



Gloucestershire
Safeguarding Adults
Board

Gloucestershire Safeguarding Adults Board

Adult Self-Neglect Best Practice Guidance

Responding to self-neglect concerns and
enquiries for adults with care and support needs in
Gloucestershire.

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1. About this document

- 1.1. This document outlines guidance for dealing with issues and concerns of self-neglect in relation to adults with care and support needs.
- 1.2. This document needs to be read in conjunction with the Gloucestershire Adult Safeguarding policy and procedures.
- 1.3. As with all safeguarding concerns, the 6 key principles outlined in the Care Act Statutory Guidance should underpin all work with people in situations of self-neglect-
 - Empowerment
 - Prevention
 - Proportionality
 - Protection
 - Partnership
 - Accountability
- 1.4. This guidance draws on the research published by SCIE; [Self-neglect policy and practice: building an evidence base for Adult Social Care](#), Suzy Braye, David Orr and Michael Preston-Shoot, SCIE Report 69, September 2014.
- 1.5. This guidance does not include issues of risk associated with deliberate self-harm. If self-harm appears to have occurred due to an act of neglect or inaction by another individual or service, consideration should be given to raising a safeguarding adults concern with Adult Social Care.

2. Introduction

- 2.1. Self-neglect can be a result of a conscious decision to live life in a way that may impact negatively on a person's health, wellbeing or living conditions and on other people's environments. Often in these circumstances people may be unwilling to acknowledge there might be a problem or be open to receiving support to improve their circumstances.
- 2.2. There are various reasons why people self-neglect. Some people have insight into their behaviour, while others do not; some may be experiencing an underlying condition, such as dementia.
- 2.3. The person's needs and situation will need to be assessed to establish the facts of the situation, the nature and extent of the concern, and what action, if any, should be taken.
- 2.4. Often people who self-neglect do not want help to change, which puts themselves and others at risk, for example through vermin infestations, poor hygiene, or fire risk from hoarding. However self-neglect is not restricted to environmental neglect or hoarding and may take other forms; individuals may

also neglect their health needs to the point where they place themselves at risk of serious harm or death (see "KH", Appendix 1).

- 2.5. However, improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help, research has shown that they rarely go back to their old lifestyle, although this sometimes means receiving help over a long period. This may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

3. The Legal Framework: The Care Act and Self-Neglect.

- 3.1. The Care Act 2014 (statutory guidance updated March 2016) included self-neglect as a category of abuse and neglect, and so the adult safeguarding duties outlined in the Care Act apply equally to cases of self-neglect. However, in relation to self-neglect, the Care Act statutory guidance acknowledges:

"This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support."¹

- 3.2. This guidance is based on the premise that:

- where an adult is engaging with and accepting assessment or support services that are appropriate and sufficient to address their care and support needs (including those needs relating to self-neglect), then the adult is not demonstrating they are "unable to protect themselves" from self-neglect or the risk of it. In such circumstances, usual adult assessment and support service provision will be the most proportionate and least intrusive way of addressing the self-neglect risks. In these circumstances, the duty and need to undertake enquiries under section 42 of the Care Act will not be triggered or necessary. See Appendix 3 for a flowchart that outlines a suggested approach.

¹ Care & Support Statutory Guidance. Para 14.17.

3.3. The Care Act 2014 places specific duties on local authorities in relation to abuse and neglect, including self-neglect:

(i) **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, abuse and neglect (including self-neglect).

This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment.

(ii) **Enquiry-**
(Care Act Section 42)

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 abuse or neglect (including self-neglect), and,
- as a result of those needs is unable to protect himself or herself against abuse, or the risk of it.

3.4. The Care Act and Making Safeguarding Personal have set out guiding principles to consider when engaging with individuals who may self-neglect or hoard:

- Start with the assumption that the individual is best placed to judge their wellbeing
- Pay close attention to individual's views, wishes, feelings and beliefs
- Preventing or delaying development of needs for care and support and reducing needs that exist
- The need to protect people from abuse and neglect.

Utilising the above principles enables practitioners to work in line with **Making Safeguarding Personal**. This ensures that any enquiry completed in relation to self-neglect is outcome focused, is in line with the adults wishes rather than process driven and puts involvement of the adult at the heart of intervention; 'Nothing about me, without me.'

4. Best practice guidance

4.1. What is self-neglect?

Most social care and health professionals have encountered adults who are neglecting themselves. It can be difficult to define and can sometimes be a matter of opinion based on pre-conceived societal norms.

Definition-

There is no one accepted and universally known definition of self-neglect. However, the following is commonly used and a useful starting point:

'Self-neglect is defined as 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.'

(Gibbons, S. 2006. 'Primary care assessment of older people with self-care challenges.' *Journal of Nurse Practitioners*, 323-328.)

The Care Act statutory guidance defines self-neglect as;

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

4.2. Models of self-neglect

There is a consensus in the research on the main characteristics of self-neglect and the approach practitioners should take when working with people who are deemed to be neglecting themselves. There is less consensus as to why people self-neglect.

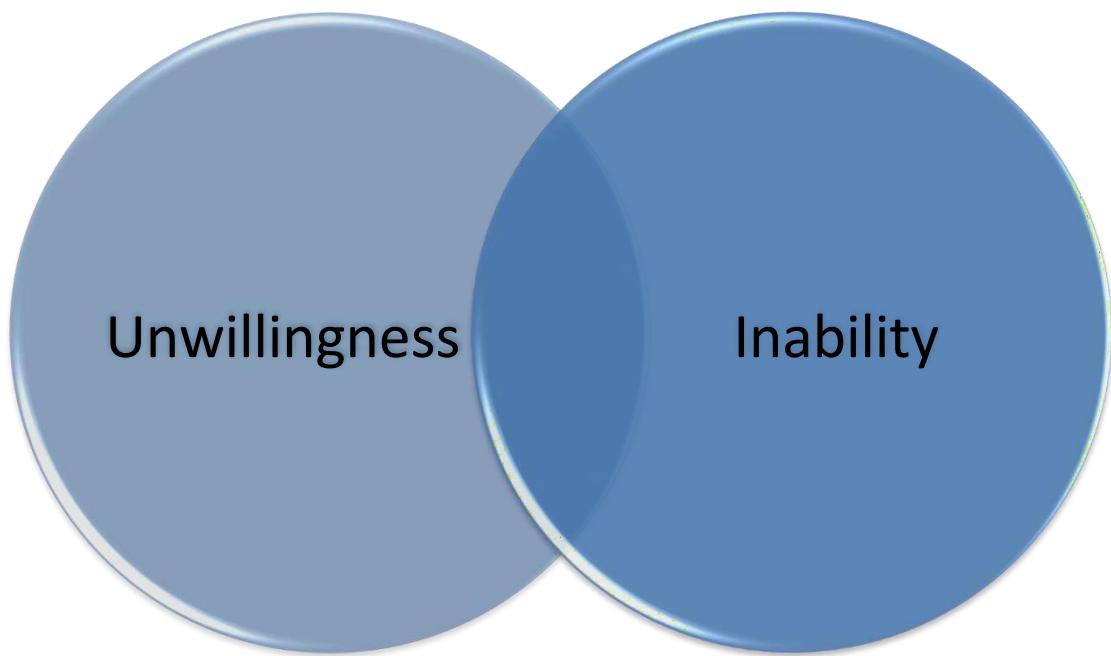
Self-neglect is usually a symptom of other problems including;

- Deteriorating physical health
- Onset of depression or other mental health need
- Response to trauma
- Change in social networks or income
- Personal identity and philosophy

Self-neglect and hoarding needs to be understood in the context of the individual's life experience.

