Annex 1 - Multi-agency self-neglect and hoarding policies and procedures

Kent and Medway Multi-Agency Policy and Procedures to Support People that Self-Neglect or Demonstrate Hoarding Behaviour

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Document control sheet

Title of the guidance	Policy and Procedures to Support People who Self-Neglect or demonstrate hoarding behaviour
Purpose of the guidance	To outline to all partner agencies, the procedure for identifying and working with individuals who self-neglect or demonstrate hoarding behaviour which puts the individuals or others at risk of harm
Target audience	Adult social care staff, health staff, police staff, ambulance staff, service providers, district councils and other partner agencies
Action required	To use the guidance to support working practice
This guidance supersedes	Any local previous self-neglect guidance/ procedures
This guidance should be read alongside	Kent and Medway Multi Agency Policy, Protocols and Guidance for Safeguarding Adults at Risk Local guidance relating to: • Assessment • Reviews • Risk • case recording • MCA
Policy Lead/Authors	Kent and Medway Multi-Agency Practice, Policy and Procedures Working Group

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Introduction

This policy will be referred to where an adult at risk is believed to be self-neglecting or showing hoarding behaviour which puts them at risk. It is to be read in conjunction with the Kent and Medway Safeguarding Adults Board's (KMSAB) Multiagency Safeguarding Adults Policy, Procedures and Practitioner Guidance for Kent and Medway (PPG).

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.

The self-neglect/hoarding procedure does not at any time preclude the need for additional Safeguarding Concerns to be raised and addressed, for example, financial abuse, neglect or exploitation of the adult by others.

The Aim of the Policy and Procedures

The aim of the Policy and Procedures is to prevent serious injury or even death of individuals who appear to be self-neglecting and/or hoarding by ensuring that:

a) individuals are empowered, as far as possible, to understand the implications of their actions

b) there is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect and/or demonstrate hoarding behaviour which puts them or others at risk of harm

c) there is effective multi-agency working and practice

d) concerns receive appropriate prioritisation

e) agencies and organisations uphold their duties of care

f) there is a proportionate response to the level of risk to self and others

This is achieved through:

a) promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity, and to be in control of, and as far as possible, to lead an independent life

b) aiding recognition of situations of self-neglect / hoarding behaviour

c) increasing 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

d) promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, to avoid foreseeable harm

e) promoting a proportionate approach to risk assessment and management

f) clarifying different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes, actions taken; and

g) promoting an appropriate level of intervention through a multi-agency approach

h) using enforcement powers where necessary dependent on the level of risk to the individual or others.

POLICY

The Policy section of the Board's PPG document sets out the legal responsibilities that everyone has under the Care Act 2014, and other associated legislation, with regards to safeguarding adults at risk. In relation to adults perceived to be at risk because of self-neglect/hoarding, 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) where appropriate.

A decision on whether a response is required under safeguarding should be made on a case-by-case basis and "will depend on the adult's ability to protect themselves by controlling their own behaviour".

Additionally, there are powers that can be used when someone demonstrates hoarding behaviour that puts them or others at risk of harm but may not be self-neglecting. These powers are enabled through a number of Acts including; the Housing Act 2004, Fire Services Act, 2004, Public Health Act 1936, Prevention of Damage by Pests Act 1949, Environmental Protection Act 1990, Town and Country Planning Act 1990, The Animal Welfare Act 2006; Appendices 1 & 2 refer.

Information Sharing:

Within these procedures there should be an agreed evidence-based risk assessment, to inform any "need to know" decisions to support ongoing action plans (multi or single agency) designed to minimise risk. The starting point is consultation with the adult and/or their advocate. It is imperative to provide documentary evidence of why any decision planned or taken, when it is contrary to the individual's views and wishes.

Information Sharing procedures can be found in the Kent and Medway multi-agency Policy, Protocols and Guidance document:
Protocol Section 6.1: *Making decisions about sharing confidential information in the* Kent and Medway Multi-Agency Policy, Protocols and Guidance Document

DEFINITIONS

The following definitions are relevant to these Policy and Procedures

Self-Neglect

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

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

It can include:

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

It is important to remember that self-neglect is not about someone being unable to care for themselves. Many people who come to the attention of adult social services do so because they are no longer able to perform the activities of daily living, such as attending to their personal care or nutrition. In these situations, an assessment under the Care Act and the provision of services will ensure that their needs are met. Self-neglect is when someone is unwilling, for a number of reasons, to care for themselves. It can be longstanding or recent.

If a person is capacitated and able to make a particular decision, they are entitled to make an unwise decision for themselves as long as it does not have an adverse effect on others.

Hoarding

Hoarding is a recognised mental health diagnosis. It is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for what they are designed for. Hoarding may be characterised by:

- a persistent difficulty in discarding or parting with possessions because of a perceived need to save them.
- an intense emotional attachment to objects that may not be regarded as having the same value to others.
- distress at the thought of getting rid of the items.

It is important to recognise that self-neglect and hoarding may be related to medical conditions such as:

- **Diogenes syndrome** is described as an aggravation of eccentric and aloof/reclusive personalities, leading to isolation, severe self-neglect, extreme hoarding and squalid living condition. Further information is available on the NHS England NHS England website (page 29).
- **Wernicke/Korsakoff Syndrome** is a chronic memory disorder caused by severe deficiency of thiamine (vitamin B-1). Korsakoff syndrome is most commonly caused by alcohol misuse, but certain other conditions also can cause the syndrome. More information is available on the Alzheimers Association website.
- **Frontal Lobe Damage**
- **Depression**
- **Obsessive Compulsive Disorder**
- **Schizophrenia**

PROCEDURES

1. Identifying Individuals who self-neglect or demonstrate hoarding behaviour

One or more of the following situations may be an indicator of self-neglect/hoarding and should be considered in the context of each individuals' specific circumstances and characteristics (this list is not exhaustive):

a) living in very unclean and/or verminous circumstances
b) neglecting household maintenance, and therefore creating hazards within and surrounding the property
c) portraying eccentric behaviour / lifestyles
d) poor diet and nutrition. For example, evidenced by little or no fresh food in the fridge, or what is there, being mouldy
e) declining or refusing prescribed medication/treatment and / or other community healthcare support

f) refusing to allow access to health and / or social care staff in relation to personal hygiene, treatment and/or care
g) refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
h) not engaging with a required network of support
i) repeated episodes of anti-social behaviour – either as a victim or perpetrator
j) being unwilling to attend external appointments with professional staff, whether social care, health, housing or other organisations
k) poor personal hygiene and/or health
l) isolation
m) difficulty in discarding or parting with possessions

2. Working with Individuals at risk of self-neglect and hoarding

In line with the principles of Making Safeguarding Personal, the views of the individual must be sought; ideally, this will be informed by the views of carers and/or relatives as well as by the views of individual themselves, wherever possible and practicable. Guidance on how to engage with individuals to ensure better outcomes can be found in the PPG document, section G1**.**

Professionals must balance individual's rights with agencies' duties and responsibilities. Building a positive relationship with individuals who self-neglect or demonstrate hoarding behaviour is critical to achieving change for them, and in ensuring their safety and protection. Consideration needs to be given at an early stage, to determine if the individual has the mental capacity to understand and make informed decisions about their responses to agencies' concerns about their apparent self-neglecting or hoarding behaviour. However, it is imperative to consider separately, the safeguarding of each person living in a household where self-neglect is believed to be taking place. This must include, as far as is appropriate, the dynamics between the individuals and how their relationship may be supported to influence positive change.

