

# Rotherham Multi-agency Procedure for Self-Neglect and Hoarding

## DOCUMENT CONTROL

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## 1.0 PROCEDURE

At all levels where there are doubts about a person's mental capacity an assessment is essential to determine how any intervention should be applied under the Mental Capacity Act 2005.

### 1.1 Concern identified and assessment

The first step is to identify that someone is self-neglecting or hoarding, concerns may be raised by members of the public or by professionals.

Where an adult is engaging with and accepting assessment or support services that are appropriate and sufficient to address their care and support needs (including those needs relating to self-neglect), then the adult is not demonstrating they are "unable to protect themselves" from self-neglect or the risk of it. In such circumstances, usual adult assessment and support service provision will be the most proportionate and least intrusive way of addressing the self-neglect risk. In these circumstances, the duty and need to undertake enquiries under Section 42 of the Care Act 2014 will not be triggered or necessary.

Raising a safeguarding concern – this should happen when all reasonable attempts have been made to assess and engage the person in meeting their health and social care needs **and** there is a risk to their independence, health and welfare and/or that of others.

Where the adult at risk has an allocated social worker then the Team Manager will coordinate the Self-neglect and or / hoarding multi-disciplinary (MDT) meeting, where not the agency raising the concerns should lead and coordinate.

### 1.2 Undertaking assessments despite capacitated refusal

As a matter of practice, it will always be difficult to carry out a full assessment where an adult with mental capacity is refusing. Practitioners and managers should thoroughly document all the steps that have been taken to undertake a needs assessment. This should include recording what steps have been taken to involve the adult and any carer, as required by section 9(5) of the Care Act, and assessing the outcomes that the adult wishes to achieve in day to day life and whether the provision of care and support would contribute to the achievement of those outcomes, as required by section 9(4) of the Care Act.

In light of the adult's on-going refusal or capacitated life-style choices, the result may either be that it has not been possible to undertake an assessment fully or the conclusion of the needs assessment is that the adult refuses to accept the provision of any care and support. However, case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is required, reasonable and proportionate in all the circumstances.

As part of the assessment process, it should be demonstrated that appropriate

information and advice has been made available to the adult, including information and advice on how to access care and support.

In cases where an adult has refused an assessment and services and remains at high risk of serious harm as a result, a s42 enquiry should be undertaken.

### **1.3 Self-neglect enquiries under section 42 of the Care Act 2014**

#### **Objectives of an enquiry**

The objectives of statutory Care Act s42 enquiries in self-neglect cases are to:

- Establish facts and provide a description of the self-neglect.
- Ascertain the adult's views and wishes.
- Assess the needs of the adult for protection and support and how those needs might be met.
- Protect & support from self-neglect in accordance with the wishes of the adult, and in line with their mental capacity to make relevant decisions about their care and support needs.
- Promote the wellbeing and safety of the adult through a supportive and empowering process.

The principles of Making Safeguarding Personal should be applied to keep the person at the heart of the enquiry and establish the persons outcomes.

Where an adult has died or has experienced life-threatening harm as a result of self-neglect, consideration should be given to whether a Safeguarding Adult Review should be undertaken by the Safeguarding Adults Board.

### **1.4 Actions to make the person safer**

The process of assessment is a means to enable coordinated action to be taken to manage identified risks.

High risk exists not only as a result of environmental and behavioural conditions but also when:

- a) Multiple organisations are involved, but their actions are not coordinated and there is no clear oversight and direction
- b) A person who self-neglects or hoards is of concern to numerous different organisations but does not meet their eligibility criteria

Where there are doubts about a person's mental capacity an assessment is essential to determine how any intervention should be applied under the Mental Capacity Act 2005.

## 2.0 Risk Scoring

At all risk levels it is still likely that a consensual, collaborative approach, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual will be most effective for this level of hoarding. Anyone who can engage the adult should be considered. If a significant risk is present then the meeting should consider whether or not a coercive intervention is necessary, and if so, how it can be applied lawfully and quickly. The meeting should weight risk to others equally with risk to the individual themselves and also consider whether there is the need for action to save life and limb.

### **Level 1 - Signposting**

Given that the amount of self-neglect or hoarding will be very low at this level, a judgement will have to be made on whether or not any intervention is necessary. Concerns may arise, however, if there is a recent and otherwise unexplained increase in clutter, or whether there is a decrease in the number of personal possessions or a lack of functioning facilities, which may indicate self-neglect. At this stage, the best intervention is likely to be a consensual, collaborative one, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual. Signposting may include advising the individual to contact relevant organisations that may assist with repair and maintenance, or removal and cleaning or a professional making contact with these organisations themselves.

### **Level 2 - Arrange a Multi-disciplinary Planning Meeting**

At this level self-neglect or hoarding starts to become problematic and a multi-agency planning meeting must be arranged. The purpose of this meeting is to:

- a) Determine and agree whether or not significant risks as identified by the “Self-Neglect and Hoarding Guidance for Practitioners” (see p.10), are present.
- b) Determine whether or not urgent action needs to be taken
- c) Agree whether or not a consensual approach possible
- d) Identify the legal remedies that are available,
- e) Agree who will implement them
- f) Agree timescales for action
- g) Agree monitoring and review arrangements. See list of organisations/agencies you may want to consider consulting with or inviting to a multi-agency meeting on page 22.

Where a case has been progressed at Level 2 and a multi-agency self-neglect or hoarding meeting has failed to address serious concerns and risks the case can be escalated to Community Multi Agency Risk Assessment Conference (MARAC) for multi-agency consideration and action.

Community MARAC will bring together a range of agencies / services in order to provide an opportunity for escalation of issues relating to cases involving self-neglect or hoarding where serious concerns and risks are present.

- Interventions have not proved effective or have hit barriers:
- and there remain serious concerns around the adult at risk.

The best intervention is still likely to be a consensual, collaborative one, utilising friends, family, neighbours; professionals or the voluntary sector, to engage and

support the individual.

A mental capacity act assessment is essential to determine how any intervention should be applied.

### **Level 3 Arrange an Urgent Multi-Disciplinary Planning Meeting**

At this level, an urgent multi-agency planning meeting must be arranged within **three working days or sooner if the risk is imminent**. Immediate action must be taken to respond to emergency situations.

