

Rotherham Multi Agency Policy for Self-Neglect and Hoarding

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Glossary of Terms

RSAB – Rotherham Safeguarding Adults Board

RSCP - Rotherham Safeguarding Children’s Partnership

SRP - Safer Rotherham Partnership

AMHP - Approved Mental Health Professionals

DoLS – Deprivation of Liberty Safeguards

EHS - Environmental Health Service

MCA – Mental Capacity Act

SYFR – South Yorkshire Fire and Rescue

SYP – South Yorkshire Police

YAS – Yorkshire Ambulance Service

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The RSAB would like to thank the Doncaster Safeguarding Adults Board for their support in developing this multi-agency Self-Neglect and Hoarding Policy. In addition, the comprehensive range of agencies who have engaged in the development of this policy and related procedure to ensure it is right for Rotherham.

1. Introduction

Policy Statement

The Care Act 2014 sets out the requirements for partners to cooperate in cases where the wellbeing of individual is threatened by self-neglect.

Partners of this policy will therefore positively and proactively respond to requests for cooperation from other partners. This Policy applies to people who lack the mental capacity, and those people assumed to have capacity and deemed to be making unwise choices.

- 1.1 This Policy is endorsed and produced by the Rotherham Safeguarding Adults Board (RSAB), Rotherham Safeguarding Children's Partnership (RSCP) and Safer Rotherham Partnership (SRP) within the context of the duties set out at paragraph 14.2 of the Care Act 2014 Care and Support Statutory Guidance and Working Together to Safeguard Children 2015.
- 1.2 This Policy should be referred to where an adult is deemed to be at risk due to self-neglecting or hoarding. The safeguarding partnership is intended to cover all statutory, voluntary and independent sectors that would come into contact with an adult who may be at risk of self-neglect or hoarding.
- 1.3 An adult who self-neglects or hoards may be the cause of ongoing concern to a number of organisations i.e. adult social care, fire services, housing services, health services etc. Chaotic and complex lifestyles including homelessness, drug and alcohol misuse, mental ill health may also impact negatively upon an individual's ability to care for themselves and put them at greater risk of self-neglect and at risk of abuse by others, especially when they refuse to engage with support services.
- 1.4 Whilst self-neglect or hoarding is predominately seen amongst vulnerable single people, it does also affect families and it can therefore have much wider and detrimental impact on putting children at risk.
- 1.5 This policy should be read alongside the Rotherham Multi-agency Procedure for Self-Neglect or Hoarding.

2. Purpose

The purpose of this Policy is to:

- Set out a framework to coordinate the responses of multiple agencies to people who self-neglect or hoard by maximising the use of existing services and resources.
- Create a safer and healthier environment for the individual and others affected by self-neglect and / or hoarding behaviour.

3. Principles

The following are the principles on which this policy is based:

- The most effective approach to self-neglect and/ or hoarding is to use consensual and relationship-based approaches.
- Self-neglect and hoarding will be approached in the least restrictive and proportionate manner unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention.
- The rights of individuals under the Human Rights Act (1998) will be supported and consensual interventions will be made unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention.
- Given the subjective nature of clutter, disarray and the value of possessions and lifestyles, it is necessary to use an objective rating scale to assist communication and understanding of the level and impact of hoarding.
- Risk of harm should always be considered in terms of harm to the individual and to other people, for instance, neighbours, professionals, visitors.
- Because of the heterogeneous nature of hoarding and self-neglect, it is necessary to coordinate interventions across multiple organisations when concerns of risk of harm arise and a lead organisation has to be identified
- Leading and coordinating does not mean taking responsibility for carrying out the necessary work and interventions.
- High risk is present where there are multiple organisations involved, but their actions are not coordinated and there is no clear oversight and direction or, where a person who self-neglects and / or hoards is of concern to numerous different organisations but does not meet their eligibility criteria.

