



Barnsley Multi-Agency Self-Neglect and Hoarding Policy and Procedure

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Glossary of Terms

ASC	Adult Social Care
BSAB	Barnsley Safeguarding Adults Board
BSCP	Barnsley Safeguarding Children's Partnership
SBP	Safer Barnsley Partnership
AMHP	Approved Mental Health Professional
DOL	Deprivation of Liberty
EHS	Environmental Health Service
MCA	Mental Capacity Act
BH	Barneslai Homes
SYFR	South Yorkshire Fire and Rescue

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 information, advice and support from other partners.

- 1.1 This Policy and Procedure is endorsed and produced by the Barnsley Safeguarding Adults Board (BSAB), Barnsley Safeguarding Children's Partnership (BSCP) and Safer Barnsley Partnership (SBP) 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 and Procedure should be referred to where an adult is deemed to be at risk, as a result of self-neglect and / or hoarding. The safeguarding partnership includes all statutory and voluntary / independent sector organisations that would come into contact with an adult at risk who may be self-neglecting and / or hoarding.
- 1.3 It is estimated that between 2% and 5% of the population experience varying degrees of hoarding and self-neglect. It may be that some individuals will not meet the eligibility criteria for services from agencies or organisations. Some may have been referred or may have self-referred to services with limited or no success. These factors increase the risk of harm and should be identified as risk indicators that may prompt action under these hoarding and self-neglect procedures.
- 1.4 In many cases, an adult who hoards or self-neglects may be the cause of ongoing concern to several different organisations i.e. adult social care, fire services, housing services, health services etc. BSAB, through this policy, will provide a multi-agency forum where strategic discussions can take place to respond to often complex and challenging situations for practitioners and managers as well as communities more broadly.
- 1.5 Whilst self-neglect / hoarding is predominately seen amongst vulnerable single people, it does also affect families and it can therefore have much wider and detrimental impact on families including putting children at risk. This Strategy and Guidance Document should also be read in conjunction with the Neglect Strategy for the Barnsley Safeguarding Children Partnership.
- 1.6 This policy and its tools cover adults who self-neglect, hoard or both and all resources included in it apply to all three situations.

2. Purpose

The purpose of this Policy and Procedure is to:

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

3. Principles

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

- The most effective approach to hoarding and self-neglect is to use consensual and relationship-based approaches.
- In line with the Human Rights Act and the Mental Capacity Act; 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. For adults who are deemed to lack capacity to make the decisions leading to self-neglect and/or hoarding a best interest decision should be taken by the appropriate decision maker.
- 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 primarily focus on the risks to the adult, but include regard to the risk to other people, for instance; neighbours, professionals or visitors.
- Self-neglect requires a coordinated response across many organisations and may require the organisation with the primary involvement (or primary knowledge of the risks) taking on the role of coordinator/lead the enquiry. If the adult has care and support needs and the risks would meet the threshold for a S42 response the initial risk assessment and any relevant planning meeting will be coordinated by Adult Social Care. If the adult does not meet the three-stage test for safeguarding a multi-agency meeting must be coordinated by the organisation who has the “strongest” relationship with the adult and the risks kept under active review and information shared with all organisations who have a role in addressing the risks to the adult
- Leading and coordinating does not mean taking responsibility for carrying out all necessary work and interventions. The actions required should be agreed at planning meetings and reviewed at regular intervals

4. Definitions and Signs of Self-Neglect and Hoarding Disorder

4.1 Definition of Self-Neglect

There is no accepted operational definition of self-neglect nationally or internationally due to the dynamic nature and complexity of self-neglect. Gibbons et al (2006) defined it as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and wellbeing of those who self-neglect and perhaps to their community”. However, the Care

Act 2014 makes clear that it comes within the statutory definition of abuse or neglect if the adult concerned has care and support needs and is unable to protect him or herself.

The Care Act Guidance states that self-neglect 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.

There are 3 distinct areas that are characteristic of self-neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well-being;
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g. health or fire risks caused by hoarding);
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect involves the complex interplay of physical, mental, social, personal and environmental factors, all of which must be explored in order to understand the meaning of self-neglect in the context of each individual's life experience. This will assist professionals to intervene in the most applicable way while assisting individuals to recognise and address the root causes of their circumstances which may include (this list is not exhaustive);

Physical health issues:

- Impaired physical functioning
- Pain
- Nutritional deficiency

Mental health issues

- Depression
- Frontal Lobe dysfunction
- Impaired cognitive functioning

Substance misuse

- Alcohol
- Other drugs

Psychosocial factors

- Diminished social networks; limited economic resources
- Poor access to social or health services
- Personality traits; traumatic histories/ life-changing events; perceived self-efficacy

4.2 Signs of Self-Neglect

There is a continuum of indicators which, when combined, may indicate the presence of self-neglect. There is no clear point at which lifestyle patterns become self-neglect, and the term can apply to a wide range of behaviour and different degrees of self-neglect. The following list is not exhaustive and should be considered in conjunction with the Self – Neglect Risk Assessment and Management Tool at Appendix 1 and the Hoarding risk tool at Appendix 2. If the adult is self-neglecting and hoarding both risk assessments should be completed.

- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Portraying eccentric behaviour / lifestyles
- Obsessive hoarding
- Poor diet and nutrition. For example, evidenced by little or no food in the fridge, or what is there, being mouldy, eating foods that will increase the risks to their health (e.g. - diabetes)
- Declining or refusing prescribed medication and / or other community healthcare support
- Refusing to allow access to health and / or social care professionals in relation to personal hygiene and care
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services
- Repeated episodes of anti-social behaviour – either as a victim or source of risk
- Being unwilling to attend external appointments with professionals in social care, health or other organisations (such as housing)
- Total lack of personal hygiene resulting in poor healing / sores, long toe nails, unkempt hair, uncared for facial hair, body odour, unclean clothing;
- Isolation; either of an individual or of a household or family unit
- Failure to take medication.
- Repeated referrals to Environmental Health

4.3 Definition of Hoarding Disorder

Compulsive hoarding (more accurately described as ‘hoarding disorder’) is a pattern of behaviour characterised by the excessive acquisition of and inability or unwillingness to discard large quantities of objects and / or animals that cover the living areas of the home and cause significant distress.

Hoarding disorder was previously considered a form of Obsessive-Compulsive Disorder (OCD). Hoarding is now considered a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013 but does not appear in the ICD 10 (World Health Organisation, 2010). However, hoarding can also be a symptom of other mental disorders.

A diagnosis of Hoarding Disorder can only be made by a specialist medical practitioner.

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

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

Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders may have strong emotional attachments to their objects which can be well in excess of the real value or are unable to manage their hoarding without support

Hoarding does not favour a gender, age, ethnicity, socio-economic status or educational / occupational history. (Local experience evidences that males are more likely to be affected)

Those with a hoarding disorder may be conscious of their irrational behaviour but their emotional attachment to the hoarded objects far exceeds the motivation to discard the items or they may lack the ability to manage the problem without support. It is vital to establish if the adult has insight as this will inform the responses by organisations/workers. Hoarding can include new items that are purchased e.g. food items, white goods etc. Some adults will hoard animals, often resulting in neglect and involvement of the RSPCA may need to be considered. Many people with a hoarding disorder may be well-presented to the outside world, appearing to cope with other aspects of their life quite well, giving no indication of what is going on behind closed doors.

Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members. Recent learning from Safeguarding Adults Reviews shows that family relationships are often damaged and consideration of working on rebuilding these should be considered as part of the multi-agency response

4.4 **Signs of Hoarding Disorder**

Conditions of extreme clutter, which may result in some rooms becoming inaccessible e.g. kitchen, bathroom etc or may result in infestations of flies, mice and/or rats or pose a fire risk as clear exit routes do not exist. It is important to recognise that there are numerous factors that might lead to or exacerbate hoarding and self-neglect. These include sensory deprivation/loss (i.e., loss of hearing or sight) and physical disability etc. Research shows that many adults who self-neglect /hoard, do so as a direct result of physical and/ or emotional trauma. **(see appendix 2 for clutter ratings and page 52 for scoring tool)**

5. Mental Capacity

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.

When a person's self-neglect or hoarding behaviour poses a serious risk to their health and safety, consideration should be given to a multi-agency response under the Care Act. Ideally any interventions must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers. In extreme cases of self-neglect and/or hoarding behaviour, the very nature of the environment should lead professionals to question whether the 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). Guidance from the 39 Essex Chambers strongly advises that we must be prepared to justify a decision not to complete a capacity assessment where, there appeared to be a reason that the person could not take the relevant decision:

- Whilst the presumption of capacity is a foundational principle, you should not hide behind it to avoid responsibility for a vulnerable individual. (10) In our experience, this can happen most often in the context of self-neglect where it is unclear whether or not the person has capacity to make decisions (.11) (10 As the House of Lords Select Committee looking at the MCA 2005 reported, this unfortunately happens all too frequently – in our experience, most often in the context of self-neglect. House of Lords Select Committee on the MCA 2005 (2014) *Mental Capacity Act 2005: Post-legislative scrutiny*, HL Paper 139, at paragraph 105.

