(Barnsley Safeguarding Adults Boards) Self- neglect and/or Hoarding Policy

Document Version Control			
Version	**Date**	**Changes made By**	**Comments**
1.0	January 2024	Cath Erine	Final Version
2.0	September 2024	Cath Erine	Learning from Tony
2.1	October 2024	Cath Erine	Approved post P&P and published

Contents

Page	Content
2	Contents
3	Introduction and purpose of the policy
4	Voices of adults with lived experience. Care Act/Care Act guidance definitions
5 - 6	Factors leading to people struggling with self-neglect and/or hoarding
7 - 9	Mental capacity, executive capacity and assessments
10 - 11	Making a referral, decision making, multi-agency working and closing a case
11 - 12	Information sharing
12 –13	Multi-agency working and best practice principles
13-15	Person centred interventions
15-16	Animal Hoarding. Hoarding dos and don'ts -best practice guide
16 -18	Legal frameworks
19	Engaging with family and friends – Group around the Person model
20– 25	Roles, responsibilities, and powers of organisations who may be involved in the management of cases
APPENDICIES	
26– 35	Appendix 1 – Self Neglect Assessment Tool
36-38	Appendix 2 – Hoarding Clutter Ratings
39-46	Appendix 3 – Legal powers
46-47	Appendix 4 – Executive functioning assessment tool
48-49	Appendix 5- Have I done all I can checklists for workers
49-51	Appendix 6 – Mapping tools – can family and/or family help
51	Appendix 7 – Group around the Person meetings
52-54	Appendix 8 – Closure form
55	Appendix 9- Single points of contacts

1. Introduction to the Self Neglect and/or Hoarding Policy

This policy reflects national research, local learning, and best practice. It aims to support workers and volunteers to work in a person-centered way with the adult/their families and friends by working in partnership with all relevant organizations to achieve the best possible outcomes for people who self-neglect and/or hoard.

This policy applies to adults who have capacity to make decisions about their health and wellbeing. Adults who are unable to make decisions about their care and wellbeing should be assessed using the Mental Capacity Act/Best interests and related legal processes.

It is estimated that between 2% and 5% of the population experience varying degrees of hoarding and self-neglect. Some adults may struggle with either self-neglect or hoarding, some may struggle with both; for all situations it is essential that we adopt a person centered, multi-agency response. It may be that some individuals will not meet the eligibility criteria for services from agencies or organizations. Some may have been referred or may have self-referred to services with limited or no success. Learning from best practice and research shows that strong multi-agency work is key to meeting the adult's needs.

In many cases, an adult who hoards and/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.

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 produced by the Barnsley Safeguarding Children Partnership.

This policy and its tools cover adults, believed to have capacity to make the decisions causing concern, who self-neglect, hoard or both and all resources included in it apply to all three situations.

2 Purpose of the policy

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.
- Support the adult, their family, and friends to be actively involved in all discussions about the management of risk linked to the self-neglect and/or hoarding.

Voices of people who self-neglect.

- "(It) makes me tired ... I get tired because daily routines are exhausting me, to

do the simple things like get washed, put on clean clothes, wash my hair."

- "I don't have time to make a note of everything in the paper that has an interest to me and so I'm very fearful of throwing something away."

- "I'm drinking, I'm not washing; I wouldn't say I'm losing the will to live, that's a bit strong, but I don't care, I just don't care."

- "I got it into my head that I'm unimportant, so it doesn't matter what I look like or what I smell like."

Self-neglect can involve a wide range of behavior such as a lack of self-care and / or a lack of care of one's environment resulting in a significant risk to their health and wellbeing**. A key element of self-neglect is the refusal of support or services that would otherwise reduce or remove the risk of harm to them**.

Whilst everyone can make decisions that others may consider to be unwise, that is, to refuse support or services, practitioners and services must never dismiss self-neglect as a 'lifestyle choice.' People's circumstances, life histories or their reasons for not seeking or accepting help, may not always be clear or known, **but it will often be the case that people didn't really choose to live in this way.**

Self-neglect and hoarding: Is it really a choice, when:

- ***You don't see how things could be different?***
- ***You don't think you're worth anything different?***
- ***You didn't choose to live this way but adapted gradually to circumstances.***
- ***Your mental ill-health makes self-motivation difficult?***
- ***Impairment of your executive brain function makes your decisions difficult to implement.***

What is self-neglect?

The Care and Support Statutory Guidance (March 2020) states that self-neglect and hoarding is a form of abuse and neglect. It defines self-neglect as:

"… a wide range of behavior neglecting to care for one's personal hygiene, health or surrounding and includes behavior such as hoarding" (Section 14.17)

This may include people, either with or without mental capacity, who demonstrate:

- Lack of self-care (neglect of personal hygiene, nutrition, hydration and/health, thereby endangering their safety and wellbeing)
- Lack of care of one's environment (squalor and hoarding)
- Refusal of services that would mitigate the risk of harm.

Self-neglect can arise due to a range of mental, physical, social, and environmental factors. It may be a longstanding pattern or a recent change including loss/bereavement

or past trauma and/or low self-esteem with responses shaped by rationalisation, shame, or denial. However, contributing elements may include:

- a person's brain injury, dementia, or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which influences abilities, energy levels, attention span, organizational skills, or motivation
- reduced motivation as a side effect of medication.
- addictions
- traumatic life change.

Self-neglect involves the complex interplay of physical, mental, social, personal, and environmental factors, all of which must be explored 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: -

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.

Self-neglect may be related to deteriorating health and ability in older age, it is described as 'Diogenes syndrome.'

People who self-neglect may live in a whole range of diverse circumstances. They may for example, live in their own home, in care or health establishments, with friends or family, they may live street-based lives or live in other very different circumstances.

Lack of self-care

The following characteristics and behaviours are useful indicators of self-neglect:

- Living in very unclean home environment e.g., rubbish or waste not disposed of

- Physical or health needs are not met, causing them to deteriorate.
- Inadequate diet and nutrition, which impact on the person's health and wellbeing.
- Social interactions/visits have reduced or ceased.
- Finances not being managed.
- Prescribed medication is not taken regularly or declined.
- Refusing to allow access to health and/or social care staff in relation to care needs, health needs or property maintenance, or, being unwilling to attend appointments with relevant staff.

Lack of care for the adult's environment

Squalor

Squalor describes those situations where a person is living in extremely dirty, unhygienic, or unpleasant conditions that impact on their welfare or wellbeing. This may result from someone's inability to manage their environment due to their support needs. It may relate to hoarding behaviours; however, it may also relate to other reasons, life trauma, low self-esteem, dementia, obsessive compulsive disorder, learning disability or another similar condition.

Hoarding

Hoarding is a form of self-neglect behaviour. It involves acquiring or saving lots of things regardless of their objective value.

Someone who hoards, might:

- have very strong positive feelings whenever they get more items.
- feel upset or anxious at the thought of throwing or giving things away.
- find it extremely hard to decide what to keep or get rid of.

The reasons people hoard will vary from person to person and may result from underlying factors such as dementia or brain injury, or be triggered by significant life events, such as trauma and loss. However, it is recognised that hoarding can be a condition by itself, as well as sometimes being a symptom of other mental health problems.

Hoarding Disorder is a psychiatric condition associated with the distress of discarding possessions, and the impact this has on the person's ability to function and maintain a safe environment for themselves or others. The World Health Organization's International Classification of Diseases, 11th Edition (2018) defines hoarding disorder as "characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value". For more information, the NHS: Hoarding Disorder webpage provides useful information. **Local information - https://www.barnsley.gov.uk/services/housing/self-neglect-and-hoarding/**

In some cases, the accumulation of possessions can be symptoms of other mental health conditions, such as obsessive-compulsive disorder (OCD). This can occur for example, where a person feels they must check and recheck documents and therefore ignore piles of papers to avoid their checking rituals. Or a person with a contamination obsession may prevent them from touching things that have fallen to the floor, creating clutter in the home.

Similarly, someone may initially appear to display hoarding behaviour, but the underlying causes be related to difficulty processing information, difficulty performing tasks, low motivation, physical illness, or the impact of addictions for example. Workers should avoid assumptions about hoarding and seek to understand the reasons and work with the adult as an individual.

Mental Capacity

Establishing Mental capacity is a key factor in determining the responses required; if the adult has been assessed as lacking capacity decisions, the MCA legislation should be used to reach best interest decisions on a least restrictive basis. Until assessments are completed, the adult should be:

- Assumed to have capacity and their autonomy respected, workers' efforts should focus on building and maintaining supportive relationships through which services can in time be negotiated if required.

The information provided here cannot function as a full guide to best practice in relation to issues of mental capacity but serves to highlight some important areas of consideration when working with people who self-neglect.

The Mental Capacity Act principles

All work with people who self-neglect must have due regard to the Mental Capacity Act 2005, which is underpinned by five clear principles. It can be helpful to consider the principles in order. The first three principles support the process before or at the point of determining whether someone lacks capacity. If an adult is unable to make a decision principle 4 and 5 of the act must be used to inform any actions by workers.

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

Assessing mental capacity

The Act sets out a two-stage test mental capacity for whether someone lacks mental capacity to make a specific decision, at the time it needs to be made.

