Bournemouth and Poole and Dorset Safeguarding Adults Boards

Self-Neglect and Hoarding

Guidance for agencies

Bournemouth and Poole and Dorset Safeguarding Adults Boards **Self-Neglect and Hoarding** **Guidance for agencies**	Reference: BPDSAB/SN&H/001 Version: V2.0 Issue date: 08 November 2016 Review date: June 2017

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Context and Framework

Introduction

There is a balance to be struck by those providing support, care and treatment with the duty to safeguard adults at risk and an adult's right to self-determination. This guidance has been written to provide a clear pathway for agencies to follow and a suite of tools to use when dealing with adults at risk who are self-neglecting or hoarding. It will also help those who are safeguarding children in these circumstances.

Adults may make lifestyle choices that are perceived by others to not be in their best interest or are unwise; fundamental freedoms exist so that people are able to live their lives without interference unless it is necessary and proportionate to do so. This may be necessary and legitimate in safeguarding when there are concerns about the safety of individuals or others, or where the person lacks mental capacity for a decision about what is in their best interest. An understanding of the application of the Mental Capacity Act (MCA) 2005 in practice underpins the work undertaken with adults who self-neglect and hoard. See **Appendix 16** of the Multi-agency safeguarding procedures.

The guidance is issued by the Safeguarding Adults Boards (SABs) for Bournemouth, Poole and Dorset. The SABS have responsibility for safeguarding adults at risk. This guidance is important as often concerns about people who self-neglect or hoard may not meet safeguarding adult's criteria and the situation will need to be managed outside of the safeguarding process.

Agencies, other than social or health care, may only occasionally get involved with safeguarding procedures, but they may routinely encounter concerns about people who self-neglect or hoard. This guidance will help agencies plan how to respond as they may need to be at the forefront of shaping the response to individuals. The guidance also provides a framework for managers and staff working with adults who have mental capacity and refuse to engage with services but are or may become at risk of harm or have children identified as at risk.

It should be noted that ordinarily issues of Self-Neglect and or hoarding may not prompt a Section 42 Safeguarding Enquiry where people are failing to care for themselves. Section 42 Safeguarding Enquiries are primarily aimed at people who are experiencing abuse, harm or neglect by a third party. An assessment should be made on a case by case basis. A decision on whether or not a response is required under safeguarding will depend on an 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.

Who can be helped?

The definition of those that come within this policy is the same as for safeguarding adults: "*An adult who has need for care and support (whether or not the local authority is meeting any of those needs), is experiencing or is at risk of neglect, and as a result of those needs is unable to protect themselves against abuse or neglect or the risk of it*".

Self-neglect on the part of an adult will not usually lead to the initiation of safeguarding adult procedures unless the situation involves significant action or inaction on the part of others with established responsibility for the adult's care and who may be either supporting or colluding with the self-neglect.

It should also be remembered that children can be affected by adults who self-neglect and hoard. All those who identify these concerns should check whether the adults have responsibility for children. They should use the Local Safeguarding Children's Board (LSCB) Threshold of need to identify to where services for children are needed and refer for these using the Pan-Dorset safeguarding procedures.
Bournemouth and Poole LSCB
Dorset LSCB

The following text is taken from Social Care Institute Excellence (SCIE) briefings following published research March 2015, see here for further reading http://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/

It has become widely recognised in recent years that policy makers and practitioners in health and social care find it hard to know how to respond to self-neglect.

Self-neglect can describe a wide range of different situations or behaviours. It might mean that someone is not looking after their own health or personal care. Other times, it might refer to not tidying, cleaning or throwing things away for so long that someone's home environment becomes cluttered or dirty enough to pose risks for their health or safety.

Defining self-neglect
The definition of self-neglect used in the research was broad and centred on:

- *lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing, and/or*
- *lack of care of one's environment – squalor and hoarding, and/or*
- *refusal of services that would mitigate risk of harm.*

Self-neglect may happen because the person is unable to manage to care for themselves or for their home, because they are unwilling to do so, or sometimes both. They may have mental capacity to take decisions about their care, or may not. Often the reasons for self-neglect are complex and varied, and it is important that health and social care practitioners pay attention to mental, physical, social and environmental factors that may be affecting the situation (Braye et al, 2011).

