DSAB Self-Neglect Policy and Procedure

Version:	V9.0
Date written:	December 2021
Ratified by:	Doncaster Safeguarding Adults Board (DSAB)
Date ratified:	28th April 2022
Name of originator/author:	Self-Neglect Group
Date issued:	13th July 2022
Review date:	1st April 2024
Target Audience:	**All agencies supporting adults in Doncaster**

Contents

Appendices:

Introduction

This Policy and Procedure is informed by national research and information, and local information. It provides guidance to practitioners and agencies across Doncaster, to

achieve the best possible outcomes for people who self-neglect. This document is relevant to all agencies that work with, or come into contact with people who self-neglect and/or hoard where this may be a concern.

This policy replaces the previous Self-Neglect and Hoarding Policy and Self-Neglect and Hoarding Procedures.

The Care and Support Statutory Guidance (March 2020)[1] states that self-neglect is a form of abuse and neglect. It defines self-neglect as:

> *"… a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding"* (Section 14.17)

This may include people, either with or without mental capacity, who demonstrate:

- Lack of self-care (neglect of personal hygiene, nutrition, hydration and/health, thereby endangering their safety and wellbeing)
- Lack of care of one's environment (squalor and hoarding)
- Refusal of services that would mitigate the risk of harm.

The Care Act 2014 sets out the requirements for partners to cooperate in cases where the wellbeing of an individual is threatened by self-neglect (including hoarding). The South Yorkshire Safeguarding Principle and Approach include the following principles:

- Person centred/relationship-based work with the adult, empowering them to address the issues that led to the self-neglect and/or hoarding
- Persistent and long-term commitment to the adult, even if the adult initially refuses all offers of help and support
- Partnership working, irrespective of the adult's eligibility for service to maximise the impact of the interventions offered
- Involvement of family and friends to enhance our knowledge of the adult and what strategies might help resolve the risks
- Shared accountability for management of the risks and a clear escalation and closure process within and across organisations
- The Care and Support statutory guidance notes that self-neglect may not prompt a section 42 enquiry. "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. There may come a point when they are no longer able to do this, without external support."
- Normally the decision to carry out a S42 enquiry should only be made with the consent of the adult concerned. "However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred."
- If decisions are to be made on behalf of an adult who is assessed as lacking capacity to make that decision, they must be made in the best interest of

[1] Care and Support Statutory Guidance 2020 [5] SCIE Self-neglect at a glance

the adult and the involvement of an independent advocate must be considered where there is no other relevant person to advocate on behalf of the adult at risk.

Self-neglect[5] can arise due to a range of mental, physical, social and environmental factors. It may be a longstanding pattern or a recent change and be linked to loss, past trauma and/or low self-esteem with responses shaped by rationalisation, shame or denial.

Self-neglect may occur alongside abuse and neglect caused by another party, for example, where self-neglect occurs alongside neglect by a carer; or the person is experiencing coercion and control or other forms of domestic abuse, that prevent the person from accessing support and services they would otherwise wish to accept.

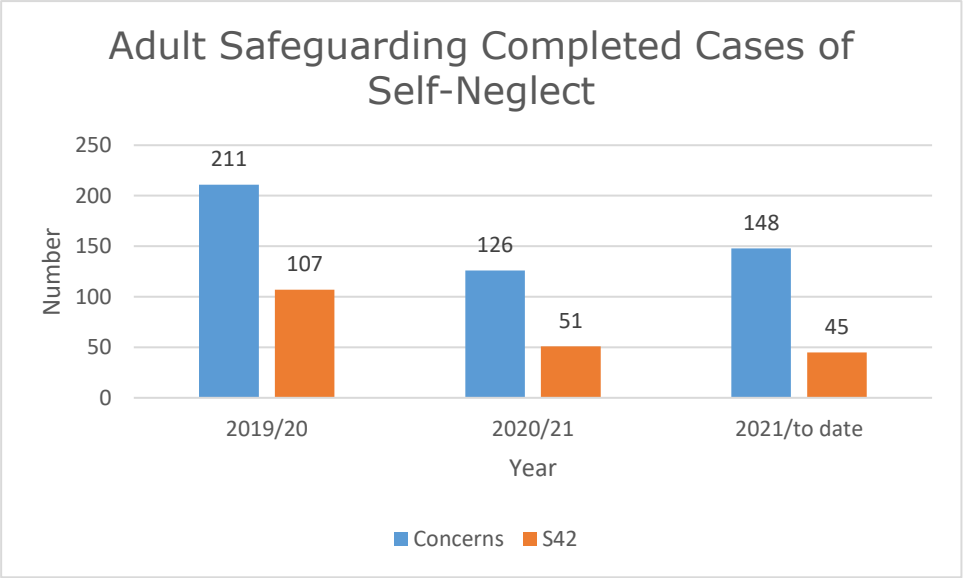
Self-neglect could involve situations where a person declines essential support that significantly impacts on their health or wellbeing.

The Doncaster Multiagency Safeguarding Procedures should be followed in all cases as relevant. https://www.doncaster.gov.uk/services/adult-social-care/safeguarding-adults-policy-and-procedures

Background

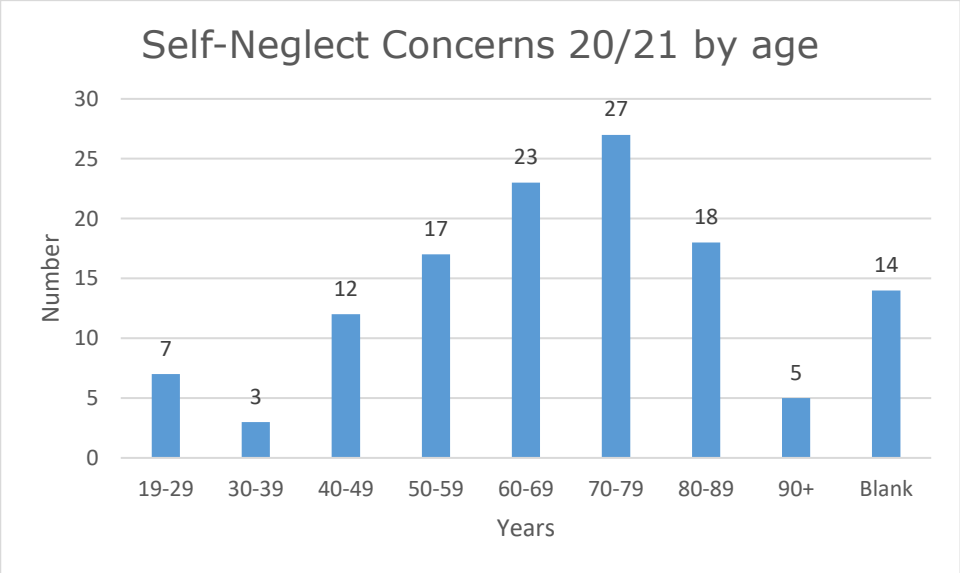
The initial Self-Neglect, Hoarding and Risk Model Policy and Procedures were approved in 2017 as part of the identification of Self Neglect as a type of abuse under the Care Act 2014. Since that time local date has shown a steady increase in cases (please see table 1 below). Whilst collating the data it was felt the number of cases reported may be less the actual number in Doncaster. With a revised Policy there is a hope to raise awareness and simplify processes for practice in order to support people who may self-neglect

Table 1



The data shows that for **2020/21 out of** 126 Concerns relating to self-neglect, out of which 51 moved to a S42 Enquiry (45 or 88% of which were in own home) and ranking 5th highest out of 11 types of abuse.