11 See, for instance, the cases discussed in *Learning from SARS: A report for the London Safeguarding Adults Board* (July 2017))

- If you have proper reason to think that the person may lack capacity to take a relevant decision, especially if the consequence of what they are wanting to do is likely to lead to serious consequences for them, it would be simply inadequate for you simply to record (for instance)

“as there is a presumption of capacity, [X] decision was the person's choice.” Indeed, the more serious the issue, the more one should document the risks that have been discussed with P and the reasons why it is considered that P is **able** and willing to take those risks.

. It is also important to remember that some people can ‘talk the talk, but not walk the walk’, especially if they have had numerous prior capacity assessments, particularly for adults whose capacity might fluctuate on a regular basis due to drug or alcohol use.

22. Section 3(1) states that P is unable to make a decision for himself if he is unable:

- to understand the information relevant to the decision; or
- to retain that information; or
- to **use** or weigh that information as part of the process of making the decision; or
- to communicate his decision (whether by talking, using sign language or any other means).

It is essential to ensure that adults can **use** the information in making decisions, it may be difficult to identify whether P is using a piece of relevant information but according it no weight or failing to use the piece of information at all. Psychiatric expertise may be of assistance in such cases, as it may explain whether P’s ability to process information is impaired and if so, to what extent.

There is significant evidence to suggest that many adults may exhibit executive dysfunction, in these cases the adult may give superficially coherent answers to questions, but it is clear from their actions that they are unable to carry into effect the intentions expressed in those answers. It may also be that there is evidence that they cannot recall relevant information at the point when they might need to implement a decision that they have considered in the abstract. It can be very difficult in such cases to identify whether the person in fact lacks capacity within the meaning of the MCA 2005, but a key question can be whether they are aware of their own deficits – in other words, whether they are able to use and weigh (or understand) the fact that there is a mismatch between their ability to respond to questions in the abstract and to act when faced by concrete situations. Failing to carry out a sufficiently detailed capacity assessment in such situations can expose the person to substantial risks.

Evidence that this has been considered when assessing an adult who is self-neglecting and/or hoarding is essential and if necessary additional support should be sought from managers and/or legal services

Assessments of mental capacity must be comprehensively recorded to support referral, if required, to the Court of Protection (COP) to make the best interests’ decision.

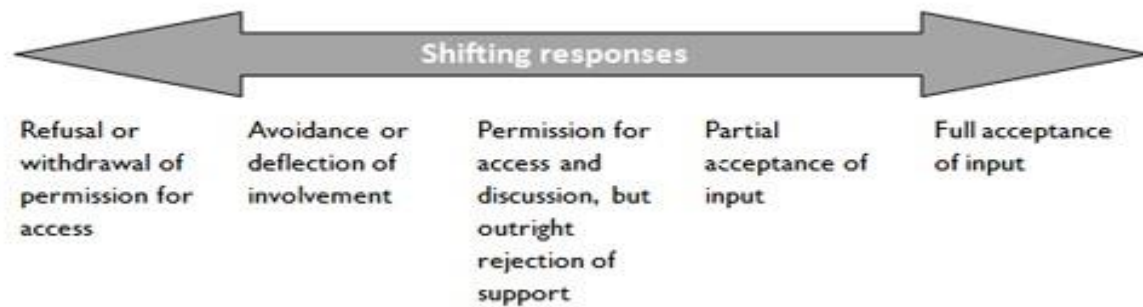
7. Key Agencies Roles, Responsibilities and Powers

Given the complex and diverse nature of self-neglect and 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 and hoarding.

Practitioners need to balance responsibilities around promoting dignity and delivering on duty of care, with respecting a person’s rights of autonomy and self-determination. This can provide a real challenge and clear routes to obtain advice within your own organisation should be established. If the case is being managed within safeguarding and the risks are increasing or remaining high, BMBC legal services should be asked to provide advice.

The most frequent concern raised by practitioners when working with adults who may self-neglect or hoard is the challenge when adults refuse to engage or accept services or accept them only intermittently. Providing support or intervention under these circumstances can be extremely difficult.

Braye et al. (2015) display the difficulty of engagement due to a person's changing response and engagement in the illustration below:



All workers should attempt to build trusting relationships with the adult to empower them to agree to changes that will reduce the risks to them, this must include inviting them or their representative or advocate to attend or contribute to multi-agency meetings.

7.1 **South Yorkshire Fire and Rescue Service (SYFR)**

Hoarding and self-neglect increases the risk of a fire occurring and adds to the risks to the adult and other people living in the same building/block and/or damage to the structure of the building. When a property is identified, regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit route and or measures to reduce the impact of fire – sprinklers, fire blankets, extinguishers etc.

To support fire crews' risk, assess the dangers, information must be shared with South Yorkshire Fire and Rescue (SYFR). The Fire Services Act 2004, Regulation 7.2d allows all fire services to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in the area.

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 raise concerns about adults who are at significant risk via a safeguarding concern. SYFR will be able to complete fire safety visits, fire risk assessments and provide advice on fire prevention and protection. SYFR have no legal powers to enter homes without the agreement of the adult, they can enter care homes etc. without individual permissions from the adults who live there

7.2 **Environmental Health Service (EHS)**

This organisation has a range of powers (see Appendix 2) to intervene where a property is in a condition that is prejudicial to health, or where the premises are materially affecting neighbouring premises. These powers do not rely on a presumption that the individual affected by such intervention lacks capacity. It is anticipated that EHS will have a crucial role under the procedure as a frontline organisation in raising alerts and early identification of

such cases. In addition, where properties are verminous or pose a statutory nuisance, EHS will take a leading role in case managing the necessary investigations and determining the most effective means of intervention.

However, where the individual is residing in conditions that pose a threat only to their own welfare the powers available to the EHS may have limited or no effect. In cases involving persistent hoarders the powers may only temporarily address and/or contain the problem. In Barnsley the EHS is part of the Safer Neighbourhood Service and are often supported by the Safer Neighbourhood teams.

7.3 **Housing Providers**

7.3.1 Housing Law - Under Part 1 of the Housing Act 2004

The local housing authority has powers to take enforcement action where there is a significant risk of harm to the health, safety or welfare of an actual or potential occupier, and/or their visitors, and can require access to residential premises in their district to assess if such hazards exist. Such enforcement action includes:

- Hazard Awareness Notice
- Improvement Notice or Suspended Improvement Notice
- Prohibition Order or Suspended Prohibition Order.

Where there is evidence a hazard presents an imminent risk of serious harm to the health, safety or welfare of the occupier, and/or their visitors, the local housing authority has additional powers to serve an;

- Emergency Remedial Action Notice and take emergency remedial action, or
- Emergency Prohibition Order, immediately prohibiting the use of a property or part of a property.

These powers cannot be used in connection with a property owned and managed by the local authority / Barnsley Homes, however can be used to address privately rented, owner/occupied and housing association properties. The capacity of the occupier is not usually a relevant consideration to the exercise of these powers. However, the use of these powers in isolation will have limited effect on those who have persistent behaviours. The Housing Act 2004 powers would not generally be the most appropriate powers to use to remove hoarded items however could be applied if there is a significant risk to the health, safety or welfare of the occupant and/or their visitors.

Details of the property can be shared without the adult's consent, if necessary, however it is not permissible to share their name or contact details.

Homeless Reduction Act 2018

5 key responsibilities

1. Improved advice and information about homelessness and the prevention of homelessness.
 - Everyone should be able to access free information on preventing and responding to homelessness.

2. Extension of the period “threatened with homelessness” from 28 to 56 days, which aims to encourage proactive prevention work
3. New duties to prevent and relieve homelessness for all eligible people, regardless of priority need and intentionality.
 - a. All eligible adults who are homeless or threatened with homelessness will be entitled to tailored support regardless of priority need and intentionality. Those adults who are homeless and in priority need will be provided with interim accommodation
4. Introducing assessments and personalised housing plans, setting out the actions housing authorities and individuals will take to secure accommodation
5. Encouraging public bodies to work together to prevent and relieve homelessness through a duty to refer
 - a. All public bodies have a duty to refer an individual (with their consent) to assess needs and prevent homelessness.

7.3.2 Landlords

Landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. 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 about cases of hoarding /self-neglect

7.4 Berneslai Homes

Berneslai Homes is an Arms-Length Management Organisation which manages the Council’s housing stock and consequently is one of the largest registered social landlords in Barnsley. BH is committed to ensuring people can live their life in safety without being mistreated, hurt or exploited by others. BH will be a key partner with other services in the identification and support of people who hoard and or self-neglect.