Why do difficulties arise in self-neglect work?
In part, it is because the factors that have led to the self-neglect are many and may be deeply rooted. Longstanding and complex problems are not easy to resolve, and social care practitioners are sometimes torn between their duty to care for people and protect them from harm, and the need to respect their choices about how they live (Braye et al, 2013).

Context of this Guidance

- A failure to engage with individuals who are perceived to be self-neglecting (whether they have mental capacity or not) may have serious implications for the individual.
- Public authorities must act in accordance with the requirements of legislation. In relation to adults perceived to be at risk due to self-neglect, legislation does not impose specific actions to take, but expects agencies to act within the powers granted to them. (See Appendix 4 on Legal Literacy)
- This guidance describes some of the risks concerned with self-neglect.
- The shared understanding and commitment of agencies is critical in supporting people and wherever possible, preventing further harm occurring.
- Agencies should be guided by the following:
  - Individuals who self-neglect are supported, as far as possible, in understanding the implications of their actions, the associated risks, consequences of inaction and solutions.
  - A shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect
  - Recognising that some situations are fairly intractable and solutions may not easily be found.

This is achieved through:

- Promoting a person-centred approach. This means treating an individual with respect and dignity, who is in control of, and as far as possible, leads an independent life;
- Raising awareness and recognition of self-neglect;
- Increasing knowledge and awareness of duties provided by legislation; the extent and limitations of these.
- Promoting adherence to a standard of reasonable care, whilst carrying out duties required within a professional role in order to avoid foreseeable harm;
- Promoting proportionate risk assessment and management;
- Clarify and agree different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision making processes and actions taken

Who needs to know?

There is an extensive range of agencies that come into contact with people who self-neglect or hoard. The list below is by no means exhaustive.

- Acute Hospitals
- Community Hospitals
- Adult Social Care
- Care Quality Commission
- Clinical Commissioning Group
- Community Health Services, including community nursing, allied health professionals
- Community Mental Health services
- Community Teams for people with learning disabilities
- Dorset Police
- Drug and Alcohol teams
- Dorset and Wiltshire Fire and Rescue Service
- Environmental Health
- Public Health
- General Practitioners
- Housing Services
- Independent Care Providers
- National Offender Service
- Registered Housing providers
- South West Ambulance Service
- Voluntary and third sector organisations

Care Act and Self-Neglect & Hoarding

The Care Act 2014 (Statutory Guidance updated March 2016) included self-neglect as a category of harm and made it a responsibility of Safeguarding Adult Boards to ensure they co-operate with all agencies in establishing systems and processes to work with people who self-neglect and to minimise risk and harm. The Care Act placed a duty of co-operation on the local authority, police and health services and raised expectations about the cooperation of other agencies.

The Care Act and Making Safeguarding Personal have set out guiding principles to consider when engaging with individuals who may self-neglect or hoard:

- Start with the assumption that the individual is best placed to judge their wellbeing
- Pay close attention to individual's views, wishes, feelings and beliefs
- Preventing or delaying development of needs for care and support and reducing needs that exist
- Need to protect people from abuse and neglect

- Any restrictions on the individual's rights or freedom or action that is involved in the exercise of the function is kept to a minimum
- Importance of individual's participation as fully as possible in decisions about them

Self-neglect differs from other safeguarding concerns in that there is no perpetrator of abuse, however abuse cannot be ruled out as a cause of the onset of self-neglect; part of the Care Act requirements are to address what is the root cause.

The following are useful descriptions of characteristics and behaviours that could indicate **self-neglect**:

- Living in very unclean, sometimes verminous circumstances, eg a toilet completely blocked with faeces;
- Neglecting household maintenance and therefore creating hazards
- Portraying eccentric behaviours / lifestyles, such as obsessive hoarding;
- Poor diet and nutrition, evidenced by little or no fresh food in the fridge;
- Declining or refusal of prescribed medication and/or other community healthcare support eg in relation to the presence of mental disorder (including the relapse of major psychiatric features, or a deterioration due to dementia)
- Not agreeing to delivery of treatment or care by health and/or social care staff in relation to personal hygiene or health inputs eg management of pressure area care or wounds

A neglected environment or poor personal hygiene may not necessarily be a result of self-neglect. It could arise as result of cognitive impairment, level of mental capacity, poor eyesight, functional and financial constraints or be a matter of personal choice. Many people who self-neglect may lack the ability and/or confidence to come forward to ask for help and may not have anyone around who can speak for them.

