# Self-Neglect Guidance

## including advice on Hoarding

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**Contents**

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## Introduction

The aim of this document is to provide guidance for people supporting adults with care and support needs[1] who are at risk of harm as a result of self-neglect and/or hoarding.

Managing the balance between protecting adults from self-neglect and their right to self-determination is a challenge for professionals, this guidance aims to support good practice in this area.

The scope of this guidance does not include cases of risk associated with deliberate self-harm. Anyone who self-harms should be advised to see their own GP or other relevant health professional as a matter of urgency or referred with their approval.

[1] Care and support is the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent - including older people, people with a disability or long-term illness, people with mental health problems, and carers

## Section 1: Self-Neglect and Hoarding

### 1.1 Definition of Self-Neglect

The Care Act describes self-neglect as covering *"a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings, and includes behaviour such as hoarding."*

Three recognised forms of self-neglect include:

- Lack of self-care – this may involve neglecting personal hygiene, nutrition and hydration or health e.g. non-attendance at medical appointments
- Lack of care of one's environment – this may result in unpleasant or dirty home conditions and an increased level of risk in the domestic environment such as health and safety and fire risks associated with hoarding
- Refusal of services that could alleviate these issues, this may include the refusal of care services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment

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

### 1.2 Indicators of Self-Neglect

Self-neglect is a continuum of indicators, which when combined may indicate the presence of self-neglect. The following list is not exhaustive:

- Where the person has a history of mental illness which may manifest itself in behaviours of self-neglect and hoarding
- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Obsessive hoarding therefore creating hazards within the property for both themselves and other parties
- Large number of pets and/or suspected or actual abuse or neglect of pets, regardless of how many pets there are inside or around (e.g. in the garden) the property
- Poor diet and nutrition, for example evidenced by little or no fresh food in the fridge, or what is there being mouldy

- Persistent declining or refusing of prescribed medication and/or other community healthcare support
- Continues refusing to allow access to other organisations with an interest in property, for example staff working for utility companies or housing services
- Repeated episodes of anti-social behaviour – either as a victim or perpetrator
- Being unwilling to attend external appointments with professionals, staff in social care, health or other organisations (such as housing)
- A significant lack of personal hygiene resulting in poor healing/sores/pressure ulcers, long toenails leading to a risk of falls, unkempt hair, uncared for facial hair and/or body odour

## 1.3 Hoarding

Hoarding is considered a standalone mental disorder, it is not simply a lifestyle choice. Hoarding can be a symptom of other mental disorders and is distinct from the act of collecting. It is also different from people whose property is generally cluttered or messy, the main difference being that hoarders have a strong emotional attachment to their objects, which is well in excess of their real value.

## 1.4 What is Hoarding?

Anything can be hoarded, in various areas including the individual's property, garden or communal areas.

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 –** 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 ability to care for the animals in the home, the people who hoard animals are 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 as inanimate object or animal hoarding. However, people that hoard data could still present with the 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.

## 1.5 Hoarding characteristics

There are a number of hoarding characteristics:

- **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 the 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 with excellence while struggling to organise themselves and complete daily living tasks
- **Socially isolated –** people who hoard will typically alienate friends and family 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” or seek comfort in keeping large numbers of animals
- **Mentally competent –** people who hoard are typically able to make decisions that are not related to hoarding
- **Extreme clutter –** hoarding behaviour may be present in several or all rooms of a person’s property and prevent the room from being used for its intended purpose
- **Churning –** hoarding behaviour can involve moving items from one part of 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 personal hygiene or appearance
- **Poor insight –** a person who hoards will typically see nothing wrong with their behaviour and the impact it has on others

## Section 2: Guidance for Practitioners

### 2.1 Managing Self-Neglect

In the majority of self-neglect cases, early intervention and preventative actions can result in positive outcomes. Central to this is the need to understand the individual's wishes and needs. In the first instance, health and social care staff will need to engage with individuals on issues of consent and desired outcomes. Consideration should also be given to gathering the views of other people who are important in the person's life, with their consent, or as part of the Best Interest framework.

### 2.2 Mental Capacity

Where there is a concern about self-neglect, one of the first considerations should be whether the person has the mental capacity to understand the risks associated with their actions/lack of action.

In extreme cases of self-neglect and/or hoarding behaviour, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity.

The Care Act Statutory Guidance[2] recognises that it can be difficult to distinguish between whether a person is making a capacitated choice to live in a particular way (which may be described as an unwise choice or decision) or whether:

- The person lacks mental capacity to make the decision
- There is concern regarding the adult's ability to protect themselves by controlling their own behaviour

The Mental Capacity Act (2005)[3] is central to determining what action may or may not be taken in self-neglect cases. All adults who have mental capacity to make a decision regarding risk taking have the right to do so and make, what may seem to others to be 'unwise decisions', without needing intervention from agencies. This includes behaviour which could be identified as being 'self-neglectful'.

Where it is felt intervention may be required due to a person's self-neglect behaviour, any action proposed must be with the person's consent, where they are assessed as having mental capacity, unless there is a risk to others.

[2] https://www.gov.uk/government/publications/care-act-statutory-guidance

[3] https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Examples where other people may be at risk due to self-neglect include where there is a fire risk (for example, due to hoarding) or where there are public health concerns (such as infestation affecting other properties).

Any mental capacity assessment carried out in relation to self-neglect and/or hoarding behaviour must be time and decision specific to 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 mental capacity.