Section 2 of the Act states that: person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

Section 3 of the Act clarifies that:

For the purposes of section 2, 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 (for as long as required to make the decision).
- to use or weigh that information as part of the process of making the decision, or
- to communicate their decision (whether by talking, using sign language or any other means)

Thus, it is important to assess whether any inability in understanding, retaining, using, or weighing relevant information, or in communicating the decisions, results from an impairment or disturbance in the functioning of the mind or brain.

Furthermore, mental capacity is time- and decision- specific. This means that a person may be able to make some decisions but not others. A person's mental capacity to make a decision may also fluctuate over time.

It is also important to be aware however, that when assessing mental capacity people can be initially articulate and superficially convincing regarding their decision making but as issues are explored, may be unable to identify risks or understand how these could be addressed.

The Mental Capacity Act; Code of Practice should be referred to for further guidance.

Executive functioning

The term, 'executive functioning' refers to the ability to carry out decisions and intentions, for example in relation to one's own welfare. Where tasks involve several steps or decisions a person may have difficulties carrying these out if the person's mental processes involved are affected, for example, by brain injury or illness. This is commonly called 'executive dysfunction.'

Executive dysfunction may be evident when a person gives 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 the person cannot recall relevant information at the point when they might need to implement a decision that they have considered in the abstract.
This will be relevant to assessments of mental capacity as it raises the question as to whether someone can 'understand' and 'use or weigh relevant information' in the moment when a decision needs to be enacted.

For these reasons, assessments of capacity may need to be supplemented by real-world observation of the person's functioning and decision-making ability in order to provide the assessor with a complete picture of an individual's decision-making ability

It can also be helpful to not only ask the person to articulate what they would do, but to demonstrate how they would do something in practice.

Where a person is unable to carry out their expressed intentions, a key question in the mental capacity assessment is whether the person is aware of their own deficits – in other words, whether they are able to use and weigh (or understand) the fact that that there is a mismatch between their ability to respond to questions in the abstract and to act when faced by concrete situations.

This is a complex area and practitioners should seek advice from their lead practitioners, and legal advisers as and when required.

See Appendix 4 – Assessing Executive functioning (pages 46- 47)

Fluctuating capacity

Fluctuating capacity is when a person's ability to make a specific decision change frequently or occasionally. Such changes could result from the impact of a mental illness, physical illness, the use or withdrawal of medication, the use of illicit substances or alcohol.

Where an adult has fluctuating capacity, it may be possible to support them to appoint a lasting power of attorney or produce an advanced statement that sets out what they want to happen when they lack capacity in the future.

Unwise decisions

Circumstances of self-neglect will often involve decisions, including those to take actions, or not take actions or decline support that others consider unwise. However, a person is not to be treated as unable to make a decision merely because he makes an unwise decision. This applies even if family members, friends or healthcare or social care staff are unhappy with a decision.

There may be cause for concern, however, if somebody repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or makes a particularly unwise decision that is obviously irrational or out of character. These things may not necessarily mean that someone lacks capacity but there might be a need for further investigation, considering the person's past decisions and choices and the risks faced as a result of these decisions. It is essential that workers and volunteers continue to engage with the person to maintain a relationship and to provide evidence of attempts to mitigate the risks.

For example, further investigation may reveal whether a person may need more information to help them understand the options available to them or the consequences of the decision they are making; or whether the person has a mental disorder or illness that is impacting on their decision.

Referring and managing self-neglect and/or hoarding cases

What should I refer for a multi-agency response?

- Adults who you have worked with, unsuccessfully, to address their self-neglect and /or hoarding.
  OR
- Adults who have consistently refused all offers of services and support.
  AND
- The hoarding in the property is rated at a 6 or above **(using clutter scales – Appendix 2 pages 36 - 38**) and this is negatively impacting on their ability to eat, maintain hygiene and/or sleep.
  OR
- The adult is unable to maintain health, socialise, stay clean, etc. Using assessment tools at pages **25 – 35 (Appendix 1)**
- If the adult has one or more "red" risk or multiple amber risks a safeguarding referral should be completed, once a single agency attempts to mitigate the risks has been made.

How do I make a referral

- Complete the safeguarding adults concern form and attach the self-neglect assessment tool and /or clutter rating for each room and details of the clutter – what is the nature of the hoard (waste, clothes, furniture etc.) and what impact is this having on the adult's ability to sleep, eat, stay clean, socialise, exit the property. Comment on the general state of the property (unsafe electrics, damaged walls/floors, broken toilet, boiler etc.)
- Ideally the adult should know and give permission for the referral, however if the risk of serious harm is present you must inform the adult that because of your concerns you are going to make a referral to generate a multi-agency response. The adult should be offered

the opportunity to tell you what they would like to happen, and this should be recorded.

Decision about the referral

- Adult Social Care (ASC) will assess the referral and will decide if the referrals require a safeguarding enquiry (S42) or if a multi-agency response will be used to manage the risks. ASC will communicate their decision with you, via email, if you disagree with the decision, you can request a review.
- Individual records should be retained in all organisations to identify repeat concerns.

Multi-agency meeting/S42 planning meeting.

- The adult and/or their advocate must be invited to attend the meeting, and the meeting date/time and location should support their involvement.
- This meeting will be chaired by the most relevant organisation – e.g., adult social care, safer neighborhood, health etc. e.g., Health if the concerns relate to tissue viability, management of other health issue or Safer colleagues if the concerns are primarily about the safety of the adult's home.
- All organisations who are either involved with or can offer support to mitigate the risks should prioritise attendance and share details of
    - Their involvement, if any, with the adult
    - Risk assessments and risk management plans, including details of any approaches that proved successful.
    - What services/support they can offer
- A multi-agency risk assessment/risk management plan must be agreed, and it should include.
    - Details of which worker(s) will maintain contact with the adult/their advocate.
    - What risk management approaches will be taken and how this information will be shared with the wider organisations, including timescales?
    - When the risks will be reviewed and how – meeting/emails etc., this will include identifying any approaches that have been positively received to try and replicate these to address other risks.
    - A commitment to be involved in multiple meetings will be needed.
    - Escalation to senior managers if the risks continue to increase or organisations are seeking to withdraw involvement.
- Consider use of the Group around the Person (GAP) – meeting with family and friends to empower the adult to use a strengths-based approach to resolving the issues – Appendix 7, page 51)

Closing a case

- Cases can be considered for closure when: -
    - All red risks and most amber risks related to self-neglect have been addressed and the risks have been reduced.
    - The clutter ratings are 5 or below and the adult can access kitchen/bathroom/somewhere to sleep AND the risk of fire death/serious harm has been reduced.
    - The adult refuses to have any further contact with workers and will not consider use of the GAP meetings, in these cases each organisation should record this decision at senior manager level and place it on the adult's file. (See template closure form

Appendix 8 pages 52-54)

- A pathway to re-open the multi-agency response must be agreed by the meeting, including which organisation will take the lead for this work.

Information Sharing

Information governance should not be used as a barrier to share information 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 acting or sharing information. There may be circumstances where the adult is unable to give consent due to lack of capacity. A best interest decision must be reached using the Mental Capacity Act guidance.

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 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, seek advice from the organisation's Information Governance Lead. All information shared should use secure formats.
Self-neglect involves situations where a person places themselves at risk due to difficulties providing for their own health and care needs, and a reluctance or refusal to accept support. The impact or consequences of these decisions, however, may sometimes also place others at risk and there may be a need to act, to protect the rights and safety of others.

For example.

- A person living in circumstances of squalor could result in an environmental health risk to neighbours, as well as themselves. In such cases Environmental Health Services, Safer Communities, Adult Social Care alongside other key agencies such as housing must be invited to the multi-agency planning meetings. There may be actions required to protect others that are contrary to the person's own wishes.

- A person's hoarding behavior may result in a fire hazard to neighbours, as well as themselves. In such cases, South Yorkshire Fire and Rescue Service has a key role in multi-agency planning meetings to advise on appropriate responses, and actions may be required in the public interest.

- A person's self-neglect behaviour may pose a risk to a young child living in their direct care. In such cases, Barnsley Children's Services should be notified and if necessary, included within multi-agency planning meetings.

- Similarly, where living conditions impact on the safety and welfare of another adult with care and support needs within a household, Barnsley Council: Adult Social Care should be consulted on the need to follow the Safeguarding Adults Procedures/Self Neglect and Hoarding policy.

Hoarding of animals.

What is "Noah Syndrome"?

It's another way to describe a serious mental illness known as animal hoarding disorder. It is called Noah Syndrome after the Biblical figure, Noah, who built a giant ship and collected many animals.

Animal hoarding may be defined as the accumulation of a large number of animals along with a failure to provide at least the very minimum standards of nutrition, sanitation, and veterinary care. Hoarders often live in complete squalor; urine and faeces may stain the walls and floors, and the house itself may be deteriorating due to unsanitary conditions. Often, the people and animals in the house suffer from serious medical illnesses and, sadly, usually do not receive adequate medical treatment.

Why do adults hoard animals - categories

Overwhelmed caregivers have a strong attachment to their animals. They're often (but not always) socially isolated and sometimes falsely believe their situations are the result of a more recent change in their circumstances, like financial problems or issues with physical health. Caregivers tend to have fewer issues with intervention and appreciate help.

