

Stockport Safeguarding Adults Partnership Self-neglect and Hoarding Policy

April 2026



Introduction

Stockport Safeguarding Adults Partnership wants all individuals to live as independently and safely as possible. SAR learning for us in recent years has told us about self-neglect and hoarding, and how it is important to ensure we have strong multi-agency safeguarding practice at the heart of addressing this important issue.

This policy has been developed in direct response to local learning from Safeguarding Adult Reviews (SARs), multi-agency audit exercises, as well as regional and national learning from SARs and research. Learning and research has identified that effectively addressing self-neglect cannot happen in isolation, and we must all continue to be professionally curious to understand and put into practice what will work well for that individual.

Learning from [Martin's SAR](#) has shown us the importance of close multi-agency working and personalised approaches when working with individuals who self-neglect. The SAR also identified the importance of ensuring information is available in an accessible format so individuals can understand our concerns, and how they can be supported.

Self-neglect and hoarding can often be defined together but it is important to recognise that these 2 issues can occur in isolation from each other.

Self-neglect can broadly be defined as one or more of the following:

- **A lack of self-care** including neglecting personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or wellbeing.
- **A lack of environment care** including situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g. health or fire risks caused by hoarding).
- **Refusal of assistance to alleviate issues** including refusal of care services in either an individual's home or care environment, or of health assessments or interventions which could potentially improve self-care or the home environment.

We have adopted the World Health Organisation Family of International Classifications Network definition of hoarding as:

'Hoarding disorder is characterised by accumulation of possessions that results in living spaces becoming cluttered to the point that their use or safety is compromised. Accumulation occurs due to both repetitive urges or behaviours related to amassing items and difficulty discarding possessions due to a perceived need to save items and distress associated with discarding them. If living areas are uncluttered this is only due to the intervention of third parties (e.g., family members, cleaners, authorities). Amassment may be passive (e.g. accumulation of incoming flyers or mail) or active (e.g. excessive acquisition of free, purchased, or stolen items). The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.'

Information on self-neglect and hoarding can be found on Stockport Safeguarding Adult Partnership (SSAP) multi-agency policy and procedure website [here](#).

In Stockport we recognise the impact that self-neglect and hoarding can have on people and their environment. This policy and practice guide has been developed to support multi-agency practitioners in recognising and responding to concerns when they arise.

Legal duties around self-neglect and hoarding include Practitioners should document how legal duties have been considered in each case, as recommended in national SAR learning

<p>The Care Act 2014 – Sections 9 and 11</p>	<p>The Local Authority must undertake a needs assessment, even when the adult refuses, where it appears that the adult may have needs for care and support, - and is experiencing, or is at risk of, self-neglect. This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.</p>
<p>The Human Rights Act 1998</p>	<p>Public authorities, as defined by the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take particular action. Instead, the authorities are expected to act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act 2005, and, where appropriate, consideration should be given to the application of the Mental Health Act 1983. Where appropriate, concerns may be referred to the Court of Protection. In rare cases, where the individual has capacity, but is unable to exercise choice, for example - appears to be acting under duress, consideration should be given to options available under the Inherent Jurisdiction of the High Court.</p>

Making Safeguarding Personal

When working with anyone who is self-neglecting, or hoarding, it is important to always remember the safeguarding principles.

- **Empowerment:** People being supported and encouraged to make their own decisions and informed consent
- **Prevention:** It is better to take action before the harm occurs
- **Proportionality:** The least intrusive response appropriate to the risk presented
- **Protection:** Support and representation for those in greatest need
- **Partnership:** Local solutions through services working with their communities
- **Accountability:** Accountability and transparency in delivering safeguarding

Individuals will self-neglect or hoard for different reasons, and therefore promoting a single approach through this policy will not be possible. It is therefore important to practice the principles of **making safeguarding personal** to:

- Understand the individual’s unique circumstances.
- Respect their background, culture, lifestyle, interests, and likes and dislikes.
- Communicate effectively with them to identify ways forward, including them in decision making as appropriate.

If you already have a relationship with the individual then you may be the best professional to speak with the individual, but if not then it is important to consider whether there is another professional involved who would be better placed to speak with them.

