ADULT SELF- NEGLECT AND HOARDING BEST PRACTICE GUIDANCE

Guidance and procedure for responding to self-neglect & hoarding concerns and enquiries in Swindon

Date of issue: October 2017
Review: October 2019
FOI 4165/17

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Acknowledgements

With thanks to Gloucestershire and Warwickshire County Council, whose guidance and procedures for self-neglect have been adapted to produce this document.

1. About this document

1.1. This document outlines the procedure and guidance for dealing with issues and concerns of self-neglect in relation to adults with care and support needs.

1.2. This procedure and guidance follows broadly the Policy and Procedures for Safeguarding Adults at Risk in Swindon and should be read alongside that document.

As with all safeguarding concerns, the 6 key principles (Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability) outlined in the Care Act Statutory Guidance should underpin all work with people in situations of self-neglect.

1.3. This guidance draws on the research published by SCIE; *Self-neglect and adult safeguarding: findings from research*, Suzy Braye, David Orr and Michael Preston-Shoot, SCIE Report 46 September 2011.

1.4. This guidance does not include issues of risk associated with deliberate self-harm. If self-harm appears to have occurred due to an act of neglect or inaction by another individual or service, consideration should be given to raising a safeguarding adults concern with Adult Social Care.

2. Introduction

2.1. Self-neglect can be a result of a conscious decision to live life in a particular way that may result in having an impact on a person's health, wellbeing or living conditions and may have a negative impact on other people's environments. Often in these circumstances people may be unwilling to acknowledge there might be a problem and/or be open to receiving support to improve their circumstances.

2.2. There are various reasons why people self-neglect. Some people have insight into their behavior, while others do not; some may be experiencing an underlying condition, such as dementia. Self-neglect may also be an indication that the person is experiencing abuse at the hands of another and their behavior is a reaction to the abuse.

2.3. The person's needs and situation will need to be assessed to establish the facts of the situation, the nature and extent of the concern, and what action, if any, should be taken.

2.4. Managing the balance between protecting adults from self-neglect against their right to self-determination is a serious challenge for public services and those other people involved in the person's life.

2.5. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making. Dismissing self-neglect as a "lifestyle" choice is not always an acceptable solution in a caring society.

2.6. On top of this there is the question of whether the adult has the mental capacity to make an informed choice about how they are living and the amount of risk they are exposing themselves to.

2.7. Assessing that mental capacity and trying to understand what lies behind self-neglect is often complex. It is usually best achieved by working with other organisations and, if they exist, extended family and community networks.

2.8. Often people who self-neglect do not accept help to change, which puts themselves and others at risk, for example through vermin infestations, poor hygiene, or fire risk from hoarding.

2.9. However, improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help some research has shown that they rarely go back to their old lifestyle, although this sometimes means receiving help over a long period. This may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

3. Legal framework

3.1. The Care Act 2014 plus subsequent guidance places specific duties on the Local Authority in relation to self-neglect:

(i) Assessment
(Care Act Section 9 and Section 11)

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

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

This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

(ii) Enquiry

Alerts to be made to Swindon Borough Council Adult Safeguarding Team (adultsafeguarding@swindon.gov.uk)[1] please note Care Act:

"2016 New research into best practice with those who self-neglect and clarification of enquiries under Section 42 of the Act – ordinarily it is not appropriate for people who are failing to care for themselves – Section 42 is aimed at those suffering abuse or neglect from a third party"[2]

Section 42, Care Act 2014

(iii) Advocacy

If the adult has 'substantial difficulty' in understanding and engaging with the care planning process or in exceptional circumstances a Section 42 enquiry, the local authority must ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate.

Best practice guidance

4. What is self-neglect

4.1. Definition

There is no clear operational definition of self-neglect, but it is characterised by an inability to meet one's own basic needs and is an increasingly common problem. Put broadly it can be defined as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual concerned, other household members and neighbours. It is important to recognise that assessments of self-neglect are therefore grounded in, and influenced by, personal, social and cultural values and practitioners should always reflect on how their own values might affect their own judgements.

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

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

4.2. Models of self-neglect

4.2.1. There is a consensus in the research on the main characteristics of self-neglect and the approach practitioners should take when working with people who

[1] Available at: https:// https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

[2] https:// https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-and-support-statutory-guidance-changes-in-march-2016

are deemed to be self-neglecting. There is not a consensus as to why people self-neglect. Models of self-neglect encompass a complex interplay between physical, mental, psychological, social and environmental factors. Social exclusion can lead to a fear and uncertainty over asking and receiving assistance.

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

4.2.3. The perceptions of people who neglect themselves have been less extensively researched, but where they have, emerging themes are: pride in self-sufficiency; connectedness to place and possessions; and behaviour that attempts to preserve continuity of identity and control. Traumatic histories and life-changing events are also often present in individuals' own accounts of their situation.

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

4.3. **Characteristics of self-neglect**

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

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

hygiene and care – for example, in relation to single or double incontinence, or the poor healing of sores;

- refusing to allow access to other organisations with an interest in the property- for example, staff working for utility companies (water, gas electricity); and

- being unwilling to attend appointments with relevant staff, such as social care, healthcare or allied staff.

4.3.2. It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many people, particularly older people, who self- neglect may lack the ability and/or confidence to come forward to ask for help, and may also lack others who can advocate or speak for them. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

4.4 **Characteristics identified by people deemed to self-neglect**

Research has identified the following:

- fear of losing control;

- pride in self-sufficiency;

- sense of connectedness to the places and things in their surroundings; and

- mistrust of professionals/people in authority

4.5 **Common responses by people deemed to self-neglect:**

- I can take care of myself;

- I do my best to make ends meet;

- I prioritise and let other things go;

- unacceptable description of self-neglect; and

- risky behavior

5. Mental capacity

5.1. Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. The autonomy of an adult with mental capacity is respected, and efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated.

5.2. When a person has been assessed not to have capacity to understand and make specific choices and decisions, interventions and services can be provided in the person's best interest.

5.3. Mental capacity however involves not only the ability to understand the consequences of a decision, known as decisional capacity, but also the ability to execute the decision, known as executive capacity. The mental capacity assessment should entail both the ability to make a decision in full awareness of its consequences and the capacity to carry it out.

5.4. It is also important to understand the function-specific nature of capacity, so that the apparent capacity to make simple decisions is not assumed automatically in relation to more complex ones.

5.5. The conversation should enable assessment of the person's understanding of the overall cumulative impact of a series of small decisions, for which they do have capacity, but where they might not have capacity to understand the overall impact.

5.6. For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act 2005 allows for agency intervention in the person's best interests. In urgent cases, where there is a view that an adult lacks mental capacity (and this has not yet been satisfactorily assessed and concluded), and the home situation requires urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.

5.7. A person who lacks capacity has recourse in law to the Court of Protection.

5.8. The court will however expect to see evidence of professional decision-making and recording having already taken place, including evidence of attempts to engage and/or change behaviour.