BH’s Housing Management Team Leaders are the first point of contact, with experience dealing with hoarding, self-neglect, mental health issues and other vulnerabilities, including working in a multi-agency manner. BH have a safeguarding lead and they should be notified of active cases, especially if BH feel that partnership working is not effective

7.5 Housing Options (Homelessness Service)

Housing Options provide a statutory homelessness service in Barnsley. 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.

7.6 Adult Social Care Services

Adult Social Care is the lead agency regarding eligibility for care and support services and safeguarding adults under the Care Act 2014, including an assessment for the need to

provide an advocate. If the adult meets the three stage test for safeguarding and the risks score above 8 for self -neglect (see pages 39 and 40) and hoarding risks meet the thresholds outlined on page 52 the first multi-agency meeting will be coordinated by Adult Social Care, after this the lead agency may be the organisation with greater knowledge of the risks and/or a stronger relationship with the adult.

It is essential that all agencies work in partnership to address the risks posed to the adult, acknowledging that this is long term work. All efforts to engage with the adult should be made by use of persistence practice/interventions to develop trusting and consensual relationships to achieve change.

Where the adult is at risk of harm, but unable to agree to have their needs met because they lack capacity to make the relevant decisions then care should be provided in line with 'Best interest' principles (Section 4 MCA). Interventions must be carefully considered, and specialist advice sought to ensure that any actions do not trigger deterioration in their health or wellbeing

7.7 South West Yorkshire Partnership NHS Foundation Trust

Mental Health Services may have a role within any investigation under this procedure not least because, for many individuals, self-neglect or hoarding may be the manifestations of an underlying mental health condition. In cases involving an adult open to SWYPFT, a Safeguarding Manager from Adult Social Care will work in partnership with mental health colleagues to oversee the S42 response to the self- neglect/hoarding risks. SWYPFT can provide specialist mental health services where there is a suspected or identified mental illness which requires secondary health care intervention. The usual routes of referral should be accessed by practitioners within partner agencies through the Single Point of Access (SPA) in Barnsley. If the criteria for assessment under the Mental Health Act are met, then an Approved Mental Health Practitioner (AMHP) would complete this assessment. SWYPFT support the involvement of our staff in offering expert advice around best clinical practice and they may be included within discussions or meetings. Community nursing services can provide support around management of clinical issues (diabetes, skin integrity etc.)

7.8 South Yorkshire Police

The police are often the first agency to access a property and assess the situation resulting in a safeguarding concern to support screening for a multi-agency response. The Police have powers of entry and so may prove pivotal in gaining access to conduct assessments if the risks are too great to wait for consent from the adult.

The powers include:

- Section 17 (1) (a) of the Police and Criminal Evidence 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.
- 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.

7.9 Primary Healthcare Services

In some cases of chronic or persistent self-neglect and/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. Adults who frequently do not attend (DNA) or make appointments and then cancel should generate professional curiosity as this may 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 and/ or hoards and in addressing any of the underlying conditions.

Primary healthcare 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. Any signs of increase in hoarding behaviour or self-neglect, or deterioration in the person's health as a result of this should trigger use of the Self- Neglect and Hoarding Procedures.

7.10 Acute Services and Ambulance Services

Acute Health Services and Ambulance Services are, often, the organisations raising concerns about self- neglect/hoarding. Acute Health Services may have a key role in establishing a relationship with the adult particularly if they are a high intensity user of emergency services or acute health services such as the local Emergency Department.

Community Midwifery services should identify and support people who self-neglect or hoard, where appropriate gaining support from safeguarding adult and children services in the trust as required.

7.11 Drug/Alcohol/Homelessness and Domestic Violence Providers

In line with the principles of Making Safeguarding Personal and the research on self-neglect, which clearly evidences the importance of relationships, these agencies may be best placed to lead on the management of self-neglect and provide records of meetings and activity to either ASC to log on the clients record to support accurate data reporting.

7.12 Utility Companies

Utility companies have an important role in the identification of hoarding and self-neglect 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 hoarding and self-neglect can be received, and action taken on dangerous appliances.

7.13 **Domiciliary Care Providers**

Care agencies are commissioned by Barnsley Metropolitan Borough Council or via the Clinical Commissioning Group (Continuing Health Care) to support adults in their own homes have a role in both identifying people who self-neglect and hoard and in working with them. Organisations supporting adults via direct payments have a role in both identifying people who self-neglect and hoard and in working with them.

8. Information Sharing

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. Section 11 of the Care Act gives practitioners the legal authority to conduct a needs assessment if (a) the adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interests, or (b) The adult is experiencing, or is at risk of, abuse or neglect. In cases of self-neglect and hoarding, this is helpful for practitioners to remember as they can undertake an assessment even if this means obtaining information, without the person's consent and / or input.

However, practitioners should always **seek** the consent of the adult at the heart of the concern before taking action or sharing information. There may be circumstances where 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 the organisation's Information Governance Lead. All information should be transferred in a secure format.

9. Procedure

If concerns are raised by anyone about self-neglect and/or hoarding as defined in the policy section, the next step is for the agencies to be clear about the person's mental capacity in respect to the key decisions that may require intervention.

The procedure is formed from the following stages;

9.1 Identification and Assessment

Cases of self-neglect or hoarding may be raised by members of the public or by professionals. The first step is to identify that someone is hoarding or self-neglecting. The “Self-Neglect and Hoarding Guidance for Practitioners” (section 10) and the relevant risk assessment tools (Appendices 1 and 2) should be used to explore the extent and the impact of the problem including the risks it presents.

The assessment should be carried out in a multi-agency way, including input where necessary from Adults Social Services, Housing, Environmental Health, the Fire and Rescue Services etc. The roles that each agency can perform have been described previously and a judgement should be made on which to involve, when and for what purpose.

9.2 Risk Assessments – self neglect and/or hoarding

Using the “Self-Neglect and/or Hoarding Guidance for Practitioners” and the two risk assessments at Appendix 1 and Appendix 2, a judgement of the risk that self-neglect and / or hoarding poses should be made along with a decision as to which organisations might need to be involved.

If significant risk is identified, then it will be necessary to go straight to Level 3 of the Procedure Flowchart (below) and arrange an urgent multi-agency planning meeting to ensure the safety of the individual or others who may be affected.

If there are doubts about an adult’s mental capacity, an assessment of their ability to make the required decisions impacting on their safety should be completed, in line with the Mental Capacity Act as soon as possible to inform the multi-agency discussions.

9.3 Actions to Make the Person Safer

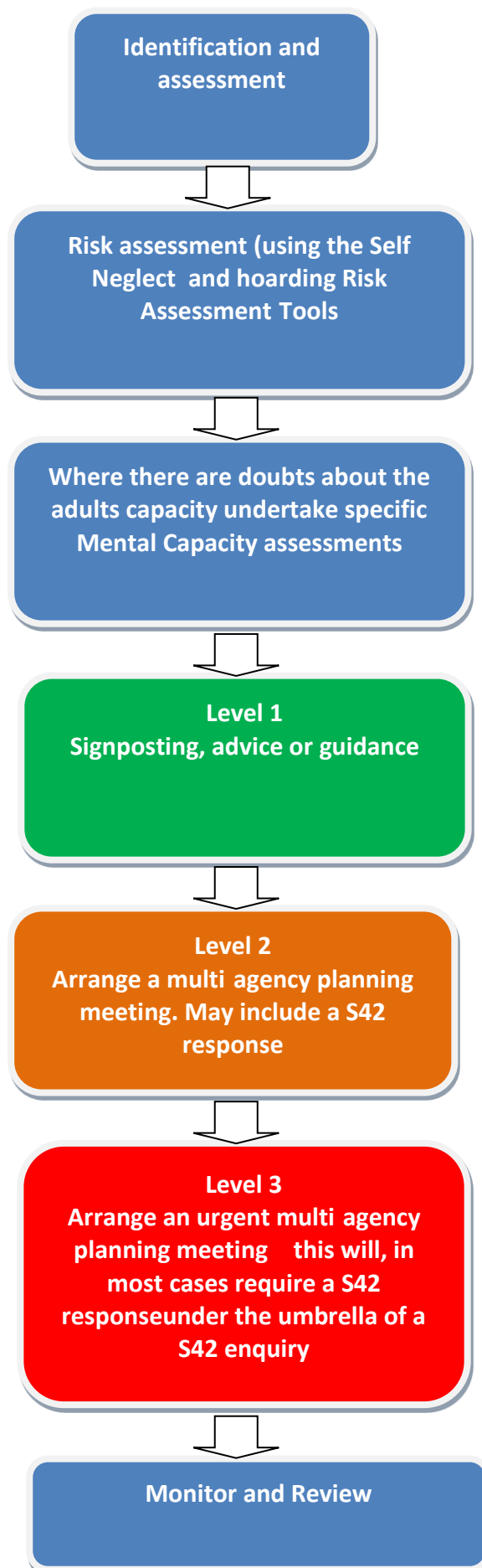
Each agency must take responsibility for the safety of the person by completing proportionate actions to reduce the risks to the adult or others. All relevant agencies should contribute to the multi-agency risk management meeting, which will: -

- Determine whether or not urgent action needs to be taken and which organisation(s) will take responsibility for completing these actions
- Agree whether or not a consensual approach is possible
- Identify the legal remedies that are available and evaluate the benefits of using these at each stage of the risk assessment
- Agree who will implement them
- Agree timescales for action
- Agree monitoring and leadership arrangements of the multi-agency process
- Identify other risks

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

Procedure Flowchart



Level 1 – Signposting

Given that the amount of self-neglect and/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 contacting these organisations themselves.