Five top tips to support you to have conversations are:

1. **Preparation** jot down key points in priority order in advance as this will act as a prompt when you are with the person.
2. **Specifics are important** have a couple of detailed examples of how support could be provided to mitigate risks.
3. **Environment is important** the type of space you use to engage with the person can have an impact on how the conversation goes. Ask the person where they might want to meet, as they may not want to meet with you in their home.
4. **Silence is golden** when you have provided information, allow the individual to absorb and reflect on the information. Don't rush the conversation.
5. **Put yourself in their shoes** how might you feel hearing the information? Would you be confused by any jargon? Would you be upset or offended?

Showing a genuine interest in them will help with any conversations you have. Remember the principles of **professional curiosity** and consider any important context – has the individual experienced any trauma that could be impacting on their lifestyle choices?

Professional curiosity is also important as we encourage all practitioners to **think family**. An adult, or adults, who are self-neglecting, may also be neglecting care of others, including children. Do you know what their family network looks like and who else needs to be considered? Practicing effective professional curiosity can help to identify hidden risks and protective factors, can prevent misinformation, and can support an effective and accurate risk assessment.

Stockport Safeguarding Children's Partnership has recently developed a Neglect Strategy¹ which prioritises early identification of child neglect. When working with individuals who may be self-neglecting their own needs, it is important to consider involving Children's Services as necessary so relevant assessments and referrals can be made at the earliest opportunity.

A neglect identification tool is included within this policy, which includes reference to child safeguarding. Practitioners should consider consulting with this guidance to ensure any wider family risks or considerations are taken into account. Where concerns regarding a child are identified, they should be reported to Stockport Children's Social Care on 0161 217 6028 or by using the online service [here](#).

Sometimes individuals may experience problems with their mental capacity or with their executive functioning.

The individual(s) may have a learning disability, or additional needs that requires information to be provided in an accessible format. The Stockport Safeguarding Adults Partnership has developed an easy read leaflet to explain the effects of drugs and alcohol, which may support conversations with the individual. Always remember the importance of ensuring information is accessible and understandable as part of any conversations with the person.

¹ <https://www.stockport.gov.uk/neglect>

Recognising the signs

What is Self-Neglect?

Self-neglect differs from other forms of abuse and neglect as it does not involve a perpetrator. In order to help prevent self-neglect it is essential to understand the wider complexity and possible underlying factors which may present. These can include:

- Increased incidence of depression, low self-esteem, anxiety
- History of trauma, abuse (including ACEs) or bereavement
- Physical health concerns
- Severe and enduring mental health issues
- Hoarding or no possessions at all
- Reclusive or co-dependent, including on pets
- Substance or alcohol misuse
- Self-harm

There are a number of indicators to be aware of when engaging with individuals. These include, but are not limited to:

- a significant lack of personal hygiene leading to poor healing/sores/pressure ulcers; long toenails increasing risk of falls, unkempt hair / facial hair, strong body odour
- Neglecting the home environment leading to hazards in the home or pest infestations
- Poor diet and nutrition leading to significant weight loss or gain and other health issues
- Lack of engagement with professionals and the wider community
- Hoarding items and demonstrating excessive attachment to possessions

Practitioners should be willing to challenge views including but not limited to:

- Perceiving / expressing that this is a lifestyle choice
- Relying on previous assessments or decisions about eligibility, engagement, risk or mental capacity
- The need for multi-agency work and information sharing
- Challenges from the individual or their family for interventions that reduce risk
- Attempts to disengage whilst still at risk of significant harm
- The perception that this behaviour is normal for the individual

Characteristics identified in people who self-neglect:

- Fear in losing control
- Pride in self-sufficiency
- Sense of connectedness to places or belongings
- Mistrust of services, professionals or authority

Common responses by people who self-neglect:

- I can take care of myself
- I do my best to make ends meet
- I prioritise and let other things go

What is hoarding?

Hoarding behaviour, sometimes called collecting, can typically manifest in 3 ways.