Rescue hoarders believe they're the only people that can adequately care for their animals. Their hoarding begins with a strong desire to save animals. They also may have an extensive network of enablers and are in complete denial about the dangerous or unhealthy conditions in which the animals are living.

Exploiter Hoarder is the most difficult to manage since it is likely that they may have a comorbid Antisocial Personality Disorder. This type of hoarder may have insight into their condition, but they have a lack of empathy for people or animals and may be motivated by financial gain. Due to their lack of emotional attachment to their animals, they may not fit the diagnostic criteria for hoarding disorder.

The Exploiter may benefit from treatment for their antisocial tendencies rather than the traditional treatments for animal hoarding.

When it comes to animal hoarding, there are some things we know for certain.

- Hoarding is about satisfying a person's need to accumulate animals and attempt to care for them, and this need becomes more important than the animals' needs.
- Approximately 50 percent of all hoarders live alone.
- Up to a quarter million animals — 250,000 per year — are victims of hoarding.

But **why** people hoard animals isn't an easy question to answer. Compulsive disorders were once entirely blamed for animal hoarding, but new research points to other complex human conditions. Depression, anxiety, and other forms of mental illness are often at play. A history of trauma and a triggering event may be the difference between three animals living in a dwelling and 33.

Genetics also may be a factor. In an early study of hoarding disorder, nearly 85 percent of the participants had a close relative with similar tendencies.
All hoarders feel an overwhelming sense of responsibility to protect their animals from society, so removing animals from someone's home can be an extremely difficult event to get through. It requires a lot of reassurance and patience."

Animal Welfare Act

Preventing animals suffering

This means enforcement agencies and our inspectors can now act by advising and educating owners before their pets suffer. If this advice is not followed or the animal's needs are not being met then action can be taken whether through a formal warning or in some cases a prosecution.

What does the law actually say?

Section 9 of the Animal Welfare Act places a duty of care on people to ensure they take reasonable steps in all the circumstances to meet the welfare needs of their animals to the extent required by good practice.
What does this mean for those responsible for animals?

- need for a suitable environment
- need for a suitable diet
- need to be able to exhibit normal behaviour patterns
- need to be housed with, or apart, from other animals
- need to be protected from pain, suffering, injury and disease.

Duty to report cruelty

If it is not possible to engage the adult in actions to improve the welfare of the animals, contact must be made with the RSPCA

RSPCA cruelty and neglect line on 0300 1234 999
Lines are open 8am - 8pm

Article 8 of the Human Rights Act allows for someone's right to his private and family life, his home and correspondence to be restricted, circumstances such as where necessary to protect public safety, health, or for the protection of rights and freedoms of others.

Where a person poses a risk to others, it remains important to work with them as far as possible to support them to bring about change in their circumstances. However, actions may be necessary that are contrary to their wishes, including the enforcement actions of agencies to protect the safety of others. Practitioners should seek to explain to the person the reasons for these actions.

Developing plans to manage the risk with the adult and other organisations.

The research identifies a range of approaches which can help build relationships and engagement when working with self-neglect/hoarding.

Themes

- **Building rapport** - Taking the time to get to know the person. Show acceptance and understanding – in contrast, do not display shock by

someone's situation – this can cause embarrassment, defensiveness, and a reluctance to engage.

- **Moving from rapport to relationships** - Avoid kneejerk responses to self-neglect. Do not jump in and take over. Seek to build relationships, talk through interests, history, and stories.

- **Finding the right tone -** Be honest whilst also being non–judgmental; separate the person from the behaviour.

- **Going at the individual's pace** - Moving slowly and not forcing things; this may mean talking about other things until the person is ready to talk about the evidence of self-neglect. Opening up can take time. Involvement over time makes a difference.

- **Agreeing a plan** - Making clear what is going to happen; this might mean starting with small steps – a weekly visit might be the initial plan.

- **Finding something that motivates the individual** – Seek to understand the person's interests and make links with these (For example, someone who is hoarding for environmental reasons might be interested in recycling initiatives;

and someone who cares for their pets may consider improvements to their living space for the benefit of the pets)

- **Starting with practicalities** - Providing practical help with small tasks at the outset may help build trust.

- **Bartering** – Involves linking practical help to another element of agreement; – I could help with this… If you could….

- **Focusing on agreements reached** - Finding something to be the basis of the initial agreement, this can be used to agree further actions.

- **Keeping company** - Being available and spending time to build up trust.

- **Straight talking** - Being honest about risks and potential consequences

- **Finding the right person** – Identify those people who are likely to be able to positively engage with the person at risk. Those people with established relationships might be able to act as a bridge to support new relationships.

- **Adopt strength-based approaches**. Learning from research identifies that people who used services emphasised their own resilience and determination in coping with the circumstances that had led to self-neglect. They felt that practitioners did not often recognise these qualities, focusing instead on the highly visible signs of neglect, and they valued practitioners who recognised and worked with the strengths they had.

- **External levers** - Recognising where relevant and appropriate, the possibility of enforcement action. This usually works best as part of a plan of support.

Person centered interventions.

Interventions will need to be unique to the situation but will require worker to **"Be there for the adult,"** for example.

- Maintaining contact; building relationships
- Monitoring risk and wellbeing
- Identifying opportunities and motivations

Practical assistance, for example

- Help to support with daily living activities e.g., safe food storage or preparation areas; that improve wellbeing and reduce risks whilst providing opportunities to build up trust.
- Assistance and support look after the welfare of pets

Risk reduction, for example

- Fire safety measures – addressing immediate risks, including those caused by

smoking in unsafe environments.

- Responses to immediate health risks e.g., preventative actions relating to deteriorating health conditions, such as skin integrity, diabetes and or safe use of medication.
- Adaptations and repairs to the home that make the accommodation more habitable, safer and help build trust.
- Safe substance use schemes (support for a set level of consumption)

Therapeutic interventions, for example

- Support with specific mental health conditions or support to change the way in which an individual might think about themselves.

Change of environment, for example

- Moving home (together with support to minimise the risk of future environments deteriorating)
- Short-term respite

Building social networks and interests, for example

- Building upon the person's interests, including any that led to self-neglect.
- Reducing social isolation
- A forward-looking focus on lifestyle, companionship, and activities (helping to let go of / replace previous lifestyles).

Cleaning / clearing, for example.

- Deep cleaning or removal of hoarded material (this will work best when done in agreement and as part of an overall planned intervention). Sometimes a partial reduction will be more easily achievable – the aim is proportionate risk reduction.

Health matters, for example

- Assistance with specific health conditions; GP / medical appointments

Enforced action, for example.

- Setting boundaries on risks to self and others
- Recognising and working with the possibility of enforcement action

Care and support, for example

- As self-neglect can be associated with poor physical functioning a key intervention can be assistance with activities of daily living. For example:
    - Support with bills and paperwork –including identification of additional benefits or sources of income.
    - Negotiations around assistance with cleaning, laundry, medication management and personal care
    - Prompting around daily living tasks.

- Agencies will need to work with people to offer support in ways the person feels able to accept.

Tools to assist this work are in appendix 1 and 6.

Hoarding – Do's and Don'ts when talking to someone about their home

Do:

Imagine yourself in that person's shoes. How would you want others to talk to you to help you manage your anger, frustration, resentment, and embarrassment?

Match the person's language. Listen for the individual's manner of referring to his/her possessions (e.g., "my things," "my collections") and use the same language i.e., "your things," "your collections").

Use encouraging language. In communicating with people who hoard about the consequences of hoarding, use language that reduces defensiveness and increases motivation to solve the problem (e.g., "I see that you have a pathway from your front door to your living room. That's great that you have kept things out of the way so that you don't slip or fall. I can see that you can walk through here well by turning sideways. The thing is that somebody else that might need to come into your home, like a fire fighter or an emergency responder, would have a pretty tough time getting through here. They have equipment they are usually carrying, and fire fighters have protective clothes that are bulky. It's important to have a pathway that is wide enough so that they can get through to help you or anyone else who needs it. Health and Safety regulations require for exits to be clear, your support in this may prevent serious injury to you or another member of your household."

Highlight strengths. All people have strengths, positive aspects of themselves, their behaviour, or even their homes. A visitor's ability to notice these strengths helps forge a good relationship and paves the way for resolving the hoarding problem (e.g., "I see that you can easily access your bathroom sink and shower," "What a beautiful painting," "I can see how much you care about your cat.")
Focus the intervention initially on safety and organisation of possessions and later work on discarding. Discussion of the fate of the person's possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation.

Do Not:

Use judgmental language. Like anyone else, individuals with hoarding will not be receptive to negative comments about the state of their home or their character (e.g., "What a mess!" "What kind of person lives like this?") Imagine your own response if someone came into your home and spoke in this manner, especially if you already felt ashamed.

Use words that devalue or negatively judge possessions. People who hoard are

often aware that others do not view their possessions and homes as they do. They often react strongly to words that reference their possessions negatively, like "trash," "garbage" and "junk."

Let your non-verbal expression say what you are thinking. Individuals with compulsive hoarding are likely to notice non-verbal messages that convey judgement, like frowns or grimaces.

Make suggestions about the person's belongings. Even well-intentioned suggestions about discarding items are unlikely to be positively received by adults who are hoarding.