Level 2 - Arrange a Multi-Agency Planning Meeting

At this level self-neglect and/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 significant risks as identified by the “Self-Neglect and Hoarding Guidance for Practitioners” are present and whether or not these meet the threshold for a S42 (Safeguarding) response managed, initially, by ASC
- b) Determine whether urgent action needs to be taken.
- c) Agree whether a consensual approach is 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. The organisations/ services to invite are:
 - South Yorkshire Fire and Rescue
 - Environmental Health
 - Registered Social Landlord
 - Adult Social Services
 - Health Services i.e. mental health services, acute physical health services
 - Clinical Commissioning Group
 - Community Services including primary health care services
 - South Yorkshire Police
 - Berneslai Homes

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 self – neglect and/or hoarding. Anyone who can get through the front door should be considered as part of the risk management plan. If a significant risk is present then the meeting should consider whether 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 consider whether there is the need for action to save life and limb.

Level 3 Arrange an Urgent Multi-agency 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. 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” (section 10) and the relevant risk assessment tools at Appendix 1 and Appendix 2. This must be coordinated by Adult Social Care initially, though management may pass to another organisation if appropriate
- Determine whether urgent action needs to be taken.
- Agree whether a consensual approach is possible.
- Identify the legal remedies that are available.
- Agree who will implement them.
- Agree timescales for action.
- Agree monitoring and review arrangements.
- The organisations/ services to invite are:
 - South Yorkshire Fire and Rescue
 - Environmental Health
 - Registered Social Landlord
 - Adult Social Services
 - Health Services i.e. mental health services, acute physical health services
 - Clinical Commissioning Group
 - Community Services including primary health care services
 - South Yorkshire Police

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 self-neglect and/or hoarding. Anyone who can get through the front door should be considered. If a significant risk is present then the meeting should consider whether 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 consider whether there is the need for action to save life and limb.

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

10. Self-Neglect and Hoarding Guidance for Practitioners

Assessments of self-neglect and 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. 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-agency that includes the views of the adult and their personal network. The risk assessment might cover:

- Capacity and consent;
- Indications of mental ill health;
- The level of risk to the persons physical health and / or overall wellbeing and their ability to self-care; including the impact of bereavement of a key person in the adult's life
- Effects on other people's health and wellbeing;
- Serious risk of fire or environmental risk e.g. destruction or partial destruction of accommodation.

Work with people who self-neglect and/or hoard, falls into two broad categories:

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 and/or hoards; sensitively raising the problems their behaviour causes for them or for others; working with them to find solutions and helping put these into action. Interventions may include de-cluttering or cleaning, although this is likely to be temporary unless made in the context of shaping the person's behaviour and/or addressing the underlying causes

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:

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 and consideration should be given to obtaining formal legal advice. In these situations, an assessment carried out by adult social services or mental health services of mental capacity under the Mental Capacity Act is required. An urgent multi-agency meeting will be called by the agency / 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.

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

Where a person's living conditions 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 often refuse any intervention and there is then no proactive attempt among organisations to mitigate the risks. Evidence has also shown that staff often believe that because a person appears lucid, they have capacity to 'choose' to reside 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 taking the lead. If no worker is allocated, or the person has not previously been known to statutory social or health services, then ASC will lead the initial meeting if the risk score is 8 (self-neglect – see pages 39/40) or meets the thresholds outlined on page 52 for adults who are hoarding. If the adult is hoarding and self-neglecting individual risk assessments should be completed for both risks and a decision taken based on the joint risks. If the risk scores for self-neglect and hoarding do not reach the threshold, but single agency actions have not reduced the risks, it must be agreed who will coordinate the response. If disagreements exist about which organisation should lead the response, internal escalation routes should be used to agree a plan to address the risks faced by the adult. If the risks do not meet the threshold for a S42 response, the organisation that identified the concern (s) should coordinate an appropriate response, which may include a multi-agency meeting.

10.1 Making Safeguarding Personal asks us to view people as experts in their own lives and to work alongside them in a way that is consistent with their rights and capacity and that prevents harm occurring wherever possible. Safeguarding should be person-led and outcome focused, engaging the adult at risk in a conversation about how best to respond to their situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Most importantly it is about listening and providing the options that support individuals to help themselves. The following points must be considered

- **The adult should always be consulted**

The Care Act and the introduction of Making Safeguarding Personal (MSP) requires contact with the adult to establish their views and agree outcomes, in cases of self-neglect and/or hoarding this may be difficult, but persistent attempts must be made to do so.

- **Building a trusting relationship**

Remain calm and do not show shock; however, always take an empathic approach but use compassionate challenge (Care-Frontational questions) to show the adult that you are concerned about them and would like to agree some changes with them. **Consistent** involvement of key individuals is essential to the success of self-neglect management.

- **Helping people to disclose**

Only after establishing this initial acceptance and starting to build trust can you go on and ask for evidence - in a person-centred approach you may have to switch between stages many times as the disclosure of evidence is both therapeutic and cathartic.

You must use the person's own language and constantly check your understanding; don't assume you know what they think or feel. When you record what they have said, continue to write it in their own words.

Only report what they say, not what you think they mean. The person's account, and your record of it, is important evidence and can make the difference between a successful or negative outcome for them.

- **Establishing what the person wants**

Sometimes they may have a very clear view but often they have not thought that far ahead or have several outcomes in mind, not all of which are compatible or even possible.

Do not leap ahead and immediately discount the unrealistic outcomes but listen and note. Only then can you begin the task of helping them look towards their future and planning what can happen. Their views on outcomes may change throughout the process.

- **Person centred risk management**

It is natural that you will want to make the person as safe as soon as possible, but safety is relative. People often want to be both safe and to maintain unsafe relationships or lifestyles.

There is an important distinction between putting people at risk and enabling them to choose to take reasonable risks; recognising that some adults may not have had “safe” lives for many years. The emphasis must be on sensible risk appraisal, not risk avoidance or completely removing risks

Always look for the least restrictive option and go through the alternatives with the person. You may need the support of the multi-agency team to analyse the risks and to manage them in a balanced way.

Always attempt to assess the risks with the person and take them through the consequences of the options so that they actively develop their own risk management plan.

- **Putting the person in control**

You can never promise complete confidentiality in self-neglect or hoarding cases nor can you totally predict outcomes, but you can put the person at the centre of the whole process by giving them as much control of the decision-making as possible.

They may have had power stripped away from them, but you can support them to rebuild their confidence and power over their own life. This can be achieved by explaining what the options are, the extent of your own powers and those of the police, the legal protections and procedures.

While you will have your own ideas (and those of other professionals) on how the case should progress, it is important that you share them with the person and build the plan around what they want. Where it is not possible to do this then you must explain why but re-emphasise what is within their control and what might be imposed on them and check they understand the impact of this

It is always best practice to inform the adult that the self-neglect and hoarding management assessment is being initiated; and if it is not possible to engage the adult, an early discussion about the risks and possible management plan should not be delayed. The adult's consent should be sought, but a decision to initiate the process without consent may be justified if

there are concerns that the adult is at risk of significant harm or death; or there are concerns that the adult may lack capacity to make the decisions giving rise to the concerns. The necessary mental capacity assessments should be completed as soon as possible by the organisation(s) with knowledge of the risk/concerns demonstrated.

The adult should be informed of all meetings and encouraged to contribute or attend and should be offered the opportunity to identify outcomes that they will be willing to work towards that will improve their safety.