The purpose of this meeting is to:

- Determine and agree whether or not significant risks as identified by the “Self-Neglect and Hoarding Guidance for Practitioners” (p.10)
- Determine whether or not urgent action needs to be taken
- Agree whether or not a consensual approach possible
- Identify the legal remedies that are available,
- Agree who will implement them
- Agree timescales for action
- Agree monitoring and review arrangements. See list of organisations/agencies you may want to consider consulting with or inviting to the multi-agency meeting detailed in Section 3 below.

Where there are doubts about a person’s mental capacity an assessment is essential to determine how any intervention should be applied under the Mental Capacity Act 2005.

## **3.0 Organisations / Agencies**

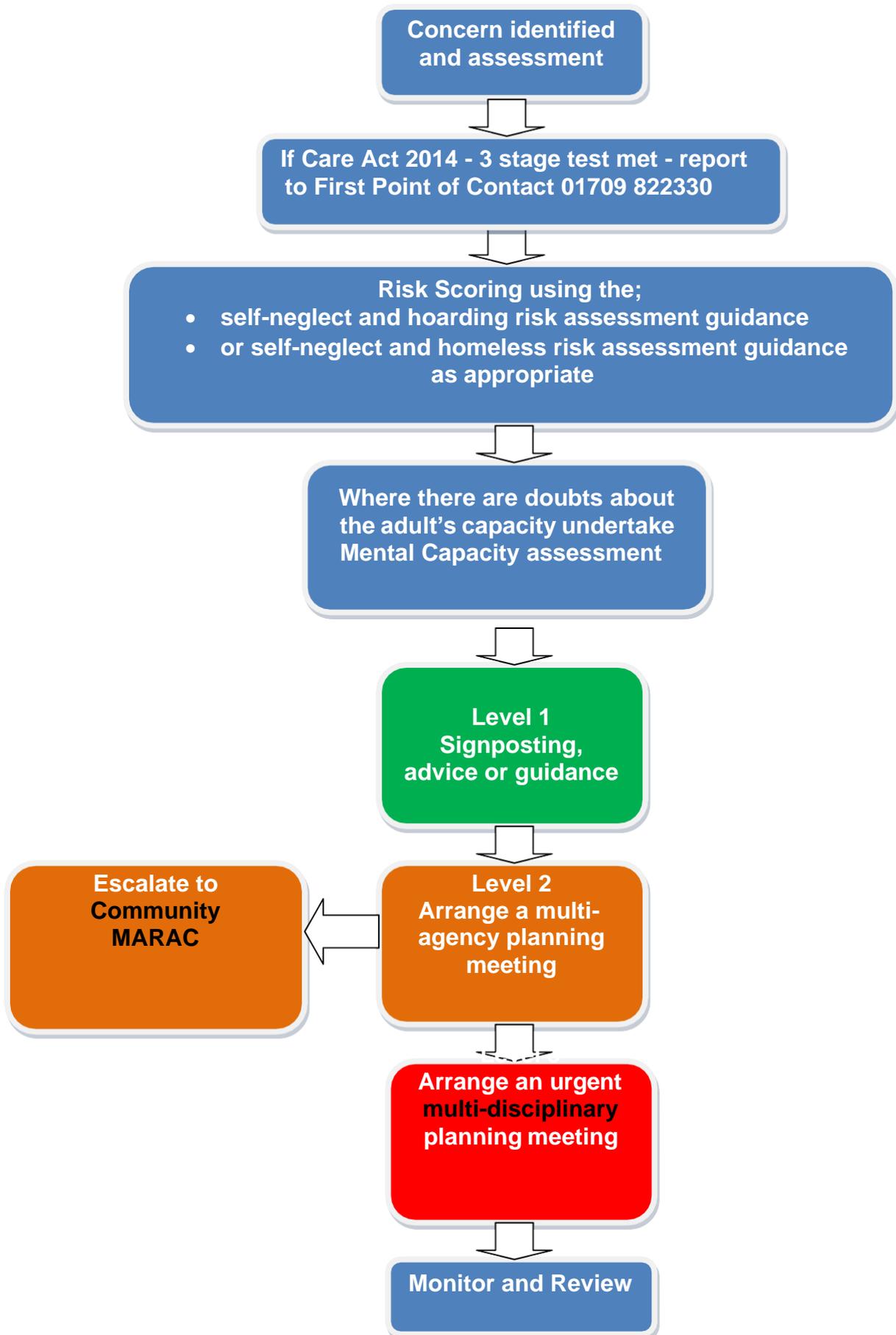
The organisations / agencies you may want to consider consulting with, or inviting to, a multi-agency meeting may include.

- Fire and Rescue Service
- Adult Social Care
- Rotherham Children’s Services
- Mental Health Services
- Environmental Health
- Housing Provider
- Community Wardens
- Care Agencies
- Community Safety
- Clinical Commissioning Group
- GP
- Community Health Services
- District Nurses
- Acute Hospital Trusts
- Prison
- Probation Service
- Learning Disability Services
- Complex Lives Team
- Drug and Alcohol services

- Health and Wellbeing Service
- Ambulance Services
- Transport providers
- Community / Voluntary Sector
- Community Networks
- Legal advice / services
- Providers of utilities – gas, electricity, water, telephone
- Landlord

This list is not exhaustive

#### 4. Procedure Flowchart



## 5.

### Self-neglect Risk Guidance for Practitioners

Assessments of self-neglect or hoarding are often grounded in, and influenced by, personal, social and cultural values and staff working with the person at risk should always reflect on how their own values might affect their judgement.

Similarly, people who are homeless have often been subjected to previous abuse and trauma, often have deep rooted mental health troubles, fragile self-esteem and self-worth combined with a distrust of services.

Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention. As such any intervention must be necessary and proportionate to the harm posed.

Crucial to all decision making is a robust risk assessment, preferably multi-disciplinary that includes the views of the adult and their personal network. The risk assessment might cover:

- Capacity and consent.
- Indications of mental health issues.
- The level of risk to the person's physical health and / or overall wellbeing.
- Effects on other people's health and wellbeing.
- Serious risk of fire or environmental risk e.g. destruction or partial destruction of accommodation.

