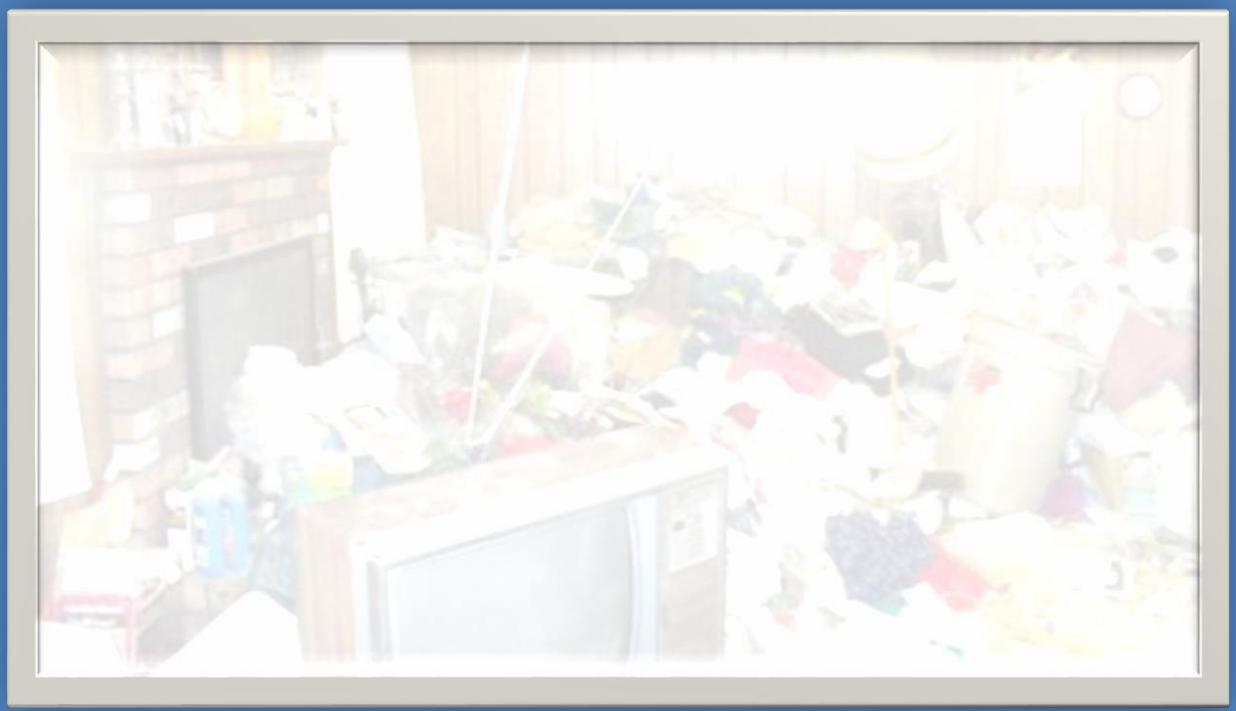
SELF NEGLECT TOOLKIT



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This toolkit can be shared with other agencies for guidance use only. For further information training, advice and consultancy work please contact Deborah Barnett T-ASC (Training, Advice, Solutions and Consultancy)
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1. Introduction

This toolkit is intended to be person centred and solution focused, utilising outcome based models of practice to work with people who hoard and self-neglect. The toolkit is for multi-agency use and would be particularly useful for Housing providers, adult and children's social care, Health workers and other agencies working with those who may be at risk of Hoarding or Self Neglecting.

Self-neglect and compulsive hoarding are highly complex and require a collaborative and integrated approach. This toolkit aims to ensure that practitioners are equipped with methods of working with people in a manner that is meaningful, co-ordinated multi agency partnership working. The toolkit aims to facilitate positive and sustainable outcomes for customers, by involving them in the process at all stages. The toolkit provides guidance, advice, process maps, assessments and methods of working that can be utilised and adapted by organisations to meet the needs of the individuals that they work with. All examples that are used for hoarding for example can be adapted for self-neglect too.

The toolkit includes reference to pieces of legislation that may be relevant to working with people who hoard and or self-neglect. See Mental Capacity Act and Environmental Health powers

2. Who would use the toolkit?

There is an expectation that everyone engages fully in partnership working to achieve the best outcome for the person who hoards or self neglects, while meeting the requirements and duties of individual agencies. It would be expected the Housing workers, domiciliary care providers, Health workers, GPs, Children and Adult Social Care workers, Mental Health workers would find this toolkit useful.

3. The Care Act 2014, Hoarding and Self-Neglect

The Care Act 2014 identifies Self Neglect as a safeguarding responsibility and defines self-neglect as covering a wide range of behaviours such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Falling under the safeguarding policies and procedures means that all safeguarding adults duties and responsibilities apply.

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The safeguarding duties have a legal effect in relation to organisations other than the local authority on for example the NHS and the Police. Safeguarding a person who hoards or self neglects requires an enquiry into the reasons behind a person's hoarding and self-neglect. Agencies have a duty to share information with the Local Authority for safeguarding purposes. The Local Authority have a duty to make enquiries, provide advice, guidance and signpost. In some cases safeguarding procedures will be invoked by the Local Authority. Information within this toolkit is designed to be used in conjunction with safeguarding adult's policies and procedures and therefore consistent with Care Act 2014 guidance.

4. Hoarding and Self Neglect Safeguarding Aims and Objectives

5. Aims of the toolkit

The aims of this toolkit are to promote:

Investigation, Enquiry and Information Sharing

- To explore the problems associated with Hoarding and Self Neglect from different proffessional and community perspectives

Co-ordinated responses and identify support mechanisms

- To support a person who hoards or self-neglects in a structured and systematic way.
- To ensure consistent approaches that utilise the resources of all agencies to prmote a persons wellbeing
- To clarify agency responsibility in relation to Hoarding and self-neglect

Reduced need for compulsory solutions

- To support a person as soon as possible to promote wellbeing and prevent the need for compulsory clearance, legal responses or imposed sanctions

Person Centred Solutions

- To ensure that there is a process for planning solutions, tailored to meet the needs of the person
- To co-ordinate responses of professional support, monitoring, repairs, temporary or permanent re-housing

Best Practice around the wellbeing of the person

- To understand the underlying factors of Hoarding and Self neglect
- To recognise sensitive and supportive approaches
- To improve knowledge of legal frameworks
- To ensure that the person has control of their own decision making and risks taken (Mental Capacity Act

6. Mental Capacity

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves. The act has 5 statutory principles and these are the values which underpin the legal requirements of the act. They are:

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

When a person's hoarding behaviour poses a serious risk to their health and safety, intervention will be required. With the exception of statutory requirements, any intervention or action proposed must be with the customer's consent. In extreme cases of hoarding behaviour, the very nature of the environment *should* lead professionals to question whether the customer has capacity to consent to the proposed action or intervention and trigger a capacity assessment. This is confirmed by The MCA code of practice which states that one of the reasons why people may question a person's capacity to make a specific decision is "the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision" (4.35 MCA Code of Practice, P. 52). Arguably, extreme hoarding behaviour meets this criterion and an assessment should take place. Consideration must be given where there is dialogue or situations that suggest a person's capacity to make decision with regard to their place of residence or care provision may be in doubt.

Any capacity assessment carried out in relation to self-neglect / hoarding behaviour must be time specific, and relate to a specific intervention or action. The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention or action, and is referred to as the 'decision-maker'. Although the decision-maker may need to seek support from other professionals in the multi- disciplinary team, they are responsible for making the final decision about a person's capacity.

If the person lacks capacity to consent to the specific action or intervention, then the decision maker must demonstrate that they have met the requirements of the best-interests „checklist". Due to the complexity of such cases, there *must* be a best interests meeting, chaired by a team manager to oversee the process.

In particularly challenging and complex cases, it may be necessary for the local authority to refer to the Court of Protection to make the best interests decision. Any referral to the Court of Protection should be discussed with legal services and the relevant service manager.

What is the difference between competency and capacity and why is this important when working with people who self-neglect and / or hoard?

Competency

To be competent means that the overall function of the brain is working effectively to enable a person to make choices, decisions and carry out functions. Often the mini mental state test is used to assess competency. In many people who have for example Dementia, Parkinson's or Huntington's disease the first aspect of brain function affected is the executive function and unfortunately this is not tested very effectively using the mini mental state test.

Executive Function

The executive function of the brain is a set of cognitive or understanding / processing skills that are needed to plan, order, construct and monitor information to set goals or tasks. Executive function deficits can lead to problems in safety, routine behaviours, voluntary movements and emotional wellbeing – all associated with self-neglect and hoarding behaviours. The executive functions are the first to be affected when someone has for example Dementia.

Capacity

Capacity is decision making ability and a person may have quite a lack of competency, but be able to make a specific decision. The decision making ability means that a person must be able to link the functional demands- the ability to undertake the tasks, the ability to weigh up the risks and the ability to process the information and maintain the information to make the decision. In some way shape or form the person has to be able to let the person assessing them know that they are doing this. Many competent people make what others would consider to be bad decisions, but are not prevented from taking risks and making bad decision. This is not a sign that a person lacks capacity to make the decision, just that they have weighed everything up, considered the factors and determined that for them this would be what they wanted. The main issue in the evaluation of decision-making capacity is the process of making the decision, and not the decision itself.

Why do I need to know this?

This is important because the first test of the capacity assessment states is there an impairment of the brain function or mind? Someone who hoards or self neglects can take huge risks with their own health and often professionals assess the person as having capacity, as they are deemed competent.

The person is therefore deemed to not meet criteria for a capacity assessment and is said to be making poor decisions that are autonomous and therefore they are able to make this choice without professional intervention. If you are concerned then an assessment of the executive functions of the mind would support the capacity assessment in the functional aspect (Part 1).

The next mistake that professionals commonly make is that the second part of the test should be directly related to the first part. This means that a person can only be said to lack capacity if the reason for the inability e.g to understand the decision to be made, weigh up the risks and positives of a situation, retain and communicate the decision, directly links to the functional aspect of the test or the impairment of the brain function or mind. If the first element of the test is not accurately assessed then this creates difficulty in understanding whether the person can undertake these decision making skills.

One more mistake that professionals commonly make is that decisions are not broken down into specific decisions, but are grouped together into too complex a decision making the understanding of whether a person can make that decision difficult to determine. Often this is then translated into indecision and ultimately an assumption that the person has capacity. Sometimes professionals assess a persons capacity to make a simple decision and that capacity is assumed in relation to more complex decisions. Professionals need to spend some time and discuss the purpose of the assessment and plan what the decision is that they are assessing.

In relation to hoarding and self-neglect developing a good rapport and early intervention is critical. If a person is unable to develop new relationships due to cognitive impairment then these risks must be considered in your assessment in determining the tensions between respect for autonomy and a duty to preserve wellbeing.

7. Information Sharing

The Care Act 2014 states that information sharing should be consistent with the principles set out in the Caldicott Review published 2013 "Information to share or not to share: the information governance review" ensuring that:

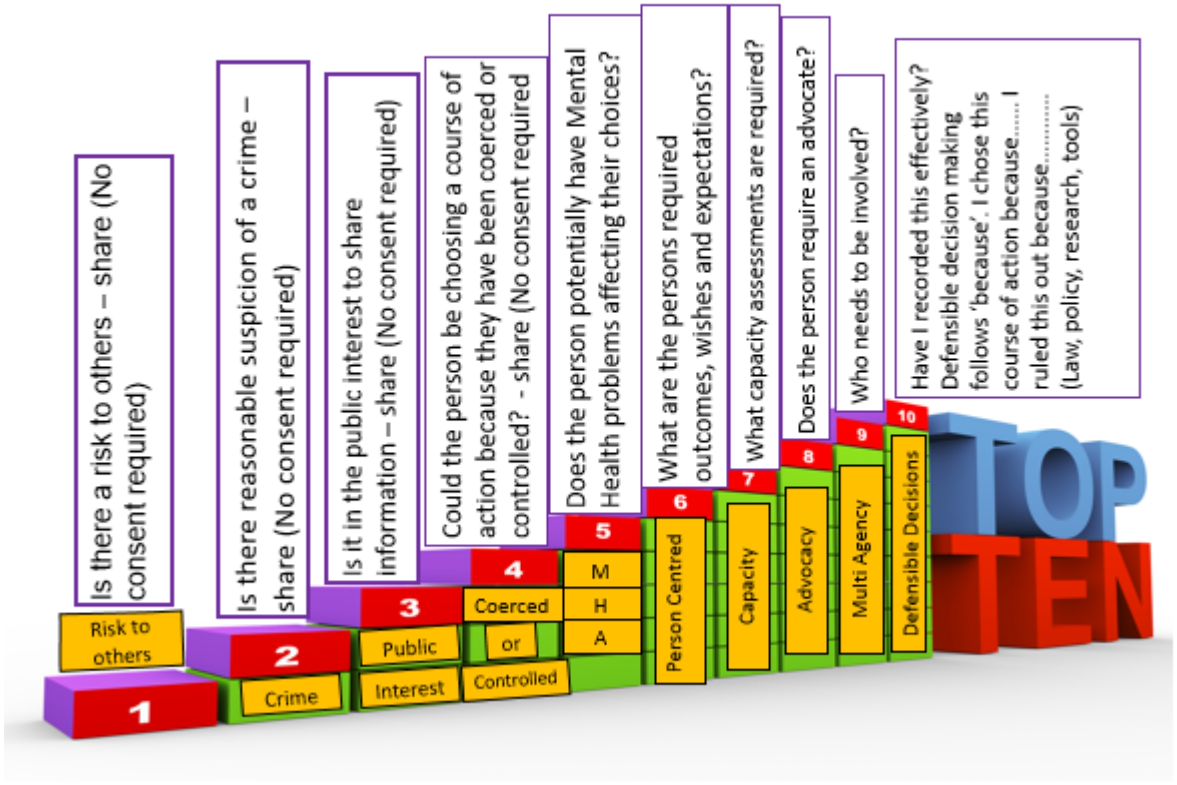
Information will only be shared on a 'need to know' basis when it is in the interests of the adult;

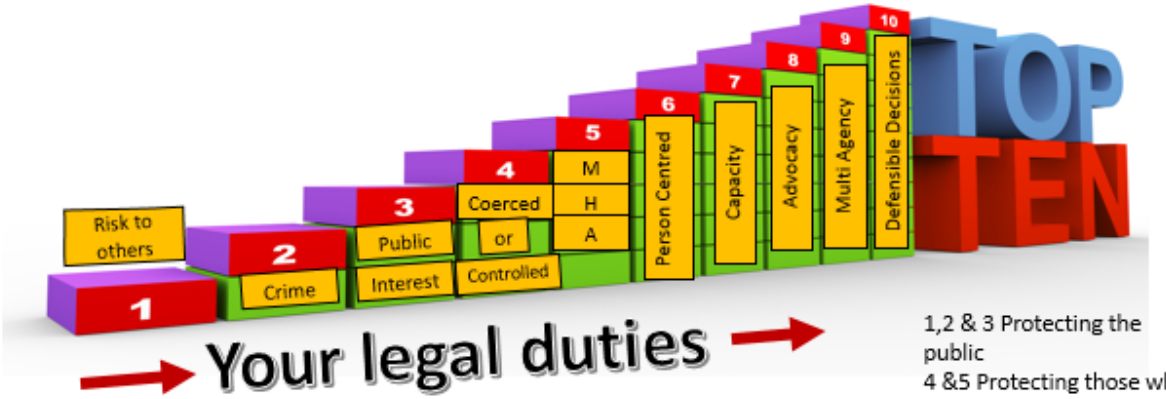
- confidentiality must not be confused with secrecy;
- informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.
- Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (See 9 Golden Rules) and wherever possible the Caldicott Guardian should be involved.
- Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework
- Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

The decisions about what information is shared and with who will be taken on a case by-case basis. Whether information is shared and with or without the adult at risk's consent. The information shared 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 recorded proportionately demonstrating why a course of action was chosen – I did this because…….. I ruled this out because……. I chose this because…….

- Be shared securely





1,2 & 3 Protecting the public
4 &5 Protecting those who can not consent
6,7,8,9 Supporting and protecting the individual
10. Protecting ourselves

Hoarding and Self-Neglect

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8. Definition of Self Neglect and Hoarding

What is Self-Neglect?

The Care Act 2014 defines self-neglect as wide ranging covering:

- Neglecting to care for one's person hygiene
- Neglecting to care for one's health
- Neglecting to care for one's surroundings
- Hoarding

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993)**.** Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.

- Severe 'cluttering' of the person's home so that it is no longer able to function as a viable living space;

- Significant distress or impairment of work or social life (Kelly 2010).

Self-neglect differs from other safeguarding concerns as there is no perpetrator of abuse, however, abuse cannot be ruled out as a purpose for becoming self-neglectful. An investigation into the reasons for self-neglect is required to determine whether any form of abuse has taken place. This is not always as easy as it may sound, as it requires the professionals, or concerned person to engage with the self-neglecting person, develop a rapport and their trust to ask about their emotions and how they feel about themselves. Sometimes this can feel traumatic for the person and may take time and patience.

The key aspects to assess are:

- Physical Living Conditions
- Mental Health
- Financial issues
- Personal living conditions
- Physical Health
- Social Networks
- Personal endangerment
- Danger to others

9. General 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

hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket.

Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

- **Long term behaviour pattern**: possibly developed over many years, or decades, of “buy and drop”. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.

- **Excessive attachment to possessions:** People who hoard may hold an inappropriate emotional attachment to items.

- **Indecisiveness:** people who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.

- **Unrelenting standards:** People who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.

- **Socially isolated**: people who hoard will typically alienate family & friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office based appointments.

- **Large number of pets**: people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”

- **Mentally competent:** People who hoard are typically able to make decisions that are not related to the hoarding.

- **Extreme clutter:** hoarding behaviour may prevent several or all the rooms of a person property from being used for its intended purpose. **Churning:** hoarding behaviour can involve moving items from one part a person’s property to another, without ever discarding anything.

- **Self-Care:** a person who hoards may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities, in order to maintain their personal hygiene and appearance.