Try to persuade or argue with the person. Efforts to persuade individuals to make a change in their home or behaviour often have the opposite effect – the person talks themselves into keeping the items. This does not preclude you from working with someone over a prolonged period to build rapport and enable them to take the lead in taking small steps towards achieving a safer environment. It is helpful to respectfully challenge views and decisions and express concerned curiosity about unwise decisions without arguing or active persuasion.

Touch the person's belongings without explicit permission. Those who hoard often have strong feelings and beliefs about their possessions and often find it upsetting when another person touches their things. Anyone visiting the home of someone with hoarding should only touch the person's belongings if they have the person's explicit permission.

Self-neglect: Legal Frameworks

All public bodies must act fairly, proportionately, rationally and in line with the principles of the Human Rights Act 1998, the Care Act 2014, and the Mental Capacity Act 2005. These provisions, summarized here, however wider legislation such as the Mental Health Act 1983 may also be an important consideration in individual cases, and relevant provisions of wider legislation are listed in Appendix 1.

Human Rights Act 1998

Public authorities must not act in a way that is incompatible with Human Rights; and wherever possible, existing laws must be applied in a way that fits with these rights.

A summary of key articles of the European Convention on Human Rights is included within the appendix, refer to Equality and Human Rights Commission www.equalityhumanrights.com for a full description and explanation of each article.

Article 8 and First Protocol Article 1

Article 8: Right to respect for a private and family life.

1. Everyone has the right for his private and family life, his home, and his correspondence.

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

The First Protocol Article 1 – Protection of Property

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

2. This provision does not, however, impair the right of the State to enforce such laws as it deems necessary to control the use of property in accordance with the general interest or to secure payment of taxes or other contributions or penalties.

For a public body to interfere with these rights, the actions would need to be lawful, necessary, and proportionate. An action is 'proportionate' when it is appropriate and no more than necessary to address the problem concerned. Where a person lacks mental capacity, decisions should be compliant with the Mental Capacity Act 2005.

Specific responsibilities of local authorities

The Care Act 2014 and Care Act guidance places specific duties on the Local Authority in relation to self- neglect:

(i) Assessment (Care Act 2014, Section 9 and Section 11). The Local Authority must undertake a needs assessment where it appears that the adult may have needs for care and support. In the event of their refusal, the duty to assess still applies if they are experiencing, or at risk of, self-neglect or if they lack capacity to decide and the assessment is in their best interests.

If a person refuses an assessment of need in situations of self- neglect, this may indicate the need for a safeguarding enquiry alongside Section 11(2) duty to carry out a needs assessment.

ii) Carers' Assessments (Care Act 2014, Section 10)

Carers are entitled to an assessment of their need for support as set out in Section 10 of the Care Act 2014. This entitlement would apply even where the person self-neglecting, is declining an assessment or support from the local authority or other agencies.

(iii) Safeguarding enquiry (Care Act 2014, Section 42)

When a Local Authority has reasonable cause to suspect that an adult with care and

support needs is experiencing, or is at risk of, self-neglect, and as a result of these needs, is unable to protect himself or herself against self-neglect, or the risk of it, the Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case,

The Care and Support Statutory guidance further states:

"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."

iv) Duty to cooperate (Care Act 2014, Section 6 and Section 7**)**

General Duty (Section 6)

Local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority in the exercise of its respective functions relating to adults with needs for care and support and carers.

Section 6(3) sets out examples of persons with whom a local authority may consider it appropriate to co-operate:

- a person who provides services to meet adults' needs for care and support, services to meet carers' needs for support or services, facilities, or resources.
- a person who provides primary medical services, primary dental services, primary ophthalmic services, pharmaceutical services, or local pharmaceutical services under the National Health Service Act 2006.
- a person in whom a hospital in England is vested which is not a health service hospital as defined by that Act.
- a private registered provider of social housing.

Co-operating in specific cases (Section 7)

Where cooperation between parties set out in Section 6, is sought from the other in relation to an individual with needs for care and support or in the case of a carer, a carer of a child or a young carer, each party must comply with the request unless it considers that doing so—

(a) would be incompatible with its own duties, or
(b) would otherwise have an adverse effect on the exercise of its functions.

v) Representation and advocacy (Care Act 2014, Section 67 and Section 68**)**

If an adult has a substantial difficulty in understanding or engaging with an assessment or safeguarding enquiry, the local authority must ensure that there is a friend or family member to facilitate their involvement; and if there is not, must arrange for an independent advocate.

Engaging with the adult at risk: family/unpaid carers

Working closely with family members/unpaid carers can be an essential element of achieving effective engagement with the person at risk, and in providing support that reduces risks and improves personal circumstances.

The family member / unpaid carers should be involved with their consent or in their best interests under the Mental Capacity Act 2005. There may also be occasions were involving a person's family members / unpaid carers without consent is a proportionate act considering Article 8 of the Human Rights Act.

Be aware that relatives and unpaid carers:

- Have unique relationships with the person at risk that may support positive engagement with practitioners.
- Will be able to support assessments of need and risk.
- Will have a unique understanding of the person's history and motivation.
- May provide ongoing support or be key to the provision of support in the future.

Practitioners should consider the following when working with relatives and unpaid carers:

- Ensure the person at risk is aware and wherever possible consents to the proposed role of the relative / unpaid carer in his/her care/treatment plan.
- Offer/carry out carers' assessments if relatives are providing care or support.
- Involve the relative / unpaid carer in the development of any care and support plan. Consider if it is appropriate to invite relatives / unpaid carer to meetings or develop other ways of involving them in planning.
- Ensure the carer's role and responsibilities are recorded on formal care and support plans.
- Check that they are willing and able to provide care and support.
- Provide them with necessary support, training, information to do complete what is expected of them.
- Mentor/supervise to ensure they understand and have the skills they need.
- Explore the dynamics between family members – these may underpin the person's self-neglecting behaviours and influence their decision making.
- Recognise that relatives/unpaid carers may have shared life experiences with the person who is self-neglect.
- Consider use of the Group around the Person model – SEE Appendix 7 for more information.

When the person with mental capacity does not give consent to engage with a relative / unpaid carer, the carer however is nonetheless still entitled to a carer's assessment in relation to their own needs If they raise concerns in their own right, or

if they have made the referral about the self-neglect, these concerns should still be discussed and their concerns heard.

Key Agencies Roles, Responsibilities and Powers

Given the complex and diverse nature of self-neglect and/or hoarding, responses by a range of organisations are likely to be more effective than single agency responses. Sharing information between organisations will usually require the person's consent and each organisation may have to consider when it is appropriate to share information without the person's consent, for example, if there is a public or vital interest. There is an expectation that all relevant agencies engage in full partnership working to achieve the best outcomes for the adult at risk. The following roles, responsibilities and statutory powers 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 challenge, advice and escalation routes should be in place in all organisations. BSAB has an escalation process if resolution cannot be agreed between organisations – https://www.barnsley.gov.uk/media/naahkstx/multi-agency-escalation-policy.pdf - If the case is within a S42 enquiry and the risks continue to escalate, BMBC legal services should be asked to provide advice.

Barnsley Hospital/Emergency Department (BHNFT)

The complex nature of self-neglect and hoarding often has a negative impact on an individual's health and wellbeing, which doesn't just affect the individual but impacts on the health of the wider community as it can affect relationships with family and neighbours. This can lead to people feeling isolated and vulnerable to abuse.

In addition to this, individuals who self-neglect or live in properties where hoarding occurs are frequently admitted to the emergency department with falls and infections due to cluttered and unsanitary living conditions. The admission period is also often considerably longer owing to the complexity of the discharge planning required. The longer length of stay can increase the risk of developing hospital acquired infections and impacts on the bed availability in hospitals.

The Trust discharge and safeguarding teams are alerted by Yorkshire ambulance service if a patient is brought to hospital via ambulance where there is evidence of self-neglect and hoarding.

Should there be evidence of self-neglect or hoarding present when an individual attends Barnsley Hospital Emergency Department staff have been trained to identify signs and will discuss with the person, to establish concerns and wishes. Staff throughout the Trust are expected to complete a concern form to alert adult social care of concerns and how they can help. Additionally, should the individual need to be admitted then the discharge team will coordinate a multi-disciplinary approach to safe discharge planning. An alert is also added to the patients' electronic notes to alert clinical staff should the patient attend the hospital again.

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 hoarded 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, all relevant 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.

Environmental Health Service (EHS)

Environmental Health Officers have a range of powers 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. 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 EHOs specialising in housing standards are an integral part of the Safer Communities Housing & Community Safety Team.

Housing Providers

<u>Housing Law - Under Part 1 of the Housing Act 2004</u>

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 / Berneslai 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 but 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.

<u>Homeless Reduction Act 2018</u>

Five 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.
    b.

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.

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.

Housing Options (Homelessness Service)

Housing Options provide a statutory homelessness service in Barnsley. Where homelessness is a risk because 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.

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 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 any care provided in line with 'Best interest' principles (Section 4 MCA). Interventions must in line with MCA, and specialist advice sought to ensure that any actions do not trigger deterioration in their health or wellbeing.

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. SWYPT 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 via 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 their involvement in discussions or meetings will be beneficial. Community

nursing services can provide support around management of clinical issues (diabetes, skin integrity etc.)

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 were 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 depend upon the urgency of the situation.

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.

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.

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.

