Concern Making Sense of Alcohol	<p>Person abstinent from alcohol or drinking within recommended units</p>	<p>Person drinking above recommended units per week on a regular basis or is engaging in episodic binge drinking</p>	<p>Alcohol use is impairing the persons usual level of functioning (physical, psychological, social)</p>	<p>Person is drinking alcohol at hazardous/ harmful or dependent levels and potentially showing signs of withdrawal symptoms</p>	<p>The person's alcohol misuse is resulting in risk (including fire risk) to self from others and/or the person is unable to protect self (financial exploitation). The person is unable to meet his/ her own physical/ psychological needs</p>	



Making Decisions

Sub-areas	Optimum care	Person uses Universal services	Referral to Adult Care 0300 303 8886	Person in need of support from Statutory Services	Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
	<p>Assumption of capacity</p> <p>Ability to make informed decisions with a good understanding of any associated risk and consequences to health, safety and well being</p> <p>(Key Principle 1)</p>	<p>Ability to make informed decisions regarding primary health care and life style choices</p> <p>May make unwise decisions</p> <p>(Key principle 3)</p>	<p>Evidence of impairment or disturbance in functioning of mind /brain - Could be temporary or permanent</p> <p>May impact on, or cause fluctuating ability to make capacitated or informed decisions</p> <p>May not recognise own needs or associated risks consequences to their presentation.</p> <p>May result in a negative impact on health/well- being and safety without any insight to possible increasing risk factors</p>	<p>Requires person centred support to help them to understand relevant information including greater exploration of formats for communication</p> <p>(Key principle 2)</p> <p>Impairment or disturbance may be significant enough to render the person as unable to make specific decisions at the time they are required to be made</p> <p>May require Best Interest decisions to be made for them at times (Key principle 4)</p>	<p>A lack of mental capacity to make decisions significantly increases vulnerability and reliance on others.</p> <p>At greater risk of neglect /self-neglect abuse/ exploitation without appropriate support networks around them</p> <p>Reliant on others to ensure health /well - being and safety and for this to be provided in a way that protects human rights and personal dignity.</p> <p>(Key Principle 5)</p>	



Safety Awareness and Practice

Sub-areas	Optimum care	Person uses Universal services	Referral to Adult Care 0300 303 8886	Person in need of support from Statutory Services	Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
<p>Safety in Living Environment</p> 	<p>Good awareness of safety issues however remote the risk – and ability to address them</p>	<p>Aware of important safety issues but may need advice from professionals or their support networks to address them.</p>	<p>Lacks awareness and perception except for immediate danger. Would benefit from Support in identifying and addressing risk.</p>	<p>Has some level of awareness (or not) specialist assessment to support their needs and reduce risks.</p>	<p>The person is living or forced to live in conditions they are placing themselves and others at direct risk of harm i.e. Hoarding, Slavery, Fire Risk, unsafe use of electrical/gas equipment etc.</p>	
<p>On-line safety</p> 	<p>Uses the internet safely, aware of on-line risk and reports concerns appropriately.</p>	<p>Awareness of general internet safety but may need advice from professionals or their support networks on practical safety (e.g. privacy settings) and behavioural safety (e.g. online reputation).</p>	<p>Person may be unaware of the risks they are exposed to and with support may be able to access existing service within the community</p>	<p>Bespoke package of care required to ensure person is safe. (i.e. Community safety)</p>	<p>Person who (whether they use the internet or not) is vulnerable and is being targeted for exploitation, crime and harm on line.</p>	


Safety Awareness and Practice

Safety Awareness and Practice						
Sub-areas	Optimum care	Person uses Universal services	Referral to Adult Care 0300 303 8886	Person in need of support from Statutory Services	Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
Road Safety 	Good awareness and practice in road safety.	Needs support to understand risks and road safety i.e. Person with learning disability, cycling proficiency etc. but has support	Lack of understanding of impact of external factors impact on road safety. i.e. drugs and alcohol, mental health	Needs assessment i.e. visual impairment, physical disability etc.	Needs safeguarding i.e. running into traffic, dangerous driving etc.	
Use of safety equipment 	Has appropriately and specialist equipment in place which is regularly maintained and in working order. The person is competent in using the equipment.	Has appropriately and specialist equipment in place which is regularly maintained and in working order. The person has support to use the equipment.	The person may need support to maintain their safety and well-being but may not be aware of the options available to them.	The person needs an assessment by a specialist to ensure that the correct equipment is available to meet there needs	The person has all the appropriate equipment / assessed/provided but is non-compliant in its use – putting themselves or others at risk of harm	