- **Poor insight:** a person who hoards will typically see nothing wrong with their behaviour and the impact it has on them and others.

10. What Is Hoarding Disorder?

Hoarding Disorder used to be considered a form of obsessive compulsive disorder but this has been a subject of much debate. Hoarding is now considered in some countries a standalone mental disorder and is included in the 5th edition of the DSM

2013. However, hoarding can also be a symptom of other mental disorders. Hoarding Disorder is distinct from the act of collecting, and is also different from people whose property is generally cluttered or messy. It is **not** simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

Hoarding does not favour a particular gender, age, ethnicity, socio-economic status, educational / occupational history or tenure type.

Anything can be hoarded, in various areas including the resident's property, garden or communal areas. However, commonly hoarded items include but are not limited to:

- Clothes, bags, shoes, jewellery
- Newspapers, magazines or books
- Bills, receipts or letters
- Food and food containers
- Animals
- Medical equipment
- Collectibles such as toys, video, DVD, or CDs

11. Types of Hoarding

There are three types of hoarding:

- **Inanimate objects**

  This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.

- **Animal Hoarding**

  Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care

  of themselves. As well, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

- **Data Hoarding**

  This is a new phenomenon of hoarding. There is little research on this matter and it may not seem as significant and inanimate and animal hoarding, however people that do hoard data could still present with same issues that are symptomatic of hoarding. Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit route. Appropriate professional fire safety advice must to be sought. Share information with appropriate emergency services by alerting them to hoarded properties. This will allow crews to respond appropriately. Fire services can provide support and guidance as well as fire safety equipment and should be part of the muti agency response.

12. Environmental Health Powers

Public Health Act 1936

Section 79: Power to require removal of noxious matter by occupier of premises

The Local Authority (LA) will always try and work with a householder to identify a solution to a hoarded property, however in cases where the resident is not willing to co-operate the LA can serve notice on the owner or occupier to “remove accumulations of noxious matter". Noxious not defined, but usually is “harmful, unwholesome". No appeal available. If not complied with in 24 hours, The LA can do works in default and recover expenses.

Section 83: Cleansing of filthy or verminous premises

Where any premises, tent, van, shed, ship or boat is either;

a) Filthy or unwholesome so as to be prejudicial to health; or
b) Verminous (relating to rats, mice other pests including insects, their eggs and larvae)

LA serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within 24 hours or more. If not complied with, Environmental Health (EH) can carry out works in default and charge. No appeal against notice but an appeal can be made against the cost and reasonableness of the works on the notice.

Section 84: Cleansing or destruction of filthy or verminous articles

Any article that is so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous, the LA can serve notice and remove, cleanse, purify, disinfect or destroy any such article at their expense.

Prevention of Damage by Pests Act 1949

Section 4: Power of LA to require action to prevent or treat Rats and Mice

Notice may be served on owner or occupier of land/ premises where rats and/ or mice are or may be present due to the conditions at the time. The notice may be served on the owner or occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works.

The LA may carry out works in default and charge for these.

Environmental Protection Act 1990

Section 80: Dealing with Statutory Nuisances (SNs)

SNs are defined in section 79 of the Act and include any act or omission at premises that prevents the normal activities and use of another premises, including the following:

Section 79 (1) (a) any premises in such a state as to be prejudicial to health or a nuisance

(c) Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance

(e) Any accumulation or deposit which is prejudicial to health or a nuisance

(f)) Any animal kept in such a place or manner as to be prejudicial to health or a nuisance

The LA serves an Abatement Notice made under section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.

13. Safeguarding Children

Safeguarding Children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. Growing up

in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue.

The needs of the child at risk must come first and any actions we take reflect this. Therefore, where children live in the property, a Safeguarding Children alert should always be raised. Please follow your local guidance.

14. Other adults requiring safeguarding

There may be other adults who have care and support needs residing at the property. Safeguarding Adult processes described in your local safeguarding adults guidance should be utilised.

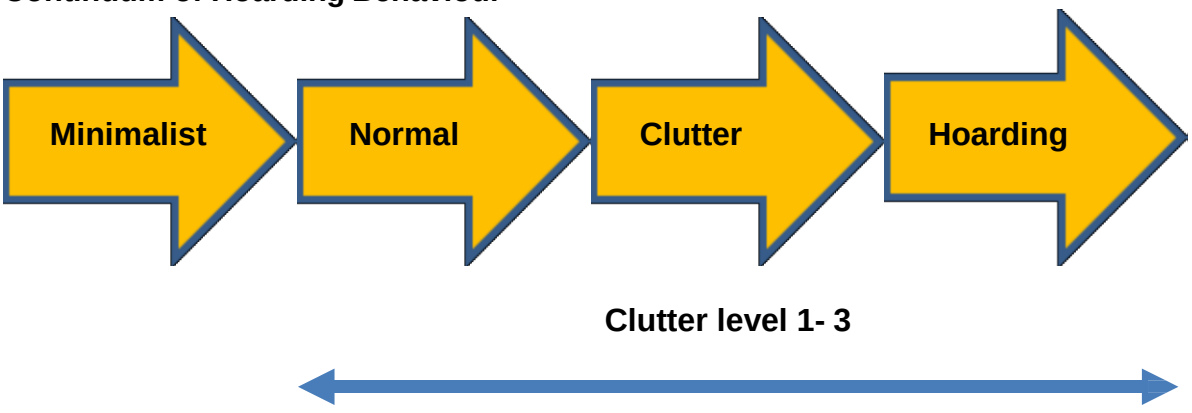
15. Multi-Agency Response

It is recognised that hoarding is a complex condition and that a variety of agencies will come into contact with the same person. It is also recognised that not all customers will receive support from statutory services such as Mental Health.

Any professional working with customers who may have or appear to a have a hoarding condition should ensure they complete the Practitioners Assessment, use the Hoarding and Self Neglect Assessment Tool and use the clutter image rating tool kit to decide what steps to take.

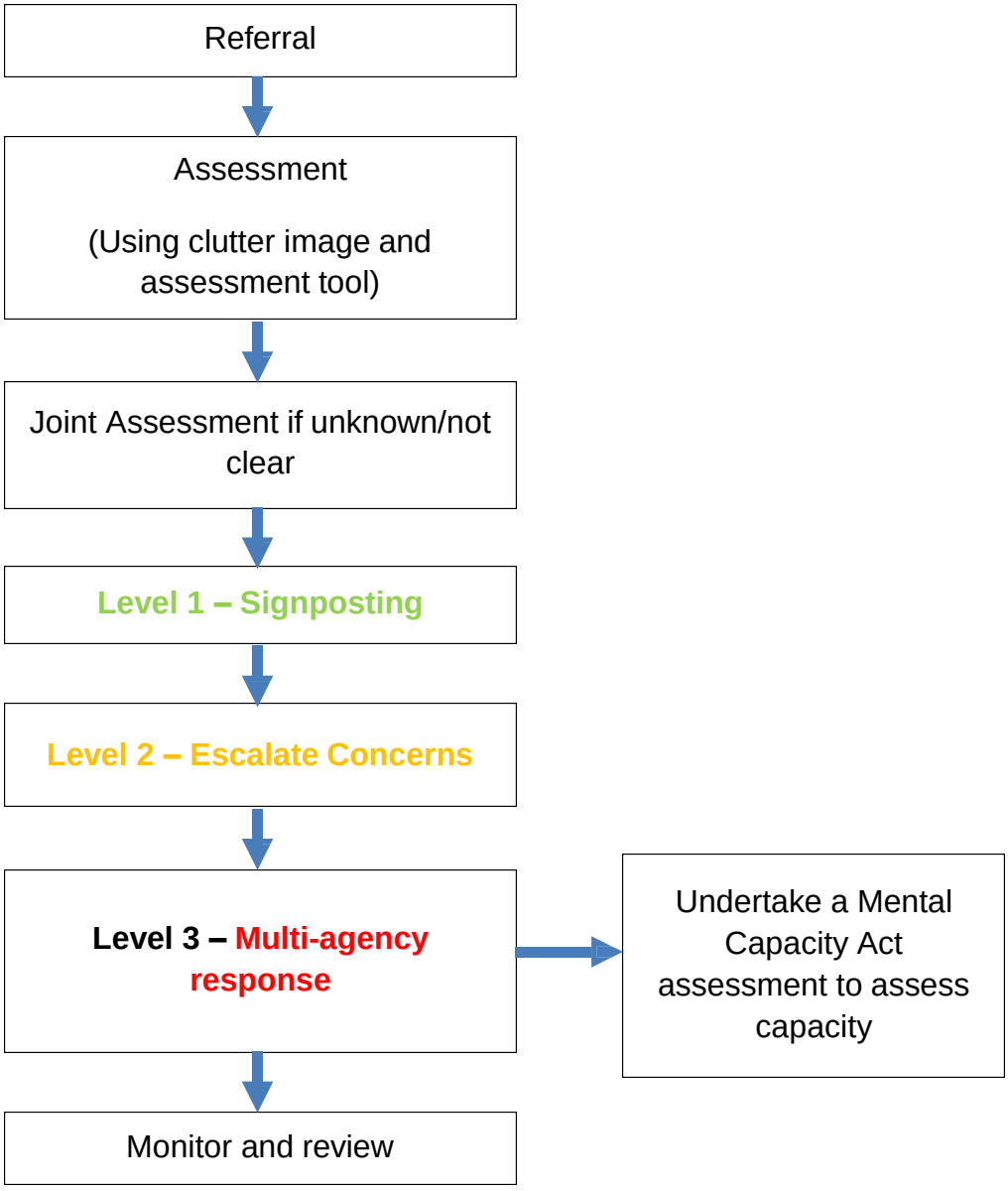
Evidence of animal hoarding at any level should be reported to the RSPCA.

Continuum of Hoarding Behaviour



16. Process for Clutter Image Rating Tool (Based on Fire Services Tool)

The flow chart below sets out the process clearly. If in doubt, please ask your supervisor/manager for assistance.



Please use the clutter image rating to assess what level the customer's hoarding problem is at:

Images 1-3 indicate level 1

Images 4-6 indicate level 2

Images 7-9 indicate level 3

Then refer to clutter assessment tool to guide which details the appropriate action you should take. Record all actions undertaken in agency's recording system,

detailing conversations with other professionals, actions taken and action yet to be taken.

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

18. Assessment Tool Guidelines

1. Property structure, services & garden area	• Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space. • Does the property have a smoke alarm? • Visual Assessment (non-professional) of the condition of the services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action. • Are the services connected? • Assess the garden. Size, access and condition.
2. Household Functions	• Assess the current functionality of the rooms and the safety for their proposed use. E.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it. • Select the appropriate rating on the clutter scale. • Please estimate the % of floor space covered by clutter • Please estimate the height of the clutter in each room
3. Health and Safety	• Assess the level of sanitation in the property. • Are the floors clean? • Are the work surfaces clean? • Are you aware of any odours in the property? • Is there rotting food? • Does the resident use candles? • Did you witness a higher than expected number of flies? • Are household members struggling with personal care? • Is there random or chaotic writing on the walls on the property? • Are there unreasonable amounts of medication collected? Prescribed or over the counter? • Is the resident aware of any fire risk associated to the clutter in the property?
4. Safeguard of Children & Family members	• Do any rooms rate 7 or above on the clutter rating scale? • Does the household contain young people or children?
5. Animals and Pests	• Are the any pets at the property? • Are the pets well cared for; are you concerned about their health? • Is there evidence of any infestation? E.g. bed bugs, rats, mice, etc. • Are animals being hoarded at the property? • Are outside areas seen by the resident as a wildlife area? • Does the resident leave food out in the garden to feed foxes etc.
6. Personal Protective Equipment (PPE)	• Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please detail • Following your assessment do you recommend the resident is visited in pairs? Please detail

Level 1 ***Clutter image rating 1 - 3***	Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.
1. 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
2. Household 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.
3. 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.
4. Safeguard of Children & Family members	• No Concerns for household members
5. Animals and Pests	• Any pets at the property are well cared for • No pests or infestations at the property
6. Personal Protective Equipment (PPE)	• No PPE required • No visit in pairs required.

Level 1	Actions
Referring Agency	• Discuss concerns with resident • Raise a request to the Fire Brigade to provide fire safety advice • Refer for support assessment if appropriate. • Refer to GP if appropriate
Environmental Health	• No Action
Social Landlords	• Provide details on debt advice if appropriate to circumstances • Refer to GP if appropriate • Refer for support assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Provide details on debt advice if appropriate to circumstances • Ensure residents are maintaining all tenancy conditions
Practitioners	• Complete Hoarding Assessment • Make appropriate referrals for support • Refer to social landlord if the client is their tenant or leaseholder
Emergency Services	• Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.
Animal Welfare	• No action unless advice requested
Safeguarding Adults	• No action unless other concerns of abuse are noted.
MASH	• No action unless other concerns of abuse are noted.

Level 2 ***Clutter Image Rating 4 – 6***	**Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.**
1. Property structure, services & 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
2. 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
3. Health and 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
4. Safeguard of Children & Family members	• Hoarding on clutter scale 4 -7 doesn't automatically constitute 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.
5. Animals and Pests	• 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.)
6. Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • PPE required.

Level 2	Actions In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or RECURRENCE
Referring Agency	• Refer to landlord if resident is a tenant • Refer to Environmental Health is resident is a freeholder • Raise an request to the Fire Brigade to provide fire prevention advice • Provide details of garden services • Refer for support assessment • Referral to GP • Referral to debt advice if appropriate • Refer to Animal welfare if there are animals at the property. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution**.**
Environmental Health	• Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied by occupier
Social Landlord	• Visit resident to inspect the property & assess support needs • Referral to Floating Support to assist in the restoration of services to the property where appropriate. • Ensure residents are maintaining all tenancy conditions • Enforce tenancy conditions relating to residents responsibilities • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Practitioners	• Refer to "Guidance for Hoarding Guidance Questions to Ask" • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	• Visit property to undertake a wellbeing check on animals at the property. • Educate client regarding animal welfare if appropriate • Provide advice / assistance with re-homing animals
Safeguarding Adults	• No action unless other concerns of abuse are noted. • If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.
MASH	• No action unless other concerns of abuse are noted
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.

1. Property structure, services & 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
2. 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
3. Health and 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
4. Safeguard of Children & Family members	• Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders
5. Animals and Pests	• 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
6. Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Visit in pairs required

Actions	Level 3
Referring Agency	• Conduct a multi-agency meeting • Raise a request to the Fire Brigade within 24 hours to provide fire prevention advice.
Environmental Health	• Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems • At time of inspection, EHO decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied by occupier
Landlord	• Visit resident to inspect the property & assess support needs • Attend multi agency Safeguarding meeting • Enforce tenancy conditions relating to residents responsibilities • If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988
Practitioners	• Refer to "Hoarding Guidance Questions for practitioners" • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	• Attend multi agency meetings on request • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	• Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment • Educate client regarding animal welfare if appropriate • Take legal action for animal cruelty if appropriate • Provide advice / assistance with re-homing animals
Safeguarding Adults	• Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse when identified
Safeguarding Children	• Refer to children to children's services as within 24 hours

17. Guidance Questions for Practitioners

Listed below are examples of questions to ask where you are concerned about someone's safety in their own home, where you suspect a risk of self- neglect and hoarding?

The information gained from these questions will inform a Hoarding Assessment see appendix and provide the information needed to alert other agencies.
Most clients with a hoarding problem will be embarrassed about their surroundings so adapt the question to suit your customers.

- How do you get in and out of your property, do you feel safe living here?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen?
- How have you made your home safer to prevent this (above) from happening again?
- How do move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)
- Has a fire ever started by accident?
- How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
- Do you ever use candles or an open flame to heat and light here or cook with camping gas?
- How do you manage to keep yourself warm? Especially in winter?
- When did you last go out in your garden? Do you feel safe to go out there?
- Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?
- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?
- Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)
- What do you do with your dirty washing?
- Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?
- How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
- Are there any broken windows in your home? Any repairs that need to be done?
- Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?
- Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

18. Guidance for Practitioners

Hoarding Insight characteristics

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

Good or fair insight:

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

Poor insight

The client is mostly convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The Client might recognise a storage problem but has little self-recognition or acceptance of their own hoarding behaviour.

Absent (delusional) insight

The client is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client is completely excepting of their living environment despite it being hoarded and possibly a risk to health.

Detached with assigned blame

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

19. Practitioner's Hoarding Assessment

This assessment should be completed using the information you have gained using the Practitioner's Guidance Questions. Complete this review away from the client's property and in conjunction with the Multi-Agency Hoarding Protocol Assessment Tool. Text boxes will expand to allow further text

Date of Home Assessment				
Client's Name				
Client's Date of Birth				
Address				
Client's Contact Details				
Type of Dwelling				
Freeholder	Yes/No	Tenant – Name & Address of Landlord		
Household Members		Name	Relationship	DOB
Pets – Indicate what pets and any concerns				
Agencies Currently Involved				
Non-Agency Support Currently in Place				
Client's Attitude Toward Hoarding				

Please Indicate if Present at the Property

Structural Damage to Property		Insect or Rodent Infestation		Large number of Animals		Clutter Outside	
Rotten Food		Animal Waste in House		Concerns over the Cleanliness of the Property		Visible Human Faeces	
Concerns of Self Neglect		Concerned for the Children at the property		Concerned for Other Adults at the Property			

Using the Clutter Image Scale Please Score Each of the Rooms Below					
Bedroom 1		Bedroom 4		Separate Toilet	
Bedroom 2		Kitchen		Lounge	
Bedroom 3		Bathroom		Dining Room	

Provide a Description of the Hoarding Problem: (presence of human or animal waste, rodents or insects, rotting food, are utilities operational, structural damage, problems with blocked exits, are there combustibles, is there a fire risk? etc.)

Please refer to the Multi Agency Hoarding Protocol Tool, based on the information provided above, what level is your case graded?