Department for Work and Pensions

Many adults who self-neglect and /or hoard may struggle to leave their homes and may be refused benefits on the grounds of non-attendance. The DWP offer a home visiting service to adults who will struggle to attend the office for a visit and all assessments should include questions about the adult's financial situation and whether they would benefit from this service.

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 are received, and action taken on dangerous appliances.

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.

Self-Neglect assessment tool – Appendix 1

Physical Wellbeing & Medication

Risk level	Indicating factors	X if applies	Rationale behind this decision
No identified risk	The individual is accepting healthcare intervention		
	The individual is taking prescribed medication		
	No evidence of dehydration/weight loss		
	No evidence of infection/diarrhoea/vomiting/other which is impacting on their health and wellbeing		
	No evidence of untreated skin conditions such as ulcers, skin sores etc. which is impacting on their health and wellbeing		
Any other risks identified			
Low risk	Sporadic acceptance of healthcare intervention - no identified impact on their health and wellbeing currently		
	Sporadic taking of prescribed medication - no identified impact on their health and wellbeing currently		
	The individual is not consistently eating and some evidence of dehydration/weight loss - no identified impact on their health and wellbeing currently		
	Some evidence of infection/diarrhoea/vomiting/other - no identified impact on their health and wellbeing currently		
	Some evidence of untreated skin conditions such as ulcers, skin sores etc - no identified impact on their health and wellbeing currently		
Any other risks identified			
Moderate risk	Sporadic acceptance of healthcare intervention which is having a negative impact on their health and wellbeing		
	Sporadic taking of prescribed medication which is having a negative impact on their health and wellbeing		
	The individual is not consistently eating and some evidence of dehydration/weight loss which is having a negative impact on their health and wellbeing		

	Some evidence of infection/diarrhoea/vomiting/ which is having a negative impact on their health and wellbeing		
	Some evidence of untreated skin conditions such as ulcers, skin sores etc. which is having a negative impact on their health and wellbeing		
Any other risks identified			
High risk	The individual is declining healthcare intervention which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm E.g., evidence of open wounds and refusing to consent to treatment.		
	The individual is refusing to take prescribed medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm.		
	Evidence of significant dehydration/weight loss which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm.		
	Evidence of infection/diarrhoea/vomiting/other which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Evidence of untreated skin conditions such as ulcers, skin sores etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
Any other risks identified			

Mental Health/Wellbeing

Risk level	Indicating factors	X if applies	Rationale behind this decision
No identified risk	No concerns regarding mental health		
	The individual is accepting health/support services		
	The individual is attending health/support appointments		
	Taking prescribed medication		
Any other risks identified			
Low risk	Some concerns regarding mental health - no identified impact on their health and wellbeing currently		

	Attendance at health/other appointments is sporadic. - no identified impact on their health and wellbeing currently		
	Sporadic engagement with support services - no identified impact on their health and wellbeing currently		
	Not consistently taking medication – no identified impact on health and wellbeing currently		
Any other risks identified			
Moderate risk	Some concerns regarding mental health which is having a negative impact on their health and wellbeing		
	Attendance at health/other appointments is sporadic which is having a negative impact on their health and wellbeing		
	Sporadic engagement with support services which is having a negative impact on their health and wellbeing		
	Not consistently taking medication which is having a negative impact on their health and wellbeing		
Any other risks identified			
High risk	Concerns regarding mental health which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Attendance at health/other appointments is sporadic which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Sporadic engagement with support services which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Not consistently taking medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Risk of Mental Health Crisis		
Any other risks identified			

Managing and Maintaining Nutrition

Risk level	Indicating factors	X if applies	Rationale behind this decision
No identified risk	The individual is aware of own nutritional needs and can manage and maintain nutritional needs independently.		
	No evidence of weight loss/weight gain		
	Kitchen space is uncluttered, and the environment is clean		
	Kitchen appliances suitable to persons needs are used as and when required		
Any other risks identified			
Low risk	The individual has some awareness of nutritional needs - no identified impact on their health and wellbeing. currently		
	Some evidence of weight loss/weight gain (consider health related issues). No identified impact on their health and wellbeing currently		
	Kitchen space is becoming cluttered and evidence that the person is not able to keep the environment clean. No identified impact on their health and wellbeing currently		
	No usable appliances such as fridge freezer, cooker, microwave, kettle, toaster etc. No identified impact on their health and wellbeing currently		
	Food sometimes isn't a priority compared to Alcohol or drugs which results in missing meals and or not having food available.		
Any other risks identified			
Moderate risk	The individual has some awareness of nutritional needs, can access some food but this can be inconsistent which is having a negative impact on their health and wellbeing		

	Some evidence of weight loss/weight gain (consider health related issues) which is having a negative impact on their health and wellbeing		
	Kitchen space is becoming cluttered and evidence that the person is not able to keep the environment clean which is having a negative impact on their health and wellbeing		
	No usable appliances such as fridge freezer, cooker, microwave, kettle, toaster etc. which is having a negative impact on their health and wellbeing		
	Food regularly isn't a priority compared to Alcohol or drugs which results in missing meals and or not having food available.		
Any other risks identified			
High risk	Evidence that food and drink is not a priority which is leading to concerns such as dehydration/malnutrition/significant weight loss etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	No evidence of food in the property or evidence of mouldy and out of date food items which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Kitchen area is not usable due to unsanitary conditions or clutter which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	The individual is not able to use appliances (or no useable appliances) such as fridge freezer, cooker, microwave, kettle, and toaster independently and refuses support which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Food is rarely a priority compared to Alcohol or drugs which results in missing meals and or not having food available.		
Any other risks identified			

Maintaining Personal Hygiene/Being Appropriately Clothed

Risk level	Indicating factors	X if applies	Rationale behind this decision
No identified risk	Evidence that the person is maintaining their personal hygiene		

	The individual is appropriately clothed for the weather. For example, the person is clean, bathed and groomed regularly with clean, weather appropriate clothes		
Any other risks identified			
Low risk	Is unable to maintain regular personal hygiene. - no identified impact on their health and wellbeing currently		
	The individual is wearing inappropriate clothing for the weather - no identified impact on their health and wellbeing currently		
Any other risks identified			
Moderate risk	Is unable to maintain regular personal hygiene which is having a negative impact on their health and wellbeing		
	The individual is wearing inappropriate clothing for the weather which is having a negative impact on their health and wellbeing		
	Limited number of clothes available to change them according to the weather and or wash them.		
Any other risks identified			
High risk	Consistently fails to maintain personal hygiene which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Wearing clothes inappropriate for the weather which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	No change of clothes available to change them according to the weather and or wash them.		
Any other risks identified			

MANAGING TOILET NEEDS

Risk level	Indicating factors	X if applies	Rationale behind this decision
No identified risk	The individual can manage and maintain own toileting needs		

	No evidence of skin breakdown		
	No identified risk to people providing support or services		
	Has full access to bath/bathroom appliances		
Any other risks identified			
Low risk	Maintaining toileting needs is sporadic some evidence of faecal matter and urine - no identified impact on their health and wellbeing currently		
	Slight evidence of skin breakdown - no identified impact on their health and wellbeing currently		
	Some identified risk to people providing support or services because of individual's ability to meet toileting needs – no identified impact on their health and wellbeing currently		
	No usable and or accessible bath/bathroom appliances - no identified impact on their health and wellbeing currently		
Any other risks identified			
Moderate risk	Maintaining toileting needs is sporadic some evidence of faecal matter and urine which is having a negative impact on their health and wellbeing		
	Evidence of skin breakdown which is having a negative impact on their health and wellbeing		
	Evidence of faecal matter and urine which is having a negative impact on the health and wellbeing of others including people providing support or services		
	No usable and or accessible bath/bathroom appliances which is having a negative impact on the health and wellbeing of others including people providing support or services		
Any other risks identified			
High risk	Maintaining toileting needs is sporadic some evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		

	Evidence of skin breakdown which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	No usable and or accessible bath/bathroom appliances which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
Any other risks identified			

Maintaining a Habitable Home

Risk Level	**Indicating Factors**	**X if applies**	**Rationale behind this decision**
No identified risk	Property is well maintained, usable and safe		
	Amenities such as heating, electricity and water are all usable and in fully working order		
	Fully usable kitchen and bathroom, appliances are safe and in working order		
	Organisations with an interest in the property, for example, staff working for utility companies (water, gas, and electricity), housing services etc. have full access as required		
	No evidence of infestations such as rats, vermin, flies, maggots etc.		
	Animals in the property are well cared for and are not a concern for the individual		
Any other risks identified.			
Low risk	Some evidence of neglecting household maintenance with no identified impact on health, wellbeing, and safety currently		
	Amenities such as heating, electricity and water may show signs of needing some maintenance or repair, no identified impact on their health and wellbeing at this time		
	Evidence of hoarding		

