



*Right for Children, Families and Adults*

Walsall Adult  
Safeguarding Partnership

# **Self-Neglect & Hoarding: Strategy, Pathway & Toolkit**



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## Introduction

This strategy has been produced by the Walsall Safeguarding Partnership Self-Neglect Subgroup on behalf of the Walsall Safeguarding Partnership. It lays out a clear rationale for why a multi-agency response to self-neglect is required and provides a clear framework to help support practitioners to identify self-neglect and hoarding.

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

Responding to self-neglect is challenging for professionals, and there is often a need to balance and determine what is someone's right and choice with what becomes a serious risk to themselves and/or others.

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

### **This strategy is intended to:**

- Help raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.

- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult.
- To identify factors which have contributed to, or caused the abuse or neglect.

### **It provides a framework for effective practice across the partnership through:**

- Enhanced knowledge of self-neglect and the legal framework.
- Consistency in multi-agency decision making.
- A clear pathway for engagement and intervention.
- A set of principles which all partner agencies can adhere to.

The purpose of this document is to foster a consistent approach as some agencies may have their own self-neglect and hoarding guidance, and should be read in conjunction with both the West Midlands Adult Self Neglect Best Practice Guidance and the Multi-Agency Policy & Procedures for the protection of Adults with Care and Support Needs: [www.safeguardingwarwickshire.co.uk/wmadultdocs](http://www.safeguardingwarwickshire.co.uk/wmadultdocs)

## Key Principles:

- In keeping with the principles of Making Safeguarding Personal, the person & where applicable, their family, remain at the centre of any concern and subsequent response.
- We actively listen and apply a strengths-based approach.
- The agreed response is appropriate and proportionate.
- We work together as partner agencies, sharing information in a timely and positive way, and are professionally curious.
- Ensure that the Mental Capacity Act is appropriately applied and capacity, whilst a consideration, is not on its own a justification for non-intervention.
- Work within a legal framework with evidenced decision making.
- The Walsall Self Neglect Toolkit and Risk Toolkit is applied by all agencies.

The Strategy recognises that in complex cases, professionals are often dealing with entrenched behaviours which require a longer term, solution-based approach with a focus on building trust and rapport.

Although the prevalence of self-neglect cases may vary over time, it is clear from local and national Safeguarding Adult Reviews (SARs) that there are a 'critical few' cases, which require partners to work together.

Data from Adult Social Care, as well as a snapshot of local partner experience reaffirms this need.

Safeguarding Adult Reviews (SARs) and other supporting information including multi-agency audits in 2021/22 tell us that there are various reasons why people self-neglect and there may be varying presentations:

- Some people have insight into their behaviour, while others do not.
- Others may be experiencing an underlying condition, such as dementia or ill-health.
- 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, such as children in the household or co-dependent adults.

- People may be unwilling or unable to acknowledge the problem or be open to support to improve their circumstances.
- Some may be at risk of vermin infestations, poor hygiene, or fire risk from hoarding.
- Self-Neglect may be as a result of previous trauma, and agencies are encouraged to consider a trauma-informed approach.

Improvements to health, wellbeing and home conditions can be achieved by spending time building relationships, gaining trust and providing support. When people are supported to accept help, research has shown that they rarely go back to their old lifestyle. This may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and improving the environment of someone's home.

There may be instances of self-neglect where there are also children in the household. If such circumstances are identified, immediate consideration should be given to an Early Help referral. The principles of Early Help are complementary to this Self-Neglect Strategy by intervening at the earliest opportunity and prior to statutory action.

*This document does not include risk associated with deliberate self-harm, which is not reflected in the Care Act guidance for self-neglect. Any adult who self-harms should be advised to contact their GP or other relevant health professional as a matter of urgency or referred with their consent. 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.*



## Self-Neglect Definition

There is no one accepted and universally known definition of self-neglect. The Social Care Institute for Excellence (SCIE 2018) refers to self-neglect as:

- Lack of self-care 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
- Inability or unwillingness to manage one's personal affairs

The Care Act statutory guidance 2014 (updated 2021) defines self-neglect as;

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

## The Walsall Pathway

The pathway is built on a three-level approach, depending upon the level of risk and agency involvement. It enables agencies to clearly identify their roles and responsibilities with individual cases and how these may need to be escalated through the levels. The self-neglect risk matrix (see appendix 9) can be used to help support decision making in relation to the level of intervention required.

