



Stockport Safeguarding Adults Board Multi-Agency Self-Neglect and Hoarding Strategy

Forward

I am pleased to present the Stockport Safeguarding Adults Self-Neglect Strategy. This important strategy has been developed by a multi-agency group and builds upon the knowledge and expertise built up over a number of years in Stockport. It has the full endorsement of the Safeguarding Adults Board partners.

This strategy document provides a framework for multi-agency practice in regard to possible cases of self-neglect. It is based on best practice policies, particularly from Salford Council and heavily relies on expertise from leading academics Suzy Bray and Michael Preston Shoot and has factored in recommendations from relevant self-neglect Safeguarding Adult Reviews

Why do we need this strategy? Self-neglect is a complex area of work, arising as it does from a large range of causal factors. Safeguarding Adult Review Reports frequently highlight self-neglect signs and symptoms as a factor in or indicators of subsequent serious events that have resulted in life threatening consequences or even death. When seen in isolation self-neglect behaviours may not give rise to safeguarding intervention. However when understood collectively a very different picture often emerges.

Adults have the right to live the way they choose even when that involves what may be perceived by others as poor or risky lifestyle choices.

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

The Strategy sets out the ambition in Stockport by clearly defining self-neglect; framing it within the legal context and setting out the responsibilities of the Local Authority and its partners who come into contact with this particular group of people.

The document sets out our response when self-neglect and/or hoarding have given rise to significant concerns that an individual (and/or others) may be at risk of serious harm. It concludes that a collaborative and multi-disciplinary approach to those at high risk is the most effective way to achieve creative and proportionate interventions that respect the individual's right to self-determination. As a result more serious consequences for the person may be avoided.

I urge all agencies and professionals, along with the wider voluntary and community sector, to be familiar with the strategy and to sign up to it and to think about how you can make a purposeful contribution to its implementation.

Gill Frame

Independent Chair – Stockport Safeguarding Adults Board

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1.0. Introduction

Responding to self neglect is challenging for the most experienced of our professionals and this strategy is designed to support practitioners working with individuals who self neglect (and this may include elements of hoarding) and at the same time outline Stockport Safeguarding Adults Board's expectations from the public, private and voluntary sector.

Self-neglect has historically been considered a grey area and there is no one accepted and universally known definition of self-neglect. In England, before Care Act 2014 implementation, self-neglect was not included in adult safeguarding, with the focus being entirely on abuse and neglect by a third party. This left responding to cases of self-neglect largely at the discretion of local authorities (and their partner agencies) and most service responses were provided by the non-statutory sector. These cases are more commonly known as 'chaotic' or 'complex' and frequently have been dismissed as 'not engaging with services'.

This document seeks to build on the expertise build over the last 7 years of Multi Agency Adults at Risk panel and to combine that with an agreed multi-agency interpretation of the Self-Neglect area of the Care Act 2014, also informed by academic expertise and outcomes of relevant Safeguarding Adult Reviews. It seeks to create a more adequate pathway for the cohort of young people who are struggling to transition to adulthood (who do not fall within established Special Educational Needs and Disability Pathways), and who are also a priority for both Adults' and Children's Safeguarding Boards and it aims to provide a framework for practice in all agencies in response to the challenge that self-neglect poses to the social care and wider workforce.

There are many challenges in the area of self-neglect, not least that the term has little meaning for those who have associated issues.

However the biggest challenge is very much tied up in the need to balance and determine what is someone's right and choice with what becomes a serious risk to self and others.

If an agency is satisfied that the individual has the mental capacity to make an informed choice on the issues raised, then that person has the right to make their own choices, even if these are considered to be unwise. But in cases of significant vulnerability there should be ongoing engagement with the individual, applying the principles outlined in this policy.

A secondary challenge is that in some cases where vulnerability is severe this determination must be on an ongoing basis and should attempt to draw in information across partners where possible. Someone refusing to engage, without agreed practice that seeks to review information in life journey or wider circumstances (that is often held by partner agencies) can mean it is very difficult to even gauge the extent to which a person is vulnerable or at risk.

The strategy is written with the understanding that the guidance within will be underpinned by staff training and development giving the workforce confidence to respond to this complex issues.

2.0. Purpose

The purpose of this strategy is to improve understanding, pathways and outcomes regarding self-neglect cases in Stockport, to work more effectively through:

- Enhanced knowledge of self-neglect and of the legal framework surrounding it
- Fit for purpose assessment skills
- Consistency in decision making and clear and consistent exit strategies
- Cultural change - relationship-building skills and a client-centred approach
- Effective multidisciplinary working
- Embed collaborative and person led approach
- Agreed risk tool which prompts questions on life history and causal factors

3.0. Self Neglect Legal Framework and Definition

The Care Act Statutory Guidance 2014 defines **self-neglect** as

‘Self-Neglect - this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and include behaviour such as hoarding (DH 2016)

‘Where someone demonstrates lack of care for themselves and /or their environment and refuses assistance or services. It can be long standing or recent’ (DH 2016, Annex J: Glossary)

The Care Act sets out the Local Authority’s responsibility for protecting those with care and support needs from abuse and neglect in primary legislation and for the first time this include self-neglect. The Act provides particular focus (section 1) on wellbeing and requires organisations to always promote the adults wellbeing in safeguarding arrangements

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

- Assessment-** (Care Act Section 9 and Section 11) 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.
- Enquiry-** 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, when: The Local Authority has reasonable cause to suspect that an adult in its area- - has needs for care and support, - is experiencing, or is at risk of, self-neglect, and - as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it.

(iii) **Advocacy** - If the adult has 'substantial difficulty' in understanding and engaging with a Care Act Section 42 Enquiry, the local authority must ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate.

3.2. The Human Rights Act 1998

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.

3.3. Hoarding can be defined as 'a psychiatric disorder characterised by persistent difficulty discarding or parting with possessions, regardless of their actual value, resulting in significant clutter that obstructs the individual's living environment and produces considerable functional impairment (GMFRS Hoarding, Prevention and Protection).

4.0. What is Self-Neglect

Self-neglect is abuse of self. It differs from the other forms of abuse because it does not involve a perpetrator. It is a refusal or failure of an individual to provide themselves with adequate food, water, clothing, shelter, personal hygiene, healthcare, medication (when indicated) and safety precautions. It is frequently associated with hoarding and older people but the definition is broader than this and applied equally to younger adult age groups and this protocol seeks to explore all age groups equally.

In order to prevent self-neglect it is essential to understand the wider complexity and possible underlying factors, which may present as, or include:

- Increased incidence of depression and low self esteem
- History of trauma, abuse (including childhood abuse and child sexual exploitation) or bereavement
- Physical and mental health issues
- Hoarding or no possessions at all
- Reclusive or co-dependent, including on pets
- Substance misuse
- Self-harm

4.1. Indicators of Self Neglect to be alert for

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

- Neglecting personal hygiene and health leading to pressure ulcers or skin damage.
- 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 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.

For further information – see Appendix A.

4.2. Characteristics identified in people deemed to self-neglect

Research from the Social Care Institute for Excellence has identified the following:

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

Common responses by people deemed to self-neglect:

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

4.3. Characteristics of hoarding

Hoarding behaviour is typically manifested in three ways:

- Acquisition - Compulsive buying and/or the accumulation of items. The motivations 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: 'sentimental' which can be motivated by grief and refers to the emotional attachment a person feels toward 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 in 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'.

Simply working to clear the hoarding is known not to have lasting impact and can cause and exacerbate the long term situation by reinforcing mistrust. Agreed standard practice must be to work with the individual and 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.

Clutter images

The help for hoarder's charity gives additional best practice on hoarding. It references clutter images to support an impartial assessment of scales of clutter and hoarding

Please refer to <http://www.helpforhoarders.co.uk/what-is-hoarding/> (Appendix B)

5.0. Principles

The following are the key principles that should be applied to all areas of safeguarding adults practice (Care Act 2014 statutory guidance).

Empowerment - People being supported and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention - It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality - The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection - Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treats any personal

and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability - Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they."

The following principles underpin this guidance in working with self-neglect and hoarding issues:

- Promoting a **person centred approach** that supports the right of the individual to be treated with respect and dignity, and, as far as possible, to be in control of their own life. The focus should be on person centred engagement and risk management, and consideration should be given to if the individual is more inclined to engage with some organisations than others - if so, this should be optimised in the engagement with the individual.
- The response needs to be **proportionate to the level of risk** to the person and others, the self-neglect assessment tool & hoarding assessment tool, can be used to determine the level of risk as low, moderate or high. The risk should be monitored where it is moderate or high, making proactive contact with the adult to ensure that their needs and rights are fully considered in the event of any changed circumstances
- **Each organisation needs to take responsibility** for their role in supporting the adult to address issues caused through self-neglect
- Partnership approach should be used in cases where appropriate to enable powers and abilities of different organisations to be implemented
- **Team around the adult multi-agency meetings are recommended approach for more complex cases** that are higher risk - these should be considered in cases where a single agency approach has been exhausted and a substantial risk still remains. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making.
- **Accepting self-neglect as a "lifestyle" choice and closing a case without having assessed the risk and engaged with the adult in a meaningful way is unacceptable** as this exposes the adult at risk to ongoing or increased harm or risk, and organisations to failing in their duty of care. Partner agencies should refer to guidance on closing cases (see multi-agency policy and procedures guidance)/ add link to this)
- **Rigid Did Not Attend (DNA)** policies that do not take into account reasons for DNA such as literacy, capacity, mental health issues, coercion and control features, should be avoided, and adjustments should be made to allow the individual to attend.