In particularly challenging and complex cases, it may be necessary to consider an application to the Court of Protection[4] to make a best interests decision, this should be considered in conjunction with legal advice.

In cases of self-neglect where there is a risk of significant harm (or higher), it is best practice to demonstrate your assessment (or presumption) of capacity using the MCA1 form, and where a best interest decision is required using the MCA2 form.

Where it is apparent to a professional that the threshold for significant/critical harm to a person has been met, and they have mental capacity, duty of care extends to gathering all the available information to inform a thorough risk assessment and subsequent actions, even without the consent of the individual. It may be determined that there are no legal powers to intervene, however it will be demonstrated that risks and possible actions have been fully considered and, where appropriate, on a multi-agency basis. All assessment actions should be recorded and detailed.

## 2.3 Risks

Professional judgement will need to remain person-centred and responses should be proportionate to the level of risk. The professional's approach should be responsive to any changes in the individual's behaviour or circumstances which are known to increase risk.

Care management, multi-agency working and establishing relationships and trust can provide an effective framework to support person-centred practice. Where preventative approaches and positive intervention have not been successful, or where at the point of the referral the level of risk is considered to

[4] https://www.gov.uk/courts-tribunals/court-of-protection

be significant or critical, then reporting[5] into multi-agency safeguarding may be appropriate.

It is important that staff are familiar with and recognise the risk factors associated with self-neglect and/or hoarding and to share those risks across organisations. Often age-related changes may result in functional physical and mental decline; frailty or psychiatric illness which will increase vulnerability to abuse, neglect and self-neglect as well increase the potential for developing a number of underlying health conditions. Likewise, those who present as self-neglecting and/or hoarding may also face similar health risks not least of all from a decline in the state of the property but also from an increased risk of falls, entrapment and fire.

Responding to self-neglect and/or hoarding will depend on the level of risk/harm posed to the individual and/or others and whether the adult is able to protect themselves and determine their own actions.

A person might not appear to be at risk of abuse or neglect but when information is gathered from a number of organisations the risk of abuse or neglect is increased. It is worth considering how partners such as health care, housing providers, the local authority, police and community and voluntary organisations share information and intelligence that might help to assess risk.

[5] https://adultsportal.sunderland.gov.uk/web/portal/pages/safeguarding

**Low risk of harm or risk (no impact)** – identifiable risk factors that do not indicate imminent or significant harm to self or others. If a concern is identified as low harm/risk, it is expected that the case is dealt with outside of safeguarding adults procedures and managed by the most appropriate practitioner. Circumstances could include, but are not exclusive to:

- Reports that self-neglect is occurring or possible, but where the potential impact and consequence is not considered to be significant or immediate
- Unwillingness to engage with services, accept assessments or offers of support and/or intervention, but where available information suggests little risk of significant harm
- Non-compliance with medication, which is unlikely to result in significant harm

**Possible responses – low harm/risk:** Where presenting risks of self-neglect have been identified as low, the following actions should be considered by the most appropriate practitioner(s). An up-to-date assessment of the adult's needs should be obtained where applicable; or where none exist, the need for appropriate assessments should be considered. Future monitoring should always consider risk and escalation to higher threshold tiers.

**Information, advice, sign-posting:** Examples include (but not limited to):

- Information/advice about risks and what options there are for reducing risks;
- Promoting self-help (asking for help if needed; keeping appointments);
- Information/advice about health or care needs; financial information/advice;
- Sign-posting to universal services (e.g. GP, Fire Service, leisure services, and libraries)

**Assessment/review and services, tenancy support, floating support:** examples include (but are not limited to):

- Social care assessment/re-assessment/review; if a social care assessment or review is required referrals should be made by contacting Adult Social Care on 0191 520 5552 (including out of hours where there is an urgent care need);
- Provision of social care services, including direct payment/personal budget;
- Health assessment/re-assessment/review;
- Multi-disciplinary meetings and reviews;
- Health treatment/intervention (including action/intervention under the Mental Health Act 1983);
- Fire alarm fitted, sprinkler system fitted;
- Change of accommodation

**Regular low-level concerns can amount to a far higher level of concern which could, if the person is unable to protect themselves, then require further consideration and management under safeguarding adults procedures[6]. This would include determining whether a section 42 enquiry is appropriate.**

[6] http://www.sunderlandsab.org.uk/?page_id=637

**Medium risk (some harm or risk of harm)** – identifiable indicators of ssome harm to self or others. This may include situations which indicate risk factors are present that place the adult or others at risk of some harm through self-neglect, but available information indicates that risk is not immediate and/or critical. This can include, but is not exclusive to:

**Some Harm**

- Ongoing lack of care or behaviour that poses a risk to health and wellbeing
- Multiple reports of concerns of self-neglect from multiple agencies
- Behaviour that poses a fire risk to self and others
- Poor management of finances leading to risks of health, wellbeing or property
- Unwillingness to engage with services, accept assessments or offers of support and/or intervention that have been offered. There should be recorded evidence of attempts made in respect of this

**Increasing Harm**

- Ongoing lack of care or behaviour to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition, infection, refusal to take prescribed medication, lack of personal care, unsanitary/unhygienic lifestyle or living conditions, dietary disorder
- Unwillingness to engage with services, accept assessments or offers of support and/or intervention, and there are concerns about an individual's ability to care for themselves and their environment, or about their mental capacity

**Possible responses – Medium Risk:** Where presenting risks of self-neglect have been identified as causing some harm using the thresholds, safeguarding adults procedures may be appropriate. A safeguarding adults concern should be raised subject to the consent (or the appropriate over-riding of consent) of the adult at risk. In assessing whether a referral is appropriate, consideration should be given as to the level of urgency and whether it is appropriate to arrange for a social work or other professional visit to check the welfare of the adult at risk. This will need to be arranged in addition to raising a safeguarding concern, and action taken to safeguard the individual should be included on the concern form. This will include identifying whether multi-disciplinary team meetings or engagement with the individual is being successful in addressing the issues/reducing harm.