Working with people who self-neglect or hoard falls into two broad categories:

#### **5.1 Long-term consensual, relationship based, utilising non-statutory services and families/ friends where possible.**

The most effective approaches are likely to be consensual and non-statutory and to be based on a long-term approach that involves developing a relationship with the person who self-neglects or hoards; sensitively raising the problems their behaviour causes for them or for others; working with them to find solutions and providing assistance to put these into action.

During this intervention, it is essential that those involved remain alert to risk factors, especially fire, health and safety. Some situations deteriorate rapidly and may require urgent escalation. This then may lead to:

#### **5.2 Crisis intervention, using a range of legal interventions aimed at saving life on the basis that there is a significant risk of harm**

Where significant risk of harm has been identified either for the person themselves or for others, then the full range of legal options should be explored and enacted as quickly as possible. In these situations, an assessment carried out by Adult Social Care or Mental Health Services of mental capacity under the Mental Capacity Act is required. An urgent multi-disciplinary meeting will be called by the organisation identifying the issues at which these options will be explored, and a plan of action agreed specifying what will be done, by whom and by when. Interventions may include, but are not limited to, sectioning or removing the person to a place of safety

under the Mental Health Act or obtaining court of protection approval to remove someone from their home under the Mental Capacity Act.

### **5.3 What is the level of harm? and who is at risk?**

If the person's self-neglect or hoarding does not pose a nuisance and the risk of harm is low, then the key agencies involved with the individual should be notified of the concerns and requested to monitor or signpost to relevant support. Some risks can be dealt with i.e. clearing of exit routes.

If the person persistently self-neglects or hoards and, whilst currently the environmental conditions may not be posing a significant risk but would do if left unaddressed then this procedure will be followed with Environmental Health Services acting as the lead agent, or landlord if appropriate.

If the person's self-neglect and/or hoarding is putting other people at risk of significant harm, if they are creating a statutory nuisance, Environmental Health Services already have a duty to act. Environmental Health Services should not act alone and will lead on the development of a multi-agency plan.

Where a person's living conditions (including homelessness) place them or others at risk of significant harm they may meet the criteria for eligibility for social care services or mental health services. However, evidence suggests that they usually refuse any intervention and there is then no proactive attempt among agencies to mitigate the risks. Evidence also has shown that staff often believe that because a person appears lucid, they have capacity to 'choose' to reside or exist in those conditions and that statutory services have no powers to intervene. In these circumstances, this procedure will be employed with the allocated social worker or mental health services worker's manager taking the lead. If no worker is allocated, or the person has not previously been known to statutory social or health services, then the organisation taking the referral will take the lead.

## Self-neglect Risk Assessment Guidelines

Assessment
<p>Assess the individuals.</p> <ul style="list-style-type: none"> <li>• Mental Capacity</li> <li>• Frequency and intensity of access to services (revolving door?)</li> <li>• Engagement with services</li> <li>• Access to food and water</li> <li>• Access to services to assist with basic hygiene requirements</li> <li>• Access to finance (formal and informal)</li> <li>• Access to a bed or accommodation</li> <li>• Motivation and/or ability to seek help when required</li> <li>• Health and wellbeing, including social situation</li> <li>• Compliance with healthcare</li> <li>• Networks - family and friends</li> <li>• Level of risky behaviour including crime, begging, drugs and alcohol, acquainting perpetrators of coercive and abusive behaviour, cooking under the influence, smoking in bed, other risks</li> </ul>

Level 1	Where self-neglect is identified, and the individual is accessing services to meet their needs
<b>Individual</b>	<ul style="list-style-type: none"> <li>• Individual may be homeless but accessing services for food and hygiene provision requirements</li> <li>• Motivated to seek help when required</li> <li>• Accessing hostel services, receiving regular support and engaging</li> <li>• Known to all services</li> </ul>

Level 1	Action
<b>Referring agency</b>	<ul style="list-style-type: none"> <li>• Discuss concerns with individual</li> <li>• Refer for support assessment if appropriate</li> <li>• Signpost and advise</li> </ul>
<b>Safeguarding Children and Adults</b>	<ul style="list-style-type: none"> <li>• No action unless concerns are noted in relation to children, young people or adults at risk, if yes refer to safeguarding as appropriate</li> </ul>

Level 2	Where self-neglect is identified, and the individual is only engaging with services in a crisis situation
<b>Individual</b>	<ul style="list-style-type: none"> <li>• Individual may be homeless but inconsistently engaging with support services</li> <li>• Non-engagement with support services but engages when in crisis</li> <li>• Sporadic access to emergency bed service</li> <li>• Inconsistent motivation</li> <li>• Lack of personal hygiene (dirty, dishevelled, unkempt, odour etc.)</li> <li>• Evidence of weight loss (i.e. baggy clothes)</li> <li>• Low level crime involvement</li> <li>• Poor physical health</li> <li>• Mental health issues</li> <li>• Learning disability / difficulties</li> <li>• At risk of breaching their probation order</li> </ul>

	<ul style="list-style-type: none"> <li>• Begging</li> <li>• Revolving door situation</li> <li>• Finances sought in crisis</li> <li>• Family network on the periphery</li> <li>• Drugs and/or alcohol usage</li> </ul>
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Level 2	Action
<b>Referring agency</b>	<ul style="list-style-type: none"> <li>• Refer for Care Act assessment</li> <li>• Arrange a multi-disciplinary planning meeting and / or escalated to the Community MARAC</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Signpost and advise</li> </ul>
<b>Safeguarding Children and Adults</b>	<ul style="list-style-type: none"> <li>• Safeguarding Children - Where concerns are identified for a child, a referral should be made to Children's MASH</li> <li>Safeguarding Adults – refer to RMBC First Contact if concerns of abuse are noted for adults a risk</li> </ul>

Level 3	Where self-neglect is identified, and the individual is not engaging with services even when in crisis
<b>Individual</b>	<ul style="list-style-type: none"> <li>• Individual may be homeless and not engaging with services</li> <li>• Non-engagement with support services even when in crisis</li> <li>• Refusal to access emergency bed service</li> <li>• No motivation</li> <li>• Crime involvement</li> <li>• At risk of breaching their probation order</li> <li>• Begging</li> <li>• Disguised compliance</li> <li>• Non-compliance of healthcare</li> <li>• Not eating regular/nutritionally</li> <li>• Evidence of significant weight loss i.e. baggy clothes</li> <li>• Neglecting hygiene (dirty, dishevelled, unkempt, odour etc.)</li> <li>• No formal income (other than from begging)</li> <li>• No or broken family network</li> <li>• Substance and/or alcohol dependent</li> <li>• Physical health issues, untreated disease, wound, sexual health or dentistry</li> <li>• Mental Health issues</li> <li>• Learning disability or difficulties</li> <li>• Heavy smoker implicating fire risks</li> <li>• Subject of previous serious assaults</li> </ul>