Alongside the levels, the safeguarding duty must always be considered and safeguarding concerns raised to the Local Authority where appropriate. More detail is contained later in this document and again, via this link; [www.safeguardingwarwickshire.co.uk/wmadultdocs](http://www.safeguardingwarwickshire.co.uk/wmadultdocs)

## Self-Neglect Pathway Three Level Approach



## Level One

This level is for:

- a) Cases of self-neglect and hoarding where the risk appears to be low and initial conversations have commenced with the adult.
- b) The person is accepting support with issues linked to self-neglect.

This would initially be for a single agency response. For example, a District Nurse who has been visiting an adult who has not been eating adequately and their wellbeing is affected. The District Nurse would explore the concerns with them using a strengths-based approach to identify possible solutions.

The guidance contained within this document alongside the suggested tools, the self-neglect risk matrix (Appendix 9) and the self-neglect pathway flowchart (Appendix 1) will support practitioners at this level.

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## Level Two

This level is for where:

- a) Single Agency interventions provided at a Level One have not improved the adult's circumstances.
- b) Concerns identified are at a medium to high risk.
- c) Adult is not recognising or accepting all support required to address issues linked to self-neglect.
- d) Neglect is of considerable concern e.g. impacting on others, risk of malnutrition
- e) Requires a multi-agency coordinated approach.
- f) The adult's self-neglect may impact upon children or co-dependent adults.

The guidance contained within this document alongside the suggested tools, the self-neglect risk matrix (Appendix 9) and the self-neglect pathway flowchart (Appendix 1), will support practitioners at this level.

The expectation at this level is that the pathway guidance is followed.

**A referral to the self-neglect panel (Level Three) would only become necessary where a coordinated multi-agency approach has not made sufficient impact on the adult's circumstances and specialist multi-agency advice is required from the Self-Neglect Panel.**

Prior to any referral being made to the panel the pre-referral checklist must be completed to ensure that key factors have been considered and actioned prior to referral.

At this stage a safeguarding referral to the Local Authority **may** be required (please see additional guidance in section, and also refer to the self-neglect pathway flowchart).

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## Level Three

This level is for where:

- a) Intervention at level two has not improved the adult's circumstances and there are immediate concerns that the risks to the adult's life are severe and critical.
- b) Interventions continue to be refused by an adult who has capacity and the level of risk is escalating from high to severe and critical.
- c) The adult lacks capacity and all options have been explored and there is potential need for the Court of Protection involvement.
- d) The circumstances may involve serious safeguarding issues concerning children or co-dependent adults.

The aim of this level is for referrals to be made to the Self-Neglect Panel to provide specialist advice for the most complex cases. All concerns at this level will follow the guidance and a safeguarding adult concern must also be raised with the Local Authority. See section 14 for guidance.

## Self-Neglect Panel membership

To ensure the effectiveness of these panels, it is essential that the appropriate representatives from relevant agencies attend. Any potential referral for the self-neglect panel needs to be completed on the referral form (see Appendix 3), and submitted to Walsall Council Adult Social Care to coordinate; [selfneglectpathway@walsall.gov.uk](mailto:selfneglectpathway@walsall.gov.uk)

This panel will meet a minimum of monthly and referrals will need to be made ahead of the date of the panel. It is expected that the allocated worker attends to present their case. If they are unable to attend, then an appropriate representative must be identified. Cases will not routinely be heard if the referring agency is not in attendance but this will be at the discretion of the chair. The referring agency must ensure that the pre-checklist is completed and also submitted with the referral.

The panel will consist of membership at a Team Manager (or equivalent) level from the following organisations:

- Walsall Adult Social Care
- WMP
- WMAS
- Walsall Housing
- Walsall Healthcare Trust
- BCPFT
- WMFS
- Children's social care where children are in the home

It is a requirement that the panel will be chaired at a Team Manager or equivalent level on a 6 monthly rotating basis.



## Aim of the Self-Neglect Strategy and accompanying Pathway and Toolkit

The aim of the toolkit is to prevent adults experiencing declining health and wellbeing, serious injury, possible risk to others and potentially death.