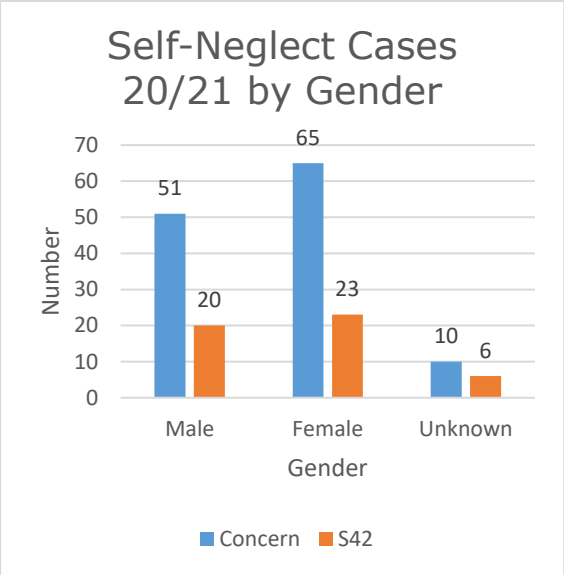
Table 2

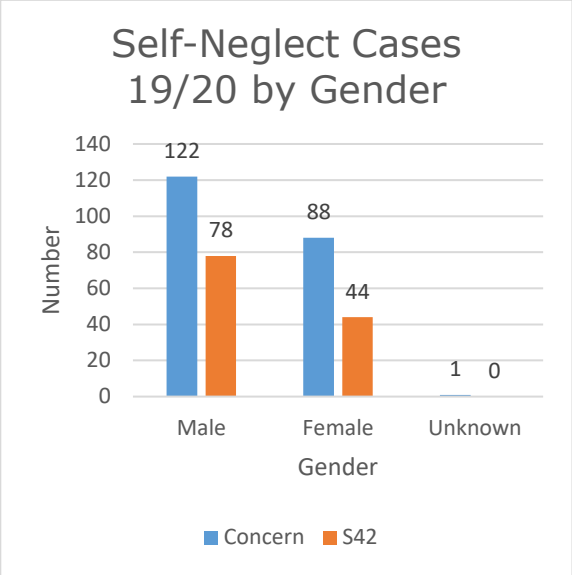


Age ranges compared to 2019/20 does not show a significant difference with 27 people aged 70-79, 34 aged 80-89 and the same number (5 cases) aged 90+. Across the younger

ages there were 17 aged 18-29 compared to 7 for 20/21 and 14 for those aged 30-39. Some of this change may have been as result of decrease in overall reporting of safeguarding concerns over the pandemic.

Table 3





An analysing gender the data shows an increase in females who are self-neglecting in 2020/21 compared to the previous year.

There are a number of reasons why a referral may not result in a Section 42 Enquiry for example where the risk has been reduced. Due to Covid-19 the data reflects it was also in the data as a contributing factor for the drop in statistical figures.

Indicators of Self-Neglect

The following characteristics and behaviours are useful indicators of self-neglect.

- Living in very unclean home environment e.g. rubbish or waste not disposed of
- Physical or health needs not adequately cared for, causing them to deteriorate
- Inadequate diet and nutrition, which impact on the person's health and wellbeing
- Social contacts not being maintained
- Finances not being managed, or assistance being sought
- Prescribed medication not being taken or being declined
- Refusing to allow access to health and/or social care staff in relation to care needs, health needs or property maintenance, or, being unwilling to attend appointments with relevant staff.

Lack of care for one's environment

Squalor

Squalor describes those situations where a person is living in extremely dirty, unhygienic or unpleasant conditions that impact on their welfare or wellbeing. This may result from someone's inability to manage their environment due to their support needs. It may relate to hoarding behaviours; it may also relate to other reasons, life trauma, low self-esteem, dementia, obsessive compulsive disorder, learning disability or another similar condition.

Hoarding

Hoarding is a form of self-neglect behaviour. It involves acquiring or saving lots of things regardless of their objective value.

Someone who hoards, might:

- have very strong positive feelings whenever they get more items
- feel very upset or anxious at the thought of throwing or giving things away
- find it very hard to decide what to keep or get rid of.

The reasons people hoard will vary from person to person and may result from underlying factors such as dementia or brain injury, or be triggered by significant life events, such as trauma and loss. However, it is increasingly recognised that hoarding can be a condition by itself, as well as sometimes being a symptom of other mental health problems.

Hoarding Disorder is a psychiatric condition associated with the distress of discarding possessions, and the impact this has on the person's ability to function and maintain a safe environment for themselves or others. The World Health Organisation's International Classification of Diseases, 11th Edition (2018) defines hoarding disorder as "characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value". For more information, the NHS: Hoarding Disorder webpage provides useful information.

In some cases, the accumulation of possessions can be symptoms of other mental health conditions, such as obsessive compulsive disorder (OCD). This can occur for example, where a person who feels they have to check and recheck documents and therefore ignore piles of papers to avoid their checking rituals. Or a person with a contamination obsession may prevent them from touching things that have fallen to the floor, creating clutter in the home[2].

Similarly, someone may initially appear to display hoarding behaviour, but the underlying causes be related to difficulty processing information, difficulty performing particular tasks, low motivation, physical illness or the impact of addictions for example. As such, there should be no automatic assumption that the hoarding behaviour relates to a mental health condition, and in seeking to understand and provide support, the starting point must be the unique circumstances of the person concerned.

[2] International OCD Foundation

Self-Neglect Concern Pathway

IDENTIFY

Concern that an adult, either with or without mental capacity, who demonstrates:

- **Lack of self-care (neglect of personal hygiene, nutrition, hydration and/health, thereby endangering their safety and wellbeing)**
- **Lack of care of one's environment (squalor and hoarding)**
- **Refusal of services that would mitigate the risk of harm.**

The following will also apply:

- The person does not live in a registered care home*
- The risk of harm derives from the person themselves (through their self-neglect), rather than a 3rd party*
- The unmet care needs are problematic to manage and the risk of harm is increasing.

**Local safeguarding processes should be always be used for people living in care homes, or where a 3rd party (for example another person or a service) is the source of the risk*

RESPOND

Lead agency to assess the level of risk using the SNARM Tool (see appendix 3). The agency should discuss concerns with the adult (in accordance with Making Safeguarding Personal principles) and other relevant agencies (including the person's GP) involved in providing support and may add expertise to the risk assessment. If a safeguarding concern is also identified alongside the risk of self-neglect (for example financial abuse, physical abuse etc) then **the lead agency should raise a separate safeguarding concern** using the online form Safeguarding Adults - Doncaster Council
A decision will then be made as to who will be the most relevant agency to lead the self-neglect concern. The safeguarding concern will run concurrently with the self-neglect through its separate pathway.

If there is a requirement for a Care Act assessment due to level of care needs then a referral to ISAT (01302 737391 or email isat@doncaster.gov.uk)

Agency that identify the self-neglect will be the lead responding agency, this agency have the responsibility for advancing with the self-neglect at this stage.

ORGANISE

Arrange multi-agency risk meeting involving 'relevant agencies'. Consider if other pre-arranged meetings could be utilised to cover the requirements of the SNARM Tool.

Multi-agency risk assessment meeting takes place

- **Lead responding agency presents overview of case/ concerns**
- Relevant agencies share information
- Risks are reviewed in more detail
- Create action plan and review period
- Lead agency identified , replacing first responding agency (depending on any additional safeguarding concerns and/or level of risk)
- Record minutes and actions (see Appendix 6 for template)

ACTION

Action plan and risks are reviewed at subsequent meetings until risks are reduced or are stabilised

Lead agency shares and oversees action plan

IDENTIFY/REFERRAL

Key Practice Points (Practitioner tips from research[3]):

- Show humanity
- Be reliable
- Show empathy
- Demonstrate patience
- Be honest
- Work at the individual's own pace

This pathway is to be used for people who may be exhibiting behaviours related to self-neglect, however it is also relevant for any vulnerable adult who may be refusing or disengaging from one or more service.