Part of the challenge is knowing when and how far to intervene when there are concerns about self-neglect and a person makes a capacitated decision not to acknowledge there is a problem or to engage in improving the situation, as this usually involves making individual judgments about what is an acceptable way of living, balanced against the degree of risk to an adult and/or others.

Assessing mental capacity and trying to understand what the history is which has played a role in the manifestation of self-neglect is often complex. It is usually best achieved by working with other organisations and, if they exist, extended family and community networks. It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect.

It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many people, particularly older people, who self-neglect may lack the ability and/or confidence to come forward to ask for help, and may also lack others who can advocate or speak for them.

6.0. Legal Interventions

There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.

Possible legislative remedies that might need to be considered are outlined in the legal options. Please note all legal routes would need to be considered in consultation with legal advice and the options outlined here are for information only.

It is important to note that s46 of the Care Act 2014 abolishes Local Authorities' power in England to remove a person in need of care under s47 of the National Assistance Act 1948. Principles for effective working with self-neglect and hoarding issues

7.0. Self-neglect - mental capacity

Where there is a belief that the adult may not have the relevant mental capacity, they should be assessed under the Mental Capacity Act, making sure that sufficient information is provided to the adult to enable informed decision making. There should be proper assessment of capacity, including enabling the adult to demonstrate understanding, the weighing of potential risks, benefits and solutions, and making a choice including the ability to put decisions into effect.

Best practice guidance encourages professionals to consider utilising the 'Articulate-Demonstrate' method (Naik et al, 2008³) of assessing as it helps identify when capacity to make a decision is present but the ability to carry out that decision is not.

Professionals must also be alert for signs of undue pressure or coercion being exercised, or of other circumstances preventing the individual giving free or informed consent. Professionals may need to find creative ways to address risks and needs as although interventions contrary to the adult's wishes may be supported in some situations by legislation, it must be necessary and proportionate.

It is also important to understand the function-specific nature of capacity, so that the apparent capacity to make simple decisions is not assumed automatically in relation to more complex ones.

Where an adult has fluctuating capacity, it may be possible to establish a plan when they are capacitated which determines what they want to happen when they lack capacity & it is important to make every effort to 'enhance' the person's capacity through the timing of discussions etc.

8.0. Defensible Decision Making

The duty of care in relation to decisions made will be considered to be met where:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Policies and procedures have been followed
- Practitioners and their managers adopt an investigative approach and are proactive

Defensible decision making is making sure that the reasons for decisions, as well as the decision itself, have been thought through, recorded and can be explained.

9.0. Advocacy

If the adult has 'substantial difficulty' in understanding and engaging with any social care process, including a Care Act Section 42 Enquiry, the local authority must ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate.

It is important that all staff are familiar with, and are mindful of their 'Duty of Care' when dealing with cases of self-neglect or hoarding, even if the adult has mental capacity to make decisions specifically related to their care.

'Duty of Care' (established through common law) can be summarised as 'the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property'.

Any failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages.

Human Rights Act 1998 article 8 gives everyone the right to 'respect for his private and family life, his home and his correspondence' and needs to be considered at all times.

10.0. Information sharing

Information sharing across all relevant agencies (subject to appropriate info sharing protocols) is crucial so that all agencies involved to better understand the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others.

Multi-agency meetings to share information should be considered in complex cases, where there are significant risks in order to better understand and manage risk. Wherever possible, the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate.

Information is shared under the SSAB Information Sharing Protocol.

11.0. Resolution of Disagreements and Complaints

The SSAB has a responsibility to monitor the effectiveness of agencies response to safeguarding matters locally, which can include reviewing practice in cases. There are two routes for professionals to raise concerns to the SSAB depending on the nature of the issue:

1. Inter-agency disputes regarding appropriate responses to cases – Agencies should follow the WSAB Escalation Procedure which can be accessed on the SSAB web site.
2. Concerns in relation to Safeguarding Adult Review cases – if an adult dies or suffers permanent or serious harm as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult then agencies should submit the case to the board using the form on the SSAB Website.

If an agency has a specific complaint regarding practice of another professional or agency then they should consider using the appropriate complaints process of that agency to flag such concerns. Exceptions to this would be when the issue relates to either of the processes described above.

Should agencies or professionals have disputes arise during the course of identifying & responding to an adult at risk of self-neglect & hoarding then it is imperative that these issues do not delay the provision of support or care to the individual. All agencies will be expected to resolve disputes in a timely fashion and ensure minimal impact on the individual.

Practitioners Guidance for Self-Neglect and Hoarding

1.0. Introduction

This guidance is aimed at practitioners who are supporting individuals who self neglect.

2.0. Self-neglect - mental capacity

Practitioners should consider whether the self-neglect might arise from the individual lacking capacity within the meaning of Mental Capacity Act 2005

Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice. The autonomy of an adult with mental capacity is 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 interest.

Practitioners should be mindful of the principles of the Mental Capacity Act 2005: a person must be assumed to have capacity unless it has been established that he lacks capacity; 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; a person is not to be treated as unable to make a decision merely because he makes an unwise decision, an act done, or decision made under this Act or on behalf of a person who lacks capacity must be done, or made, in his best interests; Before the act is done, or the decision made, regard must be had to whether the purpose for which it is needed can be achieved in the least restrictive way.

The Determination of Mental Capacity involves a 2-prong test. The diagnostic test states that the adult lacks capacity in relation to self-neglect if at the material time the adult is unable to make a decision regarding self-neglect because of an impairment of, or a disturbance in the functioning of, the mind or brain.

The functional test involves not only the ability to understand, retain, use and weight relevant information in abstract decision-making, known as decisional capacity, but also the ability to process that information in the moment in order to implement the decision, known as executive capacity.

The mental capacity assessment should entail both the ability to make a decision in full awareness of its consequences and the capacity to carry it out.

It is also important to understand the act-specific nature of capacity, so that the apparent capacity to make simple decisions is not assumed automatically in relation to more complex ones.

Careful attention should be paid to the assessment of mental capacity, especially with regards the person's ability to weigh up and make use of information. It is important to be aware that people can be articulate and superficially convincing regarding their decision-making but when probed about their behaviour, or asked to show how they would implement a decision, are unable to identify risks and indicate how they are able to address the concerns of others. The nature of any intervention will to a certain extent centre on the question of whether the adult concerned has the mental capacity to make decisions.

Consideration needs to be given, at an early stage, to determining if the individual has the mental capacity to understand and make informed decisions about their response to agencies' concerns about their apparent self-neglecting behaviour. Again it should be noted the limitations to capacity brought about by drug and alcohol misuse, which are not factored in to a capacity act assessment. Reasons for this should be considered. Use of drugs and alcohol should not be dismissed as choice, rather the reasons why, and history need to be considered, particular in cases where CSE has been a factor.

Even where someone may lack capacity to make a decision, respect for their wishes and beliefs needs to be central. Professionals need to find creative, sensitive ways to work with people who self-neglect or hoard, understanding what the behaviour means to them and how they themselves wish to address the problem.

Where an adult has fluctuating capacity, it may be possible to establish a plan when they are capacitated which determines what they want to happen when they lack capacity & it is important to make every effort to 'enhance' the person's capacity through the timing of discussions etc.

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. 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.

A person who lacks capacity has recourse in law to the Court of Protection. The court will however expect to see evidence of professional decision-making and recording having already taken place.

Practitioners should:

- Check whether the adult has made an advanced directive when involved with significant decisions about health
- Involve the adult in meetings and decisions as much as possible
- Always involve attorneys, representatives such as IMCAs or other advocates
- Ensure that the engagement and the individual's decisions are clearly recorded within the relevant documentation e.g. support plans, risk assessments, meeting proforma.

When assessing capacity, it is important to remember this is an assessment of whether the adult has capacity to access help for their self-neglect or hoarding - so, does the adult understand they have a problem? Is the adult able to weigh up the alternative options, e.g. being able to move around their accommodation unhindered? Can the adult retain the information given to them e.g. if the accommodation is cleared, you would be able to move around your accommodation? Can the adult communicate their decision? It is essential that any capacity assessment is clearly documented on case records.

It should be noted that in many complex cases we have practical examples of people who use alcohol and drugs to the point they are operating without capacity for much of the day, but when tested they are required to be clean/sober and are found to have mental capacity. We have had cases in Stockport where people have fluctuating capacity, but are seriously impaired by substances for much of the waking

day. This is a challenge for partners and services and which requires a team around the adult approach, which the lead agency should instigate and should include, where appropriate, emergency services.