3.1 People retain the right to make unwise decisions

Personalisation in safeguarding requires effective use of the Mental Capacity Act 2005. Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons. It is important to remember that everyone has their own values, beliefs and preferences, which may not be the same as yours. You cannot treat people as lacking capacity because they hold different values, beliefs or preferences from your own.

<http://www.scie.org.uk/publications/elearning/adultsafeguarding/resource>

4. What is self-neglect?

4.1 Definition

There is no one accepted and universally known definition of self-neglect. However, the following is commonly used and a useful starting point:

'Self-neglect is defined as 'the inability (intentional or non-intentional) to

maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.'

(Gibbons, S. 2006. 'Primary care assessment of older people with self-care challenges.' Journal of Nurse Practitioners, 323-328.)

The Care Act statutory guidance 2014 defines self-neglect as:

"a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding".

4.2 Models of self-neglect

4.2.1. There is a consensus in the research on the main characteristics of self-neglect and the approach practitioners should take when working with people who are deemed to be self-neglecting. There is less consensus as to why people self-neglect. Models of self-neglect encompass a complex interplay between physical, mental, psychological, social and environmental factors. Social exclusion can lead to a fear and uncertainty over asking and receiving assistance.

4.2.2. Braye et al (2014) identified six overarching themes in their research with people who self-neglect: demotivation stemming from other factors; other priorities; different standards; maintaining self-care; uncertainty about reasons for self-care and inability to self-care.

"Health difficulties, homelessness, loss and social isolation were repeatedly cited as reasons why self-care had come to seem comparatively unimportant. This in turn could impact on self-image, further demotivating them and entrenching negative cognitions: "I would sit here and not even have a wash. I got it in my head that I'm unimportant, so it doesn't matter what I look like or what I smell like".

Self-neglect had led some interviewees to fail to take steps to care for their health; the resulting deterioration or new diagnosis came as a shock that further worsened their tendencies to self-neglect.

www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/

4.2.3. Executive dysfunction – the inability to perform activities of daily living, even though the need for them may be understood – is significant, and when this is accompanied by an inability to recognise unsafe living conditions, self-neglect may be the result.

4.2.4. The perceptions of people who neglect themselves have been less

extensively researched, but where they have, emerging themes are pride in self-sufficiency, connectedness to place and possessions and behaviour that attempts to preserve continuity of identity and control. Traumatic histories and life-changing events are also often present in individuals' own accounts of their situation. Feelings of shame regarding the consequences of self-neglect and hoarding may also mean that others are not allowed to see the extent of the person's neglect of self or environment.

4.2.5. Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one's actions, are crucial determinants of response.

4.2.6. Identification and intervention in potential situations of self-neglect must not be dependent on any diagnoses of a physical or mental health condition, e.g. Diogenes syndrome.

4.3. Characteristics of self-neglect

4.3.1. The **impact** of the following characteristics and behaviours are useful examples of potential self-neglect and consequent impairments to lifestyles:

- failing or being unable to provide care for him/herself in such a way that his/her health or physical well-being may decline precipitously.
- living in very unclean, sometimes verminous, circumstances, such as living with a toilet completely blocked with faeces, not disposing of rubbish.
- neglecting household maintenance, and therefore creating hazards.
- obsessive hoarding creating potential mobility and fire hazards.
- Little furniture, no bed or bedclothes.
- Animal collecting with potential of insanitary conditions and neglect of animals' needs.
- Poor diet and nutrition evidenced by for instance by little or no fresh food or mouldy food in the fridge, no food in the house.
- An absence of social contact.
- Inability or failure to manage finances.
- Declining or refusing prescribed medication and/or other community healthcare support – for example, in relation to the presence of mental disorder (including the relapse of major psychiatric features, or a deterioration due to dementia) or to podiatry issues.
- Refusing to allow access to health and/or social care staff in relation to personal hygiene and care – for example, in relation to single or double

incontinence, the poor healing of sores.

- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas electricity), no electricity or gas to the property
- Being unwilling to attend appointments with relevant staff, such as social care, healthcare or allied staff, or not being registered with a GP.