Level 1 - Green	Level 2 - Orange	Level 3 - Red
Name of the practitioner undertaking assessment		
Name of Organisation		
Contact Details		
Next Action to be Taken		
List Agencies Referred to with Dates & Contact Names		

20. Multi Agency Meeting Agenda
FOR USE FOR LEVEL 3

HOARDING

Multi-Agency Meeting

Name Held at

1. WELCOME, INTRODUCTIONS AND APOLOGIES

2. THE PURPOSE OF THE MEETING

3. BACKGROUND INFORMATION INCLUDING ISSUES / CONCERNS

4. GENERAL DISCUSSION; WHAT HAS BEEN DONE ALREADY AND BY WHO

5. OTHER SAFEGUARDING CONCERNS (Victimisation, children other adults with care needs, carer responsibilities)

6. ACTION PLAN

7. AOB

8. DATE OF NEXT MEETING IF REQUIRED

21. Housing Support Options

Hoarding Support Options – See your own procedures in conjunction with these suggestions

Type of Action	Potential Actions	Provider, Service or Support Service Provider	Possible circumstances of use
Specialist Support	Referral to specialist support where appropriate. This may be in conjunction with GP. Counselling may continue after the clearance to prevent reoccurrence.	Specialist Support	Where bereavement/loss/family breakdown may have triggered hoarding. Support may include cognitive behaviour therapy, or signposting to self-help groups.
Clean and Clearance	Where possible undertaken in partnership with the individual as part of support work, possibly including a timed action plan. However, external cleaning and clearance can be commissioned by Environmental Health etc. Recharges for this work may apply depending on the tenure and individual policies.	Specialist clearance service	Commissioned clearance measures tend to be undertaken where there is a time limit, specific reason for external assistance, or Hoarder is unable to carry out themselves. Specialist clearance or treatment companies may be required where there is infestation, substance abuse etc.
Safeguarding referral	Refer to your local safeguarding adults procedures for safeguarding referrals.	Safeguarding Adults Board	Where there is a case of suspected or actual neglect or abuse – 'adults at risk' or children.
External storage	Garages may be available, where items other than vehicles are permissible. Otherwise external storage provision may be sought.	External storage companies	Temporary storage solution where clearance is underway, but items are required to be removed quickly to facilitate works e.g. major works programme. (Note – items of value would be stored at resident's risk). Storage costs would usually need to be met by individuals.

Type of Action	Potential Actions	Provider, Service or Support Service Provider	Possible circumstances of use
Financial Advice or Welfare Benefits Assessment	Referral to type of Advisor will depend on person's circumstances (e.g. Welfare Benefits Advisor, CAB, independent financial advisor)	CAB	Where circumstances include a breakdown in financial area (loss of job/loss of main breadwinner/benefit paperwork lost/not accessed/applied for). Tell-tale signs include lots of unpaid bills, fuel poverty, disconnected utilities etc. CAB as source of general advice.
Aids and adaptations – Occupational Therapy (OT) assessment	Referral to Occupational Therapy for assessment		Where hoarding may be triggered/ exacerbated by a mobility or physical impairment.
Relocation	Referral for re-housing assessment Direct let/management move	Housing provider	Where current accommodation is excessive for needs and alternative accommodation would be more suitable (welfare reform bedroom tax)

22. Housing Assessment
Hoarding/Condition of Property Referral Form (To be used in conjunction with the assessment tool)

Date of Visit:		**Time of Visit:**	
Referral Officer:	Name and Job Title	**Directorate or Partner:**	
Circumstances leading to hoarding / self-neglect alert:	Include original source of referral – from guidance list i.e. neighbours, GP, routine inspection, gas service, pest control visit. Knowledge of substance misuse, mental health issues, capacity issues regarding tenancy, anti-social behaviour issues, any safeguarding issues.		
Property Information			
Address:	Full address details		
Property Type:	House, bungalow, flat etc.	**Delete as appropriate** Detached / Semi-detached / Terraced	**No. Bedrooms**
Property Access:	Has access been granted to the property? Any restrictions?		
Hoarding Details			
Type of Items: (please highlight or insert tick ✓)	Food Items ☐ Animals ☐ CDs/Videos ☐ Clothing ☐ Letters/bills ☐	Newspapers/Magazines ☐ Building Materials ☐ Electrical Items ☐ Packaging ☐ General Rubbish ☐	Books ☐ Excrement ☐ Furniture ☐ Boxes/Bags ☐ Other (please State) ☐
	Where:----------		
Personal Information			
Tenant Name(s):			
Age(s):		**Gender:**	Male / Female
Safeguarding:	Yes / No	**Referral Date:**	
Disability or Vulnerability or warning alerts:	Details of safeguarding issues. Anything important pertaining to vulnerability, language or communication issue, or care need.		

	Presence of any warning alerts held against the individual, i.e. threatening or abusive behaviour. Can include any specific recommendation i.e. do not visit alone.
Safety Advice:	Any initial safety advice e.g. risk of items collapsing/fire damage
Details of identified Risk:	i.e. may involve vermin, flammable materials, disconnected facilities etc. – specify issues by room where known, used needles present
Other supporting circumstances:	Urgent timeframes e.g. expiring legal notices/imminent eviction/damage to neighbouring property/returning home after hospitalisation etc.
Photographs Taken:	**Yes / No** **Attached:** ☐

Supply details to the best of your knowledge (please delete as appropriate)		
Any imminent fire risks? (Consider: Flammable materials, working smoke alarms, evidence of previous fire/smoke damage anywhere?)	Yes / No / Not Known	
Referral to Health and Safety Team?	Yes / No	
Are hoarding items limiting free movement including entry/exit?	Yes / No / Not Known	
Is the room(s) accessible?	Yes / No / Not Known	
Is functionality of the kitchen/bathroom limited?	Yes / No / Not Known	
Is hoarding spilling over into garden?	Yes / No / Not Known	
Is hoarding spilling over into communal areas?	Yes / No / Not Known	
Are items stacked in such a way to cause risk?	Yes / No / Not Known	
Are all utilities/heating connected?	Yes / No / Not Known	
Any apparent urgent repair issues to address? (drainage, leaks, electrical etc.)	Yes / No / Not Known	
Has the gas safety check been completed?	Yes / No	Date:
Has electric periodic inspection been completed?	Yes / No	Date:
Have repairs been reported recently? (lack of repair history can be a hoarder indicate)	Less than 12 months/More than 12 months/Never	
Have there been complaints from neighbours?	Yes / No / Not Known	

Could neighbouring properties be affected in any way?		Yes / No / Not Known	
Are there pest control issues?		Yes / No / Not Known	
Signature:		**Date**	

Tenure Type:	Starter Tenancy, Fixed Term Probationary etc.			
Communities Manager:				
Communities Co-ordinator:				
Systems Updated:	**Code**		**Date:**	
Rent Account Balance:	Clear, regular payments or rent arrears £			
Repairs History:				
Specialist Case:	Any further special details required			
Any ongoing legal action:	Notice or Court Action			
No Access				
Visual assessment of property completed after first letter:	Date of visit and summary details of visual external appearance of property i.e. condition of garden, curtains/blinds open or closed, front/back doors' letter boxes block any notice up from tenant, general opinion. Contact with other parties to establish engagement or to report concern.			
Visual assessment of property completed after second letter:	Date of visit and summary details of visual external appearance of property i.e. condition of garden, curtains/blinds open or closed, front/back doors' letter boxes block any notice up from tenant, general opinion. Any signs of improvement, deterioration or the same since last visit. Contact with others regarding contact and / or concern.			
Visual assessment of property completed after third letter:	Date of visit and summary details of visual external appearance of property i.e. condition of garden, curtains/blinds open or closed, front/back doors' letter boxes block any notice up from tenant, general opinion. Any signs of improvement, deterioration or the same since last visit. Contact with others regarding contact and / or concern.			

Name:	**Date:**
Address:	

Other than this occasion – have there been other incidents of hoarding? If yes, give details:	5 3 1	Yes – frequently (more than 2) Yes – occasionally (more than 1) No
Do you think that these incidents are happening more often and/or are getting worse?	2 1 0	Yes Not known No
Have you or any other agency been allowed access to the property? If yes, give details.	3 0	No/Not known Yes
Do you or any other agency have a reasonable relationship with the tenant?	2 1 0	Do not know the tenant Know the tenant Know each other well
As far as you are aware does the tenant(s) have a history of any of the following vulnerabilities: Provide details:	3 3 2 2 0	Tenant(s) are known or suspected to have poor mental health Tenant(s) are known or suspected to have mobility problems Tenant(s) are known or suspected to have other health problems Tenant(s) are known or suspected to be victims of ASB Tenant(s) have no known physical or mental health problems
Are any of the following due or already out of date: **Gas Safety check:** Yes/No Date last completed: **Electric Safety check:** Yes/No Date last completed: **Tenancy Visit:** Yes/No Date last completed:	 3 3 2	 Gas safety certificate Electrical safety check Tenancy visit
Have you or any other agency identified any imminent fire risks? Provide details:	5 5 5 2 1 0	Tenant(s) using gas bottles or other non-standard heating/lighting appliances Electrical cables or other wires beneath accumulations of rubbish A high fire load caused by accumulations of combustible material Moderate accumulations of materials Low identified fire risk No risk
Home Fire Risk Assessment completed: Date completed:	3 0	No Yes
Is the tenant known to be currently engaged with family, friends or any support service? Provide details:	3 1 1 1	No Yes – family Yes – friends Yes – Support Worker
Is the accumulation of hoarding materials limiting movement around the property or access to and from the property? Provide details:	5 2 0	Yes – severely Yes – moderately No
Is the tenant prepared to improve the condition of the property? Provide details:	2 1 0	No Do not know Yes

Are any rooms in the property inaccessible or incapable of use for their intended purpose: Provide details:	5 4 3 0	Extremely affected Affected a lot Moderately affected Not at all
Are items stacked in such a way to cause risk? If yes, give details:	3 1 0	Yes – severely Yes – moderately No
Are hoarded materials stored by gardens or communal areas (i.e. flats)? If yes, give details:	3 1 0	Communal areas Gardens No
Are any utilities disconnected?	3 3 1	Yes – Gas supply Yes – Electricity supply No
Are there any urgent repair issues? If yes, give details:	3 3 3 2 0	Yes – water leak Yes – drainage problems Yes – other disrepair Not known No
Are neighbouring properties affected in any way? If yes, give details:	3 1 0	Yes Do not know Yes
Safeguarding issue?	3 0	Yes No
Are there pest control issues?	3 3 2 0	Yes – rat infestation Yes – fly infestation Yes – flea infestation No
Total Score		**P1** **P2** **P3**

Priority 1	**P1: Score between 32 – 100** Note: If P1 identified, distribute copy of referral form and risk assessment to: Executive Director of People and Communities, Head of Communities, Head of Property Services, Health and Safety Team, SIT
Priority 2	**P2: Score between 24 – 31**
Priority 3	**P3: Score between 0 – 23**

Completed by:

Signature: **Date:**

23. Assessment Tool – Responses and Considerations

KEY NOTE:

Please open the attached threshold assessment tool (Page 10) that will assist you with your decision making processes in relation to self-neglect including hoarding. If you are recording your assessment you may wish to record against the factors and guidance identified. This will enable you to record in a way that is defensible and justifiable with regard to actions taken.

Self-Neglect and Hoarding Assessment Tool

Factors	Guidance			
1. The vulnerability of the person	Less vulnerable	More Vulnerable		• Does the person have capacity to make decisions with regard to care provision / housing etc? • Does the person have a diagnosed mental illness? • Does the person have support from family or friends? • Does the person accept care and treatment? • Does the person have insight into the problems they face?
2. Types of Seriousness of Hoarding	Low risk	Moderate	High / Critical	• Refer to the table overleaf. Types and Seriousness of Hoarding and self-neglect. Look at the relevant categories of hoarding and self-neglect and use your knowledge of the case and your professional judgement to gauge the seriousness of concern. • Incidents that might fall outside invoked Adult Protection procedures (Low Risk) could potentially be addressed via preventative measures such as engaging with the person, developing a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling • If a Social Worker or nurse is involved in the care report concerns to them as part of preventative measures. **This tool does not replace professional judgement and does not aim to set a rigid threshold for intervention. Note professional decision making reflects the fact that the type & seriousness of hoarding and self-neglect may fall within the low risk category, other factors may make the issue more serious and therefore warrant progression via safeguarding procedures.**
Self Neglect				
Hoarding Property				
Hoarding household functions				
Hoarding Health and safety				
Hoarding Safeguarding				
3. Level of self-neglect / hoarding (See clutter rating scale for Hoarding)	Low risk	Moderate risk	High risk	Determine if the hoarding / self-neglect is: • A fire risk? • Impacting on the person's wellbeing (Care Act 2014 definition)? • Preventing access to emergency services? • Affecting the person's ability to cook, clean and general hygiene? • Creating limited access to main areas of the house? • Is the person at increased risk of falls?
4. Background to hoarding / self-neglect	Low impact		Seriously affected	• Does the person have a disability that means that they cannot care for themselves? • Does the person have mental health issues and to what extent? • Has this been a long standing problem? • Does the person engage with services, support and guidance offered? • Are there social isolation issues?
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	Others may be affected by the self-neglect or hoarding. Determine if: • Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding / self-neglect? • Does the hoarding / self-neglect prevent the person from seeing family and friends? • Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of abuse	No suspicion	Indicators present	Reasonable suspicion	Determine if there is reason to suspect: • That the hoarding self-neglect is an indicator that the person may be being abused • The person may be targeted for abuse from local people • That a crime may be taking place • That the person is being neglected by someone else • That safeguarding is required ***See Risk Tool for safeguarding**
7. Legal frameworks	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	Try to determine whether: • The person is at risk of eviction, fines, non-payment issues • There is an environmental risk that requires action – Public health issues • There are safeguarding and animal welfare issues • Fire risks that are a danger to others

Does the person have a Mental Illness? IF YES:

- Does the person accept treatment?
- Do they engage with services?
- If they do accept treatment and engage - consider a multi-disciplinary re-assessment - provide support as identified in toolkit
- If they do not - consider whether they might be eiligible for detention under the Mental Health Act 1983, where appropriate.

Does the person have a Mental Illness? If NOT KNOWN and the person does not engage:

- Consider whether they might enagage with GP, family or other persons who can support access to services
- Consider MHA assessment and police warrant if not allowing access
- Consider registered social landlord powers under the Housing Act 1988 to compel a tennant access to property for inspection where risks are identified.

Does the person have capacity (MCA) to make decisions with regard to issues of concern?

- If potentially not consider a Mental Capacity Act Assessment or whether there is:
- IMCA
- Lasting Power of Attorney
- Court Appointed Deputy
- If the person has capacity continue to liaise with them and discuss help options available. If tenancy agreements have been broken and / or other people are being put at risk then the person needs to be made aware of their responsibilities and the forms of legal redress that they may face.

Considerations regarding mental health, mental capacity, access and treatment.

scie social care institute for excellence

Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers in England

The Social Care Institute for Excellence have produced some excellent guidance for practitioners with concerns about accessing someone that they think may be at risk of abuse and neglect. The PDF is attached below.

Gaining access to an adult suspected to be at risk of neglect or abuse (1).pdf

24. Supporting Change

Supporting Change

When a person is not considering change

You can make the position worse by giving advice

"What appears to be 'denial' is often a normal stage in the change process which occurs prior to feeling ready to think about change, rather than a personality trait."

Establishing rapport is vital at this stage

Support the person to change routines by getting out and about in the community with new activities that are interesting to them

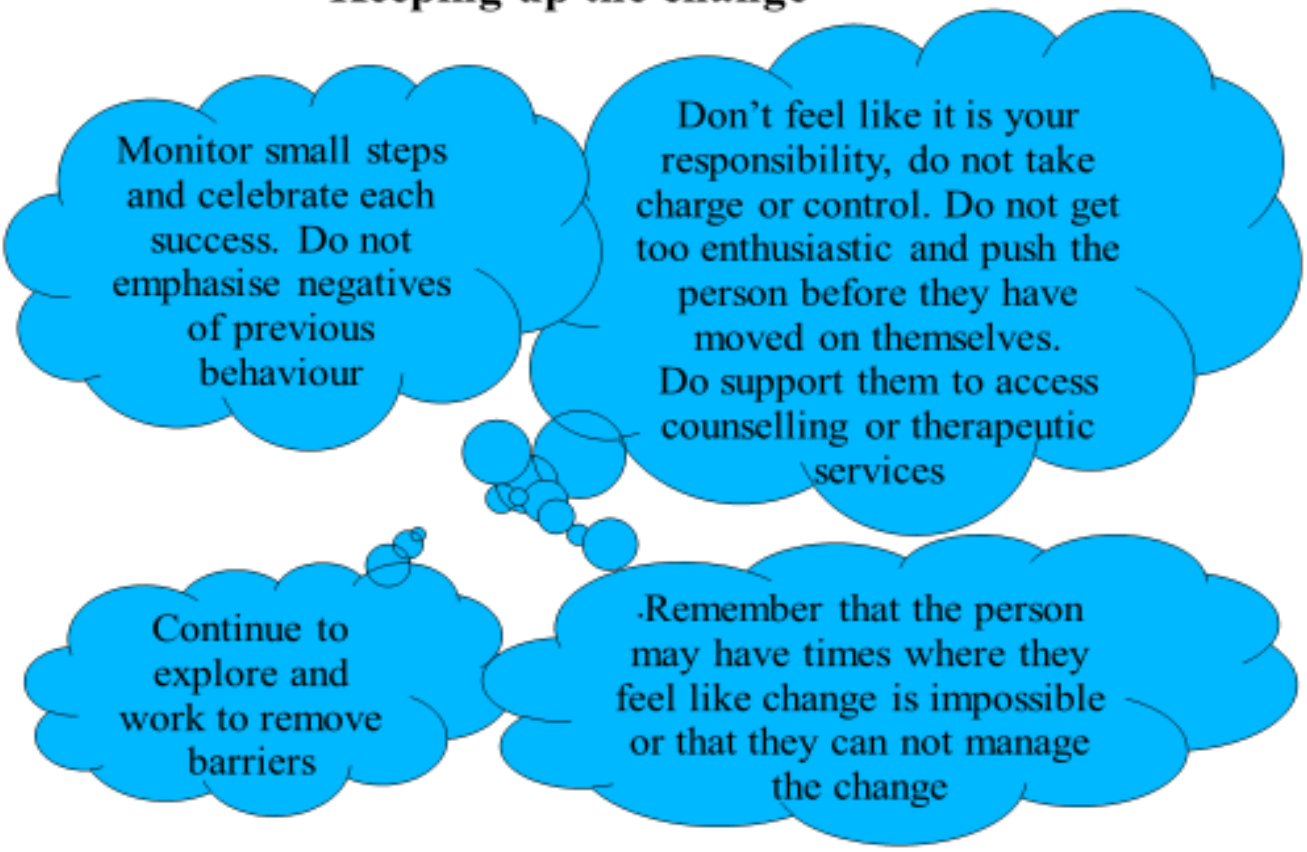
Starting to consider change

Support person to make one small change at a time – clear one small space

Do not rush into action planning. Consider what the person wants to do

Use a picture board – What would you like these shelves to look, what would you like this space to look like, what would you like this room to look like. Go through magazines and select images. Leave the picture board with the person.