Consideration **must** be given to whether a **mental health assessment** is an appropriate alternative response, under the **Mental Health Act 1983**.

3.0. Self-neglect - empowering/engaging the adult at risk

Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and in ensuring their safety and protection.

Positive outcomes can be achieved through operational approaches informed by an understanding of the unique experience of each individual balanced with strategic and management input. It is important that all staff are familiar with, and are mindful of their 'Duty of Care' when dealing with cases of self-neglect or hoarding, even if the adult has mental capacity to make decisions specifically related to their care.

'Duty of Care' (established through common law) can be summarised as 'the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property'.

Any failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages.

In engaging with the adult:

- Consider if they have the necessary information in a format they can understand
- Check whether they understand options and consequences of their choices
- Listen to their reasons for mistrust, disengagement, refusal and their choices
- Ensure there is the time to have conversations over a period and building up of a relationship
- Consider who (whether family, advocate, other professional) can support you to engage with the adult
- Always involve legal representatives, receivers, or representatives if the adult has one
- Establish if a plan for agreed actions / outcome for person who has fluctuating capacity is in place during a time when they had capacity for that decision
- Support/encourage/facilitate the adult to attend meetings where possible

4.0. Risk Enablement

There is a need to be mindful that organisational and professional risk aversion can hinder choice, control and independent living. This poses real challenges for practitioners/professionals in balancing risk enablement with their professional duty of care to keep people safe. Risk enablement therefore should always be a core part of placing people at the centre of their own care and support. Providing real choice and control means enabling people to take the risks that they choose and incorporating safeguarding and risk enablement into relationship-based, person centred working.

It also means that professionals will need to express concerned curiosity about someone's choices and professionals should adopt the Stockport Family Restorative Approach through high challenge and high support in such cases.

5.0. Engagement/support with the adult's at risk family/informal carers

If the self neglecting adult has needs for care and support as defined under the Care Act 2014, then their carer needs are the same under the Act.

Carers have rights under the Care Act 2014. In situations where a carer is supporting someone who self neglects or has hoarding behaviours or indeed lives with the person, then there are statutory requirements.

Carers' assessments (section 10) must seek to establish the carer's need for support (practical and emotional), and the sustainability of the caring role itself. The local authority must include a consideration of the carer's potential future needs for care and support. Families and informal carers can often make a very valuable contribution especially in terms of history of behaviour and what is "normal" for this person. They may well also be able to assist in building trust between services and the individual.

The family member or carer of an adult at risk should be engaged wherever possible whether or not the adult at risk has provided consent. This will include being part of planning, decision-making and whether they are willing and able to provide support.

5.1. Consent not given

Where the adult does not give consent to engage with an informal carer, the carer is still entitled to a carer's assessment, and if they raise concerns in their own right, or if they have made the referral about the self-neglect concerns, then these should still be discussed and their concerns heard.

5.2. Factors to consider in engaging with family/informal carers:

- Ensure the person is aware and consenting to the proposed role of family/carer in his/her care/treatment plan
- Offer/carry out carer's assessment
- Involve the family/relative/carer in the development of any care & support plan. Consider if it's appropriate to invite carers to planning/discharge meetings
- Ensure that 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 & support
- Provide them with necessary training and information to do what is expected
- Monitor and review to ensure they understand & have the skills
- Explore the dynamics between family members - these may underpin the self-neglect & influence their decision-making
- Find creative solutions working with family members & other community resources

- Challenge informal carers (appropriately & safely) if there is reason to believe that the person is being manipulated or intimidated by them - concerns should be referred on to statutory agencies as appropriate
- Consider creative communication methods to promote good engagement that can be applied to ensure communication is effective with the individual, family members, carer and others.

5.3. Engagement techniques including hard to reach (include agreed prompts and best practice)

Multi-agency working with adults who fail to give consent

Before calling a multi-agency meeting consideration should be taken as to the level of risk and harm the self neglecting behaviour is causing to the individual.

(Source: 'Working with People whom Self Neglect Practice Tool' Research in Practice for Adults, January 2015)

Understanding the individual's experience of self-neglect

There are some key areas for inquiry that will help in understanding the factors at work in any individual situation.

What the practitioner needs to inquire into

- What is the person's own view of the self-neglect?
- Is the self-neglect important to the person in some way?
- Does the person have mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?
- Is the self-neglect intentional or not?
- Is the property where resident self neglecting owner occupied or tenant?
- Does practitioner need advice from environmental services? If so, contact 0161 474 4284
- Is the self-neglect a recent change or a long-standing pattern?
- What strengths does the person have – what is he or she managing well and how might this be built on? What motivation for change does the person have?
- Are there links between the self-neglect and health or disability?
- Is alcohol consumption or substance misuse related to the self-neglect?
- How might the person's life history, family or social relations be interconnected with the self-neglect?
- Does the self-neglect play an important role as a coping mechanism? If so, is there anything else in the person's life that might play this role instead?

Practitioner advice when engaging with people who self-neglect

It will be necessary to take time to build up trust, through persistence, patience and continuity of involvement. It is important to consider in multi-agency partnership settings which agency is best placed to work with an adult who is disengaging to build links and trust.

If a person has capacity, is refusing to engage and there remains on-going significant harm to a person's health, safety or wellbeing then consideration should be given to the benefits of convening a multi-

disciplinary meeting to ensure all available information is shared and powers and duties are considered. Again, this needs to be balanced and proportionate and take into account a person's right to self-determination. If a person lacks capacity the need for Court of Protection involvement should be considered.

If any agency is considering legal remedies, then a multi-agency meeting should be convened in most cases (unless a best interests decision is a factor) to ensure that all other potential options have been fully considered.

Research suggests that people who self-neglect or hoard appreciate the following in professionals working with them:

- Humanity/empathy
- Calm and understanding approaches
- Reliable/patient/honest
- Normalising self-neglect (neither dismissing it or treating it as exceptional)
- Recognising and working with strengths of individuals
- Recognising resilience and determination in individuals
- Understanding people's individual stories and reasoning
- Not walking away...respect for autonomy should not prevent you from challenging a person's life style if it is causing them harm
- A conversation and being challenged even if did not agree
- Work at individual's own pace - not being overly directive

The following approaches have sometimes been found useful:

The approach	Examples of what this might mean in practice
Building rapport	Taking the time to get to know the person; refusing to be shocked.
Moving from rapport to relationship	Avoiding knee-jerk responses to self-neglect; talking through with the person their interests, history and stories.
Finding the right tone	Being honest while also being non-judgemental; expressing concern about self-neglect, while separating the person from the behaviour.
Going at the individual's pace	Moving slowly and not forcing things; showing concern and interest through continued involvement over time.

Agreeing a plan	Making clear what is going to happen; planning might start as agreeing a weekly visit and develop from there.
Finding something that motivates the individual	Linking to the person's interests (for example, if the person is hoarding because they hate waste, link them into recycling initiatives).
Starting with practicalities	Providing small practical help at the outset may help build trust.
Bartering	Linking practical help to another element of agreement (for example, 'If I can replace your heater, would you go to see the doctor?').
Focusing on what can be agreed	Finding something to be the basis of initial agreement, which can be built on later.
Keeping company	Being available and spending time to build up trust.
Straight talking Finding the right person	Being honest about potential consequences. Working with someone who is well placed to get engagement - another professional or a member of the person's network.
External levers	Recognising and working with the possibility of enforcement

6.0. Safeguarding children: Self-neglect in family settings including children

If there are any children or young people in the home consider whether the clutter/cleanliness in the home is such that the child/children may be subject to risk, harm or neglect.

If in doubt, a referral should be made to children's safeguarding.

If the child is caring for the adult in any way they may be a young carer and consideration should be given to a referral to children's services for support for the young carer.

7.0. Self neglect and domestic abuse

Domestic violence can be so embedded into the pattern of family life that the victims, perpetrators and other family members may not define or recognise their experience as domestic abuse. Agencies should be careful not to narrow understanding of domestic abuse as only taking place between partners but also wider family members residing in same household, such as adult child and parent.

7.1. The Home Office definition of Domestic Violence and Abuse:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

This definition includes so called 'honour' based violence, Female Genital Mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Research in Practice for Adults (RIPFA) has further information, tools and training on working with coercive control <http://coercivecontrol.ripfa.org.uk/>

The Serious Crime Act 2015 creates a new offence of controlling or coercive behaviour in intimate or familial relationships. Controlling or coercive behaviour does not relate to a single incident, it is a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. Such behaviours might include:

- Isolating a person from their friends and family;
- Depriving them of access to support services, such as specialist support or medical services Depriving them of their basic needs;
- Taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep;
- Repeatedly putting them down such as telling them they are worthless;
- Enforcing rules and activity which humiliate, degrade or dehumanise the victim;

Cases where an informal carer is very involved in the person's care, can involve a complex mix of elements including controlling and coercive behaviour, dependency and self-neglect. In these cases it is important to: Have discussions with the adult who is self-neglecting separately in order to discuss any aspects of coercion

- Establish with the informal carer, how they perceive their caring role, what care and support they provide, what care and support they believe the person requires and if they need any support in their role as an informal carer - a carer's assessment should be offered.
- Consider if the case should be referred to MARAC.