<b>Level 3 Complex lives risk 4 - 6</b>	<b>Action</b>
<b>Referring agency</b>	<ul style="list-style-type: none"> <li>• Refer for urgent Care Act assessment within 24 hours (if appropriate)</li> <li>• Arrange urgent multi-agency planning meeting within 3 days</li> <li>• Share information with all agencies involved to ensure a collaborative approach and a sustainable resolution (refer to S8 of Policy).</li> <li>• Signpost and advise</li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• Safeguarding Concerns should progress to a Decision-Making Meeting (DMM) and section 42 enquiry if appropriate</li> </ul>
<b>Safeguarding Children</b>	<ul style="list-style-type: none"> <li>• Refer to Rotherham Children's MASH</li> </ul>

## Hoarding Risk Assessment Guidelines (see clutter image rating)

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

<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Following your assessment do you recommend the use of</li> <li>• Personal protective equipment (PPE) at future visits? Please detail.</li> <li>• Following your assessment do you recommend the resident is visited in pairs or with the Police? Please detail.</li> </ul>
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<b>Level 1</b>  (see clutter image rating)	<b>Household environment is considered standard. No specialised assistance is needed. If the individual would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.</b>
<b>Property structure, services &amp; garden area</b>	<ul style="list-style-type: none"> <li>• All entrances and exits, stairways, roof space and windows accessible</li> <li>• Smoke alarms fitted and functional or referrals made to South Yorkshire Fire and Rescue to visit and install if criteria met</li> <li>• All services functional and maintained in good working order</li> <li>• Garden is accessible, tidy and maintained</li> </ul>
<b>Household Functions</b>	<ul style="list-style-type: none"> <li>• No excessive clutter, all rooms can be safely used for their intended purpose</li> <li>• All rooms are rated 0-3 on the Clutter Rating Scale</li> <li>• No additional unused household appliances appear in unusual locations around the property</li> <li>• Property is maintained within terms of any lease or tenancy agreements where appropriate</li> <li>• Property is not at risk of action by Environmental Health</li> </ul>
<b>Health and Safety</b>	<ul style="list-style-type: none"> <li>• Property is clean with no odours, (pet or other).</li> <li>• No rotting food</li> <li>• No concerning use of candles</li> <li>• No concern over flies</li> <li>• Residents managing personal care</li> <li>• No writing on the walls</li> <li>• Quantities of medication are within appropriate limits, in date and stored appropriately</li> <li>• Drying clothing inappropriately / inappropriate heating</li> </ul>
<b>Safeguard of Children and Adults</b>	<ul style="list-style-type: none"> <li>• No concerns for household members</li> </ul>
<b>Animals and Pets</b>	<ul style="list-style-type: none"> <li>• Any pets at the property are well cared for</li> <li>• No pests or infestations at the property</li> </ul>
<b>Protective Personal Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• No PPE required</li> <li>• No visit in pairs required</li> </ul>

Level 1	Actions
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Discuss concerns with the individual</li> <li>• Raise a request to South Yorkshire Fire &amp; Rescue for a Safe &amp; Well Check</li> <li>• Refer for support assessment if appropriate</li> <li>• Refer to GP if appropriate</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• No action</li> </ul>
<b>Social Landlords</b>	<ul style="list-style-type: none"> <li>• Provide details on debt advice if appropriate to circumstances.</li> <li>• Refer to GP if appropriate</li> <li>• Refer to Social Care for a care and support assessment if appropriate</li> <li>• Provide details of support streams open to the resident via charities and self-help groups</li> <li>• Ensure residents are maintaining all tenancy conditions</li> <li>• Refer for tenancy support if appropriate</li> <li>• Ensure that all utilities are maintained and serviceable</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Complete Hoarding Assessment</li> <li>• Make appropriate referrals for support to other agencies</li> <li>• Refer to social landlord if the client is their tenant or leaseholder</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• <b>South Yorkshire Fire &amp; Rescue</b> - Carry out a Safe &amp; Well Check if it fulfils service criteria and share with statutory agencies</li> <li>• <b>South Yorkshire Police and Yorkshire Ambulance Service</b> - Ensure information is shared with statutory agencies and feedback is provided to referring agency on completion of home visits</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• No action unless advice requested</li> </ul>
<b>Safeguarding of Children and Adults</b>	<ul style="list-style-type: none"> <li>• Safeguarding Adults - No action unless concerns of abuse are noted in relation to adults at risk</li> <li>• Safeguarding Children - Does the household contain children, young people? If the level of risk is at Level 1 then a referral to Children's Services is likely not required as other agencies will support the family. However early intervention services may be able to offer support and so a referral to the Parenting and Family Support Services should be considered. Consideration must be paid to how the child's needs will be a priority, supported and monitored and this should be clearly recorded.</li> </ul>