5.9. **Guidance on assessing mental capacity in connection to hoarding**

When assessing capacity, it is important to remember this is an assessment of capacity for whether the adult has capacity to access help for their hoarding, so:

- Does the adult understand they have a problem with hoarding?
- Is the adult able to weigh up the alternative options? e.g. to move around their accommodation unhindered, to sleep in their bed, take a bath, cook in their kitchen, sit down on a chair/sofa (this list is not exhaustive.
- Can the adult retain the information given to them? e.g. if the accommodation is cleared, you would be able to move around your accommodation.
- Can the adult communicate their decision? It is essential that any capacity assessment is clearly documented on case records.

6. Assessment

6.1. Self-neglect is a complex phenomenon and it is important to elicit the person's unique circumstances and perceptions of their situation as part of assessment and intervention.

6.2. It is important to consider how to engage the person at the beginning of the assessment. Think carefully if an appointment letter is being sent first on what it says. The usual standard appointment letter is unlikely to be the beginning of a lasting trusting professional relationship if it is perceived as being impersonal and authoritative.

6.3. Home visits are important and practitioners should not rely on proxy reports. It is important that the practitioner uses their professional skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment. Practitioners should discuss with the person any causes for concern over the person's health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others. The assessment should include the person's understanding of the overall cumulative impact of a series of small decisions and actions as well as the overall impact.

6.4. Equally, repeat assessments might be required as well as ensuring that professional curiosity and appropriate challenge is embedded within an assessment. It is important than when undertaking the assessment the practitioner does not accept the first, and potentially superficial response, but spends time to understand the context in which the self-neglect is occurring.

6.5. Sensitive and comprehensive assessment is important in identifying capacity, capabilities and risks. It is important to look further and tease out through a professional relationship possible significance of personal values, past traumas and social networks. Some research has shown that events such as loss of parents as a child, abuse as a child, traumatic wartime experiences, and struggles with alcoholism have preceded the person's self-neglecting.

At the heart of self-neglect practice is a complex balance of knowing, being and doing:

Knowing - in the sense of understanding the person, their history and the significance of their self-neglect, along with all the knowledge resources that underpin professional practice.

Being - in the sense of showing personal and professional qualities of respect, empathy, honesty, reliability, care, being present, staying alongside and keeping company.

Doing - in the sense of balancing hands-on and hands-off approaches, seeking the tiny opportunity for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when the risks are so great that some intervention must take place.

It is important to collect and share information with a variety of sources, including other agencies, to complete a picture of the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others.

6.6. Consideration should be given in complex cases, and where there are significant risks, to convening a multi-disciplinary and multi-agency meeting to share information and agree an approach to minimising the impact of specific risks and

improving the person's wellbeing. Wherever possible the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate.

6.7. Potentially complex situations or where there is thought to be significant risk to the person's health, wellbeing or environment or to others, practitioners should use the Self-Assessment Questionnaires (SAQ), Care Programme Approach (CPA) or Enhanced Care Programme Approach (ECPA) to evaluate needs and risks and where required, to assist in putting together a risk management plan to attempt to minimise the impact of the self-neglect.

6.8. It is important to undertake risk appraisal which takes into account individuals' preferences, histories, circumstances and life-styles to achieve a proportionate and reasonable tolerance of acceptable risks.

6.9. Swindon's Safeguarding Adults Board recognises that there are a small number of individuals who have multiple needs and may be at risk of significant harm but fall outside the criteria for Adult Safeguarding enquiries or who have made capacitated decisions not to engage. The Risk Enablement Panel has identified two of its criteria as 'the individual concerned is deemed to have mental capacity and who are at risk due to severe self-neglect/self-harm' as potential circumstances to enact the Risk Enablement Panel process. The application process is detailed in the Risk Enablement & Positive Risk Taking Policy, Procedures & Guidance. www.swindon.gov.uk/safeguardingadults

6.10. The case should not be closed simply because the person refuses an assessment or to accept a plan to minimise the risks associated with the specific behaviour(s) causing concern.

7. Interventions

7.1. The starting point for all interventions should be to encourage the person to do things for themselves. Where this fails in the first instance, this approach should be revisited regularly throughout the period of the intervention. All efforts and response of the person to this approach should be recorded fully.

7.2. Efforts should be made to build and maintain supportive relationships through which services can in time be negotiated. This involves a person-centred approach that listens to the person's views of their circumstances and seeks informed consent where possible before any intervention. It is important to note that a gradual approach to gaining improvements in a person's health, wellbeing and home conditions is more likely to be successful than an attempt to achieve considerable change all of a sudden, which is how the adult may perceive it.

7.3. Often concerns around self-neglect are best approached by different services pulling together to find solutions. Co-ordinated actions by housing officers, mental health services, Environmental Health Officers, GPs and District Nurses, social work teams, the police, other public services and family members have led to improved outcomes for individuals.

7.4. Research highlights the value of interventions to support routine daily living tasks. However cleaning interventions alone, where home conditions are of concern, do not emerge as effective in the longer term. They should therefore take place as part of an integrated, multi-agency plan.

7.5. As self-neglect is often linked to disability and poor physical functioning, often a key area for intervention is assistance with activities of daily living, from preparing and eating food to using toilet facilities.

7.6. The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.

7.7. Where agencies are unable to engage the person and obtain their acceptance to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded and maintained on the person's case record, with a full record of the efforts and actions taken by the agencies to assist the person.

7.8. The person, carer or advocate should be fully informed of the services offered and the reasons why the services were not implemented. There is a need to make clear that the person can contact the Council at any time in the future for services.

However, where the risks are high, arrangements should also be made for ongoing monitoring and, where appropriate, making proactive contact to ensure that the person's needs, risks and rights are fully considered and to monitor any changes in circumstances. This may include a referral to the Risk Enablement Panel *(please see section 6.9)*.

7.9. In cases of animal collecting, the practitioner will need to consider the impact of this behaviour carefully. Where there is a serious impact on either the adult's health and wellbeing, the animals' welfare, or the health and safety of others, the practitioner should collaborate with the RSPCA (Royal Society for the Prevention of Cruelty to Animals), Environmental Health and Public Health Officials. Although the reason for animal collecting may be attributable to many reasons, including compensation for a lack of human companionship and the company the animals may provide, considerations have to be given to the welfare of the animals and potential public health hazards.

7.10. Where the conditions of the home are such that they appear to pose a serious risk to the adult's health from filthy or verminous premises, or their living conditions are becoming a nuisance to neighbours/affecting their enjoyment of their property, advice from Environmental Health should be sought and joint working should take place.

7.11. If as a result of hoarding the practitioner thinks there may be a risk of fire they should seek advice from the local fire service.

8. Legal interventions

There will be times when the impact of the self-neglect on the person's health and

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

8.1. Appendix 2 lists the types of legislative remedies that might need to be considered.

8.2. It is important to note that s46 of the Care Act 2014 abolishes Local Authorities' power in England to remove a person in need of care from home under s47 of the National Assistance Act 1948.