- **Face to face conversation**

Attempts must be made to talk to the adult **in advance of the first multi- agency meeting**, consideration of which worker/organisation might be best placed to complete this conversation. It might be helpful to consider involving family or friends if a positive and enabling relationship exists with the adult and the adult has not refused contact with family members

Some of the key principles of the face to face meeting include:

- Explaining the purpose of the meeting and confirm that the adult is willing to discuss the concerns identified in the risk assessment and what they would like as an outcome(s).
- Asking the person to explain in their own words what they feel the risks and consequences are to their safety and what they feel would help them reduce them (e.g. supportive family, friends, faith groups, changes to financial management etc.).
- If the person does not address all the areas identified in the risk assessment, explain the additional areas of concern and ask them for their views about the accuracy / relevance and consequences/impact of these risks to them and how they propose to reduce or manage these risks.
- Asking the person to outline what help agencies can give them to make them feel safer both short and longer term. For each topic spend some time teasing out what exactly they would like and giving feedback as to whether or not these are realistic outcomes. (e.g. – would like to win lottery and move to Spain – this is unlikely to happen).
- Explain that in some cases action will need to be taken as other adults may be at risk and give them the option to be updated as the section 42 enquiry progresses.
- Agree a set of outcomes.
- Agree with the adult what their role and the role and responsibilities of others involved in the enquiry will be.
- Complete a sheet with key outcomes listed on it and a list of contact names and numbers.
- If active risks remain explore and if possible, agree with the adult the actions that they or a family or other family members/friends can take to reduce these and which agencies will be able to help if they are contacted.
- Provide a list of contact details for relevant organisations, this should be left with the individual, including a timetable for contact with the person who is /will be the named worker.

10.2 Risk Tools

Appendices 1 and 2 provide nationally recognised risk assessment tools for self-neglect and hoarding. In addition to using these, the following questions should be asked, where possible or the situation allows, to support professional judgement where there is concern about a person's safety. Each question may lead to further questions;

- 1 How do you get in and out of your property, do you feel safe living here?
- 2 Have you ever had an accident, slipped, tripped up or fallen, how did it happen?
- 3 How have you made your home safer to prevent this (above) from happening again?
- 4 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)?
- 5 Do you have hot water and/or heating, lighting in all your rooms? When was your boiler or meters last tested/serviced?
- 6 How do you manage to keep yourself warm when it is cold?
- 7 Do you have an open bar fire, convection heater or calor gas heater?
- 8 When did you last go out in your garden? Do you feel safe to go out there?
- 9 Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?
- 10 Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- 11 Have you ever seen mice or rats in your home? Have they eaten any of your food? Have you seen them upstairs?
- 12 Can you prepare food, cook and wash up in your kitchen?
- 13 Do you use your fridge? Can I have a look in it? How do you keep things cold in the hot weather?
- 14 How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok?
- 15 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). Are you able to change your bed linen regularly?
- 16 When did you last change them? What do you do with your dirty washing?
- 17 How do you keep yourself warm enough at night if you are not sleeping in a bed?
- 18 Have you got extra coverings to put on your bed if you are cold?
- 19 Are there any broken windows in your home? Does your heating work? Have you any repairs that need doing?
- 20 When did you last see your GP? Have you missed any appointments with the GP or other medical services? Have you experienced weight loss recently?
- 21 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 concerns should be reported as a matter of urgency to the Fire and Rescue service and raised through the practitioner's line management system.

Significant danger

- 22 Have you ever had a fire in this property?
- 23 Do you ever use candles or an open flame to keep you warm or instead of electric lights?
- 24 Do you ever cook on a camping gas or a barbeque inside your home?
- 25 Do you use your gas cooker or portable heater to heat your home?

- 26 Do you dry clothing on or close to portable heaters / gas fires?
- 27 Do you have clear escape routes in and out of the property?
- 28 If you keep your doors and windows locked, are the keys near them if you need to open them to get out? Do your windows open or are they painted shut or the hinge mechanism broken
- 29 Are you able to use a window in the event of a fire to call for help or get fresh air?
- 30 Do you have a phone – landline or mobile or an alarm to ask for help?

The following may also be useful when exploring with the person what might help Them to outline/share their views about their situation, their perception of the risks and whether they are willing to engage with any interventions

10.3 Mapping tool

The purpose of this tool is to support the adult to identify the people and networks that are important to them/relationships they are involved with and whether these individuals/networks are an asset /and provide help in enabling risk risks to be managed.

Mapping relationships allows the person to take control of the risks in their lives by engaging people/relationships/networks that will be able to assist them to stay safe; it will also provide an opportunity to identify any individuals within their current networks who may be a risk (even if they are not currently identified as an alleged source of harm).

Family	Friends and non-paid relationships
Paid support	Networks

For each area of concern identified, record what the adult feels is working, this may contribute to reducing the risks linked to this concern – is also it possible that the risks may increase depending on the information shared.

What is NOT working – Explore with the person what may be possible to reduce these areas to improve safety.

This model will pull out any tensions/conflicts/inconsistencies and strengths in managing risk and any issues not previously identified, allowing the Adult at Risk and the practitioner to focus on the impact on the following people:

- The adult
- Family and friends

- Networks/community
- Other – including organisations

For each concern/risk identified and using any information gathered from use of the previous information examine the following – it may be possible to prepopulate this in advance of the visit and consider if easy read or other information can be provided to support the adult’s involvement in the discussion (especially around the law).

Who	Impact: current and possible	What is the impact of not supporting the adult to take risks – lost opportunities	Is there a legal view on this – Mental Capacity Act/Human Rights Act/ etc.
Adult			
Family / friends			
Networks / community			
Other: identify who			

From this it may be possible to agree a list of options/actions and which are acceptable to the person.

For each risk list all the possible outcomes with the adult and/or their family / friend / advocate; then agree with the adult if they are:

- Keen to try this
- May be willing to try this
- Not willing to try this

Getting the adult to explore their reasons for the decision would be helpful. From this a “shopping list” of tasks can be agreed detailing:

- Who will do
- What they will do
- When
- How they will communicate back to the adult on their progress
- What they will do if the option is not available following the discussion

Finally, it is important to support the person to retain control about decisions in their lives (unless they chose to delegate them) or feel that they are not important to them and they want to “opt out” of these decisions.

It may be that some decisions they will NOT be able to have control over as there may be risks to others, which may mean actions and decisions will need to be taken without their consent (they should be informed unless doing so places others at risk).

Adults should be supported to:

- Identify the decisions that are important to them relating to their self-neglect and hoarding
- Identify how they will be involved
Identify which decisions will be outside of their control and why and what information they can be given and at what stage

10.4 Multi Agency Process

Dealing with self-neglect and/or hoarding must be a multi-agency process and cannot be undertaken by one service in isolation. These complex cases can sometimes divide agencies and a multi-agency approach will promote better understanding of each other's roles and help to prevent any misunderstandings or conflicts.

The need to instigate the hoarding and self-neglect process can be identified by any agency. Initial concerns should be shared with Adult Health and Social Care services (and children's social care where required). They will take responsibility for assessing the need for a safeguarding response (self-neglect and/or hoarding) and if appropriate will coordinate an initial meeting to:

- Share information
- Complete a risk assessment
- Agree an action plan to engage with the adult and reduce risks
- Review the success of the plan and coordinate further meetings or virtual sharing of information
- Provide reports to senior managers/safeguarding adults office as outlined in the escalation policy

11. Risk Matrix Scoring Principles

If the case is not progressed within safeguarding or self-neglect and hoarding procedures, the meeting must agree multi-agency complex case management and monitoring arrangements and identify a clear pathway back into safeguarding or self-neglect and hoarding procedures should the situation deteriorate, as well as clarifying what factors would constitute deterioration/increase in risk.

This decision must be communicated to the adult and their views sought, where possible.

Using the Risk Assessment and Management Tool

It is essential in to:

- Show evidence of a decision specific capacity assessment involving the individual, demonstrating that the individual has capacity to make the decision giving rise to the concern. If the adult has capacity but there are concerns that the adult may not be able to take the actions agreed (executive capacity) advice should be sought from appropriate managers or legal services
- Demonstrate evidence of a robust risk assessment and risk management strategy.
- Maintain clear communication strategies between relevant workers, managers, organisations etc.
- Evidence clear recording mechanisms for each case.

The Risk Assessment and Management Tool will **not replace professional judgment** but aims to provide guidance around the issues and processes that will need to be considered in managing the risks. (see **appendix one for risk scoring tool**)

12. Reporting and Recording

It is essential that all organisations involved once a case enters the Self-Neglect and Hoarding process, notify their Senior Managers within 24 hours of this decision being made.

This will ensure that senior managers are aware and can support workers with high risk cases that may result in attendance in coroner's court, challenges in the press etc. and evaluate any organisational and/or reputational risks.

The decision to enter the Self-Neglect and Hoarding Process should be recorded on the related paperwork and uploaded onto the relevant information systems.