Hoarding can be described as collecting and being unable to discard excessive quantities of goods or objects. (See also Appendix 3) As a behaviour, it is quite common and most people who hoard possessions do not suffer from any psychiatric disorder, however, in some cases the problem may progress to become so severe that it causes significant distress and impairment. Though usually covert, hoarding can also become a concern for others when health and safety are threatened by the nature or amounts of 'clutter' accumulating within, and sometimes overflowing from, the sufferer's environment.

The reason why someone begins hoarding is not fully understood. It can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired. Compulsive hoarding can cause significant distress or impairment of work, family or social life.

Until recently hoarding was considered to be a symptom of conditions such as Obsessive Compulsive Disorder (OCD),Anxiety Disorder or Autism. However, as a result of significant research it is now recognised as a distinct disorder (Hoarding Disorder) as many cases of hoarding will not be accompanied by obsessive or compulsive behaviours. It is therefore imperative that the correct support and guidance is sought when working with individuals such as a medical review, referral to mental health services or other agencies.

Key Principles

Empowerment – People being supported and encouraged to make their own decisions and informed consent. *"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."*
Prevention – It is better to take action before harm occurs. *"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*
Proportionality – The least intrusive response appropriate to the risk presented. *"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."*
Protection – Support and representation for those in greatest need. *"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."*
Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *"I know that staff treats any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*
Accountability *– Accountability and transparency in delivering safeguarding.* *"I understand the role of everyone involved in my life and so do they."* *Care Act Guidance (2016).*

All agencies should consider the following:

- Self-neglect and hoarding may well represent complex conditions and situations that individuals find themselves in; it is unlikely there will be a simple solution.
- It is highly likely those in such circumstances are known to a variety of agencies and/ or services but each agency may not necessarily be aware of each other's knowledge or input.
- Not all individuals who self-neglect or hoard will be receiving a service. They may have been assessed as requiring a service, and if provided, could help mitigate or reduce the problems individuals face. It is possible services have been rejected.
- An approach which places the person at the centre and includes them is critical to a positive outcome and resolution. Apart from the right to be involved in matters affecting their wellbeing, involvement and ownership of actions is more likely to lead to long term improvement.
- Children's welfare is paramount.

The scope of this guidance does not include:

- Issues of risk associated with deliberate self-harm, which may require assessment under the Mental Health Act (1983)
- Where there are concerns that any relevant agency has closed their involvement prematurely, or is not proactively engaging with multi-agency plans to address the concerns and risks for the individual, this should be escalated through the relevant process for that agency.

However, it would be appropriate to report and address concerns through the local Multi-Agency Safeguarding Adult Procedures if:

- The self-harm appears to have occurred due to act(s) of neglect or inaction by another individual or service
- There appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct

- There appear to be actions or omissions by third parties to provide necessary care or support where they have a duty of care either as a care worker, volunteer or family member to provide such care/support.

If there are any child protection or 'child in need' concerns as a consequence of an adult seriously self-neglecting, these **must** be addressed by services using the LSCB Threshold of need.

Agencies will be expected to have their own organisational policy and procedural guidance in place that dove-tail into the Multi-Agency Policy and Procedures to support people who self-neglect.

Practice Guidance

What it means for agencies to be involved

Local Authority Adult Services may or may not be familiar with the individual and their circumstances. It is important that agencies, other than the local authority, are confident to make the contact with individuals and willing to lead or otherwise engage in finding solutions.

There are essentially three possible ways for the concern to be addressed. These are to some extent interchangeable because of new information coming to light; individual circumstances change or individuals take action which negates the need for input.

1. Multi-agency risk assessment and management (MARM)

The majority of concerns about self-neglect or hoarding will be dealt with by the MARM process. Safeguarding teams may not need to be involved, unless they have already directed this type of approach however, if the matter is a complex one it would be good practice to liaise with safeguarding leads in order to share concerns and benefit from a shared perspective.

The fundamental purpose of the MARM is to bring together those who have knowledge of the specific concerns that have been raised. It is highly logical therefore that this process should involve the individual, their carer or representative if they are available and if possible. The point is that real attempts must be made to engage from the outset because without that dynamic there is less chance either of a positive contribution or securing the best outcomes.