Safeguarding adults procedures can provide a more formal, multi-agency framework for sharing information, assessing and managing risk. Where the threshold is deemed to be significant or very significant, whether a section 42 enquiry is appropriate, or whether measures being taken are sufficient would be considered when the referral is assessed. To enable this to happen the safeguarding adults concern should include specific consideration of:

- Whether the adult at risk is consenting to the safeguarding concern being raised and/or action under safeguarding adults procedures;
- Whether it is appropriate to override consent where consent has not been given;
- Whether the individual would be accepting of any other support/intervention outside of safeguarding adults procedures;
- The mental capacity of the adult at risk in relation to specific decisions;
- Involvement of the adult at risk (and/or their family/advocate/representative);
- A risk management/support plan, agreed in full consultation with the person at risk, identifying clear responsibilities for actions;
- A review of current arrangements for providing care and support. Does there need to be an assessment/re-assessment/review? This should include any informal carer arrangements;
- Options for encouraging engagement with the adult at risk (e.g. which professional is best placed to successfully engage? Who would the adult respond most positively to?);
- Any legal options available to safeguard the adult (see Appendix 2: Legal Options in relation to Self-Neglect). Legal advice should be sought;
- Whether there are any other people at risk (including children) and what action needs to be taken if this is the case;
- A contingency plan should the agreed Safeguarding Risk Management Plan fail;
- How agencies/professionals will establish and maintain regular communication about any changes or significant events/incidents;
- Support of front-line staff delivering services to the individual (e.g. in responding to a refusal of services)

As with all safeguarding adults concerns, it is important that details of actions and decision-making are clearly recorded.

Where it is clear that this information needs to be ascertained/provided, agencies may be requested to supply this. It will not always be the case that a meeting is convened to identify that this information is required.

**High risk (significant harm or risk of harm)** – imminent risk of significant harm to self or others, where the impact on wellbeing would be critical. This includes the most serious and challenging presenting circumstances, including but not exclusive to:

- Complex and high-level risk, including the potential for or the possibility of death and/or serious injury because of the presenting risks and situation
- A failure to seek/accept lifesaving services or medical care where required
- Apparent lack of options available to protect the individual from risk/harm
- Where the demands of managing the risk require significant commitment, professional/multi-agency involvement, coordination and resources
- Possibility of heightened public awareness, scrutiny or media attention due to the high-profile nature of the circumstances
- Failure of multi-disciplinary team to effectively safeguard

**Possible responses – High Risk:** Where presenting risks of self-neglect have been identified as high risk of significant harm, safeguarding adults procedures should be used and a safeguarding adults enquiry should be coordinated. Attempts should still be made to seek the adult at risk's consent for the safeguarding adults enquiry to take place, however where this is not provided, consent should be overridden given the seriousness of the concerns. This is so that the concerns can be fully explored on a multi-agency basis and reassurance can be provided that all possible options to manage risk have been attempted.

## 2.4 Make Thorough and Accurate Recordings

Identification of risks and actions taken to manage or minimise risk should be fully documented in professional notes and, where appropriate, a risk assessment and risk management document should be completed. Recording should fully evidence and support any decision making and appropriate monitoring arrangements should be considered and implemented if necessary.

Self-neglect may not prompt a Section 42 enquiry[7]. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour.

In instances where the person is deemed to have mental capacity and declines to engage or accept services to reduce or remove risks, the reasons should be fully recorded as well as the efforts and actions taken to assist the person.

## 2.5 Information Sharing

All agencies need to ensure, where it is lawful and appropriate, information is shared about properties affected by self-neglect and/or hoarding with partners and this is done on a need to know and case-by-case basis. All information should be transferred in a secure format. The information shared, whether with or without the adult at risk's consent, should be:

- Necessary for the purpose for which it is being shared
- Shared only with those who have a need for it
- Be accurate and up-to-date
- Be shared in a timely fashion
- Be shared accurately
- Be shared securely

## 2.6 Taking a Proportionate Approach

Responding to self-neglect will depend on the level of risk/harm posed to the individual and/or others and whether the adult is able to protect themselves and determine their own actions.

Professionals should refer to the Safeguarding Adults Risk Assessment Threshold Guidance[8], which includes self-neglect, to identify the assessed level of risk based upon considerations about the vulnerability of the individual and the circumstances of the case.

[7] https://www.scie.org.uk/safeguarding/adults/practice/questions

[8] http://www.sunderlandsab.org.uk/wp-content/uploads/2023/01/SSABthresholdGdncToolJan23FINAL.pdf

## 2.7 Fire Safety

Hoarding can pose a significant risk to both the people living in the hoarded property and those living nearby as well as the emergency services personnel. Where an affected property is identified, regardless of the risk rating, the individual (and any other residents of the property) need to be advised of the increased risk and identify a safe exit route. Appropriate professional fire safety advice must be sought, and a multi-agency approach is important to reduce risk. This will assist Tyne and Wear Fire and Rescue Service in responding appropriately and may undertake a fire safety check as part of the multi-agency approach.