It can also be helpful in situations where there are concerns that a vulnerable person presenting with self-care risks does not meet the criteria for one or more essential services, and the concern is about the person '*falling through the gap'* of service provision.

The pathway is not to be used when the source of risk originates from another person or service. Please always refer such concerns through standard safeguarding processes.

This pathway is only relevant for adults whose usual place of residence is in a community setting, rather than in residential care (where standard safeguarding processes should be followed).

RESPOND

Key Practice Points:

1. Take the time to build rapport and a relationship of trust through persistence, patience and continuity of involvement
2. Seek to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation's specific role
3. Work at the individual's pace, spot moments of motivation that could facilitate change, even when the steps towards it are small
4. Ensure you understand the nature of the individual's mental capacity in respect of each specific self-care decision
5. Be honest, open and transparent about risks and options
6. Understand and consider the legal mandates providing options for intervention
7. Be creative with flexible interventions, including family members and community resources where appropriate
8. Engage in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals

[3] Suzy Braye et al: Self-neglect policy and practice: research messages for practitioners (SCIE: March 2015)

It is essential that the service/agency that first identifies the concern takes initial ownership of it.

It is important to immediately refer any concern of this nature through standard safeguarding processes within your agency. However, there may be occasions when a safeguarding concern will subsequently not meet Section 42 criteria for an adult safeguarding enquiry and an alternative response is required to enable a multi-agency evaluation of risk and an agreement on what actions need to be done and by whom (Please refer to Appendix 5 for the Self Neglect Risk Management Tool).

Therefore, in addition to reporting the safeguarding concern, the first responding agency should also lead on contacting and bringing together other agencies and services that it feels are relevant to the risks presented.

This would usually include services already involved known to the person, but it may also include professionals, services or agencies that can bring appropriate expertise to the situation, for example the Fire Service if there are perceived fire risks, or a Mental Capacity Act lead if expertise is needed around the persons decision making capacity. It is always necessary to contact the GP Practice, as the GP is the key baseline service. The purpose of the initial contact is to inform other agencies of the concerns, and invite them to a multi-agency risk meeting.

ORGANISE

Key Practice Points:	
Building rapport	Taking the time to get to know the person. Show acceptance and understanding – in contrast, do not display shock by someone's situation – this can cause embarrassment, defensiveness and a reluctance to engage
Moving from rapport to relationships	Avoid kneejerk responses to self-neglect. Do not jump in and take over. Seek to build relationships, talk through interests, history and stories
Finding the right tone	Be honest whilst also being non – judgmental; separate the person from the behaviour
Going at the individual's pace	Moving slowly and not forcing things; this may mean talking about other things until the person is ready to talk about the evidence of self-neglect. Opening up can take time. Involvement over time makes a difference
Agreeing a plan	Making clear what is going to happen; this might mean starting with very small steps – a weekly visit might be the initial plan
Finding something that motivates the individual	Seek to understand the person's interests and make links with these (For example, someone who is hoarding for environmental reasons might be interested in recycling initiatives; and someone who cares for their pets may be motivated to improve their living space)
Starting with practicalities	Providing practical help with small tasks at the outset may help build trust
Bartering	Involves linking practical help to another element of agreement; – I could help with this… If you could….
Focusing on what can be agreed	Finding something to be the basis of the initial agreement, that can be built on later

Keeping company	Being available and spending time to build up trust
Straight talking	Being honest about risks and potential consequences
Finding the right person	Identify those people who are well placed to achieve positive engagement with the person at risk. Those people with established relationships might be able to act as a bridge to support new relationships
External levers	Recognising where relevant and appropriate, the possibility of enforcement action. This usually works best as part of a plan of support

The pandemic has demonstrated that it is now reasonably easy for different services/agencies to connect quickly and efficiently virtually via the Internet for professional forums such as the Pathway Multi-agency Risk meeting. This is usually via Microsoft Teams.

It can also be useful to consider whether the person is subject to any other forthcoming professional forum, such as a hospital discharge planning meeting, or service care review, as the pathway multi-agency risk meeting could easily dovetail with any pre-arranged forum.

ACTION/OUTCOME/DECISION

Key Practice Points: Interventions will need to be unique to the situation, but might involve:	
Being there	• Maintaining contact; building relationships • Monitoring risk and wellbeing • Identifying opportunities and motivations
Practical assistance	• Help to support with daily living activities e.g. safe food storage or preparation areas; that improve wellbeing and reduce risks whilst providing opportunities to build up trust • Assistance and support look after the welfare of pets
Risk reduction	• Fire safety measures – addressing immediate risks, including those caused by smoking in unsafe environments • Responses to immediate health risks e.g. preventative actions relating to deteriorating health conditions, such as skin integrity, diabetes and or safe use of medication • Adaptations and repairs to the home that make the accommodation more habitable, safer and help build trust. • Safe substance use schemes (support for a set level of consumption)
Therapeutic interventions	• Support with specific mental health conditions or support to change the way in which an individual might think about themselves
Change of environment	• Moving home (together with support to minimise the risk of future environments deteriorating) • Short-term respite
Building social networks and interests	• Building upon the person's interests, including any that led to self-neglect • Reducing social isolation • A forward-looking focus on lifestyle, companionship and activities (helping to let go of / replace previous lifestyles)

Cleaning / clearing	• Deep cleaning or removal of hoarded material (although often this is found to work best when done in agreement and as part of an overall planned intervention). Sometimes a partial reduction will be more easily achievable – the aim is proportionate risk-reduction
Health matters	• Assistance with specific health conditions; GP / medical appointments
Enforced action	• Setting boundaries on risks to self and others • Recognising and working with the possibility of enforcement action
Care and support	• Support with bills and paperwork – often along with the identification of benefits that can be applied for • Negotiations around assistance with cleaning, laundry, medication management and personal care • Prompting around daily living tasks • Agencies will need to work with people to offer support in ways the person feels able to accept

The Pathway Multi-agency Risk meeting is the forum where the issues are outlined, risks are assessed and an action plan to mitigate that risk is formulated.

It is important at this stage to identify the lead agency overseeing delivery of the action plan. The lead agency will not necessarily be the same as the first responding agency.

For example, it is essential to clarify whether the concerns have met the criteria for a formal adult safeguarding Section 42 response. If there is a Section 42 enquiry into the concerns, the practitioner leading on the S.42 Enquiry from the local authority should attend the meeting and will always lead on the action plan.

If there is no formal safeguarding Section 42 process, then the lead agency should be the agency that is best placed to oversee the risks.

Identifying the lead agency should take into consideration the duties and responsibilities of the respective agencies involved, as well as practical issues such as the needs and risks of the person, and the likelihood of that agency being able to have a consistent and continuous relationship with the person, that is not time limited.

GP practices are often in a good position to be the lead agency, particularly if the risks are predominantly around healthcare needs, or the other services involved are subject to frequent change and can't provide the person with crucial longer term support and oversight of risk.

PRACTICE PRINCIPLES

Assessing Mental Capacity

The Act sets out a two stage test mental capacity for whether someone lacks mental capacity to make a specific decision, at the time it needs to be made.

Section 2 of the Act states that:

A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain[4]

[4] Mental Capacity Act 2005, Section 2

Section 3 of the Act clarifies that:

For the purposes of section 2, a person is unable to make a decision for himself if he is unable—

- to understand the information relevant to the decision
- to retain that information (for as long as required to make the decision).
- to use or weigh that information as part of the process of making the decision, or
- to communicate their decision (whether by talking, using sign language or any other means)[5]

It is important to assess whether any inability in understanding, retaining, using or weighing relevant information, or in communicating the decisions, results from an impairment or disturbance in the functioning of the mind or brain.

Mental capacity is time-and decision-specific. This means that a person may be able to make some decisions but not others. A person's mental capacity to make a decision may also fluctuate over time.