Acquisition	Compulsive buying and/or the accumulation of items. The motivation for this can be complex and need time to understand. Often reasons for hoarding are deeply entrenched and connected to personal loss or trauma, often going back to childhood. It is important for professionals not to form judgements and to take time to try to identify why the person hoards.
Saving	There are three common reasons for saving <ul style="list-style-type: none">• Sentimental which can be motivated by grief and refers to the emotional attachment a person feels towards an object, i.e. it may become linked to a happy memory or someone they love and miss.• Instrumental which can often stem from a history of having experienced deprivation, or of having had possessions forcibly taken from them in the past and so items are saved 'just in case I need them' or to guard against 'being without' again in the future.• Intrinsic or aesthetic where items are saved because they are seen as too beautiful to be discarded.
Disorganisation	Items of value are mixed with rubbish and items of no apparent value, People who hoard often have difficulty with information processing, categorisation, sequencing tasks and decision making. They may also believe that they have a poor memory which leads to items being stored where they are visible instead of put away in cupboards, i.e. 'if I put them away, I won't be able to see them and if I can't see them I won't remember I have them and they will be lost to me'.

Responding to hoarding is not always as simple as working to clear the hoarding as this can cause distress to the individual, impacting on their trust in professionals and services. In some instances, this can make hoarding worse over time. Instead, we would encourage working with the individual to agree a strategy which reduces risk and works to minimise future problems. The types of things hoarded vary just as much as the reasons why, and the level of personal acceptance that this is a problem.

The emotions stirred up when attempting to discard hoarded items can be too distressing and/or leave the person feeling vulnerable and insecure. In addition, difficulty with decision making and not being able to break a task down into smaller steps could mean that the process of clearing hoarded items is overwhelming for the person and so avoided.

Professionals should always try and look for the underlying cause, rather than treating the symptoms of hoarding.

The Clutter Image Rating is an agreed tool to help assess the level of clutter and hoarding that may be taking place.

Where cluttered properties cause a significant risk to the person, family, or wider community, advice should be sought from Greater Manchester Fire and Rescue Service to consider a **home fire safety assessment**. More information is available here [HFSA - Greater Manchester Fire Rescue Service](#)



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Mental Capacity and Executive Functioning in Self-Neglect and Hoarding

There may be some individuals who self-neglect or hoard, who may experience challenges with mental capacity or executive functioning. Conversations should explore their understanding of the situation, following the principles of the Mental Capacity Act 2005.

If there are doubts about a person's capacity to make a specific decision, and all reasonable steps have been taken to support decision-making (e.g., using visual aids, simplifying language, alternative communication methods) without success, a formal capacity assessment should be completed. This assessment must determine whether the person can:

- Understand the relevant information
- Retain that information long enough to make a decision
- Weigh up the information to reach a choice
- Communicate their decision

A person is considered to lack capacity if they cannot do one or more of these tasks. Assessments should be accessible and tailored to individual needs, considering disabilities or impairments such as hearing loss or speech difficulties. Support from specialist services (e.g., Speech and Language Therapy, Occupational Therapy, Learning Disability teams) may be required.

Capacity assessments should not rely solely on self-report; triangulate information with input from professionals, family, or others who know the person well. Social history and current relationships should also be considered.

Unwise Decisions: Making an unwise choice does not, by itself, indicate a lack of capacity. Practitioners must take all practicable steps to maximise capacity before concluding otherwise.

Executive Functioning: Understanding the link between executive functioning and decision-making is essential. In some cases, individuals may express intentions they cannot act upon. Use “show me” or “demonstrate” approaches to assess functional ability. Capacity assessments should be reviewed regularly, especially where capacity fluctuates, and involve specialist practitioners for complex cases.

Executive incapacity must stem from a temporary or permanent impairment of the mind. While not explicitly referenced in the Mental Capacity Act, executive functioning should be considered within the functional test—particularly whether the person can understand and weigh relevant information.

Practitioners should note that autistic individuals may struggle with planning and task initiation. This does not necessarily mean they lack capacity, but they may require additional support (see Principle 2 of the MCA).

