**Bradford Adult Social Care & Bradford Safeguarding Adults Board**

**SELF-NEGLECT PRACTICE GUIDANCE**

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**This policy and practice guidance outlines the position of Bradford Adult Social Care (BASC) and Bradford Safeguarding Adults Board (BSAB) on the principles of tackling self-neglect across the county and is for reference by all partner organisations. The guidance also incorporates an appendix on hoarding.**

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The Care and Support Statutory Guidance to the Care Act (2014) defines self-neglect as a situation *“****Where someone demonstrates lack of care for themselves and or their environment and refuses assistance or services. It can be longstanding or recent****”.*

**Introduction**

This policy and practice guidance will be referred to where an adult is believed to be self-neglecting. Self-neglect can be a very serious problem resulting ultimately in serious harm or death. These risks could affect both the adult and other people around them. Self- neglect is a complex matter and can occur in many ways and for many different reasons. There is no one agency responsible for responding to self-neglect, and nor is there one set of responses that will always be appropriate or successful; because of this, adults who are reluctant or do not engage with services can have complex and diverse needs that often fall between different agencies.

Self-neglect can cover a wide range of behaviours such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. The adults’ needs are generally long standing and recurring and may frequently put themselves and others a high risk.

Practitioners should be mindful that self-neglect is not a “lifestyle choice” and may also be linked with wider social factors such as poverty, discrimination or inequality. Practitioners are asked to consider their responses through the eyes and feelings of the person considered to be self-neglecting and consider the possibility that in some situations self-neglect could be a coping mechanism in response to trauma and loss.

Managing the balance between protecting adults at risk from self-neglect or hoarding behaviours against their right to self-determination is a serious challenge for services. Working with people who may be understandably reluctant to engage can be exceptionally time consuming and stressful for all concerned.

This policy and pathway relate to adults; Where a child (a person under 18) is identified to be in a household where there is a concern about an adult’s self-neglect, then there should be consideration given to making a referral to children’s services via Safer Bradford on 01274 433999.

***“Self-neglect is an extreme lack of selfcare, it is sometimes associated with hoarding and may be a result of other issues such as addictions”***(Social Care Institute of Excellence, 2018)

Self-neglect can include:

* Lack of selfcare to an extent that it threatens personal health and safety
* Neglecting to care for one’s personal hygiene, health or surroundings
* Inability to avoid harm as a result of self-neglect
* Failure to seek help or access services to meet health and social care needs
* Unwillingness to manage one’s personal affairs

It is recognised that that there can be many underlying factors that contribute to self-neglect; these may include social determinates such as poverty, substandard housing, underlying physical and/or mental health, trauma, substance misuse and more.

It is important to remember that self-neglect is not about someone being unable to care for themselves. Many people who come to the attention of adult social services do so because they are no longer able to perform the activities of daily living, such as attending to their personal care or nutrition. In these situations, an assessment under the Care Act and the provision of services will aim to ensure that their needs are met.

A failure to engage with individuals who are not looking after themselves (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual’s health and wellbeing. It can also impact on the individual’s family and the local community.

Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the law. They must act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act (2005) and consideration should be given to the application of the Mental Health Act (1983) where appropriate.

**This guidance does not constitute legal advice, which should be sought if in any doubt.**

**Guidance Aims**

BSAB’s priority is to prevent serious injury or even death of individuals who appear to be self-neglecting by endeavouring to ensure that:

* A relationship has been developed with the person and they have been supported to build confidence and self-esteem, re-engage with community activities and develop friendships.
* Individuals are empowered as far as possible, to understand the implications of their actions.
* There is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect.
* There is effective multi-agency working and practice.
* All concerns receive appropriate prioritisation.
* All agencies and organisations uphold their duties of care.
* There is a proportionate response to the level of risk to self and others.

This is achieved through:

* Promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity.
* Supporting the individual to be in control of and, as far as possible, to lead an independent life.
* Undertaking a trauma informed approach.
* Providing stability and consistency of approach.
* Using creative practice; thinking about how you can make a connection rather than expecting the individual to adjust to service limitations.
* Increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individuals’ needs.
* Increasing knowledge and awareness of the extent and limitations of the ‘duty of care’ of professionals.
* Promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, to avoid foreseeable harm.
* Promoting a proportionate approach to risk assessment and management.
* Clarifying different agency and practitioner roles and responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes and actions taken.
* Promoting an appropriate level of intervention through a multi-agency approach.

**Self-Neglect – Important Messages to Practitioners**

Self-neglect can take many different forms and may be the result of complex physical, mental, psychological and environmental factors; it can affect both adults with and without the mental capacity to understand the consequences of the way they live their life.

The adult may not see their self-neglect as a problem in the same way others do; they may disagree that anything needs to change and so reject offers of help.

On the other hand, the adult may feel they have little or no control over the circumstances they live in and feel deep shame for the way they or their home presents. Worrying about how professionals will react may cause the adult to avoid contact.