## 2.8 Making a Referral into Safeguarding Adults Procedures

Information regarding raising a safeguarding concern and the Safeguarding Adult Concern (SAC) can be accessed from the Council's website[9].

## 2.9 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 and taking action to enable all children to have the best outcomes.

Children and young people of hoarders are often unable to avoid living within the clutter and therefore, are significantly affected. Children and young people are often too embarrassed to have friends come over, or are not allowed to, due to the hoarder's embarrassment. This may lead to social isolation, helplessness, and resentment. Children and young people may feel protective towards their parent's/carer's hoarding.

It is essential to consider if there are any children or young people living in or visiting the household and what the impact of the hoarding has on their current and future development. This needs to include if the child or young person is a young carer by providing support or care to the hoarder or anyone else living in the household. Young carers are children and young people who provide, or intend to provide, care or support to anyone with a disability or long-term illness, including alcohol and substance misuse.

Neglect refers to the persistent failure to meet the needs of a child/young person; this must be considered when self-neglect and/or hoarding is present. Growing up in a hoarded property can put a child at risk by affecting their growth

[9] https://adultsportal.sunderland.gov.uk/web/portal/pages/safeguarding

and development. In some cases this can lead to the neglect of a child, which is a safeguarding concern.

For further information please refer to Sunderland's safeguarding children procedures[10]

## 2.10 Ending Involvement

Ideally work will be carried out with the individual resulting in their situation being improved to a point where it is deemed to be safe enough, or their expressed outcomes have been achieved.

There may come a point at which all options have been exhausted, and no improvement has been established. In cases where a critical level of harm has been identified and it has not been possible to reduce risks, supervision and management arrangements should be used to support staff who are delivering services/making decisions. Arrangements should also be made for ongoing monitoring; and making proactive contact to ensure the person's needs and rights are fully considered and to monitor any changes in circumstances.

Where safeguarding adults procedures have been used, shared decision making should be recorded via the multi-agency safeguarding procedures, including a decision to end involvement.

Where safeguarding adults procedures have not been used because the tier is low, or there is lack of consent, or work has been undertaken via another multi-agency framework, then any decision to end involvement should be communicated to all the other agencies/services involved. The decision-making rationale should be risk assessed and clearly recorded.

In situations where intervention has been declined the person, carer or advocate should be fully informed of the services offered and the reasons why the services have not been implemented. There is a need to make clear that the person can make contact at any time in the future for services.

[10] https://www.proceduresonline.com/nesubregion/

## Section 3: Good Practice Managing Self-Neglect

### 3.1 Work on a Multi-Agency Basis

Successful intervention is more likely when different services work together to identify solutions, and whilst cleaning interventions may provide a short-term solution, longer-term solutions should take place as part of an integrated multi-agency plan.

Clarify across all agencies the lead professional with oversight and coordination for each case and lines of communication. This should not be presumed and should be a proactive decision based on key factors, for example; the person's current wishes; relationships and trust; known protective factors and levels of ongoing involvement, or potential for involvement. There should be effective coordination of any actions that need to be taken across all agencies by the lead professional involved. Information about risk and actions should be shared with relevant agencies, in most circumstances with the consent of the person. **Multi-agency action is not limited to that taken under SSAB safeguarding adults procedures[11].**

Responding to individuals with self-neglect and/or hoarding behaviours must be a multi-agency priority and there is a presumption that:

- In line with Section 6 and 7 of the Care Act (2014) all partner agencies will actively engage when this is requested by the lead agency as appropriate or required; and
- The agency holding the case will take responsibility for initiating and participating in a multi-agency partnership working approach
- Partner agencies will seek to obtain consent to bringing the case for multi-agency collaboration discussion. If there is an immediate risk of harm identified to the individual (e.g. naked flame close to combustible material) or harm to others by proximity, then consent may be breached

The aim is to prevent serious injury or even death of individuals who appear to be self-neglecting and/or hoarding by ensuring that:

- Individuals are empowered as far as possible, to understand the implications of their actions and/or behaviours on themselves and others
- There is a shared, multi-agency understanding and recognition of the issues including those involved in working with individuals who self-neglect and/or are deemed as hoarders

[11] http://www.sunderlandsab.org.uk/?page_id=637

- There is effective and practical multi-agency working, which challenges practice and ensures that concerns/risks receive appropriate prioritisation
- That all interventions to work with an individual who has self-neglecting and/or hoarding behaviours are based on the principles of making safeguarding personal (MSP)[12]
- That all agencies and organisations uphold their duties of care
- There is a proportionate response to the level of risk to self and others

### 3.2 Taking a Creative and Flexible Approach

Engage the person in different ways appropriate to their needs and circumstances. Being creative and flexible can have positive outcomes in terms of reducing risk around self-neglect. This could involve considering who may already have an established positive relationship with the individual to support your engagement with them or exploring different/non-traditional service options (such as from the Community and Voluntary Sector) that may reduce risks.

### 3.3 Be Patient

Because of the nature of self-neglect cases, the likelihood is that the person may refuse services or support when this is first offered. In conjunction with being flexible and creative, workers may need to repeatedly try to work with a person to reduce risks. Non-engagement at first contact should not result in no further action being taken, or not returning to the person at a later date and offering further help or support (particularly where risks may have changed or increased). Having mental capacity to refuse services or support should not routinely be considered a barrier to further offers and reviews of engagement. **It is not always necessary for this to be undertaken via a section 42 enquiry[13]**

### 3.4 Advocacy and Support

It is essential to ensure all efforts are made to ensure the person suspected of self-neglecting and/or hoarding is consulted and included in all discussions, with concerns raised directly with them at the earliest opportunity.