8.0. The Inherent jurisdiction of the High Court and the Capacitous Adult

There will be circumstances in which practitioners should consider seeking legal advice regarding whether an adult with capacity requires legal protection from the consequences of the self-neglect especially where there is evidence of coercion, duress or undue influence or where the behaviours and beliefs leading to self-neglect are so entrenched as to render the adult unable to co-operate. A vulnerable adult who does not suffer from any kind of mental incapacity may nonetheless be entitled to the protection of the inherent jurisdiction if he is, or is reasonably believed to be, incapacitated from making the relevant decision by reason of such things such as constraint, coercion, undue influence or other vitiating factors.

9.0. Assessments, including risk assessments

Partner agencies will conduct a range of assessments according to their role and involvement with a person who may be self-neglecting or hoarding. Self-neglect is complex and it's important for all partners to agree that self-neglect is a very individual condition and generalisations should be avoided without consideration of personal circumstances or life history.

Sensitive and comprehensive assessment is important in identifying strengths and assets as well risks. Capabilities should be considered and not assumed or taken on face value. Can someone do what they claim? Make a meal for example.

It is important to adopt a practice of professional curiosity and explore where possible the significance of personal values, past traumas and social networks. Some research (such as, 'Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey,' by Hughes, Lowey, Quigg and Bellis, 2016) has shown that events such as loss of parents as a child, abuse as a child, traumatic experiences, and struggles with mental health and addiction to substances have preceded the person self-neglecting. The self-neglect could also be the result of domestic abuse (current, historic, including being witness to as a child).

9.1. Assessment in Adult Health and Social Care Contact Team

For any self-neglect referrals made to ASC, an initial risk assessment and decision at the (yet to be agreed) front end Adult Health and Social Care Contact Team is the first aspect of assessment and where an initial decision regarding the appropriate response to a referral is made.

General principles for assessing risk at the front end

As Health and Social Care Contact Team staff are not able to do face to face assessment when a referral is **first** intercepted and so staff will **initially** need to apply the general principles of this policy to a 'long arm' assessment process. This is the first step only and not the complete assessment of risk and it is intended that this is a triage to understand what intelligence may be available and which colleagues are best placed to make contact to further the full assessment. So, the first steps at triage should be to:

- Ensuring that where possible they will make contact with the individual and/or their representative/friend/family member to seek their views of the situation and level of risk
- Ensuring that as far as possible other services who are aware of the individual are contacted for their perspective on the situation and risk
- Applying a self-neglect risk assessment tool with a specific focus to the following issues;
 - Poor hygiene that is creating or could cause significant health issues
 - Significant health issues that are already causing or could cause high risk
 - Deterioration in health and weight loss
 - Lack of ability to care for basic requirements (hygiene, health and nutrition) and a refusal to accept any support
 - Isolation from family and friends
 - Home environment shows evidence of hoarding and/or squalor
 - Home environment compromises safety and wellbeing (examples include: leaking roof/windows/doors, faulty or compromised electrics, inadequate heat, unsecured doors
 - Possible coercion by informal carers leading to any of the above high risk concerns
- In the case of Police referrals, the contact team will conduct an initial screening of all welfare notices on the day they are received.

9.2. General principles for face-to-face assessment

It is important to consider who is best to engage the person to conduct an assessment – in cases of multi-agency response this may not necessarily be the lead agency, but could be a partner with experience of successful engagement. Creativity is required and careful consideration should be given to the method of making contact to ensure it is not perceived as impersonal or authoritative. Wherever possible the focus should be on restorative based conversation rather than standard letters which may be mistrusted or simply not opened. Home visits are important and practitioners should question if third party information or a telephone conversation is sufficient to make an informed assessment/decision.

It is important that the practitioner uses their professional skills and sensitivity to be invited into the person's house and observe for themselves the conditions of the person and their home environment. Discussion is required with the person of any causes for concern over the person's health and wellbeing and obtain the person's views and understanding of their situation and the concerns of others. The assessment should include the person's understanding of the overall cumulative impact of a series of small decisions and actions as well as the overall impact. Repeat visits might be required as well as ensuring that professional curiosity and appropriate challenge is embedded within an assessment.

It is important that when undertaking the assessment the practitioner does not accept the first, and potentially superficial, response rather than sensitively and appropriately (and often over a period of time) interrogating more deeply into how a person understood and could act on their situation.

10.0. Risk: levels of response and suggested practice: 1. single agency 2. Multi-agency 3. Section 42 enquiry

10.1. Single agency response

This level of response could involve one agency or a number of agencies working directly with the individual. This is the most likely response for low/moderate risk cases with engagement/partial engagement of the adult.

Incidents that are low risk would most likely be managed outside formal procedures and addressed through mechanisms such as engagement with the adult, supporting the person to address their concern, engagement with community activities, or access to health care and counselling - this approach could be most appropriate particularly where the adult is engaging with services to some extent and there is an expectation of decreasing the level of risk with continued engagement.

Professional judgment is key, any factor or issue may move a low risk case into a higher threshold which would warrant a more formalised multi-disciplinary response. *It is also important for agencies to make attempt to understand what other agencies, if any, are involved with the individual. Without this as standard practice it is possible that risk is not fully understood, or that another key partner may be struggling to engage without realising there is a functional 'way in' available.*

There may be a level of coordination required across the different agencies involved with the individual, in order to have a consistent approach in working with the person e.g. emails, telephone conversations, case updates etc. However, this level would not require a formalised multi-disciplinary meeting to assess and record significant risk. Most recording (which could include risk assessment) would be made in individual case files of the agencies involved and should include clear rationale for all decisions made.

10.2. Multi-agency response

A coordinated response across agencies through a multi-disciplinary meeting may be required for cases that are moderate to high risk with non-engagement or high risk with engagement, where one of the agencies involved feels that a more formal multi-agency meeting is required in order to:

- agree the lead agency which takes responsibility for updating risk documentation with full spectrum of risks identified by other partners
- assess risk
- share information
- agree an approach to working/engaging with the individual that is outlined in an action plan with clear monitoring/reviewing in place.

The person could either be receiving services or not and/or engaging with services or not.

A multi-agency meeting should be convened by the relevant lead agency. When this is adult social care this should be conducted through a locality multi-disciplinary meeting (MDT) coordinated by Stockport Together colleagues. Where drugs, alcohol or mental health comprise the primary issue, the practice should be convened by Pennine Care.

10.3. Self neglect - Section 42 enquiry

Professionals should consider whether there is a role for a section 42 enquiry, and whether that could lead to improve outcomes for the individual. If so, follow the guidance below:

This is a safeguarding level of response which would be supplementary to the MDT and would be appropriate where an adult is at significant risk and unable to protect themselves from harm - most likely to be appropriate where there are issues of fluctuating capacity and significant risk (moderate/high risk) with significant safeguarding concerns (which could include coercive behaviour from an informal carer).

The Care Act (2014) Statutory Guidance (section 14) states that safeguarding duties now apply to any adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) **and**
- is experiencing, or is at risk of, abuse or neglect **and**
- because of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect. (Clause 14.1 of the Guidance)

Under Section 42 of the Care Act, local authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what, if any, action is required to help and protect the adult at risk.

The decision to carry out a Section 42 Enquiry under the Care Act 2014 does not depend on the person's eligibility, but should be taken wherever there is reasonable cause to think that the person is experiencing, or is at risk of, abuse or neglect. This includes a history of Child Sexual Exploitation where there is on-going vulnerability and high risk.

The local authority must arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them (Clause 14.43 of the Guidance). The Care Act (2014) does not determine any thresholds of 'harm' against which a referral for safeguarding procedures is made. Once a self-neglect or hoarding case is within the safeguarding remit, a decision will be made in line with policies around the agency best suited to undertake the enquiries or work with the adult at risk. Adult Social Care retains the responsibility for co-ordination and having assurance that risk has been managed appropriately before any closure can take place.

Risk assessment in cases of hoarding should take into account the clutter image scale.

The case can be transferred out of a section 42 enquiry and into a multi-disciplinary process with MDT at any time if appropriate once an initial safeguarding meeting has been held.

Section 42 enquiries provide an opportunity for **brief interventions** with the adult at risk to obtain the outcome they have identified, while addressing areas of risk through the safeguarding plan.

Section 42 enquiries in relation to self-neglect and hoarding can include, but are not limited to

- Any enquiry into abuse and neglect that may have contributed to or precipitated the self-neglecting behaviour or hoarding
- Therapeutic responses, such as access to mental health, drug and alcohol services, bereavement services
- Brief interventions, particularly those that work to enable changes in attitude or behaviour and to handle underlying issues.

If an adult at risk refuses or declines an assessment, services or support, a risk assessment must be carried out to determine the level of seriousness of each identified risk.