Procedure

9. Overview

9.1. The procedure is based on the following principle:

9.2. Where an adult is engaging with and accepting assessment or support services that are appropriate and sufficient to address their care and support needs (including those needs relating to self-neglect), then the adult is not demonstrating they are "unable to protect themselves" from self-neglect or the risk of it. Regular reviews of the service should identify and address any self- neglect concerns.

9.3. The procedure can be summarised as follows:

(i) Concern is received:

New or unallocated cases: Concerns relating to self-neglect will follow the usual local pathways in the first instance (e.g. assessment or reablement service).

Allocated cases: Self-neglect concerns relating to cases already allocated to a practitioner in the Local Authority should go directly to that practitioner.

The Care Act 2014 and its guidance places specific duties on the Local Authority in relation to self-neglect 1;

- Assessment;
  (Care Act Section 9 and Section 11);

- The Local Authority must undertake a needs assessment, even when the adult refuses, where it appears that the adult may have needs for care and support, and is experiencing, or is at risk of, self-neglect;

- This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment; and should be referred onwards

to the relevant Adult Social Care (ASC) team and the Adult Safeguarding Team (AST).

(ii) Concern passed on to ASC team:

The relevant care team will consider whether there is “reasonable cause” to suspect the adult is unable to protect themselves from self-neglect, or the risk of it, due to their care and support needs.

An enquiry under Section 42 of the Care Act can be enacted but ordinarily it is not appropriate for people who are failing to care for themselves – Section 42 is aimed at those suffering abuse or neglect from a third party

If a Care Act section 42 enquiry is triggered in self-neglect cases, the Adult Safeguarding team in conjunction with appropriate professionals, will plan what enquiries are needed, coordinate and undertake these enquiries, and evaluate the outcomes of enquiries to decide what action is needed in the adult's case. As part of this process where possible, the views of the Adult need to be established particularly with regards to their desired outcomes.

10. Undertaking assessments despite capacitated refusal

10.1. As a matter of practice, it will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing. Practitioners and managers should record fully all the steps that have been taken to undertake a needs assessment and fulfill the obligations as required by section 9(4) of the Care Act.

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

10.3. As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support.

In cases where an adult has refused or is unwilling to engage in an assessment for services or interventions and remains at high risk of serious harm as a result, the following should be considered; multi-agency meeting, multi-disciplinary meeting, Safeguarding planning meeting, an application to the Risk Enablement Panel, or a s42 enquiry.

11. Self-neglect Multi-agency meetings, Multi-disciplinary meetings, Safeguarding Planning meetings and Enquiries

11.1. **Objectives of a multi-agency meeting and enquiry**

- Establish facts and provide a description of the self-neglect;
- Ascertain the adult's views and wishes;
- Assess the needs of the adult for protection and support and how those needs might be met;

- Protect and support from self-neglect in accordance with the wishes of adult, and in line with their mental capacity to make relevant decisions about their care and support needs;

- Promote the wellbeing and safety of the adult through a supportive and empowering process.

- Where an adult (in need of care and support) has died as a result of self-neglect, consideration should be given to whether a Safeguarding Adult Review should be undertaken by the Safeguarding Adults Board.

11.2. **Structure of a multi-agency/disciplinary meeting, safeguarding planning meeting or an enquiry**

- **Planning** what enquiries or assessments (including risk) are needed, and who should do these;

- **Coordinating and undertaking** these enquiries and assessments;

- **Evaluating the outcomes** of enquiries and assessments;

- **Deciding what action is needed** in the adult's case; and

- **Review the outcomes and any action taken**.

Multi-agency meetings/enquiries may need to move fluidly between planning, enquiry, and evaluation stages as the case progresses.

11.3. **Advocacy**

If and when the adult becomes part of a multi-agency meeting or an enquiry process, or at any later point, the ability of the adult to understand and engage must be assessed and recorded. If the adult has 'substantial difficulty' in understanding and engaging in the process, and has no one else to help or represent them, the local authority **must** ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate. See the Care Act Statutory Guidance on Care Act Advocacy for more information on this.

11.4. **What enquiries or assessments will be needed?**

Any enquiries or assessments that are made will need to be appropriate and proportionate to the individual circumstances of the case. These should be formulated and agreed between practitioner and relevant Line Manager/Enquiry Manager. As per Care Act statutory guidance, an enquiry could range from a conversation with the individual to a more formal multi-agency arrangement.

Examples of enquiries and assessments that Safeguarding Practitioners/ASC will make could be:

- A conversation with the adult;

- Reading the case record, if there is one, for background information, history of referrals, responses, actions taken;

- Gathering information from the person's professional support network e.g. GP, District Nurse etc. and others such as Housing Departments;

- Undertaking an assessment of need and establishing the person's views and wishes;

- Speaking to anyone providing care and support;

- Speaking to the adult's family and informal network e.g. friends, neighbours, church as relevant;

- Undertaking mental capacity assessments if needed;

- Self-Assessment Questionnaires (SAQ); Care Programme Approach (CPA) Enhanced Care Programme Approach (ECPA);

- Decide if a multi-agency planning meeting is required to share information and formulate a plan; and

- Ensure that the enquiry is completed in a timely and proportionate manner in relation to the perceived risks.

Examples of enquiries and assessments that Adult Safeguarding Professionals/ ASC will cause to be made could be:

- Visits or checks of physical health concerns by GPs, District Nurses, other Primary Care staff;

- Referrals to and assessments by Mental Health services, including Psychology where appropriate;

- Mental Health Act assessments where appropriate;

- Visits and assessments by Children's Services, Environmental Health, Fire & Rescue, or the RSPCA;

- Input and involvement from Housing Providers or Council colleagues;

- Determine if it is safe for the person(s) to remain in the property; and

- Gaining quotes for work needed to restore essential safety and hygiene to unsafe or unhygienic properties.

Any enquiries or assessments made, and actions taken, must be lawful and be

proportionate to the level of risk involved[3].

12. Deciding what action is needed in an adult's case

12.1. Where concerns of self-neglect are established, the practitioner should focus on building a relationship with the adult to persuade them to receive assistance to improve their health, wellbeing and living conditions. The aim of should be:

- To empower the person who is neglecting him/herself as far as possible to understand the implications of their actions;
- To help the person, both individually and collectively with others (e.g. family, friends, other professionals and agencies) without colluding with the person or seeking to avoid the issues presented; and
- To avert the potential need for statutory intervention wherever possible. This may be achieved by providing some form of low level monitoring either through ongoing input through social work relationship.

12.2. Where an adult with capacity has made a decision that they do not want action taken to support them, or to take action to protect themselves, the risks of this decision must be discussed with the person to ensure they are fully aware of the consequences of their decision. Respect for the wishes of an adult does not mean passive compliance - the consequences of continuing risk should be explained and explored with the person.

12.3. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action. Wishes need to be balanced alongside wider considerations such as level of risk or risk to others, including any children who could be affected.