Shelter

Shelter						
Sub-areas	Optimum care	Person uses Universal services	Referral to Adult Care 0300 303 8886	Person in need of support from Statutory Services	Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
Access to Shelter 	Person maintains their own housing needs unaided.	Person maintains their own housing needs with support from universal services or their support networks	Person needs support with Housing but is not aware of does not understand their entitlement or where to access support – and needs information and advice	Person who needs support to access Housing or accommodation services	Person has exhausted all Housing options, is intentionally homeless or very too high risk to place – which may expose them to additional risks of targeting or forced exploitation.	
Condition of accommodation  <i>If applicable – see also the Hoarding Toolkit at www.rbsab.org</i>	Essential and additional fixtures and fittings, good heating, shower and bath facilities.	All essential fixtures and fittings i.e. bathing, toileting and kitchen aids	Accommodation shows signs of disrepair/minor neglect – may need support to address the issues	Adults need specialist support to maintain housing or accommodation.	Adults dangerously exposed to environmental and Fire risks	


Managing Money

Sub-areas	Optimum care	Person uses Universal services	Referral to Adult Care 0300 303 8886	Person in need of support from Statutory Services	Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
	<p>Person has access to salary or benefits is aware of risks and can manage them independently for their own needs</p>	<p>Person has access to salary or benefits and can manage them with support from their support network. To ensure that they are being used to maintain their individual needs</p>	<p>The person may not have access to money either because they are not claiming the benefits they are entitled. Or have debts or other issues which funds are prioritised for, which they may need support to sort out.</p>	<p>This person may need support under the mental capacity Act to manage their finances, or through an Appointee to manage their benefits</p>	<p>The person may not have access to money either because their salary is being withheld or they are subject to Mate/Hate Crime, or they are exploited financially in another way (including on-line/postal targeting).</p>	



Food Preparation

Sub-areas	Optimum care	Person uses Universal services	Referral to Adult Care 0300 303 8886	Person in need of support from Statutory Services	Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
<p>Food Preparation</p> 	<p>Fully self-motivated to prepare and aware of dietary needs i.e. diabetics.</p>	<p>Person has appropriate support from their support network to ensure that they can prepare/access food.</p>	<p>Food Preparation infrequent and inconsistent.</p>	<p>Person may additional support to prepare meals in line with their dietary needs i.e. diabetics.</p>	<p>The person does not eat appropriate foods regularly despite support being provided or dietician's advice. May need referral to GP or Mental Health services</p>	

Carer Support

Sub-areas	Optimum care	Person uses Universal services	Referral to Adult Care 0300 303 8886	Person in need of support from Statutory Services	Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
<p>Relationship with carers - choice and control</p> 	<p>Person supported with formal and informal carers, this is self-managed and the person is aware of potential risks.</p>	<p>Person supported by their support networks and maintain good relationships with them free from abuse</p>	<p>Support from informal carers is ambivalent and does not address the person's needs – needs support to address this; or no carer support currently in place.</p>	<p>Relationship with paid carer breaking down, the person needs support to address this.</p>	<p>Significant concerns raised on how the carer speaks to or physically responds to the person raising concerns of abuse or exploitation.</p>	