It is important to be aware, that when assessing mental capacity people can be initially articulate and superficially convincing regarding their decision making but as issues are explored, may actually be unable to identify risks or understand how these could be addressed.

The Mental Capacity Act; Code of Practice should be referred to for further guidance.

Executive functioning

The term, 'executive functioning' refers to the ability to carry out decisions and intentions, for example in relation to one's own welfare. Where tasks involve several steps or decisions a person may have difficulties carrying these out if the person's mental processes involved are affected, for example, by brain injury or illness. This is commonly called 'executive dysfunction'.

Executive dysfunction may be evident when a person give coherent answers to questions, but it is clear from their actions that they are unable to carry into effect the intentions expressed in those answers. It may also be that there is evidence that the person cannot bring to mind relevant information at the point when they might need to implement a decision that they have considered in the abstract[6].

This will be relevant to assessments of mental capacity; as it raises the question as to whether someone can 'understand' and 'use or weigh relevant information' in the moment when a decision needs to be enacted.

Assessments of capacity may need to be supplemented by observation of the person's functioning and decision-making ability to provide a complete picture of an individual's decision-making ability[7]. It can also helpful to not only ask the person to articulate what they would do, but to demonstrate how they would do something in practice.

Where a person is unable to carry out their expressed intentions, a key question in the mental capacity assessment is whether the person is aware of their own deficits – in other words, whether they are able to use and weigh (or understand) the fact that that there is a

[5] Mental Capacity Act 2005, Section 3
[6] 39 Essex Chambers June 2020: Carrying out and recording capacity assessments
[7] NICE Guidelines 2018: Decision-making and mental capacity (Para 1.14.19)

mismatch between their ability to respond to questions in the abstract and to act when faced by concrete situations[8].

This is complex area and practitioners should seek advice from their lead practitioners, and legal advisers as and when required.

Best Interests Decision

For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act 2005 allows for agency intervention in the person's best interests. Chapter 5 of Mental Capacity Act: Code of Practice sets out a non-exhaustive list of consideration for such decisions.

In urgent cases, where there is a view that an adult lacks mental capacity (and this has not yet been satisfactorily assessed and concluded), and the home situation requires urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.

Court of Protection

Where an individual without mental capacity, resolutely refuses to any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Mental Capacity Act are anticipated, it may be necessary to apply to the Court of Protection for an order authorising such protective measures. Legal advice should be sought where such actions and interventions are being considered.

The Court of Protection deals with decisions and orders affecting people who lack mental capacity. The court can make major decisions about health and welfare, as well as property and financial affairs, that the person lacks the mental capacity to make (Mental Capacity Act 2005; Sections 15-23).

Fluctuating capacity

Fluctuating capacity is when a person's ability to make a specific decision changes frequently or occasionally. Such changes could be brought on by the impact of a mental illness, physical illness, the use or withdrawal of medication, the use of illicit substances or alcohol.

Where an adult has fluctuating capacity, it may be possible to support them to appoint a lasting power of attorney or produce an advanced statement that sets out what they want to happen when they lack capacity in the future.

Unwise decisions

Circumstances of self-neglect will often involve decisions, including those to take actions, or not take actions or decline support that others consider unwise. However a person is not to be treated as unable to make a decision because the person makes an unwise decision[9]. This applies even if family members, friends or healthcare or social care staff are unhappy with a decision.

There may be cause for concern, if somebody repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or makes a particular unwise decision that

[8] 39 Essex Chambers June 2020: Carrying out and recording capacity assessments

[9] Mental Capacity Act 2005, Section 1

is obviously irrational or out of character. These things may not necessarily mean that someone lacks capacity but there might be need for further investigation, taking into account the person's past decisions and choices.[10]

Further investigation may reveal whether a person may need more information to help them understand the options available to them or the consequences of the decision they are making; or whether the person has a mental disorder or illness that is impacting on their decision

Supervision and support for practitioners

Working with people who may benefit from a multi-agency approach as outlined in this document is not easy. As a practitioner, it is often difficult to know how to manage or mitigate the risks and issues which arise. There are usually no quick wins or easy solutions. It may take a long time, weeks or even months, before risks have reduced or interventions have worked.

This type of safeguarding work, which is often focused in the preventative space, can be demanding and stressful. It might require skills of negotiation, risk management and leadership.

It is essential that professionals involved in using the pathway, in particular those who are leading on meetings, assessing risk and formulating action plans, gain support from their respective agency's safeguarding teams through, for example, formal safeguarding supervision sessions.

Innovation and creativity

The pathway aims to support a cohort of people who are often not compliant with traditional service delivery or interventions. Because of this, the professionals involved may need to devise potentially innovative and creative approaches to mitigate the risks evident.

For example, a person with significant health needs but is mistrustful of health services may engage more readily with other services/agencies. Those other services/agencies may become the crucial link between the health services and the person, supporting the monitoring of the person's well-being and encouraging engagement. It is helpful then to frame the risk meetings not as forums where services/agencies are simply delegated tasks and responsibilities, but as opportunities for professionals to come together, allowing time and space for them to think creatively about solutions to the risks.

Individually tailored and creative approaches are most likely to achieve the best outcomes. This involves:

- Flexibility (to fit individual circumstances)
- Negotiation (of what the individual might accept / cope with / tolerate)
- Proportionality (to act only to contain risk, rather than to remove it altogether, in a way that preserves autonomy

Sometimes this involves understanding and recognising the limitations of what is possible, with practitioners needing to focus on reducing harm in the first instance rather than achieving the ideal outcome.

[10] Mental Capacity Act: Code of Practice

Information sharing

Sharing information is the bedrock of safeguarding, including safeguarding in the preventative space which this pathway seeks to address. However, professionals still need to work within the relevant legislation before sharing information and should they be unsure of whether to share information they should contact their agency's safeguarding or information governance lead.

Consistency of professional input

This pathway will work best for a person when the professionals involved in the pathway are consistent and are able to provide longevity of support for the case. This commitment helps to promote an effective working knowledge of the risks and challenges for the case, as well as developing an understanding of what interventions work, or do not work, for the individual.

The importance of relationships

It was important to build rapport, find the right tone to use and sometimes overcoming lack of trust left over from previous experiences with services, and to gradually build up a relationship by demonstrating trustworthiness"[11]

Developing plans alongside relationships

Research identifies a range of approaches which can help build relationships and engagement when working with self-neglect.

Understanding and involving the person:

An approach based around understanding the person and the underlying reasons for their behaviour, is seen throughout the research to achieve better outcomes than solely focusing on a reduction of the presenting behaviours[12].

Wherever possible practitioners should:

- Explore and understand the individual's life history and circumstances, and their possible connections to current patterns of self-neglect.
- Recognise that underlying reasons for someone's self-neglect may be linked to earlier life experiences or traumas, or be occurring within in the context of complex relationships.
- Use this approach to form an accurate assessment of the issues and work out what kinds of intervention are most likely to enable the person to achieve change.
- Recognise the emotional component of people's current experience of their circumstances. Practitioners need to work with people who may be experiencing fear, anxiety, embarrassment and shame in relation to their circumstances; which may pose barriers to accepting support.

[11] Suzy Braye et al: Self-neglect policy and practice: research messages for practitioners (p.8) (SCIE: March 2015)

[12] Suzy Braye et al: Self-neglect policy and practice: research messages for practitioners (SCIE: March 2015)

- Demonstrate calm and understanding reactions to self-neglect. The research identifies that where practitioners normalised the self-neglect, neither dismissing it nor treating it as exceptional, this was valued.

    - Adopt strength-based approaches. Learning from research identifies that people who used services emphasised their own resilience and determination in coping with the circumstances that had led to self-neglect. They felt that practitioners did not often recognise these qualities, focusing instead on the highly visible signs of neglect, and they valued practitioners who recognised and worked with the strengths they had.