If there is concern that the person is in need of additional support to ensure they understand the concerns being raised, the involvement of an appropriate advocate must be considered where it is deemed necessary to do so. This may

[12] https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal

[13] https://www.scie.org.uk/safeguarding/adults/practice/questions

be a friend or family member, or a representative from the local authority's commissioned advocacy service, or another advocacy service of the person's choice.

### 3.5 Factors that may lead to Poor Outcomes for Individuals who Self-Neglect

- Value judgements around "lifestyle choice"
- Poor multi-agency working and lack of appropriate information sharing
- Lack of clarity on leadership and case management
- Assumptions that support is being provided
- Lack of engagement and challenges from the individual or family; creating barriers to engagement
- Assumptions about caring roles within families, including their capability to fulfil this role
- A de-sensitisation to well-known cases, resulting in minimisation of need and risk
- Poor risk assessment or no risk assessment
- Plans and engagement for outcomes being solely based upon mental capacity
- Chaotic lifestyle and multiple or competing needs
- Inconsistency in application of thresholds across agencies and teams

## Appendix 1 - Guidance Questions for Practitioners

Listed below are examples of questions to ask where you are concerned about someone's safety in their own home and suspect a risk of self-neglect and hoarding. The information gained from these questions can be used to inform your assessments and provide information needed to alert other agencies.

Most individuals with a hoarding problem will be embarrassed about their surroundings, you can therefore adapt the questions to suit your customers:

- How do you get in and out of your property and do you feel safe living there?
- Have you ever had an accident, slipped, tripped or fallen? If so, how did it happen?
- How have you made your home safer to prevent a slip, trip, fall or accident from happening again?
- How do you move safely around your home? Can you manage the stairs safely?
- Because of the number of possessions you have, do you find it difficult to use some of your rooms, if so which ones?
- When did you last go out into your garden, do you feel safe to go out there?
- Are you worried about other people getting into your garden and trying to break in, has this ever happened?
- Are you worried about mice, rats, 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/got upstairs/nested anywhere?
- Are there any repairs that need to be done to your home?
- How do you manage to keep yourself warm, especially in winter?
- How do you get hot water/heating/lighting in here? Do these services work properly? Have they ever been tested?
- Do you ever use candles or an open flame (cooker, open fire, etc.) to heat and light here, or cook with camping gas?
- Has a fire ever started by accident?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Could I have a look in it? How do you keep food cold in warm weather?
- How do you keep yourself clean? Can I see your bathroom? Are you able to use your toilet/bath/shower ok?
- Can you show me where you sleep? Are you able to change your bed linen regularly, when did you last change it?
- Do you have difficulty with discarding things, or to what extent do you have difficulty with discarding/recycling/selling/giving away things that others might ordinarily get rid of?

## Appendix 2 – Legal Options in Relation to Self-Neglect

There are many legislative responsibilities placed on agencies to intervene in or be involved in some way with the care and welfare of adults who are believed to be vulnerable.

It is important that everyone involved thinks pro-actively and explores all potential options and wherever possible, the least restrictive option, e.g. a move of a person permanently to smaller accommodation where they can cope better and retain their independence.

The following outline a summary of the powers and duties that may be relevant and applicable steps that can be taken in cases of dealing with persons who are self-neglecting and/or living in dirty or unsanitary conditions. The following is not necessarily an exhaustive list of all legislative powers that may be relevant in any particular case. Cases may involve use of a combination of the following exercise of legislative powers.

**If you are uncertain as to which legal options are available in relation to a specific case, you are advised to seek advice from your organisation's legal team.**

### Environmental Health Legislation

Environmental Health Officers in the Local Authority have wide powers/duties to deal with waste and hazards. They will be key contributors to cross departmental meetings and planning, and in some cases e.g. where there are no mental health issues, no lack of capacity of the person concerned, and no other social care needs, then they may be the lead agency and act to address the physical environment.

### Public Health Act (1936)[14] as amended

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

The local authority will always try and work with a householder to identify a solution to a property affected by self-neglect and/or hoarding. However, in cases where the resident is not willing to co-operate, the local authority can serve notice on the owner or occupier to remove accumulations of noxious matter. Noxious is not defined, but usually is 'harmful or unwholesome'. No appeal to this action is available. If not complied with in twenty-four hours, the local authority may carry out works in default and recover expenses.

[14] http://www.legislation.gov.uk/ukpga/Geo5and1Edw8/26/49/contents

### Section 83: Cleansing of filthy or verminous premises (within the meaning of the Act)

Where a local authority is satisfied that any premises is either:

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

The local authority shall serve a notice requiring the recipient to take such steps as may be specified in the notice to remedy the condition of the premises by cleansing and disinfecting them. The notice may require, among other things, the removal of wallpaper or other wall coverings, and in the case of verminous premises, the taking of such steps as may be necessary for destroying or removing vermin.

If the recipient of the notice fails to comply with the requirements of the notice then the local authority may carry out works in default in accordance with the requirements specified in the notice. The local authority may recharge the recipient of the notice for the cost of carrying out such works. There is no appeal against this notice but an appeal can be made against the reasonableness of the authority's requirements set out in the notice.