Review meeting minutes should be uploaded onto the relevant information systems and shared with managers in involved organisations, in line with escalation policies. If senior managers are notified, they must be informed when a case leaves the Self-Neglect and Hoarding Process.

13. Review Process and Exiting the Self-Neglect and Hoarding Process

13.1 The review should involve a virtual or actual meeting with all the organisations involved with the Self- Neglect and Hoarding Risk Management Plan to assess if:

- they have had any contact with the individual in the review period – if not, what attempts have been made to engage with the individual?
- the person has accepted any elements of the Self-Neglect and Hoarding Risk Management Plan. If yes, what elements and how frequently and what impact has this had?
- the risks have increased – detail what has changed and rescore matrix
- the risks have decreased – detail what has changed and rescore matrix
- If the risks have increased and the contact decreased an actual meeting may be necessary.
- The Review Meeting will revise the Risk Management Plan and set the next review date.
- Cases should not exit self -neglect and / or hoarding multi-agency response if the risks are continuing to increase without senior management approval for this decision

13.2 Exiting the Self-Neglect and Hoarding Process

If/when the risk reduces, and the self-neglect matrix score drops below 8 and/or it may be appropriate to exit the multi- agency process provided monitoring arrangements are in place to respond to any further escalation in risks

At the point of exiting there should be:

- A clear record of how the situation is to be monitored when and by whom and;
- A clear pathway back into the self-neglect and hoarding process should the situation deteriorate & clarity about what factors would constitute deterioration/ increase in risk

14. Legislation and guidance

14.1 Gaining Access to the Adult/Their Home

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

- **If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare:** The Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.
- **If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely:** the inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules.
- **If there is concern about a mentally disordered person:** Section 115 of the MHA provides the power for an approved mental health professional (approved by a local authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care.
- **If a person is believed to have a mental disorder, and there is suspected neglect or abuse:** under Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises **using force if necessary** and if thought fit, to remove a person to a place of safety or to keep a person in their home for the purposes of an assessment if there is reasonable cause to suspect that they are suffering from a mental disorder and (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves.
- **Power of the Local Housing Authority to gain access to assess housing conditions:** Section 239 of the Housing Act 2004 provides a right of entry to any to a premise if an examination or survey is necessary. Section 240 can be used to obtain a Warrant of Entry if access is refused.
- **Powers of an authorised officer of the Council to enter a premises:** Under section 287 of the Public Health Act 1936 an authorised officer has a right of entry at any reasonable hour to ascertain whether or not circumstances exist which would authorise or require the council to take any action or execute any work. There is provision to gain a Warrant to Enter if access has been refused. Similar powers are available under Section 22 of The Prevention of Damage by Pests Act 1949 if an inspection is necessary to ascertain if action is required.
- **Power of the police to enter and arrest a person for an indictable offence:** Section 17(1)(b) of Police and Criminal Evidence Act (PACE) 1984.

- **Common law power of the police to prevent, and deal with, a breach of the peace.** Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace.
- **If there is risk to life and limb:** Section 17(1)(e) of the Police and Criminal Evidence Act (PACE) 1984 gives the Police, the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. This represents an emergency and it is for the police to exercise the power.
- **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.

14.2 **The Care and Support Statutory Guidance,**

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.

14.3 **Mental Capacity Act**

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:

- To understand the information relevant to the decision
- To retain that information
- To use or weigh that information as part of the process of making the decision, or
- 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:

- Consider whether it is likely that the person will at some time have capacity in relation to the matter in question.
- Permit and encourage the person to participate as fully as possible in any act done for him and any decision affecting him.
- Consider the person's past and present wishes and feelings [and, in particular, any relevant written statement made by him when he had capacity.
- 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.
- Take in to 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 donee of a Lasting Power Of Attorney granted by the person
- any deputy appointed for the person by the court

14.4 **Mental Capacity Act Code of Practice**

The Mental Capacity Act Code 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 hoards or 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 cases of hoarding and / or 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 an adult has been assessed under the Mental Capacity Act as lacking capacity, a referral to an Independent Mental Capacity Advocate will assist in ensuring 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

14.5 **Mental Health Act 2007**

Sections of the Mental Health Act may be applicable in cases of hoarding or self-neglect where the person is also suffering from a mental disorder.

Section 135 Mental Health Act

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 to enter, if need by force, any premises specified in the warrant and if thought fit to remove the person to a place of safety with a view to an application being made under part II of the Act, or other arrangements for their treatment or care. If the premises specified in the warrant are a place of safety the police officer can

keep the person at the premises for the purposes stated above. This includes, where appropriate, the person's own home. The period of detention is for 24 hours initially with the possibility of a 12-hour extension under clearly defined circumstances.

Section 7 of the 1983 Mental Health Act – 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.

14.6 Sections 31-32 Public Health (Control of Disease) 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.

14.7 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.

14.8 Environmental Protection Act 1990

The Local Authority has a duty to investigate statutory nuisances as set out in S79 of the Act. If the Local Authority are satisfied that a statutory nuisance exists, they must serve a notice

imposing requirements. The act contains various powers to take action once inside the premises.

14.9 **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, unless contaminated and unable to be properly cleansed.

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

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

14.11 **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.

14.12 **Anti-Social Behaviour, Crime and Policing Act 2014. 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 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 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.

14.13 **Anti-Social Behaviour, Crime and Policing Act 2014. Closure Notice.**

The Anti-Social Behavior, Crime and Policing Act 2014, (Section 76 to 93) allows police or the local authority to issue a closure notice if they are satisfied that at least one of the following criteria is met;

- That a person has engaged, or (if the order is not made) is likely to engage, in disorderly, offensive or criminal behaviour on the premises, or
- That the use of the premises has resulted, or (if the order is not made) is likely to result, in serious nuisance to members of the public, or
- That there has been, or (if the order is not made) is likely to be, disorder near those premises associated with the use of these premises.

The closure order must be necessary to prevent the behaviour, nuisance or disorder from continuing, recurring or occurring.

Before issuing a closure notice, the police or local authority must ensure that any partner agency, body or individual the officer or authority thinks appropriate has been consulted. This must include the local authority. If the decision is that a closure is in the best interests of the person in that premises, then evidence must be collated.

A closure notice can be authorised by an Inspector for 24 hours or a Superintendent for 48 hours. A copy of the notice must be displayed at the address and a copy must be given to a person who has responsibility for, or control of the premises.

Following the notice being served the case will be heard at Magistrates Court and the closure either agreed or disagreed. If agreed, then the order is in place for three months and can be extended to six months following a further application to the court.

14.14 **Housing Act 2004.**

Powers of entry to inspect residential premise and assess hazards using the Housing Health & Safety Rating System (HHSRS). Once significant hazards have been identified there is a duty to take action to address Category 1 hazards and a power to take action to address Category 2 hazards. Enforcement powers available to serve notice on the person responsible for effecting repairs as necessary to reduce the hazards present to an acceptable level. There are 29 hazards that are assessed including Excess cold, Damp & mould, Electrical hazards, Fire, Domestic hygiene, refuse & pests, and Structural collapse & falling elements. Enforcement powers include Improvement Notice and Prohibition Order, both of which can be suspended, power to carry out work in default and emergency powers to take remedial action or immediately prohibit the property or part of.

15 Contacts

Organisation	Telephone	Email
Adult Social Care	01226 773300	adultsocialservices@barnsley.gov.uk
Berneslai Homes	Tbc	HousingManagementTeamLeaders@BerneslaiHomes.co.uk
Barnsley Hospital	01226 435432	Bhnft.safeguardingteam@nhs.net
Safer Neighbourhood Service	01226 773555/07786525148 (out of hours)	Safer@barnsley.gov.uk .
South Yorkshire Fire and Rescue	Tbc	tbc
South Yorkshire Police - Safer Neighbourhood Service	01226 736294 (Mon – Fri, 8 x 4) 101 (24 hours, 7 days)	BarnsleyHub@southyorks.pnn.police.uk (monitored office hours only)
Yorkshire Ambulance Service	TBC	sca.referrals@nhs.net
South West Yorkshire Partnership NHS Foundation Trust	01924 316175	swy-tr.safeguardingteam@nhs.net
Barnsley Recovery Steps (Humankind)	01226 779066/07702 914250	brs.referrals@humankindcharity.org.uk
Umbrella	01226 704090	Sam.higgins@humankindcharity.org.uk
Barnsley Thrive		Jane.steele@humankindcharity.org.uk
IDAS		Lauren.hirst@idas.org.uk
Centrepoint		t.moore@centrepoint.org
Barnsley Carers Service	01226 288772 or 07980 705498	Tara.ramsden@makingspace.co.uk
Barnsley Clinical Commissioning Group	01226 433772	Designated Nurse Safeguarding Adults qualityteam.safehaven@nhs.net

Appendix One. Self – Neglect Risk Assessment and Management Tool and Flow Chart for Self-Neglect

The Self-Neglect Risk Assessment and Management Tool may provide a useful framework to assess the risks and demonstrate if the interventions have reduced the risks. If there are multiple risks, consideration should be given to scoring each risk area individually.