Research in Practice for Adults (RiPFA) use the following diagram to show how self-neglect;

- Arises from either an unwillingness or inability to care for oneself, or both
- Is interlinked where inability arises from the care and support needs of the individual.



Research published by the Social Care Institute of Excellence² identified six overarching themes with people who self-neglect:

- Demotivation stemming from other factors;
- Other priorities;
- Different standards;
- Maintaining self-care;
- Uncertainty about reasons, and;
- Inability to self-care.

Health difficulties, homelessness, loss, and social isolation were repeatedly cited as reasons why self-care had come to seem comparatively unimportant. This in turn could impact on self-image, further demotivating individuals and entrenching negative cognitions:

"I would sit here and not even have a wash. I got it in my head that I'm unimportant, so it doesn't matter what I look like or what I smell like."

Self-neglect had led some interviewees to fail to take steps to care for their health; the resulting deterioration or new diagnosis came as a shock that further worsened their tendencies to self-neglect."

Executive dysfunction – meaning the inability to perform activities of daily living, even though the need for them may be understood – is seen as significant, and when this is accompanied by an inability to recognise unsafe living conditions, self-neglect may be the result.

² SCIE. Report 69: Self-neglect policy and practice: building an evidence base for adult social care. (Braye et al, 2014)

The perceptions of people who neglect themselves have been less extensively researched, but where they have, emerging themes are pride in self-sufficiency, connectedness to place and possessions and behaviour that attempts to preserve continuity of identity and control. Traumatic histories and life-changing events are also often present in individuals' own accounts of their situation.

Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one's actions, are crucial determinants of response.

Identification and intervention in potential situations of self-neglect is not dependent on any diagnoses of a physical or mental health condition, however hoarding is now recognised as a mental disorder by the Royal College of Psychiatrists.

4.3. Characteristics of self-neglect-

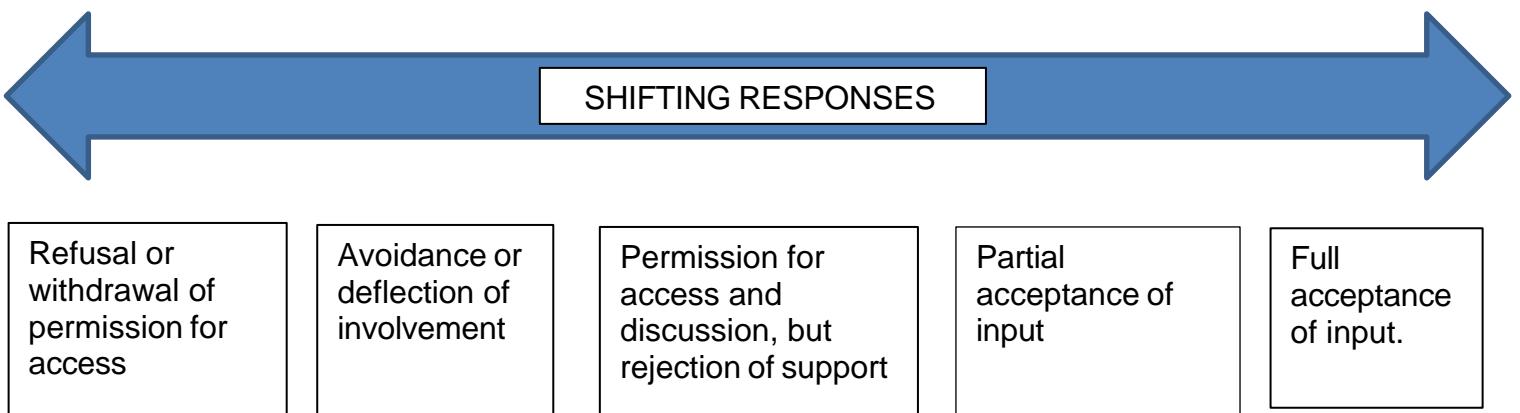
The **impact** of the following characteristics and behaviours are useful examples of potential self-neglect and consequent impairments to lifestyles:

- failing to provide care for him/herself in such a way that his/her health or physical well-being may decline precipitously
- living in very unclean, sometimes verminous, circumstances, such as living with a toilet completely blocked with faeces, not disposing of rubbish;
- neglecting household maintenance, and therefore creating hazards;
- obsessive hoarding creating potential mobility and fire hazards;
- animal collecting with potential of insanitary conditions and neglect of animals' needs;
- poor diet and nutrition, evidenced by for instance by little or no fresh food or mouldy food in the fridge;
- failure to maintain social contact;
- failure to manage finances;
- declining or refusing prescribed medication and/or other community healthcare support – for example, in relation to the presence of mental disorder (including the relapse of major psychiatric features, or a deterioration due to dementia) or to podiatry issues;
- refusing to allow access to health and/or social care staff in relation to personal hygiene and care – for example, in relation to single or double incontinence, the poor healing of sores;
- refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas electricity); and
- being unwilling to attend appointments with relevant staff, such as social care or healthcare etc.

It is important to understand that poor environmental and personal hygiene may not necessarily always be because of self-neglect. It could arise because 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 the support of others who can advocate or speak for them. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

4.4. Challenges in responding to concerns of self-neglect.

Braye et al (2015)³ use the below illustration to highlight the difficulty of engagement due the adults changing response and the resulting impact on engagement:



4.5. Mental Capacity

4.5.1. Mental capacity is a key determinant of the ways in which professionals understand self-neglect and how they respond in practice.

One of the statutory principles of the Mental Capacity Act 2005 states that "a person is not to be treated as unable to make a decision merely because he makes an unwise decision"⁴; a person who makes a decision that others think is unwise should not automatically be labelled as lacking the capacity to make a decision. Efforts should be made to build and maintain supportive relationships through which services can in time be negotiated.

For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act 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

³ Braye, S., Orr, D. and Preston-Shoot, M. (2015). 'Learning lessons about self-neglect? An analysis of serious case reviews.' *Journal of Adult Protection*. 17, 1, 3-18

⁴ Mental Capacity Act Code of Practice, P19.

urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.

4.5.2. **Guidance on assessing mental capacity in connection to hoarding**

When assessing capacity, it is important to remember this is an assessment of whether the adult has capacity to understand the risks associated with the hoarding behaviour. The pertinent points being;

- Is the adult able to understand the relevant information in relation to the decision about hoarding e.g do they understand what is meant by the term hoarding and how it relates to their specific circumstances; Do they understand that things could be done to address the hoarding such as decluttering or throwing things like rubbish out
- Can the adult retain the information given to them long enough to make a decision
- Is the adult able to weigh up the pros and cons of not living in a hoarded environment e.g. the risks of living in such an environment (fire risk, trip hazards, vermin, risk to others close by, risk of prosecution for environmental health breaches) or the benefits of being able to move around their accommodation unhindered, being able to sleep in their bed, take a bath, cook in the kitchen, sit down on a chair/sofa (this list is not exhaustive)
- Can the adult communicate their decision by any means

It is essential that any capacity assessment is clearly documented on case records.