### Section 84: Cleansing or destruction of filthy or verminous articles

The local authority shall cause any article that is considered to be in so filthy a condition as to render its cleaning, purification or destruction necessary in order to prevent injury, or danger of injury, to the health of any person in the premises will cleanse, purify, disinfect or destroy that article. If necessary, the local authority may remove any article that is verminous, or having been used by, or having been in contact with any verminous person to be cleansed, purified, disinfected, destroyed or removed from the premises at the recipient's expense.

## Prevention of Damage by Pests Act (1949)[15]

### Section 4: Power of local authority to require action to prevent or treat rats and mice

Local authorities have a duty to take such steps as may be necessary to ensure their districts are kept free from rats and mice as far as it is reasonably practicable to do so. This may include; carrying out inspections of land, ensure the destruction of rats and mice on all land within its jurisdiction and ensuring the land is kept free of rats and mice so far as it is reasonably practicable to do so.

The local authority may serve notice on the occupier (or owner if the land is unoccupied) of land/premises where rats and/or mice may be present due to the

[15] http://www.legislation.gov.uk/ukpga/Geo6/12-13-14/55/contents

conditions at the time. The notice should 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 if such works are necessary in keeping the land free from rats and/or mice. The local authority may carry out works in default and recharge the occupier/owner in full for the cost of carrying out such works.

**Environmental Protection Act 1990[16] as amended**
**Section 80: Dealing with statutory nuisances**

Statutory nuisances (SN) are defined in section 79 of the Environmental Protection Act. A number of defined nuisances are relevant in cases of self-neglect and/or hoarding in Section 79 (1) including;

a. Any premises in such a state as to be prejudicial to health or a nuisance;
b. 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

fa. Any insects emanating from relevant industrial, trade or business premises and being prejudicial to health or nuisance

Relatively few circumstances will be considered to be 'prejudicial to health' but 'nuisance' encompasses both public and private nuisances. A public nuisance is any act which, without specific legal authority for it, results in an unreasonable reduction in amenity or environmental quality that affects 'a class of his Majesty's subjects'. A private nuisance consists of damage arising from a substantial and reasonable interference with the use of land or some right over it.

Local authorities have a duty under the Act to inspect their areas from time to time to detect statutory nuisances and must take such steps as are reasonably practicable to investigate any complaints of statutory nuisance made by persons living within the area.

However, if the local authority does find that a statutory nuisance exists or is likely to occur or recur, they must serve an abatement notice to abate the nuisance. Any person breaching the requirements of an abatement notice commits a criminal offence, which could result in the matter being referred for prosecution. The local authority may also carry out works in the default and can recover its costs from the recipient(s) of the abatement notice.

[16] https://www.legislation.gov.uk/ukpga/1990/43/contents

The Chartered Institute of Environmental Health's 'Professional Practice Note: Hoarding and how to approach it – guidance for Environmental Health Officers and others' is a useful aid in looking at these types of cases.

**Housing – Landlord powers**

These powers could apply in Extra Care Sheltered Schemes, Independent Supported Living, private-rented or supported housing tenancies. It is likely that the housing provider will need to determine the tenant's mental capacity in relation to understanding their actions before legal action will be possible. If the tenant lacks capacity, the Mental Capacity Act (2005)[17] should be used.

Housing providers (the landlord) should deal with any concerns relating to self-neglect and/or hoarding in a sensitive manner. The Housing Officer, where applicable, would usually arrange a visit to inspect the property and action would be taken as appropriate. It is standard practice for the Housing Officer to ask a tenant if they would like support to deal with a range of issues and they would make the necessary referrals if consent is given.

The Housing Officer would usually set small actions for the tenant to complete and then revisit to monitor on a regular basis. Whilst the tenant continues to engage with the housing provider and improve the condition of the property then the Housing Officer will continue to visit, but if they cease to engage or do not take steps to improve the condition then a referral may be made without consent to adult social care or other agencies.

Only when the housing provider has exhausted all avenues to get the tenant to engage and take responsibility for clearing the property themselves would they consider enforcement action and is considered a last resort.

In extreme cases, a landlord can take action for possession of the property for breach of a person's tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard. This would be either under the Housing Act (1985)[18] (secured tenancies) or the Housing Act (1988)[19] (assured tenancies).

The tenant is responsible for the behaviour of everyone who is authorised to enter the property.

[17] https://www.legislation.gov.uk/ukpga/2005/9/contents

[18] https://www.legislation.gov.uk/ukpga/1985/68/contents

[19] https://www.legislation.gov.uk/ukpga/1988/50/contents

There may also be circumstances in which a person's actions amount to anti-social behaviour under the Anti-Social Behaviour, Crime and Policing Act (2014)[20]. Injunctions, which compel someone to do or not do specific activities, may be obtained under section 1 of the Act. There are also powers that can be used to require a tenant to cooperate with a support service to address the underlying issues related to their behaviour.

Housing providers also have the option to apply for an injunction which would force the tenant to bring the condition of the property up to a reasonable standard. They would work closely with environmental health teams who have the power to serve notices under the Environmental Protection Act (1990), which would allow the landlord to enter a property to clear it and re-charge the tenant the cost of doing so.

**Mental Health Act (1983)[21]**

**Sections 2 and 3 of the Mental Health Act (1983)**Where a person has a mental disorder (as defined under the Act) of such a degree, and it is considered necessary for the patient's health and safety or for the protection of others, they may be compulsorily admitted to hospital and detained there under Section 2 for assessment for 28 days. Section 3 enables such a patient to be compulsorily admitted for treatment.