All individuals have the right to take risks and to live their life as they choose. These rights including the right to privacy will be respected and weighed up when considering duties and responsibilities towards them.

Where it appears that the person may meet criteria for an assessment under the **Mental Health Act 1983,** appropriate referral processes must be followed.

Where the individual's ability to make informed / relevant decisions appears to be questioned, the principles of the **Mental Capacity Act 2005** must be followed. If there are circumstances which indicate a capacity assessment is appropriate, all methods of support should be provided to maximise the individuals' decision making, highlighting the risks directly associated with their behaviour.

The involvement of an Independent Advocate or an Independent Mental Capacity Advocate (IMCA) should be considered in appropriate circumstances. 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 or to determining areas/levels of risk.

Consent

It is important to record whether the person consents, or not, to any safeguarding actions and whether the person has capacity to consent

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

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

3. Initial actions and enquiries

The agency who identifies concerns is responsible for taking the following actions:

a) If the concerns immediately present as high risk to the person or to other people, then action to mitigate risks must be taken (if safe so to do). This may involve calling emergency services e.g. police, fire, ambulance
b) If there are any child protection or child in need concerns these must be referred to children's services as a matter of urgency. Kent - Report abuse - Kent County Council Medway - Report a child safeguarding concern
c) If there are concerns about any other adults at risk, a referral to the local authority must be considered
d) Gather and record information as per the risk assessment to inform Safeguarding decision making
e) Undertake the actions as directed by section 5

4. Risk Assessment

It is important that the agency first identifying the potential risks and potential for harm gathers initial information to inform a risk assessment of immediate safety for the individual and others who may be living in, or affected by, the consequences of the self-neglect / hoarding. This initial assessment must be appropriate and proportionate to the role of the agency representative carrying it out and based on presenting information.

The tables below provide guidance on factors to consider when assessing the risk level. Please note that **professional judgement** should be used to determine the overall risk level. When considering the overall risk and the indicators below please take into account:

1) Frequency
2) Impact on the individual or others
3) Complexity

Self-Neglect

Low	Moderate	High
Person accessing services to improve wellbeing	Persons wellbeing is partially affected	Wellbeing is affected on a daily basis
Person is accepting support and services	Access to support services is limited	The person refuses to engage with necessary services
Health care is being addressed	Health care and attendance at appointments is sporadic	Health care is poor and there is deterioration in health
There are no carer issues	Carers are given intermittent access	Carers regularly prevented or refused access
Person has access to social and community activities	Person has limited social interaction	The person is socially isolated
Person is able to contribute to daily living activities	Person's ability to contribute toward daily living activities is affected	The person does not manage daily living activities
No significant indicators of malnourishment or obesity	Indicators of malnourishment or obesity	Significant indicators of malnourishment or obesity
No personal hygiene issues	Personal hygiene is becoming an issue	Personal hygiene is poor
Quantities of medication are within appropriate limits, in date and stored appropriately	Some concern with the quantity of medication, or its storage or expiry dates.	Inappropriate quantities or storage of medication.
Aids, adaptations, and support equipment is being used	Aids, adaptations, and support equipment is in place but not being used	Aids, adaptations, and support equipment is refused or not accessed

Hoarding

Low	Moderate	High
Clutter score image rating 1-3	Clutter score image rating 4-6	Clutter score image rating 7-9
All entrances and exits, stairways, roof space and windows accessible.	Only major exit is blocked	Limited access to the property due to extreme clutter

All utilities (gas, water, electricity) functional and maintained	Some utilities are not fully functional/safe	Service are not connected or functioning properly
Garden is accessible, tidy and maintained	Garden is not accessible due to clutter, or is not maintained	Garden not accessible and extensively overgrown
No excessive clutter, all rooms can be safely used for their intended purpose	Clutter impacting on the use of the rooms for their intended purpose	Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose
Property is clean with no unpleasant odours	Offensive odour in the property	Excessive odour in the property, may also be evident from the outside
No concerns over vermin	Some concerns over vermin	Heavy vermin infestation

Guidance on what questions to ask to assist in assessing the risk of hoarding can be found under Assessment Tool Guidance.

5. Risk and actions

Gathering and recording information on the risk assessment will inform decision making as to whether the circumstances initially present as low, medium or high risk.

Risk level	Actions	Lead agency
Low	If overall indications are low then the agency first identifying the risk is to allocate a key worker/agency professional (for example: registered practitioner, social worker, care coordinator, nurse, community worker, as relevant to the agency) as the person (or group of people) best placed to co-ordinate agencies to engage with the person, develop a rapport, supporting the person to address concerns, to engage with community activities and develop / repair relationships. Also, to support with access to health care and counselling (where needed). The overall aim is to empower the person to improve wellbeing and develop their own self-management and preventative strategies alongside a supportive network. For hoarding this relates to Level 1 of the Clutter Image Rating, **Appendix 2** refers.	Identifying agency
Medium	If overall indications are medium, then agencies **must consider** arranging an initial discussion (section 6). In addition, if no multi agency meeting is called - For hoarding, at Clutter Index Rating (CIR) 4 onwards, then a referral to Kent Fire &	As agreed at multi-agency self-neglect and hoarding initial discussion

	Rescue Service, District and Borough Council (Private Sector Housing and Environmental Health) **must be considered**	
High	If there is risk of significant harm to an individual with care and support needs (whether or not the authority is meeting any of those needs), who because of those care and support needs is unable to protect themselves from neglect, it would be appropriate to raise a Safeguarding Concern, using the appropriate form below. • Kent Adult Safeguarding Concern Form • Medway Council Referral forms The Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.	Local Authority/other agency agreed within section 42 enquiry

Record of decision making

Agencies will raise concerns and record (ideally within 24 hours) that these procedures are being applied. Any decisions in accordance with the above table need to be recorded and justified, as do any deviations from the above.