Community Engagement

Sub-areas	Optimum care	Person uses Universal services	Referral to Adult Care 0300 303 8886	Person in need of support from Statutory Services	Person to be referred for S42 Safeguarding enquiry	Not applicable or not known
<p>Access to Community Socialisation</p> 	<p>Person joins positive groups/activities of their choosing in their community or is happy with their current social arrangements</p>	<p>Person joins positive groups/activities of their choosing in their community and is supported to do this by their support networks</p>	<p>The person may be part of a social group or activity which is cohesive but this may not be a positive activity i.e. drug culture, street working, or crime.</p>	<p>Social exclusion. Person will need support. Also consider possible radicalisation Referral to Channel Process</p>	<p>The person is stigmatised and discriminated against and therefore is excluded from or feels unable to access community activities.</p>	
<p>Gaining employment or accessing education</p> 	<p>If appropriate, person is engaged in employment, education or volunteering</p>	<p>Person is engaged in employment, education or volunteering and is supported to do this by their support networks</p>	<p>Person is not engaged in employment, education or volunteering and not aware of the opportunities available to them.</p>	<p>Person is not engaged in employment, education or volunteering and would need professional support to be able to access.</p>	<p>Person is suspected of being recruited into crime or modern slavery</p>	
<p>Possible outcomes</p>	<p>Person maintains own welfare with appropriate use of Universal Services</p>	<p>Person manages their needs in the community with help from their circle of support</p>	<p>Ask person for consent to refer to Adult Care Prevention Team (<i>contact details on back cover</i>)</p>	<p>Make a referral to Adult Care (<i>contact details on back cover</i>) for an assessment of need</p>	<p>Make a referral to Adult Care for an assessment of need for multi-agency safeguarding response</p>	

Screening Analysis/Outcomes

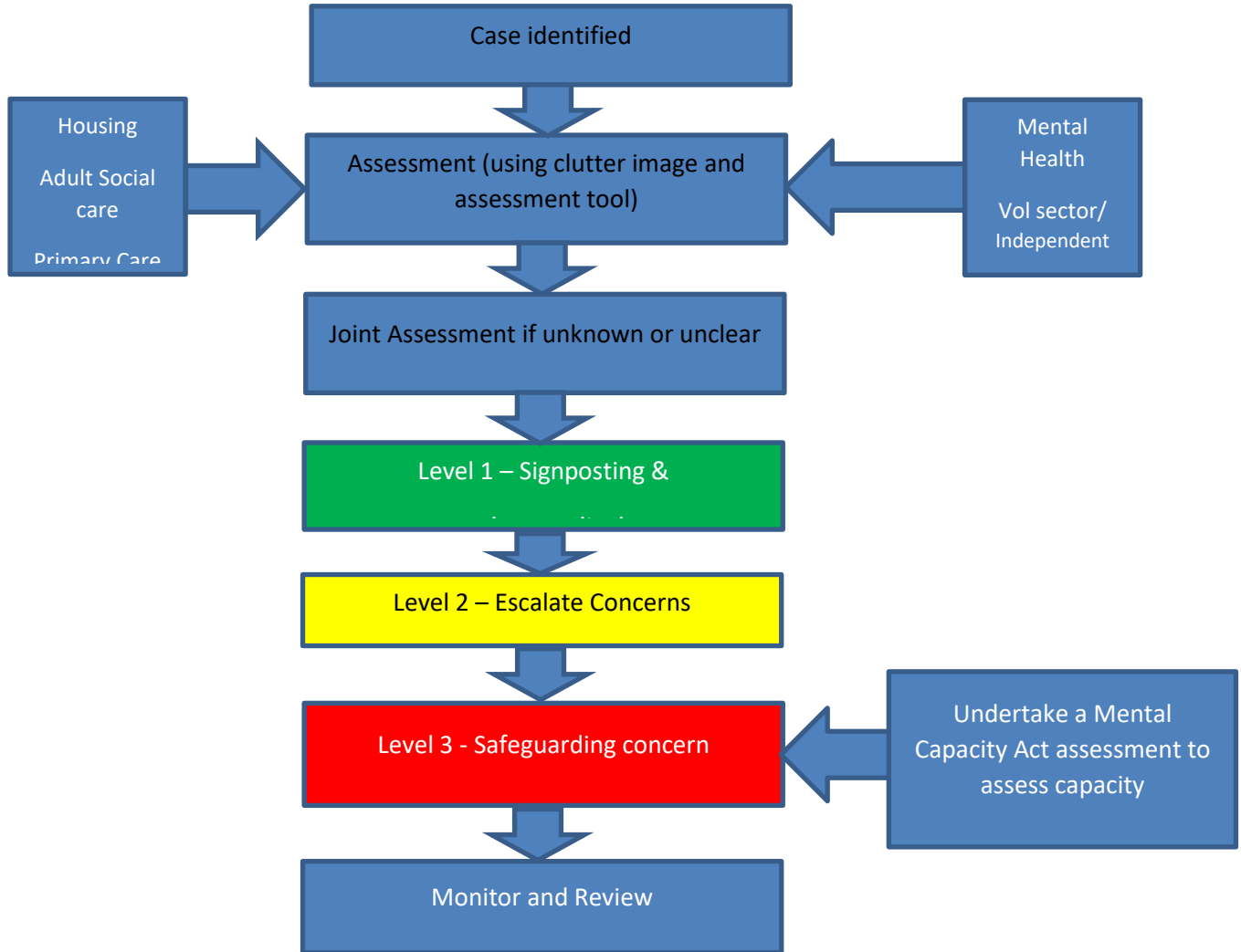
The Self Neglect Assessment Tool will help you to provide clear, concise and relevant information to aid future planning for the person screened. It is anticipated that this be a short summary of the key issues.