Practitioners must assess both a person's decisional and executive capacity⁵. Executive capacity describes where a person may appear to be able to weigh facts while sitting in an interview setting but if they do not transfer those facts to real life situations in everyday life (executing the plan) they may lack mental capacity.



⁵ SCIE. Report 69. (Braye et al, 2014)

4.5.3 Best interest decision making for people lacking capacity in relation to hoarding

If it is established that a person lacks capacity in relation to hoarding behaviour, then a best interest decision needs to be made on their behalf in order to address the hoarding, for example a decision may be made in the person's best interest to remove and dispose of, rubbish and clutter from their home in order to remove any risk posed to them by the self-hoarding behaviour. Any best interest decision making process must be made using the best interest checklist as outlined in section 4 of the Mental Capacity Act 2005. This includes consulting other interested parties such as an IMCA, family members and any relevant attorney under an LPA or court appointed deputy and establishing the views and wishes of the individual themselves even though they lack capacity in relation to this decision. N.B. if there is a n attorney for a relevant LPA or a court appointed deputy they will be the decision maker e.g. an attorney with LPA for health and welfare would be able to make a decision to have a property cleaned and de-cluttered as this would be in the interest of the persons health and welfare, equally an attorney with LPA for finances would be able to make a decision to pay for cleaning work or maintenance work to be done to a property if required.

5. Assessment

Self-neglect is a complex phenomenon and it is important to understand the person's unique circumstances and perceptions of their situation as part of assessment and intervention.

It is important to consider how to engage the person at the beginning of the assessment, by taking a person-centred approach. For example, sending a standard appointment letter at the outset is unlikely to be the beginning of a lasting, trusting professional relationship if it is perceived as being impersonal and authoritative. It should also be considered that a person who self-neglects may be unlikely to open their mail.

Home visits are important and practitioners should try not to rely on proxy reports where possible. It is important that the practitioner uses their professional skills to be invited into the person's house and observe for themselves the conditions of the person and their home environment. (For further information see page 19 'Undertaking assessments despite capacitated refusal')

However, should this be unsuccessful, consideration should be given to identifying another professional from the multi-agency group who may be able to gain access, e.g. the Fire Service or GP, or someone else who has an established rapport with the person.

Practitioners should discuss with the person 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.

Equally, repeat assessments 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 questioning more deeply into how a person understands and can act on their situation.

Sensitive and comprehensive assessment is important in identifying capabilities and risks. It is important to look further and tease out through a professional relationship the possible significance of personal values, past traumas and social networks. Some research has shown that events such as loss of parents as a child, abuse as a child, traumatic wartime experiences and struggles with alcoholism have preceded the person's self-neglecting behaviour.

It is important to collect and share information with a variety of sources, including other agencies, to complete a picture of 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.

Consideration should be given in complex cases, and where there are significant risks, to convening a multi-agency meeting to share information, agree an approach to minimising the impact of specific risks and improving the person's wellbeing. Wherever possible the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate.

It is important to undertake risk appraisal which accounts for an individual's preferences, histories, circumstances, and lifestyles to achieve a proportionate and reasonable tolerance of acceptable risks.

Where the risks to the person are high/serious, the case should **not** be closed simply because the person refuses an assessment or to accept a plan to minimise the risks associated with the specific behaviour(s) causing concern (see "Learning from SARs, KH", Appendix 1).

It is important to remember that the risk may continue even when the person is engaged by a service. Concerned organisations should continue to consider risk and make safeguarding referrals if necessary.

6. Interventions

6.1. Practice interventions:

In research undertaken by Braye, Orr and Preston-Shoot (2014)⁶ practitioners most commonly cited the following as key to making a positive difference:



This research identified that the term 'self-neglect' itself proved controversial, in that individuals sometimes did not identify with the description of their situation. As a result, it is important that practitioners seek to negotiate a common ground to understand the individual's own description of their lifestyle rather than making possible discriminatory value judgements or assumptions about how it can be defined.

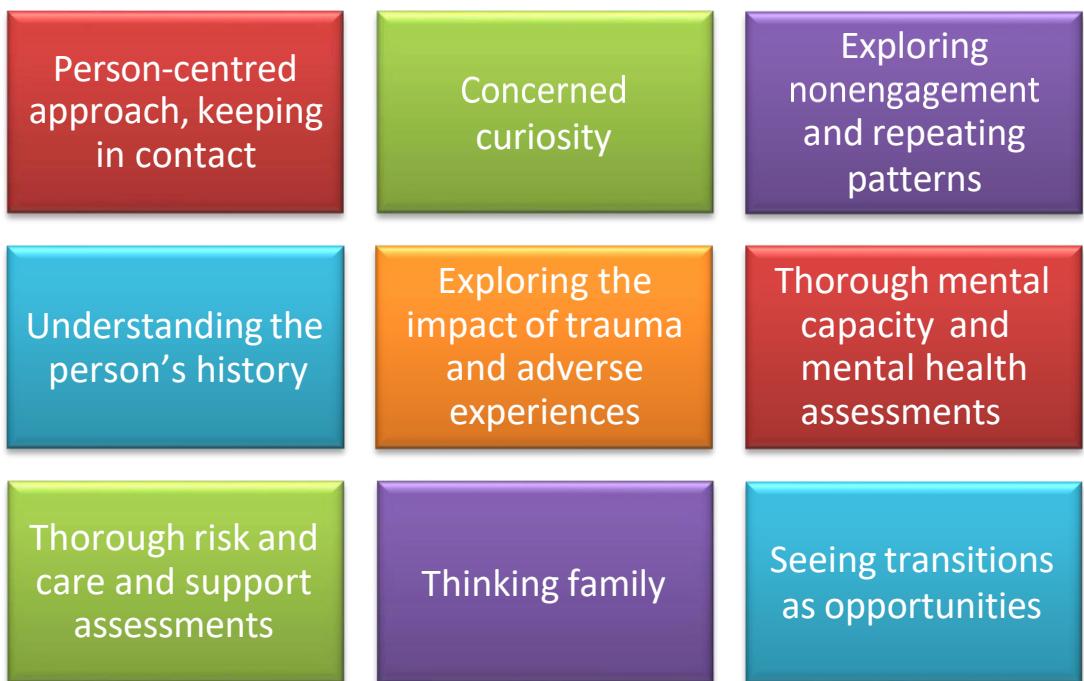
What specifically emerged from the research was a way of working that combined aspects of **Knowing, Being and Doing**⁷:

- **Knowing**, in the sense of understanding the person, their history and the significance of their self-neglect, along with all the knowledge resources that underpin professional practice,
- **Being**, in the sense of showing personal and professional qualities of respect, empathy, honesty, reliability, care, being present, staying alongside and keeping company,
- **Doing**, in the sense of balancing hands-on and hands-off approaches, seeking the tiny opportunity for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when the risks are so great that some intervention must take place.