4.3.2. It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. The person may be unable to leave their property for fear of hate crime or other intimidation; they may be experiencing domestic abuse including coercive control. In addition, many people, particularly older people, who self-neglect may lack the ability and/or confidence to come forward to ask for help and may also lack others who can advocate or speak for them. The experience of social isolation and loneliness may compound any predisposition to self-neglect. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

5. Mental Capacity

Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. One of the statutory principles of the Mental Capacity Act 2005 states that “*a person is not to be treated as unable to make a decision merely because he makes an unwise 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:

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

Efforts should be made to build and maintain supportive relationships

through which services can in time be negotiated.

For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act allows for agency intervention in the person's best interests. In urgent cases, where there is a view that an adult lacks mental capacity (and this has not been satisfactorily assessed and concluded), and the home situation requires urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.

5.1 Decisional capacity

Decisional Capacity is the ability to make a decision in full awareness of its consequences and is the component that is assessed under the Mental Capacity Act (2005). A person has capacity in relation to a specific decision if they:

- Understand the information relevant to the decision
- Can retain the information, even if only for short periods
- Can use or weigh the information relevant in the decision-making process,

including seeing both sides of the argument and being able to make a decision one way or the other can communicate their decision by talking, using sign language or another form of communication understood by others.

5.2 Executive capacity

Executive capacity is the ability to implement, and to adapt the implementation, of the decision. It is possible for someone to be assessed to have decisional capacity but to lack executive capacity and this clearly poses a significant problem in practice. The evidence suggests that executive capacity also needs to be assessed, although there is (at time of writing) no formally approved, either in theory, practice or legislation, way of doing this.

The evidence also suggests that cognitive functioning and mental capacity are distinct from each other and the use of a global cognitive functioning test such as the MMSE (Mini-Mental State Examination) will not predict risk of harm as effectively and accurately as specific tests of ability will do. The use of an "articulate- demonstrate" model, in which the person is first asked questions (as part of an assessment under the Mental Capacity Act (2005)) and then asked to show how they would actually implement their decision, or specific components of this decision, may be helpful. In the case of self-neglect and / or hoarding this might include showing how they would get a drink or get out quickly if there was a fire or might involve obtaining reports from others who might have witnessed these actions.

- 5.3** When a person's self-neglect or 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 or hoarding behaviour, the very nature of the environment should lead professionals to question whether the adult has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity. This is confirmed by The MCA Code of Practice which states that one of the reasons why people may question a person's capacity to make a specific decision is '*the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision*' (4.35 MCA Code of Practice, p52). Arguably, extreme self-neglect or hoarding behaviour meets this criterion.

- 5.4** Assessments of mental capacity must be recorded using the MCA1, 2 and 3 forms as appropriate. 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.

6. Fire Safety

Hoarding increases the risk of a fire occurring which exaggerates serious risk i.e. smoke build up, structural damage to property and extreme temperatures. This makes it more difficult for people living within the property to evacuate safely.

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.

Fire can spread to neighbouring properties if the level of hoarding is severe or if flammable items such as gas containers are being stored. It also poses a high risk to fire fighters when attending the scene. The sharing of information is extremely important for operational fire-fighter crew safety. South Yorkshire Fire and Rescue (SYFR) is required to be compliant with the Fire Services Act 2004, Regulation 7.2d to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in the area. The multi-agency approach to sharing information enables compliance with this Act and also strengthens the operational risk assessment when dealing with incidents and fires where self-neglect or hoarding is present. <http://www.legislation.gov.uk/ukpga/2004/21/contents>

7. Key Agencies roles, responsibilities and powers

Given the complex and diverse nature of self-neglect or hoarding, responses by a range of organisations are likely to be more effective than single agency responses. Sharing information between organisations will usually require the person's consent and each organisation may have to consider when it is appropriate to share information without the person's consent, for example, if there is a

public or vital interest. There is an expectation that all relevant agencies engage in full partnership working to achieve the best outcomes for the adult at risk. The following roles, responsibilities and statutory powers are outlined to provide a range of options available to organisations across the multi- agency partnership to respond to cases of self-neglect or hoarding.