If other processes are considered more appropriate to use to support the individual these must be recorded and agreed before the self-neglect procedures may be ended. Any issues handed over to the practitioner/service taking responsibility for addressing the self-neglect as well as the other concerns must be clearly documented to evidence the handover of responsibilities if this is the case.

Arranging a multi-agency self-neglect and hoarding initial discussion

Where the risk is categorised as medium the agency who identifies concerns **must** consider arranging a multi-agency self-neglect and hoarding initial discussion with other appropriate agencies. During this discussion;

- The agency who identifies concerns presents overview of case/ concerns
- Relevant agencies share information and record such information in lieu of a separate referral
- Risks are reviewed and considered against specific vulnerabilities
- Lead agency identified
- Create initial action plan and review period, which will be owned by the lead agency
- Minutes and actions recorded by the agency who identifies concerns and shared with attendees (see Appendix **4** for template)
- Any future meetings will be arranged by the agreed lead agency

The following agencies must be considered:

Kent County Council Adult Social Care	Area Referral Management Team social.services@kent.gov.uk Sensory Services Sensoryservices@kent.gov.uk
Kent Community Health NHS Foundation Trust	kcht.SGA@nhs.net
Kent Fire and Rescue Service	Priority.referral@kent.fire-uk.org
Kent and Medway NHS Social Care and Health Partnership Trust (KMPT)	KMPT.safeguarding@nhs.net
Kent Police	ppu.central.referral.unit@kent.police.uk
Medway Council	Locality with postcode: ME7 and ME8 locality1safs@medway.gov.uk ME4 and ME5 locality2safs@medway.gov.uk ME1, ME2, ME3 locality3safs@medway.gov.uk
Medway Community Healthcare	MEDCH.SGVA@nhs.net
HCRG	vcl.safeguardingteam.northkent@nhs.net

Self-neglect / hoarding is a multi-agency responsibility and there is an expectation that:

a) all partner agencies will engage as appropriate. This does not mean that the individual has to be open to your service, as you could perform the role of critical friend.

b) Once agreed, the lead agency will take over responsibility for co-ordinating the action plan and multi-agency partnership working;

c) if a lead agency cannot be identified the agency who identifies concerns should escalate in accordance with the KMSAB's Kent and Medway Multi Agency Resolving Practitioner Differences; Escalation Policy for Referrals and Adult Safeguarding.

6. Guidance for Identified Lead Agencies

Wider Information Gathering and Assessments

Once the lead agency is identified, they co-ordinate further information gathering and determine the most appropriate actions to address the concerns, in collaboration with other agencies and/or individuals where necessary. This is in-line with current multi-agency policies and procedures.

If at any point the risk escalates, this must be reviewed, and appropriate action taken.

6.1. Information Gathering

If the following have not already been established. Information is to be gathered to inform:

a) whether or not a Mental Capacity assessment is required and to establish the preferences, wishes and feelings of the individual. Also, to inform if advocacy is required. If you are not able to complete the assessment, please document why.
b) decision making regarding whether further multi-agency information sharing is required;
c) review the initial risk assessment and action set at the multi-agency initial discussion, ensuring any **urgent actions** have been carried out.
d) an understanding of any previous successful engagement with the individual
e) an understanding of approaches that appeared to disengage the individual
f) an insight into the individual's wishes and feelings and, if appropriate, the views of others involved with the individual.

6.2. Comprehensive assessments including risks to be considered at the multi-agency meeting

An assessment should be completed using the policy and procedures of the lead agency with contributions from other agencies and services as appropriate to form one comprehensive assessment of the individual and of the risks identified.

Specialist input may be required to clarify certain aspects of the individual's functioning and risk. This could include a mental health or mental capacity assessment where this appears to be appropriate.

The key components of the comprehensive assessment of neglect will include the following evidence-based elements:

a) assessment(s) of capacity where indicated. Remember to consider:
    - **Situational incapacity and the inherent jurisdiction of the court**. The inherent jurisdiction of the High Court in relation to vulnerable adults survives the implementation of the MCA 2005, which only relates to adults who lack capacity as defined in the Act. *The jurisdiction is in part aimed at enhancing or liberating the autonomy of a vulnerable adult whose autonomy has been compromised by a reason other than mental incapacity because they are:*

(a) under constraint; or
(b) subject to coercion or undue influence; or
© for some other reason deprived of the capacity to make the relevant decision or disabled from making a free choice, or incapacitated or disabled from giving or expressing a real and genuine consent.
An example of this in practice is available here.

- **Executive capacity.** Executive capacity is not the same as executive brain function or mental capacity as described in the MCA 2005. The phrase refers to the ability to *carry out* decisions and intentions, especially in relation to one's own welfare. It is therefore best practice to consider this ability in addition to mental capacity when a person is at risk from self-neglect. Identifying that a person lacks executive capacity would not enable professionals to rely upon the legal framework of the MCA to intervene without consent to bring about a person's best interest. While there is no separate legal framework for intervention without consent for someone who lacks executive capacity, identifying the deficit should inform risk management. It may be support can be adapted to address this concern. More information on how to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales, is available here.

b) a detailed social and medical history;
c) essential activities of daily living (e.g. ability to use the phone, shopping, food preparation, housekeeping, laundry, mode of transport, responsibility for own medication, ability to handle finances);
d) environmental assessment, including an assessment of hoarding using the Clutter Index Rating; to include any information from neighbours;
e) a description of the self-neglect;
f) a historical perspective of the situation;
g) the individual's own narrative on their situation and needs;
h) the willingness of the individual to accept support; and
i) the views of family members, healthcare professionals and other people in the individual's network

6.3 Further Multi-Agency meetings arranged under Self-Neglect Safeguarding Procedures

Reasons for arranging a meeting may include:

a) the need for more multi-agency meetings was agreed at the multiagency initial discussion, for example to consider the views of the individual or more comprehensive risk assessments. To update and agree the multiagency action plan accordingly.
b) work has not reduced the level of risk and significant risk remains
c) actions agreed at the multiagency initial discussion have not progressed.
d) Review the on-going lead professional / agency who will coordinate this work

Timescales for achieving actions set at the multi-agency meeting will be specified within the formal written record of the meeting. This will include timescales for completing any outstanding or more specialist assessments. A date will also need to be set for a review meeting so that any further specialist assessments can be considered, and any revised actions agreed.

