

BCP Council Adult Social Care and Multi-Agency Self-Neglect and Hoarding Panel Terms of Reference

Contents

1.0	Introduction	2
2.0	Referrals	2
3.0	Principles of the Panel	3
4.0	Governance arrangements	3
5.0	Membership of the Panel	3
6.0	Responsibilities of the core panel agencies	4
7.0	Responsibilities of the Self Neglect and Hoarding Panel Business Support Officer	4
8.0	Frequency of Meetings	5
9.0	Panel aims, functions, and objectives	5
10.0	Referrals to the Self Neglect and Hoarding Panel	6
11.0	References and related information	7
12.0	Document Control	7
	Appendix A – Agenda Template	8
	Appendix B – Self-Neglect & Hoarding Checklist & Referral Form	9

1.0 Introduction

The Care Act 2014 recognises self-neglect as a potential safeguarding matter among those who are either in receipt of, or in need of care and support, and when their health and wellbeing or that of others is seriously compromised.

Adults have the right to live the way they choose, even when that involves what may be perceived by others as poor or risky lifestyle choices. However, it is the impact on their own wellbeing or the impact their lifestyle choices are having on others that may prompt interventions by the statutory agencies.

It should be noted that issues of self-neglect and/or hoarding where people are not caring for themselves will not usually prompt a Section 42 safeguarding enquiry. Assessment of whether a Section 42(2) Enquiry 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. For more information regarding the relationship between Self-Neglect and Hoarding and Section 42 safeguarding enquiries please see the [Multi-Agency Safeguarding Adults Policy](#).

2.0 Referrals

A referral to the self-neglect and hoarding panel is most likely to be appropriate when one or more of the following is identified:

- There is a high risk of significant harm or death to the individual(s) concerned or others, which may include children or adults at risk within their networks.

- Multi-agency approaches, including use of MARM frameworks and assertive engagement techniques, are not effectively mitigating high-risk.
- The situation is pending enforcement action or compulsory legislative actions.
- Repeated hospital admissions or medical interventions are occurring as a direct result of the situation. This could also include acceleration of a serious medical condition due to a lack of access to amenities or health/social care workers being unable to come into the home.

3.0 Principles of the Panel

- To provide a multi-agency forum that will provide a process for planning solutions tailored to meet the needs of the individual, utilising a person-centred and strengths-based approach.
- Create a safer and healthier environment for the individual and others affected by the hoarding behaviour, e.g. family, neighbours.
- Develop and suggest creative ways of engaging individuals in the process.

The Panel will also identify and seek to manage risks associated with the following:

- fire
- environmental health issues
- wellbeing and welfare concerns
- mental health issues
- access to premises
- method of engagement with individuals concerned
- mental capacity Concerns
- Suitability of housing.

4.0 Governance arrangements

All panel members are subject to the terms of reference set out in this document. Panel representatives must escalate any issues relating to the lack of cooperation of members to the Chairperson. The Chairperson will discuss any issues with the relevant members and escalate within the members agency where appropriate.

If there is clear evidence upon review that a case has been closed or a client has died where agreed actions to mitigate high risk have not been completed, this will be escalated to Head of Statutory Services and to the Service Director/Adult Safeguarding Board where necessary.

The Panel arrangements will be monitored by BCP Council ASC Senior Management Group.

5.0 Membership of the Panel

Membership extends to the following groups, although member attendance will be dependent on the needs of each individual case. Representatives attending the group must be at a sufficient level, to be able to make decisions and allocate resources.

- Adult Social Care Safeguarding Adults Manager (or representative)
- Dorset & Wiltshire Fire and Rescue Service
- Environmental Protection
- Private Sector Housing Officer / Housing and Community Services
- BCP Homes or registered provider representative
- Police representative
- Mental Health Services representative
- Children's Services
- Safer Communities Team
- Dorset Healthcare Trust Safeguarding Lead
- BCP Housing Landlords Services & Housing Options
- RSPCA.

As a minimum requirement, the group must consist of a representative from Adult Social Care, Health, Fire and Safety Rescue Service, Regulatory services and the Police.

6.0 Responsibilities of the core panel agencies

- A named member to attend all SN&HP meetings.
- If the named member is unable to attend, an appropriate person in the agency must replace them.
- Ensure all referrals from their agency have been approved by a manager and meet the threshold for the SN&HP.
- Check their agencies records on all cases discussed at the SN&HP prior to the meeting.
- Contribute to SN&HP discussions.
- Make decisions on behalf of their agency and agree actions to be taken by their agency. Where this is not possible, to ensure relevant issues are referred to senior managers in their agency for a decision to be made.
- Follow up on actions agreed for their agency and provide feedback on the progress of these actions to the SN&HP Chairperson.
- Promote good practice within their agencies through updating colleagues about the SN&HP, addressing any issues about the quality of their agency's SN&HP referrals and supporting colleagues through the SN&HP process.
- Liaise with the Safeguarding Lead / Champion from within their agency as necessary.