<p>Name, date of birth and contact details of Person Screened</p>	
<p>Situation</p> <ul style="list-style-type: none"> • Name of Person completing tool and Contact details • Relationship to the person screened • The issues that have greatest effect on the person 	
<p>Background</p> <ul style="list-style-type: none"> • What is the person normally like: <ul style="list-style-type: none"> ➤ Staying Healthy ➤ Being safe ➤ Living Well 	
<p>Assessment</p> <ul style="list-style-type: none"> • How have they changed from their normal • How quickly have they changed • I am worried about.... 	
<p>Recommendations (if required)</p> <ul style="list-style-type: none"> • I think the problem is... • Is there anything I (the practitioner) should do? • What would happen to the person if I do nothing? • Record and document any intervention/conversations <ul style="list-style-type: none"> ➤ Include date/time, who you spoke to and the outcome of the call/referral 	
<p>Other comments</p>	

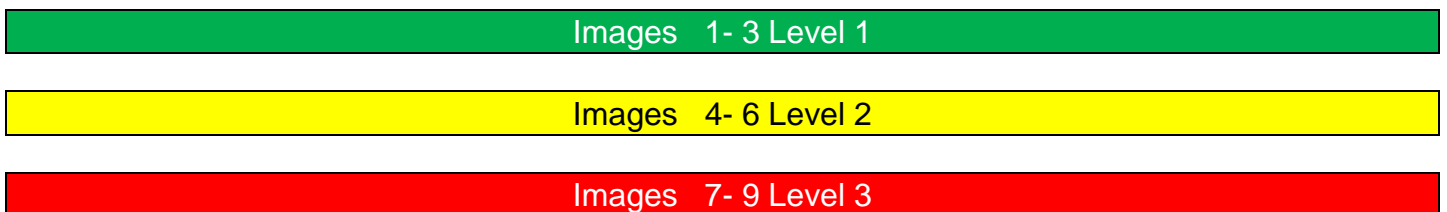
Clutter Image Rating Tool (CIRT)

Process

The flow chart below sets out the process for use of the Clutter Image Rating Tool. If in doubt, please ask your team leader / manager for assistance.



Please use the clutter image rating to assess what level the adult's hoarding problem is at:



Then refer to the clutter assessment tool to guide which details the appropriate action you should take. Record all actions undertaken in the agency's recording system, detailing conversations with other professionals, actions taken and action yet to be taken.

Clutter Image Rating Scale- Bedroom

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale - Lounge

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale – Kitchen

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



1



2



3



4



5



6



7



8



9

Assessment Tool Guidelines

See Appendix 1 for guidance on questions which could be used during an assessment