6.4. Principles for Further Multi-Agency meetings:

a) the lead agency is responsible for convening this meeting and making appropriate arrangements such as venue and minute taking;
b) the lead agency will attempt to involve the individual concerned and wherever possible the individual should be fully involved and attend the meeting. Every effort must be made to engage with the individual and to enable them to communicate their views to the meeting;
c) if the individual does not wish to attend the meeting, representatives will need to consider how their views and wishes are to be presented at the meeting e.g. by the appointment of a formal advocate or invitation extended to an informal advocate;
d) it is recommended that the meeting is formally chaired and recorded. Participants from all agencies identified should attend the meeting with an understanding of their responsibilities to share relevant information in order to reach an agreement on the way forward;
e) it is important to ensure that any actions agreed comply with legislation and statutory duties. Legal representation at the meeting may need to be considered in order to discuss relevant legal options;
f) Specific, Measurable, Achievable, Realistic and Timebound (SMART) action plan should be developed and agreed by members of the meeting. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency or use the KMSAB escalation policy;
g) The chair of the multi-agency meeting will ensure agreement of:
    i. monitoring and review arrangements and who will do this
    ii. an agreement of a communication plan with the individual / other key people involved
    iii. agreement of any trigger points that will determine the need for an urgent multi-agency review meeting

Appropriate written communication should be forwarded to the individual concerned, irrespective of the level of their involvement to date. This communication will include setting out what support is being offered and / or is available and providing an explanation for this. Should this support be declined, it is important that the individual is aware that, should they change their mind about the need for support, then contacting the relevant agency at any time in the future will trigger a re-assessment. Careful consideration will be given as to how this written record will be given, and where possible explained, to the individual.

Records must include a summary of the efforts and actions taken by all other agencies involved. Individual agencies will also need to keep their own records of their specific involvement.

Accurate records will be maintained that demonstrate adherence to these procedures, and locally agreed case recording policy and procedures.

6.5. Proposed agenda template for Further Multi-Agency meetings

1. Details of Adult(s)
2. The views and wishes of the adult(s)
3. Confirmation of capacity.
4. Assessment of the risks (including the level of hoarding using the Clutter Index Rating), agree severity of risks.
5. Discussion regarding practical support and strategies to minimise the risks.
6. Agree actions to manage risks and identify triggers for review.
7. Discuss who best placed to talk with the adult at risk, empower them to make decisions and take action.
8. Agree strategy to monitor the risks.
9. Review – agree timescale for review

If following the initial discussion further meetings are required, you may want to consult with or invite the following agencies (this list is not exhaustive):

- Kent Fire and Rescue
- Kent Police
- GP/District Nurses/Allied Health Colleagues
- Social Services
- Learning Disability
- Environmental Health
- Housing Provider
- Community Wardens
- Care Agencies
- Community Safety
- Age Concern
- Community/Voluntary Sector
- Community Networks
- Legal
- Private Sector Housing Officers
- Acute Trust representatives
- Mental Health Agency / relevant area MIND
- Addition Service

6.6. Ending the Self-Neglect Policy and Procedure

If all involved agencies, and the individual, agree that the risk is at an acceptable level, then the self-neglect policy and procedures can be ended. Individual agencies are to determine what on-going involvement is required and action as appropriate. Any decisions made to end the self-neglect and hoarding policy and procedures need to be recorded fully.

If the agencies involved not be able to reach a consensus then the Kent and Medway Multi Agency Resolving Practitioner Differences; Escalation Policy for Referrals and Adult Safeguarding should be used.

This policy and procedure can be re-instigated at any point if the level of risk changes.

7. Additional safeguarding considerations

Where agencies are unable to implement support or reduce risk significantly, the reasons for this will be fully recorded and maintained on the individual's file, with a full record of the efforts and actions taken.

Where the risks are **very high** legal advice must be sought and all available legal options must be considered including application to the Court of Protection where there are concerns about mental capacity or to the High Court where the individual is believed to be mentally capacitated.

Where appropriate local authorities can use their enforcement powers where there is an environmental or housing issue, for example excessive hoarding; Appendix 1.

References and further information:

Gibbons et al (2006) Self-Neglect: A proposed new NANDA diagnosis, International Journal of Nursing Terminologies and Classifications, 17 (1), pp 10-18.

SCIE (2011) Self-neglect and adult safeguarding: findings from research (Report 46) available from www.scie.org.uk

"Sussex Multi-Agency Procedures to Support People who Self-Neglect" (July 2013) available from www.westsussex.gov.uk

Hoarding information, including further information about the Clutter Image Rating system www.hoardinguk.org

Kent and Medway Multi-Agency Safeguarding Adult Board, acknowledge the support offered by the Pan Sussex Safeguarding Coordinators in sharing the Sussex Multiagency Procedures to support people who self-neglect July 2013.

Appendix 1 – Legal Framework and Interventions

Self-Neglect: Legal Framework

Public authorities, as defined by 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, the authorities are expected to act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act 2005, and, where appropriate, consideration should be given to the application of the Mental Health Act 1983.

Where appropriate, concerns may be referred to the Court of Protection. In rare cases, where the individual has capacity, but is unable to exercise choice, for example - appears to be acting under duress, consideration should be given to options available under the Inherent Jurisdiction of the High Court.

Care Act 2014

Assessment (Care Act Section 9 and Section 11)

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

- it appears that the adult may have needs for care and support; and
- is experiencing, or is at risk of abuse or neglect

This duty applies whether the adult has the capacity or lacks the capacity to refuse an assessment.

Care and Support Statutory Guidance identifies Self Neglect as a form of abuse and explicitly states that NOT ALL self-neglect will require a Section 42 Enquiry

Enquiry (Care Act Section 42)

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

a) has needs for care and support,

b) is experiencing, or is at risk of abuse or neglect;

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

Advocacy (Care Act Section 67 and 68)

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

It is important that all staff are familiar with, and are mindful of their 'Duty of Care' when dealing with cases of self-neglect or hoarding, even if the adult has mental capacity to make decisions specifically related to their care.

'Duty of Care' (established through common law) can be summarised as 'the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property'.

Any failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages.

Legal Interventions:

There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.

It is important to note that Section 46 of the Care Act 2014 abolishes Local Authorities' power in England to remove a person in need of care under Section 47 of the National Assistance Act 1948

Human Rights Act 1998:

Public authorities must act in accordance with the Convention of Human Rights, which has been enacted directly in the UK by the Human Rights Act 1998 and therefore can be enforced in any proceedings in any court.

Article 1 – **Protection of Property:**
Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

Article 5 – **Right to Liberty and Security:**
Everyone has the right to liberty and security of persons.

Article 8 – **Right to Respect for Private and Family Life:**
Everyone has the right to respect for his private and family life, his home and his correspondence.

There shall be no interference by a public authority with the exercise of this right except such as permitted by the law, is for a lawful purpose e.g. is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country; for the prevention of disorder or crime; for the protection of health or morals, or the protection of the rights and freedoms of others and is proportionate.