If any of the risks score 10, a safeguarding concern should be raised and a multi-agency planning meeting completed. If organisations are not working in partnership scores of 8 and above should result in a multi- agency assessment of the risks lead, initially, by Adult Social Care.

Scoring the self -neglect risk

Using the risk matrix below a risk score can be calculated.

Service user risk

Low = harm that would be unlikely to require medical, criminal or other intervention and would be unlikely to cause serious harm (in the short term) if the adult refuses to cooperate with recommended interventions (e.g failure to follow medical advice, accept a care package that they are eligible for etc) **(score =1)**.

Medium = harm that would require medical, criminal or other intervention to prevent serious /life threatening harm to the adult. The adult’s failure to engage will result in serious harm if interventions are not agreed and as a consequence may be imposed on the adult **(score = 2)**.

High = harm that may result in permanent harm or death without interventions, this model should be considered for adults in violent situation that do not meet the threshold for MARAC or who do not meet the MARAC criteria (Domestic violence involving adults not in a family relationship). These will include cases where interventions have been imposed but the risks continue to escalate. **(score =3)**.

This score should be multiplied by the score below – likelihood to agree the level of response.

Likelihood of risk

Low	Medium	High
History of refusing services/interventions will sometimes accept services on an ad hoc or short-term basis but will not maintain involvement to bring about sustained change. Does engage with some agencies for specific purposes – e.g. GP, housing etc.	History of refusing services and regularly refuses to talk to services about the concerns or agrees to actions which they subsequently refuse. Currently refusing to engage with key services relating to health or social care and	History of refusing services and interventions, currently refusing to engage with any services unless under duress –e.g. court proceedings for rent arrears, fire regulations etc. The adult’s health and wellbeing is at serious risk as a result of their refusal to engage.

(Score - 3)	refusing all or most interventions (Score - 4)	(Score - 5)
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Risk Matrix Score = Risk to service user x the Likelihood of the risk.

Where the matrix score is **10 or above, the Hoarding and Self-Neglect Process must be initiated or 8 if organisations are not working effectively together**

Where the matrix score is **below 10, the following should be considered** to determine if self-neglect/safeguarding is appropriate:

- 1) Are agencies working together in a coordinated way with a shared understanding of each other's roles and responsibilities to the adult?
- 2) Are agencies clear about the factors that would indicate that the risk is escalating and know what to do if this is the case?
- 3) What is the person saying about the risks and are they able to make choices to reduce them?

If the answer is 'No' to either 1) or 2) above the Hoarding and Self-Neglect or Safeguarding Process should be initiated. If 1) and 2) are answered positively a decision should be agreed at the initial meeting about the merit of this model being adopted.

If the adult lacks capacity, then the principles of the Mental Capacity Act (including capacity assessments and best interest decisions) should be applied.

If the case enters the self-neglect process **a lead co-coordinator must be identified** whose role is to coordinate the multiagency plan and ensure that the reviews are held in a timely manner. If this results in a S42 self-neglect and hoarding response, the lead coordinator will be Adult Social Care in the first instance

Maximum **Timeframes for review:**

Score = 6 – 10 review within 50 working days of agreeing the Risk Management Plan

Score = 11 -15: review within 25 working days of agreeing the Risk Management Plan

Flow Chart for Self-Neglect

Concern Identified – immediate risk assessment and measures identified and discussed with adult to address these

Concern screened by Adult Social care for Self-neglect threshold, if it meets the threshold for a S42 response, Adult social Care will coordinate the case. If not agreement must be reached about which organisation will take on this role

Capacity in question? If so, consider what areas of decision making need to be assessed and by whom? In what timescale?

Information gathered from agencies involved with the adult, by the coordinating organisation, to inform a risk assessment

Agreement on which worker(s)/organisation(s) will have the initial face to face conversation with the adult, where? When? What are the “key” items to discuss at this meeting?

If arrangements to reduce risks not agreed with the adult an initial self -neglect meeting to be held. Adult must be invited.

Action plan agreed to

- **Develop relationships with the adult to keep under review their wishes and feelings**
- **Address the risks – actions and timescales**
- **Set timescales to meet or share information virtually**
- **Agree how to update adult on outcomes of meeting(s) if they do not attend.**
- **Consider if family and friends can be included in the risk management plan**

Appendix Two. Clutter Image Rating Scales, Assessment Tool Guidelines and Hoarding Insight Characteristics

Clutter Image Rating – Kitchen

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

Level 1



1



2



3

Level 2



4



5



6

Level 3



7



8



9

Clutter Image Rating: Living Room

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

Level 1



1



2



3

Level 2



4



5



6

Level 3



7



8



9

Clutter Image Rating: Bedroom

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

Level 1



1



2



3

Level 2



4



5



6

Level 3



7



8



9

Clutter Image Rating

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: _____

Assessment / scoring Tool (to be used in conjunction with the clutter image rating scales).

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

Example Assessment Findings and Action Questions

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

Level 1	Actions
Referring Agency	<ul style="list-style-type: none"> • Discuss concerns with resident • Raise a request to South Yorkshire Fire & Rescue for a Safe & Well check • Refer for support assessment if appropriate • Refer to GP if appropriate
Environmental Health	<ul style="list-style-type: none"> • No action
Social Landlords	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances. • Refer to GP if appropriate • Refer to Social Care for a care and support assessment if appropriate • Provide details of support streams open to the adult via charities and self-help groups • Ensure residents are maintaining all tenancy conditions • Refer for tenancy support if appropriate • Ensure that all utilities are maintained and serviceable

Level 1	Actions
Practitioners	<ul style="list-style-type: none"> • Complete Hoarding Assessment • Make appropriate referrals for support to other agencies • Refer to social landlord if the adult is their tenant or leaseholder
Emergency Services	<ul style="list-style-type: none"> • South Yorkshire Fire & Rescue - Carry out a Safe & Well Check if it fulfils service criteria and share with statutory agencies • South Yorkshire Police and Yorkshire Ambulance Service - Ensure information is shared with statutory agencies and feedback is provided to referring agency on completion of home visits
Animal Welfare	<ul style="list-style-type: none"> • No action unless advice requested
Safeguarding of Children and Adults	<ul style="list-style-type: none"> • No action unless concerns of abuse are noted

Level 2 Clutter image rating 4 - 6	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
Property, structure, services and garden area	<ul style="list-style-type: none"> • Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open • Consider where the clutter is – i.e. round a heating source – i.e. fire / cooker
Household functions	<ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) scores between 4-5 on the clutter scale. • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside
Health and Safety	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food • No concerning use of candles • Resident trying to manage personal care but struggling • Inappropriate heating • CO detector
Safeguarding Children and Adults	<ul style="list-style-type: none"> • Hoarding on clutter scale 4 - 7 doesn't automatically constitute a Safeguarding Concern • Please note all additional concerns for householders

Level 2 Clutter image rating 4 - 6	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
	<ul style="list-style-type: none"> • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Concern under a different risk.
Animals and Pests	<ul style="list-style-type: none"> • Pets at the property are not well cared for • Resident is not unable to control the animals • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Sound of mice heard at the property • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, cockroaches, etc.) • Refer to RSPCA for advice and guidance.
Personal health and safety	<ul style="list-style-type: none"> • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Personal protective equipment required

Level 2	Actions In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCCURENCE
Agency holding the case	<ul style="list-style-type: none"> • Refer to landlord if resident is a tenant • Refer to Environmental Health • Raise an request to South Yorkshire Fire & Rescue to provide fire prevention advice • Provide details of garden services • Refer for support assessment • Referral to GP • Referral to debt advice if appropriate • Refer to Animal Welfare if there are animals at the property. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems where appropriate • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied with by occupier
Social Landlords	<ul style="list-style-type: none"> • Visit resident to inspect the property and assess support needs • Refer for housing related support. • Ensure residents are maintaining all tenancy conditions • Enforce tenancy conditions relating to residents' responsibilities if not engaging with support • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Practitioners	<ul style="list-style-type: none"> • Refer to "Self-Neglect and Hoarding Guidance for Practitioners - Questions to Ask"

Level 2	Actions In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCCURRENCE
	<ul style="list-style-type: none"> • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Educate adult regarding animal welfare if appropriate- seek advice from the RSPCA. • Provide advice / assistance with re-homing animals
Safeguarding Children and Adults	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted. • If other concerns of abuse are identified or have been reported, progression to safeguarding referral and investigation may be necessary.