7.1 Environmental Health

Currently this agency has a range of powers to intervene where a property is in a condition that is prejudicial to health; where the premises are materially affecting neighbouring premises; where there are risks to the occupier from housing conditions; or where hoarding is an issue. These powers do not rely on a presumption that the individual affected by such intervention lacks capacity.

It is anticipated that Environmental Health will have a crucial role under this policy as a frontline agency in raising alerts and early identification of such cases.

In addition, where properties are verminous, pose a statutory nuisance, or housing conditions are likely to affect health, Environmental Health will take a leading role in case managing the necessary investigations and determining the most effective means of intervention.

7.2 Landlords

Landlords have an obligation to ensure that their properties are in a good state of repair and do not present a risk to the health and safety of tenants. Where the landlord fails in this duty, and the property is a privately rented one, then they are subject to enforcement under the powers available under Part 1 of the Housing Act 2004
<http://www.legislation.gov.uk/ukpga/2004/34/part/1>

Where the property is within a Selective Licensing area designated under Part 3 of the Housing Act 2004, then there are further obligations in relation to licensing the property and abiding by Selective Licensing conditions, which are enforceable under the above provisions.
<http://www.legislation.gov.uk/ukpga/2004/34/part/3>

Where the tenant is responsible for the disrepair the landlord has a right of action, including ultimately seeking possession of the premises. The role of the landlord and powers afforded to them suggests they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within the strategy discussions.

7.3 RMBC Housing

RMBC is committed to ensuring people can live their life in safety without being mistreated, hurt or exploited by others. But some people's situations may make them more vulnerable and less able to protect themselves from harm or mistreatment. RMBC will be a key partner with other services in the identification and support of people

who self-neglect or hoard.

People are often more vulnerable as they get older, or because they have a mental health problem, a disability, a sensory impairment or some form of illness. To support the tenants RMBC Area Housing Officers are the first point of contact, with experience in dealing with self-neglect, hoarding, mental health issues and other vulnerabilities, including working in a multi-agency manner.

To support their work and to focus on high level risks, RMBC has a Tenancy Support Team. The Tenancy Support Officers provide support on a one to one basis including help with any financial matters. These resources should be considered as ways to engage and support people who self-neglect or hoard.

Hoarding is a breach of the terms and conditions of the tenancy agreement Part 1 Section 16a refers 'You must keep your home in a good, clean condition and use the fixtures and fittings responsibly. This includes any garden spaces. Accordingly, action may be taken against the tenancy agreement which may result in the tenant losing their home. <https://modern.gov.rotherham.gov.uk/documents/s27759/Tenancy%20Agreement%20Appendix.pdf>

7.4 Housing Options (Homelessness Service)

Housing Options provide a statutory homelessness service in Rotherham. Where homelessness is a risk as a result of self-neglect or hoarding behaviour, they offer pro-active advice and assistance to individuals and professionals involved in their care to minimise any risk of homelessness. Early involvement from this team, particularly when considering alternative temporary or permanent accommodation options, is therefore essential.

<https://modern.gov.rotherham.gov.uk/documents/s121164/Rotherhams%20Homelessness%20and%20Rough%20Sleeper%20Strategy%202019%202022.pdf>

7.5 Adult Social Care (Assessment)

- Self-neglect is a complex phenomenon and it is important to elicit the person's unique circumstances and perceptions of their situation as part of assessment and intervention.
- It is important to consider how to engage the person at the beginning of the assessment, by taking a person-centred approach. For example, sending a standard appointment letter at the outset is unlikely to be the beginning of a lasting, trusting professional relationship with the person if it is perceived as being impersonal and authoritative. It should also be considered that a person who self-neglects may be unlikely to open their mail.
- Home visits are important, and practitioners should try not to rely on proxy

reports where possible. It is important that the practitioner uses their professional skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment. However, should this be unsuccessful, consideration should be given to identifying another professional from the multi-agency group who may be able to gain access, e.g. the Fire Service or GP, or someone who has an established rapport with the person. Practitioners should discuss with the person any causes for concern over the person's health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others. The assessment should include the person's understanding of the overall cumulative impact of a series of small decisions and actions as well as the overall impact.