<b>Level 2</b>	<b>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.</b>
<b>Property, structure, services and garden area</b>	<ul style="list-style-type: none"> <li>• Only major exit is blocked</li> <li>• Only one of the services is not fully functional</li> <li>• Concern that services are not well maintained</li> <li>• Smoke alarms are not installed or not functioning</li> <li>• Garden is not accessible due to clutter, or is not maintained</li> <li>• Evidence of indoor items stored outside</li> <li>• Evidence of light structural damage including damp</li> <li>• Interior doors missing or blocked open</li> <li>• Consider where the clutter is i.e. round a heating source i.e. Fire/cooker</li> </ul>
<b>Household functions</b>	<ul style="list-style-type: none"> <li>• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose.</li> <li>• Clutter is causing congestion between the rooms and entrances.</li> <li>• Room(s) scores between 4-5 on the clutter scale.</li> <li>• Inconsistent levels of housekeeping throughout the property</li> <li>• Some household appliances are not functioning properly and there may be additional units in unusual places.</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable.</li> <li>• Evidence of outdoor items being stored inside</li> </ul>
<b>Health and Safety</b>	<ul style="list-style-type: none"> <li>• Kitchen and bathroom are not kept clean</li> <li>• Offensive odour in the property</li> <li>• Resident is not maintaining safe cooking environment</li> <li>• Some concern with the quantity of medication, or its storage or expiry dates.</li> <li>• No rotting food</li> <li>• No concerning use of candles</li> <li>• Resident trying to manage personal care but struggling</li> <li>• Inappropriate heating</li> <li>• CO detector</li> </ul>
<b>Safeguarding Children and Adults</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 4 - 7 doesn't automatically constitute a Safeguarding Concern.</li> <li>• Please note all additional concerns for householders</li> <li>• Properties with children or vulnerable adults with additional support needs may trigger a Safeguarding Concern under a different risk refer to Level 2 actions.</li> </ul>
<b>Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Pets at the property are not well cared for</li> <li>• The individual is not unable to control the animals</li> <li>• Animal's living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed</li> <li>• Sound of mice heard at the property.</li> <li>• Spider webs in house</li> <li>• Light insect infestation (bed bugs, lice, fleas, cockroaches, etc.)</li> <li>• Refer to RSPCA for advice and guidance.</li> </ul>
<b>Personal health and safety</b>	<ul style="list-style-type: none"> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>• Personal protective equipment required</li> </ul>

<b>Level 2</b>	<b>Actions</b> <b>In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCCURRENCE</b>
<b>Agency holding the case</b>	<ul style="list-style-type: none"> <li>• Refer to landlord if resident is a tenant</li> <li>• Refer to Environmental Health</li> <li>• Raise a request to South Yorkshire Fire &amp; Rescue to provide fire prevention advice</li> <li>• Provide details of garden services</li> <li>• Refer for support assessment</li> <li>• Referral to GP</li> <li>• Referral to debt advice if appropriate</li> <li>• Refer to Animal Welfare if there are animals at the property.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems where appropriate</li> <li>• At time of inspection, Environmental Health Officer decides on appropriate course of action</li> <li>• Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004</li> <li>• Consider Works in Default if notices not complied with by occupier</li> </ul>
<b>Social Landlords</b>	<ul style="list-style-type: none"> <li>• Visit the individual to inspect the property and assess support needs</li> <li>• Refer for housing related support.</li> <li>• Ensure individual tenants are maintaining all tenancy conditions</li> <li>• Enforce tenancy conditions relating to tenants' responsibilities</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to "Self-Neglect and Hoarding Guidance for Practitioners - Questions to Ask"</li> <li>• Complete Practitioners Assessment Tool</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Educate client regarding animal welfare if appropriate- seek advice from the RSPCA.</li> <li>• Provide advice / assistance with re-homing animals</li> </ul>
<b>Safeguarding Children and Adults</b>	<ul style="list-style-type: none"> <li>• Safeguarding Children - Where concerns are identified for a child, a referral should be made to Rotherham Children's MASH</li> <li>• Safeguarding Adults – refer to Rotherham's First Contact if concerns of abuse are noted for adults a risk</li> </ul>

<p><b>Level 3</b></p> <p>(See clutter image rating)</p>	<p><b>Household environment will require intervention with a collaborative multi-disciplinary 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. Individuals are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</b></p>
<p><b>Property, structure, services and garden area</b></p>	<ul style="list-style-type: none"> <li>• Limited access and egress to the property due to extreme clutter</li> <li>• Evidence may be seen of extreme clutter seen at windows</li> <li>• Evidence may be seen of extreme clutter outside the property</li> <li>• Garden not accessible and extensively overgrown</li> <li>• Services not connected or not functioning properly</li> <li>• Smoke alarms not fitted or not functioning</li> <li>• Property lacks ventilation due to clutter</li> <li>• Interior doors missing or blocked open</li> <li>• Evidence of structural damage or outstanding repairs including damp</li> <li>• There may be evidence of internal damp and / or mould.</li> <li>• Evidence of indoor items stored outside</li> </ul>
<p><b>Household functions</b></p>	<ul style="list-style-type: none"> <li>• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.</li> <li>• Room(s) scores 7 - 9 on the clutter image scale</li> <li>• Rooms not used for intended purposes or very limited</li> <li>• Beds inaccessible or unusable due to clutter or infestation</li> <li>• Entrances, hallways and stairs blocked or difficult to pass</li> <li>• Toilets, sinks not functioning or not in use</li> <li>• Is the individual at risk due to living environment?</li> <li>• Household appliances are not functioning or inaccessible</li> <li>• Resident has no safe cooking environment</li> <li>• Resident is using candles, electric or gas heating appliances - heating inappropriately</li> <li>• Evidence of outdoor clutter being stored indoors.</li> <li>• No evidence of housekeeping being undertaken</li> <li>• Broken household items not discarded e.g. broken glass or plates</li> <li>• Concern for declining mental health</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable</li> <li>• Property is at risk of notice being served by Environmental Health</li> </ul>
<p><b>Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Human urine and or excrement may be present</li> <li>• Excessive odour in the property, may also be evident from the outside</li> <li>• Rotting food may be present</li> <li>• Evidence may be seen of unclean, unused and or buried plates and dishes.</li> <li>• Broken household items not discarded e.g. broken glass or plates</li> <li>• Inappropriate quantities or storage of medication.</li> <li>• Pungent odour can be smelt inside the property and possibly from outside.</li> <li>• Concern with the integrity of the electrics</li> </ul>