Self-neglect can have a serious negative effect on the wellbeing and safety of other people as well as the adult. Self-neglect can also occur as a result of other adults preventing access to, not co-operating with or not engaging with services.

Workers often face ethical dilemmas between respecting the wishes and choices of the adult, and their duty of care towards the person and others around them.

Because each adult’s situation is different, what might have helped support one person with their self-neglect may not be effective with another, and no guidance can tell you what the right thing to do will be in every case.

Early coordinated interventions from a range of partners, working together with the adult to assess needs and find solutions, can help prevent problems from developing to the point where intrusive statutory actions may be necessary.

**Self-neglect and adult safeguarding**

**Relevant legislation:**

* **The Care Act (2014) statutory guidance** – self-neglect is included as a category under adult safeguarding (more detail below).
* **Article 8 of the Human Rights Act 1998 -** provides the right to respect for private and family life. However, this is not an absolute right and there may be justification to interfere with it.
* **The Mental Capacity Act 2005 (MCA) and the MCA Code of Practice -** decisions made for people who do not have the mental capacity to make the decision themselves can be made in their best interests, with reference to sections 4 and 5 of the MCA.
* **Mental Health Act (2007) s.135** – if a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate’s court can authorise entry to remove them to a place of safety.
* **Public Health Act (1984) s.31-32** – local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases.
* **The Housing Act 1988** – a landlord may have grounds to evict a tenant due to breaches of the tenancy agreement.

The Statutory Guidance to the Care Act 2014 states that self-neglect may be an adult safeguarding issue, but that concerns about self-neglect should not automatically be dealt with under Safeguarding Adults Procedures. Decisions should be made on a case-by-case basis. Practitioners should be mindful of the Wellbeing Principle and provide supportive action which may include signposting to universal services or an assessment of care needs by Bradford Adult Social Care may be more appropriate and should usually be attempted first.

Where the adult at risk of self-neglect lacks mental capacity and carrying out a needs assessment would be in the adult’s best interests, the local authority is required to do so where the local authority has that responsibility.Where an adult at risk of self-neglect has mental capacity but refuses a needs assessment, legal advice should be sought if in any doubt as to how to proceed.

In some circumstances self-neglect may be seen as presenting such a severe risk to the adult that a statutory Safeguarding Adults Enquiry may be necessary. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves bymanaging their own behaviour. There may come a point when they are no longer able to do this without external support.

**The approach to self-neglect in Bradford: Robust partnership working from the earliest practical stage**

* Early coordinated interventions from a range of partners, working together with the adult to assess needs and find solutions should be tried first, where this is possible.
* The partner agency that identifies a concern about self-neglect should take responsibility in the first instance for raising the concern with either their line manager or safeguarding lead using their own internal processes for case management. If a referral needs to be raised to another agency, please see referral routes on page 12.
* In some cases, a point may be reached where reporting concerns about self-neglect for an Adult Safeguarding Enquiry led by Bradford Council may be necessary.
* Where self-neglect is a concern, a risk management plan should be routinely completed before an agency closes a case due to the adult deemed to be not co-operating, not engaging or not keeping appointments.
* Where there is multi-agency concern about an adult’s self-neglect, no agency should close down its involvement without a multi-agency discussion.
* If a dispute arises between practitioners of different agencies about a professional judgement that cannot be resolved at their level, this should be escalated appropriately within each agency to seek a resolution. (For more information see the Safer Bradford Disagreement and Escalation Policy: <https://www.saferbradford.co.uk/media/co3bhbmq/bsab-safeguarding-adults-multi-agency-disagreement-and-escalation-process-v1-0.pdf>)

**Hoarding**

* A framework for dealing with cases of Hoarding has been published on the Bradford Council website. It applies to all agencies and professionals within the Bradford District area who are working with or supporting people who may hoard:

<https://www.bradford.gov.uk/media/5584/bradford-multi-agency-hoarding-framework.pdf>

* There is an expectation that everyone in partnership with the protocol will engage fully to achieve the best outcome for the individual, while meeting the requirements and duties of their agency or Board.

**Interventions should draw upon knowledge of the kinds of approaches that tend to work best**

Research has shown that some things tend to work better than others, and this guidance tells you what these are (see Appendix 1).

**Agencies should place the adult at the centre of plans to support them**

* An adult affected by self-neglect has a right to choice and control over their life to the greatest extent possible, and the principles of person-centred care and support should apply in any intervention with them. (Remember: “No decisions about me without me”).
* Where indicated the principles of The Mental Capacity Act must be applied. Workers must consider whether an adult at risk has the mental capacity to understand the risks caused by the decisions they make, and the impact these have upon their safety and wellbeing or the safety and wellbeing of others.

**Who is an adult at risk?**

An adult who needs care and support.

This may be because they are older or have a mental health problem, learning or physical disability and they are at risk of abuse or neglect.