- Repeat assessments might be required to ensure that professional curiosity and appropriate challenge is embedded within an assessment. It is important that when undertaking the assessment that the practitioner does not accept the first, and potentially superficial, response rather than exploring more deeply into how a person understands and can act on their situation.
- Sensitive and comprehensive assessment is important in identifying the person's capabilities and risks. It is important to look further and tease out through a professional relationship the possible significance of personal values, past traumas and social networks. Some research has shown that events such as the loss of parents as a child, childhood abuse, traumatic wartime experiences, and struggles with alcohol or other substance misuse have preceded the person self-neglecting. Relatively recent grief and loss may also tip a person into self-neglect, particularly if the loss is of a figure who has previously cared for the person or their environment, e.g. a parent or partner.
- It is important to collect and share information with a variety of sources, including other agencies, to complete a picture of the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others.
- Consideration should be given in complex cases, and where there are significant risks, to convening a multi-agency meeting to share information and agree an approach to minimising the impact of specific risks and improving the person's wellbeing. Wherever possible the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate.
- It is important to undertake risk appraisal which takes into account the

individuals' preferences, histories, circumstances and lifestyle to achieve a proportionate and reasonable description of risks that are acceptable to the person and to others in the environment or person's life.

- Where the risks to the person are of high probability with serious impact, the case should **not** be closed simply because the person refuses an assessment or to accept a plan to minimise the risks associated with the specific behaviour(s) causing concern.

7.6 Rotherham Adult Social Care

Rotherham Council host and commission a number of services to support vulnerable adults at risk of self-neglect or hoarding. First Contact will screen initial enquiries, signpost to workers/teams and voluntary organisations who are best placed to support individuals to retain their independence, who have a range of complex/eligible needs.

7.7 Rotherham Children's Services

Section 11 of the Children's Act 2004 places duties on a range of organisations and individuals to ensure their functions and services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

In all safeguarding adult work, staff working with the adult at risk should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm.

Section 17 of the Children Act 1989

A child in need, is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Section 47 of the Children Act 1989

If there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

Where there is a child / young person under the age of eighteen years old living with a parent or carer who hoards / clutters then they are at a **higher risk** of suffering neglect, emotional issues and isolation. If the risk is deemed to cause significant harm to the child then a referral to Rotherham Children's Services, Multi Agency Safeguarding Hub (MASH) should be made within 24 hours of the risk being identified.

Working together to Safeguard Children 2018

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a

problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

This Early Help Service can offer additional support services to not only the parent / carer but also ensures the child has a voice, they will encourage, befriend and assist.

If there is a clear Safeguarding issue that supersedes the offer of Early Help at any point and the child / young person is considered to be at significant risk of harm, the referral to the Multi Agency Safeguarding Hub (MASH) should be made.

7.8 Mental Health Services

The Mental Health Team will have a crucial role within any investigation under this policy not least because, for many individuals, self-neglect or hoarding are often the manifestations of an underlying mental health condition. The following statutory Powers are available under the Mental Health Act 1983 ['MHA'].

7.8.1 Section 115

Under Section 115 of the Mental Health Act 1983 (Powers of entry and inspection) an Approved Mental Health Professional (AMHP) may at all reasonable times enter and inspect any premises (other than a hospital) in which a mentally disordered person is living – if the professional has reasonable cause to believe that the person is not receiving proper care. This power can only be used after the approved professional, if asked, has produced a duly authenticated document showing that he or she is such a professional.