For more information, visit the online [Mental Capacity Act 2005 Resource and Practice Toolkit](#)

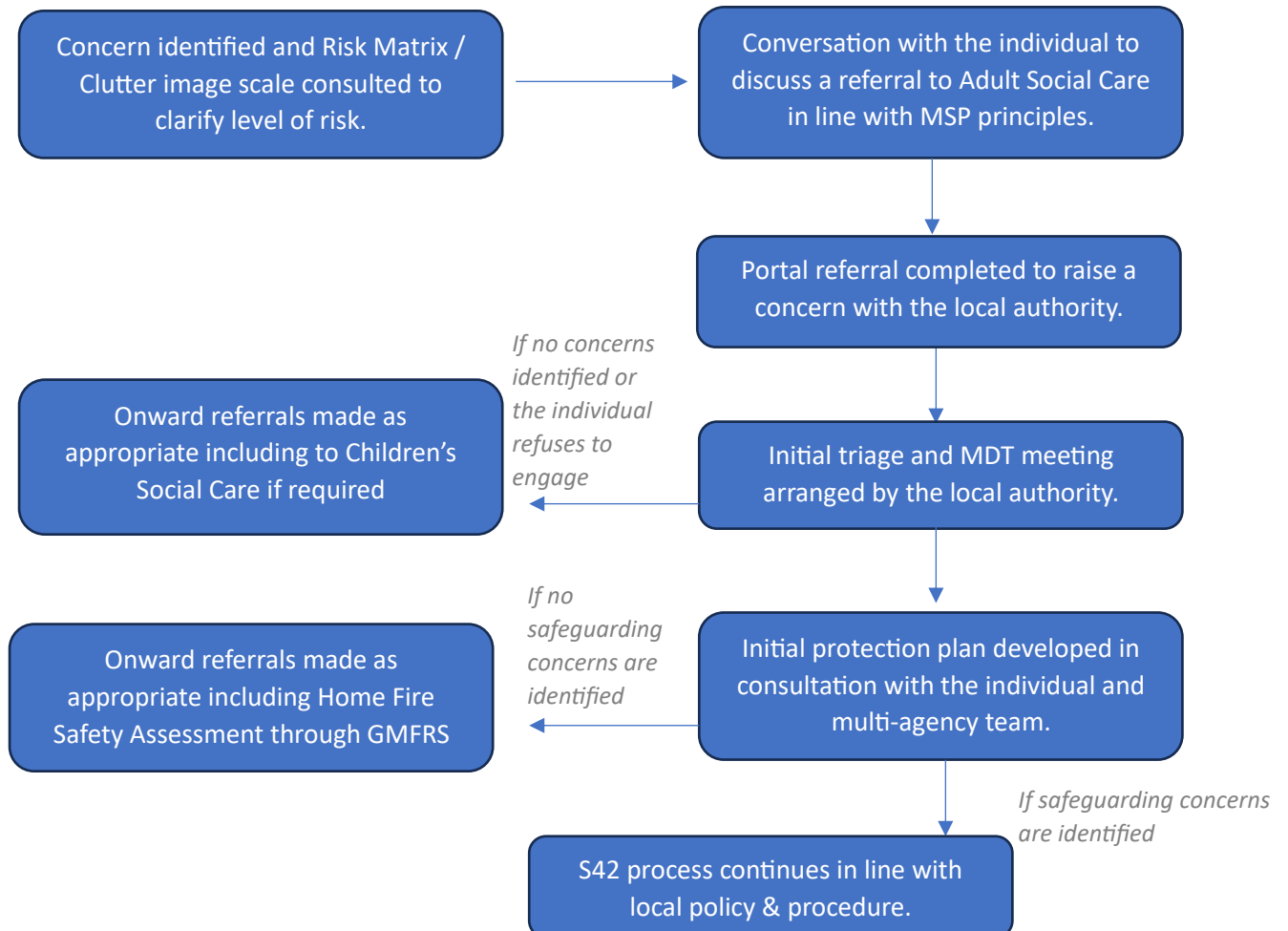
Responding to self-neglect and hoarding concerns

All concerns of self-neglect should be referred to Adult Social Care where initial enquiries will be made.

Some key considerations

- Address any immediate risks to the adult, considering any risks to others including children.
- Assess mental capacity and where required best interest decision making.
- Develop and build a positive relationship, considering engagement techniques with individuals who may be hard to reach.
- Discuss with the individual what their wishes and feelings are and what they want to happen.
- Clarify and enquire if there is any involvement with other professionals.
- Where engagement is challenging, practitioners should consider multi-agency discussions to identify any alternative approaches or potential escalations
- Document the individual's consent, any risk assessments, mental capacity assessments, conversations, and decisions made.
- Effective multi-agency working is essential. Practitioners should share information appropriately, escalate concerns when necessary, and participate in joint meetings to ensure coordinated responses.