Keeping up the change



Maintenance skills

Most useful:

- Be aware when support may still be required and when to let go
- Build regular support for the new behaviour
- Positive feedback on progress
- Affirm and praise
- Build new skills/behaviours
- Plan for coping and lapse
- Reinforcement of longer term goals

Fuller and Taylor 2005

Maintenance skills (cont.)

Least useful:

- Let go too early
- Over emphasise exploring previous behaviour
- Hold them in dependency
- A person is likely to have periods of relapse. If this happens start the process again building on the strengths gained – no blame

Fuller and Taylor 2005

Maintenance skills

Most useful:

- Be aware when support may still be required and when to let go
- Build regular support for the new behaviour
- Positive feedback on progress
- Affirm and praise
- Build new skills/behaviours
- Plan for coping and lapse
- Reinforcement of longer term goals

Fuller and Taylor 2005

25. Communicating with someone who hoards

When talking to someone who hoards DO NOT:	
	Use judgmental language. Like anyone else, individuals with hoarding will not be receptive to negative comments about the state of their home or their character (e.g. “What a mess!” “What kind of person lives like this?”) Imagine your own response if someone came into your home and spoke in this manner, especially if you already felt ashamed.
	Use words that devalue or negatively judge possessions. People who hoard are often aware that others do not view their possessions and homes as they do. They often react strongly to words that reference their possessions negatively, like “trash”, “garbage” and “junk”.
	Let your non-verbal expression say what you’re thinking. Individuals with compulsive hoarding are likely to notice non-verbal messages that convey judgment, like frowns or grimaces
	Make suggestions about the person’s belongings. Even well-intentioned suggestions about discarding items are usually not well received by those with hoarding
	Try to persuade or argue with the person. Efforts to persuade individuals to make a change in their home or behaviour often have the opposite effect – the person actually talks themselves into keeping the items.
	Touch the person’s belongings without explicit permission. Those who hoard often have strong feelings and beliefs about their possessions and often find it upsetting when another person touches their things. Anyone visiting the home of someone with hoarding should only touch the person’s belongings if they have the person’s explicit permission

When talking to someone who hoards DO:	
	Imagine yourself in that persons shoes. How would you want others to talk to you to help you manage your anger, frustration, resentment, and embarrassment?
	Match the person's language. Listen for the individual's manner of referring to his/her possessions (e.g. "my things", "my collections") and use the same language (i.e. "your things", "your collections").
	Use encouraging language. In communicating with people who hoard about the consequences of hoarding, use language that reduces defensiveness and increases motivation to solve the problem (e.g. "I see that you have a pathway from your front door to your living room. That's great that you've kept things out of the way so that you don't slip or fall. I can see that you can walk through here pretty well by turning sideways. The thing is that somebody else that might need to come into your home, like a fire fighter or an emergency responder, would have a pretty difficult time getting through here. They have equipment they're usually carrying and fire fighters have protective clothes that are bulky. It's important to have a pathway that is wide enough so that they could get through to help you or anyone else who needed it. In fact, the safety law states that [insert wording about exits/ways out must be clear], so this is one important change that has to be made in your home".
	Highlight strengths. All people have strengths, positive aspects of themselves, their behaviour, or even their homes. A visitor's ability to notice these strengths helps forge a good relationship and paves the way for resolving the hoarding problem (e.g. "I see that you can easily access your bathroom sink and shower," "What a beautiful painting!", "I can see how much you care about your cat.")
	Focus the intervention initially on safety and organisation of possessions and later work on discarding. Discussion of the fate of the person's possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation.

Case Example

Dee is a 69 year old divorced woman who lives alone in her house. She describes her current hoarding behavior as “difficulty throwing things away”. Dee’s difficulties with organization and discarding of her possessions had resulted in a clutter-filled environment in her home. As a result, her main disability had been complete social isolation due to embarrassment about others seeing her home in this state. She had desired to seek treatment but had not taken that step.

Dee’s problems with hoarding began in childhood. She admitted to hiding things under her bed so her mother would not discard them. She also recalled being a fearful and anxious child. Dee’s symptoms of hoarding had waxed and waned since childhood. Dee’s problems with severe hoarding began to worsen since moving into her new home 16 years ago, and continued to worsen in the last 10 years. Her family history was significant for hoarding behaviors in her mother and maternal grandmother. Dee also described having mild symptoms of depression.
She admitted to “crying spells” and “painful emotions” when thinking about being a failure due to wasted time and inability to control her hoarding problem. Her OCD
mainly revolved around compulsive hoarding behaviors, as she denied other symptoms of OCD.

Dee’s house consisted of three bedrooms, a bathroom, living room, dining room and a lean too. The volume of cluttered possessions took up approximately 80-90% of the living space. The clutter reached as high as four feet in some areas. No rooms in the house could be used for their intended purpose, especially the kitchen, which was completely unusable secondary to the accumulated clutter. Getting around the house was only partially possible by using trails, as tables, chairs, couches, and floors were almost completely covered with items. In addition, Dee’s car, garage, and garden were almost completely filled with clutter. Rubish has started accumulating and flies are starting the become hazardous to Dees health. There have been rats spotted in the garden.

Dee’s hoarded possessions included newspapers, magazines, bills, videos, pictures, clothing items, and musical instruments, books, and notes. Dee’s main hoarding revolved around musical items accumulated from work and numerous volunteer organizations dating back 15 years. She had not allowed people to visit her home in many years, causing her to lose touch with many friends and relatives. Dee spent a lot of time in her garden as it became difficult to use the house; however, she is now finding the cold weather difficult to manage. Dee was admitted to hospital on four occasions last winter after, falls, pneumonia and chest infections.

Flipchart

Where do you think that Dee might fit on the clutter rating scale?

Which services need to be involved in the multi agency response?

What might be done to support this lady and in what order?

Case Example

John is a thirty five year old man who has attended his GP surgery over the years. The police have been called to the property on three occasions due to local youths taunting John. John appears unkempt, unshaven and his clothes seem dirty. John was known to Mental Health Services 7 years ago but did not engage well, he has also been known to substance misuse services in the past with sporadic engagement.

After falling within his property John was admitted to hospital and ambulance services report to you that the house is filthy, John is hoarding and he is self neglecting.

You look around the property and find that the front door is blocked with junk mail, however, there is access to the back door and all other rooms. The house is dirty and there are piles of things but easy access is still available. The kitchen is very dirty but useable. John tells you that he does not want people interfering in his life and he wants to be left alone. John has no family to offer him support.

What are you going to do?

JK is a 76 year old woman living alone in rented accommodation. She lives with three dogs and is reluctant to leave her home, staying mainly in her bed in her bedroom. JK is able to manage her personal and domestic needs, although is described as reclusive. Professionals consider her to be unhygienic and unsafe and that she is not looking after herself adequately. JK is clear about not wishing to leave her home or change her situation and family have expressed concern. JK has capacity to make these decisions. There are concerns that people are accessing JKs property and taking money and food. Concern for JKs health and wellbeing are substantial.

Flipchart

What response you would give to this situation?

Tools and resources within this toolkit have been collected and adapted from a number of sources including Murton SAB, Durham SAB, Fire Service, Livin (Housing Durham). These tools are intended to support practice consistent with the Care Act , but should not replace professional judgement. T-ASC (Training, Advice Solutions and Consultancy) offers consultancy work, investigative work in relation to practice when working with people who self-neglect and / or hoard, conference presentations / workshops and training delivery. For further information please contact:

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T-A SC (Training, Advice Solutions and Consultancy)
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07500448877

Working to prevent abuse / neglect / self-neglect and protect people from abuse / neglect / self-neglect is very important to all agencies providing care and support. It is intended that everyone takes responsibility in the safeguarding of adults who have care and support needs to:

- Identify needs and prevent abuse from occurring
- Reduce the number of people who have care and support needs from escalating upwards in intensity of need, by early intervention
- Identify abuse and neglect, report appropriately and in a timely manner and support the person to maintain wellbeing.

By using the 'Risk Assessment Tool' and the 'Self Neglect Assessment Tool' to determine levels of abuse / neglect and also the eligibility criteria for Adult Protection we can determine when preventative measure are required and when the Local Authority manages protective measures. By 'Alerting' the local authority of concerns agencies will receive support, advice and guidance on how to respond and the level of response required to prevent abuse and neglect and protect those suffering abuse and neglect.

Universal Services (All care and support services)

The Only way to improve services to adults who have care and support needs is through a multi-agency approach. The Care Act 2014 provides a sound legislative base, supported by principles that ensure the adult remains in control of their own decisions; or decisions are least restrictive and in the best interests of that person when they are unable to make decisions for themselves as a result of an impairment of the brain function or mind.

The Care Act places a duty on the Local Authority to develop and support local services geared toward prevention and early intervention. It is everyone's responsibility to gather information about services within local communities and identify potential market gaps to support people who have care and support needs and prevent isolation. The development of coherent services focussed on prevention and early intervention will support targeted intervention, however, even with the most effective forms of prevention and early intervention there will always be a need to provide more specific services to those most at risk of abuse and neglect. Intervention may require protective measures, alternative care arrangements, support and guidance.

T**he key principles within the Care Act aim to deliver person centred support**:

1. Overall better outcomes for adults who have care and support needs based on measuring safeguarding outcomes and ensuring preventative and protective responses are meeting the needs of those we support and provide care for.

2. A reduction in the demand for statutory service intervention promoted by earlier recognition and meaningful intervention.

3. Support which is based on 'tiers of need' so that we channel more support and guidance through into universal and early help services.

4. An effective universal approach which creates an environment that identifies risk and need, and promotes resilience within a person's life.

The Care Act recognises the need to increase the amount of preventative activity with advice and guidance from the Local Authority and its partners, with a medium to longer-term aim of reducing this dependency to focus more on supporting adults and carers to support themselves.

5. A commitment to an effective approach to protective measures when there is reasonable suspicion of abuse or neglect (Including self-neglect). This means that the investigative team and the care planning will be multi-agency, utilising the specific skills of all involved, co-ordinated through safeguarding procedures. The approach will consider the whole family and wider support networks and be targeted rather than have complex referral routes between services.

Safeguarding plans will identify the most relevant practitioner to lead in supporting the person who has care and support needs (Dependent on what those needs are and the type of abuse experienced). This will ensure that support is specific to need and that relevant capacity assessments take place in a timely manner. Consideration will also be given to the family / carers in planning support. Information about what safeguarding is will be offered. The person and any representatives or advocates will be kept as involved as they would like, as long as it is safe and practicable to do so.

Examples of involvement may include:

- Inviting the person and / or representation to the strategy meeting or case conference
- Identifying a person to offer advice, guidance and information to the person / carers as relevant
- Understanding the outcomes wanted by the person experiencing abuse throughout the process
- Assessment and risk review throughout the process of support
- identifying those decisions that the person has capacity to make and those that a best interest decision may be required for and recording these as part of the risk management plans, assessments and care plans for the individual
- Protection plans based on what the person considers to be safe and that which they consider would improve their wellbeing.

6. A commitment to a greater focus on outcomes, rather than outputs. Whilst data collection will form part of our analytical evidence-base, we will also develop qualitative indicators, in particular asking those experiencing abuse or neglect, their families / carers (As appropriate) 'What made the difference for you?'

7. A commitment to a stronger emphasis on the accountability of the individual and the recognition that early help is everybody's responsibility. Whilst we will work together to support adults, we will expect professionals to "own" their concerns and to take responsibility for the work that needs to be done and record appropriately as soon as possible after the incident that raised concern occurred or was disclosed.

8. A range of effective, targeted services which are based on evidence of what works, but which are personalised and flexible in response to need. We will commit to regular reviews of support plans and to be responsive to changes in need and circumstance.

9. A robust commissioning model which explores not just existing contracts and protective arrangements, but also develops services to prevent abuse and neglect from occurring.

Identification and early warning are critical, so our preventative services and organisations need to be able to spot signs of trouble or distress, intervene quickly and address these signs and symptoms in a way which supports the person to increase resilience and improve wellbeing. In cases of self-neglect early intervention is equally important. Often services feel disempowered and leave the person self-neglecting without considering the potential engagement opportunities to begin developing rapport at an early stage, in order that intervention can be successful when required.

KEY NOTE:

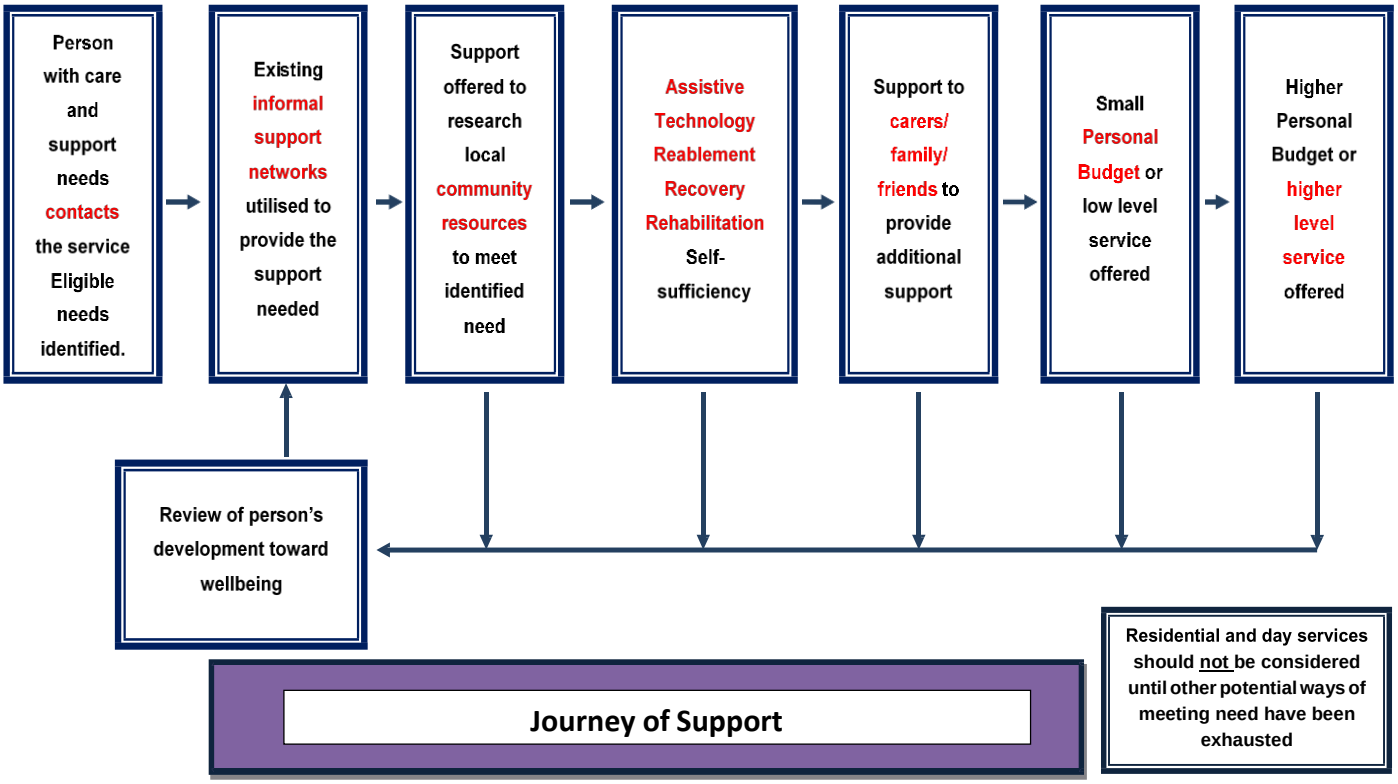
The purpose of a safeguarding enquiry is for the Local Authority to clarify matters and then decide on what course of action (if any) is required in order to protect the adult in question from abuse and neglect. If any action is necessary, then it is for the Local Authority to take the lead in coordinating what action is appropriate and by whom.