Not surprisingly, given how varied self-neglect is, no 'magic bullet' for what works has been identified. However, key themes that ran through successful interventions were:

- flexibility (to fit individual circumstances)
- negotiation (of what the individual might tolerate)
- proportionality (to act only to contain risk, rather than to remove it altogether, in a way that preserves respect for autonomy)

These graphics show some ingredients that can contribute to effective practice in self-neglect. The first focuses on direct practice with individuals-



The second domain focuses on the multi-agency, multi-disciplinary team around the person-



Often concerns around self-neglect are best approached by different services working together to find solutions. Co-ordinated actions by Housing Officers, mental health services, GPs and District Nurses, social work teams, the police and other public services and family members have led to improved outcomes for individuals.

Where self-neglect concerns are identified, it should be noted that any agency can arrange a multi-agency meeting to discuss the concerns, using the Multi-Agency Risk Management (MARM) Framework.

Where it is proposed to hold a multi-agency meeting, and this will involve the sharing of confidential personal information, consent should be gained from the individual/s concerned. However, if consent is refused, information can still be shared in certain circumstances. See the Social Care Institute of Excellence guide for sharing information in adult safeguarding situations (link [HERE](#)) and the GSAB Information Sharing Guidance, link below:

<https://www.goucestershire.gov.uk/gsab/i-am-a-professional/multi-agency-safeguarding-policy-and-procedures/multi-agency-safeguarding-policy-and-procedures/>

Research supports the value of interventions to support routine daily living tasks. However, cleaning interventions alone, where home conditions are of concern, do not emerge as effective in the longer term. They should therefore take place as part of an integrated, multi-agency plan.

As self-neglect is often linked to disability and poor physical functioning, often a key area for intervention is assistance with activities of daily living, from preparing and eating food to using toilet facilities.

The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.

Where agencies are unable to engage the person and obtain their acceptance to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded and maintained on the person's case record, with a full record of the efforts and actions taken by the agencies to assist the person.

Information should be shared with partner agencies involved with the adult regarding the outcome of any intervention, the services offered and acceptance or refusal of services by the adult.

The person, carer or advocate should be given all relevant information and advice relating to services that are available. There is a need to make clear that the person can contact the Council at any time in the future for further support advice and guidance.

However, where the risks are high, agencies must decide what arrangements should also be made for ongoing monitoring by whom and, where appropriate, making proactive contact to ensure that the person's needs, risks and rights are fully considered and to monitor any changes in circumstances.

Where the risks arise from the person neglecting their health needs, closer monitoring by the appropriate health professional is needed to continue to assess physical/mental health and consideration of further impact upon the person's capacity.

In cases of animal collecting, the practitioner will need to consider the impact of this behaviour carefully. Where there is a serious impact on either the adult's health and wellbeing, the animals' welfare, or the health and safety of others, the practitioner should collaborate with the RSPCA and public health officials. Although the reason for animal collecting may be attributable to many reasons, including compensation for a lack of human companionship and the company the animals may provide, considerations have to be given to the welfare of the animals and potential public health hazards.

Where the conditions of the home are such that they appear to pose a serious risk to the adult's health from filthy or verminous premises, or their living conditions are becoming a nuisance to neighbours/affecting their enjoyment of their property, advice from Environmental Health should be sought and joint working should take place.

If as a result of hoarding the practitioner thinks there may be a risk of fire they must seek advice from the Gloucestershire Fire and Rescue Service.

6.2. Legal interventions:

This section outlines some possible legal interventions that can be considered in individual cases-

Agency	Legal Power and Action	Circumstances requiring intervention
Environmental health	Power of entry/ Warrant (s.287 Public Health Act) Gain entry for examination/ execution of necessary work required under Public Health Act Police attendance required for forced entry	Non engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders)
Environmental health	Power of entry/ Warrant (s.239/240 Public Health Act) Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathering) Police attendance required	Non engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)
Environmental health	Enforcement Notice (s.83 PHA 1936) Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred	Filthy or unwholesome condition of premises (articles requiring cleansing or destruction) Prevention of injury or danger to person served. (All tenure including Leaseholders/ Freeholders/Empty properties)

Environmental health	<p>Litter Clearing Notice (Section 92a Environmental Protection Act 1990)</p> <p>Environmental Health to make an assessment to see if this option is the most suitable.</p>	Where land open to air is defaced by refuse which is detrimental to the amenity of the locality. An example would be where hoarding has spilled over into a garden area.
Police	<p>Power of Entry (S17 of Police and Criminal Evidence Act)</p> <p>Person inside the property is not responding to outside contact and there is evidence of danger.</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
Housing	<p>Anti-Social Behaviour, Crime and Policing Act 2014</p> <p>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>	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 housing authority
Housing	<p>Housing Act 2004</p> <p>Allows Local Housing Authority (LHA) to carry out risk assessment of any residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. If the hazard is a category 1 there is a duty by the LHA to take action. If the hazard is a category 2 then there is a power to take action. However an appeal is possible to the Residential Property Tribunal within 21 days. A Local Housing Authority can prosecute for non-compliance</p>	
Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA	<p>Animal Welfare Act 2006 Offences (Improvement notice)</p> <p>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.</p> <p>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>http://www.defra.gov.uk/wildlife-pets/</p>

Mental Health Service	<p>Mental Health Act 1983</p> <p>Section 135(1)</p> <p>Provides for a police officer to enter a private premises, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met.</p> <p>The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor.</p> <p>NB. Place of Safety is usually the mental health unit, but can be the Emergency Department of a general hospital, or anywhere willing to act as such.</p>	<p>Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being</p> <ul style="list-style-type: none"> • Ill treated, or • Neglected, or • Being kept other than under proper control, or • If living alone is unable to care for self, and that the action is a proportionate response to the risks involved.
All Local Authority	<p>Mental Capacity Act 2005</p> <p>A decision can be made about what is in the best interests of a mentally incapacitated person by an appropriate decision-maker under the MCA. It is important to follow the empowering principles of the Act and ensure that any actions taken are the less restrictive option available.</p> <p>NB: Where the decision is that the person needs to be deprived of their liberty in their best interests in a care home or hospital, a Deprivation of Liberty Safeguards (DoLS) authorisation may be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the Court of Protection may be needed and legal advice should be sought.</p>	<p>A person who lacks capacity to make decisions about their care and where they should live is refusing intervention and is at high risk of serious harm as a result,</p>

Other legal considerations:

Human Rights Act 1998: Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect, articles 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of particular importance.

These are not absolute rights, i.e. they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental

Health Acts) is unlawful and would be challengeable in the Courts.

Inherent jurisdiction of the High Court: In extreme cases of self-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. The High Court has powers to intervene in such cases, although the presumption is always to protect the individual's human rights. Legal advice should be sought before taking this option.

More information on this is available from Essex Chambers

[Mental-Capacity-Guidance-Note-Inherent-Jurisdiction-November-2020.pdf](https://www.essexchambers.com/~/media/Files/Practice-Groups/Health-and-Wellbeing/Inherent-Jurisdiction.ashx)
(netdna-ssl.com)

7. **Undertaking assessments despite capacitated refusal**

As a matter of practice, it will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing. Practitioners and managers should record fully all the steps that have been taken to undertake a needs assessment. This should include recording what steps have been taken to involve the adult and any carer, as required by section 9(5) of the Care Act, and assessing the outcomes that the adult wishes to achieve in day to day life and whether the provision of care and support would contribute to the achievement of those outcomes, as required by section 9(4) of the Care Act.