	Not consistently allowing access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services etc. with no identified impact on their health and wellbeing currently		
	Some evidence that animals within the property are not being fully cared for, no identified impact on the individual's health and wellbeing at this time. (Contact RSPCA for advice)		
	Risk of homelessness.		
Any other risks identified			
MODERATE RISK	Evidence of neglecting household maintenance and therefore creating hazards which is having a negative impact on their health and wellbeing		
	Amenities such as heating, electricity and water need maintaining which is having a negative impact on the health and wellbeing of the individual and others including people providing support or services		
	Evidence of hoarding		
	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 etc., which is having a negative impact on their health and wellbeing		
	Some evidence of infestations such as rats, vermin, flies, maggots etc. which is having a negative impact on their health and wellbeing (Contact Environmental Health)		
	Failure to meet animal(s) needs which is having an impact on the individual's health and wellbeing (Contact RSPCA for advice 0300 1234999)		
	Homeless but using services / hostels to prevent from sleeping rough.		
Any other risks identified			
High risk	No essential amenities which are compromising and impacting on their health and wellbeing and result in significant or life-threatening harm.		
	Evidence of hoarding which prevents safe use of any amenities within the home which could compromise and impact on health and wellbeing and result in significant or life-threatening harm.		
	Evidence of infestations such as rats, vermin, flies, maggots etc. which could compromise and impact on the individual's health and wellbeing and result		

	in significant or life-threatening harm (Contact Environmental Health)		
	Risk of fire which could compromise and impact on the health and wellbeing of the individual or another person visiting, (including people providing support or services), and result in significant or life-threatening harm. Contact SYFR who will visit the person and offer support, information, and appropriate interventions - https://www.syfire.gov.uk/contact/.		
	Failure to meet animal(s) needs which is compromising and impacting on the individual's health and wellbeing and result in significant or life-threatening harm (Contact RSPCA)		
	Living areas are not usable due to unsanitary conditions or clutter which is compromising and impacting on the individual's health and wellbeing and result in significant or life-threatening harm.		
	Neglecting household maintenance to the extent that the property becomes dangerous e.g., unsafe gas, electric, water or structural damage (unsafe floorboards, roof etc.) which is compromising and impacting on the health and wellbeing of the individual or another person visiting, (including people providing support or services). The extent of which may result in significant or life-threatening harm.		
	Homeless, sleeping rough and impacting on their safety.		
Any other risks identified			

FINANCIAL/BENEFITS

Risk Level	Indicating Factors	X if applies	Rationale behind this decision
No identified risk	The individual can manage and maintain own finances		
	No evidence of		
	No identified risk to people providing support or services		
	Has full access to bath/bathroom appliances		
Any other risks identified			

Low risk	Finding it hard to cope with finances, may require support but not impacting on wellbeing.		
	Requires support in identifying and applying for any benefits that they may be intitled to.		
Any other risks identified			
Moderate risk	Finding it increasingly hard to cope with finances, requires support as it is impacting on wellbeing.		
	Requires support in identifying and applying for any benefits that they may be intitled to.		
	Makes unwise financial decisions but not impacting significantly.		
Any other risks identified			
High risk	Unable to cope with finances, requires support as it is having a significant impacting on their wellbeing.		
	No current income and at extreme risk of exploitation.		
	Makes unwise financial decisions and impacting significantly on ability to pay bills and buy food.		
Any other risks identified			

Risk assessment and referral summary

Please mark an 'x' below to indicate the highest level of risk recorded.

	No indicators higher than low risk
	No indicators higher than moderate risk
	ANY of the indicators are of HIGH RISK

Further comments/ Decision making Rationale

Appendix 2: Clutter Index Rating

As people may have vastly different understandings of what a cluttered home may be, it can be difficult to effectively communicate the concerns about someone's circumstances. The clutter index seeks to remove the subjective element of assessment.
The clutter index provides images for a kitchen, bathroom and living room, to support assessment of the situation.

The images and rating (1-9) can be a highly effective tool for communicating concerns and in supporting the assessment of risk to people living in that environment.

Clutter Image Rating – Kitchen

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

Level 1

1

2

3

Level 2

4

5

6

Level 3

7

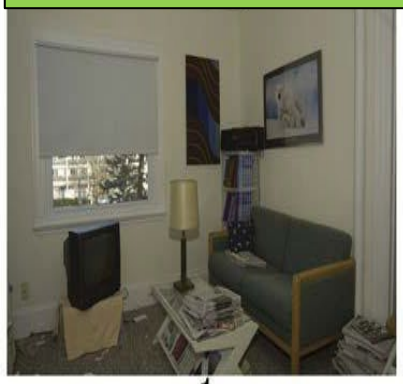
8

9

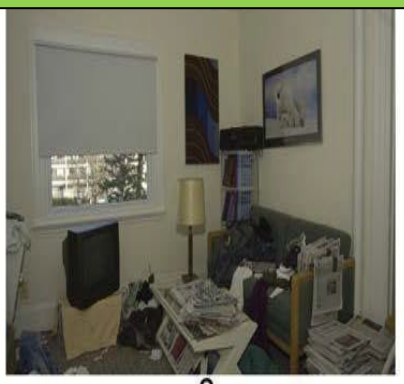
Clutter Image Rating: Living Room

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

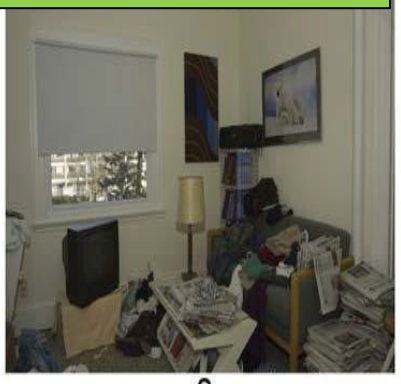
Level 1



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 the room.

Level 1

1

2

3

Level 2

4

5

6

Level 3

7

8

9

Appendix 3: Legal powers of intervention

1. Introduction

This guide is a source of reference. It outlines common legislation and protective measures that can help to safeguard adults experiencing self-neglect. Use of legal powers can help bring about change, however enforcement powers usually have the most success when they are part of a planned approach, complemented by other forms of support.

This summary will not be fully comprehensive, however. The range of circumstances within which a person may be subject to abuse are diverse and other legislation may be relevant. Furthermore, the law is subject to continual change by means of new legislation and case law.

The purpose of this practice guide is to signpost practitioners to relevant common legislation. It is not a replacement for legal advice.

2. Human Rights Act 1998

The Human Rights Act makes it unlawful for a Public Authority to act incompatibly with the European Convention on Human Rights unless an Act of Parliament meant it could not have acted differently.

A summary of key articles of the European Convention on Human Rights is included here. Refer to the Equality and Human Rights Commission www.equalityhumanrights.com for a full description and explanation of each article.

- **Article 3 – Right to Live Free of Inhuman and Degrading Treatment**

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

- **Article 5: Right to liberty**

Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law.

- **Article 8: Right to respect for a private and family life.**

Everyone has the right for his private and family life, his home, and his correspondence… There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety, or the

economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

For a public body to interfere with this right, the actions would need to be lawful, necessary, and proportionate. An action is 'proportionate' when it is appropriate and no more than necessary to address the problem concerned.

- **The First Protocol Article 1 – Protection of Property**

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

This provision does not, however, impair the right of the State to enforce such laws as it deems necessary to control the use of property in accordance with the general interest or to secure payment of taxes or other contributions or penalties.

Again, for a public body to interfere with this right, the actions would need to be lawful, necessary, and proportionate. An action is 'proportionate' when it is appropriate and no more than necessary to address the problem concerned.

3. Environmental health

Local authority environmental health departments have powers/duties to deal with waste and hazards. Principal legislation is noted below for reference and Environmental Health Officers should be consulted in relation to their remit and powers in relation to individual cases.

- **Environmental Protection Act 1990**

Local authority environmental health departments have powers of entry to premises in respect of statutory nuisances.

Statutory nuisance is defined in section 79 of the Environmental Protection Act 1990 (EPA 1990) as '...any premises in such a state as to be prejudicial to health or
a nuisance '.

'Prejudicial to health' is defined as '... injurious, or likely to cause injury, to health'. This means that both actual and potential injury to health is covered by the Act.

A local authority has a duty to serve an abatement notice if a statutory nuisance exists (Section 80). If the notice is not complied with, the local authority may itself take action to address the nuisance.

In relation to residential premises 24-hour notice must be provided unless it is an emergency. An emergency would be considered to apply where there is reasonable cause to believe that circumstances exist that are likely to endanger health and that immediate entry is required.

- **Public Health Act 1936**

Where a local authority is satisfied that any premises are:

- in such a filthy or unwholesome condition as to be prejudicial to health, or
- verminous

The local authority officer will give notice to the owner or occupier requiring them to take such steps as specified to remedy the condition by cleansing and disinfecting them, or in the case of verminous premises taking such steps as to remove or destroy the vermin.

If the person fails to comply with the requirements, the local authority may themselves carry the requirements and recover expenses incurred. The person may also receive a fine.

Other duties and powers exist as follows:

- Local Authorities have a duty to act against occupiers of premises where there is evidence of rats or mice under the Prevention of Damage by Pests Act 1949.

4. Anti-Social Behavior

The Anti-Social Behavior, Crime and Policing Act 2014 provides for both injunctions and Community Protection Notices

Injunctions

Section 1 states that a civil injunction can be obtained if the court is satisfied that the person against who the injunction is sought has engaged or threatens to engage in anti-social behavior and that it just and convenient to grant the injunction for the purpose of preventing the respondent from engaging in anti-social behavior.

The effect of an injunction may for the purpose of preventing the respondent from engaging in anti-social behavior—

(a) prohibit the respondent from doing anything described in the injunction.
(b) require the respondent to do anything described in the injunction.