Safeguarding procedures should be followed to prevent potential harm to the individual suspected of suffering abuse and / or neglect as well as protecting the person once harm has been identified. The Care Act identifies all preventative and protective elements of care as safeguarding procedures. There are three different levels of response required:

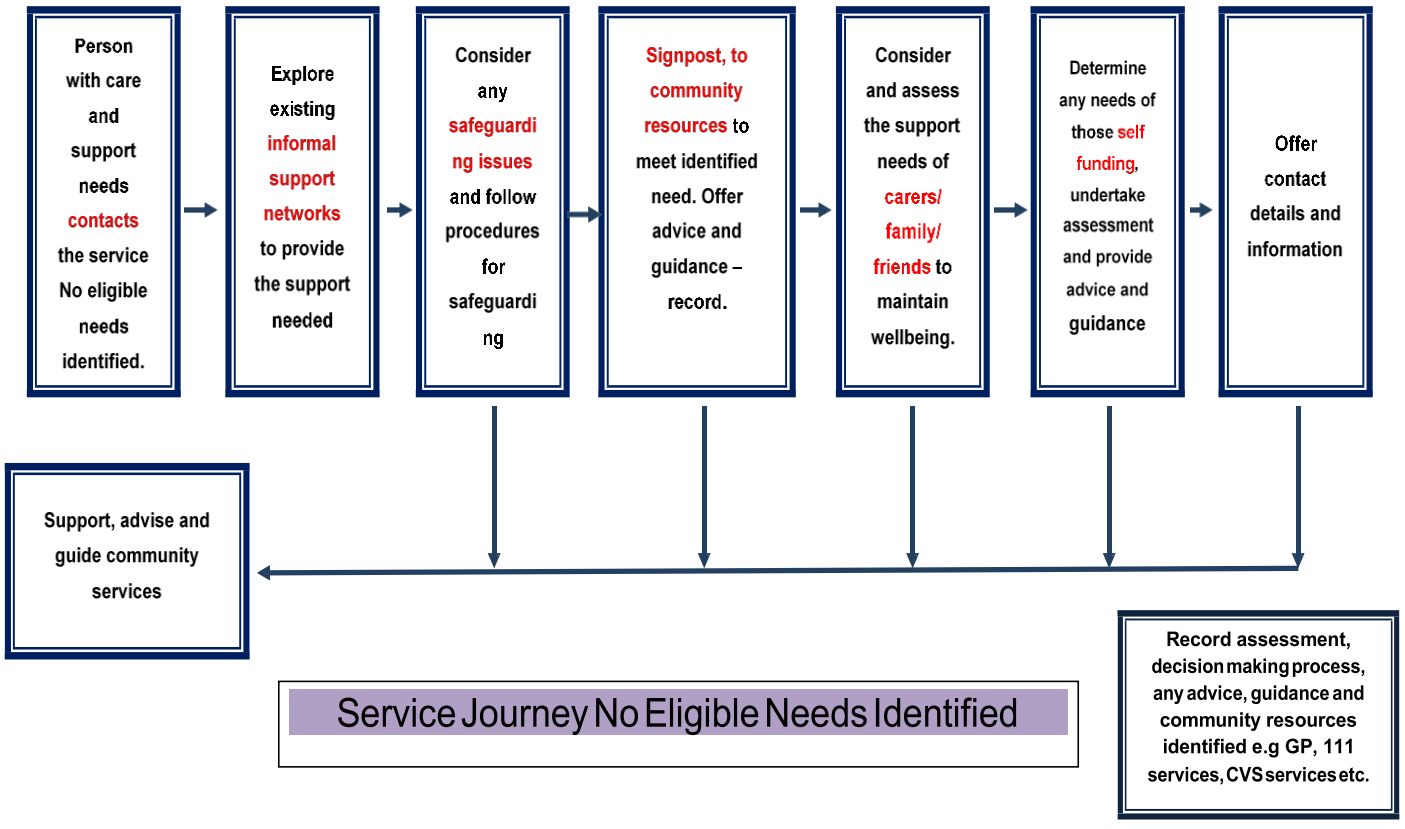
- Advice, guidance and actions concluded
- Information, advice and actions given to one or more agencies co-ordinated via safeguarding S42 enquiries
- S42 enquiries take place. The 'Adult Protection Procedures Invoked'. Adult Protection Procedures will be invoked when the criteria is met for eligibility and the assessment for safeguarding met on the 'Risk Assessment Tool' or 'Self-Neglect Assessment Tool'. This reflects current Child Protection Procedures.

A safeguarding enquiry may not necessarily result in what is typically considered to be a 'safeguarding response', such as an investigation by the police, or a health and social care regulator, but it could result in other action to protect the adult concerned, such as providing a care and support package for either or both the adult and their carer, instruction for other organisations to act, advice or guidance offered.

Issues of Human Trafficking, Domestic Abuse (Forced Marriage, Honour Based Crime and Female Genital Mutilation), Sexual Exploitation and Hate / Mate Crime will often be referred directly to the police and are police led investigations. The police will manage the multi-agency response, however, should care and support needs be identified. Local Authority should also be contacted for advice, guidance, direction and initial enquiries regarding the wellbeing of the individual concerned and to determine whether the care and support needs require care management / social work response. The police will keep the Local Authority informed of any outcomes from enquiries.



Safeguarding Adults, preventing abuse and neglect and promoting wellbeing, must mean that the power and control remains with the person. Support and resources available within the person's life and community are to be utilised in preference to external / commissioned sources. Anything that enables the person to maintain dignity, respect, choice and independence as autonomously as possible would be the preferred course of action. To achieve these goals we MUST determine whether the person has capacity to make each decision at the time. A person is able to make unwise decisions if they have the capacity to do this. This may mean that the safeguarding concerns are shared with the local authority and risks to others, potential criminal activity, potential domestic abuse and potential coercion or harassment are considered in decision making processes. Despite the sharing of concern for safeguarding purposes, if the person is capacitated they have the ability to maintain their choice and decision with regard to their own life. To remove power from someone by removing the decision making ability would be further perpetrating abuse. (See Mental Capacity Act Policies and Procedures)



The Care Act makes safeguarding everyone's responsibility and the local authority may provide advice and guidance to professionals to manage the safeguarding incident, to the person suffering abuse, to carers or other relevant parties, rather than invoke adult protection proceedings. The wider level of risk and carer issues must be considered in the assessment of need. If there is cumulative need or if there are multiple risks within the family, if there are concerns that a person has a number of low level disabilities but together they affect the daily life, wellbeing and abilities of the person

Guidance on recording against the Risk Assessment Tools (See Tools after guidance)

The Risk Assessment Tool and Self Neglect Assessment Tools are to be used as a guide or check list to determine whether Adult Protection proceedings need to be invoked by the Local Authority or whether matters can be more effectively managed via other methods.

If risk is determined as low on the assessment then raise an Alert, record a rationale for your referral and state what action you have taken to prevent deterioration of wellbeing for the person and prevent abuse from occurring. Any further actions will be advised when the Alert is raised with the Local Authority.

In looking at the factors of abuse begin at the red column and work backwards. This will ensure that you are considering the level of investigation required and preserving any evidence for a potential police investigation.

If you are going to make a referral for Adult Protection Procedures to be invoked record the situation against the Risk Assessment Tool to provide a rationale. Any disagreement can be settled by a conversation about where professionals feel risk fits within the factors of the tool. It is also important to record whether the person consents or not to the referral and whether the person has capacity to consent to the safeguarding referral. You must inform the Local Authority whether the person has capacity, consents or not, this is a duty under the Care Act. If a person does not consent a referral can still be made where there is reasonable suspicion of a potential crime, risks to others, coercion or harassment of the person or when it is in the public interest to do so. If a person lacks capacity to consent, a capacity assessment must be completed by the most relevant person and a Best Interests Decision made regarding the referral.

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Appendix 1

Risk Assessment Tool for Defensible Decision Making

9 Factors

1. Forms of abuse / neglect / concern	Low risk	Moderate	High	Critical
Physical				
Sexual / Exploitation				
Psychological				
Financial				
Neglect				
Self-Neglect	See Specific Threshold Tool			
Organisational				
Discriminatory (hate / mate crime)				
Modern slavery				
Domestic Abuse				
Terrorist Activity				

Guidance (Defensible Decision Making -Please record a rationale against all 9 factors)

- Refer to the table overleaf. Types and Seriousness of Abuse. Look at the relevant categories of abuse and use your knowledge of the case and your professional judgement to gauge the seriousness of concern.
- Low level incidents (column 1 & 2 overleaf) may be reported to the Local Authority as an Alert. Advice and guidance will be offered and potentially safeguarding actions requests monitored. Some cases will result in a S42 enquiry, others could be dealt with via staff training/supervision, care management and/or complaints procedures. Professional abuse can occur in relation to any of the categories listed left.

All cases of Female Genital Mutilation, Honour Based Crime, Sexual Exploitation, Forced Marriage, Grooming for terrorist activities, should be reported to the police and adult safeguarding immediately. See specific tool for Self Neglect. Domestic Abuse should also be considered in relation to safeguarding adults.

This tool does not replace professional judgement not aim to set a rigid threshold for intervention. Note professional decision making reflects the fact that the type & seriousness of abuse may fall within the low riskcategory, other factors may make the issue more serious and therefore warrant progression via safeguarding procedures. All 9 factors are to be considered and recorded against.

2.The vulnerability of the victim	Less vulnerable		More vulnerable		
3.Patterns of abuse	Isolated incident		Recent abuse		Repeated abuse
4.Impact of abuse on victims	Low impact				Seriously affected
5.Impact on others	No one else affected		Others indirectly affected		Others directly affected
6.Intent of alleged perpetrator	Not intended				Deliberate/ Targeted
7.Illegality of actions	Bad practice but not illegal		Criminal act		Serious criminal act
8.Risk of repeated abuse on victim		Unlikely to recur	Possible to recur	Likely to recur	
9.Risk of repeated abuse on others	Others not at risk		Possibly at risk	Others at risk	Others at serious risk

- Can the adult protect themselves, and do they have the communication skills to raise an alert?
- Does the person lack mental capacity?
- Is the person dependent on the alleged perpetrator?

Determine if the abuse is/was:
- A one off incident?
- A recent incident in an ongoing relationship?
- A repeated abuse that has gone on for a length of time?

- Impact of abuse does not necessarily correspond to the extent of the abuse
- Sometimes serious acts can be withstood by an individual who has plenty of support; whereas even minor abuse can be devastating if perpetrated by someone who the person trusts or is the only source of support.

Other people may be affected by the abuse of another adult. Determine if:
- No one else involved or witnessing the abuse?
- Relatives or other residents/service users are distressed or affected by the abuse?
- Other people are intimidated and/or their environment affected?

Determine if the abuse is/was:
- Unintentional or ill informed?
- Violent/serious unprofessional response to difficulties in caring?
- Planned and deliberately malicious?

***The act/omission doesn't have to be intentional to meet safeguarding criteria**

Seek advice if you are unsure if a crime has been committed. Try to determine:
- Poor or bad practice (but not illegal)?
- Whether it may be against the law?
- If it is clearly a crime?

Is the abuse:
- Unlikely to happen again?
- Less likely with significant changes e.g. training, supervision, respite, support
- Very likely even if changes are made and/or more support provided?

Are others (adults and/or children) at risk of being abused:
- Very unlikely?
- Less likely if significant changes are made?
- This perpetrator/setting represents a threat to other vulnerable adults or children?

Types of Abuse and Seriousness	Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Complaints, Care/Risk Management, Disciplinary. It is likely that only concerns in the second column need to be reported – Use professional judgement		The examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger to an individual evident, call 999 straight away.		
Level of Risk	**Minimal Risk**	**Low Risk**	**Moderate**	**High**	**Critical**
Physical	• Staff error causing no/little harm e.g. friction mark on skin due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting' accidents **Medication** • Adult does not receive prescribed medication (missed/wrong dose) on one occasion – no harm occurs	• Isolated incident involving service on service user • Inexplicable marking found on one occasion • Minor event where users lack capacity **Medication** • Recurring missed medication or administration errors that cause no harm	• Inexplicable marking or lesions, cuts or grip marks on a number of occasions • Accumulations of minor incidents **Medication**. • Recurring missed medication or errors that affect more than one adult and/or result in harm • Potential serious consequences	• Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault **Medication** • Deliberate maladministration of medications • Convert administration without proper medical authorisation	• Grievous bodily harm/assault with a weapon leading to irreversible damage or death **Medication** • Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual / Exploitation	• Isolated incident of teasing or low-level unwanted sexualised attention (verbal or touching) directed at one adult by another whether or not capacity exists	• Minimal verbal sexualised teasing or banter	• Recurring sexualised touching or isolated/recurring masturbation without valid consent • Voyeurism without consent • Being subject to indecent exposure	• Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent • Being made to look at pornographic material against will/where valid consent cannot be given	• Sex in a relationship characterised by authority inequality or exploitation e.g. staff and service user • Sex without valid consent (rape)
Psychological	• Isolated incident where adult is spoken to in a rude or other inappropriate way – respect is undetermined but no or little distress caused	• Occasional taunts or verbal outburst • Withholding of information to disempower	• Treatment that undermines dignity and esteem • Denying or failing to recognise adult's choice or opinion • Frequent verbal outbursts or harassment	• Humiliation • Emotional blackmail e.g. threats or abandonment/harm • Frequent and frightening verbal outbursts	• Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks
Financial	• Staff personally benefit from users funds e.g. accrue 'reward' points on their own store loyalty cards when shopping • Money not recorded safely and properly • Non-payment of care fees	• Adult not routinely involved in decisions about how their money is spent or kept safe – capacity in this respect is not properly considered	• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • Adult denied access to his/her own funds or possessions	• Misuse/misappropriation of property or possessions of benefits by a person in a position of trust or control • Personal finance removed from adult's control	• Fraud/exploitation relating to benefits, income, property or will • Theft
Neglect	• Isolated missed home care visit where no harm occurs • Adult is not assisted with a meal/drink on one occasion and no harm occurs • Adult not bathed as often as would like – possible complaint	• Inadequacies in care provision that lead to discomfort or inconvenience- no significant harm occurs e.g. being left wet occasionally • Not having access to aids to independence	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge without adequate planning and harm occurs	• Ongoing lack of care to the extent that health and wellbeing deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence	• Failure to arrange access to lifesaving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk
Organisational (any one or combination of the other forms of abuse)	• Lack of stimulation/opportunities for people to engage in social and leisure activities • Service users not given sufficient voice or involve in the running of the service	• Denial of individuality and opportunities for service user to make informed choice and take responsible risks • Care-planning documentation not person-centred	• Rigid/inflexible routines • Service user's dignity is undetermined e.g. lack of privacy during support with intimate care needs, sharing under-clothing	• Bad practice not being reported and going unchecked • Unsafe and unhygienic living environments	• Staff misusing their position of power over service users • Over-medication and/or inappropriate restraint used to manage behaviour • Widespread consistent ill-treatment
Discriminatory (Including hate / mate crime)	• Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences	• Isolated incident of care planning that fails to address an adult's specific diversity	• Inequitable access to service provision as a result of a diversity issue	• Being refused access to essential services • Denial of civil liberties e.g. voting, making a complaint • Humiliation or threats on a regular basis	• Hate crime resulting in injury/emergency medical treatment/fear for life

		• associated needs for a short period • Occasional taunts	• Recurring failure to meet specific care/support needs associated with diversity	• Recurring taunts	• Hate crime resulting in serious injury or attempted murder/honour-based violence •
Modern slavery	• All concerns of modern slavery or human trafficking are deemed to be of significant critical level		• Limited freedom of movement • Being forced to work with little or no payment • Limited or no access to medical / dental care	• Limited access to food or shelter • Regularly moved to avoid detection • No access or no passport or ID documentation	• Sexual exploitation / prostitution • Starvation • Organ harvesting • Imprisonment or unlawful detention • Forced marriage
Domestic Abuse (Please use the SafeLives DASH Risk Checklist to determine level of risk)	• Isolated one off incident consistent with other above categories (White column) within a family or with a current or past partner	• Occasional incidents (Blue Column) within a family or with a current or past partner	• Controlling behaviour • Limited access to medical and dental care • Limited access to funds • Power and control issues within relationship	• Accumulations of minor incidents, marks bruising or lesions • Frequent verbal / physical outbursts • No access / control over finances • Stalking • Relationship characterised by imbalance of power • Threatening or harming animals	• Pregnancy increases threat • Sex without consent • Forced marriage • Female genital mutilation • Honour based violence • Attempts to strangle, choke or suffocate
Terrorist Activity	• All concerns of grooming / activities for any form of extremist group should be reported immediately to the police and adult safeguarding. This could include extreme right wing activities, extreme animal rights activists or grooming for religious or cultural reasons.		• Changes in types of friends • Online activities that cause concern that person is changing views • Changes in mood or behaviour that may indicate change of perspective about religious or political ideology towards an extremist group	• Engaging with extremist demonstrations • Radicalisation • Advocating violence, threat of violence, or use of force to achieve goals on behalf of suspected terrorist organisation • Providing financial or material support to suspected terrorist organisation • Attempting to recruit people on behalf of suspected terrorist organisation	• Family ties or other close associations to known or suspected terrorist organisations • Statements that laws or perspectives of the country are destroying or suppressing people • Browsing or publicising on internet extremist perspectives • Statements or threats to kill or harm on behalf of potential terrorist organisations
If there are children within the household, or present at the time of the incident please consider contacting the Local Authority Children's Services regarding your concerns					