Where a practitioner has begun working with an adult and subsequently identifies that there may be self-neglect concerns they should initially speak with the adult where possible to ascertain their views. It would also be appropriate to engage with other professionals to share concerns and gather information. Acting in this way will assist with decision making and consider the least restrictive approach.

Gathering information would also identify any additional risk factors, e.g. risk to children or other adults, and ensure that where necessary appropriate referrals are made.

In light of the adult's on-going refusal or capacitated choices, the result may either be that it has not been possible to undertake an assessment fully or the conclusion of the needs assessment is that the adult refuses to accept the provision of any care and support. However, case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is reasonable and proportionate in all the circumstances.

As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including information and advice on how to access care and support.

8. Self-neglect and Section 42 enquiries

8.1. Where the criteria for a section 42 enquiry are met the Gloucestershire Adult Safeguarding Policy and Procedure should be followed.

The objectives of statutory Care Act s42 enquiries in self-neglect cases are to:

- establish facts and provide a description of the self-neglect;
- ascertain the adult's views and wishes;
- assess the needs of the adult for protection and support and how those needs might be met;
- protect & support from self-neglect in accordance with the wishes of adult, and in line with their mental capacity to make relevant decisions about their care and support needs;
- promote the wellbeing and safety of the adult through a supportive and empowering process.

Where an adult has died or suffered serious abuse or neglect, including self-neglect, consideration should be given to whether a Safeguarding Adult Review under section 44 of the Care Act should be undertaken by the Safeguarding Adults Board.

8.2. Structure of an enquiry

Enquiry under s42 of the Care Act will usually be structured as below-

- **planning** what enquiries or assessments are needed, and who should do these;
- **coordinating and undertaking** these enquiries and assessments;
- **evaluating the outcomes** of enquiries and assessments, and
- **deciding what action is needed** in the adult's case.

Enquiries may need to move fluidly between planning, enquiry, and evaluation stages as the case progresses.

8.3. What enquiries or assessments will be needed?

It is important to note that whilst the practitioner is undertaking a s42 enquiry the information gathered will be feeding into a s9 needs assessment, and/or a risk assessment and management plan.

Any enquiries or assessments that are made will need to be appropriate and proportionate to the individual circumstances of the case. These should be formulated and agreed between practitioner and relevant Line Manager. As per Care Act statutory guidance, an enquiry could range from a conversation with the individual to a much more formal multi-agency arrangement.

Examples of enquiries and assessments that Adult Social Care (ASC) will make could be:

- reading the case record, if there is one, for background information, history or referrals, responses, actions taken;

- gathering information from the person's professional support network e.g. GP, District Nurse etc. and others such as Housing Departments;
- undertaking an assessment of need and establishing the person's views and wishes;
- speaking to anyone providing care and support;
- speaking to the adult's family and informal network e.g. friends, neighbours, faith community as relevant;
- undertaking mental capacity assessments if needed;
- deciding if a multi-agency planning meeting is required to share information and formulate a plan;
- ensuring that the enquiry is completed in a timely and proportionate manner in relation to the perceived risks.

This is the same range of operational activity that would usually be undertaken as part of needs assessment under s9 of the Care Act 2014 which would need to run in parallel in most cases.

Examples of enquiries and assessments that ASC will *cause to be made* could be:

- visits or checks of physical health concerns by GPs, DNs, other primary care staff;
- referrals to and assessments by mental health services, including psychology where appropriate;
- Mental Health Act assessments where appropriate;
- visits and assessments by Children's Services, Environmental Health, Fire & Rescue, RSPCA;
- input and involvement from Housing Providers or Council colleagues;
- gaining quotes for work needed to restore essential safety and hygiene to unsafe or unhygienic properties.

Any enquiries or assessments made, and actions taken, must be lawful and be proportionate to the level of risk involved.

9. Escalation

9.1. It is imperative that all agencies consider when concerns about a person need to be escalated. There should be clear processes in place and avenues to follow to ensure that concerns are discussed and shared.

9.2. Initially

When considering a presentation around self-neglect, you will need to consider risks and its complexity.

It would be good practice to share concerns with your manager and/or colleagues and consider and identify risks – discuss appropriate next steps and response. Including the need for an MDT and appropriate agencies/people to invite.

This plan is subject to regular reviews as the risks and circumstances may change quickly for the individual.

When reviewing the plan you will need to seek guidance and support from your manager, particularly if urgent action may be required.

9.3. **The Role of the Line Manager**

The practitioner's Manager should consider that this may require a long-term allocation, and support may fluctuate in intensity, to be supportive of the practitioner in managing this long-term involvement.

Provide an opportunity to reflect on the presenting risk with the practitioner, identify continued risk and assist the practitioner in identifying ways forward as challenges present themselves.

It would be good practice for managers and practitioners to look at learning that has been identified through Safeguarding Adults Reviews and other thematic reviews as that may inform practical decision making.

Manager to offer support and attendance at Multi-Disciplinary Meetings as required.

9.4. **The Role of the Multi-Disciplinary Team**

As well as being a forum for the sharing of information, good practice and problem solving, The MDT should also be utilised to escalate concerns of risk to the individual and to any one organisation.

Practitioners should be able to raise concerns within the forum which provides shared ownership and accountability for the effective management of all risks.

If there are concerns that partners are not working together effectively to safeguard and an individual is at risk of harm, in the first instance this should be raised with the relevant line manager who could consider raising through the Gloucestershire Safeguarding Adult Board escalation process <https://www.goucestershire.gov.uk/gsab/i-am-a-professional/multi-agency-safeguarding-policy-and-procedures/multi-agency-safeguarding-policy-and-procedures/>

10. **Deciding what action is needed in an adult's case**

Where concerns of self-neglect are established, the practitioner should focus on building a relationship with the adult to persuade them to receive assistance to improve their health, wellbeing and living conditions. The aim of this should be:

- To empower the person who is neglecting him/herself as far as possible to understand the implications of their actions;

- To help the person, both individually and collectively with others (e.g. family, friends, other professionals and agencies) without colluding with the person or seeking to avoid the issues presented;
- To avert the potential need for statutory intervention wherever possible. This may be achieved by providing some form of low level monitoring either through ongoing input through social work relationship

See Section 6 above for more detail on approaches to interventions.

Where an adult with capacity makes a decision that they do not want action taken to support them, or to take action to protect themselves, the risks of this decision must be discussed with the person to ensure they are fully aware of the consequences of their decision. Respect for the wishes of an adult does not mean passive compliance - the consequences of continuing risk should be explained and explored with the person.

Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action. Wishes need to be balanced alongside wider considerations such as level of risk or risk to others, including any children who could be affected.

Management oversight-

Practitioners should discuss with their line manager what action can and should be taken, considering possible legal interventions.

It may be necessary to intervene using statutory powers, for example the conditions in the house warrant intervention by environmental health services or the involvement of the RSPCA. If any agency needs to take such steps, the reasons for doing so should be clearly documented.

Where the adult is not engaging and if action is not required imminently the practitioner and line manager will proactively consider what emphasis should be given to monitoring the circumstances in case of further deterioration and how this should be done. However, it is useful to note that monitoring is not protection but merely a way of identifying changes in as timely a manner as possible.