Mental Health Act 1983 - Sections 2 and 3:

Where a person has a mental disorder (as defined under the Act) of such a degree, and it is considered necessary for the patient's health and safety or for the protection of others, they may be compulsorily admitted to hospital and detained there under Section 2 for assessment for 28 days. Section 3 enables such a patient to be compulsorily admitted for treatment.

Section 2 - Admission for Assessment:
*Duration of detention***:** 28 days maximum.

*Application for admission***:** by Approved Mental Health Professional or nearest relative. Applicant must have seen patient within the previous 14 days.

*Procedure***:** two doctors (one of whom must be Section 12 approved) must confirm that:

a) the patient is suffering from a mental disorder of a nature or degree which warrants detention in hospital for assessment (or assessment followed by medical treatment) for at least a limited period; *and*

b) S/he ought to be detained in the interests of his/her own health or safety or with a view to the protection of others.

Section 3 – Admission for Treatment:
*Duration of detention***:** six months, renewable for a further six months, then for one year at a time.

Application for admission: by nearest relative or Approved Mental Health

Professional in cases where the nearest relative consents, or is displaced by County Court, or it is not 'reasonably practicable' to consult him.

Procedure: two doctors must confirm that:

a) the patient is suffering from a mental disorder of a nature or degree which makes it appropriate for him/her to receive medical treatment in hospital; and

b) it is necessary for his/her own health or safety or for the protection of others that he/she receives such treatment and it cannot be provided unless s/he is detained under this section; and

c) appropriate treatment is available to him/her

Renewal: under Section 20, Responsible Medical Officer can renew a Section 3 detention order if original criteria still apply and treatment is likely to 'alleviate or prevent a deterioration' of patient's condition.

In cases where patient has a mental illness or severe mental impairment, but treatment is *not* likely to alleviate or prevent a deterioration of his/her condition, detention may still be renewed if s/he is unlikely to be able to care for him/herself, to obtain the care s/he needs or to guard himself against serious exploitation Section 117 allows for aftercare following a Section 3 detention in certain circumstances.

Section 7 – Guardianship Order

A Guardianship Order may be applied for where a person suffers from a mental disorder, the nature or degree of which warrants their reception into Guardianship (and it is necessary in the interests of the welfare of the patient or for the protection of other persons.) The person named as the Guardian may be either a local social services authority or any applicant.

A Guardianship Order confers upon the named Guardian the power to require the patient to reside at a place specified by them; the power to require the patient to attend at places and times so specified for the purpose of medical treatment, occupation, education or training; and the power to require access to the patient to be given, at any place where the patient is residing, to any registered medical practitioner, approved mental health professional or other person so specified. In all three cases outline above (i.e. Section 2, 3 and 7) there is a requirement that any application is made upon the recommendations of two registered medical practitioners.

Section 135 - Warrant to search for and remove patients

Under Section 135, a Magistrate may issue a warrant when an Approved Mental Health Practitioner (AMHP) provides sufficient evidence to show reasonable cause to believe that a person is experiencing a mental disorder, and is being ill-treated, or neglected, or is living alone and unable to care for themselves, and that the action is a proportionate response to the perceived risk. The warrant, if made, authorises any constable to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove them to a place of safety. The officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor.

Section 135 lasts 72 hours and is for the purpose of removing a person to a place of safety with a view to the making of an assessment regarding whether or not Section 2 or 3, or 7 of the Mental Health Act should be applied or to make arrangements for their care.

Section 136 - Removal etc of mentally disordered persons without a warrant

Section 136 allows police officers to remove adults who are believed to be "*suffering from mental disorder and in immediate need of care and control*" from a public place to a place of safety for up to 24 hours for the specified purposes to an appropriate place of safety to enable a mental health act assessment to take place.

Mental Capacity Act 2005

Five Key Principles to determine Mental Capacity:

Principle 1: - *A presumption of capacity* – every adult has the right to make his or her own.

Principle 2: *Individuals are supported to make their own decisions* – a person must be given all practicable help before they are treated as not being able to make their own decisions. This means that every effort should be made to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that the person is involved as far as possible in making decisions.

Principle 3: *Unwise decisions* – people have the right to make decisions that others might regard as unwise or eccentric. A person cannot be treated as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: - *Best interests* – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.

Principle 5: - *Less restrictive option* – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case

The powers to provide care to those who lack capacity are contained in the Mental Capacity Act 2005. Professionals must act in accordance with guidance given under the Mental Capacity Act Code of Practice when dealing with those who lack capacity and the overriding principal is that every action must be carried out in the best interests of the person concerned.

Where a person who is self-neglecting and/or living in squalor does not have the capacity to understand the likely consequences of refusing to cooperate with others and allow care to be given to them and/or clearing and cleaning of their property a best interest decision can be made to put in place arrangements for such matters to be addressed. A best interest decision should be taken formally with professionals involved and anyone with an interest in the person's welfare, such as members of the family.

The Mental Capacity Act 2005 provides that the taking of those steps needed to remove the risks and provide care will not be unlawful, provided that the taking of them does not involve using any methods of restriction that would deprive that person of their liberty. However, where the action requires the removal of the person from their home then care needs to be taken to ensure that all steps taken are compliant with the requirements of the Mental Capacity Act.

Section 4b, section 5 and section 6 of the Act set out the legal instruments for emergency intervention, where nothing stops a person providing life sustaining treatment or doing any act which they reasonably believe to be necessary to prevent a serious deterioration of the person – whilst a decision on any relevant issue is sought from the Court of Protection and on the condition that actions are not in contravention with an LPA or Court Deputy decision or knowledge of a formalised Advance Decision made by the person who lacks capacity. Consideration needs to be given to whether or not any steps to be taken require a **Deprivation of Liberty Safeguards (DoLS)** application.

Where an individual resolutely refuses to any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Act are anticipated, it will be necessary to apply to the Court of Protection for an order authorising such protective measures. Any such applications would be made by the person's care manager who would need to seek legal advice and representation to make the application.

Emergency applications to the Court of Protection:

An urgent or emergency court order can be applied for in certain circumstances, e.g.

a very serious situation when someone's life or welfare is at risk and a decision has to be made without delay. However, a court order will not be obtained unless the court decides it's a serious matter with an unavoidable time limit.

Where an emergency application is considered to be required, relevant legal advice must be sought.

Animal Welfare Act 2006

The Animal Welfare Act 2006 can be used in cases of animal mistreatment or neglect. The Act makes it against the law to be cruel to an animal and the owner must ensure the welfare needs of the animal are met. Powers range from providing education to the owner, improvement notices, and fines through to imprisonment. The powers are usually enforced by the RSPCA, Environmental Health or DEFRA.