	<ul style="list-style-type: none"> <li>• Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.</li> <li>• Concern for declining mental health</li> <li>• Makeshift lighting due to not paying electricity bill – i.e. use of candles.</li> <li>• Smoking in bed / increased risk of fire due to sedation from drugs and alcohol.</li> <li>• High use of Stimulant drug predominately Amphetamine which leads to “festering” i.e. taking electrical items apart including microwaves and sockets etc.</li> <li>• Meter rigging to get free gas and electricity.</li> </ul>
<b>Safeguarding Children and Adults</b>	<ul style="list-style-type: none"> <li>• Hoarding on a clutter image scale of 7 – 9 <b>constitutes a Safeguarding Concern for Children, Young People and Adults at Risk and must be reported</b></li> <li>• Cuckooing constitutes a Safeguarding Concern and must be reported i.e. vulnerable people’s homes being taken over for prostitution, drug selling and other criminal activities often the client becomes a prisoner in their own home, or they abandon the property.</li> <li>• Please note all additional concerns and risks for householders i.e. Children, young people and adults at risk</li> </ul>
<b>Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Animals at the property at risk due the level of clutter in the property</li> <li>• Resident may not able to control the animals at the property</li> <li>• Animal’s living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed</li> <li>• Hoarding of animals at the property</li> <li>• Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> <li>• Visible rodent infestation</li> <li>• Refer to RSPCA</li> </ul>
<b>Personal Health and Safety</b>	<ul style="list-style-type: none"> <li>• Visits where Personal protective equipment (PPE) required: i.e.</li> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> </ul>

Level 3	Actions
<b>Agency holding the case</b>	<ul style="list-style-type: none"> <li>• Report to RMBC First Contact within 24 hours</li> <li>• Report to South Yorkshire Fire &amp; Rescue within 24 hours to provide fire prevention advice.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of client, landlord (if relevant) referrer’s details and overview of problems</li> <li>• At time of inspection, EHO decides on appropriate course of action</li> <li>• Consider serving notices under Public Health Act 1936,</li> <li>• Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004</li> <li>• Consider Works in Default if notices not complied by occupier</li> </ul>
<b>Landlord</b>	<ul style="list-style-type: none"> <li>• Visit the individual to inspect the property and assess support needs</li> <li>• Attend the urgent multi agency planning meeting</li> </ul>

	<ul style="list-style-type: none"> <li>• Enforce tenancy conditions relating to tenants' responsibilities</li> <li>• If the individual refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to "Self-neglect and Hoarding Guidance for Practitioners - Questions to ask" (see p.10) – Do we have this?</li> <li>• Complete Practitioners Assessment Tool</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Attend the urgent multi-disciplinary planning meeting on request</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to case holding agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• Notify the RSPCA for further advice and guidance.</li> <li>• Visit property to undertake a wellbeing check on animals at the property</li> <li>• Remove animals to a safe environment</li> <li>• Educate client regarding animal welfare if appropriate</li> <li>• Take legal action for animal cruelty if appropriate</li> <li>• Provide advice / assistance with re-homing animals</li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• Safeguarding Concerns should progress to a Decision-Making Meeting (DMM) and section 42 enquiry for any concerns of abuse</li> </ul>
<b>Safeguarding Children</b>	<ul style="list-style-type: none"> <li>• Refer to Rotherham Children's Services MASH if children or young people present within 24 hours</li> </ul>

**Clutter Image Scale**

**Clutter Image Rating – Kitchen**

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



1



2



3

Level 1



4



5



6

Level 2



7



8



9

Level 3

### Clutter Image Rating: Living Room

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



1



2



3

Level 1



4



5



6

Level 2



7



8



9

Level 3

### Clutter Image Rating: Bedroom

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



1



2



3

Level 1



4



5



6

Level 2



7



8



9

Level 3

## Clutter Image Rating

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Using the 3 series of pictures (CIR: Living Room, CIR: Kitchen, and CIR: Bedroom), please select the picture that best represents the amount of clutter for each of the rooms of your home. Put the number on the line below.

Please pick the picture that is closest to being accurate, even if it is not exactly right. If your home does not have one of the rooms listed, just put NA for "not applicable" on that line.

Room	Number of closest corresponding picture (1-9)
Living Room	_____
Kitchen	_____
Bedroom #1	_____
Bedroom #2	_____

*Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the CIR: Living Room pictures to make these ratings.*

Dining room	_____	
Hallway	_____	
Garage	_____	
Basement	_____	
Attic	_____	
Car	_____	
Other Please specify:	_____	Please specify: _____

### Questions to ask in hoarding cases where there are concerns about safety

Each question may lead to further questions.

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

The following are questions regarding the imminent risk of fire. If the answer to any of these questions is yes, then report as a matter of urgency to the Fire and Rescue service and raise urgently through your line management system.

#### Significant danger

- Has a fire ever started by accident?
- Do you ever use candles or an open flame to heat and light here?
- Do you ever cook on a camping gas or a barbeque inside your home?
- Do you use your gas cooker or portable heater to heat your home?
- Do you dry clothing on or close to portable heaters / gas fires
- Do you have clear escape routes in and out of the property?
- Do you have keys accessible to door / windows? Are you able to use a window in the event of a fire to call for help or get fresh air?
- Do you have a form of communication to ask for help?

**Hoarding Insight Characteristics**

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

**Good or fair insight:**

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

**Poor insight**

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

**Absent (delusional) insight**

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

**Detached with assigned blame**

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

**Self-Neglect / Hoarding Risk Management Tool (SNARM)**

(Complete Section 1 at the initial self-neglect/ hoarding meeting,  
 Section 2 at each review meeting, and attendance sheet at EVERY Self Neglect / Hoarding meeting)

Section 1			
<b>1. Name of Adult</b>		Date of birth	/ /
<b>2. Address of Adult (if homeless state)</b>			
<b>3. LAS Nos/ NHS Number</b>			
<b>4. Date of Assessment /face to face conversation to establish outcomes</b>			
<b>5. Name(s) of workers/individuals involved in the risk assessment /face to face.</b>			
<b>6 What does the adult want as outcomes</b>			

7. Current Risk factors (include client's insight to self-neglect / hoarding and outcomes of mental capacity assessments)	6. Relevant previous risk factors	Source of risk data – service user, workers, files etc. Information verified as current and accurate?
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**Scoring the risk**

**Clutter image ratings (if hoarding issue)**

Living Room ..... Bedroom 1 ..... Other rooms, please state: .....

Kitchen ..... Bedroom 2 ..... .....