The practitioner should ensure that, where the person has capacity to decline intervention after all reasonable efforts have been made to engage them, the person knows how to easily get back in touch with the Council (or named person) as do all significant others involved in the notification of the enquiry or concern. Because the person has declined support before doesn't mean they will in the future.

The practitioner should provide feedback to all parties involved in the enquiry and assessment process on the outcome of that process and what actions are to be taken, or not taken, with the reasons why.

11. Safeguarding plans

In some cases following a self-neglect enquiry, it will be necessary to have a safeguarding plan. This will usually be in circumstances where the risk cannot adequately be managed or monitored through other processes.

Safeguarding plans will not always be required, for example, in circumstances where the risk to the adult can be managed adequately through ongoing assessment and support planning input, through the Care Programme Approach by Mental Health services, or through a positive risk taking and management plan approach.

In some circumstances – e.g. where the adult has been assessed as having capacity to make informed decisions about their care and support needs, and has been given all reasonable support and encouragement to accept support to meet those needs, however still chooses to refuse support- it may be decided that the action required is to provide information and advice including how to get in touch the Council, and no ongoing safeguarding plan would be appropriate.

However, in other circumstances, particularly where the risks to independence and wellbeing are severe (e.g. risk to life or others) and cannot adequately be managed or monitored through other processes, it will be necessary to have a safeguarding plan to monitor the risk in conjunction with other agencies. In self-neglect cases this would usually involve health service colleagues, but other agencies may well need to retain ongoing oversight and involvement (e.g. environmental health, housing, Fire Service).

If the plan is still rejected and the risks remain high, the meeting should reconvene to discuss a review plan. **The case should not be closed just because the adult is refusing to accept the plan.** Legal advice should be sought in these circumstances.

Safeguarding plans should:

- be person-centred & outcome focused;
- be proportionate to the risk involved & be the least restrictive alternative;
- have agreed timescales for review & monitoring of the plan;
- have an agreed lead professional responsible for monitor & review of the plan.

All involved should be clear about their roles and actions.

12. Recording

General principles

It is important to record assessment, decision-making and intervention in detail to demonstrate that a proper process has been followed and that practitioners and managers have acted reasonably and proportionately. There should be an audit trail of what options were considered and why certain actions were or were not taken. At every step and stage in the process record the situation, what you have considered, who you have collaborated with and what decisions have

been reached. This may appear a time consuming process, but it is simply a case of putting your activity notes into a framework of considerations and why you have chosen a particular course of action.

Mental Capacity Assessments-

Recording should routinely reflect mental capacity considerations, including recording explicitly where there is no reason to doubt the adult's ability to make their own decisions and why this is. Formal mental capacity assessments and best interest decisions need to be recorded fully in line with the Mental Capacity Act Code of Practice.

13. Duty of Care

All members of staff dealing with adults at risk should be aware of their duty of care when dealing with cases of serious self-neglect, even when the individual has mental capacity. Duty of Care is described in tort law 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*'. A failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages. Where necessary, a legal view should be sought.

It is noted that in such cases of serious self-neglect, it can be very challenging to professionals / agencies / organisations involved to balance the individuals' rights, and agencies' duties and responsibilities. All individuals have the right to take risks and to live their life as they choose. These rights, including the right to privacy must be respected and weighed when considering duties and responsibilities towards them. They will not be overridden other than where it is clear that the consequences would be seriously detrimental to their, or another person's health and well-being and where it is lawful to do so.

Appendix 1: Case examples

Elizabeth is 85 years old and lives alone in her own home. She used to live with her son but he died 2 years ago. The local butcher has phoned the Helpdesk to raise a concern that Elizabeth is ordering £45 worth of meat for delivery from him on a weekly basis. She has told him that she gives it to friends of hers, but he doesn't think she is doing this. When he called to deliver the meat that week, he said the smell coming from the property was overpowering and he could see a lot of flies in there. Elizabeth herself looked very unkempt and he could see from the doorway that the house was very cluttered.

A social worker was allocated and tried to visit Elizabeth but she refused to let him in. While there he spoke to her neighbour who said she was concerned about Elizabeth as well. She has always been a very private person but since her son died she has become "reclusive" and hardly leaves the house. She has the contact details for the daughter who lives in Scotland. The daughter tells the social worker that her mum has a gardener who visits once a fortnight, so the social worker contacts him and arranges to visit again when the gardener is there. This time Elizabeth lets him in and it is clear that the property is in a very poor state, with rotting meat left on the kitchen floor, very cluttered and a potential fire risk because she uses an old electric heater. Elizabeth herself also looks unkempt. However the social worker feels that she has the mental capacity to understand her situation and she refuses offers of help, saying she just wants people to leave her alone.

The social worker arranges a multi agency meeting with the GP, the Fire Service and Environmental Health, where actions are agreed to try to mitigate the risks to Elizabeth. The Environmental Health Officer visited and issued a clean-up notice because of the risk to health. In the meantime the social worker continued to try and build a relationship with Elizabeth by making occasional drop in visits. It became clear that Elizabeth was grieving for her son and that had caused her to shut off from everyone else.

Outcomes

The clean-up of the property was arranged with the daughter's help. Over time Elizabeth was persuaded to accept some support with keeping the property in a reasonable state of hygiene and she also allowed the Fire Service in to install smoke detectors. She was using the electric heater because her central heating boiler had broken, so the social worker got funding through a charity for the boiler to be replaced. While Elizabeth remained resistant to what she saw as too much "interference" she did accept a level of support that enabled her to continue living as she wished. She also accepted visits from a befriender, arranged by the local village agent, with whom she had the opportunity to talk about her son.

Issues highlighted/learning

This case highlights some of the difficulties of working with someone who neglects their care and is at high risk of serious harm as a result. Where someone is deemed to have capacity, they may make decisions that others regard as unwise, however that does not mean that professionals should just withdraw. The risks in this situation were such that Elizabeth's wishes were overridden in terms of involving other agencies such

as Environmental Health, who have powers to enforce actions where there is a public health risk.

The social worker had to think creatively in order to gain access and begin to build a relationship with Elizabeth. It can take time and the good use of interpersonal skills to build trust with an individual who is wary of accepting help. Sometimes the offer of something the person sees as useful (in this case arranging for a replacement boiler) can mark a breakthrough in helping the person to accept support. The issues around self-neglect are often very complex, but bereavement and loss have been identified as contributory factors.

Learning from Safeguarding Adults Reviews

KH (Gloucestershire)

KH was a 56 year-old man who lived in a rented flat with his two adult sons. He had mobility difficulties as the result of a road traffic accident, and a number of other health issues. His attendance at GP and hospital appointments was sporadic; he was admitted as an inpatient for investigations into his increasing mobility difficulties, but discharged himself before these could take place. The GP referred him to ASC with concerns about his deteriorating health and living environment, and after numerous unsuccessful attempts, a social worker and OT managed to gain access to him. They found his living conditions to be poor, but not severely neglected, and arranged a reablement service for him to commence immediately. The reablement workers made several unsuccessful attempts to see KH over a number of weeks, being told by his sons over the phone that he was away from home and not expected back in the foreseeable future. The Reablement team subsequently closed the case. KH was not seen again until 6 months later, when his sons called the emergency services to report that their father had had a suspected heart attack. When Paramedics attended, they found KH sitting in a chair in the living room, covered in faeces and urine. He was found to have full depth pressure sores to his groin (the worst ever seen by the professionals who treated him), which were infested with maggots. The hoarding in the property was such that the Fire Service had to be called to remove KH from the property via a window. He was not expected to survive his very serious wounds, however he did make a full recovery and was able to participate in the review.