There is a clear evidence base that approaches based upon putting the individual at the centre, help practitioners to devise individualised interventions that recognise the person's personal life experience, networks, strengths, relationships and motivations.

Engagement & support

In some circumstances, a person may only periodically or partially engage with services, but the impact on their health and wellbeing is low. Although individual circumstances would need to be considered, low impact may be illustrated by examples such as:

- Health care and attendance at appointments is intermittent
- There is a minor impact on the person's wellbeing
- Personal hygiene is becoming an issue
- The person does not engage with social or community activities and this is having an impact on the health and wellbeing of the individual
- The person does not manage daily living activities
- Hygiene is poor and causing skin problems
- Aids and adaptations refused or not accessed

Incidents such as these are usually best managed by positive engagement with the person using the key practice principles set out in this policy. This may involve supporting the person to address their concern, engage with community activities, or access social care services, health care and counselling.

There may need to be good communication and a level of coordination across different agencies involved with the person, in order to have a consistent approach but this will be consistent with usual agency assessment and support roles. Agencies currently involved should aim to work with the person over time to understand their concerns and to support their engagement with appropriate services.

Response to the declining of support and services

- Practitioners should always work to engage with people, offer all the support they are able to without causing distress, and understand their limits to intervention if the person does not wish to engage.
- Where someone is assessed as not having capacity in relation to relevant decisions, actions should be taken in the persons best interests, in accordance with the Mental Capacity Act 2005.
- Where mental capacity is presumed or has been assessed as being present, and the person is expressing that they do not wish to engage with services, any actions taken should be proportionate to the risk and with due consideration of Article 8 of the Human Rights Act.
- Where a person is declining support assessed to be essential to their health or wellbeing, then further actions may still be appropriate to assess risk, offer support and support their engagement. However, in each case practitioners must weigh up

whether their actions are proportionate to the risks, and no more intrusive than is necessary to achieve a legitimate aim.

Before disengaging with a person declining support or services:

- Consider if the person has been provided with all the necessary information in a format they can understand
- Assess the risk as far as is possible given the person's limited engagement o Be open and honest; share concerns about these risks with the person self-neglecting
- Check as far as possible, if the person has understood the options and the consequences of their choices
- Listen to and show understanding of the person's reasons for mistrust, disengagement, refusal and their choices and consider if there are ways to provide support in the way the person feels able to accept
- Where the person is willing, ensure there is the time to have conversations over a period of time to develop a trusting relationship
- Check out your concerns with other relevant agencies in accordance with the Safeguarding Adults Board:

  https://dmbcwebstolive01.blob.core.windows.net/media/Default/AdultSocialCare/DSCP%20and%20DSAB%20MA%20Information%20Sharing%20Agreement%20-%20V2.0%20January%202021%20(003).pdf
- Consider who (whether family, advocate, other professional) can support engagement with the person at risk. You may not be the best person.
- Formally assess a person's mental capacity if there is evidence to indicate this is lacking in relation to these specific decisions.
- Formally record decisions, actions, attempts to engage and peoples responses.

However, where there significant threat to the person's health and wellbeing, practitioners and services should seek to provide continued support and take further actions in accordance with this policy and procedure document.

- Where there is limited or partial engagement and risks are low, seek to provide continued engagement and support in to help the person to identify and overcome barriers they may experience in accepting support.

- Where there is a significant threat to the person's health and wellbeing, consider whether a multi-agency meeting is needed to understand the issues, concerns, and assess and respond to the risks.

- In circumstances where the person appears to be unable to protect themselves from the self-neglect they are experiencing; concerns should be reported in line with multi-agency safeguarding adults policy and procedures.

Engaging with family members/unpaid carers

The family member / unpaid carers should be involved with their consent or in their best interests under the Mental Capacity Act 2005. There may also be occasions where involving a person's family members / unpaid carers without consent is a proportionate act taking into account Article 8 of the Human Rights Act.

Family and unpaid carers:

- Have unique relationships with the person at risk that may support positive engagement with practitioners
- Will be able to support assessments of need and risk
- Will have a unique understanding of the person's past history and motivation
- May provide ongoing support, or be key to the provision of support in the future

Practitioners should consider the following when working with relative and unpaid carers:

- Ensure the person at risk is aware and wherever possible consenting to the proposed role of the relative / unpaid carer in his/her care/treatment plan
- Offer/carry out carers' assessments if relatives are providing care or support
- Involve the relative / unpaid carer in the development of any care and support plan. Consider if it is appropriate to invite relatives / unpaid carer to meetings or develop other ways of involving them in planning.
- Ensure the carer's role and responsibilities are clearly recorded on formal care and support plans
- Check that they are willing and able to provide care and support
- Provide them with necessary support, training, information to do what is expected
- Mentor/supervise to ensure they understand and have the skills they need
- Explore the dynamics between family members – these may underpin the person's self-neglecting behaviours and influence their decision making.
- Recognise that relatives/unpaid carers may have shared life experiences with the person who is self-neglecting
- Adopt approaches to understanding the support needs of family, and their ability to provide support to the person at risk.

When the person with mental capacity does not give consent to engage with a relative / unpaid carer, the carer is still entitled to a carer's assessment for their own needs. If they raise concerns in their own right, or if they have made the referral about the self-neglect, these concerns should still be discussed and their concerns heard.

Risk to others, including children

Self-neglect involves situations where a person places themselves at risk due to difficulties providing for their own health and care needs, and a reluctance or refusal to accept support. The impact of these decisions, may also place others at risk and there may be a need to take actions, to ensure the rights and safety of others are also protected. Where there are families, including children at risk then a referral should be made to the Doncaster Childrens Social Care.

Where a person poses a risk to others, it is important to work with them as far as possible to support them to bring about change in their circumstances. However, actions may be necessary that are contrary to their wishes, including the enforcement actions of agencies to protect the safety of others. Practitioners should seek to explain to the person why the actions have had to be taken and talk through the implications for the person concerned.

Appendix 1

Clutter Index Rating

As people may have very different understandings of what a cluttered home may be, it can be difficult to effectively communicate the concerns about someone's circumstances. As such, the clutter index rating was developed.

The clutter index provides images for a kitchen, bathroom and living room, in various levels of clutter that are rated.

The images and rating (1-9) can be a very effective tool for communicating concerns and in supporting the assessment of risk to people living in that environment.

Clutter Image Rating: Living Room

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


1


2


3


4


5


6


7


8


9

Clutter Image Rating: 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

Appendix 2

Self-neglect Procedures Checklists

A. Responding to service refusals

This checklist is intended to support front-line practitioner responses, when faced by situations whereby someone declines services essential for their health and wellbeing.

1. First and foremost, offer support:

- Always work to engage with people to offer all the support you are able to, without causing distress. Use the principles within the policy to inform your approach.

2. Review your approach and consider if there is a better way of engaging with the person.

If someone declines support, assessed to be essential to their health and wellbeing:

Ask yourself:	**Yes**	**NO**
a. Have I provided the person with all the necessary information they need, in a format they understand?		
b. Does the person understand the options and the consequences of their choices?		
c. Can I do something else to help them do so?		
d. Have I assessed risk, as best as I can, in the circumstances?		
e. Do I understand the reasons for their decision to decline assistance?		
f. Am I able to explore this to resolve any concerns they may have?		
g. Is there an opportunity for me to build a relationship with them over time? This may help to build trust, and to find ways to offer support in a way they can accept		
h. Have I spoken to other agencies involved, to inform my understanding and share my concerns?		
i. Is there someone I can ask to help?		
j. Is there a friend, a relative, or other professional who can assist?		
k. I may not be the best person to be offering this help.		
l. Whilst I must assume mental capacity, have I considered if there is evidence to indicate that I need to assess mental capacity in relation to this specific decision?		
m. Have I considered the need to seek advice from a line manager?		
n. Have I formally recorded decisions, actions, attempts to engage and peoples responses?		

o. Everyone's situation is unique. Have I reflected and considered if there is anything else I could reasonably do?		