[3] Available at: http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/Risk_personalisation_framework_West_Midlands.pdf

12.4. Management oversight:

Practitioners must discuss with their line manager what action can and should be taken, considering possible legal interventions. In cases where the risk of harm caused through self-neglect are potentially serious, the line manager should report these concerns to their line manager and seek legal advice when needed. Closure of self-neglect enquiries and associated recording must have management approval.

12.5. It may be necessary to intervene using statutory powers, for example the conditions in the house warrant intervention by Environmental Health services or the involvement of the RSPCA. If any agency needs to take such steps, the reasons for doing so should be clearly documented.

12.6. Where the adult is not engaging and if action is not required imminently the practitioner and line manager will proactively consider what emphasis should be given to monitoring the circumstances in case of further deterioration and how this should be done. However it is useful to note that monitoring is not protection but merely a way of identifying changes in as timely a manner as possible.

12.7. The practitioner should ensure that, where the person has capacity to decline intervention after all reasonable efforts have been made to engage them, the person knows how to easily contact the relevant agency as do all significant others involved in the notification of the enquiry or concern. Because the person has declined support before doesn't mean they will in the future.

12.8. The practitioner should provide feedback to all parties involved in the enquiry and assessment process on the outcome of that process and what actions are to be taken, or not taken, with the reasons why.

13. Safeguarding plans

13.1. In some cases following a self-neglect enquiry, it will be necessary to have a safeguarding plan. This will usually be in circumstances where the risk cannot adequately be managed or monitored through other processes.

13.2. Safeguarding plans will not always be required, for example, in circumstances where the risk to the adult can be managed adequately through ongoing assessment and support planning input, through Care Programme Approach by Mental Health services, or through a positive risk taking and management plan approach.

13.3. In other circumstances e.g. where the adult has been assessed as having capacity to make informed decisions about their care and support needs, and has been given all reasonable support and encouragement to accept support to meet those needs, however still chooses to refuse support- it may be decided that the action required is to provide information and advice including how to get in touch with the relevant agency.

13.4. However, in other circumstances, particularly where the risks to independence and wellbeing are severe (e.g. risk to life or others) and cannot adequately be managed

or monitored through other processes, it will be necessary to have a safeguarding plan to monitor the risk in conjunction with other agencies. In self-neglect cases this would usually involve health service colleagues, but other agencies may well need to retain ongoing oversight and involvement (e.g. Environmental Health, Housing).

If the plan is still rejected and the risks remain high, the meeting should reconvene to discuss a review plan. **The case should not be closed just because the adult is refusing to accept the plan.** Legal advice should be sought in these circumstances.

13.5. Safeguarding plans should:

- Be person-centred and outcome focused;
- Be proportionate to the risk involved and be the least restrictive alternative;
- Have agreed timescales for review and monitoring of the plan; and
- Have an agreed lead professional responsible for monitor and review of the plan.

All involved should be clear about their roles and actions.

14. Recording

14.1. General principles

It is important to record assessment, risk assessments, decision-making and intervention in detail to demonstrate that a proper process has been followed and that practitioners and managers have acted reasonably and proportionately. There should be an audit trail of what options were considered and why certain actions were or were not taken. At every step and stage in the process record the situation, what has been considered, who participated in the decision making, what decisions have been reached. This is important as it provides accountability and evidence of the decision making process.

14.2. Mental capacity assessments:

Recording should routinely reflect mental capacity considerations, including recording explicitly where there is no reason to doubt the adult's ability to make their own decisions and why this is. Formal mental capacity assessments need to be recorded fully in line with the Mental Capacity Act Code of Practice.

Appendices

Appendix 1: Case examples

Case 1: From an Environmental Health perspective

A complaint was received regarding an overgrown garden. Visits by the Environmental Health Officer (EHO) found the garden overgrown to the first floor level, preventing access to the front door. Accessing the rear of the property resulted in the officer identifying that the property was filled with hoarded bottles and other general waste to half the room height that was visible. The officer made several visits to this property at different times of day for several months. Appointments were made in writing but the occupier did not engage. Letters were left attached to the rear door but again no contact. The officer found the rear door open and insecure on one visit and could see the extent of the hoarding was throughout the ground floor at least, with cider bottles filled with what appeared to be urine. The waste was piled to head height and above throughout the rooms. Access to the property has to be invited by the occupier, otherwise a warrant is necessary. During this period a neighbour contacted the Police as they had concerns that their neighbour had not been seen coming in or out of his home and they were worried he may have died or needed assistance. The Police attended and did not find anyone at the property but they did complete an inspection and bring the extent of the hoarding to the attention of the EHO.

The officer determined that due to significant concerns for the health, safety and welfare of the occupier and the lack of engagement despite continued efforts, a warrant for access will be necessary to fully assess the risks and determine what assistance can be provided. The warrant was sought and issued from the magistrates and a full inspection was carried out. The occupier was again not home and no contact had been established.

Entry to the property was gained from the rear kitchen. The officer found access immediately difficult as the accumulations were built up to behind the door. The only way to inspect the house was by climbing the piles of general waste, including food packaging, empty bottles of cider and bottles filled with urine. The hoarding extended throughout the kitchen, the main living area to nearly ceiling height and to the rear dining room. The first floor had no significant hoarding and looked almost untouched. There were woman's clothes and belongings collecting dust on the bed. The bathroom was accessible and the EHO found the WC blocked and in disrepair. There was no hot water to the hand basin or bath. The kitchen sink was not accessible due to the level of hoarding and there did not appear to be any working lights. There was an electric bar heater sat on top of the pile of bottles within the kitchen with some men's clothes and some cigarettes and reading material. It appeared the gentlemen had been residing in the area just inside the rear kitchen door and sleeping on top of filled bottles. The neighbours confirmed the occupier had been seen lately and that he worked long hours but he leaves early and comes home late. They were concerned as he was looking more disheveled of late.

On a late evening visit the EHO found the owner at home. He spoke through the door initially and after some persuasion opened the door a tiny bit and spoke through the crack. The officer explained her concerns and asked the gentlemen how he was coping in the property. The occupier was very defensive and slightly aggressive and asked the EHO to

leave him alone. The officer explained we had real concerns for his living conditions and his health and would like to assist him. The EHO explained we can help clear the property for him, or work with him to clear it himself so that it is safer to live in. The occupier was very defensive to the point of aggressive behaviours and told the EHO to do what she liked but he doesn't want anything to do with it. He would not engage in conversation after that visit even when he could be seen inside the property.

Due to the unwholesome condition of the property it was deemed 'filthy and verminous', and due to the lack of engagement from the occupier, an enforcement notice was served under the Public Health Act 1936 requiring the occupier to clear the property of all waste and clean all contaminated items such as WC's, hand basins and contaminated walls and surfaces to remove the risk to his health. On expiry of the notice we obtained a further warrant to access the property and complete the works in default to clear the property. The property was successfully cleared and we were then able to complete a full inspection. We found the property in significant disrepair with multiple category one Hazards that would affect the health, safety and welfare of the occupier.