- Intervention must be person-centred, involving the individual as far as possible in understanding the risk assessment and the alternatives for managing the risk.
- Information should be shared with other relevant professionals who may have a contribution to make in managing or monitoring the risks.
- Consideration must be given to the mental capacity of the individual and whether they require support in their decision making
- Following an assessment that the individual lacks capacity, best interest decisions need to be considered.

In cases where the individual refuses help and services and is seen to be at grave risk as a result, if an agency is satisfied that the individual has the mental capacity to make an informed choice on the issues raised, then that person has the right to make their own choices, even if these are considered to be unwise. **But, in cases of significant vulnerability there should be on-going attempts at engagement with the individual applying the principles outlined in this policy to monitor risk and continue to build up a relationship with the individual (see responses to refusal).** This should be coupled with consideration of all relevant legal avenues, such as inherent jurisdiction.

10.4. Safeguarding Adults Referral Criteria

- 1) A SAB must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if—
 - (a) there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and
 - (b) condition 1 or 2 is met.
- (2) Condition 1 is met if—
 - (a) the adult has died, and
 - (b) the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

- (3) Condition 2 is met if—
 - (a) the adult is still alive, and
 - (b) the SAB knows or suspects that the adult has experienced serious abuse or neglect.
- (4) An SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs).
- (5) Each member of the SAB must co-operate in and contribute to the carrying out of a review under this section with a view to—
 - (a) identifying the lessons to be learnt from the adult's case, and
 - (b) applying those lessons to future cases.

11.0. When to convene a multi-disciplinary meeting

11.1. A multi-disciplinary (MDT) meeting should be convened in the following circumstances:

- The adult has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect. As a result of those care and support needs the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect
- The adult **has** mental capacity to make unwise decisions and choices about their life, and the identified risks are high. If an individual has been found to **not have** capacity the lead agency needs decide, and show rationale for decision, whether a MDT or best interests meeting would be most appropriate.
- The adult's decision making means they are unable to protect themselves from the risk of serious abuse or neglect from themselves or others.
- The adult is not engaging with services/support, has capacity and remains a moderate/high risk.

11.2. A multi-disciplinary meeting provides an opportunity to:

- Identify with the adult at risk their wishes, views and beliefs - what outcome they want to achieve.
- Understand natural support assets available to the individual, along with strengths and positives in their life.
- Understand wider life circumstances, life journey and possible reasons for self-neglect. Also important to review is whether this is a repeat pattern, and to understand what interventions were successful in the past. Equally important is to review interventions that haven't succeeded to inform a different approach.
- Conduct appropriate assessments around capacity and best interest decisions. Decide who is best placed to do this – please note that this should be conducted by the colleague with the most functional relationship and the most likely to be successful in engaging. This is **not** necessarily the lead agency.
- Share information across agencies & form a shared assessment of risk.

- Establish a multi-agency risk management plan.
- Agree timeframe and mechanism for review.

11.3. Purpose and remit of a multi-disciplinary team meetings

The joint decision-making process/multi-disciplinary meeting should:

- Determine if the individual poses a significant risk to their own health and wellbeing and that of others or whether the risks are low/a matter of the individual choice around lifestyles/unwise choices.
- Consider if mental capacity is an issue, whether a formal capacity assessment is required and who is the best agency to undertake this.
- Assess the degree to which the individual is likely to engage with services.
- Assess the level of risk if not already done.
- Decide if further intervention is required and recommended next steps.
- Consider if the person is a carer or if there is a risk to any children.

Individual agencies will have their own risk assessment formats and policies relevant to their service area. Where available these need to be shared and discussed alongside all the other detail discussed in the meeting.

11.4. The agency co-coordinating the meeting will:

- Identify and invite all relevant partners to the MDT
- Ensure that the adult at risk is consulted and that their views and wishes are represented at the meeting
- Ensure that the views of family members are considered as appropriate and in line with the consent of the adult at risk
- In the case of a young adult or a CSE case there MUST be a priority to take into account information available through children's services and invite relevant colleagues
- Ensure that all agencies that have been involved with the adult at risk are consulted and invited to the meeting (including the voluntary sector)
- Ensure that a clear summary is made of the main points discussed, all recommendations, all decisions and the rationale for them
- Ensure that there is clarity about who is monitoring and updating on any identified risks
- Arrange a further meeting unless agreed by all parties this is not necessary
- Circulate minutes of the meeting.

11.5. All partner agencies invited should:

- Commit to attendance.
- Commit to undertake any recommendations where they are the appropriate agency to follow up.

11.6. Multi-agency decision making/monitoring and review

At this stage decisions must be made in partnership with all the relevant agencies, be formally documented and circulated to all the partners.

Decisions and actions proportionate to the level of risk and professional responsibility should be recorded. *A self-neglect assessment tool should be drafted and agreed by all agencies and should identify defined levels of risk.*

11.7. Outcome of intervention

The criteria for each risk level will be detailed in the risk assessment process.

Low risk agreed

- If the individual has capacity, is unwilling to engage and the immediate risks are deemed to be low, multi-disciplinary decision for some services to continue to engage with the individual and monitor the situation
- Multi-disciplinary decision that no further involvement is considered necessary at this point
- Record of the decision including a risk assessment & action plan and communication plan where appropriate
- Explanation of the decision rationale where no further involvement is considered necessary
- Update/inform any other relevant services/parties as appropriate including carers and relatives where permission has been given
- If agencies disagree about any on-going involvement with the individual, this should be discussed and a decision made at the meeting
- Ensure the individual and their carers or agencies (as appropriate) know how and who to refer to if circumstances change (this would need to be agreed at the meeting).

If the individual lacks capacity, but the risks are deemed low:

- A best interest's decision will be needed, to help make a decision about further actions.
- Where capacity fluctuates ensure an advance plan is made with the person when they have capacity to cover decision for when they lack capacity.

Moderate/high risk agreed

If the risks to the safety and wellbeing of the individual and/or others are assessed as moderate/high suitable approaches might include:

- Clear recording of the identified risks with the views and wishes of the individual
- A clear plan of action with named individuals/agencies responsible for actions

- A clear time frame to monitor & review with named individuals/agencies responsible

Critical risk agreed

If the risks to the safety and wellbeing of the individual and/or others are deemed critical:

- Ensure there is legal representation at the meeting to ensure all reasonable legal options have been explored
 - NB The outcome may be one which confirms that the agencies involved have undertaken all reasonable steps within their powers.
- Ensure there are carefully documented minutes of the meeting outlining the risks and decisions taken and any legal framework used in the decision (including clear documentation of capacity issues)

It is essential that all those who are involved in working with the individual, whether in a paid or voluntary capacity, have the opportunity to raise concerns and voice their views about the level of risk for the individual - each person will bring a different perspective and have seen a different side to the self-neglect situation. If some agencies still feel that there is too much risk to walk away from the case and close on-going monitoring, then the multi-disciplinary meeting needs to consider if there is a need for an agreed method of engagement with the individual to monitor and review the situation or simply to build up a more believing relationship that may lead to engagement with services in the future.

A referral under safeguarding adults could be made alongside convening a multi-disciplinary meeting or be the result of the meeting.

12.0. Ending Involvement

Hopefully, involvement will end when the adult's situation has improved and in consultation with them or their representatives. However, in some cases no significant improvements will have been made.

The extent of efforts made or attempts to engage should be proportionate to the known presenting risks so it may be that after all reasonable and proportionate attempts to engage with a capacitated adult are exhausted, then it may be reasonable not to intervene further, as long as:

- No-one else is at risk
- Their 'vital interests' are not compromised (consider whether any immediate risk of death or major harm, a serious crime may have been committed, or whether they are being coerced)

Wherever possible there should have been an ongoing conversation with the adult in order for them to: weigh up the risks and benefits of options; be aware of the risk and possible outcomes; confirm the level of risk they are taking; and to offer advocacy or other appropriate support.

Where concerns continue any withdrawal of involvement must be done after discussion at an appropriate level and with appropriate involvement of the relevant agencies. In the case of withdrawal of a single agency, discussion is likely to be at a senior level within the organisation and where other agencies are involved, they must be involved or informed as necessary.

For those cases managed in a multi-agency environment including under the safeguarding procedures the decision to withdraw must be made after multi-agency discussion. This decision should also record any points agreed for onward monitoring and how a potential positive change in the adult's willingness to engage in the future may be responded to. Prior to withdrawal, risks should be reviewed in relation to safeguarding thresholds. Where there are grave and ongoing risks relating to an adult with care and support needs and the safeguarding process has confirmed that withdrawal is appropriate, the circumstances should be reported to the SAB.