3. Consider, what if any, further actions you may need to take:

   a. If someone lacks mental capacity in relation to the specific decision in question, then you will need to make decisions in their best interests. This may involve providing services or seeking access to services on their behalf

   b. If you assess the impact of the person declining services, to be a low risk to their health and wellbeing and the person is unwilling to engage further with you. You will have to accept their right to privacy.

   c. Seek to explain the risks associated with the person's decision and the potential impact on them, alongside the options for support. If possible, provide them with information that enables them to seek help at a later time if they wish.

   d. If you assess the impact of declining services, to be a low risk to their health and wellbeing, but the person engages with some services, or periodically with services, seek to provide continued engagement and overcome barriers they may experiencing accepting support, using the best practice principles in the policy.

   e. If you assess that there is a more significant risk to the person, and there is a need for a multi-agency approach or you believe the concerns amount to a safeguarding adults concern – contact https://www.doncaster.gov.uk/doitonline/reporting-a-safeguarding-concern

4. If you believe a child is at risk, contact Report a Concern | Doncaster Safeguarding Children Partnership (dscp.org.uk)

B. Reviewing the multi-agency approach

This checklist is intended to support practitioners to both plan and review the multiagency approach to providing support to the person at risk.

1.Multi-agency working:	**Yes**	**No**
a. Are all key agencies engaged?		
b. Is there an agreed lead person/agency?		
c. Where an agency is not involved, have we sought to escalate our concerns to gain involvement?		
d. Is there effective information sharing in line with the LSAB Information Sharing Policy?		
2.The person at risk:		
a. Do we know and understand the person's views?		
b. Is the person in need of representation of a friend, relative, or advocate to facilitate their involvement		
c. Have we provided for communication and support needs to enable the person to engage with support arrangements?		
3. Have we considered who else is at risk? (E.g. Neighbours, other people in the household, children, animals/pets)		
4. If a child is at risk; have Doncaster Children Services been contacted/notified?		
5.Is our approach based upon:		
a. Guidance on building relationships		
b. Guidance on understanding and finding the person		
c. Guidance on developing plans with alongside the person, where possible		
d. Guidance on engaging with family/unpaid carers, where appropriate		
e. Guidance on creative approaches and interventions		
6. Is there a multi-agency assessment of risk?		

7. Is there a multi-agency plan to provide support?		
8. Is all practice consistent with the Mental Capacity Act 2005?		
9. Is all practice consistent with the Human Rights Act 1998?		
10. Have legal powers of intervention been considered?		
11. Has there been consideration of seeking legal advice?		
12. Are there agreed arrangements in place to review arrangements and monitor risk?		

Appendix 3

Self-neglect Risk Assessment Guidelines

Assessment
Assess the individuals; • Mental Capacity • Frequency and intensity of access to services (revolving door?) • Engagement with services • Access to food and water • Access to services to assist with basic hygiene requirements • Access to finance (formal and informal) • Access to a bed or accommodation • Motivation and/or ability to seek help when required • Health and wellbeing, including social situation • Compliance with healthcare • Networks - family and friends • Level of risky behaviour including; crime, begging, drugs and alcohol, acquainting perpetrators of coercive and abusive behaviour, cooking under the influence, smoking in bed, other risks

Level 1	**Where self-neglect is identified and the individual is accessing services to meet their needs**
Individual	• Individual may be homeless but accessing services for food and hygiene provision requirements • Motivated to seek help when required • Accessing hostel services, receiving regular support and engaging • Known to all services

Level 1	**Action**
Lead agency	• Discuss concerns with individual • Refer for support assessment if appropriate • Signpost and advise • Manage safeguarding referrals as per agency policy
Safeguarding Children and Adults	• No action unless concerns are noted in relation to children, young people or adults at risk, if yes refer to safeguarding as appropriate

Level 2	**Where self-neglect is identified and the individual is only engaging with services in a crisis situation**
Individual	• Individual may be homeless but inconsistently engaging with support services • Non-engagement with support services but engages when in crisis • Sporadic access to emergency bed service • Inconsistent motivation

	• Lack of personal hygiene (dirty, dishevelled, unkempt, odour etc.) • Evidence of weight loss (i.e. baggy clothes) • Low level crime involvement • Poor physical health • Mental health issues • Learning disability / difficulties • Questions around mental capacity to make decisions regarding personal care, home environment, health and care needs • At risk of breaching their probation order • Begging • Revolving door situation • Finances sought in crisis • Family network on the periphery • Drugs and/or alcohol usage • Risk if eviction • Without access to funds

Level 2	**Action**
Lead agency	• Refer for support assessment- remove • Including the adult - outcomes • Arrange a multi-agency planning meeting (see Appendix?) • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Signpost and advise • Arrange Mental Capacity Assessment
Safeguarding Children and Adults	• Safeguarding Children - Where concerns are identified for a child, a referral should be made to Doncaster Children's Services Trust Referral and Response Team within 24 hours clearly stating the concerns and risks. Safeguarding Adults – refer to DMBC Safeguarding Adults Hub if concerns of abuse are noted for adults a risk

Level 3	**Where self-neglect is identified and the individual is not engaging with services even when in crisis**
Individual	• Individual may be homeless and not engaging with services • Non-engagement with support services even when in crisis • Refusal to access emergency bed service • No motivation • Crime involvement • At risk of breaching their probation order • Begging • Disguised compliance

	• Non-compliance of healthcare • Not eating regular/nutritionally • Evidence of significant weight loss i.e. baggy clothes • Neglecting hygiene (dirty, dishevelled, unkempt, odour etc.) • No formal income (other than from begging) • No or broken family network • Substance and/or alcohol dependent • Physical health issues, untreated disease, wound, sexual health or dentistry • Mental Health issues • Evidence of lacking capacity to make decisions regarding personal care, home environment, health and care needs • Learning disability or difficulties • Heavy smoker implicating fire risks • Subject of previous serious assaults

Level 3 Complex lives risk 4 - 6	**Action**
Lead agency	• Refer for urgent support assessment within 24 hours (if appropriate) • Arrange urgent multi-agency planning meeting within 3 days • Arrange Mental Capacity Assessment • Share information with all agencies involved to ensure a collaborative approach and a sustainable resolution (refer to S8 of Policy). • Signpost and advise
Safeguarding Adults	• Safeguarding Concerns should progress to a section 42 enquiry
Safeguarding Children	• Refer to Doncaster Children's Services Trust Referral and Response Team if children or young people present within 24 hours

Appendix 4

Hoarding Risk Assessment Guidelines (see clutter image

Area	Assessment
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 working smoke alarm on each level? • Are the services connected? • Carry out a cursory Visual Assessment (none professional) of the condition of the Services within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action. • Can the occupant escape from all rooms in the event of a fire or other emergency? • Is there a clear plan of what to do in the event of a fire or other emergency and does everyone in the home know it? • 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 and are readily cleansed? • Are the work surfaces clean? • Are you aware of any odours in the property? • Is there rotting food? • Does the resident use candles, portable electric or gas heaters? • Did you witness a higher than expected number of flies or insects? • 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 there evidence of illegal drug use? • Is the resident aware of any fire risk associated to the clutter in the property? • Is there faecal matter, urine or other body fluids visible within the property?
4. Safeguarding Children and Adults	• Do any rooms rate 7 or above on the clutter rating scale? • Does the household contain children, young people or other adults at risk?

5. Animals and Pests	• Are there 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, cockroaches, fleas, 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 or with the Police? Please detail.