Self-Neglect and Hoarding Assessment Tool

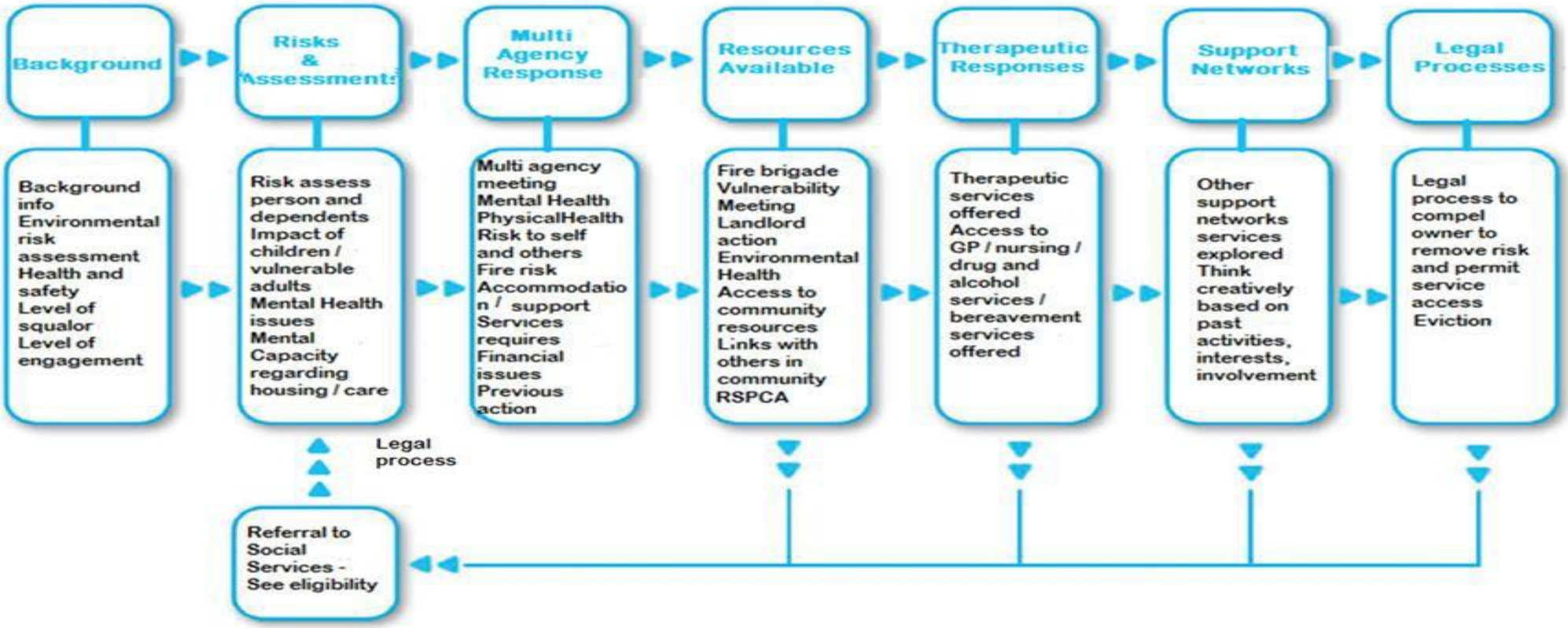
Factors	Guidance			
1. The vulnerability of the person	**Less vulnerable**	More Vulnerable		• Does the person have capacity to make decisions with regard to care provision / housing etc? • Does the person have a diagnosed mental illness? • Does the person have support from family or friends? • Does the person accept care and treatment? • Does the person have insight into the problems they face?
2. Types of Seriousness of Hoarding	**Low risk**	**Moderate**	**High / Critical**	• Refer to the table overleaf. Types and Seriousness of Hoarding and self-neglect. Look at the relevant categories of hoarding and self-neglect and use your knowledge of the case and your professional judgement to gauge the seriousness of concern. • Incidents that might fall outside invoked Adult Protection procedures (Low Risk) could potentially be addressed via preventative measures such as engaging with the person, developing a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling • If a Social Worker or nurse is involved in the care report concerns to them as part of preventative measures. **This tool does not replace professional judgement and does not aim to set a rigid assessment for intervention. Note professional decision making reflects the fact that the type & seriousness of hoarding and self-neglect may fall within the low risk category, other factors may make the issue more serious and therefore warrant progression via safeguarding procedures.**
Self Neglect				
Hoarding Property				
Hoarding household functions				
Hoarding Health and safety				
Hoarding Safeguarding				
3. Level of self-neglect / hoarding (See clutter rating scale for Hoarding)	Low risk	Moderate risk	High risk	Determine if the hoarding / self-neglect is: • A fire risk? • Impacting on the person's wellbeing (Care Act 2014 definition)? • Preventing access to emergency services? • Affecting the person's ability to cook, clean and general hygiene? • Creating limited access to main areas of the house? • Is the person at increased risk of falls?
4. Background to hoarding / self-neglect	Low impact		Seriously affected	• Does the person have a disability that means that they cannot care for themselves? • Does the person have mental health issues and to what extent? • Has this been a long standing problem? • Does the person engage with services, support and guidance offered? • Are there social isolation issues?
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	Others may be affected by the self-neglect or hoarding. Determine if: • Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding / self-neglect? • Does the hoarding / self-neglect prevent the person from seeing family and friends? • Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of abuse	No suspicion	Indicators present	Reasonable suspicion	Determine if there is reason to suspect: • That the hoarding self-neglect is an indicator that the person may be being abused • The person may be targeted for abuse from local people • That a crime may be taking place • That the person is being neglected by someone else • That safeguarding is required ***See Risk Tool for safeguarding**
7. Legal frameworks	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	Try to determine whether: • The person is at risk of eviction, fines, non-payment issues • There is an environmental risk that requires action – Public health issues • There are safeguarding and animal welfare issues • Fire risks that are a danger to others

Self-Neglect and Hoarding Assessment Tool

Types and Seriousness	**Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the second column need to be reported – Use professional judgement**	The examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger of a crime or abuse to an individual evident, call 999 straight away and make a safeguarding referral. Please see Self Neglect Hoarding journey to determine intervention process.	
Level of Risk	**Minimal Risk**	**Moderate**	**High / Critical**
Self-Neglect	• Person is accepting support and services • Health care is being addressed • Person is not losing weight • Person accessing services to improve wellbeing • There are no carer issues • Person has access to social and community activities • Person is able to contribute to daily living activities • Personal hygiene is good	• Access to support services is limited • Health care and attendance at appointments is sporadic • Person is of low weight • Persons wellbeing is partially affected • Person has limited social interaction • Carers are not present • Person has limited access to social or community activities • Persons ability to contribute toward daily living activities is affected • Personal hygiene is becoming an issue	• The person refuses to engage with necessary services • Health care is poor and there is deterioration in health • Weight is reducing • Wellbeing is affected on a daily basis • Person is isolated from family and friends • Care is prevented or refused • The person does not engage with social or community activities • The person does not manage daily living activities • Hygiene is poor and causing skin problems • Aids and adaptations refused or not accessed
Hoarding Property	• 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	• 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	• 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
Hoarding – Household 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.	• 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	• 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 and not used for intended purpose • 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 and 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 and is at risk of notice being served by Environmental Health

Hoarding – 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. • Personal protective equipment is not required	• 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 • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Personal Protective Equipment required.	• 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 • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation
Hoarding – Safeguarding of Children, family members and / or animals	• No Concerns for household members	• Hoarding on clutter scale 4 -7 doesn't automatically constitute 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	• Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders
RESPONSIBILITY	**All workers to engage with the person, develop a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling, improve wellbeing – Preventative measures**	**Workers to follow the processes identified by local procedures for Safeguarding and use resources in the toolkit. Consult with Local Authority Safeguarding Adults for advice and guidance. Inform Social Worker or Nurse if involved with person.**	**Referral to Social Services Safeguarding Adults and follow Local Authority Safeguarding Procedures. Use resources in the toolkit**

Self Neglect and Hoarding - A Journey of Support



We have an obligation to ensure the safety of others. This may mean that planning is not just about the individual with whom we are working and therefore may have limitations or restrictions on their choice. Some examples of this may be where there is a fire risk, safeguarding concerns for children or other vulnerable adults, where there is reasonable suspicion of a crime, risks to animals, public health issues. We must record referrals that we have made to ensure the safety of others. In addition to this the person may not have choice when their mental wellbeing is significantly affected and they require detention under the Mental Health Act for their own safety and wellbeing and that of others. After all other considerations have been made we must differentiate between the persons own autonomous decision making where they have the capacity and ability to make a decision, even if we consider this to be an unwise decision and that where we must assess capacity and make Best Interest decisions under the Mental Capacity Act. If a person has capacity and is considered to be making an unwise decision, this does not mean that we should disengage with the person. We should record information and advice given, attempts at assessment and dates for review. The following form enables us record in a way that is defensible.

STAGE 1 (Raise a Safeguarding Alert with Local Authority and seek advice / guidance)

Risks to others must be a first consideration – referrals must be made to protect others.

Is there a potential risk to others? (Consider safeguarding adults who may have care / support needs and children)
Is there a potential risk from others?
Is there potential risk to animals?
Is there a potential fire risk?
Is there a potential public health risk as a result of vermin / flies / other?
Is there potential coercion / harassment affecting the decision making?
Is there a potential crime?

Inform the person that you must report :	Record that you have assessed risks to others and safeguarding issues. Move on to stage 2	Other info to consider: Insight, access to person, support networks
• safeguarding issues, ☐ • to the fire service, ☐ • to environmental health ☐ • to RSPCA ☐ • to police ☐ • other ☐		

Date discussed	Provide reasons for referrals, document discussion below. Move on to stage 2	Who did you report to?		Action to be taken / outcome	
Document discussion					

STAGE 2support in the persons

Is a multi-agency meeting required? Are there a number of capacity assessments that may require particular expertise, or issues / risks / tasks that require sharing?

Does the person have Mental Health problems that may require a referral to the Mental Health Team?	YES ☐	Record action taken	NO ☐	Move on to next question

Does the person **have capacity** with regard to: *Please list each financial, care, treatment, safeguarding, housing etc decision assessed and state whether the person is capacitated(Use MCA assessment). Record information, advice, guidance given, get the person to sign and continue monitoring. The following is a list of potential examples but you can add further capacity assessments.*	Does the person **lack capacity** with regard to: *Please list each financial, care, treatment, safeguarding, housing etc decision assessed and state if the person is not capacitated. Do MCA assessment, consult, get advocate, make best interest decision.* **You must make the distinction between:** **The persons thought out, autonomous, capacitated decision making (Their responsibility to act or not, even when considered an unwise decision)** **and** **A person who does not have capacity and your responsibility to act or establish appropriate, proportionate, least restrictive support in the persons best interests (Defensible Decision Making)**

Finance	For example: 1. Paying bills – X has capacity to make decisions with regard to bill paying. X receives x benefits to cover payments. Payment not made. Supported to access Citizens Advice and given leaflets about managing bills. Informed X that they could be evicted for not paying rent. X signed or

	2. Paying bills - X does not have capacity to make decisions with regard to paying bills (See capacity assessment and Best Interests Decision)

Finance	
Personal hygiene	
Care provision	
Medical treatment	
Safeguarding	
Housing	
Aids & Adaptations	
Assistive technology	
Other	

NOTE: If a person has capacity to make an autonomous decision, even if it appears unwise, then you do not have their consent to provide, care, treatment service, unless there may be a crime, risks to others or they are being coerced / harassed into making that decision. If you consider the person to lack capacity to make a decision then the person who needs consent to provide the care, treatment or service must undertake a capacity assessment (MCA) and make a best interest decision that is the least restrictive option.

If you would like further advice with regard to Safeguarding Assessment Criteria and the Multi Agency response to Safeguarding Adults, T-ASC provides training courses, conferences and consultancy events. You will get the opportunity to work through what to do when someone discloses abuse or neglect, howto decide whether to make a safeguarding alert, understand when the Local Authority will invoke Adult Protection measures and when the duties will be discharged to others. You will do group exercises based on using the Risk Assessment Tool and will explore defensible decision making. You will have a greater understanding of the whole process and the roles and responsibilities within adult safeguarding including self-neglect issues. Training will be tailored to meet the needs of individual organisations / Local Authorities and will be consistent with local policies and procedures. Contact debbarnett27@outlook.com

9 Golden Rules

1. **Remember that the Data Protection Act is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately

2. **If there are concerns that a child or an adult at risk of abuse or neglect, then it is your legal duty to share information** with the local authority for investigation purposes. If the adult has capacity to make informed decisions about their welfare and safety and they do not want action taken, this does not preclude the sharing of information with relevant colleagues. This is to enable professionals to assess the risk of harm to the person and others (Including potential crimes) and be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options. It is good practice to inform the adult that this is happening unless doing so would increase risk of harm.

3. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

4. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.

5. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, eg safeguarding adults or children at risk. Your judgement will be based on reasonable suspicion that abuse has occurred.

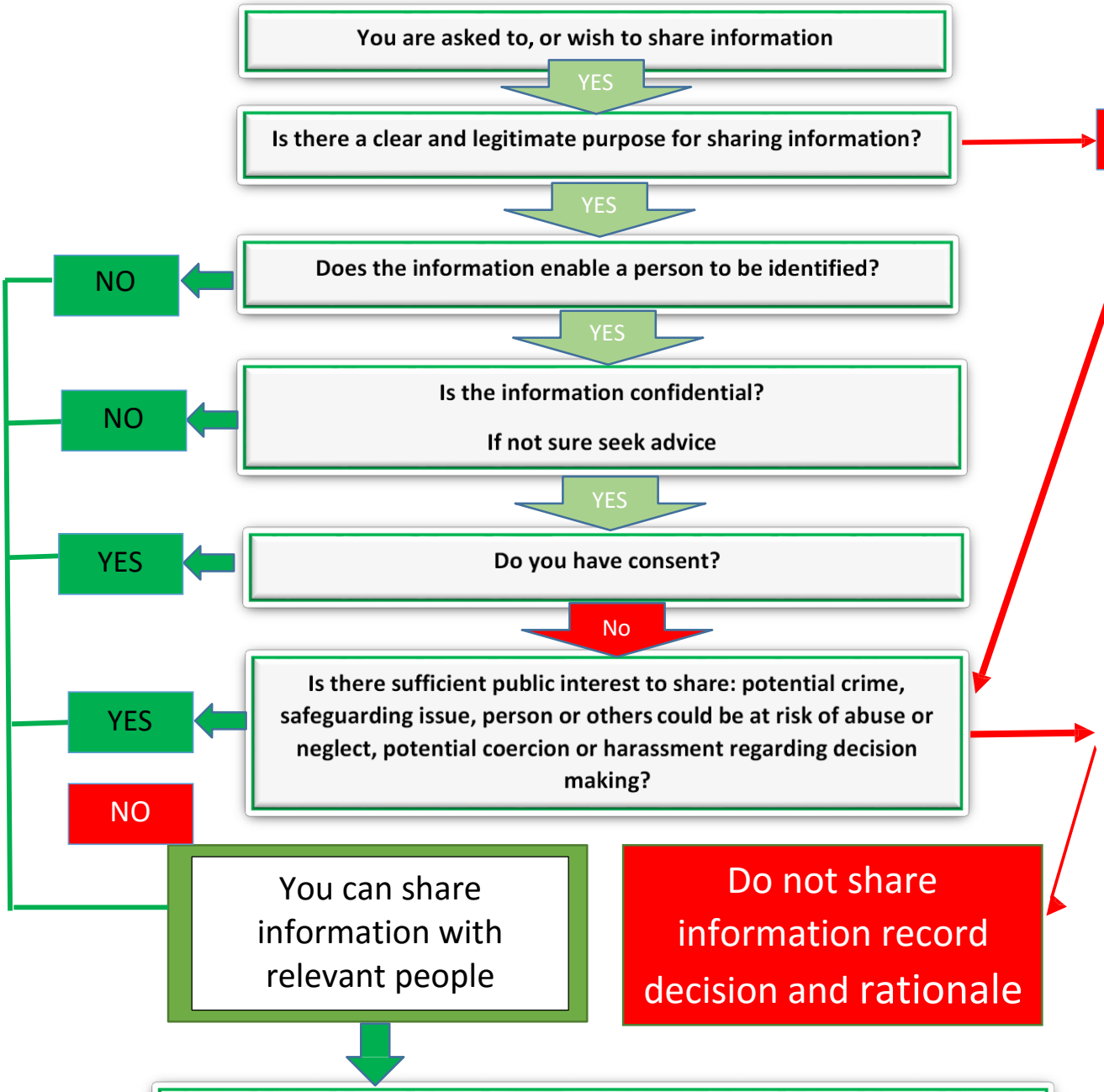
6. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

7. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

8. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

9. **Never assume that someone else will pass on the information:** If you have concerns about the safety and wellbeing of a person and believe that they are suffering or likely to suffer abuse, share information with the local authority and the police

Flowchart of Key Questions for Information Sharing



Share Information:

- Identify how much information to share
- Identify who needs to know eg police, local authority (Other people may be identified as an action from the Safeguarding Strategy Meeting)
- Distinguish fact from opinion
- Ensure that the right person gets the right information
- Share the information securely
- Inform the person that you are going to share the information if they were not aware of this and it would not increase risk of harm
- Be clear about reasons for sharing information and purpose
- Record rationale and decision
- Use Risk Threshold Tool for safeguarding cases and record rationale

The following pages aim to offer an overview of some of the key legal frameworks in safeguarding adults along with some links for further information and guidance. The list of legal frameworks is not intended to be a comprehensive list. This will guide practitioners to the key current legal aspects of safeguarding, however, wider frameworks should be considered on a case by case basis.

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Legal and policy context for safeguarding adults

Care Act 2014 Statutory Guidance (Department of Health, 2014)

The legal framework for the Care Act 2014 is supported by this statutory guidance which provides information and guidance about how the Care Act works in practice. The guidance has statutory status which means that there is a legal duty to have regard to it when working with adults with needs of care and support and carers. The Care Act safeguarding section replaces 'No Secrets' national guidance for safeguarding. This places safeguarding adults on a statutory footing on par with safeguarding children.

Care Act 2014 Statutory Guidance (DH, October 2014)

The main provisions of the Care Act in relation to safeguarding are the following:

- Section 1 – the duty on councils to promote individuals' well-being in the exercise of their care and support functions, including in relation to protecting them from abuse or neglect.
- Section 7 – the duty on local authorities and relevant partners to co-operate in individual cases.
- Section 42 – the duty on councils to make (or cause to be made) enquiries where abuse or neglect are suspected and certain conditions are met.
- Section 43 – the duty on councils to establish safeguarding adults boards (SABs) in their areas, with responsibility for coordinating safeguarding services.
- Section 44 – the duty on SABs to carry out a safeguarding adults review (SAR) when there are concerns about how agencies safeguarded an adult who has died as a result of suspected or known abuse or neglect or suffered suspected or known serious abuse or neglect.
- Section 45 – the duty on people to supply requested information to an SAB for the purpose of assisting the board in its functions.
- Section 46 – the removal of councils' powers, under section 47 of the National Assistance Act, to remove a person in need of care from home
- Section 68 – the duty on local authorities to arrange an independent advocate for a person subject to a safeguarding enquiry or an SAR when certain conditions are met.
- Schedule 2 – this sets out the membership and funding of safeguarding adult boards, their planning and reporting obligations.