Section 2 states that anti-social behavior means:

(a) conduct that has caused, or is likely to cause, harassment, alarm, or distress to any person,
(b) conduct capable of causing nuisance or annoyance to a person in relation to that person's occupation of residential premises, or
(c) conduct capable of causing housing-related nuisance or annoyance to any person.

The concept of "housing related nuisance" means direct or indirect interference with housing management functions of a provider or local authority, such as preventing gas inspections, will be considered as anti-social behavior.

Premises Closure order

Only the police or a local authority can initiate the process to close premises which are causing antisocial behavior, the serving of a closure notice (Section 76-79) must result in seeking an order from a Magistrates court.

A Magistrates' Court can make a closure order only if it is satisfied that:

- a person has engaged, or is likely to engage, in disorder, antisocial or criminal behavior on the premises.
- the use of the premises is, or is likely to be, associated with disorder or nuisance to members of the public, and
- the order is necessary to prevent the occurrence, or re-occurrence, of the disorder, nuisance, or antisocial/criminal behavior (Section 80)

Community Protection Notices

Part 4 of the Act provides for Community Protection Orders, whereby an authorized person, generally the police or local authority may issue a community protection notice to an individual aged 16 or over, or a body, if satisfied on reasonable grounds that—

(a) the conduct of the individual or body is having a detrimental effect, of a persistent or continuing nature, on the quality of life of those in the locality, and
(b) the conduct is unreasonable.

A community protection notice is a notice that imposes any of the following requirements on the individual or body issued with it—

(a) a requirement to stop doing specified things.
(b) a requirement to do specified things.
(c) a requirement to take reasonable steps to achieve specified results.

4. Owner occupiers

Housing – landlords

Landlords have powers in relation to the maintenance of their property. A landlord can seek possession of the property for breach of a person's tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard. This is provided for within the Housing Act 1985 in relation to secure tenancies or the Housing Act 1988 in relation to assured tenancies.

Causing a nuisance to others is also a reason for acting for possession of the property as a breach of the tenancy agreement. A property that is unsafe for workman to enter due to its condition from squalor/hoarding may also be a reason to take possession action as a breach of the tenancy agreement.

Town and Country Planning Acts provide the power to seek orders for repairs to privately owned dwellings and where necessary compulsory purchase orders.

The **Housing Act 2004** allows enforcement action where either a category 1 or category 2 hazard exists in any building or land posing a risk of harm to the health or safety of any actual or potential occupier or any dwelling or house in multiple occupation (HMO). Those powers range from serving an improvement

notice, taking emergency remedial action, to the making of a demolition order.

Building Act 1984 - Where premises are in such a state as to be prejudicial to health or nuisance and there would be an unreasonable delay caused by following the procedures prescribed by Section 80 of the Environmental Protection Act 1990,

The local authority can give notice to deal with the defective premises and recover expenses from the person upon whom the notice was served. Section 76.

If it appears to a local authority that a building or structure is by reason of its ruinous or dilapidated condition seriously detrimental to the amenities of the neighborhood, the local authority may also by notice require the owner thereof to execute such works of repair or restoration. Section 79

Gaining access to adult suspected to be at risk of neglect or abuse

5. Powers of Entry

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

  Section 115 does not allow forced entry. However, obstruction without reasonable cause by a third party of the approved professional acting under Section 115 could constitute an offence under Section 129 of the Act.

- If a person is believed to have a mental disorder, and there is suspected abuse or neglect: 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 the person to a place of safety 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 police to enter and arrest a person for an indictable offence: Section 17(1) (b) of the Police and Criminal Evidence Act 1984 (PACE) (1984 c. 60).
- 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 a risk to life and limb: Section 17(1)(e) of the PACE gives the police, the power to enter premises without a warrant to save life and limb or prevent serious damage to property. This represents an emergency situation, and it is for the police to exercise their power.

- The Housing Act 2004 provides the local authority with the power of entry to properties for the purpose of enforcing a notice for housing repairs or for the purpose of carrying out an inspection to identify hazards that pose risk of harm to health and safety. A court warrant conferring powers of entry would be necessary if access was denied.

- Environmental Health officers have powers of entry under public health legislation, as do utility companies for disconnection or safety inspection purposes. Again, a warrant conferring power of entry would be necessary if access was denied.

- Fire and Rescue Services Act 2004; Fire services have power to force entry where it reasonably believes a fire to have broken out (or to be at the point of breaking out) (Section 44)

For further information the Social Care Institute of Excellence Guide: Gaining access to an adult suspected to be at risk of neglect or abuse may be helpful.

6. Mental Health

If self-neglect is associated with a mental health condition, alongside treatment and support, there are also legal powers in specific situations. Advice would need to be gained from mental health services within the local authority (or the court in the case of S.135) as to whether the Act would be applicable in specific situations.

- **Mental Health Act 1983 (as amended by the Mental Health Act 2007)**

Under Section 2 of the Act an application for compulsory admission into hospital for up to 28 days where:

- the patient is suffering from mental disorder of a nature and degree that warrants his or her detention in a hospital for assessment (or for assessment followed by medical treatment); and
- He or she ought to be detained in this way in the interests of his or her own health or safety or with a view to the protection of others.

Under Section 3 of the Act an application for admission for treatment can be made where:

- the patient's mental disorder is of a nature and degree which makes it appropriate for him or her to receive medical treatment in hospital, and
- it is necessary for the health or safety of the patient or for the protection of other persons that he or she receives treatment, and
- the treatment cannot be provided without the detention, and
- appropriate medical treatment must be available.

Under Section 7 of the Mental Health Act 1983 – Guardianship can be used to encourage people who live in the community to use services or to live in a particular place. The person must have a mental disorder of a nature and degree that merits guardianship.

A Guardianship Order confers upon the named Guardian the power to require the patient to reside at a place specified by them; the power to require the patient to attend at places and times so specified for the purpose of medical treatment, occupation, education or training; and the power to require access to the patient to be given, at any place where the patient is residing, to any registered medical practitioner, approved mental health professional or other person so specified.

Section 135 Mental Health Act 1983 (as amended by the Policing and Crime Act 2017). Under Section 135, a magistrate may issue a warrant where there may be reasonable cause to suspect that a person believed to be suffering from mental disorder has or is being ill-treated, neglected, or kept otherwise than under proper control; or is living alone unable to care for themselves.

The warrant, if made, authorizes any constable to enter, if need be, by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, allow for the person to be removed and kept at a place of safety to enable further applications of the Mental Health Act 1983 or other arrangements for the person's treatment or care.

7. Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack mental capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken within the safeguarding adult procedures must comply with the Act.

An outline of key issues is included in Section 5.5 of the policy, but for further information refer to:

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

8. Inherent Jurisdiction

The Mental Capacity Act 2005 means that decisions previously taken by the Family Division of the High Court under common law will now be made by the

Court of Protection. However, issues falling outside of the Mental Capacity Act may still be considered by the High Court.

The inherent jurisdiction of the High Court can extend to a vulnerable adult who 'even if not incapacitated by mental disorder or mental illness, is, or is reasonably believed to be, either (i) under constraint, or (ii) subject to coercion or undue influence or (iii) for some other reason deprived of the capacity to make the relevant decision, or disabled from making a free choice, or incapacitated or disabled from giving or expressing real or genuine consent' (Re SA [2005] EWHC 2942 (Fam))

The courts have stated that they see the inherent jurisdiction – in relation to an adult with mental capacity to take a decision – as about facilitating decision making free of external pressure or physical restraint… [inherent] jurisdiction is not about imposing decisions concerning welfare or finance on a person (LBL v RYJ [2010] 2665 (COP)).

9. Misuse of Drugs Act 1971

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

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

(a) Producing or attempting to produce a controlled drug…
(b) Supplying or attempting to supply a controlled drug to another or offering to supply a controlled drug to another….
(c) Preparing opium for smoking
(d) Smoking cannabis, cannabis resin or prepared opium'

10. Animal Welfare

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

11. Fire

Under the Regulatory Reform (Fire Safety) Order 2005 the SYFR can serve a prohibition or restriction notice to an occupier or owner of a flat where there is a risk to other occupiers/residents; this notice would take immediate effect. This option does not apply to premises such as detached/semi-detached/town houses or other premises consisting of or comprised in a house which is occupied as a single private dwelling.

South Yorkshire Fire and Rescue Services will offer a range of support in relation to fire safety as set out in their Safe & Well Visits information https://www.syfire.gov.uk/safety-advice/safety-in-the-home/

Appendix 4 – Example questions to support assessment of executive capacity.

In assessing executive capacity, we are supporting the adult to demonstrate that they can translate words into action. This is part of occupational therapists' daily work, and their expertise may be helpful in managing self-neglect and/or hoarding cases. Assessments should be discussed as part of multi-agency meetings and recorded appropriately.

Domain of self-care and self-protection - Personal needs and hygiene: Bathing, dressing, toileting, and mobility in home

Decisional capacity

Appreciation of problems - Has it been difficult, or do you need assistance, to wash and dry your body or take a bath?

Consequential problem solving - If you had trouble getting into the bathtub, how could you continue to bathe regularly without falling?

Executive functioning- If you continue to bathe and fall can you show me how you would address the risks or what support you have in place.