The Fire and Rescue Services Act 2004

Kent Fire & Rescue Service has a statutory duty under the Fire Services Act, 2004, Section 7.2d to make arrangements for obtaining information needed for the purpose of extinguishing fires

and protecting life and property in their area. The multi-agency approach to sharing information about hoarding enables the Service to discharge this duty.

The Fire & Rescue Service can in certain circumstances serve a prohibition or restriction notice to an owner or responsible person under the **Regulatory Reform (Fire Safety) Order 2005**. This does **not** apply to single private dwellings but can be used where there is an impact on regulated areas such as common areas of a premises.

Under 'Powers of Entry, Part 6, s44.' an authorised employee (in writing) of KFRS may do anything they reasonably believe to be necessary. Emergency access can be made to prevent a fire or other emergency.

Such emergencies will include:-

Extinguishing or preventing fire, or protecting life, or property rescuing people, or protecting them from serious harm in a road traffic accident in an emergency preventing or limiting damage to property resulting from action taken

Inherent Jurisdiction of the High Court:

There have been cases where the Courts have exercised what is called the 'inherent jurisdiction' to provide a remedy where it has been persuaded that it is necessary, just and proportionate to do so, even though the person concerned has mental capacity.

In some self-neglect cases, there may be evidence of some undue influence from others who are preventing public authorities and agencies from engaging with the person concerned and thus preventing the person from addressing issues around self-neglect and their environment in a positive way.

Where there is evidence that someone who has capacity is not necessarily in a position to exercise their free will due to undue influence then it may be possible to obtain orders by way of injunctive relief that can remove those barriers to effective working. Where the person concerned has permitted another reside with them and that person is causing or contributing to the failure of the person to care for themselves or their environment, it may be possible to obtain an Order for their removal or restriction of their behaviours towards the person concerned. In all such cases legal advice should be sought.

Environmental Health and/or Private Sector Housing:

Environmental Health and Private Sector Housing Officers in the Local Authority have wide ranging powers/duties to deal with waste and hazards in homes including privately owned, privately rented and housing association properties. They are likely to be key contributors to multi-agency meetings and planning, and in some cases may be the lead agency and act to address the physical environment.

Public Health Acts 1936 and 1961 include:

a) Power for Local Authority to remove accumulations of rubbish on land in the open air and which is seriously detrimental to the amenities of the neighbourhood (PHA 1961 Section 34(1))

b) Power to cleanse filthy or verminous premises (PHA 1936 Section 83)

c) Power to require removal of noxious matter by occupier of premises (PHA 1936 Section 79(1))

Environmental Protection Act 1990

remedies include:

a) Litter clearing notice where land open to air is defaced by refuse (Section 92a)

b) Abatement notice where any premise is in such a state as to be prejudicial to health or a nuisance (Section's 79/80);

c) Powers of entry can be used for the purposes of ascertaining the existence of a statutory nuisance and/or for executing works to abate the nuisance. A warrant of entry can be applied for at the Magistrates' court if entry is refused.

Town and Country Planning Acts

Town and Country Planning Acts provide the power to seek orders for repairs to privately owned dwellings and where necessary compulsory purchase orders. Section 215 of the Town and Country Planning Act 1990 provides a power to require the owner or occupier of land which is adversely affecting the amenity of an area to return it to an appropriate condition.

Housing Act 2004

Part 1 provides the power to improve the housing conditions of those individuals irrespective of tenure (owner occupied or rented) where officers have identified significant potential risks to health and safety from any deficiencies identified in dwellings following a Housing, Health and Safety Rating System (HHSRS) assessment. This includes for example excess cold, falls on stairs, falls on the level, pests, electrical and fire hazards.

Prevention of Damage by Pests Act 1949

gives Local Authorities a duty to take action against owners or occupiers of premises where there is evidence of rats or mice.

Public Health (Control of Disease) Act 1984

Section 31 sets out powers to deal with any premises where cleansing and disinfection of the premises, or disinfection or destruction of articles within those premises is required to prevent the spread of an infectious disease.

Housing – Powers of Landlords:

Powers of landlords could apply in Extra Care Sheltered Schemes, Independent Supported Living, private-rented or supported housing tenancies. The housing provider must be confident that the tenant has mental capacity in relation to understanding their actions before legal action will be possible. If the tenant lacks capacity, the **Mental Capacity Act 2005** should be used.

In extreme cases, a landlord can take action for possession of the property for breach of a person's tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard. This would be under either:

- Ground 1, Schedule 2 of the **Housing Act 1985** (secure tenancies); or
- Ground 12, Schedule 2 of the **Housing Act 1988** (assured tenancies)

Also note that the tenant is responsible for the behaviour of everyone who is authorised to enter the property.

Anti-Social Behaviour, Crime and Policing Act 2014:

Section 2(1)(c) of the Act introduces the concept of "housing related nuisance", so that a direct or indirect interference with housing management functions of a provider or Local Authority, such as preventing gas inspections, will be considered as antisocial behaviour. Injunctions, which compel someone to do or not do specific activities, may be obtained under Section 1 of the Act. They can be used to get the tenant to clear the property or provide access for contractors.

To gain an injunction, the landlord must show that, on the balance of probabilities, '*the person is engaged or threatens to engage in antisocial behaviour*, and that it is *just and convenient to grant the injunction for the purpose of preventing an engagement in such behaviour'.*

There are also powers which can be used to require a tenant to cooperate with a support service to address the underlying issues related to their behaviour.

Powers of Entry:

The following legal powers may be relevant, depending on the circumstances:

a) **If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare:** The Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person

b) **If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely:** The inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy

which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules

c) **If there is any concern about a mentally disordered person:** Section 115 of the MHA provides the power for an approved mental health professional (approved by a Local Authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care

d) **If a person is believed to have a mental disorder, and there is suspected abuse or neglect:** Under Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises using force if necessary if there is reasonable cause to suspect that they are suffering from a mental disorder and (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves, and if thought fit, to remove the person to a place of safety with a view to the making of an application for detention under the MHA 1983, **or to make other arrangements for the their treatment or care**.

Power of the police:

a) **to enter and arrest a person for an indictable offence:** Section 17(1)(b) of PACE

b) **if there is a risk to life and limb:** Section 17(1)(e) of the PACE gives the police the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. This represents an emergency situation and it is for the police to exercise the power

c) **Common law power of the police to prevent, and deal with, a breach of the peace.** Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace

Anti-Social Behaviour 2003: (as amended)

a) Anti-social behaviour is defined as persistent conduct which causes or is likely to cause alarm, distress or harassment or an act or situation which is, or has the potential to be, detrimental to the quality of life of a resident or visitor to the area

Questions about whether an application for an Anti-Social Behaviour Order would be appropriate should be made to the Designated Police Officer (it may be appropriate to involve the police in the multi-agency work), the Registered Social Landlord or the Local Authority.