Appendix A – Characteristics of Self Neglect

In June 2017, a group of representatives from relevant services in Stockport met and agreed the following signs and characteristics of self-neglect

It was agreed that these may include but are not limited to:

- Dehydration, malnutrition, obesity (particular when related to loneliness, pressure sores, can be life threatening)
- Untreated medical conditions or refusal to take medication
- Poor personal hygiene including dental hygiene
- Poor physical and/or mental health
- Hazardous living conditions e.g. hoarding, improper wiring, no indoor plumbing, no heat, and no running water, insecure.
- Unsanitary living quarters e.g. filthy and verminous conditions, animal / insect infestation, no functioning toilet, excrement present. Potential neglect of animal's needs.
- Inappropriate and / or inadequate clothing, lack of the necessary medical aids e.g. glasses, hearing aids, dentures
- Grossly inadequate housing or homelessness. It was agreed to have a wider definition of inadequate housing to include rough sleeping, hidden homeless and wider acknowledgement that whilst a person may technically be 'adequately housed', it may not be appropriate for needs and may compound self-neglect
- Anti-social behaviour
- Failure to manage finances/access benefits
- Failure to have social contact
- Street working
- Alcohol and drug misuse
- Criminal behaviour
- Often there is a combination of several of the above and additional conditions such as autism and personality disorder can further impede understanding. For example, for someone with autism, what seems to be a choice is actually avoidance and it is essential that assumptions are not made (not taking insulin for example may be avoidance and much more complex than 'choosing' not to). In the case of personality disorder, this can provide a further challenge to engagement, particularly when presenting with autism with potential for verbal abuse to staff and a lack of wider support around decision making.

At a further meeting and in response to case examples we agreed to expand definition of self-neglect to include unwise 'choices' made by a young adult who had been sexually exploited as a child. There was agreement that these are not normalised choices, and we needed to take account of the fact that the biggest influencer in some people's lives who have experienced CSE is an abusive figure. A sense of 'normality' and normalised choices in distorted and should not be used as a basis for dismissing some decisions as 'choices'. One example is use of drugs. If the individual has been given drugs as part of the exploitation and these contribute to self-neglect in adulthood, the usage of drugs should not be deemed a choice when no other way of being has been known and the drugs are the basis for ongoing manipulation.

What is meant by the term "hoarding"?

There is now a clinical definition of "hoarding disorder", which is 'A psychiatric disorder characterised by persistent difficulty discarding or parting with possessions, regardless of their actual value resulting in significant clutter that obstructs the individual's living environment and produces considerable functional impairment.'

This usually includes the following:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe 'cluttering' of the person's home so that it is no longer able to function as a viable living space;
- Significant distress or impairment of work or social life

What should practitioners do if they have any concerns about a person self-neglecting or hoarding?

If a practitioner is concerned that a person is self-neglecting and / or hoarding and that this is placing the person at significant risk they should:

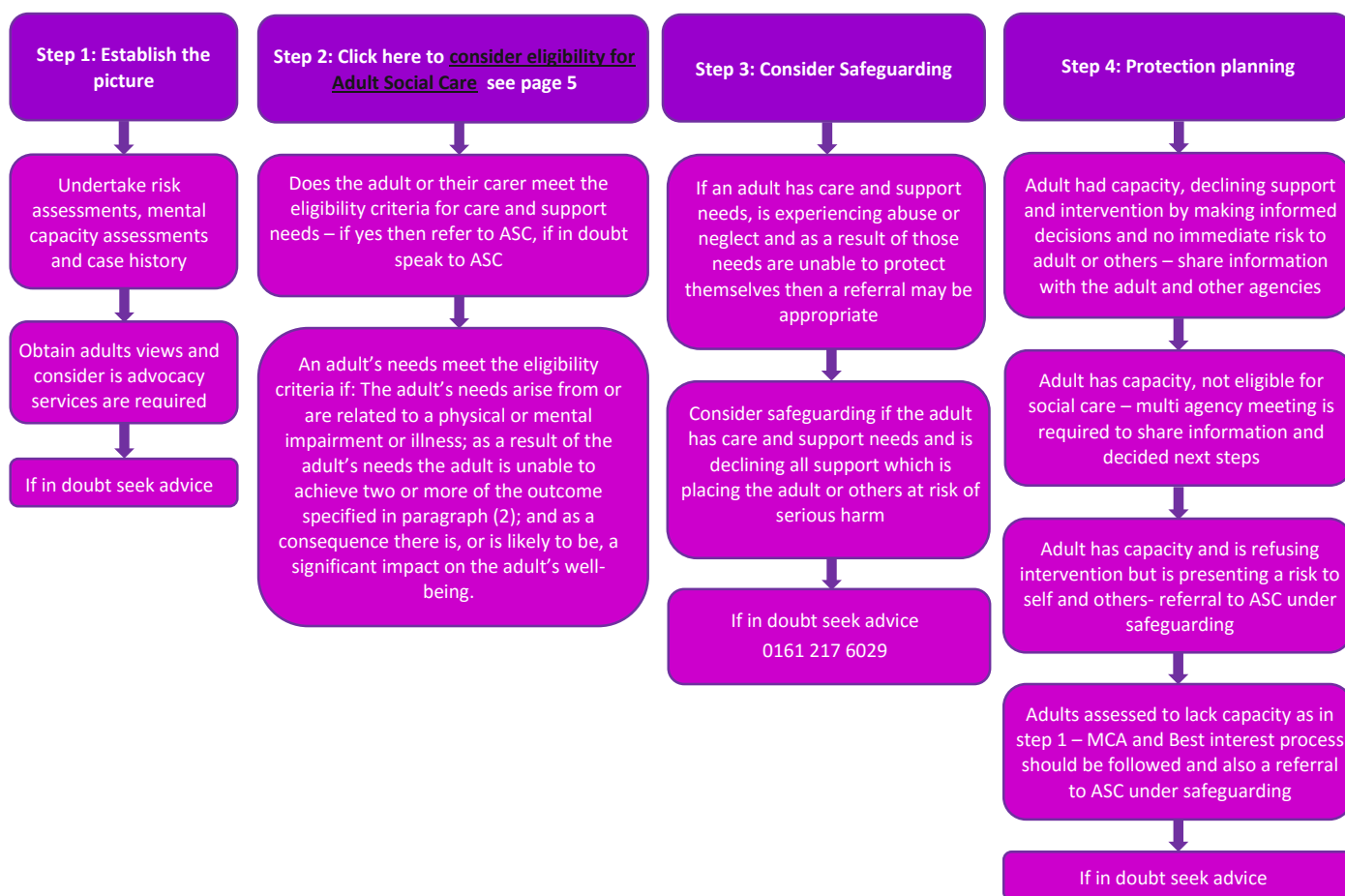
- Explain to the person that they are concerned and that they will have to pass their concerns on to their manager or appropriate professional (such as the person's Social Worker). This should also include an explanation of the reasons for passing on the concern.
- Explain to the person that they will be fully involved in any assessments or decision making processes, and that the approach taken will be person centred and focused on the outcomes that they want to achieve.
- Respond to any immediate risks – for example if someone who hoards has a two-bar electric fire next to a pile of papers, you could suggest moving the fire or replacing it with a heater that is less likely to cause fires in the property.
- Show empathy, for example by using the terms that the person uses to describe their belongings – if they refer to these as their "possessions" use this term rather than referring to cluttered piles as "rubbish".

Appendix B – Self Neglect and Hoarding practitioner’s two page guide

In relation the Multi-Agency procedures the image below provides a brief overview of expectations. Further practice guidance can be found within the SSAB Guidance for Practitioners responding to Self Neglect. Professionals should be prepared by their individual agency to recognise and respond to risk in practice. This document in no way seeks to replace internal practice guidance or training in relation to self-neglect and Hoarding.

Key points to consider

- Address any immediate risks to the adult; also consider any risks to others such as children or other adults at risk. Any safeguarding concerns around adult please do not ignore it. The Adult Social Care Team is the first point of contact. You can contact them on 0161 217 6029 If a child is at risk, refer to children’s services, Contact can be made direct on 0161 217 6028 (Out of Hours 0161 718 2118)
- Assess mental capacity and where required best interest decision making process
- Develop and build a positive relationship and consider engagement techniques with individuals that may be hard to reach
- Discuss with the adult what their wishes and feelings are and what do they want to happen
- Clarify and enquire if there is any involvement with any other individuals or agencies to ensure appropriate information sharing
- Document consent, and any risk assessment, capacity assessments, conversation with other, decisions made and any actions taken
- If in doubt escalate to your manager or safeguarding team



Hoarding

To ensure that we work in line with other professionals, the Clutter Image Rating (CIR) was developed by psychologists specialising in the treatment of people with hoarding disorder.