Section 115 does not allow for forced entry, the use of force to override the owner's refusal to give permission to enter, or for force to be used to talk to a person alone in the dwelling. However, obstruction without reasonable cause by a third party of the approved professional acting under Section 115 could constitute an offence under Section 129 of the Act.

If entry is still refused, the AMHP may consider whether an application for a warrant (authorising the Police) under Section 135 is justified.

7.8.2 Section 135(1)

This section of the Act is relevant as it is one way of gaining access to a person reasonably suspected of being ill-treated or neglected. In addition, the 'reasonable cause to suspect' condition is mirrored in Section 42 of the Care Act ('making enquiries').

It provides the authority to seek a warrant authorising a Police Officer to enter premises if it is believed that someone is suffering from a 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 himself and is living alone in any such place.

This allows the Police Officer with a Doctor and Approved Mental Health Professional to enter the premises and remove the person to a place of safety for a period of up to 72 hours with a view to an application being made under part II of the Act, or other arrangements for their treatment or care. A place of safety may include a suitable registered care home.

Further the powers available under the MHA to detain an individual for compulsory treatment are limited in cases of hoarding because currently expert opinion believes the most effective treatment is that provided consensually.

However, it may be useful in cases of self-neglect or where it is required to treat the manifestations or symptoms of hoarding.

Finally, Mental Health services may also be included within discussions/ meetings to advise on access to secondary psychological treatment options and to secure access for the individual.

7.9 Police

As with AMHPs the Police have powers of entry and so may prove pivotal in gaining access to conduct assessments if all else fails through the following.

7.9.1

Section 17 (1) (a) of the Police and Criminal Evident Act 1984, the police have power to enter without a warrant if required to save life or limb; or prevent serious damage to property; or recapture a person who is unlawfully at large while liable to be detained.

7.9.2

Section 127 MHA or Section 44 MCA - where a third party seeks to obstruct assessment or frustrate lawful intervention by statutory services the Police may have additional powers of arrest for offences, but again it is recognised that these powers will be used only in exceptional circumstances.

Under the common law, the doctrine of necessity would provide a defence if force is used to gain entry to private property to apprehend a dangerous mentally disordered person in cases of serious harm to themselves or others within the community. Therefore, the reasonableness of time will presumably depend upon the urgency of the situation.

7.10 Primary Health Services (GPs, Community Services)

In some cases of chronic or persistent self-neglect or hoarding, where individuals are reluctant to engage with social care services, they may remain compliant with primary healthcare services and will access their GP, district nursing service etc. Alternatively, failure to keep health appointments or to comply with medication may also be an indicator of self-neglect. As well as raising alerts and providing information, primary health services can also be very effective in forming a relationship with a

person who self-neglects or hoards and in addressing any of the underlying conditions.

Primary health services should also monitor those people who are engaged with their service and show signs of self-neglect or hoarding but who do not pose a risk of significant harm to themselves or others or where there is no statutory nuisance.

7.11 Acute Services

Often Acute Health Services are the alerters for raising the alarm over cases of self-neglect being the responders to emergency and / or secondary care requirements. It is therefore vitally important that where concerns are identified around self-neglect or hoarding that this policy is instigated by these services.

7.12 South Yorkshire Fire and Rescue (SYFR)

SYFR is best placed to work with individuals to assess and address any unacceptable fire risk and to develop strategies to minimise significant harm caused by potential fire risks. SYFR will also raise alerts when called to addresses repeatedly or where homes have significant damage because of a fire and the individual continues to reside at that address. The role of the SYFR under the policy would be one of raising alerts, carrying out fire safety visits, carrying out fire risk assessments and offering advice to individuals assuring them of the necessity of fire prevention and protection.

7.13 Ambulance Services

The Ambulance Service are alerters for raising the alarm, in cases of self-neglect or hoarding Yorkshire Ambulance Service will make a referral to Adult Social Care, who thereafter will instigate this policy.

7.14 Utility Companies

Utility companies have an important role in the identification of self-neglect or hoarding since they will visit people's homes to read meters or to carry out inspections. Engagement of utility companies is therefore important so that reports of self-neglect or hoarding can be received, and action taken on dangerous appliances.