* The consent of the adult to share information with others should always be sought. If not obtained, and there is a belief that the adult may be at risk of neglect, then a decision over whether to share information and with whom must be made. However, whilst it is preferable to work with the consent of the adult, a balance must be struck between negotiated and imposed interventions. Sometimes an agency’s legal duties will require it to impose an approach upon an adult in order to protect others.
* The Six Principles of safeguarding adults (**Empowerment, Prevention, Protection, Proportionality, Partnership and Accountability**) must be applied with adults who self-neglect, as with safeguarding concerns.
* Consideration should be given to the rights of any carers involved, including where the individual may themselves be a carer.
* Where appropriate a Think Family approach should be implemented, looking at how self-neglect and its causes impact the whole family and working together to provide support.

**How to make an adult safeguarding referral**

Please follow the Safeguarding procedures for your agency and the Joint Multi- agency Safeguarding Adults Policy and Procedures: <https://www.saferbradford.co.uk/resources/adults/safeguarding-adults-policy-and-procedures/>

To report a safeguarding concern please complete the form at the link below. Safer Bradford: <https://www.saferbradford.co.uk/report-a-concern/>

Telephone: 01274 431077

Email: [Safeguarding.adults@bradford.gov.uk](mailto:Safeguarding.adults@bradford.gov.uk)

Or to raise safeguarding concerns or for a social care referral please contact the Independence Advice Hub on 01274 435400. This number can also be used out of hours to contact the Emergency Duty Team.

**Safeguarding adults at risk**

To report a concern to Adult Social Care that an adult is at risk from being abused or neglected, please first ensure that if a crime has been committed the police are called, or if the person is in urgent medical need health services have been contacted.

**How to contact to Children’s Services**

Any adult concerned about a child or young person, call Children’s Services on:

01274 433999.

Out of office hours call the Children’s Emergency Duty Team on 01274 431010

<https://www.bradfordcft.org.uk/talk-to-us-about-a-child/practitioners/>

If you have reason to believe that a child is at **IMMEDIATE RISK OF HARM**, contact the police on **999**

**Appendix 1 - Practice Guidance**

**The Challenge of Self Neglect**

Self-neglect is challenging for practitioners because:

* Every case is different, influenced by a complex mix of personal, mental, physical, social and environmental factors.
* The high risks it poses, both to the adults and sometimes to others (e.g. fire risk).
* The possibility that any outside intervention may not be welcomed by the individual, making engagement difficult.
* The complexities of assessing mental capacity.
* Ethical dilemmas between respecting the adult’s autonomy and right to make choices and agencies fulfilling their duty of care.
* Limited resources that can lead to short- term, task-focused involvement rather than developing long-term relationships with adults.
* The need for coordinated interventions from a range of agencies and the difficulties involved in achieving this.

**Building a relationship with the adult**

Because of these challenges and because all cases are different there is no one set approach that always works. However, a supportive approach based on building a trusting relationship with the adult has been shown to be more likely to achieve a positive outcome. Partners will aim to work with the person to get the support around them that they want, including working with carers, family members and the person’s wider network where appropriate.

Supportive intervention relies on multi-agency co-ordination and risk management as illustrated below:

At the heart of good self-neglect professional practice is a complex interaction between knowing, being and doing.

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

**Knowing (understanding the individual’s experience of self-neglect)**

You are unlikely to be able to build a trusting relationship and achieve a positive outcome unless you can gain an understanding of the adult’s experience of self-neglect from their point of view. Here are some points to consider to help you find out:

* Consider the person’s own view of the self-neglect.
* Is the self-neglect important to the person in some way?
* Have you considered if the person has mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?
* Is the self-neglect a recent change or a long-standing pattern?
* Has there been a recent significant life event such as bereavement?
* Could the self-neglect be a response to trauma?
* 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 (including mental health) or disability?
* Are there care and support needs that are not being met?
* Is alcohol consumption or substance misuse related to the self-neglect?
* Consider how the person’s life history, family or social relations are interconnected with the self-neglect?
* Is the self-neglect linked to the person’s financial situation?
* Consider intersectionality.
* 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?
* Are there any concerns for others in the property? e.g. other residents including children or animals? or adjacent properties?
* Who owns the property?

**Being (considering your own reactions when you interact with a person who self-neglects, and the impact this could have)**

Did you realise that when you enter a hoarded or neglected home you may have a very strong reaction, but you won’t know you are having it as it happens subconsciously? You need to understand this in advance to prepare yourself because the adult may see this reaction and this could damage your chances of building a positive working relationship.

When we enter any enclosed space, we look for symmetry because symmetry is memorable. We need to remember the layout because if we feel threatened, we need to know how to escape. In hoarded properties there often is no escape route and this can fuel your feelings of claustrophobia, discomfort or the desire to clear the property. This feeling can have a very negative effect on you and this effect might influence how you perceive the person you are working with; which will influence how you then work with that person. You may also have a strong physical reaction to strong smells that may be present.

**What can you do about it?**

If you know this normal reaction is going to happen, you can prepare yourself for this and think of strategies to help overcome it. For example, try imagining the environment is not cluttered and focusing your sight upon the person’s face. Noting your own feelings is helpful in reports and helps to build an understanding of the reactions of others that may have compounded a sense of isolation or helplessness about the individual’s circumstances. The effect of strong smells can be reduced by carrying a strong counter acting smell, e.g. using a cold remedy or having a mint.