Although the local authority has largely led the MARM process it should be arranged and organised by the agency that is most involved and has raised the concerns in the first place. The local authority's lead role is probably to do with it's familiarity in making these types of meetings but this should not prevent other agencies taking on the responsibility where they can. Chairing arrangements should be agreed in advance. Where no note taker is available agreement will have to be made about who fulfils that responsibility and distributes the recording.

MARM meetings are now well established. In every case an individual decision has to be made about whether to adopt the approach in the first place. This will be based on a decision or recommendation by a manager or professional member of staff deciding whether the level of risk will require action under this guidance. All decisions and concerns must be recorded. The Professionals Checklist for establishing if a concern meets the criteria of self-neglect is reproduced at **Appendix 1** and may be useful as a first screening tool.

A decision to progress through the MARM pathway will be based on information gathered prior to the meeting and then through an assessment by agencies and contributed to by others.

A meeting may well be the most useful way of sharing information derived from the assessment or agreeing the need for its completion. **Appendix 2** contains examples of the assessment tools

and formats available. It should be noted there is no one single assessment framework used within the three authorities, hence the inclusion of different options.

Agencies have agreed that the **Clutter Image Rating Tool** is useful (included in tools at **Appendix 2**) along with the Process guidance. Points that need to be considered:

- What are the perceived risks and are these agreed with colleagues?
- Does the person have the capacity to acknowledge and understand the risks to themselves and potentially others?
- What is the justification for agencies intervening?
- What is the outcome that agencies are attempting to be achieved by intervening? Does the person concerned share these or have different wishes? What are these?
- Is there a Multi-Agency plan that outlines a way forward?
- What will be done to monitor and maintain the plan, review it and make contingency plans if necessary?
- All interventions should be respectful, patient, compassionate and understanding which will help facilitate meaningful exchange.
- Clearly record and communicate any actions taken
- Ensure that all actions, advice, assessments or decisions are forwarded to the individual
- In cases of potential significant harm, resulting from self-neglect or hoarding, the MARM will consider what emphasis should be given to monitoring the circumstances in case of further deterioration.
- Agencies should do all they can to help the person, both individually and collectively, without collusion with the individual or seeking to avoid the issues presented, however challenging.
- As far as possible agencies should work to avert the potential need for statutory intervention. This could mean providing some low level support.
- If it eventually proves necessary to intervene using statutory powers the reasons for doing so must be clearly documented with clear accountability.

Suggested Agenda for MARM meetings

The following agenda could help structure a meeting.

- Statement of Confidentiality and Equal Opportunities/Completion of Signing in Sheet (Contact details to be provided for distribution of notes).
- Introductions and Apologies
- Check whether the individual is comfortable in the meeting or what arrangements have been made to engage if they are not present? Has an advocate or a representative been invited?
- Establish if the individual is aware that professionals have concerns (and if not present whether their consent was gained for the MARM). If this is not known decide how consent will be sought and agreed and record as an action. Discuss what action will be taken if consent is not obtained.

Appendix 8 of the Safeguarding Adults Procedures refers to people who choose not to engage with services.

- Consider the need to engage with an advocate or other representative.
- Details of the person concerned (name/date of birth/address/GP/family if known).
- Background to the concerns (including previous interventions and/or actions).
- Understanding of the individual's mental capacity relevant to the issues being considered.
- Relevant information sharing from each agency about the individual's circumstances.
- Assessment of the risks.
  - What are they?
  - What is the evidence?
  - How serious are the risks to the individual and to others?

- What is the justification for any agency intervening including the legal basis?
- Agree actions to manage/reduce risks and identify by whom and by when.
- If the person is not present agree who is the most appropriate person to talk with them following the meeting
- Agree how the risks will be monitored and by whom.
- Review and agree a timescale for review of the risks and the ongoing situation and, if necessary, convene a multi-agency review meeting.
  - This should be held where possible within 6 weeks of the initial risk assessment (unless required earlier) and reviewed on a regular basis if the risks remain
- If the plan is not accepted, involvement should not cease on the grounds that a person at serious risk has not accepted the plan
  - Alternative plans should be considered
  - Review circumstances and risk assessment
  - Legal advice should be sought to ensure that agencies are fulfilling their responsibilities of the duty of care.
- It should be remembered that a recommendation for a Section 42 Enquiry can be recommended if this is felt necessary and, in any event, the advice of the safeguarding team can be sought.