(GMFRS – hoarding, prevention and protection guidance (GMFRS -26-193))

LEVEL 1 CLUTTER IMAGE RATING 1 - 3	LEVEL 2 CLUTTER IMAGE RATING 4 – 6	LEVEL 3 CLUTTER IMAGE RATING 7 - 9
<p>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.</p> <p>1. Property structure, services & garden area All entrances and exits, stairways, roof space and windows accessible. All services functional and maintained in good working order. Garden is accessible, tidy and maintained</p> <p>2. Household Functions No excessive clutter, all rooms can be safely used for their intended purpose. All rooms are rated 0-3 on the Clutter Rating Scale No additional unused household appliances appear in unusual locations around the property Property is maintained. Property is not at risk of action by Environmental Health.</p> <p>3. Health and Safety Property is clean with no odours, (pet or other) No rotting food No concerning use of candles No concern over flies Residents managing personal care No writing on the walls Quantities of medication are within appropriate limits, in date and stored appropriately.</p> <p>4. Safeguard of Children & Family members No Concerns for household members</p> <p>5. Animals and Pests Any pets at the property are well cared for No pests or infestations at the property</p> <p>6. Personal Protective Equipment (PPE) Household environment is considered standard. No PPE required No visit in pairs required.</p>	<p>1. Property structure & services Only one major exit is blocked Only one of the services is not fully functional Concern that services are not well maintained Garden is not accessible due to clutter, or is not maintained Evidence of light structural damage including damp Interior doors missing or blocked</p> <p>2. Household Functions Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. Clutter is causing congestion between the rooms and entrances. Some household appliances are not functioning properly and there may be additional units in unusual places. Evidence of outdoor items being stored inside</p> <p>3. Health and Safety Kitchen and bathroom are not kept clean Offensive odour in the property Resident is not maintaining safe cooking environment Some concern with the quantity of medication, or its storage or expiry dates. No rotting food Resident trying to manage personal care but struggling</p> <p>4. Safeguard of Children & Family members Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding Alert. Please note all additional concerns for householders Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.</p> <p>5. Animals and Pests Pets at the property are not well cared for Resident is not able to control the animals Animal's living area is not maintained and smells Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)</p> <p>6. Personal Protective Equipment (PPE) Latex Gloves, boots or needle stick safe shoes, P3 particle mask hand sanitizer, insect repellent. PPE required</p>	<p>Household environment will require a collaborative multi agency approach involving a wide range of professionals. This level constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents.</p> <p>1. Property structure, services & garden area Limited access due to extreme clutter outside the property Garden not accessible and extensively overgrown Services not connected or not functioning properly Property lacks ventilation due to clutter Evidence of structural damage including damp Interior doors missing or blocked open Evidence of indoor items stored outside</p> <p>2. Household Functions Clutter is obstructing the living spaces and preventing the use of the rooms for their intended purpose. Beds inaccessible or unusable due to clutter or infestation Entrances, hallways and stairs blocked or difficult to pass Toilets, sinks not functioning or not in use Resident at risk due to living environment Household appliances are not functioning or inaccessible Occupier has no safe cooking environment Occupier is using candles No evidence of housekeeping being undertaken Concern for declining mental health Property is not maintained Property is at risk of notice being served by Environmental Health</p> <p>3. Health and Safety Human urine and or excrement may be present Excessive odour in the property, may also be evident from the outside Rotting food may be present Evidence of unclean, unused and or buried plates & dishes. Broken household items not discarded e.g. broken glass or plates 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</p> <p>4. Safeguard of Children & Family members Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. Please note all additional concerns for householders</p> <p>5. Animals and Pests Animals at the property at risk due to the level of clutter in the property Resident may not be able to control their animals Animal's living area is not maintained and smells Hoarding of animals at the property Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) Visible rodent infestation</p> <p>6. Personal Protective Equipment (PPE) Latex Gloves, boots or needle stick safe shoes, P3 particle mask, hand sanitizer, insect repellent. Visit in pairs required</p>

Clutter Image Rating: Bedroom

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



Appendix C – Self-Neglect Legal Literacy

Legal advice should be sought in individual cases by professionals as appropriate. To support practice a brief overview of relevant legislation and its impact on practice is collected below:

AGENCY	LEGAL POWER AND ACTION	APPLICATION
High Court	<p>Inherent jurisdiction of the High Court: The High Court has powers to intervene in cases whereby an individual may still have capacity but may be under undue influence of others or at serious risk. But it should be noted that the presumption is always to protect the individual’s human rights. Legal advice should be sought before taking this option.</p>	<p>In extreme cases of neglect, where a person with capacity is at risk of serious harm or death and refuses all offers of support or interventions or is unduly influenced by someone else, taking the case to the High Court for a decision could be considered.</p>
Local Authority and Police	<p>Human Rights Act, Article 8: Right to respect for private and family life ‘Everyone has the right for private and family life, their home and correspondence.....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’.</p>	<p>In self-neglect cases article 8 restrictions allow (or prevent) public authorities interference with the persons private and/or family life, dependent on whether it can be shown that the action has a proper basis in law, and is necessary and proportionate in order to do so. ‘Basis in law’ means properly using a particular piece of legislation to achieve the aim, ‘necessary and proportionate’ responses are ones that are no more than is required to achieve the necessary aim and not excessive in the circumstances.</p>
	<p>Protection of property (Protocol 1, Article 1, Human Rights Act) ‘Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one shall be deprived of his possessions except in the public interest and subject to the conditions provided for by law’.</p>	<p>In self-neglect cases article 1 restriction can allow interference by the state in the right to peaceful enjoyment of property, for example, by restricting the use of it or by taking it away, but would only be possible where the authority can show that its action has a proper basis in law and it is necessary in the public interest. The threshold applied by Courts can be</p>

		very high in order to prevent unnecessary intervention by the state.
All Agencies	<p>Mental Capacity Act 2005: Section 4 Best Interests If a hoarder has been assessed as lacking capacity regarding their hoarding then a best interest’s decision can be taken on their behalf.</p> <p>Depending on the situation, an application may be required to be made to the Court of Protection, please seek legal advice. This applies whether decisions are life changing events or more every day matters and is relevant to adults of any age, regardless of when they lost capacity.</p> <p>The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests. Details of the Acts principles can be found here: http://www.scie.org.uk/mca-directory/keyprinciples.asp</p>	<p>Professionals are advised to develop effective working relationships with those that self-neglect and hoard in order to empower them to address the evident risks and concerns. However, the Mental Capacity Act gives professionals the authority to override the wishes of people who lack capacity to make a decision about specific matters if this is in their best interests and a proportionate response to the harm that would otherwise occur.</p> <p>In assessing capacity it is important to be aware that people can be articulate and superficially convincing regarding their decision making but when probed about their behaviour are unable to identify risks and indicate how they are able to address the concerns of others.</p>
Local Authorities and all Agencies	<p>The Care Act 2014 : Section 9: Assessing an adult’s needs for care and support The offer of an assessment should be made to the adult because it will likely appear to the local authority that the adult may have care and support needs.</p> <p>Section 42: Safeguarding Hoarding may qualify as self-neglect and also pose a safeguarding risk to others, for example other family or carers. Please note that this Act does not provide a right of entry.</p>	<p>Councils have a legal duty to assess needs where a concern has been raised about a person’s health and wellbeing. All agencies can raise a Safeguarding Concern. However it should be noted that Care Act Statutory Guidance (link) was revised in March 2016 to recognise that not every case of self-neglect is a safeguarding matter due to the absence of “abuse or neglect” by a third party. Therefore not every case will meet requirements to raise a safeguarding concern.</p>

<p>Environmental Health Telephone: 0161 474 4284</p>	<p>Public Health Act 1936 Section 83: Cleansing of filthy and/or verminous premises Where any premises is found to be; In such a filthy or unwholesome condition as to be prejudicial to health; or verminous (relating to rats, mice other pests including insects, their eggs and larvae) Then the LA can serve a notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within a specified time period. This is generally a minimum of 21 days. If not complied with, Environmental Health (EH) can carry out works</p>	<p>This is often where there is a lack of engagement or co-operation of occupier to address significant hoarding behaviour that has led to infestations of vermin etc. There must be likelihood of adverse health effect to occupant or rodents or insects present. There may also be complaints from neighbours which must be investigated by the Council</p>
	<p>Section 79: Power to require removal of noxious matter by occupier of premises</p>	<p>This is seldom used as there is more appropriate legislation. If it is used it would generally be in respect of outdoor areas. Allows the cost to be recharged.</p>
	<p>Section 84: Cleansing or destruction of filthy or verminous articles Any article that is so filthy as to need cleansing or destruction in order to prevent injury to persons in the premises or is verminous.</p>	<p>The Local; Authority can serve notice requiring the identified article to be cleansed, purified, disinfected or destroyed at their expense. This section is also seldom used, if it were to be used it would be in conjunction with action taken under section 83.</p>
	<p>Environmental Protection Act 1990 Section 79: Statutory nuisances and inspections therefor. Statutory Nuisances (SN) are defined in Section 79 of the Act and include the following:</p> <ul style="list-style-type: none"> • any premises in such a state as to be prejudicial to health or a nuisance • fumes or gases emitted from [private • any accumulation or deposit which is prejudicial to health or a nuisance 	<p>‘Nuisance’ means something which interferes with another’s land (or more rarely the population at large). To apply premises must be in such a state that they are prejudicial to healthy or a nuisance to neighbours. This may be from condition of the premises, accumulations, deposits or even animals kept in unsanitary conditions.</p> <p>Intervention often prompted by complaints from neighbours. For exceptional situations where widespread nuisance to neighbours continues after intervention and usually after service of notice.</p>