**Doing (the things that tend to work best)**

No one approach always works but there are a number of suggestions below of things that can be done that have been shown to be successful.

|  |  |
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| The approach | Examples of what this might mean in practice |
| Building rapport | Taking the time to get to know the person. |
| 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 by way of agreeing a weekly visit and developing 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 | Being honest about potential consequences. |
| Finding the right person | Working with someone who is well placed to get engagement - another professional or a member of the person’s network. |

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| Taken from Dudley Thematic Safeguarding Adult Review May 2021  [Thematic SAR self-neglect Learning Summary](https://nationalnetwork.org.uk/2022/Thematic%20SAR%20Self%20Neglect,%20Learning%20Summary%20-%20Published%2022.11.2022.pdf#:~:text=The%20impact%20of%20trauma%20can%20cause%20a%20person,feeling%20safe%20from%20the%20threat%20of%20further%20trauma.) | |
| Have I empowered the person:  for capacity assessments, risk assessments, communication plans, support pathways and routes to build the persons self-confidence and self-esteem? | * Asked them what they want to stay safe and well * Provided solutions to build self-confidence, self-worth and self-esteem * Helped with positive connections to people and prevented re-traumatisation? * Have I considered whether the persons adverse experiences are affecting their ability to employ self-care skills and therefore capacity to make decisions about care and support? |
| Have I risk assessed the safety and wellbeing of the person and prevented escalation of safety and wellbeing concerns? | * Has someone been consistent in establishing engagement with the person? |
| Have I protected the person from the impact of trauma and re-traumatisation, rejection, further loss, blame or feelings of guilt? | * Do I understand and have I built upon the persons strengths? |
| Have I responded in a proportionate way to the risks to the person and others? | * What was ruled out and why? |
| Have I convened a multi-agency partnership meeting? | * Is there a collective perspective of risk and a plan to keep the person safe and well? |
| Have I held agencies accountable? | * Have capacity assessments, risk assessments, communication plans, support pathways and routes to build the persons self-confidence and self-esteem been carried out? |

**Appendix 2 – Mental Capacity**

**Decision making**

The Mental Capacity Act 2005 provides a framework for assessing a person’s mental capacity to make a decision when that decision making ability is in question. Having a mental impairment would not normally trigger an assessment and to do so because of it could be discriminatory. However, where there is a reasonable concern the person may not be able to make the decision, then the person’s capacity to do so should be assessed. Although the first Principle of the Act is that we must assume the person has capacity unless proven otherwise, that should not be used as grounds for doing nothing where there is a reasonable concern. The Code of Practice at paragraph 4.35 gives examples of when capacity should be assessed.

**The five principles of the Mental Capacity Act**

1. A person must be assumed to have capacity unless it is established that he or she lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help her or him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he or she makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in her or his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

When an adult has been assessed as lacking capacity (see below for how to do this) then the least restrictive and best interest principles should be applied.

Consideration of any authorisation for the relevant decision making where a person lacks the mental capacity to make the decision at the time it needs to be made (e.g. Lasting Power of Attorney or court appointed deputy authorising the specific decision) will be given.

**Assessing mental capacity to make a decision**

* A person lacks capacity in relation to a matter if at the material time he or she is unable to make a decision for him or herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary. A lack of capacity cannot be established merely by reference to a person's age or appearance, or a condition, or an aspect of behaviour, which might lead others to make unjustified assumptions about the person’s mental capacity to make the decision at the time it needs to be made.
* A person is unable to make a decision for himself if she or he is unable to understand the information relevant to the decision, to retain that information, to use and weigh that information as part of the process of making the decision, or to communicate their decision (whether by talking, using sign language or any other means).
* A person is not to be regarded as unable to understand the information relevant to a decision if he or she is able to understand an explanation of it given in a way that is appropriate to the person’s circumstances (e.g. using simple language, visual aids or any other means).
* The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent him or her from being regarded as able to make the decision. The information relevant to a decision includes information about the reasonably foreseeable consequences of deciding one way or another or failing to make the decision.

**Whose role is it to assess mental capacity?**

The MCA Code of Practice states that:

**“the person who assesses an individual’s capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. This means that different people will be involved in assessing someone’s capacity to make different decisions at different times. For most day-to-day decisions, this will be the person caring for them at the time a decision must be made. For example, a care worker might need to assess if the person can agree to being bathed. Then a district nurse might assess if the person can consent to have a dressing changed… But ultimately, it is up to the professional responsible for the person’s treatment to make sure that capacity has been assessed (and) the final decision about a person’s capacity must be made by the person intending to make the decision or carry out the action on behalf of the person who lacks capacity…”**

The MCA Code of Practice (CoP) provides guidance on what to consider if mental capacity is a concern. The CoP can be located by following the link below:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

**Appendix 3 – Information Sharing**

**General**

Sharing information is essential to safeguard adults who may be at risk of abuse or neglect. In safeguarding adults’ reviews across the country, failure to share information has often been identified as a significant contributory factor when things have gone wrong. The duty to share information can be as important as the duty to protect confidentiality. Workers should therefore have the confidence to share information in the best interests of the people they support, within their own organisational policy guidelines and local protocols.