Learning

The review highlighted the fact that KH had been “hidden in plain sight” from the agencies involved in trying to support him. An “Out of Contact” protocol was revised to cover assertive practice with people who fail to attend health appointments and place themselves at risk as a result.

The case closure decision point has been reviewed to try to ensure that a more robust approach is taken when professionals have not succeeded in making contact with an individual and there are concerns about the potential risks to the person that this entails.

Issues emerging from the review

This SAR highlights the need to consider an individual's neglect of their health needs as a form of self-neglect, and the potential to consider this under section 42. It also raises the issue of the balance between an individual's right to make unwise decisions and professionals' duty of care.

The full report can be found at

<https://www.glos.nhs.uk/media/13347/gsab-sar-report-kh-final.pdf>

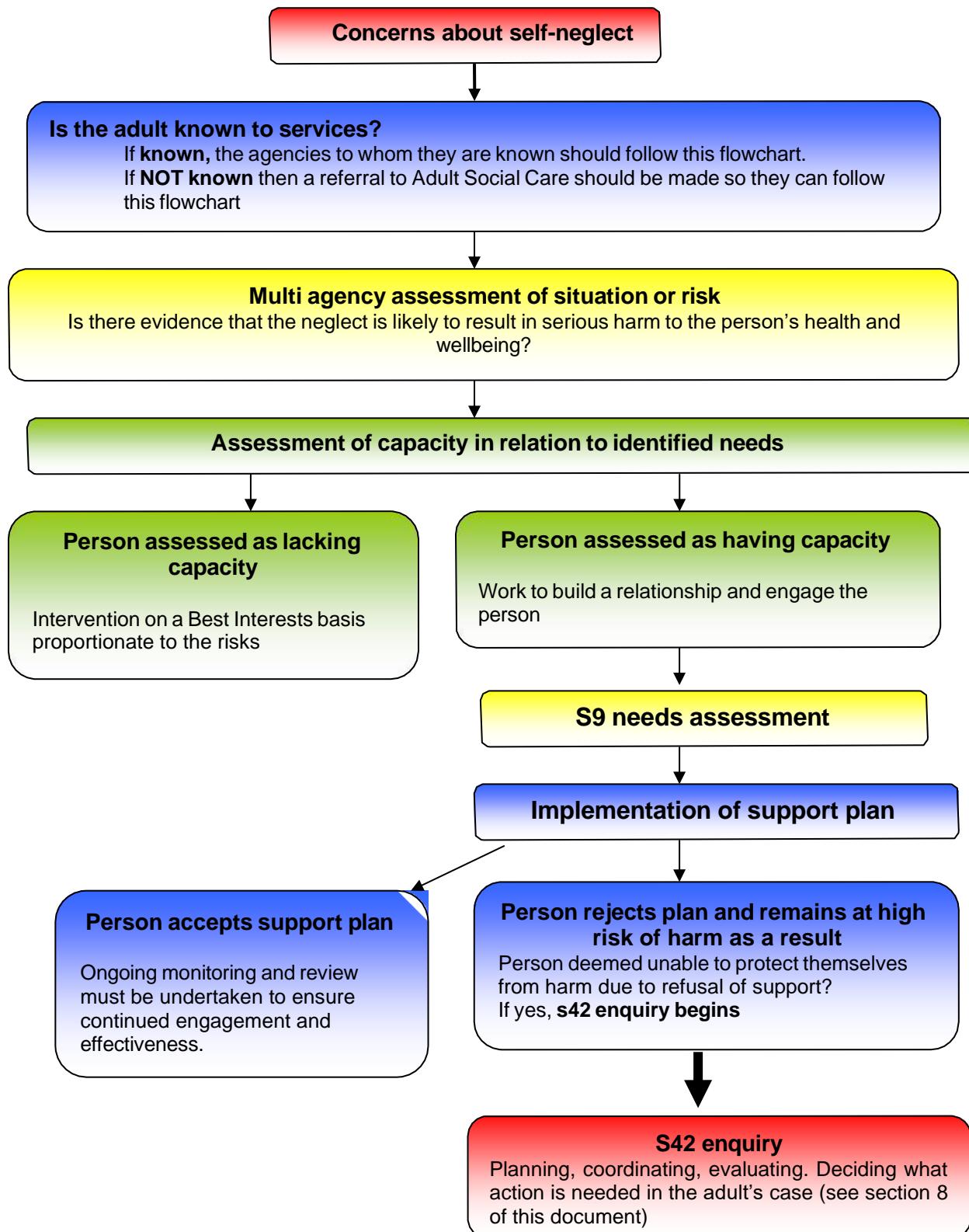
Appendix 2: Other Professionals/Agencies

Different agencies will be able to do different things. Self-Neglect is rarely a single agency issue. There are a number of agencies and departments who may be able to help:

- Adult Social Care
- Health – GP or District Nurse (DN)
- Mental Health Services
- Legal Services
- Domiciliary care providers
- Community Psychiatric Nurse (CPN)
- Advocacy
- Voluntary organisations
- Counselling or therapy services
- Anti-social behaviour and Harm Reduction Forum
- Environmental Health
- Housing Association/private landlord
- Falls advisor
- Children's services or child safeguarding
- RSPCA
- Fire Service*
- Debt advice service

*The Fire Service is of particular importance where a person is hoarding items which may pose a high risk of fire at the property. While a person's consent to involve the Fire Service should always be sought, it may be necessary to override the person's wishes if they are at risk of serious injury or death if a fire occurs. Properties with large amounts of hoarded items also present a risk to any fire fighters called to attend an incident. Experience has shown that people may be more willing to allow Fire Service workers into their property than other professionals.

Appendix 3: Process flowchart



Appendix 4: Multi-Agency Hoarding Guidance

1. Introduction

This document sets out a framework for collaborative multi-agency working within Gloucestershire using a 'person centred solution' based model. It offers clear guidance to staff working with people who hoard. This guidance has been developed from work undertaken by the GSAB Fire Safety Development sub group and has drawn on material developed by Nottinghamshire Fire and Rescue Service, Ashfield District Council's Environmental Health Team and the Nottinghamshire Hoarding Steering Group. It should be considered in conjunction with the information contained within the Self-Neglect Best Practice Guidance which covers mental capacity and possible legal interventions amongst other things.

There is an expectation that agencies in Gloucestershire engage fully with the guidance to achieve the best outcome for the individual, while meeting the requirements and duties of their agency.

This guidance provides Clutter Image Ratings⁸ to identify the level of any possible hoarding, followed by guidance for practitioners, then courses of action for involved agencies to take dependent on the level of identified hoarding.

The Care Act 2014

The Care Act, 2014 builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people.