<p>1. Property structure services and garden area</p>	<ul style="list-style-type: none"> • Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space. • Can the occupant escape from all rooms in the event of a fire or other emergency? • Is there a clear plan of what to do in the event of a fire or other emergency and does everyone in the home know it? • Does the property have a working smoke alarm? • Carry out a cursory visual assessment of the condition of the services within the property e.g. plumbing, electrics, gas, air conditioning, heating; this will help inform your next course of action. • Are the services connected? • Assess the garden; size, access and condition.
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • Assess the current functionality of the rooms and the safety for their proposed use. e.g. can the kitchen be safely used for cooking, can the occupier(s) properly use the bathroom/ WC or does the level of clutter within the room prevent their normal use. • Select the appropriate rating on the clutter scale. • Please estimate the % of floor space covered by clutter • Please estimate the height of the clutter in each room
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Assess the level of sanitation in the property. • Are the floors clean and are readily cleansed? • Are the work surfaces clean? • Are you aware of any odours in the property? • Is there rotting food? • Does the resident use candles, portable electric or gas heaters? • Did you witness a higher than expected number of flies and other insects? • Are household members struggling with personal care? • Is there random or chaotic writing on the walls on the property? • Are there unreasonable amounts of medication collected? (Prescribed or over the counter?) • Is there evidence of illegal drug use? • Is the resident aware of any fire risk associated to the clutter in the property? • Is there faecal matter, urine or other body fluids visible within the property?
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> • Do any rooms rate 7 or above on the clutter rating scale? • Does the household contain young people or children?
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Are there any pets at the property? • Are the pets well cared for; are you concerned about their health? • Is there evidence of any infestation? e.g. bed bugs, cockroaches, fleas, rats, mice, etc.

	<ul style="list-style-type: none"> • Are animals being hoarded at the property? If so, are they healthy and being well looked after. • Are outside areas seen by the resident as a wildlife area? • Does the resident leave food out in the garden to feed foxes etc.
6 Personal health and safety	<ul style="list-style-type: none"> • Following your assessment do you recommend the use of Personal protective equipment (PPE) at future visits? Please detail. • Following your assessment do you recommend the resident is visited in pairs or with the Police? Please detail.

Clutter/ Hygiene rating framework

Level 1	Household environment is considered reasonable. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.
Clutter image rating 1-3	
1. Property structure, services & garden area	<ul style="list-style-type: none"> • All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to Greater Manchester Fire and Rescue for safe and well visit. • All services functional and maintained in good working order. • Garden is accessible, tidy and maintained
2. Household Functions	<ul style="list-style-type: none"> • No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 0-3 on the Clutter Rating Scale • No additional unused household appliances appear in unusual locations around the property • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health.
3. Health and Safety	<ul style="list-style-type: none"> • Property is clean with no odours, (pet or other) • No rotting food • No concerning use of candles or other fire risks. • No concern over flies • Residents managing personal care • No writing on the walls • Quantities of medication are within appropriate limits, in date and stored appropriately. • No safety or health concern regarding drugs, alcohol or smoking.
4. Safeguard of Children & Family members	<ul style="list-style-type: none"> • No concerns for household members.
5. Animals and Pests	<ul style="list-style-type: none"> • Any pets at the property are well cared for • No pests or infestations at the property

6. Personal health and safety	<ul style="list-style-type: none"> • No Personal protective equipment(PPE) required • No visit in pairs required.
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Clutter/ Hygiene Rating Level 1: Actions

Level 1	Actions
1. Agency holding the case	<ul style="list-style-type: none"> • Discuss concerns with resident • Raise a request to the GM Fire and Rescue Service to provide fire safety as part of a safe and well visit. • Refer for support assessment if appropriate. • Refer to GP if appropriate
2. Environmental Health	No Action
3. Social Landlords	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances • Refer to GP if appropriate • Refer for support assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Provide details on debt advice if appropriate to circumstances • Ensure residents are maintaining all tenancy conditions
4. Practitioners	<ul style="list-style-type: none"> • Complete Hoarding Assessment • Make appropriate referrals for support • Refer to social landlord if the client is their tenant or leaseholder
5. Emergency Services	<ul style="list-style-type: none"> • Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.
6. Animal Welfare	No action unless advice requested
7. Safeguarding Adults	No action unless other concerns of abuse are noted.
8. EHASH	Consider referring any children or young persons present to Early Help unless other sources of abuse are noted, in which case refer to EHASH.

Level 2	Household environment requires professional assistance to resolve the clutter and the maintenance issues of the property.
Clutter image rating 4-6	
Property structure, services & garden area	<ul style="list-style-type: none"> • Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open
Household Functions	<ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose.