**Please tick if present**

Fire risk	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Concerns over house cleanliness	<input type="checkbox"/>	Animal waste in house	<input type="checkbox"/>	Concern for children /young people at property	<input type="checkbox"/>	Structural damage to property / missing doors	<input type="checkbox"/>
Visible human faeces	<input type="checkbox"/>	Rotten food	<input type="checkbox"/>	Insect or rodent infestation	<input type="checkbox"/>	Large number of animals in house	<input type="checkbox"/>	Concern for other adults at the house	<input type="checkbox"/>	Clutter / waste outside	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>	Lack of personal hygiene	<input type="checkbox"/>	Lack of nutrition / hydration	<input type="checkbox"/>	Mental health issues	<input type="checkbox"/>	Physical health issues	<input type="checkbox"/>	Learning disability / difficulty	<input type="checkbox"/>
No / broken family network	<input type="checkbox"/>	Lack of motivation	<input type="checkbox"/>	Crime involvement	<input type="checkbox"/>	Begging	<input type="checkbox"/>	Disguised compliance	<input type="checkbox"/>	Subject of previous serious assaults/ abuse /exploitation	<input type="checkbox"/>
Risky / chaotic behaviour	<input type="checkbox"/>	Inappropriate clothing	<input type="checkbox"/>	Socially withdrawn	<input type="checkbox"/>	Anti-social behaviour	<input type="checkbox"/>	Non-compliance / neglect of healthcare	<input type="checkbox"/>	Heavy smoker implicating fire risk	<input type="checkbox"/>
Writing on property walls	<input type="checkbox"/>	Previous convictions sexual offences	<input type="checkbox"/>	Previous convictions of violent offences	<input type="checkbox"/>	Violent / aggressive/ abusive behaviour	<input type="checkbox"/>	Expressing suicidal thoughts	<input type="checkbox"/>	At risk of deliberate self-harm	<input type="checkbox"/>
Alcohol misuse	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>	Other addictions state;	<input type="checkbox"/>	Evidence of weight loss i.e. baggy clothes	<input type="checkbox"/>	At risk of breaching probation	<input type="checkbox"/>	Refusal of assistance from services / non engagement	<input type="checkbox"/>

Using the risk assessment guide identify the level of risk – Tick as appropriate	Level 1	Level 2	Level 3
Is the case entering the Self Neglect / Hoarding procedure?	YES/ NO		
Rationale for the decision:			
<u>Risk Management plan</u> please detail what actions will be taken, when, by whom, and what contingency plans have been agreed			
<b>What action will be taken</b>	<b>By whom</b>	<b>By when</b>	



## Section 2 - Multi-agency Self Neglect / Hoarding Review Meeting

**Date of Review:**

**To be completed at each review meeting (Virtual or Actual)**

**Review Record – Detail**      **I below how the Risk Management Plan has been implemented.**

Contact with the individual made?	al? By whom, when, if not what attempts have been	Have any elements of the self-neglect Management Plan been implemented – detail
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Have the risks increased – what has changed? What can be done to address this? At this point rescore risk using the clutter image rating / complex lives rating and Assessment Tool Guidelines	Have the risks decreased – what has changed? At this point rescore risk. Have the outcomes agreed with the adult been met? Is it appropriate to exit this self-neglect / hoarding procedure?

**Revised Self Neglect / Hoarding Management Plan or Exit Plan: What actions have been agreed and who will carry them out?**

Action	Name of workers	Timescales
Date of next review	Venue – if meeting	
<b>Organisational Risk score – high/medium/low. Who will notify the relevant service manager -</b>		
Name of Service manager notified of the risks,	Contact details/ Telephone Number:	
Date Notified to senior manager		
<p align="center"><b>This completed form should be stored on the leading organisations system and a copy emailed securely to <a href="mailto:RSAB@rotherham.gov.uk">RSAB@rotherham.gov.uk</a> Senior Managers should be informed and updated on high risk cases</b></p>		

### Attendance register

To be completed at the end of each Self-Neglect / Hoarding meeting (Actual or Virtual)

Name	Contact Details	Signature

## Self-Neglect and / or Hoarding Meeting Agenda Template Date, time and venue

1. Introductions, ground rules, housekeeping and purpose of meeting, apologies and exclusions
2. **Current Risks identified and Assessed**  
Each agency to identify risk / update  
Each risk to be assessed
3. Risks to others and assessment of risk
4. Previous historical risks
5. Mental Capacity in relation to behaviour / risks identified
6. Views of adult at risk / outcomes expressed
7. **Adults insight and understanding into risks identified**
  - Risks to self
  - Risks to others i.e. neighbours, support workers
8. **Action to address risks identified**
  - What actions
  - Who will complete actions and timescales
  - Who will lead
  - Who will coordinate

Date for review meeting

Risk Level 2 - review within 50 working days

Risk Level 3 - review within 25 working days
9. **Summary / Conclusion**

## Legislation

### **The Care Act 2014**

Sets out in one place, local authorities' duties in relation to assessing people's needs and their eligibility for publicly funded care and support.

Under the Care Act 2014, local authorities must:

- carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care
- focus the assessment on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- involve the person in the assessment and, where appropriate, their carer or someone else they nominate
- provide access to an independent advocate to support the person's involvement in the assessment if required
- consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support)
- use the new national minimum threshold to judge eligibility for publicly funded care and support.

### **Self-neglect - Care and Support Statutory Guidance 2016**

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

### **Working Together to Safeguard Children 2015**

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.

### **Mental Capacity Act 2005**

A person must be assumed to have capacity unless it is established that he lacks capacity. A person is unable to make a decision for himself if he is unable:

- a) To understand the information relevant to the decision
- b) To retain that information
- c) To use or weigh that information as part of the process of making the decision, or
- d) To communicate his decision [whether by talking, using sign language or any other means.]

An inability to satisfy any one of these four conditions would render the person incapable. Under section 2 of the Mental Capacity Act 2005 under Best Interest the decision maker must:

- a) Consider whether it is likely that the person will at some time have capacity in relation to the matter in question.
- b) Permit and encourage the person to participate as fully as possible in any act done for him and any decision affecting him.
- c) Consider the person's past and present wishes and feelings [and, in particular, any relevant written statement made by him when he had capacity.
- d) Consider the beliefs and values that would be likely to influence his decision if he had capacity, and the other factors that he would likely to consider if he were able to do so.
- e) Take into account, if it is practicable and appropriate to consult them, the views of:
  - anyone named by the person as someone to be consulted on the matter in question or in matters of that kind.
  - anyone engaged in caring for the person or interested in his welfare.
  - any appointee of a Lasting Power of Attorney granted by the person
  - any deputy appointed for the person by the court

### **Mental Capacity Act 2005 - Code of Practice**

The Mental Capacity Act codes of practice guidance notes cover:

- Who should assess capacity?
- Whether the person has made an advance decision or given authority to someone else to make this decision.
- How to determine "Best Interest" and when to call a Best Interest meeting.
- The role and function of the Independent Mental Capacity Advocate.
- The role of the Court of Protection.