Level 3 Clutter image rating 7 - 9	Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.
Property, structure, services and garden area	<ul style="list-style-type: none"> • Limited access and egress to the property due to extreme clutter • Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Interior doors missing or blocked open • Evidence of structural damage or outstanding repairs including damp • There may be evidence of internal damp and / or mould • Evidence of indoor items stored outside
Household functions	<ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment • Resident is using candles, electric or gas heating appliances - heating inappropriately • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates

Level 3 Clutter image rating 7 - 9	Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.
	<ul style="list-style-type: none"> • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement where applicable • Property is at risk of notice being served by Environmental Health
Health and Safety	<ul style="list-style-type: none"> • Human urine and or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates and dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health
Safeguarding of Children and Adults	<ul style="list-style-type: none"> • Hoarding on a clutter image scale of 7 – 9 constitutes a Safeguarding Concern • Please note all additional concerns for householders
Animals and Pests	<ul style="list-style-type: none"> • Animals at the property at risk due the level of clutter in the property • Resident may not able to control the animals at the property • Animal’s living area is not maintained and smells • Animals appear to be under nourished or over fed • Hoarding of animals at the property • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation • Refer to RSPCA
Personal Health and Safety	<ul style="list-style-type: none"> • Visits where Personal protective equipment (PPE) required: i.e. • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.

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

Level 3	Actions
	<ul style="list-style-type: none"> • Deliver multi-agency support plan to assist occupants to adhere to the tenancy agreement • Enforce tenancy conditions relating to resident's responsibilities • If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988 or other appropriate legal intervention available
Practitioners	<ul style="list-style-type: none"> • Refer to "Self-neglect and Hoarding Guidance for Practitioners - Questions to ask" (see Appendix 1) • Complete Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Attend the urgent multi-agency planning meeting on request • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to case holding agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Notify the RSPCA for further advice and guidance. • Visit property to undertake a wellbeing check on animals at the Property. • Remove animals to a safe environment • Educate adult regarding animal welfare if appropriate • Take legal action for animal cruelty if appropriate • Provide advice / assistance with re-homing animals
Safeguarding Adults	<ul style="list-style-type: none"> • Safeguarding Concern should progress to a multi-agency response and section 42 enquiry for any concerns abuse
Safeguarding Children	<ul style="list-style-type: none"> • Refer to Barnsley Children's social care if children or young people present within 24 hours

Hoarding Scoring tool

- 1) All properties that are rated between 7 and 9 on the clutter scale, must be referred in as a possible S42 concern and are likely to be managed by adult social care, initially but the allocated to the organisation with the strongest relationship and/or knowledge of the risks

Please share information if the adult is unable to prepare food/drinks, sleep in a chair or bed, access a toilet and unable to wash – either at a sink or in bath. The adult has a lot of combustible materials and is using candles, has an open fire or is using a camping stove

- 2) All properties rated between 4 – 6 may require a S42 response OR a multi- agency response if
 - a) The fire risks are significant and/or the adult has compromised ability to leave the property due to their physical and /or mental health
 - b) The rooms affected prevent the adult to prepare food and drinks, use the toilet and as result urine and faeces are being left in buckets/bags in the property
 - c) The physical condition of the property may leave the adult at risk of harm – e.g electrocution, falling through floors etc
- 3) Single agency response, initially, for properties rated 1- 3

The level of insight the adult has into the situation should be included in all referrals. PLEASE note if there are concerns that the adult may lack capacity then an assessment should be completed before this process is initiated

Hoarding Insight Characteristics

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

Good or fair insight:

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

Poor insight

The adult 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 Adult might recognise a storage problem but has little self – recognition or acceptance of their own hoarding behaviour.

Absent (delusional) insight

The Adult 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 Adult is completely accepting of their living environment despite it being a hoard and possibly a risk to health.

Detached with assigned blame

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

Appendix Three. Resources and Websites

RIPFA – working with people who hoard – helpful guide -

<https://www.researchinpractice.org.uk/adults/news-views/2017/april/working-with-people-who-hoard/>

Cloud's End CIC

Resources to help hoarders and housing associations dealing with hoarding

Help for Hoarders www.helpforhoarders.co.uk

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

OCD UK www.ocduk.org/hoarding

Information and support about Obsessive Compulsive Disorder, which includes hoarding

Hoarding UK www.hoardinguk.org

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

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.

SCIE – Social Care Institute for Excellence

https://www.scie.org.uk/atoz/?f_az_subject_thesaurus_terms_s=self-neglect&st=atoz

resources to assist work with adults who self-neglect and/or hoard

<https://www.scie.org.uk/search?sq=self+neglect> – Self neglect research findings.

<https://www.scie.org.uk/publications/guides/guide53/frontline-housing/self-neglect/> -

work with tenants who self-neglect or hoard

39 Essex Chambers – Carrying out and recording capacity assessments -

<https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2019/03/Mental-Capacity-Guidance-Note-Capacity-Assessment-Updated-March-2020.pdf>

Appendix Four. References

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Housing Act 2004 London HMSO <https://www.legislation.gov.uk/ukpga/2004/34/contents> (accessed 28.02.2018)

Human Rights Act 1988 London HMSO
<https://www.legislation.gov.uk/ukpga/1998/42/contents> (accessed 28.02.2018)

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Equality Impact Assessment

Title of policy or service:	Barnsley Safeguarding Adults Board Self-Neglect and Hoarding Policy.	
Name and role of officer/s completing the assessment:	Sarah MacGillivray. Designated Nurse Safeguarding Adults & Patient Experience, NHS Barnsley Clinical Commissioning Group. Chair of Pathways & Partnership Subgroup of Barnsley Safeguarding Adults Board.	
Date of assessment:	04.04.2018	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline																			
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>The purpose of this Policy and Procedure is to set out a framework to coordinate the responses of multiple agencies to people who self-neglect and/or hoard by maximising the use of existing services and resources and to create a safer and healthier environment for the individual and others affected by their self-neglecting and / or hoarding behaviour.</p> <p>Links to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">South Yorkshire Safeguarding Adults Procedures.</td> <td style="width: 50%;">Anti-Social Behaviour, Crime and Policing Act 2014</td> </tr> <tr> <td>Care Act 2014</td> <td>Environmental Protection Act 1990</td> </tr> <tr> <td>Fire and Rescue Services Act, 2004</td> <td>Housing Act 1985</td> </tr> <tr> <td>Housing Act 2004</td> <td>Human Rights Act 1988</td> </tr> <tr> <td>Mental Capacity Act 2005</td> <td>Mental Capacity Act Code of Practice, 2005</td> </tr> <tr> <td>Mental Health Act 2007</td> <td>Police and Criminal Evidence Act 1984</td> </tr> <tr> <td>Prevention of Damage by Pests Act 1949</td> <td>Public Health (Control of Disease) Act 1984</td> </tr> <tr> <td>Public Health Act 1936</td> <td></td> </tr> <tr> <td colspan="2">Department of Health and Social Care, 2014 (updated 2018) Care and Support Statutory Guidance.</td> </tr> </table>	South Yorkshire Safeguarding Adults Procedures.	Anti-Social Behaviour, Crime and Policing Act 2014	Care Act 2014	Environmental Protection Act 1990	Fire and Rescue Services Act, 2004	Housing Act 1985	Housing Act 2004	Human Rights Act 1988	Mental Capacity Act 2005	Mental Capacity Act Code of Practice, 2005	Mental Health Act 2007	Police and Criminal Evidence Act 1984	Prevention of Damage by Pests Act 1949	Public Health (Control of Disease) Act 1984	Public Health Act 1936		Department of Health and Social Care, 2014 (updated 2018) Care and Support Statutory Guidance.	
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Public Health Act 1936																			
Department of Health and Social Care, 2014 (updated 2018) Care and Support Statutory Guidance.																			

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	✓			Positive impact resulting from enhanced offers of support and professional tenacity resulting in broadening scope of help. Partner agencies to benchmark their ability to work with the new policy ahead of go live date of 01.06.2018	Potential reduction in harm resulting from self-neglect and hoarding.
Age	✓				
Carers	✓				
Disability	✓				
Sex		✓			
Race		✓			
Religion or belief		✓			
Sexual orientation		✓			
Gender reassignment		✓			
Pregnancy and maternity	✓				
Marriage and civil partnership		✓			
Other relevant groups		✓			

HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
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IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
Positive impact resulting from enhanced offers of support and professional tenacity resulting in broadening scope of help.	Partner agencies to benchmark their ability to work with the new policy ahead of go live date of 01.06.2018	Partners will report on state of readiness to utilise policy.	28.05.2018	Chair of P&P Sub group of BSAB

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	P&P Subgroup of BSAB	Date of next Review:	01.06.2020