Following a short period, allowing the owner to accept the new conditions and his situation, we revisited and the gentlemen answered the door and started to engage. From this point forward the gentlemen engaged fully with the EHO, provided a contact phone number and explained his situation. He stated he is an alcoholic and the situation has deteriorated significantly. He did have a job but was recently dismissed. He wanted to get clean of alcohol and get the house repaired and welcomed any assistance. He did not want to leave his family home as he had lived there his whole life with his Mother and father who had since passed away.

Options to raise money against his home were not suitable as he would be unable to repay any loans. The occupier planned to move in with his sister so she could keep an eye on him whilst he tried to stop drinking. I referred the occupier to SBC alcohol services and he was already seeking GP assistance. We discussed a grant and reviewed his circumstances but determined that due to the level of works necessary the restrictive renovation grant budget could not resolve the issues present. All options were discussed with the owner including selling his property and relocating to a smaller property that may be more suitable for his needs. Alternatively he could sell his home and rent privately or rent within sheltered accommodation. Contact was made with the housing needs to discuss his options but the occupant did not want to leave his family home. He had grown up in the house and lived there with his parents until they died and then inherited the house, so didn't want to leave as the house has so many memories. The owner accepted the only feasible option was enforcement action so we can carry out all the necessary works in default of an Improvement Notice. I explained he will be recharged for all the works completed but if he cannot pay we would put a charge on the property. All necessary repair works were completed in default of a notice and the occupier remained living in his home. At the completion of this case the occupier had stopped drinking for some time, but on a follow up visit some 6 months later he had returned to drinking intermittently but had his consumption of alcohol and living conditions under control.

With all cases involving hoarders we attempt to engage with the occupier and provide assistance to enable them to resolve their situation for themselves so they do not return to the same conditions. Only if this informal engagement has failed will we consider other enforcement options. All relevant agencies will always be contacted at the earliest opportunity to ensure the client receives all assistance available to them.

The budget for the renovation works described in these cases is now mostly unavailable due to budget cuts so we are only able to assist with works in default for emergency based works where there is imminent risk of serious harm and significant public health risks such as hoarding and lack of basic amenities.

Case 2: From an Environmental Health perspective

A complaint was received regarding conditions at the property. The EHO made an initial unannounced visit to the property but was unsuccessful in contacting the occupier. The front garden was overgrown and the front door barely accessible due to rubbish and stored items; the rear garden was severely overgrown and inaccessible; the house appeared dilapidated and there was also a hole going under front path indicative of a rat hole. This reaffirmed that we needed to make contact with the occupier to ensure his living conditions were not compromising his health or safety. The officer posted a calling card through the letterbox with a request for the occupier to make contact and noticed that there was an unpleasant odour emanating from inside the property.

The EHO contacted Social Services who advised that a Social Worker had visited 2 months previously and concluded from a conversation outside the front door that the occupant was well and they did not need to intervene.

The EHO made several visits in an attempt to contact the occupier and hand delivered letters to try and meet at the house. During one such visit the occupier answered the door and had a discussion on the doorstep during which he acknowledged he was in a 'bit of a muddle'; we could not enter as there was no room; he had a problem with the bathroom but that he was using the public baths daily. He was eloquent, appeared clean and nourished. He provided us with his doctor's details. He agreed to grant us entry a few days later when he had cleared a 'passage'. As it was a chronic situation and the occupier didn't appear to be in imminent risk of ill-health we accepted the appointment that subsequently the occupier failed to keep.

The EHO liaised with the occupier's doctor's surgery who confirmed there were no medical conditions prompting immediate action; thus it was appropriate to continue to attempt to get the occupier to engage with us as our interventions were likely to be intrusive into his home.

The EHO was then contacted by the manager of the local Samaritans charity shop who advised they had seen rats inside the property and they would ensure the appointment was kept and that we gained access.

The officer met with the manager of the Samaritans at the property and the occupier permitted entry; but access was restricted and it was immediately evident that there were several issues, including:

- Access and egress seriously impeded to the hallway beyond the front door, by piles of books, bags of clothes, rubbish, and a bicycle.

- The first ground floor room was full of furniture, clothes, books rubbish and other items, to above head height.

- The middle ground floor room had a tiny passage to a chair where there was a lamp, an electric heater, there were packets of biscuits and bottles of fizzy drinks on the adjacent sideboard amongst piles of books and rat faeces. The rest of the room was full to shoulder height of bags, rubbish, papers and furniture underneath.

- On opening the kitchen door I found that there was no access to the sink, the floor was wet from an old leak, the electric light switch was hanging off the wall with wires exposed, the freezer was switched on with the door ajar and iced. The rear door was open leading to a dilapidated unsecure 'lean-to' conservatory that would ordinarily provide access to the rear garden. This too was full and inaccessible.

- The bathroom beyond housed a bath that was full of containers of urine, as was the hand basin and on top of toilet.

- The stairs were characteristically steep and narrow with a turn at the top and additionally stacked either side with books, bags, a book shelf and no banister rail.

The owner advised that the rooms on the upper 2 storeys were also full and that there were rats throughout. The only room that was partially accessible was where he now slept as the rats had got into the mattress in the other bedroom.

The officer was satisfied that the property was verminous as rat droppings had been seen. The rats had caused extensive physical damage by chewing through wiring, floor boards etc.

The kitchen and bathroom were not in conventional use and were virtually inaccessible due to accumulated items that appeared and smelled wet. However due to the volume of belongings and rubbish it was impossible to fully assess either the pest or drainage issue or to undertake a full inspection of the property.

The severity of the infestation only became apparent as the property was cleared of waste, exposing structural damage, extensive destruction, urine and faecal contamination, live

vermin and a rat skeleton.

This risk based assessment can be applied to any property and used to categorise any hazards identified (pests included). The aim is to eliminate any 'category 1' hazards in a dwelling ensuring it meets the ideal standard (Building Regulations).

In this case it was impossible to access the property to undertake such an assessment initially. However it would have been undertaken if the owner had wanted to live in the house after the clearance.

Informal action (visits and letters) was unsuccessful in the initial stages of the investigation as the owner would not engage, and when he did engage he advised that he did not have any money to fund the clearance, or baiting programme. Ultimately formal action was taken by way of serving a Notice under Public Health Act. This enabled the officer to arrange the appropriate works in default of the notice and recover the costs by putting a charge on the property. The works included disposing of soiled items, poisoning the rats, removing the harbourage inside and outside the property and extensive cleaning/disinfecting.

The officer arranged for the occupier to stay in temporary housing via Housing Needs, as the clearance works and baiting program was so extensive. During the clearance the officer noted that mostly all of the owner's belongings and clothes were contaminated. To ensure the occupier has some clothes, the officer arranged for them to be laundered and returned the cleaned clothes to him at his temporary home. The occupier remained within the sheltered accommodation permanently when it became apparent that the property was not habitable due to there being no kitchen (chronic flooding incident), no heating, no functioning sanitary facilities, potentially unsafe areas in the property due to vermin damage including unsafe electrics.