Mental Capacity Act 2005 Code of Practice (Department of Constitutional Affairs, 2007)

The legal framework provided by the Mental Capacity Act 2005 is supported by this Code of Practice (the Code), which provides guidance and information about how the Act works in practice. The Code has

statutory force, which means that certain categories of people have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

Mental Capacity Act 2005 Code of Practice

The Mental Capacity Act assists us in determining person centred care provision by offering a framework for identifying whether a person is able to make a decision for themselves, even an unwise decision. We have an obligation to assess capacity where there is reason to suspect that the person does not understand the care, treatment, service etc that we are providing them with. This is because if a person does not understand then they cannot consent. The lawful way of gaining an outcome when a person lacks capacity, is by determining whether the care, service, treatment, action or other is in their best interests and the least restrictive option. Risk to others and the mental health of the person should be considered, as a person cannot make an unwise decision even when capacitated, if it impacts on the wellbeing of others. If you consider the person to have significant mental health problems then you should seek assessment under the Mental Health Act.

The decision to refer to safeguarding is based upon capacity and consent. If a person is capacitated and does not consent, potential risk to others, coercion or harassment of the person in making the decision, reasonable suspicion of crime and the persons own mental wellbeing should all be considered and would provide justification for the safeguarding referral. If a person lacks capacity to make the decision regarding a safeguarding referral, a best interests decision should be made for that person, considering all the afore mentioned issues as well as the persons own safety and wellbeing.

The Care and Support (Independent Advocacy Support) (No2) Regulations 2014

Section 67 places a duty on local authorities to arrange an independent advocate to be available to facilitate the involvement of an adult or carer who is the subject of an assessment, care or support planning or review process, if that local authority considers that the adult would experience 'substantial difficulty' in understanding the processes or information relevant to those processes or communicating their views, wishes, or feelings. Substantial difficulty is identified as being unable to understand, retain, weigh up or communicate their wishes, views and feelings in relation to the support, care, treatment or service being offered. It specifically identifies that one of the factors that Local Authorities must consider in deciding whether a person would have 'substantial difficulties' is whether they may be suffering abuse or neglect. The Guide to the Care Act and the Right to Independent Advocacy describes this in more detail.

Government Statement of Policy on Adult Safeguarding (HM Government, 2013)

The document outlines the Government's policy on safeguarding adults vulnerable to abuse and neglect. It includes the statement of principles for Local Authority Social Services and housing, health, the police and other agencies to use, for both developing and assessing the effectiveness of their local safeguarding arrangements. It also describes, in broad terms, the outcomes for adult safeguarding, for both individuals and organisations.

Statement of Government Policy on Safeguarding (DH, May 2013)

Safeguarding – roles and responsibilities in health and care services (Department of Health, Local Government Association, ADASS, NHS Confederation, Association of Chief Police Officers, 2013)

This guidance provides clarity about the roles and responsibilities of the key agencies involved in adult safeguarding. The aim is to ensure that the right things are done by the right people at the right time, working within their own agency and with partners.

Safeguarding Adults – Roles and responsibilities in health and care services

Information Sharing Guidance (Department of Health)

This guidance supports good practice in information sharing by offering clarity on when and how information can be shared legally and professionally, in order to achieve improved outcomes. This guidance will be especially useful to support early intervention and preventative work where decisions about information sharing may be less clear than in safeguarding situations.

Information Sharing Guidance for Practitioners and Managers (DH)

Agencies such as Local Authorities and police strive to achieve a balance in deciding whether to share information for the purpose of safeguarding adults and children. The decision is whether information should be shared between themselves or with a wider audience / third parties. This decision is largely based upon capacity, consent, public interests and / or whether co-ersion / harassment to make a particular decision has occurred (Not consent).

The Human Rights Act

The Human Rights Act provides key legislation for safeguarding adults. In all safeguarding matters decisions are made about keeping a person safe from abuse and neglect. When considering how we achieve this we must also consider a persons choice and Human Rights.

These include:

- Right to life
- Freedom from torture and inhuman or degrading treatment
- Right to liberty and security
- Freedom from slavery and forced labour
- Right to a fair trial
- No punishment without law
- Respect for your private and family life, home and correspondence
- Freedom of thought, belief and religion
- Freedom of expression
- Freedom of assembly and association
- Right to marry and start a family
- Protection from discrimination in respect of these rights and freedoms
- Right to peaceful enjoyment of your property
- Right to education

The Human Rights Act also provides protection of personal data. This must be weighed against public interest, the persons safety, safety of others, the requirement to report potential crime, coercion or harassment in making a decision and the capacity of a person to consent to the sharing of information or the requirement for information to be shared in the persons best interests.

Data Protection and Human Rights

Personal data (which includes an individual's name, address, date of birth and national insurance number) is protected by Article 8 of the European Convention on Human Rights as part of an individual's private life. In the context of medical records, the European Court of Human Rights has stated:

The protection of personal data, particularly medical data, is of fundamental importance to a person's enjoyment of his or her right to respect for private and family life as guaranteed by Article 8 of the Convention. Respecting the confidentiality of health data is a vital principle in the legal systems of all the Contracting Parties to the Convention. It is crucial not only to respect the sense of privacy of a patient but also to preserve his or her confidence in the medical profession and in the health services in general. The domestic law must afford appropriate safeguards to prevent any such communication or disclosure of personal health data as may be inconsistent with the guarantees in Article 8 of the Convention (MS v Sweden (1997) 28 EHRR 313, para. 41).

The obligation to provide personal data, the release of personal data without consent, and the collection and storage of personal data all amount to interferences with an individual's right to respect for his or her privacy. Whether or not such interferences amount to a breach of Article 8 will depend on an assessment of whether the disclosure was "in accordance with the law", necessary in a democratic society for a legitimate aim (in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others), and proportionate. The adequacy of the safeguards in the overall regime is central to this assessment.

Crime and Disorder Act Section 115

Section 115 of the Crime and Disorder Act states that we should share information with the police for the prevention of crime or where there is reasonable suspicion of crime.

The information exchange can be used to:

Assist in reducing and preventing crime and disorder

Support joint agency approaches to identifying and managing the risk of crime and disorder and enable parties to co-operate in averting identified risks of crime and disorder and its consequences.

Section 17 of the Crime and Disorder Act also enables us to share information where there is anti-social behaviour

As well as supporting action under the provision of the Crime and Disorder Act 1998, we can also consider the exchange of information to support legal proceedings under the Housing Acts.

Housing Acts

Schedule 2 of the Housing Act covers issues of negligence, competency in tenancy agreements, anti-social behaviour and domestic abuse within a property.

Section 152 of the Housing Act 1996 provides a power to grant injunctions against anti-social behaviour.

These Housing Acts are also intended to:

- Reduce crime,
- Enable the parties to pool their expertise in assessing the nature and level of risk posed by potential offenders
- To reduce risk and fear experienced by staff, identified individuals and the public at large
- Assist strategic planning,

- Help implement the provisions of the Crime and Disorder Act 1998,
- Assist the Youth Offending Service in delivering the Youth Justice Plan
- Support the actions of the Anti-Social Behaviour Action Groups (ASBAGs) and Anti-Social Behaviour Multi Agency Panel in tackling crime and Anti-Social Behaviour
- Assist the work of Reading's Drug and Alcohol Action Team to tackle substance misuse and support the actions of the Sex Workers Action Group (SWAG) and sub groups to tackle issues of street sex working in Reading.
- Enable the exchange of personal information between agencies dealing with cases of domestic abuse and violence.
- Support the development of secure information exchange in response to the Prolific and Priority Offenders scheme.

Data sharing

Data sharing between public sector bodies is becoming increasingly common. In our legislative scrutiny work, we often encounter provisions to enable Government departments and other bodies to share data for a wide variety of purposes. It is wrong to see the sharing of personal information as necessarily a bad thing, one that can necessarily be opposed on data protection or human rights grounds … The issue … isn't whether there should be more or less information sharing, but rather what information is being shared, why it's being shared, who has access to it and what the effect of this is.

Freedom of Information Act 2000

The Freedom of Information Act covers when information is requested by a third party for example; a dead relative, hospital staff who treated a person, statistics on serious incidents in a particular environment. The Freedom of Information Act identifies when a public body can refuse to disclose the information:

- Law enforcement issues
- Compromising a legal investigation
- Prejudice in the conduct of public affairs
- Health, safety and wellbeing
- Information originally given in confidence
- Requests that would be too expensive
- Vexatious requests

The Care Act defines a duty of candor in relation to safeguarding adults and the non-sharing of information should be justifiable under the above conditions but care should be made to ensure that individual Human Rights are not breached.

Commissioning for Better Outcomes (Department of Health, Local Government Association, ADASS, Think Local, Act Personal)

This guidance outlines standards to support a dynamic process of continuous improvement and, through self-assessment and peer review, to challenge commissioners and their partners, to strengthen and innovate to achieve improved outcomes for adults using social care, their carers, families and communities. The standards are relevant to all aspects of commissioning and service redesign, including decommissioning. The standards have been designed to reflect the improvements that experience has shown are needed, to support the transformation of social care to meet people's reasonable aspirations, and to support the implementation of the Care Act 2014.

Commissioning for Better Outcomes

Prevention in Safeguarding (Social Care Institute of Excellence, 2011)

This guidance outlines a range of methods of preventing the abuse of vulnerable adults, from public awareness campaigns through to approaches that empower the individual to be able to recognise, address and report abuse. In addition, it examines policy and practice guidance and examples of emerging practice.

Prevention in Safeguarding (SCIE, 2011)

Making safeguarding personal - a toolkit for responses (Local Government Association, 2015)

The toolkit is set out in a modular format with a summary of key areas. These areas range from models, theories and approaches to skills and areas of specialism that safeguarding practitioners need to be aware of. It can be used as a practitioner guide for pointers on how to respond to individual cases, or as a starting point resource for service development. It has been designed as a resource that will develop over time and allow updates and amendments to be made as development takes place or innovative and effective practice comes to light.

Making Safeguarding Personal – A toolkit for responses (LGA, January 2015)

Gaining access to an adult suspected to be at risk or abuse or neglect – a guide for social workers and managers in England (SCIE,2014)

This guide clarifies powers and legal options relating to access to adults suspected to be at risk of abuse or neglect where access is restricted or denied. It is intended as a source of ready reference rather than as a learning tool, laying out the potential routes to resolution.

It is important that social workers and their managers are as clear as possible on which legal powers or options apply to which situations, and in cases of any uncertainty that they consult their senior managers and/or the legal department of the local authority. Throughout the guide there are inks to information on the relevant legislation and case law.

Safeguarding adults from harm – a legal guide for practitioners (SCIE, 2011) Please note that some of these legal frameworks have been amended by the Care Act 2014.

The Equality Act 2010

The Care Act placed hate / mate crime as a safeguarding matter. Safeguarding also requires us to consider discriminatory abuse. The Equality Act is aimed at preventing discrimination against people based on certain characteristic, these could include:

- Age
- Disability
- Gender
- Gender reassignment
- Race
- Religion / belief
- Sex / sexual orientation

In safeguarding against discriminatory abuse, hate or mate crime the police would be the first point of contact to protect a person and investigate a potential crime. Most police forces have specialist units to deal with hate / mate crime or discriminatory abuse. Where a person has care and support needs a multi-agency meeting will be required to plan care provision and support a person's wellbeing.

The Equality Act provides a legal duty to make reasonable adjustments for disabled people relating to the provision of services, criteria, practices, a physical feature or auxiliary aid.

NHS and Community Care Act 1990

S47 of the NHS and Community Care Act (Assessment and Review) has been replaced by The Care Act 2014. The Care Act identifies that where a person has care and support needs and can not protect themselves from abuse and neglect as a result of those care and support needs they are eligible for safeguarding. This is irrespective of whether or not the Local Authority are providing or could be providing services for the individual concerned. Where a person has not previously been assessed, the local authority will need to assess the persons care and support needs and ensure the wellbeing of that person. In relation to Safeguarding Adults this means:

Where a person is at risk of harm or abuse, it is important that local authorities act swiftly and put in place an effective response. When carrying out an assessment local authorities must consider the impact of the adult's needs on their wellbeing. If it appears to local authorities that the person is experiencing, or at risk of, abuse or neglect, they must carry out a safeguarding enquiry and decide with the adult in question what action, if any, is necessary and by whom. The decision to carry out a safeguarding enquiry does not depend on the person's eligibility, but should be taken wherever there is reasonable cause to think that the person is experiencing, or is at risk of, abuse or neglect. Where this is the case, a local authority must carry out (or request others to carry out) whatever enquiries it thinks are necessary in order to decide whether any further action is necessary.

Where the actions required to protect the adult can be met by local authorities, they should take appropriate action. In some cases, safeguarding enquiries may result in the provision of care and support (under either section 18 or 19 of the Care Act), or the provision of preventative services (under section 2) or information and advice (under section 4). In the majority of cases the response will involve other agencies, for example, a safeguarding enquiry may result in referrals to the police, a change of accommodation, or action by CQC. Where the adult has care and support needs, local authorities must continue to carry out a needs assessment and determine whether they have eligible needs, and if so, how these will be met. The assessment for care and support should run parallel to the safeguarding enquiry and the enquiry should not disrupt the assessment process or the local authority meeting eligible needs.

If a person is at risk of abuse or neglect / self-neglect and does not engage in the assessment process the Local Authority should still continue to assess the needs of the individual. Where safeguarding has resulted in a change of needs then a review of assessed needs should take place.

Disclosure and Barring Service (DBS)

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It is responsible for:

- Processing requests for criminal records checks;
- Deciding whether it is appropriate for a person to be placed on or removed from a barred list;
- Placing or removing people from the DBS children's barred list and adults' barred list for England, Wales and Northern Ireland.

See also **A guide to eligibility for criminal record checks, DBS, 2014**.

Regulated Activity describes the kind of work to which barring applies and is fully set out in the Safeguarding Vulnerable Groups (NI) Order 2007 (as amended by the Protection of Freedoms Act 2012). The DBS was established under the Protection of Freedoms Act 2012 and carries out the functions previously undertaken by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Organisations must:

- Make appropriate referrals to the DBS;
- Must not engage someone in regulated activity whom they know has been barred by the DBS;
- Ensure that everyone employed or volunteering in regulated activity who are eligible for DBS checks are appropriately checked in accordance with the DBS Guidance.

The Police and Criminal Evidence Act 1984

The Police and Criminal Evidence Act 1984 (PACE) and the Codes of Practice issued under it give suspects who are "mentally vulnerable" a number of safeguards in any police investigation. A mentally vulnerable suspect is someone whose mental state or capacity means they may not understand the significance of questions or replies. If there is any doubt, the suspect should be treated as mentally vulnerable and an Appropriate Adult should be called.

It is the role of the Appropriate Adult to:

- Advise and support the person being interviewed;
- Observe whether the interview is being properly and fairly conducted, and intervene if they think it is not; and
- Facilitate communication between the interviewer and the suspect.

No qualification is required to be an appropriate adult, however the person cannot be a witness involved in the case.

Mentally vulnerable suspects should not be interviewed without an Appropriate Adult being present unless the resulting delay would cause harm to the evidence, or people or property.

All suspects have rights, including to free legal advice in private, to be told why they have been arrested, to be cautioned before being questioned and only to be restrained if strictly necessary and in accordance with guidelines.

Suspects are entitled to an assessment (initiated by the custody officer) of any risk they may be exposed to in custody. If they are deaf or there is any doubt about their ability to speak or understand English, an interpreter should be provided. If they are visually impaired or unable to read, the police must ensure that a solicitor, appropriate adult or other person is available to help the suspect check documentation.

The Health and Social Care Act 2008 (HSCA 2008).

Establishes the **Care Quality Commission (CQC)** as the integrated regulator for health and adult social care, with tough powers to ensure a safe and high quality of services. It requires the CQC to inspect, investigate and intervene where care providers are failing to meet safety and quality requirements, including hygiene standards.

Dissolves the Commission for Health Care Audit and Inspection, the Commission for Social Care Inspections (CSCI) and the Mental Health Act Commission.

Reforms profession regulation to give patient and the public more confidence in the care they receive from health professionals, including the creation of a new adjudicator to make independent decisions about whether individual health professionals should remain in practice.

Strengthens the protection of vulnerable people using residential care by ensuring that any independent sector care home that provides accommodation together with nursing or personal care on behalf of a local authority is subject to the Human Rights Act.

The HCSA 2008 also extends direct payments to include people who lack capacity to give their consents to direct payments. It allows a direct payment to be made to a `suitable person' who can receive and manage the payment on behalf of a person who lacks capacity.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Click here to view the Health and Social Care Act Regulations.

From April 2010, all health and adult social care providers are required to be registered with the Care Quality Commission (CQC) if they provide *regulated activities*.

Subject to specified exceptions, from October 2010, all adult social care and independent healthcare providers, previously registered under the Care Standards Act 2000, must be registered with the CQC.

In addition, some providers that were not required to be registered under the Care Standards Act 2000 now need to register under these regulations if they provide Regulated Activity.

All providers who are within the scope of the Regulations need to register with the CQC; and issue a new declaration stating compliance with all of the essential standards of quality and safety.

The application form and associated guidance, including detailed guidance relating to the 'Essential Standards of Quality and Safety' can be found on the CQC website.

Local Government Act

Part 1 of the Local Government Act 2000 gives local authorities powers to take any steps which they consider are likely to promote the well-being of their area or the inhabitants of it. Section 2 gives local authorities ‘a power to do anything which they consider is likely to achieve any one or more of the following objectives’:

- The promotion or improvement of the economic well-being of their area;
- The promotion or improvement of the social well-being of their area;
- The promotion or improvement of the environmental well-being of their area.

Section 2 (5) makes it clear that a local authority may do anything for the benefit of a person or an area outside their authority, if the local authority considers that it is likely to achieve one of the objectives in Section 2(1).

Section 3 is clear that local authorities are unable to do anything (including sharing information) for the purposes of the well-being of people - including children and young people - where they are restricted or prevented from doing so on the face of any relevant legislation, for example, the Human Rights Act, the Data Protection Act or by the Common Law Duty of Confidentiality.