**Section 7 of the Mental Health Act (1983) – Guardianship**

A Guardianship Order may be applied for where a person has a mental disorder, the nature or degree of which warrants their reception into Guardianship (and it is necessary in the interests of the welfare of the patient, or for the protection of other persons). The person named as the Guardian may be either a local social services authority or any applicant.

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

**Section 135 Mental Health Act (1983)**

Under section 135 a Magistrate may issue a warrant where there may be reasonable cause to suspect that a person believed to be suffering from mental disorder, has or is being ill-treated, neglected or kept otherwise than under proper control; or is living alone and unable to care for themselves. The warrant, if made, authorises any

[20] http://www.legislation.gov.uk/ukpga/2014/12/contents/enacted

[21] https://www.legislation.gov.uk/ukpga/1983/20/contents

constable to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove them to a place of safety.

Section 135 lasts 72 hours and is for the purpose of removing a person to a place of safety with a view to the making of an assessment regarding whether or not section 2 or 3, or 7 of the Mental Health Act (1983) should be applied.

**Section 136 Mental Health Act (1983)**

Section 136 allows police officers to remove adults who are believed to be "*suffering from mental disorder and in immediate need of care and control"* from a public place to a place of safety for up to 72 hours for the specified purposes. The place of safety could be a police station or hospital.

**Mental Capacity Act (2005)**[22]

Professionals must act in accordance with the Mental Capacity Code of Practice[23] when working with individuals who lack mental capacity, the overriding principle is that every action must be carried out in the best interests of the person concerned.

Where a person who is self-neglecting and/or living in dirty/unsanitary conditions does not have the mental capacity to understand the likely consequences of refusing to cooperate with others and allow care to be given to them and/or clearing and cleaning of their property, a best interest decision can be made to put in place arrangements for such matters to be addressed. A best interest decision should be taken formally with professionals involved and anyone with an interest in the person's welfare, such as members of their family.

Steps needed to remove the risks and provide care will not be unlawful, provided that it does not involve using any methods of restriction that would deprive the individual of their liberty. However, where the action requires the removal of the person from their home then care needs to be taken to ensure that all steps taken are compliant with the requirements of the Act. Consideration needs to be given as to whether or not any steps to be taken require a Deprivation of Liberty Safeguards (DoLS) application.

Where an individual resolutely refuses to receive? any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Act are anticipated, it will be necessary to apply to the Court of Protection for an order authorising such protective measures. Any such applications would be made by the

[22] https://www.gov.uk/government/collections/mental-capacity-act-making-decisions

[23] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

person's care manager who would need to seek legal advice and representation to make the application.

### Emergency applications to the Court of Protection

An application can be made to the Court of Protection to get an urgent or emergency court order in certain circumstances, e.g. a very serious situation when someone's life or welfare is at risk and a decision has to be made without delay. A court order won't be made unless the court decides it's a serious matter with an unavoidable time limit. Where an emergency application is required, relevant legal advice must be sought.

### Power of entry (S17 Police and Criminal Evidence Act)[24]

The police can gain entry to a property if they have information that a person inside the property was ill or injured with the purpose of saving life and limb.

### Inherent Jurisdiction

In some self-neglect cases, there may be evidence of some undue influence from others who are preventing public authorities and agencies from engaging with the person concerned and thus preventing the person from addressing issues around self-neglect and their environment in a positive way.

Where there is evidence that someone who has capacity is not necessarily in a position to exercise free will, due to undue influence, then it may be possible to obtain an Order by way of injunctive relief that can remove those barriers to effective working. Where the person concerned has permitted another to reside with them and that person is causing or contributing to the failure of the person to care for themselves or their environment, it may be possible to obtain an Order for their removal or restriction of their behaviours toward the person concerned.

### Animal Welfare

The Animal Welfare Act 2006[25] can be used in cases of animal mistreatment or neglect. The Act makes it unlawful to be cruel to an animal and the owner must ensure the welfare needs of the animal are met. Powers range from providing education to the owner, improvement notices and fines, through to imprisonment. The powers are usually enforced by the RSPCA, Environmental Health or DEFRA.

### Fire

[24] https://www.legislation.gov.uk/ukpga/1984/60/section/17

[25] https://www.legislation.gov.uk/ukpga/2006/45/contents

The fire service can serve a prohibition or restriction notice to an occupier or owner, which will take immediate effect (under the Regulatory Reform (Fire safety) Order 2005[26]). This can apply to single private dwellings.

[26] http://www.legislation.gov.uk/uksi/2005/1541/contents/made

## Appendix 3 – Clean Homes Guidance

This guidance is intended to assist with addressing or preventing effects of neglect of a person's home, or self-neglect of their own hygiene or cleanliness, including:

- Homes in such a state that it may present the occupant with a significant health risk, or it is considered that it is causing either a nuisance or annoyance to neighbours, or long-lasting damage to the property
- A refusal to enter the home, for example by domiciliary care providers, or contractors carrying out repairs or improvements
- A need for residential or other social or nursing care

The specific aims of this guidance are to:

- Clarify who has a legal responsibility to organise/pay for cleaning and clearing dirty houses
- Reduce time spent debating who has a responsibility for arranging or paying for the work, and reduce conflict between organisations/departments
- Identify how to share responsibility and join up our efforts to assist people
- Raise awareness of using a 'trauma-informed' approach, which takes into account past trauma (including adverse childhood experiences) and acknowledging that this can be a contributing factor to self-neglect – for further information please visit: Adverse Childhood Experiences International Questionnaire (ACE-IQ)[27] and Adverse Childhood Experiences (ACEs)[28]

### Individual Agency Responsibilities

**Public Safety and Regulation staff –** have a duty to investigate when a property has become "filthy and verminous", or which may be causing a statutory nuisance. They have powers of entry and can serve notices on the owner or occupier to require works to be done, and can if necessary carry out work in default of the owner and recharge the cost to the owner or occupier.