	<ul style="list-style-type: none"> • Clutter is causing congestion between the rooms and entrances. • Room(s) scores between 4-5 on the clutter scale. • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside
Health and Safety	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food • No concerning use of candles or cigarettes • Resident trying to manage personal care but struggling
Safeguard of Children & Family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 4 - 7 doesn't automatically constitute a Safeguarding Alert. • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.
Animals and Pests	<ul style="list-style-type: none"> • Pets at the property are not well cared for • Resident is not unable to control the animals • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Sound of mice heard at the property. • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • Refer to RSPCA for advice and guidance.
Personal health and safety	<ul style="list-style-type: none"> • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Personal protective equipment required.

Clutter /Hygiene rating Level 2 Actions

Level 2	Actions
Agency holding the case	<ul style="list-style-type: none"> • Refer to landlord if resident is a tenant • Refer to Environmental Health • Raise an request to the GM Fire and Rescue Service to provide fire prevention advice and a safe and well visit. • Provide details of garden services • Refer for support assessment • Referral to GP • Referral to debt advice if appropriate • Refer to Animal welfare if there are animals at the property. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.

Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems where appropriate • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied with by occupier
Social Landlords	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Refer for housing related support. • Ensure residents are maintaining all tenancy conditions • Enforce tenancy conditions relating to residents responsibilities • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Practitioners	<ul style="list-style-type: none"> • Refer to "Guidance for Hoarding Guidance Questions to Ask" • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Educate client regarding animal welfare if appropriate- seek advice from the RSPCA. • Provide advice / assistance with re-homing animals
Safeguarding Adults	<p>No action unless other concerns of abuse are noted. If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.</p>
EHASH	<p>Consider referring any children or young persons present to Early Help unless other sources of abuse are noted, in which case refer to EHASH.</p>

Level 3	<p>Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p>
Clutter image rating 7-9	
Property structure, services & garden area	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Interior doors missing or blocked open

	<ul style="list-style-type: none"> • Evidence of structural damage or outstanding repairs including damp • There may be evidence of internal damp and / or mould. • Evidence of indoor items stored outside
Household Functions	<ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment • Resident is using candles, electric or gas heating appliances • Discarded cigarettes in the property • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement where applicable • Property is at risk of notice being served by Environmental Health
Health and Safety	<ul style="list-style-type: none"> • Human urine and or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health • Evidence of excessive use of drugs, alcohol or cigarettes.
Safeguard of Children & Family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders
Animals and Pests	<ul style="list-style-type: none"> • Animals at the property at risk due the level of clutter in the property • Resident may not able to control the animals at the property • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Hoarding of animals at the property • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation

	<ul style="list-style-type: none"> • Refer to RSPCA
Personal health and safety	<ul style="list-style-type: none"> • Visits where Personal protective equipment (PPE) required: i.e. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.
Actions	Level 3
Agency holding the case	<ul style="list-style-type: none"> • Raise Safeguarding concern within 24 hours • Raise a request to the GM Fire and Rescue Service within 24 hours to provide priority safe and well visit.
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems • At time of inspection, EHO decides on appropriate course of action • Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied by occupier
Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Attend multi agency MRM meeting • Enforce tenancy conditions relating to residents responsibilities • If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988
Practitioners	<ul style="list-style-type: none"> • Refer to "Hoarding Guidance Questions for practitioners" See Appendix 1 • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Attend multi agency MRM meeting on request • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to case holding agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Notify the RSPCA for further advice and guidance. • Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment • Educate client regarding animal welfare if appropriate • Take legal action for animal cruelty if appropriate • Provide advice / assistance with re-homing animals
Safeguarding Adults	Safeguarding concern should progress to section 42 enquiry for multi-agency approach and further investigation of any concerns of abuse. Multi-agency strategy meeting required.
EHASH	Refer to EHASH if children or young people present within 24 hours

Guidance for Practitioners (from all agencies)

Hoarding Insight characteristics

Use this guide as a baseline to describe the client's attitude towards their hoarding. Provide additional information in your referrals and reports to enable a tailored approach that is relevant to you client.

Good or fair insight:

The client recognises that hoarding – related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The client recognises these behaviours in themselves.