Criminal Justice Act

Section 325 of this Act details the arrangements for assessing risk posed by different offenders. The “responsible authority” in relation to any area, means the Chief Officer of Police, the local Probation Board and the Minister of the Crown exercising functions in relation to prisons, acting jointly. The responsible authority must establish arrangements for the purpose of assessing and managing the risks posed in that area by:

a. Relevant sexual and violent offenders;

b. Other persons who, by reason of offences committed by them, are considered by the responsible authority to be persons who may cause serious harm to the public (this includes children).

In establishing those arrangements, the responsible authority must act in co-operation with the persons identified below and co-operation may include the exchange of information.

The following agencies have a duty to co-operate with these arrangements:

- Every youth offending team established for an Area;
- The Ministers of the Crown, exercising functions in relation to social security, child support, war pensions, employment and training;
- Every local education authority;
- Every local housing authority or social services authority;
- Every registered social landlord who provides or manages residential accommodation;
- Every health authority or strategic health authority;
- Every primary care trust or local health board;
- Every NHS trust;
- Every person who is designated by the Secretary of State as a provider of electronic monitoring services.

Immigration and Asylum Act 1999

Section 115(9) of the above Act defines the term 'subject to immigration control' in order to describe people who are excluded from various forms of welfare provision.

See also **Practice Guidance for Local Authorities Assessing and Supporting Adults with No Recourse to Public Funds (NRPF).** Within this linked page you will also find: A Practice Guidance for Local Authorities Assessing and Supporting Victims of Domestic Violence who have No Recourse to Public Funds (NRPF).

Crime and Security Act 2010

Domestic Violence Protection Orders (DVPOs) are being implemented across England and Wales since 8th March 2014, following a successful conclusion of a 1 year pilot in the West Mercia, Wiltshire and Greater Manchester police force areas. DVPOs are a new power that fills a gap in providing protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident.

With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need.

Before the scheme, there was a gap in protection, because police couldn't charge the perpetrator for lack of evidence and so provide protection to a victim through bail conditions, and because this process of granting injunctions took time.

Protection from Harassment Act 1997

The Protection from Harassment Act 1997, which prohibits harassment, was brought into force on 16 June 1997, following which it has been amended several times. The legislation was always intended to tackle stalking, but the offences were drafted to tackle any form of persistent conduct which causes another person alarm or distress.

Section 1(1) of the 1997 Act states a person must not pursue a course of conduct:

- which amounts to harassment of another, and
- which he knows or ought to know amounts to harassment of the other

Section 7 of the 1997 Act provides that references to 'harassment' include alarming a person or causing the person distress and states that a 'course of conduct' in the case of conduct in relation to one person must involve at least two occasions, or in the case of conduct in relation to two or more persons, conduct on at least one occasion in relation to each of those persons.

The 1997 Act introduced two offences: a summary-only offence under section 2, which deals with conduct that amounts to harassment of another; and an offence tri-able either-way (i.e., summarily or on indictment), under section 4 which covers situations where the victim fears that violence would be used against them. For both offences a course of conduct must be proved.

Section 5 of the 1997 Act provides that a court may make a restraining order to prohibit a person convicted of any offence from doing anything specified in the order, in order to protect victims. Section 5A provides that a court may make such an order in respect of a person acquitted of any offence.

The 1997 Act also introduced a civil remedy under section 3 for an actual or apprehended breach of the prohibition of harassment in section 1(1).

Amendments were made to the Protection from Harassment Act 1997 by the Protection of Freedoms Act 2012 (see below).

All Forms of Abuse	Consider whether could and should involve the Police for any type of abuse towards an adult in need of safeguarding
Physical Abuse **Domestic Abuse**	**Consider the following Legal Remedies:** Offences Against the Person Act 1861 - a criminal prosecution, this Act contains core criminal offences relating to assaults including, actual and grievous bodily harm, wounding with intent and unlawful wounding, including assaults causing cuts, serious damage to internal organs and broken bones, the administration of drugs or noxious substances so as to cause harm. (A prosecution would have to be brought by the Police.) Civil action could be taken for assault, battery or false imprisonment The client or their representative should take legal advice from either the **Citizen's Advice Bureau** or an independent solicitor. Criminal Injuries Compensation claim via **CICA**. **Case law R v Brown known as the Spanner case established that a person cannot consent to assault.** **Police and Criminal Evidence Act 1984**, section 17 is a Police power to enter and save life. **Family Law Act 1996** - can be used to obtain injunctions against perpetrators; non-molestation and occupation orders. **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010** If there is a breach of Regulation 11 (Safeguarding people who use services from abuse), this is an offence under Regulation 27. A person convicted of an offence is liable, on summary conviction, to a fine not exceeding £50,000. **Domestic Violence Crimes & Victims Act 2004** - creates an offence of causing or allowing the death of a child or an Adult at Risk, where they have died of an unlawful act. The household member must have failed to take reasonable steps to protect the victim and the victim must have been at serious risk of physical harm, demonstrated by a history of violence towards the vulnerable person. The Crown Prosecution Service provide guidance on Prosecuting Cases of Domestic Violence. This includes the ability of the police to use evidence based prosecution where a victim is afraid of the perpetrator and therefore afraid of the consequences of any action to prosecute. In such circumstances the police may be able to prosecute the perpetrator on behalf of the victim. **Mental Capacity Act 2005** - became operational during 2007. Underpinning the Act are five statutory principles, the most important of which centre on the presumption of capacity unless proven otherwise, and the requirement to enable mentally capable individuals (16+) to make decisions for themselves, even where those decisions may be at variance with what other people and organisations feel would be best. The Mental Capacity Act also provides a statutory framework to enable social care staff (and allied disciplines) to intervene in the lives of a person (aged 16+) where it can be demonstrated that in relation to a specific decision that needs to be taken, the person lacks mental capacity to make that decision and therefore a decision needs to be made by a third party in the person's best interests. In situations where an individual is at risk of harm or has suffered any form of abuse **and lacks capacity** to keep themselves safe from further abuse and/or further abuse is likely, then, consideration needs to be given to making an Application to the **Court of Protection** for appropriate Orders and Declarations to be made under the Mental Capacity Act in order to keep the individual safe from further harm. **Crime and Security Act 2010** – sections 24-33 of the Act relate to Domestic Violence Protection Notices and Orders (DVPNs and DVPOs).
Sexual Abuse	**Consider the following Legal Remedies:** Criminal prosecution - under the **Sexual Offences Act 2003**, as well as offences such as rape and sexual assault, there are specific offences against people with 'a mental disorder impeding choice'. Section 4 makes it an offence to not obtain consent. Sections 30-44 provide various offences against people who lack capacity, including specific offences for care workers. There is a defence to these offences if the individual did not know and had no reason to suspect that the person had a mental disorder.

	Civil action could be taken by the individual, but they should take legal advice from either the Citizen's Advice Bureau or an independent solicitor. **Family Law Act 1996** - this could be considered for injunctions in the shape of non-molestation or occupation orders. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Click Here to view **Regulations**: If there is a breach of Regulation 11 (Safeguarding people who use services from abuse), this is an offence under Regulation 27. A person convicted of an offence is liable, on summary conviction, to a fine not exceeding £50,000.
Psychological Abuse	**Consider the following Legal Remedies:** **Protection from Harassment Act 1997** - can be used by Police or individual to obtain an injunction. Anti-discrimination legislation (race, sex disability). If someone is being treated unfavourably on the grounds of their sex, race or disability. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Click Here to view **Regulations**: If there is a breach of Regulation 11 (Safeguarding people who use services from abuse), this is an offence under Regulation 27. A person convicted of an offence is liable, on summary conviction, to a fine not exceeding £50,000. **Protection of Freedoms Act 2012 -** The Protection of Freedoms Act creates two new offences of stalking and stalking involving fear of violence or serious alarm and distress, under sections 2A and 4A of the 1997 Protection from Harassment Act. The amendments also set out new police powers to enter and search premises (on provision of a warrant – section 2B) in relation to the 2A offence. **Crime and Security Act 2010** – sections 24-33 of the Act relate to Domestic Violence Protection Notices and Orders (DVPNs and DVPOs).
Neglect	**Consider the following Legal Remedies:** Section 42 Care Act 2014 – local authority's duty to make enquiries where it has reasonable cause to suspect that an adult is experiencing, or is at risk of, Abuse or Neglect. S44 Mental Capacity Act defines wilful neglect as a crime. Wilful negligence by a care worker deliberately omitting to care for and causing harm to someone in their care is also a crime.
Self-Neglect	Consider the following Legal Remedies: A safeguarding alert should be raised in relation to someone who is self-neglecting. The Local Authority should then consider issues of capacity and consent in relation to the safeguarding response. **Mental Capacity Act 2005** If the person lacks capacity in relation to their welfare the Court of protection has the power to make an order under S 16(2) of the MCA. This could be a decision to allow access to an adult lacking capacity. The court can also appoint a deputy to make welfare decisions on behalf of that person. Where a person is coerced, harassed or impeded from making an autonomous decision about their welfare (Even when capacitated) the inherent jurisdiction of the High Court enables the Court to make an order which could be access or any remedy that is considered appropriate in circumstances not governed by other legal frameworks or rules. Where there is concern for a persons mental health S115 of the Mental Health Act provides the Approved Mental Health Practitioner the power to enter and inspect premises if there is reasonable cause to believe that the person is not receiving appropriate care. S135(1)of the MHA can also be approved when a magistrates court believe that the police / Approved Mental Health Practitioner need to place someone suffering severe mental illness in a place of safety. Under **The Police and Criminal Evidence Act 1984** section 17 police have the power to enter and arrest someone for an indictable offence. Under S17 the police can also enter a premises if they believe there to be

a risk to life and limb.The police also have a common law power to enter and arrest a person to prevent a breach of the peace.

Public Health Act 1936

Section 79: **Power to require removal of noxious matter by occupier of premises**

The Local Authority (LA) will always try and work with a householder to identify a solution to a hoarded property, however in cases where the resident is not willing to co-operate the LA can serve notice on the owner or occupier to "remove accumulations of noxious matter". Noxious not defined, but usually is "harmful, unwholesome". No appeal available. If not complied with in 24 hours, The LA can do works in default and recover expenses.

Section 83: Cleansing of filthy or verminous premises

Where any premises, tent, van, shed, ship or boat is either;

a) Filthy or unwholesome so as to be prejudicial to health; or
b) Verminous (relating to rats, mice other pests including insects, their eggs and larvae)

LA serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within 24 hours or more. If not complied with, Environmental Health (EH) can carry out works in default and charge. No appeal against notice but an appeal can be made against the cost and reasonableness of the works on the notice.

Section 84: Cleansing or destruction of filthy or verminous articles

Any article that is so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous, the LA can serve notice and remove, cleanse, purify, disinfect or destroy any such article at their expense.

Prevention of Damage by Pests Act 1949

Section 4: Power of LA to require action to prevent or treat Rats and Mice

Notice may be served on owner or occupier of land/ premises where rats and/ or mice are or may be present due to the conditions at the time. The notice may be served on the owner or occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works.

The LA may carry out works in default and charge for these.

Environmental Protection Act 1990

Section 80: Dealing with Statutory Nuisances (SNs)

	SNs are defined in section 79 of the Act and include any act or omission at premises that prevents the normal activities and use of another premises, including the following: Section 79 (1) (a) any premises in such a state as to be prejudicial to health or a nuisance (c) Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance (e) Any accumulation or deposit which is prejudicial to health or a nuisance (f) Any animal kept in such a place or manner as to be prejudicial to health or a nuisance The LA serves an Abatement Notice made under section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.
Financial Abuse	**Consider the following Legal Remedies:** **Lasting Powers of Attorney (LPA)** were introduced by the Mental Capacity Act 2005. These replace the former Enduring Powers of Attorney that, after 1 October 2007, can no longer be created. It should be noted however that those documents created before October 2007 can still be used but must be registered at the time the donor loses capacity. An LPA is a legal document that allows a person who currently has capacity (`the Donor') to appoint someone they trust (`the Attorney) to make decisions on their behalf. There are two types of LPA: • Property and affairs LPA - allows the Donor to choose someone to make decisions about how to spend his or her money, including the management of his/her property and affairs; • Personal welfare - allows the Donor to choose someone to make decisions about his or her healthcare and welfare. This includes decisions to refuse or consent to treatment on his or her behalf and deciding where to live. These two types of LPA are separate documents and require separate applications. There can be more that one attorney. They may act severally or jointly, and severally and jointly. Where there is more than one attorney and the document dictates severally it means that an attorney can act without referral to the others. Jointly and Severally means they can act together or independently and Jointly means that all decisions taken must be by all attorneys. Where there is disagreement in the case of joint attorneys, the attorneys must refer back to the Court of Protection for a decision. The LPA must be registered with the Office of the Public Guardian in order to have legal standing. A registered LPA can be used at any time, whether the person making the LPA has the mental capacity to act for himself or not. However, it should be noted that on each document there is a restrictions section which must be recognised. An example may be that the Donor has requested that an Attorney takes charge only when they lose Capacity in which case the document can only be used once this has been established. Once the LPA is registered it continues indefinitely. The LPA must be at the time of creation. An LPA can also be cancelled by the Donor, provided (s)he has the mental capacity to do so. Further information about LPAs can be found on the website of the **Office of the Public Guardian**. A Local Authority can make representations to the Office of the Public Guardian if there is reasonable belief that someone may not be acting in an individual's best interest. Note: a person given a power under an Enduring Power of Attorney (EPA) before 1 October 2007 can still use it and apply to have it registered. Further information about LPAs can be found on the website for the Office of the Public Guardian.

	The Mental Capacity Act 2005 provides for the Court of Protection to make decisions in relation to the property and affairs, healthcare and personal welfare of adults (and in certain cases, children) who lack capacity. The Court has the same rights, privileges and authority in relation to mental capacity matters as the High Court. The Court has the powers to: Decide whether a person has capacity to make a particular decision for themselves; Make declarations, decisions or orders on financial or welfare matter affecting people who lack capacity to make such decisions; Appoint deputies to make decisions for people lacking capacity to make those decisions; Decide whether an LPA or EPA is valid; Remove deputies or attorneys who fail to carry out their duties; and Hear cases concerning objections to register an LPA or EPA. In reaching any decision, the Court must apply the statutory principles set out in the Mental Capacity Act. It must also make sure its decision is in the best interests of the person who lacks capacity. The Office of the Public Guardian is the compliance and regulatory body and have a duty to investigate concerns where there is a registered EPA/LPA or Deputyship Order. Criminal Prosecution - the Police can consider whether a perpetrator of financial abuse may be prosecuted for theft under the **Theft Act 1968** - or for fraud by virtue of abuse of position under the **Fraud Act 2006**
Forced Marriage and Honour Based Crime	A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry This includes: • Taking someone overseas to force them to marry (whether or not the forced marriage takes place) • Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not) • Breaching a Forced Marriage Protection Order is also a criminal offence • The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted • Details of the new law can be found on the Legislation website Further information can be found on the Honour Based Violence and Forced Marriage page of the CPS website
Female Genital Mutilation	Female genital mutilation (FGM) is illegal in the UK. It's also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this. The maximum sentence for carrying out FGM is 14 years in prison. In 2003 the Female Genital Mutilation Act 2003 amended the law relating to FGM and connected purposes.

Hate / Mate Crime	In 2009, the Equality and Human Rights Commission (EHRC) launched an inquiry, "Hidden in plain sight", into public authorities' efforts to eliminate disability harassment. The police service's evidence to the inquiry revealed that forces were responding to disability hate crime in different ways. The EHRC's Hidden in plain sight report, published in August 2011, contained seven core recommendations and eight police-specific recommendations Consider these key legal frameworks Crime and Disorder Act 1998 (as amended) Public Order Act 1986 Section 4 deals with threatening, abusive and insulting conduct Racial and Religious Hatred Act 2006 Protection from Harassment Act 1997 Some civil remedies could be warning letters, injunctions, housing injunctions, acceptable behaviour contracts, Anti-sociable behaviour orders.
Counter Terrorism	People who have disabilities or mental health problems may be groomed for terrorist activities. This may include extremist activities on religious grounds, right wing or racist activities, extreme animal rights activities to name but a few. In February 2015 The Counter-Terrorism and Security Act received Royal Assent. The Governments counter terrorism strategy is called CONTEST
Support to Individual and Family	**Consider the following Legal Duties:** Duty to assess under the Care Act 2014, section 9 (assessment of an adult's needs for care and support) and section 10 (assessment of a carer's needs for support). The Local Authority may be able to help manage some adult protection concerns by completing a formal assessment and putting in a care package or higher support to the individual and/or family.
Prosecution	**Consider the following Legal Remedies:** Criminal law - statute and common law can be considered. Investigation by Police and Crown Prosecution Service to prosecute perpetrators.
Removal of the Perpetrator	**Consider the following Legal Remedies:** Consider whether to involve the Police. Consider **Family Law Act 1996** injunctions; non-molestation and occupation orders. Civil injunction - would need the individual to take legal advice from an independent solicitor or Citizen's Advice Bureau. **Mental Health Act 1983** - would apply if there is a mental disorder and would allow a perpetrator in certain circumstances to be removed for assessment and/or treatment. **Crime and Security Act 2010** – Domestic Violence Protection Orders (DVPOs)

The Serious Crime Act

Section 76 deals with '**Controlling or coercive behaviour in an intimate or family relationship',** defining such activity for the first time as illegal. This could be really important legislation in dealing with and addressing Domestic Abuse and Sexual Exploitation.

Please click on the underlined word to follow the links to the relevant website for the legal framework that you are looking for

Legislation, Law, Policy and Key Information

Please note that legal frameworks are regularly amended and removed from websites. All links work at time of publication.

- Care Act Fact Sheets
- The Care Act
- The Care Act Guidance
- Care Act— Implications for Safeguarding
- Crime and Disorder Act
- Working with vulnerable or intimidated witnesses
- The Human Rights Act
- The Equality Act
- Criminal Justice Act
- Domestic Violence, Crime and Victims Act
- Data Retention and Investigatory Power Act 2014
- Codes of Practice— Equality Act
- Mental Capacity Act
- Codes of Practice MCA
- Safeguarding Vulnerable Groups Act
- Sexual Offences Act