Record Keeping

- It is essential that records are contemporaneous and kept from the time that a concern about an adult may be at risk was raised. Every entry must be dated and timed. The name of the person recording the information must be written in full and it is recommended that initials are not used.
- The completion of chronologies for each agency involved could be an essential element of safe practice in situations of self-neglect or hoarding and during the risk assessment process the lead agency should consider and action the compilation of one central chronology. A decision can be made on a case by case basis.
- All records must be stored in accordance with each agency's own policies with regards to the Data Protection Act 1998.
- Best practice in recording is based on key principles of partnership, openness and accuracy. Effective recording is part of the total service to the service user/patient.

Confidentiality and Information Sharing

- The Dorset Information Sharing Charter has been agreed by all statutory partner organisations. This charter recognises that information sharing between organisations is essential to safeguard people at risk of harm, neglect and exploitation. This includes people who fund their own care and support.
- Information will be shared within and between organisations in line with the principles set out below:
  - Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.
  - Information given to an individual employee belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult at risk.
  - An organisation should obtain the adult at risk's written consent to share information and should routinely explain what information may be shared with other people or organisations where ever possible however it is recognised that this may not always be possible in extreme situations of self-neglect.
  - Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from harm.

- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.
- Decisions about what information is shared and who with will be taken on a case-by-case basis. Whether information is shared with or without the adult at risk's consent, it should be:
  - Necessary for the purpose for which it is being shared.
  - Shared only with those who have a need for it.
  - Be accurate and up to date.
  - Be shared in a timely fashion.
  - Be shared accurately.
  - Be shared securely.

2. Case Management

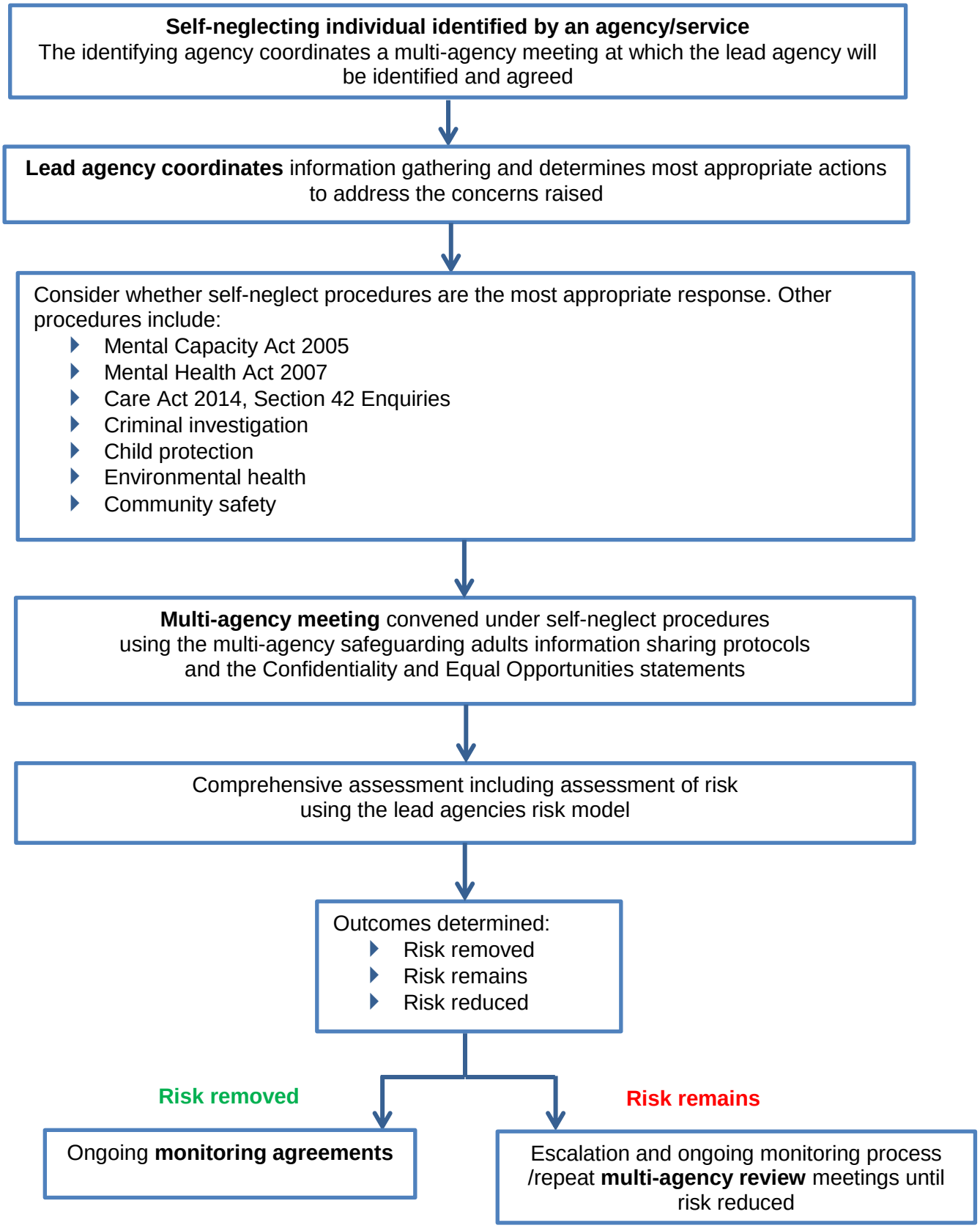
An individual may be supported by a member of staff from Adult Social Care who is working with other agencies as and when necessary. These circumstances will apply where:

- It is likely that the severity of risks are low
- The severity of the self-neglect is not significant
- The person does not meet the criteria for services
- Is making a lifestyle choice (and is capacitated) but there is felt to be a need to consider the impact of self-neglect or hoarding.
- If there continue to be concerns expressed and a single agency response is not appropriate or is insufficient consideration could be given to calling a meeting to discuss the case on a multi-agency basis.

3. Section 42 Enquiry

- The circumstance which are likely to mean a Section 42 enquiry is going to be progressed are referred to above but in summary is most likely to apply where it is considered that the person is being seriously harmed or likely to be because of the actions or inactions of others. This would include situations where, for example, a carer was responsible for the self-neglect or hoarding.
- May apply where there is a more serious concern about the extent to which a person is harming themselves because of their self-neglect or hoarding behaviour and that there is consensus that the formality of the safeguarding enquiry would be beneficial. This could apply when an agency that needs to contribute is not fully cooperating.
- The situation is being exacerbated because the person lacks mental capacity to make decisions about their welfare and wellbeing and this is further affecting their situation and a formal response is required.
- It is important to keep in mind that the legal or professional resources, remedies and possible solutions available through a safeguarding enquiry are available to any MARM meeting outside of a S42 enquiry and colleagues need to identify issues and seek assistance.

Practice Guidance for staff



Appendix

Appendix 1

Professional's checklist for establishing if a concern meets the criteria of self-neglect

Person causing concerns: _____

Personal Identifier: CD or NHS Number if Known D.O.B: _____

Address :

GP:

Person Completing 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

*Please add any comments/justification/evidence in the box on the rear of this form

	Issues for consideration when deciding if an individual is seriously 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 wellbeing?	☐	☐
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?	☐	☐

N.B: If there are concerns identified in one or more area from question 2 and the person is not able or willing to engage consideration must be given to holding a Multi–agency Risk Management meeting.

Comments/justification/evidence relating to issues raised

Appendix 2

Self-neglect Toolkit

Reference should be made to the T-ASC Guidance and a decision made in every relevant meeting about which is the appropriate tool to use.