When assessing someone who self-neglects it is important to remember that when a person makes a decision which is unwise, inappropriate or places themselves at risk, this does not necessarily mean that they lack capacity to make that decision. Poor decision making alone does not constitute lack of capacity. The assessment of capacity must be based on the person's ability to make a decision in relation to the relevant matter. In case of self-neglect where a person is repeatedly making decisions that place him/herself at risk and could result in preventable suffering or damage, an assessment of capacity should be undertaken.

When a vulnerable adult has been assessed under the Mental Capacity Act as lacking capacity, a referral to an Independent Mental Capacity Advocate will assist to ensure that any action taken is on the basis of the person's best interest.

The action taken should consider:

- The wishes, feelings, values and benefits of the person who has been assessed as lacking mental capacity.

- The views of family members, parents, carers and other people interested in the welfare of the person lacking capacity, if it is practical and appropriate.
- The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney.
- The views of any Deputy appointed by the Court of Protection to make decisions on the person's behalf

### **Section 135 Mental Health Act 1983**

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.

### **Section 7 of the Mental Health Act 1983 – Guardianship**

Application for guardianship is made by an approved Mental Health Professional or the person's nearest relative (as defined under the Act). Two Doctors must confirm that:

- The patient is suffering from a mental disorder of a nature or degree that warrants reception into guardianship and.
- It is necessary in the interests of the patient's welfare or for the protection of others. The guardian must be a local social services authority, or person approved by the social services authority, for the area in which the proposed guardian lives.

Guardianship requires the.

- Patient to live at a place specified by the guardian
- Patient to attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment) that a doctor, social worker or other person specified by the guardian can see the patient at home.

### **Mental Health Act 2007**

Sections of the Mental Health Act may be applicable in cases of self-harm or self-neglect where the person is also suffering from a mental disorder. In 2007 the term personality disorder, which may be present in cases of self-harm now comes under the definition of "mental disorder".

### **Sections 31 - 32 Public Health Act (1984)**

**Section 31** indicates that the occupier of a premises can be required to "cleanse and disinfect" the premises and to disinfect or destroy any unsanitary articles. If the occupier fails to comply, the local authority can take the necessary action and charge the occupier for doing so.

**Section 32.** The local authority can “cause any person to be removed to any temporary shelter or house accommodation provided by the authority”, with or without their consent using reasonable force if necessary.

### **Human Rights Act 1998**

**Article 8** - Right to respect for private and family life states that everyone has the right to respect for his private and family life, his home and correspondence and that there shall be no interference by a public authority with the exercise of this right except in certain circumstances. Any intervention must accord with the law and be for a range of reasons which include public safety and the protection of health or for the protection of the rights and freedoms of others.

**Article 5** - Right to liberty and security states that no one should be deprived of his liberty other than in accordance with the procedure prescribed by law or in a number of specified circumstances. One of the provisions relates to ‘lawful detention for the prevention of the spreading of infectious diseases, of service users of unsound mind, alcoholics, drug addicts or vagrants.

**Article 2** – Right to life - everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law. Deprivation of life shall not be regarded as inflicted in contravention of this article when it results from the use of force which is no more than absolutely necessary.

### **Equality Act 2010**

The Act legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

### **Environmental Protection Act 1990**

The Local Authority has a duty to investigate statutory nuisances as set out in s79 of the Act. Where satisfied a statutory nuisance exists the Local Authority must serve a notice imposing requirements. The act contains various powers to take action once inside the premises.

### **Public Health Act 1936**

The local authority can serve notice requiring the cleaning and disinfecting of premises which are filthy and or verminous. If the owner or occupier does not comply with the notice the local authority may carry out the work in default. The notice specifies what work is required but is restricted to the cleansing and removal of filthy items and not for hoarded goods.

### **Prevention of Damage by Pests Act 1949**

The local authority can require land to be made free from rats and or mice where infested.

### **Housing Act 1985**

Schedule 2: Grounds for possession of dwelling-houses let under secure tenancies Part, 1: Grounds on which a court may order possession if it considers it reasonable

Ground 3: The condition of the dwelling-house or of any of the common parts has

deteriorated owing to acts of waste by, or the neglect or default of, the tenant or a person residing in the dwelling-house and, in the case of an act of waste by, or the neglect or default of, a person lodging with the tenant or a sub-tenant of his, the tenant has not taken such steps as he ought reasonably to have taken for the removal of the lodger or sub-tenant.

### **Community Protection Notice**

A Community Protection Notice is new power under the Anti-social Behaviour, Crime and Policing Act 2014. The purpose of the Community Protection Notice is to stop a person over the age of 16 years old, a business or an organisation from committing anti-social behaviour which spoils the community's quality of life.

It can be used to deal with particular on-going problems or nuisances which negatively impact on or affect the community, by targeting those responsible. It can cover a wide range of anti-social behaviours and can be used against a wide range of perpetrators.

When considering if a Community Protection Notice is an appropriate approach, the agencies involved must be able to demonstrate that the behaviour has:

- a detrimental effect on the quality of life of those in the locality
- be of a persistent or continuing nature; and
- be unreasonable

When deciding whether the behaviour is having a detrimental effect, agencies will consult with the victims and / or potential victims to better understand the effect the behaviour is having.

Once an issue has been identified a written warning will be given to the alleged perpetrator of the problem behaviour requesting that they stop and also highlighting the consequences if they continue.

A Community Protection Notice can include a requirement to stop doing something, to start doing something, or to take reasonable steps to avoid further anti-social behaviour.

Breaching a Community Protection Notice is a criminal offence. If appropriate a fixed penalty notice can be issued or a fine of up to £20,000 for businesses.

## 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](http://www.cloudsend.org.uk)

Resources to help hoarders and housing associations dealing with hoarding

### **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](http://www.helpforhoarders.co.uk)

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

### **Hoarding UK** [www.hoardinguk.org](http://www.hoardinguk.org)

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

### **OCD UK** [www.ocduk.org/hoarding](http://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](http://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.