Misuse of Drugs Act 1971:

Section 8 (this creates an offence if the occupier of premises permits certain acts to take place on the premises)

A person commits an offence if, being the occupier or concerned in the management of the premises, he knowingly permits or suffers any of the following activities to take place on those premises…'

b) *s8 (a) Producing or attempting to produce a controlled drug…'*

c) *s8 (b) Supplying or attempting to supply a controlled drug to another ……or offering to supply a controlled drug to another….'*

d) *s8 (c) Preparing opium for smoking*

e) *s8 (d) Smoking cannabis, cannabis resin or prepared opium'*

Appendix 2: Clutter Image Rating Tool Guidance

Clutter Image Rating (CIR) – BEDROOM
Please select the CIR which closely relates to the amount of clutter

1	2	3

4	5	6

7	8	9

Clutter Image Rating (CIR) – LOUNGE

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

1	2	3

4	5	6

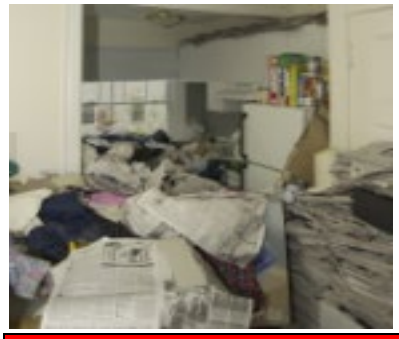
7	8	9

Clutter Image Rating (CIR) – KITCHEN

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

1	2	3

4	5	6



7	8	9

Description of Risk - Level One

Level 1 Clutter image rating 1 - 3	**Household environment is considered standard. 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 circumstances.**
1. Property structure, services & garden area	• All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to East Sussex Fire and Rescue Service to visit and install if criteria met. • All services functional and maintained in good working order. • Garden is accessible, tidy and maintained
2. Household Functions	• 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	• Property is clean with no odours, (pet or other). • No rotting food. • No concerning use of candles. • 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.
4.Safeguard of Children & Family members	• No concerns for household members.
5. Animals and Pests	• Any pets at the property are well cared for. • No pests or infestations at the property.
6. Personal Protective Equipment (PPE)	• No PPE required. • No visit in pairs required.

Description of Risk - Level Two

Level 2 ***Clutter Image Rating 4 – 6***	**Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.**
1. Property structure, services & garden area	• Only major exit is blocked. • 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.
2. Household Functions	• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) score between 4-6 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.
3. Health and Safety	• Kitchen and bathroom are difficult to utilise and access. • 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. • Has good fire safety awareness with little or no risk of ignition. • Resident trying to manage personal care but struggling. • No risk to the structure of the property.
4.Safeguard of Children & Family members	• Hoarding on clutter scale 4 -6. Consider a Safeguarding Assessment. • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders.
5. Animals and pests	• Hoarding is impacting the welfare of any pets at the property • Infestation may be beginning at the property
6. Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Is PPE required?

Description of Risk - Level Three

Level 3 **Clutter image rating** **7 - 9**	**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.**
1. Property structure, services & garden area	• Limited access to the property due to extreme clutter. • Extreme clutter may be seen at windows. • Extreme clutter may be seen 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 • Evidence of structural damage or outstanding repairs including damp. • Interior doors missing or blocked open. • Evidence of indoor items stored outside.
2. Household Functions	• 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 are 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. • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken. • Broken household items not discarded e.g. broken glass or plates. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Property is at risk of notice being served by Environmental Health.
3. Health and Safety	• Human urine and 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.
4. Safeguard of Children & Family members	• Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders.
5. Animals and Pests	• 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. • Animals' 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.
6. Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Visit in pairs required.

Assessment Tool Guidance

Guidance for practitioners

Listed below are examples of questions you may wish to ask where you are concerned about someone's safety in their own home, where you suspect a risk of self-neglect and/or hoarding.

The questions should be used alongside the clutter rating and professional judgement to identify level of risk. The questions are designed to help you ascertain what the primary issue or concern is for the individual and therefore what the most appropriate route for support may be.

The question set should be taken as a whole and it should always be remembered to consider whether mental health and wellbeing support is needed alongside other solutions.

Most clients with a hoarding problem will be embarrassed about their surroundings. Try to ascertain information whilst being as sensitive as possible. The individual should be engaged in the process of seeking further support and their consent gained for referrals to be made.

Practical

- 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?
- Is there hot water, lighting and heating in the property? Do these services work properly?
- Are you able to use all the rooms in your property e.g. the bathroom and toilet ok?
- Where do you sleep?
- Has a fire ever started by accident? Is the property at risk from fire?
- Do you have a housing support worker? Do you have any support from Adult Social Care?

Physical

- Do you have any physical health needs, mobility supports etc…
- Does your physical health prevent you from clearing your property?
- Do you have anyone helping you with your current situation

Consider:
- Is a referral to Adult Social Care needed?
- Does the person need to see their GP?

Psychological

- Do you have any difficulty with throwing things away? If so what stops you? If I was to throw something away right now how would you feel?
- Do you ever feel upset by your living situation?
- Do you ever feel down, depressed or hopeless?

- Do you ever have thoughts that you would be better off dead or thoughts of hurting yourself
- Have you ever had any support for your mental health before?

Consider

- Checking for current mental health support
- Support to self-refer into Mental Health / Wellbeing Services
- Does the person need to see their GP? (for acute mental health issues person should be referred to their GP or mental health crisis team)
- Give information about the Mental Health Buddy schemes where these exist
- Consider leaving self-help pack

Provision

- Would you like you some support to manage your current situation?
- Are you happy for us to share your information with other professionals who may be able to help you?

Ask person to sign consent form and liaise with other agencies as appropriate – refer to Consent section of the Procedures to Support People who Self-Neglect or Demonstrate Hoarding Behaviour

Appendix 3: Further advice regarding hoarding behaviour

Hoarding was formally acknowledged as a mental health disorder by the International Classification of Disease Register Version 10 (ICD10) on the 1st October 2017 (ICD 42.3). Hoarding disorder is characterized by persistent difficulty discarding or parting with possessions, regardless of their actual value as a result of a strong perceived need to save the items and with the distress associated with discarding them.

Key Hoarding Facts:

- It is estimated that between 2 and 5% of the population hoard.
- This equates to at least 1.2 million households across the UK.
- It is estimated that only 5% of hoarders come to the attention of statutory agencies.
- Hoarding cases can cost up anywhere from £1000 to £60,000.
- 20-30% of Obsessive Compulsive Disorder (OCD) sufferers are hoarders (Chartered Institute of Environmental Health)
- Often, people who hoard can stop landlords from meeting their statutory duties for example annual safety checks of gas appliances.