The toolkit can be found using the following link:
http://www.bpsafeguardingadultsboard.com/useful-links.html

Appendix 3

Characteristics of Hoarding

Fear and anxiety	▸ Compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person who is hoarding believes buying or saving things will relieve the anxiety and fear they feel. Hoarding effectively becomes their comfort blanket ▸ Any attempt to discard the hoarded items can induce feelings varying from mild anxiety to full panic attack with sweats and palpitations.
Long term behaviour pattern / excessive attachment to possessions	People who hoard may hold an inappropriate emotional attachment to items.
Indecisiveness	May struggle with the decision to discard items that are no longer necessary. Including rubbish
Unrelenting standards	will often find faults with others; requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks
Socially isolated	Will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office based appointments
Large numbers of pets	May have a large number of animals which can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”.
Mentally competent	Are typically able to make decisions that are not related to hoarding.
Extreme clutter	May be in a few or all rooms and prevent them from being used for their intended purpose.
Churning	Can involve moving items from one part of the property to another, without ever discarding any of them.
Self-care	A person who hoards may appear unkempt and dishevelled, due to a lack of bathrooms or washing facilities in their home. However some people who hoard will use public facilities to maintain their personal hygiene and appearance.
Poor insight	A person who hoards will typically see nothing wrong with their behaviours and the impact it has on them and others.

Appendix 4

Legal Literacy

Each agency will know what legal powers best fit the circumstances under consideration. This reinforces the importance of having the right organisations around the table.

Excerpt from Self-Neglect Practitioners Briefing (SCIE March 2015)

Legal literacy

Managers and practitioners agreed that awareness of the legal duties and powers that can apply to self-neglect was of huge importance, and that practitioners need legal literacy (defined as the synthesis of knowledge, understanding, skills and values that enables practitioners to connect relevant legal rules and policy frameworks with the professional priorities and objectives of ethical practice; Braye et al, 2007). The Mental Health Act 1983 and the Mental Capacity Act 2005 were both significant here, as were environmental and public health measures. Although some cases reached risk levels at which action could be imposed, the strong preference was to seek voluntary solutions and to involve the individual closely in decisions about, for example, which hoarded materials could be removed. Coercive measures were seen as a last resort, providing limited solutions. This often meant a preference for respectful persuasion over enforcement, and at times the limitations of legal powers had to be explained to other agencies or interested parties who assumed that 'surely something could be done'. In general, it was usually desirable for legal interventions to take place through a coordinated sequencing of actions between agencies so that support could be provided even while enforced intervention took place, although this was not universal practice.

Mental capacity frequently featured in practitioners' narratives, and was often the starting point of deciding what could and should be done by way of intervention. Practitioner knowledge of legal requirements on mental capacity was therefore an essential underpinning to practice. Capacity assessments might need to be undertaken by any of a variety of professionals, and could take prolonged discussion between professionals and repeat visits to the individual. In cases of uncertainty or time having passed, or in changed circumstances, practitioners might need to carry out repeat assessments. A further challenge was that of identifying whether capacity for small decisions on simple functional tasks denoted capacity to carry out an overall, coordinated self-care strategy. Even where capacity was established, this would not necessarily mean that the professional network withdraws from the individual; attempts to build rapport and relationship could continue.

In many cases, capacity assessments were routinely being evaluated and updated, with approaches that were fine-tuned and multi-disciplinary, although some respondents raised concerns about how thorough and confident practice was in this respect. Where the person was found not to have capacity, practitioners might plan a best interest intervention, with careful consideration of a wide range of available options to manage risk.

More generally, the way in which different forms of legislation might link together required skills in navigating and weighing different options, and expert advice in complex cases was vital. Legal mandates have their place among interventions in cases of self-neglect, should be considered and may indeed be very useful, but the key challenge is appropriate use of the law rather than thinking of it either as the 'first' or 'last' resort. Accurate knowledge of the powers and duties available for intervention is crucial, but so too is the recognition that knowing what could be done does not mean that it should be done, or that the grounds are met in any one individual case; practitioners must consider available legal rules alongside the ethics of intervention and constantly weigh options in the balance.

References and related information

Department of Health (2014). *Care Act 2014*
Department of Health (2014). *Care Act 2014* *Care and support statutory guidance*
Department of Health (2005). Mental Capacity Act
Department of Health (2007) *Mental Health Act 2007*

1. Braye, S., Orr, D. and Preston-Shoot, M. (2013) *A scoping study of workforce development for self-neglect work*, cited in Self-neglect policy and practice: building an evidence base for adult social care. Social Care Institute for Excellence
2. Social Care Institute for Excellence (2015) Self-neglect policy and practice: research messages for practitioners http://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/files/self-neglect_practitioners_briefing.pdf
3. Deborah Barnett, T-ASC (Training, Advice, Solutions and Consultancy). *Self Neglect Toolkit (used with permission for guidance purposes only)*

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