Domain of self-care and self-protection - Activities for independent living: Shopping and meal preparation, laundry, and cleaning, using telephone, and transportation

Decisional capacity

Appreciation of problems - Going to the shops is important for buying food and clothing for everyday life. Do you have any problems going to the shops regularly?

Consequential problem solving - If you needed to call a friend [a taxi or other service] to take you to the store, how would you do that?

Are you able to shop online?

Executive capacity (verification of task performance)

Ask the adult to show you how they would use a phone to call a friend or other service to ask for a ride. [Individual should demonstrate all steps for making a call and getting information.]

Ask the adult to show you that they have the means and ability to order food/other goods online.

Domain of self-care and self-protection - Medical self-care: Medication adherence, wound care, and appropriate self-monitoring

Decisional capacity

Appreciation of problems - Check awareness that people who forget to take their medications may end up having a worse health condition or need to see

the doctor more often. Do you have problems remembering to take medications?

Consequential problem solving - Consider if you had to have someone give your medications to you and watch you take them [or not]. How would this affect your everyday life?

Executive capacity (verification of task performance)

Ask to see all medication bottles from home, even empty ones. Health professionals and domiciliary carers can review medication fill and refill dates and pill counts or request a home medication assessment.

Domain of self-care and self-protection - Financial affairs and estate:
Managing cheque book, paying monthly bills, and entering binding contracts

Decisional capacity

Appreciation of problems - What difficulties do you have paying your monthly bills on time? Who can assist you with paying your monthly bills or managing your finances?

Consequential problem solving - How could asking [cite individual] to help you with paying your bills be better than managing your monthly income and paying bills by yourself? What would happen if things continued as they are? Are there any reasons why asking [cite individual] to manage your income might not help or might make things worse for you?

Executive capacity (verification of task performance)

Third party reports of bank statements, uncollected debts, or bills. Can formally assess performance with routine financial tasks, such as 1- or 3-item transactions, including calculating change or conducting a payment simulation.

Appendix 5-Self-neglect Procedures: Checklists for workers

A. Responding to service refusals

This checklist aims to support front-line practitioner responses, when faced by situations whereby someone declines services essential for their health and wellbeing.

1. Primarily, offer support:

- Always work to engage with people to offer all the support you can, without causing distress. Use the principles within the policy to inform your approach.

2. Review your approach and consider if there is a better way of engaging with the person.

If someone declines support, assessed to be essential to their health and

wellbeing: Ask yourself:

a. Have I provided the person with all the necessary information they need; in a format they understand?

b. Does the person understand the options and the consequences of their choices? Can I do something else to help them do so?

c. Have I assessed risk, as best as I can, in the circumstances?

d. Do I understand the reasons for their decision to decline assistance? Am I able to explore this to resolve any concerns they may have?

e. Is there an opportunity for me to build a relationship with them over time? This may help to build trust, and to find ways to offer support in a way they can accept.

f. Have I spoken to other agencies involved, to inform my understanding and share my concerns?

g. Is there someone I can ask to help? Is there a friend, a relative, or other professional who can assist? I may not be the best person to be offering this help.

h. Whilst I must assume mental capacity, have I considered if there is evidence to indicate that I need to assess mental capacity in relation to this specific decision?

i. Have I considered the need to seek advice from a line manager?

j. Have I formally recorded decisions, actions, attempts to engage and people's responses?

k. Everyone's situation is unique. Have I reflected and considered if there is anything else I could reasonably do?

3. Consider, what if any, further actions you may need to take.

a. If someone lacks mental capacity in relation to the specific decision in question, then you will need to make decisions in their best interests. This may involve providing services or seeking access to services on their behalf.

b. If you assess the impact of the person declining services, to be a low risk to their health and wellbeing and the person is unwilling to engage further with you. You will have to accept their right to privacy.

Seek to explain the risks associated with the person's decision and the

potential impact on them, alongside the options for support. If possible, provide them with information that enables them to seek help later if they wish.

c. If you assess the impact of declining services, to be a low risk to their health and wellbeing, but the person engages with some services, or periodically with services, seek to provide continued engagement and overcome barriers they may experiencing accepting support, using the best practice principles in the policy.

d. If you assess that there is a more significant risk to the person, and there is a need for a multi-agency approach, or you believe the concerns amount to a safeguarding adults concern – contact Adults Social Care.

4. If you believe a child is at risk, contact Barnsley Children Services

Appendix 6 Mapping tool working with family/friends.

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.

Appendix 7 – Group around the Person (GAP)

GAP is the BSAB's version of Adult Family Group conferences to support the involvement of family and /or friends in supporting the person with either self-neglect and/or hoarding.

Principles

- The adult must consent, and family or friends must be willing to engage in the process.
- The adult must already be working with one of more organisations to address the risks associated with their self-neglect and/or hoarding.
- Advocates should be offered to both the adult and family/friends, if required
- The process should be explained, and boundaries agreed with the adult in advance of the first meeting.
- Either a worker already involved with the adult can facilitate or a neutral worker who has received training in use of the model
- The adult can choose to end their involvement at any point in the process.

How do they work?

- A worker will agree with the person who they will have involved in the meeting.
- The adult will agree an agenda (what they hope to gain from the involvement of family and friends) with the worker, this will be shared with the family/friends.
- A meeting date/time/venue will be agreed. In most cases this will be a neutral venue – library etc.
- A worker will facilitate the meeting, if necessary, leaving the family to discuss issues alone
- An action plan, including timescales will be agreed with all attendees and a follow up meeting date agreed.
- At the follow up meeting progress is evaluated, and new targets set, if all in agreement

How do I request a GAP meeting

- Via a S42 or other multi-agency self-neglect and/or hoarding meeting
- Via workers trained in the model – Adult Social Care, Safer Neighborhood and Berneslai Homes

(If you are interested in being trained in use of this model contact BSAB via safeguardingadultsservice@barnsley.gov.uk

Example closure form - Self-neglect and/or hoarding.

NAME OF ADULT:

ADDRESS:
Tenure

CASE REFERENCE NUMBER:

DATE OPENED:

LEAD AGENCY:

LEAD WORKER IN YOUR ORGANISATION

CASE MANAGED VIA SECTION 42? YES / NO
If yes – date closure form shared with Adult Social Care:

CASE TYPE: SELF NEGLECT / HOARDING / BOTH

CURRENT SITUATION ADULT	**YES**	**NO**	**OUTSTANDING TASKS REFERRALS MADE**	**COMMENTS**
Any unmet or ongoing support needs at this stage? (If so and appropriate referrals rejected, consider escalating)				
Referral accepted for ongoing monitoring by Wellbeing Officer?				
Next of kin/family details obtained? Consent to contact given?				
Any further referrals/support required?				
Any physical and mental health concerns at closure?				
Adult's views sought. (Customer satisfaction/goals reached etc.)				
All agencies involved notified of intent to close?				
Any other vulnerable person or pets at the property?				
Have we offered a GAP meeting				

CURRENT SITUATION PROPERTY	YES	NO	OUTSTANDING TASKS REFERRALS MADE	COMMENTS
Has the property condition improved? (Include current risk rating score)				
Is the property free from serious hazards?				
Is the property warm with a working heating system?				
Affordability/financial issues addressed?				
Any outstanding disrepair?				
Working smoke alarms present?				
Safe/clear exit routes in the event of a fire?				
Are areas sufficiently clean and clear to access cooking, sleeping, bathing and toilet facilities?				
Works in default carried out. (Include cost)				
Repayment plan in place and charge registered?				
Other interested parties informed (Landlord etc.)				
Is the property suitable for the person's current needs? (Size, layout etc.)				
SELF NEGLECT RISKS	**YES**	**NO**	**OUTSTANDING TASKS REFERRALS MADE**	**COMMENTS**
Do any red risks remain – if yes what attempts have been made to mitigate these				
Have the number of amber risks reduced				
Of the amber risks remaining, what impact will they have on the physical				

wellbeing of the adult				

CASE CLOSURE AGREED YES/NO
If no – what further action is required?

What arrangements will be made if the adult is re-referred

MANAGER'S NAME

SIGNATURE

DATE

Appendix 8 Local contacts

	Telephone	Email
Adult Social Care	01226 773300	SocialServices@barnsley.gov.uk
Berneslai Homes	01226 787878	HousingManagementTeamLeaders@BerneslaiHomes.co.uk
Barnsley Hospital	01226 435432	Bhnft.safeguardingteam@nhs.net
Safer Neighborhood Service	01226 773555/07786525114 8 (out of hours)	Safer@barnsley.gov.uk.
South Yorkshire Fire and Rescue	0114 272 7202	**comments@syfire.gov.uk**
South Yorkshire Police - Safer Neighborhood Service	**01226 736294** (Mon – Fri, 8 x 4) 101 (24 hours, 7 days)	BarnsleyHub@southyorks.pnn.police.uk (monitored office hours only)For emergencies ring 999
Yorkshire Ambulance Service	0330 678 4100	sca.referrals@nhs.net
South West Yorkshire Partnership NHS Foundation Trust	01924 316175	swy-tr.safeguardingteam@nhs.net
Barnsley Recovery Steps (Waythrough formally known as HumanKind)	01226 779066/07702 914250	brs.referrals@waythrough.org.uk
Barnsley Integrated Care Board	**0333 041 0021 Option 1**	