Level 1 (see clutter image rating)	**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.**
Property structure, services & garden area	• All entrances and exits, stairways, roof space and windows accessible • Smoke alarms fitted and functional or referrals made to South Yorkshire Fire and Rescue to visit and install if criteria met • All services functional and maintained in good working order • Garden is accessible, tidy and maintained
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
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

	• Drying clothing inappropriately / inappropriate heating
Safeguard of Children and Adults	• No concerns for household members
Animals and Pets	• Any pets at the property are well cared for • No pests or infestations at the property
Protective Personal Equipment (PPE)	• No PPE required • No visit in pairs required

Level 1	**Actions**
Referring Agency	• Discuss concerns with resident • Raise a request to South Yorkshire Fire & Rescue for a Safe & Well Check • 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 to Social Care for a care and support assessment if appropriate • Provide details of support streams open to the resident via charities and self-help groups • Ensure residents are maintaining all tenancy conditions • Refer for tenancy support if appropriate • Ensure that all utilities are maintained and serviceable
Practitioners	• Complete Hoarding Assessment • Make appropriate referrals for support to other agencies • Refer to social landlord if the client is their tenant or leaseholder
Emergency Services	• **South Yorkshire Fire & Rescue** - Carry out a Safe & Well Check if it fulfils service criteria and share with statutory agencies • **South Yorkshire Police and Yorkshire Ambulance Service -** Ensure information is shared with statutory agencies and feedback is provided to referring agency on completion of home visits
Animal Welfare	• No action unless advice requested

Safeguarding of Children and Adults	• Safeguarding Adults - No action unless concerns of abuse are noted in relation to adults at risk • Safeguarding Children - Does the household contain children, young people? If the level of risk is at Level 1 then a referral to Children's Services is likely not required as other agencies will support the family. However early intervention services may be able to offer support and so a referral to the Parenting and Family Support Services should be considered. Consideration must be paid to how the child's needs will be a priority, supported and monitored and this should be clearly recorded.

Level 2	**Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.**
Property, structure, services and garden area	• Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open • Consider where the clutter is i.e. round a heating source i.e. Fire/cooker
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) scores between 4-5 on the clutter scale. • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside
Health 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 • Inappropriate heating • CO detector

Safeguarding Children and Adults	• Hoarding on clutter scale 4 - 7 doesn't automatically constitute a Safeguarding Concern. • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Concern under a different risk refer to Level 2 actions.
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, etc.) • Refer to RSPCA for advice and guidance.
Personal health and safety	• Latex Gloves, boots or needle stick safe shoes, face mask, hand • sanitizer, insect repellent. • Personal protective equipment 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 REOCURRENCE**
Agency holding the case	• Refer to landlord if resident is a tenant • Refer to Environmental Health • Raise an request to South Yorkshire Fire & Rescue 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 where appropriate • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Public Health Act 1936,Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied with by occupier
Social Landlords	• Visit resident to inspect the property and assess support needs • Refer for housing related support.

	• 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 "Self-Neglect and Hoarding Guidance for Practitioners - 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- seek advice from the RSPCA. • Provide advice / assistance with re-homing animals
Safeguarding Children and Adults	• Safeguarding Children - Where concerns are identified for a child, a referral should be made to Doncaster Children's Services Trust Referral and Response Team within 24 hours clearly stating the concerns and risks. • Safeguarding Adults – refer to DMBC Safeguarding Adults Hub if concerns of abuse are noted for adults a risk

Level 3 (See clutter image rating)	**Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.**
Property, structure, services and garden area	• Limited access and egress 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 • Interior doors missing or blocked open • Evidence of structural damage or outstanding repairs including damp • There may be evidence of internal damp and / or mould. • Evidence of indoor items stored outside

Household functions	• Clutter is obstructing the living spaces and is preventing the use of • the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment • Resident is using candles, electric or gas heating appliances - heating inappropriately • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy • agreement where applicable • Property is at risk of notice being served by Environmental Health
Health 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 and 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 • Make shift lighting due to not paying electricity bill – i.e. use of candles. • Smoking in bed / increased risk of fire due to sedation from drugs and alcohol. • High use of Stimulant drug predominately Amphetamine which leads to “festering” i.e. taking electrical items apart including microwaves and sockets etc. • Meter rigging to get free gas and electricity.
Safeguarding Children and Adults	• Hoarding on a clutter image scale of 7 – 9 **constitutes a Safeguarding Concern for Children, Young People and Adults at Risk and must be reported** • Cuckooing constitutes a Safeguarding Concern and must be reported i.e. vulnerable people’s homes being taken over for prostitution, drug selling and other criminal activities often the client becomes a prisoner in their own home or they abandon the property.

	• Please note all additional concerns and risks for householders i.e. Children, young people and adults at risk
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 • Refer to RSPCA
Personal Health and Safety	• Visits where Personal protective equipment (PPE) required: i.e. • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.

Level 3	**Actions**
Agency holding the case	• Report to Safeguarding Adults within 24 hours • Report to South Yorkshire Fire & Rescue 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 Public Health Act 1936, • 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 and assess support needs • Attend the urgent multi agency planning 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 "Self-neglect and Hoarding Guidance for Practitioners - Questions to ask" (see Appendix 1) • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution
Emergency Services	• Attend the urgent multi agency planning meeting on request

	• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to case holding agency on completion of home visits.
Animal Welfare	• Notify the RSPCA for further advice and guidance. • 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 Concerns should progress to a multi-agency response and section 42 enquiry for any concerns of abuse
Safeguarding Children	• Refer to Doncaster Children's Services Trust Referral and Response Team if children or young people present within 24 hours

Appendix 5

Self-Neglect Risk Management Tool (SNRM)

(Complete Section 1 at the initial self-neglect meeting,
Section 2 at each review meeting, and attendance sheet at EVERY Self Neglect / Hoarding meeting)

Section 1			
1. Name of Adult		Date of birth	/ /
2. Address of Adult (if homeless state)			
3. Care First/ NHS Number			
4. Date of Assessment /face to face conversation to establish outcomes			
5. Name(s) of workers/individuals involved in the risk assessment /face to face.			
6 What does the adult want as outcomes			

7. Current Risk factors (include clients insight to self-neglect / hoarding and outcomes of mental capacity assessments)	**6. Relevant previous risk factors**	**Source of risk data – service user, workers, files etc. Information verified as current and accurate?**

Scoring the risk

Clutter image ratings (if hoarding issue)

Living Room …….. Bedroom 1 …….. Other rooms, please state: …….

Kitchen …….. Bedroom 2 ……..

……..

Please tick if present

Fire risk		Homeless		Concerns over house cleanliness		Animal waste in house		Concern for children /young people at property		Structural damage to property / missing doors	
Visible human faeces		Rotten food		Insect or rodent infestation		Large number of animals in house		Concern for other adults at the house		Clutter / waste outside	

Domestic abuse		Lack of personal hygiene		Lack of nutrition / hydration		Mental health issues		Physical health issues		Learning disability / difficulty	
No / broken family network		Lack of motivation		Crime involvement		Begging		Disguised compliance		Subject of previous serious assaults/ abuse /exploitation	
Risky / chaotic behaviour		Inappropriate clothing		Socially withdrawn		Anti-social behaviour		Non-compliance / neglect of healthcare		Heavy smoker implicating fire risk	
Writing on property walls		Previous convictions sexual offences		Previous convictions of violent offences		Violent / aggressive/ abusive behaviour		Expressing suicidal thoughts		At risk of deliberate self-harm	
Alcohol misuse		Substance misuse		Other addictions state;		Evidence of weight loss i.e. baggy clothes		At risk of breaching probation		Refusal of assistance from services / non engagement	
Using the risk assessment guide identify the level of risk – Tick as appropriate				Level 1			Level 2			Level 3	
Is the case entering the Self Neglect / Hoarding procedure?				**YES/ NO**							