7.0 Responsibilities of the Self Neglect and Hoarding Panel Business Support Officer

- Collate referrals to the SN&HP and send out to the Panel members to enable them to cross check records.
- Record all referrals onto a SN&HP spreadsheet.
- Organise SN&HP meetings, including room bookings, sending invites and papers. The papers should include the minutes of the last meeting, the agenda for the meeting and the completed referral forms.
- Invite non-core agencies to SN&HP if requested to do so by the SN&HP Chairperson.
- To take minutes of the meeting and send these out to all SN&HP members. Add to client database if open to ASC or appropriate.

- Identify those who were presented 6 months previously, to be discussed at the review section of the agenda. Invite the relevant practitioner to present this update.

8.0 Frequency of Meetings

The multi-agency panel will meet every other month to discuss and review complex high-risk self-neglect and Hoarding cases. See standard agenda at [Appendix A](#).

Alternate months to the panels, a Self-Neglect and Hoarding drop in will be held for practitioners to attend. Drop in details:

Join on your computer or mobile app

[Click here to join the meeting](#)

Meeting ID: 345 172 622 897

Passcode: KeoR9y

[Download Teams](#) | [Join on the web](#)

The panel meeting will last for 2 hours and will consider up to 4 people referred to the Panel. The panel Chair is authorised to cancel a panel meeting if there are no referrals or convene an additional Panel if referral levels demand this.

9.0 Panel aims, functions, and objectives

- To apply a multi-agency approach and identify the most appropriate agency for the specific tasks required.
- Identifying strengths and celebrating successes, validating the practitioner/agency on what they have completed.
- To revisit cases at a 6 monthly review, to see progress and hear updates on that case and provide any further guidance or support as a panel.
- Form an agreed approach for all agencies involved in supporting people who are hoarding or self-neglecting.
- To have a commitment by organisations engaged with the group to identify resources and be involved where necessary. Work in partnership to identify connected risks and prioritise actions.
- To explore all options to minimise or mitigate risk and ensure that all interventions possible are taken to maintain the safety of those who are assessed as being at a high level of risk due to issues of self-neglect or other risk-taking behaviours.
- To be aware of a person's right to make an unwise decision if they have been assessed as having mental capacity to make this decision unless there is a clear risk of significant harm to others.
- Identify specific short-term and long-term solutions, including risk management, a range of support and enforcement measures, legal routes, and assist in determining appropriate and effective measures.
- To ensure that any work undertaken with the person is in the least restrictive way possible to achieve their safety and improve their wellbeing.
- To ensure that all decisions and proposed actions involve the person (or authorised person) to the greatest extent possible and that their view has been taken into account in the decision-making process. This may include recommending referral to Advocacy services.

- To highlight when a Hoarding or Self-Neglect situation is also a safeguarding concern for the individual or someone else, including children. This would apply when the person has already received input from other agencies and are not engaging and there are high level risks.
- To intervene and where necessary escalate cases where there is concern that there is a lack of progress against actions agreed at a Multi-Agency Risk Management Meeting or a Case Conference. Along with any lack of partnership engagement or a disagreement on deployment of resources
- To review actions taken by the member agencies on specific cases at the next panel meeting.

10.0 Referrals to the Self Neglect and Hoarding Panel

Referrals to the SNAHP should be on the agreed form titled - **Self Neglect Hoarding Panel Checklist & Referral Form** and submitted 7 working days prior to the Panel Meeting. The completed forms need to be sent to hoardingpanel@bcpcouncil.gov.uk

11.0 References and related information

[Care Act 2014](#)

[Care and Support Statutory Guidance](#)

[Data Protection Act 2018](#)

[Equality and Diversity Policy BCP Council](#)

[Human Rights Act 1998](#)

[Mental Capacity Act 2005](#)

12.0 Document Control

Version	Date	Details
V1.1	01/02/2020	First published version
V1.2	21/01/2021	References to Helpdesk/Care Direct replaced with ASC Contact Centre
V1.3	07/03/2023	Full review