7.15 Domiciliary Care Providers

Care agencies are commissioned by the Rotherham Metropolitan Borough Council to provide support to people in their own homes and are also commissioned directly by people who fund their own care. They have a role in both identifying people who self-neglect or hoard and in working with them.

7.16 Independent and Voluntary Sector

The independent and voluntary sectors often work with some of the most complex and vulnerable people and are often the agencies which are actively engaged with the adult.

8. Information Sharing and Consent

Information governance should not be used as a barrier to sharing information in order to protect people from harm, where imminent risk is identified action must be taken and appropriate information sharing should be undertaken. Practitioners should always **seek** the consent of the adult at the heart of the concern before taking action or sharing information. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it but the best interests of the individual or others at risk of harm demand action. In these cases, Mental Capacity Act guidance should be followed.

In some cases, where an adult refuses consent, information can still lawfully be shared if it is in the public interest to do so. This may include protecting someone from serious harm or preventing crime and disorder. The key factors in deciding whether or not to share confidential information are:

- **Necessity** – sharing is likely to make an effective contribution to preventing the risk, and.
- **Proportionality** – the public interest in sharing outweighs the interest in maintaining confidentiality.

If there is any doubt about whether to share information, advice should be obtained from your organisations Information Governance Lead. Things to consider are:

- Adequate recording if consent was obtained and if not why not
- What information was shared and with whom and how the request was received and recorded, and how the decision was made to share the information
- If third party information is involved if consent was obtained and if not, which exemptions applied
- All agencies involved must follow the appropriate statutes and guidance.

Under GDPR and the Data Protection Act 2018, organisations have the responsibility to ensure that personal information is processed lawfully and fairly. All adults have a right to view any information held about them. Practitioners should consider this when they are recording information about the adult.

All agencies need to ensure that when it is decided it is appropriate to share information about hoarded properties with local fire services, and that this is being done on a need to know basis. All information should be transferred in a secure format.

Where the self-neglect or hoarding behaviour of the adult places a child at risk then this information **must** be shared with Rotherham Children's Services as appropriate.

Refer to the HM Government Information Sharing Guidance for more information

Appendix 1: Possible legal interventions

Agency	Legal Power and Action	Circumstances requiring intervention
Environmental Health	<p>Power of entry/ Warrant (s.287 Public Health Act) Gain entry for examination/ execution of necessary work required under Public Health Act Police attendance required for forced entry</p>	<p>Non-engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders)</p>
Environmental Health	<p>Power of entry/ Warrant (s.239/240 Public Health Act) Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathering) Police attendance required</p>	<p>Non-engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)</p>
Environmental Health	<p>Enforcement Notice (s.83 PHA 1936) Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred</p>	<p>Filthy or unwholesome condition of premises (articles requiring cleansing or destruction) Prevention of injury or danger to person served. (All tenure including Leaseholders/ Freeholders/Empty properties)</p>
Environmental Health	<p>Litter Clearing Notice (Section 92a Environmental Protection Act 1990) Environmental Health to make an assessment to see if this option is the most suitable.</p>	<p>Where land open to air is defaced by refuse which is detrimental to the amenity of the locality. An example would be where hoarding has spilled over into a garden area.</p>
Police	<p>Power of Entry (S17 of Police and Criminal Evidence Act) Person inside the property is not responding to outside contact and there is evidence of danger.</p>	<p>Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb</p>
Housing	<p>Anti-Social Behaviour, Crime and Policing Act 2014 A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in anti-social behaviour.</p>	<p>Conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or a local housing authority</p>