The Care Act introduced three new indicators of abuse and neglect to Adult Safeguarding. The most relevant to this hoarding guidance is self-neglect. The guidance states; this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. In practice, this means that when an adult at risk has care and support needs, their case may require a safeguarding enquiry.

However, as per the Self Neglect guidance (to which this hoarding framework is attached) the initial intervention from Adult Social Care would be to offer an individual an assessment of their care and support needs; this may avoid the need to enter formal Safeguarding procedures.

⁸ Clutter Image Ratings originally from a study by Frost RO, Steketee G, Tolin DF, Renaud S. Development and validation of the Clutter Image Rating. Journal of Psychopathology and Behavioral Assessment. 2008;32:401–417.

Clutter Image Rating (CIR) – BEDROOM

Please select the CIR which closely relates to the amount of clutter



1

2

3



4

5

6



7

8

9

Clutter Image Rating (CIR) – LOUNGE

Please select the CIR which closely relates to the amount of clutter



1

2

3



4

5

6



7

8

9

Clutter Image Rating (CIR) – KITCHEN

Please select the CIR which closely relates to the amount of clutter



1

2

3



4

5

6



7

8

9

Guidance for practitioners

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

Most clients with a hoarding problem will be embarrassed about their surroundings so try to ascertain information whilst being as sensitive as possible.

- How do you get in and out of your property?
- Do you feel safe living here?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen?
- How do you move safely around your home? (Where floor is uneven or covered or there are exposed wires, damp, rot or other hazards)
- Has a fire ever started by accident? Is the property at risk from fire?
- Do you have a working smoke alarm? Do you have any ailments or conditions that would prevent you hearing or responding to it?
- Is there hot water, lighting and heating in the property? Do these services work properly?
- Do you have any problems keeping your home warm?
- When did you last go out in the garden? Do you feel safe to go outside?
- Are you able to use the bathroom and toilet ok? Have a wash, bath, shower etc.?
- Where do you sleep?
- Are there any obvious major repairs that need carrying out at the property?
- Are you happy for us to share your information with other professionals who may be able to help you?

Level One Actions

Level 1 Clutter image rating 1 - 3

Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.

Level 1		Actions – SEEK CONSENT BEFORE MAKING ANY REFERRALS
Referring Agency		<ul style="list-style-type: none"> • Discuss concerns with the Individual. • Raise a request to Gloucestershire Fire & Rescue Service for a Safe & Well Check and to provide fire safety advice. • Refer to Adult Social Care for a Section 9 care needs assessment. • Refer to GP if appropriate. • No action.
Environmental Health		
Social Landlords		<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances. • Refer to GP if appropriate. • Refer to Adult Social Care for a Section 9 care needs assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Ensure residents are maintaining all tenancy conditions.
Practitioners		<ul style="list-style-type: none"> • Make appropriate referrals for support to other agencies. • Refer to social landlord if the client is their tenant or leaseholder.
Emergency Services		<ul style="list-style-type: none"> • Gloucestershire Fire & Rescue Service - Carry out a Safe & Well Check if it fulfils Service criteria and share with statutory agencies with consent. • South West Ambulance Service Foundation Trust - Ensure information is shared with statutory agencies (request consent) & feedback is provided to referring agency on completion of home visits.
Animal Welfare		<ul style="list-style-type: none"> • No action unless advice requested.
Safeguarding of Adults and Children		<ul style="list-style-type: none"> • Properties with adults or children presenting care and support needs should be referred to the appropriate Social Care referral point.

Level Two Actions

Level 2 Clutter Image Rating 4 – 6

Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.

Level 2	Actions – SEEK CONSENT BEFORE MAKING REFERRALS In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCURRENCE
Referring Agency	<ul style="list-style-type: none">Refer to landlord if resident is a tenant.Refer to Environmental Health if resident is a freeholder.Raise a request to Gloucestershire Fire & Rescue Service to provide a Safe & Well Check with a consideration for monitored smoke alarms/assistive technology.Provide details of garden services.Refer to Adult Social Care for a Section 9 care needs assessment.Referral to GP.Referral to debt advice if appropriate.
Environmental Health	<ul style="list-style-type: none">Carry out an inspection of the property utilising the referral form.At the time of inspection, Environmental Health Officer decides on appropriate course of action.Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004.
Social Landlord	<ul style="list-style-type: none">Visit resident to inspect the property & assess support needs.Refer internally to assist in the restoration of services to the property where appropriate.Ensure residents are maintaining all tenancy conditions.Enforce tenancy conditions relating to residents responsibilities.
Practitioners	<ul style="list-style-type: none">Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.

Emergency Services	<ul style="list-style-type: none"> • Gloucestershire Fire & Rescue Service - Carry out a Safe & Well Check, share risk information with Statutory agencies and consider assistive technology. • South West Ambulance Service Foundation Trust - Ensure information is shared with statutory agencies (with consent) & feedback is provided to referring agency on completion of home visits via the referral form.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Educate client regarding animal welfare if appropriate.
Safeguarding Adults and Children	<ul style="list-style-type: none"> • Properties with adults or children presenting care and support needs should be referred to the appropriate Social Care referral point. • If you are aware of any children who live in the property (or who visit regularly), refer to local Children's Helpdesk

Level Three Actions

Level 3 Clutter image rating 7 - 9

Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding concern due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.

Level 3	Actions
Referring Agency	<ul style="list-style-type: none">• Raise Safeguarding concern within 24 hours – or sooner if you feel there are risks that could materialize imminently.• Raise a request to Gloucestershire Fire & Rescue Service within 24 hours (or sooner if appropriate) to flag up the level of risk, and to consider a Safe & Well Check.• Refer to Environmental Health.
Environmental Health	<ul style="list-style-type: none">• Carry out an inspection.• At time of inspection, EHO decides on appropriate course of action.• Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004.
Landlord	<ul style="list-style-type: none">• Visit resident to inspect the property & assess support needs.• Attend multi agency hoarding meeting.• Enforce tenancy conditions relating to residents responsibilities.
Practitioners	<ul style="list-style-type: none">• Complete Practitioners Assessment Tool.• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.

Emergency Services	<ul style="list-style-type: none"> • Gloucestershire Fire & Rescue Service - Carry out a Safe & Well Check, share risk information with Statutory agencies and consider assistive technology. • South West Ambulance Service Foundation Trust - Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits via the referral form. • Attend hoarding multi agency meetings on request. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment. • Educate client regarding animal welfare if appropriate.

General Points to Consider:

- Always seek the consent of the individual before making a referral or sharing information – refer to GSAB and own organisational information sharing protocols.
- If consent is not given but you feel there is a significant risk of harm to either the individual themselves or others (for instance children living in hoarded properties, where there are fire risks for both the individual or to neighbours in terraced properties, or where there is a risk of harm to fire-fighters should they need to enter a property with significant hoarding or structural defects etc), consult your line manager at that time for further advice.
- Additionally, seek advice from the Adult Helpdesk (01452 426868), Children's Helpdesk (01452 426565) or Gloucestershire Fire and Rescue Service (0800 180 4140) – **remember, you can discuss your concerns in general terms to establish whether the risks justify you sharing information without consent.**
- If you have any safeguarding concerns you must log your concern at that time
- Use in conjunction with the Multi Agency Adult Self Neglect Best Practice Guidance