Link to: Information Sharing Protocol

**Consent**

Information should always be shared with consent wherever possible. However, a person’s right to confidentiality is not absolute : it may not be needed where there is evidence that sharing information is necessary in the public interest, is required by law, is necessary to protect personal safety, or where there are other legal reasons to do so.

In some instances, the individual will not have the capacity to consent to disclosure of personal information relating to them so they are not able to consent to sharing information. Where this is the case any sharing of information needs to be considered against the conditions set out in the Data Protection Act and must be in their best interests as per the Mental Capacity Act 2005.

**Information sharing**

Decisions about what information is shared and with whom should be taken on a case-by-case basis.

Whether or not information is shared, with or without the adult’s consent, the information should be:

* Necessary for the purpose for which it is being shared
* Shared only with those that have a need for it
* Accurate and up to date
* Shared in a timely fashion
* Shared accurately
* Shared securely

If in doubt, refer to the information governance policy in your organisation.

**Appendix 4 – Hoarding**

Hoarding Disorder used to be considered a form of obsessive-compulsive disorder (OCD). Hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

Hoarding does not favour a particular gender, age, ethnicity, socio-economic status, educational/occupational history or tenure type.

Anything can be hoarded, in various areas including the resident’s property, garden or communal areas. Commonly hoarder items include but are not limited to:

* Clothes
* Newspapers, magazines or books
* Food and food containers
* Animals
* Medical equipment
* Collectibles such as toys, video, DVD’s or CD’s.

**Hoarding Questions for Practitioners**

The answers to some of the questions below might inform a Hoarding Assessment and provide the information needed by the practitioner carrying out the assessment. Note, some people may not want to be open or honest about their situation, they might be embarrassed or feel a sense of shame for instance, and so must be approached with respect and sensitivity.

* 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 have you made your home safer to prevent this (above) from happening again?
* How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot or other hazards)?
* Has a fire ever started by accident?
* How do you get hot water, lighting and heating in here? Do these services work properly? Have they ever been tested?
* Do you ever use candles or an open flame to heat and light here or cook with camping gas?
* How do you manage to keep yourself warm? Especially in winter?
* When did you last go out in your garden? Do you feel safe to go out there?
* Are you worried about other people getting into your garden to try and break in? Has this ever happened?
* Are you worried about mice, rats, foxes or other pests? Do you leave food out for them?
* Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
* Can you prepare food, cook and wash up in your kitchen?
* Do you use your fridge? Can I have a look in it? How do you keep things cold in the hot weather?
* How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and toilet ok? Have a wash, bath/shower?
* Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (If there are any).
* What do you do with your dirty washing?
* Where do your sleep? Are you able to change the bed linen regularly? When did you last change them?
* How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
* Are there any broken windows in your home? Any repairs that need to be done?
* Because of the number of possessions, you have, do you find it difficult to use some of your rooms? If so which ones?
* Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

**Multi-agency Response**

It is recognised that hoarding is a complex condition and that a variety of agencies will come into contact with the same person. It is also recognised that not all customers will receive support from statutory services such as Mental Health.

Any professional working with customers who may have or appear to have a hoarding condition should ensure they complete the hoarding assessment and use the clutter image rating tool kit to decide what steps to take.

Evidence of animal hoarding at any level should be reported to the RSPCA.

**Bradford District Hoarding Panel**

Hoarding is the excessive accumulation and retention of material, regardless of value, to the point that there is no, or minimal living space, and it impedes day to day functioning. It is distinct from a person collecting or generally being cluttered and messy. The difference being that a hoarder will tend to have a strong emotional attachment to their objects. It is very rarely a lifestyle choice. There is currently no clear pathway for hoarders within the Bradford District.

It has been estimated 26,000 people in the district, or 5% of population, who hoard. In some instances, this is so severe that occupiers of a hoarded property have no access to washing facilities, kitchen facilities or sleeping areas.

A framework for dealing with cases of Hoarding has been published on the Council website. It applies to all agencies and professionals within the Bradford District area who are working with or supporting people who may hoard.

You can find the framework here: <https://www.bradford.gov.uk/media/5584/bradford-multi-agency-hoarding-framework.pdf>

There is an expectation that everyone in partnership with the protocol will engage fully to achieve the best outcome for the individual, while meeting the requirements and duties of their agency or Board.