Rationale for the decision:

Risk Management plan
please detail what actions will be taken, when, by whom, and what contingency plans have been agreed

What action will be taken	By whom	By when

Membership of core group (Name)	Contact details

	Lead co-ordinator of risk management plan
Timescale for Self Neglect / Hoarding review meetings	**Level 2 review within 50 working days** **Level 3 review within 25 working days**
Date of next Review Meeting	
End of section 1	

This completed form should be stored on the leading organisations system and a copy emailed securely to dsab@doncaster.gcsx.gov.uk Senior Managers should be informed and updated on high risk cases	
Section 2 - Multi-agency Self Neglect / Hoarding Review Meeting	
Date of Review:	
To be completed at each review meeting (Virtual or Actual)	
Review Record – Detail below how the Risk Management Plan has been implemented.	
Contact with the individual? By whom, when, if not what attempts have been made?	Have any elements of the self-neglect Management Plan been implemented – detail

Have the risks increased – what has changed? What can be done to address this? At this point rescore risk using the clutter image rating / complex lives rating and Assessment Tool Guidelines	Have the risks decreased – what has changed? At this point rescore risk. Have the outcomes agreed with the adult been met? Is it appropriate to exit this self-neglect / hoarding procedure?

Revised Self Neglect / Hoarding Management Plan or Exit Plan: What actions have been agreed and who will carry them out?		
Action	Name of workers	Timescales
Date of next review	**Venue – if meeting**	

Organisational Risk score – high/medium/low. Who will notify the relevant service manager -	
Name of Service manager notified of the risks,	Contact details/ Telephone Number:
Date Notified to senior manager	
This completed form should be stored on the leading organisations system and a copy emailed securely to dsab@doncaster.gcsx.gov.uk Senior Managers should be informed and updated on high risk cases	

Attendance register

To be completed at the end of each Self-Neglect meeting (Actual or Virtual)

Name	Contact Details	Signature

Appendix 6

Self-Neglect and / or Hoarding Meeting Agenda template
Date, time and venue

1. **Introductions, ground rules, housekeeping and purpose of meeting, apologies and exclusions**

2. **Current Risks identified and Assessed**
   Each agency to identify risk / update
   Each risk to be assessed

3. **Risks to others and assessment of risk**

4. **Previous historical risks**

5. **Mental Capacity in relation to behaviour / risks identified**

6. **Views of adult at risk / outcomes expressed**

7. **Adults insight and understanding into risks identified**
   - Risks to self
   - Risks to others i.e. neighbours, support workers

8. **Action to address risks identified**
   - What actions
   - Who will complete actions and timescales
   - Who will lead
   - Who will coordinate

   Date for review meeting
   Risk Level 2 - review within 50 working days
   Risk Level 3 - review within 25 working days

9. **Summary / Conclusion**

Appendix 7

Self-neglect: Legal Frameworks

All public bodies must act fairly, proportionately, rationally and in line with the principles of the Human Rights Act 1998, the Care Act 2014, and the Mental Capacity Act 2005. These provisions are highlighted here, however wider legislation such as the Mental Health Act 1983 may also be an important considerations in individual cases.

Human Rights Act 1998

Public authorities must not act in a way that is incompatible with Human Rights; and wherever possible, existing laws have to be interpreted and applied in a way that fits with these rights.

Refer to Equality and Human Rights Commission www.equalityhumanrights.com for a full description and explanation of each article.

Article 8, Article 3 and First Protocol Article 1 however, are also highlighted here:

Article 8: Right to respect for a private and family life

1. Everyone has the right for his private and family life, his home and his correspondence

2. There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society 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.

Article 3: Right to Live Free of Inhuman and Degrading Treatment

There shall be no interference by a public authority with the exercise of rights except such as permitted by the law, for a lawful purpose e.g. is necessary in a democratic society 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 the protection of the rights and freedoms of others and is proportionate.

The First Protocol Article 1 – Protection of Property

1. Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

2. This provision does not however impair the right of the State to enforce such laws as it deems necessary to control the use of property in accordance with the general interest or to secure payment of taxes or other contributions or penalties.

For a public body to interfere with these rights, the actions would need to be lawful, necessary and proportionate. An action is 'proportionate' when it is appropriate and no more than necessary to address the problem concerned. Where a person lacks mental capacity, decisions should be made in accordance with the Mental Capacity Act 2005.

Specific responsibilities of local authorities

The Care Act 2014 places specific duties on the Local Authority in relation to self neglect:

(i) Assessment (Care Act 2014, Section 9 and Section 11). The Local Authority must undertake a needs assessment where it appears that the adult may have needs for care and support. In the event of their refusal, the duty to assess still applies if they are experiencing, or at risk of, self-neglect or if they lack capacity to decide and the assessment is in their best interests.

In the event that a person refuses an assessment of need in situations of self neglect, this may indicate the need for a safeguarding enquiry alongside the Section 11(2) duty to carry out a needs assessment

ii) Carers' Assessments (Care Act 2014, Section 10)

Carers are entitled to an assessment of their need for support as set out in Section 10 of the Care Act 2014. This entitlement would apply even where the person self neglecting, is declining an assessment or support from the local authority or other agencies.

(iii) Safeguarding enquiry (Care Act 2014, Section 42)

When a Local Authority has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, self-neglect, and as a result of these needs, is unable to protect himself or herself against self-neglect, or the risk of it, the Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case,

The Care and Support Statutory guidance further states:

"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. There may come a point when they are no longer able to do this, without external support"[13]

[13] Care and Support Statutory Guidance, June 2020: Section 14.17

iv) Duty to cooperate (Care Act 2014, Section 6 and Section 7)

General Duty (Section 6)

Local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in the exercise of its respective functions relating to adults with needs for care and support and carers.

Section 6(3) sets out examples of persons with whom a local authority may consider it appropriate to co-operate:

- a person who provides services to meet adults' needs for care and support, services to meet carers' needs for support or services, facilities or resources
- a person who provides primary medical services, primary dental services, primary ophthalmic services, pharmaceutical services or local pharmaceutical services under the National Health Service Act 2006;
- a person in whom a hospital in England is vested which is not a health service hospital as defined by that Act;
- a private registered provider of social housing.

Co-operating in specific cases (Section 7)

Where cooperation between parties set out in Section 6, is sought from the other in relation to an individual with needs for care and support or in the case of a carer, a carer of a child or a young carer, each party must comply with the request unless it considers that doing so—

(a) would be incompatible with its own duties, or
(b) would otherwise have an adverse effect on the exercise of its functions.

v) Representation and advocacy (Care Act 2014, Section 67 and Section 68)

If an adult has a substantial difficulty in understanding or engaging with an assessment or safeguarding enquiry, the local authority must ensure that there is a friend or family member to facilitate their involvement; and if there is not, must arrange for an independent advocate[14].

Mental Capacity Act 2005

The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. All professionals have an obligation and duty to comply with the law and the Code of Practice. See also Section 5, Self-Neglect and Mental Capacity: Practice Guidance.

[14] SCIE: Independent advocacy under the Care Act

Mental capacity

Mental capacity is a key factor in understanding people's circumstances and how they respond in practice. That is:

- When a person is presumed to have mental capacity or has been assessed as having capacity, their autonomy must be respected, and efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated if required.

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

The information provided here cannot act as a full guide to best practice in relation to issues of mental capacity, but serves to highlight some important areas of consideration when working with people who self-neglect.

The Mental Capacity Act principles

All work with people who self-neglect must be undertaken with due regard to the Mental Capacity Act 2005[15], which is underpinned by five principles. The first three principles support the process before or at the point of determining whether someone lacks capacity. If it is decided that someone lacks capacity in relation to a specific decision, then the last two principles inform the decision-making process.

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so 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 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.

[15] Mental Capacity Act 2005, Section 1