Equality Impact Assessment

Full assessment / Screening Complete – 11th October 2019

Data Protection Impact Assessment

Assessment complete – 7th October 2019

Review Frequency

Every 2 years

Document Approval

Sarah Webb – Head of Statutory Services

Target Audience

All Adult Social Care Staff and other visiting officers

Contact Information

asc.policy@bcpcouncil.gov.uk

BCP Adult Social Care Self Neglect & Hoarding Panel

Agenda

Date & Time of Meeting Venue

1. Welcome and introductions
2. Apologies
3. Notes / actions of the last panel meeting
4. Practitioner present cases –
 - To be considered:
 - Pathway so far – drop-in/MARMM/work undertaken/Care Planning frameworks
 - Degree and context of risk
 - Capacity of individuals involved
 - Legal frameworks
 - Strengths
 - What are the persons views/wishes/outcomes?
 - Impact on networks that are also involved – children/dependants/family/neighbours/community groups
 - Engagement techniques used so far
5. Each agency presents to give feedback on cases presented
6. Develop an action plan per case (Repeat steps 4-6 for more than one case)
7. Feedback or review of previous cases (6 months)
8. Any other business
9. Date and time of the next Panel meeting.

Appendix B – Self-Neglect & Hoarding Checklist & Referral Form

Person causing concerns:

Address:

Personal Identifier (Mosaic or
NHS Number if Known):

Postcode:

DOB:

GP:

Surgery:

Person Completing Checklist:

Date Completed:

NB: Consent may not always be given by the person however if it is considered that the person 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 with a physical or learning disability, mental health needs, physically frailty or long term condition or misuses substances or alcohol? In need of care and support and unable to protect themselves by controlling their own behaviour.	<input type="checkbox"/>	<input type="checkbox"/>
2a	Does the person have capacity to make decisions about their health, care and support needs?	<input type="checkbox"/>	<input type="checkbox"/>
2b	Has a formal mental capacity assessment been undertaken?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
3	Is the person unwilling or failing to perform essential self-care tasks?	<input type="checkbox"/>	<input type="checkbox"/>
4	Is the person living in unsanitary accommodation possibly squalor?	<input type="checkbox"/>	<input type="checkbox"/>
5	Is the person unwilling or failing to provide essential clothing or medical care for themselves to maintain physical health, mental health and general safety?	<input type="checkbox"/>	<input type="checkbox"/>
6	Is the person neglecting household maintenance to a degree that it creates risks and hazards?	<input type="checkbox"/>	<input type="checkbox"/>
7	Does the person present with some eccentric behaviour, do they obsessively hoard and is this contributing to the concerns of self-neglect?	<input type="checkbox"/>	<input type="checkbox"/>
8	Is there evidence to suggest poor diet or nutrition eg. very little fresh food in their accommodation or mouldy food identified?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
10	Is the person declining or refusing to allow access to healthcare and/or Social Care staff in relation to their personal hygiene?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
12	Is the person unwilling to attend appointments with relevant health or Social Care staff?	<input type="checkbox"/>	<input type="checkbox"/>
13	Have interventions been tried in the past and not been successful?	<input type="checkbox"/>	<input type="checkbox"/>
14	Has the person any family or friends that may be able to assist with interventions?	<input type="checkbox"/>	<input type="checkbox"/>
15	Is the perceived self-neglect impacting on anyone else? eg. family members, neighbours, etc.	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are there any dependent children living in the accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Is the accommodation private sector rented?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Is the accommodation owner occupied?	<input type="checkbox"/>	<input type="checkbox"/>
19	Is the accommodation housing association or LA rented?	<input type="checkbox"/>	<input type="checkbox"/>
20..	Has consent been given?	<input type="checkbox"/>	<input type="checkbox"/>

Once completed send to: hoardingpanel@bcpcouncil.gov.uk

NB: 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. More information can be found in the

[Multi-Agency Safeguarding Adults Policy](#)

Comments/justification/evidence relating to issues raised. ASC indicate if Care Act assessment completed

Please include where possible what interventions have been tried and also indicate the outcome of the Clutter Image rating tool on pages 3 – 5.

Risk Assessment:

Category	Observations / Evidence	Describe Identified Risks	Actions Suggested to Mitigate/Reduce Risks discussed (inc. services in situ or declined)
Identify areas of major risk			
Environment Inc. heating / water / lighting			
Personal Hygiene			
Nutritional state			
Substance or Alcohol Use / Misuse			
Falls			
Health / Medical Concerns / Meds			
Mental Health			
Cognition / Communication			
Capacity			
Financial			
Social Dis/Engagement			
Safety Awareness / Fire Risk			
Impact on others / Family Neighbours / children			
Animals / Pets			
Social Support Network			
Hoarding Property			
Other (please give detail)			

Panel Outcomes:

Refer to Safeguarding Yes No

Refer to Other Agency (please state which):

Date:

Clutter Image Rating Scale - Bedroom

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale - Lounge

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale – Kitchen

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



1



2



3



4



5



6



7



8



9