Aims of the Framework:

* Create a safer and healthier environment for the individual and others affected by the hoarding behaviour, e.g. family, neighbours.
* Develop a multi-agency pathway which will maximise the use of existing service’s and resources and which may reduce the need for compulsory solutions.
* Ensure that when solutions are required, there is a process for planning solutions tailored to meet the needs of the individual and utilising a person centred approach. Possible solutions could include clearance of the hoard, professional support and monitoring, property repairs and permanent or temporary re-housing.
* Develop creative ways of engaging individuals in the process.
* To establish best practice and improve knowledge of legislation that relates to hoarding behaviour through the Hoarding Panel.
* Ensure effective Partnership working and information sharing.

The Panel’s role is to:

* Review the circumstances of cases and the actions taken so far
* Challenge and advise on the options available
* Help the relevant organisations to coordinate and complete their actions
* Remove barriers to cooperation
* Signpost to agencies or organisations that could contribute

The Hoarding Panel is available to all organisations and agencies within Bradford District that are signatories to this framework.

The Panel will normally only accept cases for discussion in the following circumstances:

* Where the hoarding is graded at 5 or above on the hoarding clutter image rating scale
* The presenting organisation has attempted to follow the guidance in this framework has been unable to resolve the situation, or
* The presenting organisation has been unable to gain the cooperation of other organisations to take action, or
* The presenting organisation has good reason to believe that there is severe hoarding (5 or greater on the hoarding clutter scale) but has been unable to gain access to the property or engage with the person involved despite persistent attempts and needs the assistance of other agencies.

The Panel may recommend a course of action to progress a particular case or problem. It has no decision-making powers to direct organisations or Council departments to take or desist from a course action, but it acts as this framework’s mechanism to manage and progress hoarding cases and maintain good practice standards. Organisations who wish to depart from recommendations of the Panel should be able to provide written reasons to the Panel and for their own records.

The Panel has no financial budget and is not able to provide or direct resources either from within the Council or from other organisations.

**Appendix 5 – Clutter Image Rating Scale and Assessment Tool**

**Clutter Image Rating Scale - Bedroom**

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

A nice room with a bed and a cat lying on it

Description automatically generated

|  |  |  |
| --- | --- | --- |
| **1** | **2** | **3** |

**A room with a pile of clothes

Description automatically generated**

|  |  |  |
| --- | --- | --- |
| **4** | **5** | **6** |

**A nice room with a bed and a dresser

Description automatically generated**

|  |  |  |
| --- | --- | --- |
| **7** | **8** | **9** |

**Clutter Image Rating Scale - Lounge**

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

**A room with a couch and a tv

Description automatically generated**

|  |  |  |
| --- | --- | --- |
| **1** | **2** | **3** |

**A room with a pile of clothes

Description automatically generated**

|  |  |  |
| --- | --- | --- |
| **4** | **5** | **6** |

**A pile of clothes in a room

Description automatically generated**

|  |  |  |
| --- | --- | --- |
| **7** | **8** | **9** |

**Clutter Image Rating Scale - Kitchen**

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

**A kitchen with a table and chairs

Description automatically generated**

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| --- | --- | --- |
| **1** | **2** | **3** |

**A room with nice furniture and a stove

Description automatically generated with medium confidence**

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| --- | --- | --- |
| **4** | **5** | **6** |

**A room full of nice items

Description automatically generated**

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| --- | --- | --- |
| **7** | **8** | **9** |

**Assessment Tool Guidelines**

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| Assessment area | Assessment guidance |
| 1. Property structure, services & garden area | • Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space.  • Does the property have a smoke alarm?  • Visual Assessment (non-professional) of the condition of the services within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action.  • Are the services connected?  • Assess the garden - size, access and condition.  • Is the garden overgrown? Is there evidence of rats, refuse or animal faeces? |
| 2. Household Functions | • Assess the current functionality of the rooms and the safety for their proposed use. E.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it.  • Select the appropriate rating on the clutter scale.  • Please estimate the % of floor space covered by clutter.  • Please estimate the height of the clutter in each room. |
| 3. Health and Safety | • Assess the level of sanitation in the property.  • Are the floors clean?  • Are the work surfaces clean?  • Are you aware of any odours in the property?  • Is there rotting food?  • Does the resident use candles?  • Did you witness a higher than expected number of flies?  • Are household members struggling with personal care?  • Is there random or chaotic writing on the walls on the property? • Are there unreasonable amounts of medication collected, either prescribed or over the counter?  • Is the resident aware of any fire risk associated to the clutter in the property?  • Is there heating and hot water available at the property? |
| 4. Safeguard of Children & Family members | • Do any rooms rate 7 or above on the clutter rating scale?  • Does the household contain young people or children? |
| 5. Animals and Pests | • Are the any pets at the property?  • Are the pets well cared for; are you concerned about their health?  • Is there evidence of any infestation? E.g bed bugs, rats, mice, etc. • Are animals being hoarded at the property? |
| 6. Personal Protective Equipment (PPE) | • Following your assessment do you recommend the resident is visited in pairs? Please detail  • Is wearing PPE recommended? |