	<ul style="list-style-type: none"> any animal kept in such a place or manner as to be prejudicial to health or a nuisance <p>Section 80: Summary proceedings for statutory nuisances.</p> <p>Where a local authority is satisfied that a statutory nuisance exists, or is likely to occur or recur, in the area of the authority, the local authority shall serve a notice (“an abatement notice”) imposing all or any of the following requirements—</p> <ul style="list-style-type: none"> requiring the abatement of the nuisance or prohibiting or restricting its occurrence or recurrence; requiring the execution of such works, and the taking of such other steps, as may be necessary for any of those purposes; <p>and the notice shall specify the time or times within which the requirements of the notice are to be complied with. Appeal provisions are in place. Environmental Health (EH) can also carry out works in default and recharge the costs.</p>	<p>It is the duty of every local authority to cause its area to be inspected from time to time to detect any statutory nuisances which ought to be dealt with under section 80 and, where a complaint of a statutory nuisance is made to it by a person living within its area, to take such steps as are reasonably practicable to investigate the complaint.</p> <p>Can be used in cases of owned property.</p>
<p>Environmental Health cont’d Telephone: 0161 474 4284</p>	<p>Housing Act 2004</p> <p>Identifies that local housing associations have the responsibility to assess hazards –category 1 (serious and immediate risk) and 2 (less serious or urgent risk). If these are found then they have to assess the probable harm outcomes and likelihood of occurrence. Where hazards are found the Local Authority can do the following:</p> <p>Section 11 – serve an improvement notice Section 20 serve a prohibition order Section 28 serve a hazard awareness notice Section 40 & 43 take emergency remedial action or emergency prohibition</p>	<p>If homes have damp, mould, pests (rats, mice or cockroaches), ineffective heating, faulty wiring or fire risks then they will potentially have hazards.</p> <p>This can mean the Local Authority can carry out an assessment and explore options that might encourage someone to improve their home conditions. For a list of the 29 Hazards assessed against see the link below: http://www.staffordbc.gov.uk/housing-health-and-safety-rating-system-the-29-hazards</p>

	<p>Prevention of Damage by Pests Act 1949 Section 4: Power of LA to require action to prevent or treat rats and mice Notice may be served on the owner or occupier of land/ premises where rats and/or mice are or may be present due to the conditions at the time. However there is no power of entry available under this section, so if refused access to carry out works in default the LA are unable to enter.</p>	<p>Powers usually used for accumulations of rubbish or items attracting/ harbouring rodents on private land. This is usually used for external parts of property e.g. gardens.</p> <p>The notice served on the owner or occupier would specify a reasonable period of time in which to carry out reasonable steps to eradicate the rats/mice from the land/premises.</p> <p>This could entail pest control treatment, requirement to remove materials that may feed or harbour them and carry out necessary structural works.</p> <p>The LA may carry out works in default if the Notice is not complied with and charge for this.</p>
<p>Social Landlords including Councils and Housing Associations</p>	<p>Injunctive or possession proceedings by Landlord for breach of tenancy or lease conditions under relevant Housing Acts depending on type of tenure</p>	<p>Enforcement of tenancy conditions can include an injunction (a court order to comply with the conditions of the tenancy, breach of which can lead to a fine) or a possession order to evict the tenant from the property for breach of tenancy conditions related to the hoarding.</p> <p>This can include damage to the premises and nuisance caused to the Landlord and/or neighbours.</p> <p>However, this will likely be a last resort in cases where continued habitation is not possible. The eviction of the person self-neglecting is unlikely to resolve the problem – simply move it elsewhere.</p>
<p>Police</p>	<p>Power of Entry – (S17 of Police and Criminal Evidence Act) Person inside the property is not responding to outside contact and there is evidence of danger.</p>	<p>Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb.</p>

<p>Housing</p>	<p>Anti-Social Behaviour, Crime & Policing Act 2014 A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in anti-social behaviour.</p>	<p>Conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. “Housing-related” means directly or indirectly relating to the housing management functions of a housing provider or a local authority</p>
<p>Fire Rescue Service</p>	<p>Prohibition or Restriction of use Article 31 Regulatory Reform (Fire Safety) Order 2005 Dangerous conditions can be reported or discovered by station personnel during an operational risk visit, following attendance at an operational incident, or by a Fire Protection Inspector (FPI) subsequent to a complaint or during a routine audit. The fire brigade can serve a prohibition or restriction notice to an occupier which will take immediate effect. In some circumstances this can apply to domestic premises including single private dwellings where the appropriate criteria of risk to relevant persons apply.</p>	<p>If a premise involves such risk to persons so serious that the use of the premises ought to be Prohibited or Restricted notice can be served on the responsible person (owner/occupier). In order to document the appraisal of the risk the FPI must ensure that a Fire Safety Audit form is completed in all potential Article 31 cases. The audit form should be used to confirm the deficiencies contributing to the overall risk and may be used in evidence in any subsequent prosecution or appeal.</p>
<p>Animal Welfare agencies such as RSPCA</p>	<p>Animal Welfare Act 2006 Offences (Improvement notice) Education for owner a preferred initial step, Improvement notice issued and monitored, If not complied can lead to a fine or imprisonment</p>	<p>Cases of Animal mistreatment/ neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met.</p>
<p>Mental Health Services, Police, Health, Housing and Local Authority</p>	<p>Mental Health Act 1983 Section 135(1) This allows professionals to remove someone to a place of safety for a mental health assessment – frequently referred to as being sectioned. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor.</p>	<p>Evidence must be taken to court by an AMHP that there is reasonable cause to believe that a person</p> <ul style="list-style-type: none"> • Is suffering from mental disorder, and is being • Ill-treated, or • Neglected, or

	<p>If they believe the above may be applicable and then remove the individual to a “Place of safety” this can be a station or hospital. This then allows for doctors to seek a section for 72 hours whilst assessments are carried out under the Mental Health Act.</p> <p>https://www.rethink.org/resources/s/section-135-factsheet</p>	<ul style="list-style-type: none"> • Being kept other than under proper control, or • If living alone is unable to care for self <p>And that the action is a proportionate response to the risks involved.</p>
	<p>Section 4 of the Mental Health Act 1983. Used in emergency situations. In any case of ‘urgent necessity’. The criteria for detention mirror Section 2 but Section 4 may be used in cases of emergency where it has not been possible to secure an assessment by a second doctor.</p> <p>This section expires after 72 hours unless a second medical recommendation is received within this time period.</p>	<p>In any case of ‘urgent necessity’ an application may be made by an AMHP or Nearest Relative and founded on one medical recommendation made by, if practicable, a doctor with previous knowledge of the person or a Section 12 approved doctor, they must have seen you within the last 24 hours.</p> <p>A person can be detained under a s4 if:</p> <ul style="list-style-type: none"> • they need an assessment or possible medical treatment; and • they need to be detained in the interests of their own health, own safety or to protect other people; and • it is urgent and necessary that they are admitted and detained under section 2; and • using section 2 would involve an "undesirable delay" - meaning it might take longer than normal to carry out a s2 assessment
	<p>Mental Health Act 1983: Section 2: Admission for Assessment This section would allow a hoarder to be admitted to hospital against their will if:</p> <ul style="list-style-type: none"> • They suffer from a mental disorder to the degree which warrants their detention in hospital for a 	<p>An application for admission to hospital under s2 must be made by an AMHP or the nearest relative. This must be done within 14 days of making this application and involve 2 doctors.</p>

	<p>limited period of time for the purposes of assessment; and</p> <ul style="list-style-type: none"> • They ought to be detained for their own protection or the protection of others <p>Please note there is a power of entry by the police on grant of a warrant.</p>	<p>This can allow detention for up to 28 days during which time a decision to release or transfer to section 3 would be required. Under this section treatment can also be given, with some exceptions.</p>
	<p>Section 3 of the Mental Health Act 1983 Often used when the person is well known to mental health services this section requires the same principles noted under section 2 and involves the same processes of application.</p> <p>This section allows for the person to be detained for up to 6 months with the option to be renewed for a further 6 months. For further details on Sections 2-4 please use the following link</p>	<p>Same as s2 - An application is made by an AMHP or nearest relative, within 14 days of seeing you. 2 separate doctors will then see the individual, one with specialist training and within 5 days of each other.</p> <p>Admission to hospital will take place within 14 days of the last medical assessment.</p>

Further Resources

SCIE Report 46: Self-neglect and adult safeguarding: findings from research. 2011 - Indicates that intervening successfully depends on practitioners taking time to gain the adults trust and build a relationship, and going at their own pace.

SCIE Tenants who self-neglect; Guidance for frontline housing staff and contractors SCIE Self-neglect policy and practice: research messages for practitioners. 2015.

Understanding Principles of Effective Responses

SCIE¹ research into self-neglect practice is clear that there are key aspects to an effective approach in practice, based on views of professionals and service users and identifies:

¹ <http://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/files/report69.pdf>