Housing	<p>Housing Act 2004 Allows Local Housing Authority (LHA) to carry out risk assessment of any residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. If the hazard is a category 1 there is a duty by the LHA to take action. If the hazard is a category 2 then there is a power to take action. However, an appeal is possible to the Residential Property Tribunal within 21 days. A Local Housing Authority can prosecute for non-compliance</p>	
Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA	<p>Animal Welfare Act 2006 Offences (Improvement notice) Education for owner a preferred initial step, Improvement notice issued and monitored, if not complied can lead to a fine or imprisonment</p>	<p>Cases of Animal mistreatment/neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met. See also: http://www.defra.gov.uk/wildlife-pets/.</p>
Mental Health Service	<p>Mental Health Act 1983 Section 135(1) Provides for a police officer to enter a private premise, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. NB. Place of Safety is usually the mental health unit but can be the Emergency Department of a general hospital, or anywhere willing to act as such.</p>	<p>Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being</p> <ul style="list-style-type: none"> • Ill-treated, or • Neglected, or • Being kept other than under proper control, or • If living alone is unable to care for self, and that the action is a proportionate response to the risks involved.
All	<p>Mental Capacity Act 2005 A decision can be made about what is in the best interests of a mentally incapacitated person by an appropriate decision-maker under the MCA. It is important to follow the empowering principles of the Act and ensure that any actions taken are the less restrictive option available.</p>	<p>A person who lacks capacity to make decisions about their care and where they should live is refusing intervention and is at high risk of serious harm as a result,</p>

Local Authority	<p>NB: Where the decision is that the person needs to be deprived of their liberty in their best interests in a care home or hospital, a Deprivation of Liberty Safeguards (DoLS) authorisation may be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the Court of Protection may be needed and legal advice should be sought.</p>	
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Other legal considerations:

Human Rights Act 1998: Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect, articles 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of particular importance.

These are not absolute rights, i.e. they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental Health Acts) is unlawful and would be challengeable in the Courts.

Inherent jurisdiction of the High Court: In extreme cases of self-neglect, where a person with capacity is at risk of serious harm or death and refuses all offers of support or interventions or is unduly influenced by someone else, taking the case to the High Court for a decision could be considered. The High Court has powers to intervene in such cases, although the presumption is always to protect the individual’s human rights. Legal advice should be sought before taking this option.

Websites for further reading and support services

Buttle UK - <http://www.buttleuk.org/>

Buttle UK, formerly known as The Frank Buttle Trust, is the largest UK charity providing grant aid solely to individual children and young people in desperate need.

Cloud's End CIC www.cloudsend.org.uk

Resources to help hoarders and housing associations dealing with hoarding

Rotherham Safeguarding Children's <http://www.rscb.org.uk>

Rotherham Safeguarding Adults Board, South Yorkshire Procedures for Safeguarding Adults <http://www.rsab.org.uk>

Glasspool - <http://www.glasspool.org.uk/>

The Glasspool Trust is one of the few national charities making grants to individuals which has no restrictions on the type of beneficiary. Their aim is to provide timely, life-enhancing support to people in need; short-term involvement for long-term impact.

Help for Hoarders www.helpforhoarders.co.uk

Information support and advice for hoarders and their families. Including and an online support forum,

Hoarding UK www.hoardinguk.org

Information and support for hoarders and agencies, including local support groups

OCD UK www.ocduk.org/hoarding

Information and support about Obsessive Compulsive Disorder, which includes hoarding

SCIE: Adult safeguarding - Self neglect

<https://www.scie.org.uk/adults/safeguarding/selfneglect/>

The Association of Professional De-Clutterers and Organisers (UK)

www.apdo-uk.co.uk

Provide support, networking and promotion for members of the Professional Organising & Decluttering industry, and information and services for their clients.

The Vicars Relief Fund - <https://smitf.flexigrant.com/>

The VRF is a homelessness prevention fund. We offer a rapid response service by awarding small but essential grants to help alleviate housing difficulties for vulnerable people in their time of need. We aim to respond to all applications within five working days of them being submitted.

Turn 2 Us - <https://www.turn2us.org.uk/>

Turn2us helps people in financial need gain access to welfare benefits, charitable grants and other financial help – online, by phone and face to face through our partner organisations.