Poor insight

The client is mostly convinced that hoarding – related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The Client might recognise a storage problem but has little self – recognition or acceptance of their own hoarding behaviour.

Absent (delusional) insight

The Client is convinced that hoarding- related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The Client is completely accepting of their living environment despite the hoarding and possibly a risk to health.

Detached with assigned blame

The client has been away from their property for an extended period. The client has formed a detachment from the hoarded property and is now convinced a 3rd party is to blame for the condition of the property. For example a burglary has taken place, squatters or other household members

Practitioners Hoarding Assessment

This assessment tool below will be completed by a practitioner of the agency holding the case in order to decide whether this case should be addressed through a multi-agency strategy meeting, or if this can be managed 'in-house' with the support of partners.

Date of home assessment							
Clients Name							
Clients date of birth							
Address							
Client contact details							
Type of dwelling							
Owner occupier	Leaseholder	Tenant - Name and address of landlord					
Household Members		Name	Relationship	Date of birth			
Pets - indicate what pets and any concerns							
Agencies currently involved - with contact details							
Non agency support currently in place							
Clients attitude towards hoarding							
Please indicate if present at the property							
Structural damage to property		Insect or rodent infestation		Large number of animals		Clutter outside	
Rotten food		Animal waste in house		Concerns over the cleanliness of the property		Visible human faeces	
Concern of self-neglect		Concerned for children at the property		Concerned for other adults at the property		Evidence of small burn marks in	

						the property	
Using the Clutter Image Scale please score each of the room below							
Bedroom 1		Bedroom 4		Separate toilet			
Bedroom 2		Kitchen		Lounge			
Bedroom 3		Bathroom		Dining Room			
Please provide a description of the hoarding problem ;(presence of human or animal waste, rodents or insects, rotting food, are utilities operational, structural damage, problems with blocked exits, are there combustibles, is there a fire risk?							
Please refer to the multi-agency hoarding Strategy and Guidance Document tool, based on the information provided above, what level is your case graded?							
Level 1 Green		Level 2 Orange			Level 3 RED- Take case to High Risk Panel		
Name of practitioner undertaking assessment							
Name of organisations							
Contact details							
Next actions to be taken							
List of agencies referred to with dates and contact names							

References and further information

- Bath and North East Somerset Local Safeguarding Adults Board (n.d.) Guidance to staff on managing self-neglect. Retrieved from bathnes.gov.uk/sites/default/files/self_neglect_guidance_pdf.pdf
- Gibbons et al (2006) Self-Neglect: A proposed new NANDA diagnosis, International Journal of Nursing Terminologies and Classifications, 17 (1), pp 10-18.
- Help for Hoarders <http://www.helpforhoarders.co.uk>
- SCIE (2011) Self-neglect and adult safeguarding: findings from research (Report 46) available from www.scie.org.uk
- Suffolk County Council – Multi – agency policy and procedures in responding to concerns of Self Neglect.
- London Borough of Merton - Multi - agency Hoarding Protocol.
- London Borough of Camden. High Risk Panels.
- GMFRS hoarding prevention and protection guidance

Appendix 1

Guidance questions which could be used during an assessment

Listed below are examples of questions to ask where you are concerned about someone's safety in their own home, where you suspect a risk of self-neglect and hoarding? The information gained from these questions will inform a Hoarding Assessment and provide the information needed to alert other agencies. Most clients with a hoarding problem will be embarrassed about their surroundings so adapt the question to suit your assessment with the person.

How do you get in and out of your property, do you feel safe living here?	
Have you ever had an accident, slipped, tripped up or fallen? How did it happen?	
How have you made your home safer to prevent this (above) from happening again?	
How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)	
Has a fire ever started by accident?	
How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?	
Do you ever use candles or an open flame to heat and light here or cook with camping gas?	
Do you smoke inside?	
Do you use drugs or alcohol?	
How do you manage to keep yourself warm? Especially in winter?	
When did you last go out in your garden? Do you feel safe to go out there?	
Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?	
Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?	
Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?	
Can you prepare food, cook and wash up in your kitchen?	
Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?	
How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?	
Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)	
What do you do with your dirty washing?	
Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?	
How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?	

Are there any broken windows in your home? Any repairs that need to be done?	
Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?	
Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?	