Types of Hoarding

There are typically four types of hoarding as described below. Some people may have a combination of hoarding behaviours:

- Inanimate objects: This is the most common. This could consist of one type of object or collection of a mixture of objects, such as old clothes, newspapers, food, containers or papers.
- Animal hoarding: This is on the increase and often accompanied with the inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.
- Data Hoarding: This is a relatively new phenomenon. It 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.
- Diogenes syndrome: A condition where a person (usually an older person) fails to look after their personal cleanliness and hygiene and tend to retain and fail to throw away rubbish.

General Characteristics of Hoarding

- **Fear and anxiety:** compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person who is hoarding feels that buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket.

Any attempt to discard the hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

- **Long term behaviour pattern:** possibly developed over many years or decades of 'buy and drop'. Collecting and saving with an inability to throw away items without experiencing fear and anxiety.

- **Excessive attachment to possessions:** people who hoard may hold an inappropriate emotional attachment to items.

- **Indecisiveness:** people who hoard may struggle with the decision to discard items that are no longer necessary, including rubbish.

- **Unrelenting standards:** people who hoard will often find faults with others; requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks.

- **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.

- **Extreme Clutter:** hoarding behaviour may be in a few or all rooms and prevent them from being used for their intended purpose.

- **Churning**: hoarding behaviour can involve moving items from one part of the property to another, without ever discarding them.

- **Self-care**: a person who hoards may appear unkempt and dishevelled, due to lack of bathroom or washing facilities in their home. However, some people who hoard will use public facilities in order to maintain their personal hygiene and appearance.

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

Appendix 4: Multi-Agency Meeting Agenda Template

Self-neglect and hoarding initial multi-agency meeting

It is the responsibility of the agency calling the meeting to complete this document and circulate to attendees.

Statement of Confidentiality

This meeting/conference is held under the multi-agency adult protection policy and protocols and Guidance for Kent and Medway. The matters raised are confidential to the members of the meeting/conference and the agencies that they represent and will only be shared in the best interests of the adult, and with their consent where it is appropriate to obtain it.

The minutes of adult safeguarding meetings are not a verbatim record of the discussions, but they are a summary of the discussions and a record of the actions identified to be completed by whom and when. Minutes of the meeting/conference are distributed in the strict understanding that they will be kept confidential and in a secure place.

The information you have provided will be held and used by Kent / Medway authorities for the purpose of this adult safeguarding enquiry. This process may require us to share this information with partner organisations and other local authorities or agencies to support the protection of adults at risk or children.

In certain circumstances it may be necessary to make this information and/or the minutes of this meeting available to solicitors, the civil and criminal courts, the Disclosure and Barring Service in relation, psychiatrists, professional staff employed by other local authorities or other professionals involved in the welfare of adult(s) at risk or children. Any such disclosure must be recorded. Information may also be disclosed under strict controls in relation to a Freedom of Information Act 2000.

Equal Opportunities Statement

The Kent and Medway adult protection policy and protocols recognise that certain people are the subject of discrimination and disadvantage. Comments that contribute to this discrimination are not acceptable and will be challenged by the Chair and other meeting/conference members.

Information Sharing

Information should be shared with the best interests of the individual in mind. Data protection should not be seen as a barrier to sharing relevant information that may ensure the missing person is safeguarded. Information Sharing procedures can be found in the Kent and Medway multi-agency Policy, Protocols and Guidance document:

Protocol Section 6.1: *Making decisions about sharing confidential information in the* Kent and Medway Multi-Agency Policy, Protocols and Guidance Document

Name of adult	
Home address of adult	
Date of birth of adult	
Date and time of meeting	

Attendees

Name	Position	Agency	Email address

Apologies

Name	Position	Agency	Email address

Purpose

Summary of concerns	
What is the adult's perspective of the situation and their wishes? (what is working well? Identify strengths of the adult and existing support)	
Details of mental capacity to make a decision regarding ability to prevent harm and self-neglect	
Summary of each agency's involvement/concerns (confirm whether there is any agency no longer involved due to services	

being refused. What has been tried already by each involved agency? What was the outcome?)	

Assessment of risk

Agreed risk level and justification	

Agreed lead agency	
Lead agency contact	

Action planning *(this may include onward referrals to agencies not present at this meeting, if required)*

Action	**Who is responsible**	**Feedback to**	**Timescale – (**to include - if action can't be completed and timescale to report this)

If a further meeting is required, it is the responsibility of the identified lead agency and is to form part of the action plan.

Further Reading

Research to support practice:

https://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidencebase-for-adult-social-care/files/self-neglect_general_briefing.pdf

This research set out to identify what could be learnt from policies and practices that have produced positive outcomes in self-neglect work, from the perspectives of key groups of people – practitioners and managers in adult social care and safeguarding, and people who use services.

Service involvement is more successful where it:

a) is based on a relationship of trust built over time, at the individual's own pace

b) works to 'find' the whole person and to understand their life history rather than just the particular need that might fit into an organisation's specific role

c) takes account of the individual's mental capacity to make self-care decisions

d) is informed by an in-depth understanding of legal options

e) is honest and open about risks and options

f) makes use of creative and flexible interventions

g) draws on effective multi-agency working

Learning from Safeguarding Adult Reviews (SARs): A report for the London Safeguarding Adults Board: Suzy Braye and Michael Preston-Shoot - 18.07.2017. This paper reinforces the findings of the earlier study that self-neglect is a prominently featured type of abuse in SAR referrals due to the complexities and challenges of this aspect of adult safeguarding. The study picks up the importance of understanding the individual's history and relationships, seeking to understand the meaning behind a person's behaviour and the influence of family members on a reluctance to accept help.

http://londonadass.org.uk/wp-content/uploads/2014/12/London-SARs-Report-Final-Version.pdf

Significant risk indicators

Where there are indicators that increase in the level of risk is likely to occur in the short to medium term, appropriate action should be taken or planned.

Indicators of significant risk could include:

a) history of crisis incidents with life threatening consequence
b) history of non-engagement
c) high risk to others
d) high level of multi-agency referrals received
e) risk of domestic violence
f) fluctuating capacity, history of safeguarding concerns / exploitation
g) financial hardship, tenancy / home security risk
h) likely fire risks

i) public order issues; anti-social behaviour / hate crime / offences linked to petty crime
j) unpredictable/ chronic health conditions
k) significant substance misuse, self-harm
l) network presents high risk factors
m) history of chaotic lifestyle; substance misuse issues
n) the individual has little or no choice or control over vital aspects of their life, environment or financial affairs
o) it is likely or probable that the individual lacks capacity in the context of the risks directly associated with their behaviour