Grants and the use of the Housing Act 2004 powers to remove the significant hazards were discussed with the owner, however he decided to sell the property.

Appendix 2: Possible legal interventions

Agency	Legal Power and Action	Circumstances requiring intervention
Environmental health	**Power of entry/ Warrant (s.287 Public Health Act)** Gain entry for examination/ execution of necessary work required under Public Health Act Police attendance required for forced entry	Non engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders)
Environmental health	**Power of entry/ Warrant (s.239/240 Public Health Act)** Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathering) Police attendance required	Non engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)
Environmental health	**Enforcement Notice (s.83 PHA 1936)** Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred	Filthy or unwholesome condition of premises (articles requiring cleansing or destruction) Prevention of injury or danger to person served. (All tenure including Leaseholders/ Freeholders/Empty properties)
Police	**Power of Entry (S17 of Police and Criminal Evidence Act)** Person inside the property is not responding to outside contact and there is evidence of danger.	Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb
Housing and Community Safety	**Anti-Social Behaviour, Crime and Policing Act 2014** A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in anti-social behaviour.	Conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or a local authority. An Undertaking to Court can be similarly sought and is often thought of as a more supportive approach, even though prohibitions and positive requirements will be the same.
Agency	**Legal Power and Action**	**Circumstances requiring intervention**

Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA	**Animal Welfare Act 2006 Offences (Improvement notice)** Education for owner a preferred initial step, Improvement notice issued and monitored, If not complied can lead to a fine or imprisonment	Cases of Animal mistreatment/ neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met. Also see: http://www.defra.gov.uk/wildlife- pets/.
Mental Health Service	**Mental Health Act 1983 Section 135(1)** Provides for a police officer to enter a private premises, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. NB. Place of Safety is usually the mental health unit, but can be the Emergency Department of a general hospital, or anywhere willing to act as such.	Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being • Ill treated, or • Neglected, or • Being kept other than under proper control, or • If living alone is unable to care for self, and that the action is a proportionate response to the risks involved.
All Local Authority	**Mental Capacity Act 2005** A decision can be made about what is in the best interests of a mentally incapacitated person by an appropriate decision-maker under the MCA. It is important to follow the empowering principles of the Act and ensure that any actions taken are the less restrictive option available. **NB:** Where the decision is that the person needs to be deprived of their liberty in their best interests, a **Deprivation of Liberty Safeguards (DoLS)** authorisation will be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the **Court of Protection** may be needed and legal advice should be sought.	A person who lacks capacity to make decisions about their care and where they should live is refusing intervention and is at high risk of serious harm as a result,

Other legal considerations:

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

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

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

Hoarding Policy Environmental Health

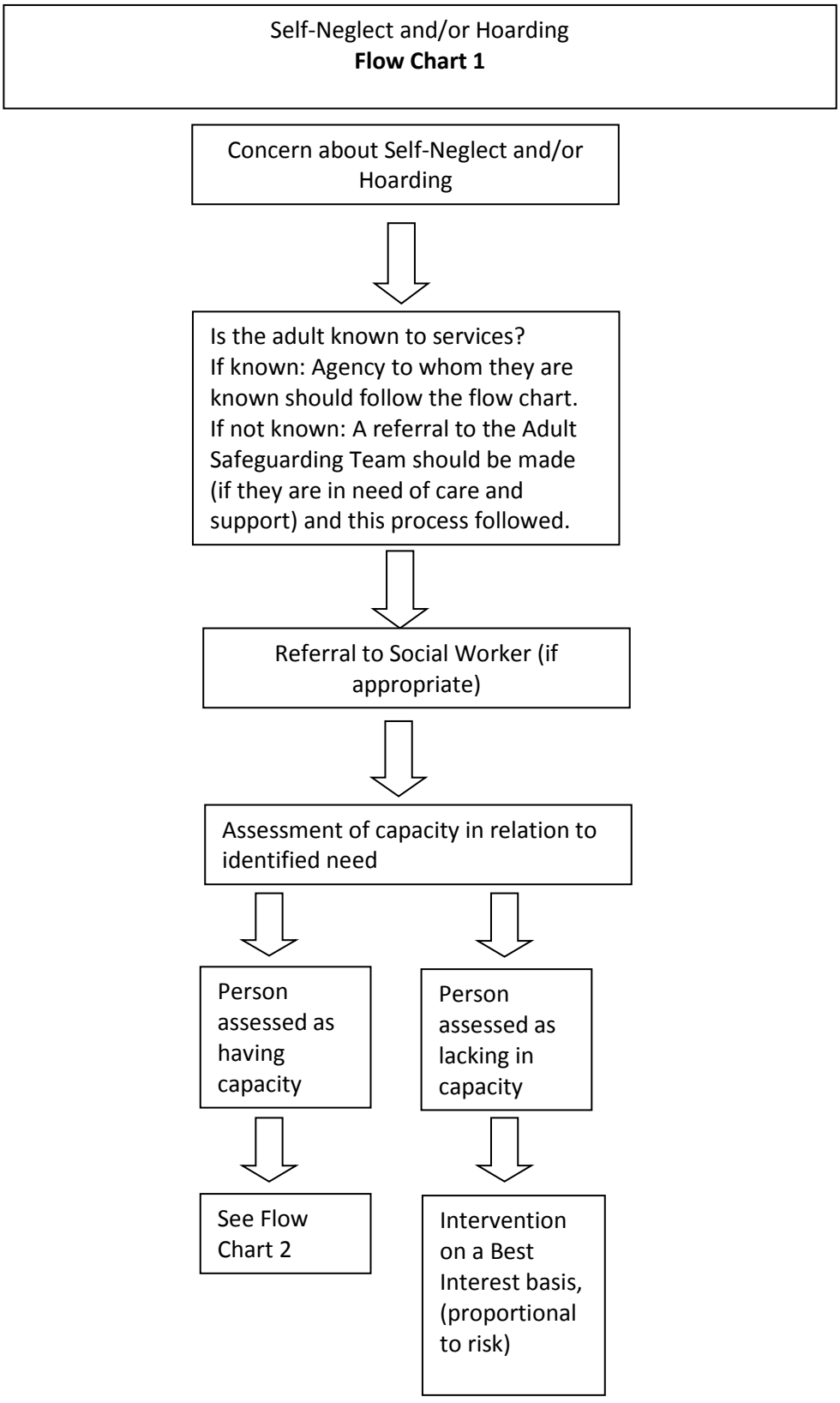
Appendix 3: Other Professionals/Agencies

Different agencies will be able to do different things. Self-Neglect is rarely a single agency issue. There are a number of agencies and departments who may be able to help:

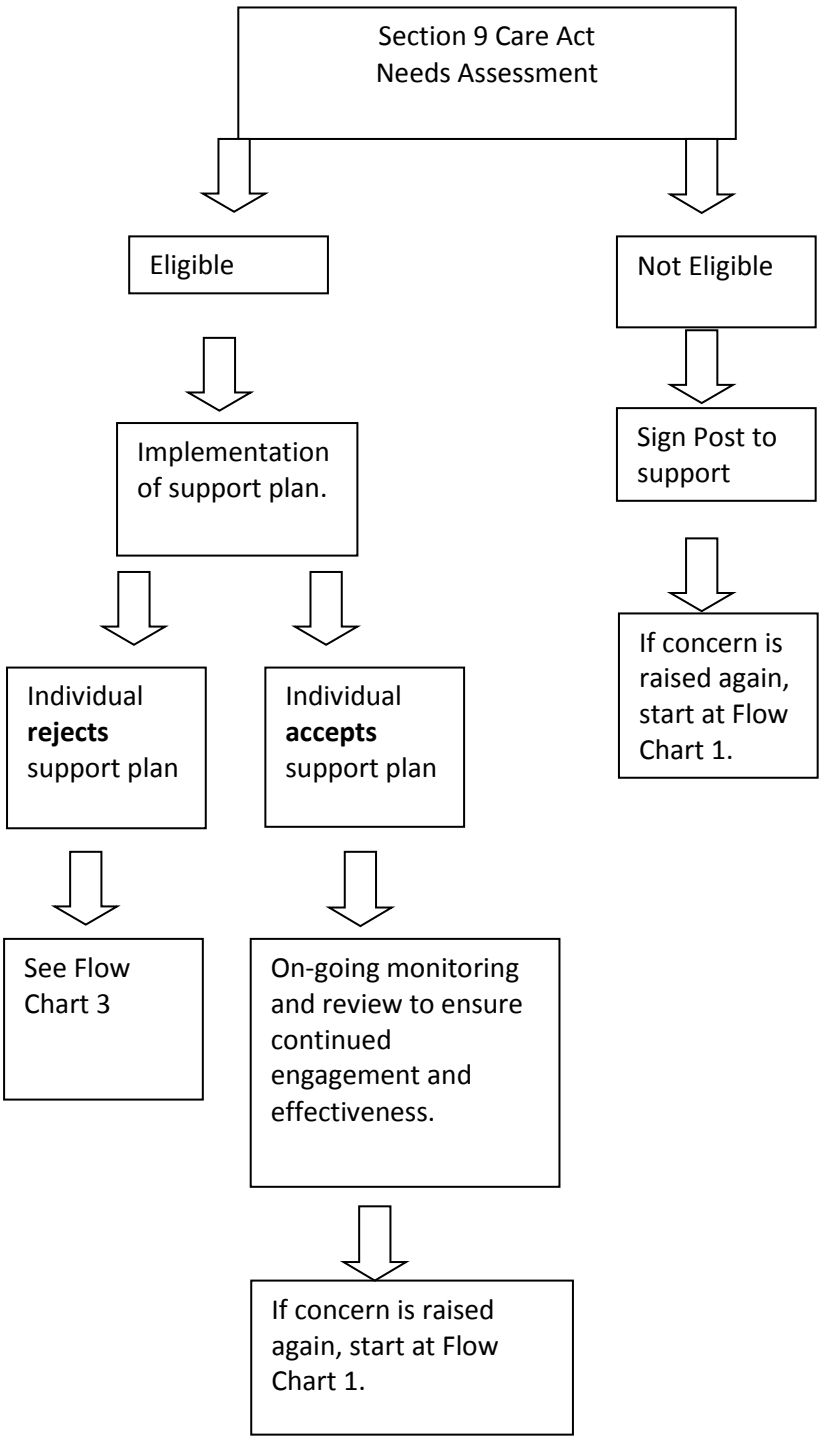
- Adult Safeguarding Team
- Adult Social Care
- Health – GP or District Nurse (DN)
- Mental Health Services
- Legal Services
- Risk Enablement
- Domiciliary care providers
- Community Psychiatric Nurse (CPN)
- Advocacy, Swindon Advocacy Movement
- Voluntary organisations
- Housing Teams
- Wardens
- Counselling or therapy services
- Community Safety Partnership (CSP)
- Environmental Health
- Housing Association/private landlord
- Falls advisor
- Children's services or child protection
- RSPCA
- Fire Service*
- Debt advice service

*The Fire Service is of particular importance where a person is hoarding items which may pose a high risk of fire at the property. While a person's consent to involve the Fire Service should always be sought, it may be necessary to override the person's wishes if they are at risk of serious injury or death if a fire occurs. Properties with large amounts of hoarded items also present a risk to any fire fighters called to attend an incident. Experience has shown that people may be more willing to allow Fire Service workers into their property than other professionals.

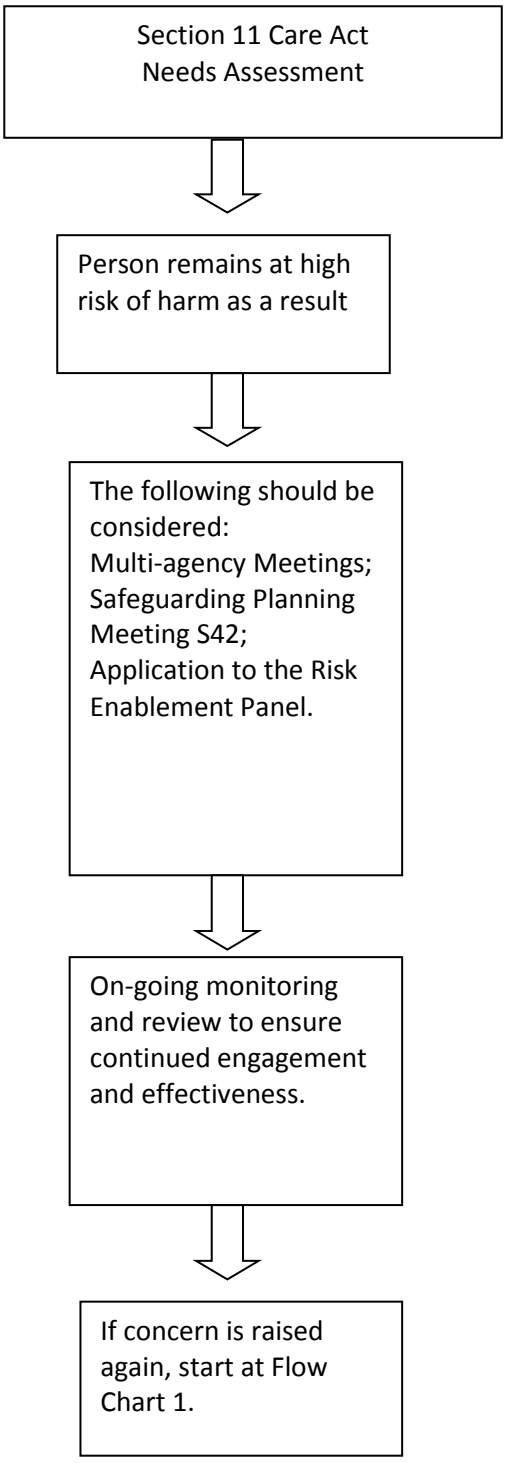
Appendix 4: Self-Neglect and/or Hoarding Flow chart(s)