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| 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. |
| 1. Property structure, services & garden area | • All entrances and exits, stairways, roof space and windows are accessible.  • Smoke alarms fitted and functional or referrals made to fire brigade to visit and install.  • All services functional and maintained in good working order.  • Garden is accessible, tidy and maintained. |
| 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 within terms of any lease or tenancy protocols where appropriate.  • Property is not at risk of action by Environmental Health. |
| 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. |
| 4. Safeguard of Children & Family members | • No concerns for household members. |
| 5. Animals and Pests | • Any pets at the property are well cared for.  • No pests or infestations at the property. |
| 6. Personal Protective Equipment (PPE) | • No visit in pairs required. |

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| Level 1 | Actions |
| Agency | • Discuss concerns with resident.  • Raise a request to the Fire Service to provide fire safety advice.  • Refer for support assessment if appropriate.  • Refer to GP if appropriate. |
| Environmental  Health | • No action. |
| Social  Landlords | • Provide details on debt advice if appropriate to circumstances.  • Refer to GP if appropriate.  • Refer for support assessment if appropriate.  • Provide details of support streams open to the resident via charities and self-help groups.  • Provide details on debt advice if appropriate to circumstances.  • Ensure residents are maintaining all tenancy conditions. |
| Practitioners | • Complete Hoarding (Clutter) Assessment.  • Make appropriate referrals for support.  • Refer to social landlord if the client is their tenant or leaseholder. |
| Emergency  Services | • Ensure information is shared with statutory agencies & feedback is provided to agency on completion of home visits. |
| Animal  Welfare | • No action unless advice requested. |
| Safeguarding  Adults | • No action unless other concerns of abuse are noted. |

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| Level 2  Clutter Image Rating 4 – 6 | Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property. |
| 1. Property structure, services & garden area | • Only major exit is blocked.  • Only one of the services is not fully functional.  • Concern that services are not well maintained.  • Smoke alarms are not installed or not functioning.  • Garden is not accessible due to clutter, or is not maintained.  • Evidence of indoor items stored outside.  • Evidence of light structural damage including damp.  • Interior doors missing or blocked open. |
| 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.  • Room(s) scores between 4-5 on the clutter scale.  • Inconsistent levels of housekeeping throughout the property.  • Some household appliances are not functioning properly and there may be additional units in unusual places.  • Property is not maintained within terms of lease. |
| 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.  • No concerning use of candles.  • Resident trying to manage personal care but struggling.  • No writing on the walls. |
| 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, including carers.  • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk. |
| 5. Animals and Pests | • Pets at the property are not well cared for.  • Resident is unable to control the animals.  • Animal’s living area is not maintained and smells.  • Animals appear to be under nourished or over fed.  • Sound of mice heard at the property.  • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) |
| 6. Personal Protective Equipment (PPE) | • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.  • PPE required. |

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| Level 2 | Actions  In addition to actions listed below these cases need to be monitored regularly in the future due to risk of escalation or reoccurrence |
| Agency | • Refer to landlord if resident is a tenant.  • Refer to Environmental Health is resident is a freeholder.  • Raise a request to the Fire Service to provide fire prevention advice.  • Provide details of garden services.  • Refer for support assessment.  • Referral to GP.  • Referral to debt advice if appropriate.  • Refer to Animal Welfare if there are animals at the property.  • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| Environmental  Health | • Refer to Environmental Health or Housing with details of client, landlord (if relevant) referrer’s details and overview of problems.  • At 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 or Anti-Social Behaviour Act.  • Consider Works in Default if notices not complied by occupier. |
| Social  Landlords | • Visit resident to inspect the property & assess support needs.  • Referral to Tenancy Support to assist in the restoration of services to the property where appropriate.  • Ensure residents are maintaining all tenancy conditions.  • Enforce tenancy conditions relating to resident’s responsibilities.  • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| Practitioners | • Complete Hoarding (Clutter) Assessment.  • Refer to “Guidance for Hoarding Guidance Questions to Ask”.  • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| Emergency  Services | • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.  • Provide feedback to referring agency on completion of home visits.  • Refer to W Yorks Fire and Rescue Service to put a marker against the property. |
| Animal  Welfare | • Visit property to undertake a wellbeing check on animals at the property.  • Educate client regarding animal welfare if appropriate.  • Provide advice / assistance with re-homing animals. |
| Safeguarding  Adults | • No action unless other concerns of abuse are noted.  • If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary. |

**Level 3** - The household environment will require intervention with a collaborative multi-agency approach with involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.