**Landlords –** have a common law duty to make sure that their tenants are not causing a nuisance to others and will also want to make sure that their properties are kept in good order. Social landlords, and some private landlords, will ask tenants to clean their properties when it is getting to the stage of being a nuisance or annoyance to other residents, or there is concern that the fabric of the property is being damaged. Landlords do not have the powers of entry to enforce such requests. The landlord's action escalates to the involvement of Public Safety and Regulation when the tenant fails or refuses to carry out this clean-up.

[27] https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/

[28] http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces

**Tenants of houses or flats –** have a responsibility to keep the inside of their properties in good order and not to cause a nuisance to neighbours.

**Social Services –** have a responsibility to meet social care needs. For adults in Sunderland this means completing a community care assessment to identify any unmet social care needs. In *exceptional circumstances* Social Services may consider incurring additional costs in order to discharge their social responsibilities. Examples might be where the condition of the premises would make it unsafe for a care worker to visit to help an individual with their care needs, or where a service user might need residential care on an interim basis, or not be able to be discharged from hospital due to the condition of the property.

**Health Services –** have a duty of care to their patients, and this might mean that they could intervene where a patient could not go home from hospital because of the condition of the property, or where the condition of the home might lessen the effect of any treatment the patient receives; to engage with other agencies in trying to find the best package of care and support for a person whose house needs a major clean-up.

**Housing Options Team –** has a duty under the Homelessness Reduction Act and the Homelessness (Review Procedure etc) Regulations 2018 to prevent homelessness for anyone who seeks their help, and where all other options have been exhausted, to provide temporary accommodation for anyone who is homeless. This duty covers all those who are eligible, and not just those who fit into the priority groups

All agencies, whether they have used enforcement procedures or not, will try to get the occupant to accept help to make sure this situation does not recur. Agencies should also work together to resolve the question of what else needs to happen to prevent the loss of a home, or to help the person concerned to move to more supported accommodation if it becomes clear that they cannot manage their home independently.

## Appendix 4: Self-Neglect Guidance on a Page

<table>
<tr><td>WHAT<br>is self-neglect?</td><td colspan="2">Self-neglect is a general term used to describe a person living in a way that puts their health, safety or wellbeing at risk. A person who self-neglects may be unable or unwilling to carry out self-care</td></tr>
<tr><td>WHO<br>is likely to self-neglect?</td><td colspan="2">Adults who self-neglect are more likely to:<br><br>• Live alone<br>• Be an older person<br>• Experience mental ill-health<br>• Have alcohol or drug problems<br>• Have a history of poor personal hygiene or living conditions</td></tr>
<tr><td>HOW<br>to spot the signs</td><td>Home environment<br><br>• Not enough food, or the food available is rotten<br>• Filthy, odorous, hazardous or unsafe<br>• Major repairs/maintenance required e.g. improper wiring, no indoor plumbing, no heat source<br>• Human and/or animal faeces<br>• Animal or insect infestation<br>• Hoarding, accumulation of possessions, including food, waste, newspapers and unopened post<br>• A large number of pets, and/or abuse or neglect of pets</td><td>The individual<br><br>• Dirty hair, nails and skin<br>• Smells of urine and/or faeces<br>• Skin rashes or bed sores (pressure ulcers)<br>• Poor diet and/or hydration leading to weight loss, or significant weight gain/obesity<br>• Increased confusion, disorientation or dementia<br>• Deteriorating health<br>• Isolation<br>• Unwillingness to accept intervention or medical treatment</td></tr>
<tr><td>WHY<br>is it important to act in cases of self-neglect?</td><td colspan="2">In most cases early intervention and preventative actions can result in positive outcomes. When working with individuals who self-neglect it is important to:<br>• Consider how to positively engage the person from the beginning of your involvement<br>• Understand the individual's wishes and needs<br>• Informed consent should be obtained, but if this is not possible and others are at risk of abuse or neglect, it may be necessary to override this<br>• Consider whether a mental capacity assessment is required<br>• Use descriptive 'plain English' when recording information, words such as 'unkempt' or 'dishevelled' do not describe the extent or impact of self-neglect<br>• Collect and share information with a wide variety of sources, including other agencies<br>• Don't assume someone else is addressing the issue<br>• Consider convening a multi-disciplinary meeting to agree an approach to minimise risks – this should involve the person, where appropriate, and an advocate if required<br>• The case should not be closed simply because the person refuses an assessment or to accept a plan to minimise risk</td></tr>
<tr><td>WHEN<br>a safeguarding concern should be raised</td><td colspan="2">Responding to self-neglect will depend on the level of risk/harm posed to the individual and/or others, and whether the adult is able to protect themselves and determine their own action.<br>Workers should refer to the threshold guidance to determine whether a safeguarding concern should be raised.</td></tr>
<tr><td>WHERE<br>to access further reading</td><td colspan="2">• Information Sharing and Confidentiality Agreement<br>• Care Act Statutory Guidance<br>• Self-Neglect at a Glance</td></tr>
</table>