Self-Neglect and/or Hoarding
Flow Chart 2



Self-Neglect and/or Hoarding
Flow Chart 3



Appendix 5: Professional Checklist for Concerns of Self-Neglect

Person causing concern:
Personal Identifier (SWIFT or NHS No. if known):
DOB:
Address:
GP:
Person completing the checklist:
Date completed:
NB: Consent may not always be given by the person, however if it is considered that the person is at risk or children/young people are at risk and it is in the person's best interest, this form should be completed. It may not be possible to complete all the questions

	Issues for consideration when deciding if someone is self-neglecting	Yes	No
1	Is the person over 18 and has a physical disability, learning disability, mental health needs, is physically frail or has a long term condition or misuses substances or alcohol?		
	Has care and support needs and is unable to protect themselves or others by controlling their behaviour.		
2a	Does the person have capacity to make decisions about their health, care and support needs?		
2b	Has a formal mental capacity assessment been undertaken?		
2c	If the person lacks capacity to understand they are self-neglecting has a best interest meeting taken place? **NB** :you may not be able to ascertain this at this stage		
3	Is the person unwilling or failing to perform essential self-care tasks?		
4	Is the person living in unsanitary accommodation, possibly squalor?		
5	Is the person unwilling or failing to provide essential clothing, medical care for themselves necessary to maintain physical health, mental health and general safety?		
6	Is the person neglecting household maintenance to a degree that it creates risks and hazards?		
7	Does the person present with some eccentric behaviour and do they obsessively hoard and is this contributing to the concerns of self-neglect?		
8	Is there evidence to suggest poor diet or nutrition e.g. very little fresh food in their accommodation/ mouldy food identified?		
9	Is the person declining prescribed medication or health treatment and/or social care staff in relation to their personal hygiene and having a significant impact on their well-being?		
10	Is the person declining or refusing to allow access to healthcare		

	and/or social care staff in relation to their personal hygiene?		
11	Is the person refusing to allow access to other agencies or organisations such as utility companies, fire and rescue, ambulance staff, housing or landlord?		
12	Is the person unwilling to attend appointments with relevant health or social care staff?		
13	Have interventions been tried in the past and not been successful?		
14	Has the person any family or friends that may be able to assist with any interventions?		
15	Is the perceived self-neglect impacting on anyone else? e.g. family members, neighbours etc?		
16	Are there dependent children living in the accommodation?		

If there are concerns identified in one or more areas from question 2 and the person is not able or willing to engage please follow Self Neglect and/or Hoarding Flow Chart.

Comments/justification/evidence relating to issues raised:

Written with thanks to Bournemouth and Poole and Dorset Safeguarding Adults Board.

Appendix 6: Clutter Scale Rating

Please see the clutter image rating to assess what level on the scale the hoarding problem is.

Clutter Scale Rating: BEDROOM

Please select the photo that most accurately reflects the amount of clutter in the Bedroom(s)

1

2

3

4

5

6

7

8

9

Clutter Scale Rating: LIVING ROOM/LOUNGE

Please select the photo that most accurately reflects the amount of clutter in the Living Room/Lounge

1

2

3

4

5

6

7

8

9

Clutter Scale Rating: KITCHEN

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

1

2

3

4

5

6

7

8

9

Please complete clutter score for all additional rooms:

Room Name	Clutter Score

From using the clutter image rating to assess the level of the clients hoarding

The assessed rating is:

Image 1-3 - Indicate level 1

Image 4-6 - Indicate level 2

Image 7-9 - indicate level 3

Please see tables below for detail and actions:

Level 1: *Clutter image rating 1-3*	**House hold environment is considered standard. No specialist assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made.**
Property, structure, services & Garden area	• All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Garden is accessible, tidy and maintained
House Hold Functions	• No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 0-3 on the Clutter Rating Scale • No additional unused household appliances appear in unusual locations around the property • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health
Health and Safety	• Property is clean with no odours, (pet or other) • No rotting food • No concerning use of candles • No concern over flies • Residents managing personal care • No writing on the walls • Quantities of medication are

	within appropriate limits, in date and stored appropriately.
Safeguard of Children & Family Members	• No Concerns for household members
Animals and pets	• Any pets at the property are well cared for • No pets or infestations at the property
Personal Protective Equipment (PPE)	• No PPE Required • No visit in pairs required

Level 1	Action
Actions to take:	• Discuss concerns with resident • Raise a request to the fire service to provide fire safety advice • Refer for support assessment if appropriate • Refer to GP if appropriate.

Level 2: *Clutter image rating 4-6*	**Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.** **Follow Self Neglect and Hoarding Best Practice Guidance.**
Property structure, services and garden area	• Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open
Household functions	• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose • Clutter is causing congestion between the rooms and entrances. • Room(s) score between 4-5 on the clutter scale • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places • Property is not maintained within terms of lease or tenancy agreement where applicable • Evidence of outdoor items being stored inside
Health & Safety	• Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food

	• No concerning use of candles • Resident trying to manage personal care but struggling • No writing on the walls
Safeguard of children and family members	• Consider a Safeguarding Alert. • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk
Animals and pets	• Pets at the property are not well cared for • Resident is not unable to control the animals • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Sound of mice heard at the property • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)
Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • PPE required.

Level 2	**Action**
Actions to take:	• Refer to landlord if resident is a tenant • Refer to Environmental Health if resident is a freeholder • Raise a request to the Fire Service to provide fire prevention advice • Provide details of garden services • Refer for support assessment • Referral to GP • Referral to debt advice if appropriate • Refer to Animal welfare if there are animals at the property. • Ensure information sharing with all agencies involved to

	ensure a collaborative approach and a sustainable resolution

Level 3: *Clutter image rating 7-9*	**Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.**
Property structure, services and garden area	• Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp • Interior doors missing or blocked open • Evidence of indoor items stored outside
Household functions	• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose • Room(s) scores 7 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment

	• Resident is using candles • Evidence of outdoor clutter being stored indoors • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement where applicable • Property is at risk of notice being served by Environmental Health
Health & Safety	• Human urine and or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates & dishes • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication • Pungent odour can be smelt inside the property and possibly from outside • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics • Concern for declining mental health
Safeguard of children and family members	• Hoarding on clutter scale 7-9 constitutes a Safeguarding alert • Please note all additional concerns for householders
Animals and pets	• Animals at the property at risk due the level of clutter in the property • Resident may not able to control the animals at the property • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed

	• Hoarding of animals at the property • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation
Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent • Visit in pairs required

Level 3	**Action**
Actions to take:	• Conduct a multi-agency meeting • Raise a request to the Fire Brigade within 24 hours to provide fire prevention advice • Safeguarding referral • Application to the Risk Enablement Panel

Adapted from London Borough of Merton Multi-Agency Hoarding Protocol