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| Level 3  Clutter image rating 7- 9 | Collaborative multi-agency approach |
| 1. Property structure, services & garden area | • Limited access to the property due to extreme clutter.  • Evidence may be seen of extreme clutter seen at windows.  • Evidence may be seen of extreme clutter outside the property.  • Garden not accessible and extensively overgrown.  • Services not connected or not functioning properly.  • Smoke alarms not fitted or not functioning.  • Property lacks ventilation due to clutter.  • Evidence of structural damage or outstanding repairs including damp.  • Interior doors missing or blocked open.  • Evidence of indoor items stored outside.  • Evidence of putrescible waste, harbourage, animal faeces. |
| 2. Household Functions | • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.  • Room(s) scores 7 - 9 on the clutter image scale.  • Rooms not used for intended purposes or very limited.  • Beds inaccessible or unusable due to clutter or infestation.  • Entrances, hallways and stairs blocked or difficult to pass.  • Toilets, sinks, baths not functioning or not in use or contaminated with faeces.  • Resident at risk due to living environment.  • Household appliances are not functioning or inaccessible.  • Resident has no safe cooking environment.  • Resident is using candles.  • Evidence of outdoor clutter being stored indoors.  • No evidence of housekeeping being undertaken.  • Broken household items not discarded e.g. broken glass or plates.  • Concern for declining mental health.  • Property is not maintained within terms of lease or tenancy protocol where applicable.  • Evidence of putrescible waste, harbourage, animal faeces.  • Property is at risk of notice being served by Environmental Health. |

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| 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 may be seen of unclean, unused and or buried plates & dishes.  • Broken household items not discarded e.g. broken glass or plates.  • Inappropriate quantities or storage of medication.  • Pungent odour can be smelt inside the property and possibly from outside.  • Concern with the integrity of the electrics.  • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.  • Concern for declining mental health.  • No heating or hot water. |
| 4. Safeguard of Children & Family members | • Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert.  • Please note all additional concerns for householders, including carers.  • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk. |
| 5. Animals and Pests | • Animals at the property at risk due the level of clutter in the property.  • Resident may not able to control the animals at the property.  • Animal living area is not maintained and smells.  • Animals appear to be under nourished or over fed.  • Animals being kept in unsanitary conditions.  • Hoarding of animals at the property.  • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)  • Visible rodent infestation. |
| 6. Personal Protective Equipment (PPE) | • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.  • Visit in pairs required. |

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| Level 3 | Actions |
| Agency | • Raise Safeguarding Alert **within 24 hours**.  • Raise a request to the Fire Service **within 24 hours** to provide fire prevention advice. |
| Environmental  Health | • Refer to the appropriate Local Authorities’ Environmental Health Residential Team on with details of client, landlord (if relevant) referrer’s details and overview of problems.  • At time of inspection, EHO decides on appropriate course of action.  • Consider serving notices under Environmental Protection Act 1990, Housing Act 2004 or Public Health Act 1936 – Filthy and Verminous, Prevention of Damage By Pests Act 1949 or Housing Act 2004 or Anti-Social Behaviour, Crime and Policing Act 2014.  • Consider Works in Default if notices not complied by occupier.  • Liaise with Landlord – either private or social landlord. |
| Landlords | • Visit resident to inspect the property & assess support needs.  • Attend multi-agency Safeguarding meeting.  • Enforce tenancy conditions relating to resident’s responsibilities.  • If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988. |
| Practitioners | • Complete Hoarding (Clutter) Assessment.  • Refer to “Guidance for Hoarding Guidance Questions to Ask”.  • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| Emergency  Services | • Attend Safeguarding multi-agency meetings on request.  • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.  • Provide feedback to referring agency on completion of home visits. |
| Animal  Welfare | • Visit property to undertake a wellbeing check on animals at the property.  • Remove animals to a safe environment.  • Educate client regarding animal welfare if appropriate.  • Take legal action for animal cruelty if appropriate.  • Provide advice / assistance with re-homing animals. |
| Safeguarding  Adults | • Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse where appropriate. |
| Safeguarding Children | **•** Refer to the Children's Social Care Practitioners Advice and Referral Line or the Social Services Emergency Duty Team if children or young people present within 24 hours. |

**Appendix 6 – Local Resources**

BASC policy and procedures: <https://wynyy-bradford.trixonline.co.uk/contents/contents>

Safeguarding contacts and practice resources: <https://wynyy-bradford.trixonline.co.uk/resources/contacts-and-practice-resources>

Safer Bradford: <https://www.saferbradford.co.uk/adults/>

<https://www.saferbradford.co.uk/resources/adults/safeguarding-adults-policy-and-procedures/>

<https://www.saferbradford.co.uk/children/>

Care and Support Statutory Guidance Chapter 14: <https://www.bradfordappp.co.uk/self-neglect/?hilite=self-neglect>

**Appendix 7 – National Resources**

Research in Practice tool: <https://www.researchinpractice.org.uk/adults/publications/2020/december/working-with-people-who-self-neglect-practice-tool-updated-2016/>

Local Government Association – Making Safeguarding Personal in self-neglect:

<https://www.local.gov.uk/our-support/partners-care-and-health/care-and-health-improvement/safeguarding-resources/self-neglect-worbook>

Michael Preston Shoot research and publications: <https://www.researchgate.net/profile/Michael-Preston-Shoot>

<https://www.beds.ac.uk/iasr/about/staff/michael-preston-shoot/>

<https://www.communitycare.co.uk/2016/11/23/self-neglect-tension-human-rights-duty-care/>

NHS Safeguarding – Think Family approach: <https://nhssafeguarding.app/context-of-NHS-safeguarding/s2-05/>