The [Risk Matrix and Safeguarding Thresholds](#) tool provides information on assessing the type and level of risk an individual may be experiencing.



Some key considerations

The prompts below may support when working with an individual who is self-neglecting. Think about the main themes on the left that explore their personal care, lifestyle, personal wellbeing, and any additional risk factors. Always remember to explore what strengths there are currently that we can build on, and what would help the person if we changed it.

This guidance can be used for individuals, and families, of all ages, and should not be considered in isolation for adults aged over 18.

Theme	Focus area	What is working well?	What needs to improve?
Personal care needs	Nutrition		
	Hygiene		
	Health (including any disabilities)		
Lifestyle care needs	Housing		
	Clothing		
	Finance / debt		
Personal wellbeing	Relationships		
	Education / employment		
	Emotional wellbeing		
Additional risk factors	Substance misuse		

What does the individual want to see change?	
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What to do if the person doesn't want to accept support

It may be the case that the person, or family, we are working with does not wish to accept support. Sometimes practitioners refer to these situations as people who “don't engage” or “won't engage”.

Self-neglect or hoarding needs to be assessed, considered, and understood as the result of a person's life experience and possible previous trauma. It is not simply a lifestyle choice that a person is choosing to adopt.

- The **language we use with individuals** may change how they work with us as professionals. Try using inclusive language that helps to explain why we might be concerned and the impact it may have. Ask for their permission to seek support to include them in the process, and explain why you might need to make onward referrals without their consent.
- Consider any **additional cognitive or literacy needs**. Does the person understand the information being provided or do you need to seek some easy-read information for them to help explain any concerns?
- Have you **completed a mental capacity assessment** to understand their decisions and what next steps need to be taken?
- Are you aware of any other professionals or services who may be working with the individual? Have you spoken with family networks to **get a picture of what approaches might work** for that person?

Sometimes it can be difficult to know when and how far to intervene where there are concerns about self-neglect and hoarding, and the person appears to have mental capacity. You may need to make a professional judgement about what is an acceptable way of living for the person, balanced against risks to them and/or others.

Where attempts have been made and you don't feel you can get the person to work with you, consider holding a multi-agency meeting or making sure you have clearly documented your risk assessment and decision making. Where possible, there should be agreement within the meeting which organisation is best placed to have oversight of the person and will maintain contact in an effort to engage the person and to monitor/reduce the risks.

Some essential questions to consider:

- Was the person able to take in what we've told them in this environment? Do they need to go through it somewhere quieter or more familiar?
- Have we actually given the person all the information relevant to both / all the options in this decision? (e.g. specific, concrete, real world options)
- Have we just told the person? Have we given them the information in writing? Could we draw a diagram? Have we used pictures or symbols?
- Did the person have a family member or support worker with them when we spoke to them?
- Have we given the person time to think this through?

Appendix A: Clutter Image Ratings Scale

Kitchen

- Select the photo that most accurately reflects the amount of clutter in the room.
- Images 1-3 can be considered reasonable and no specialised assistance is required immediately. However, the individual may appreciate assistance with general housework.
- Images 4-6 would require professional assistance to resolve the clutter.
- Images 7-9 would require intervention through a multi-agency approach and would require a safeguarding referral.



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Bedroom

- Select the photo that most accurately reflects the amount of clutter in the room.
- Images 1-3 can be considered reasonable and no specialised assistance is required immediately. However, the individual may appreciate assistance with general housework.
- Images 4-6 would require professional assistance to resolve the clutter.
- Images 7-9 would require intervention through a multi-agency approach and would require a safeguarding referral.



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Living room

- Select the photo that most accurately reflects the amount of clutter in the room.
- Images 1-3 can be considered reasonable and no specialised assistance is required immediately. However, the individual may appreciate assistance with general housework.
- Images 4-6 would require professional assistance to resolve the clutter.
- Images 7-9 would require intervention through a multi-agency approach and would require a safeguarding referral.



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