### It aims to:

- Help practitioners understand the issues of self-neglect and associated risk.
- Support a strong focus on multi-agency engagement and effective application in practice.
- Ensure that referrals pathways are clear across all partners.
- Ensure all agencies understand and act on their duty of care.
- Provide responses to self-neglect that are proportionate and appropriate to the risk to the adult and others.
- Support practitioners to respond to self-neglect & empower individuals as far as possible to understand the implications of their actions.

The Strategy, Pathway & Toolkit have been developed using the principles of Making Safeguarding Personal.

Making Safeguarding Personal toolkit |  
Local Government Association



## A Strengths Based Approach

Strengths based practice is an approach that focuses on building relationships and working on what strengths an individual has or can access within their support circle. The focus remains on an individual's strengths, not deficits and practitioners need to have open and honest (yet respectful and empathetic) conversations with the person.

### Helpful questions to ask the adult can be:

- What would you like to share with me (tell me) about what is happening?
- Would you like someone to speak for you? (consider independent advocacy)
- What is working well for you and what is working not so well?
- Is your current situation impacting on your health and wellbeing and if so, how?
- What would you like to change? What would you like to achieve?
- What is important to you?

It is important to recognise and balance how an individual's safety and improvements can be promoted whilst also not impacting on their rights, choices or possible benefits from their circumstances.

## Multi-Agency Approach and Benefits

Responding to self-neglect and high levels of harm is a multi-agency responsibility. Agencies working in isolation can lead to less informed and less effective safeguarding responses.

A multi-agency approach is not only required where the Local Authority commences a S42 enquiry as there are multiple cases where S42 criteria is not met and the response would benefit from multi-agency involvement approach.

The agency that identifies the concern initially is responsible for ensuring that a multi-agency meeting is arranged (Level Two in the Pathway).

It is really important that a lead agency must be identified. This ensures that all agencies are clear who will be coordinating the approach. All agencies are also required to engage where requested by the lead agency.

### The lead agency will be determined by:

- The agency who is already actively engaged in the case and has the best knowledge and relationship with the adult
- Where there are multiple agencies engaged, then the lead will be on the basis of the most compelling need.
- Where the adult is not open to a service, the most appropriate team should lead based on the overriding need
- The escalation process when lead agency cannot be agreed by the partners will be taken forward to the chair of the Self-Neglect Panel.
- If the Care Act 2014 S42 legal duty has been triggered, then the Local Authority in its lead role, may consider causing the enquiry under the S42 duty to the most appropriate agency/agencies who have a duty to cooperate under S6 & S7 of the Care Act, 2014, unless there is clear conflict of interest or the agency does not feel that the request is appropriate. In such circumstance agencies will be required to provide evidence to support their view. The Local Authority, when causing an enquiry, will provide the relevant agency/agencies with a Terms of Reference to guide the enquiry and will decide if any actions are required, what they are and who will undertake them in order to safeguard the adult
- Where court action is being recommended and no action is being undertaken by the required agency and the adult is at significant risk, the duty of care will ultimately remain with the Local Authority who will take forward the required actions in conjunction with their legal department. Where this occurs there is an expectation that partner agencies will be required to support such actions and may be made party to applications.

## Appendices:

The Strategy, Pathway and Toolkit are supported by a number of appendices and links to additional supporting material and relevant documents/templated.

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### Appendix 1:

Self-Neglect & Mental Capacity Flowchart

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### Appendix 2:

Walsall Self-Neglect Pathway Flowchart

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### Appendix 3:

Explanatory Notes for the Walsall Self-Neglect Pathway

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### Appendix 4:

Indicators & Themes linked to Self-Neglect and Hoarding

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### Appendix 5:

Self-Neglect, Hoarding and Safeguarding – The Care Act 2014

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### Appendix 6:

Evidenced decision making

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### Appendix 7:

Mental Capacity

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### Appendix 8:

Possible Legal Options

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### Appendix 9:

Severity of Self-Neglect Chart



## List of useful links:

To access the following documents listed below please [click here](#).

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[Self-Neglect Pathway checklist/aide memoire](#)

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[Referral to Self-Neglect Panel Template](#)

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[Multi-Agency Risk Conversation Tool](#)

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[Multi-Agency Risk Enablement Assessment Tool](#)

RiskEnablementToolkitGuidance.pdf  
(walsall.gov.uk)

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[Multi-Agency Risk Enablement Plan](#)

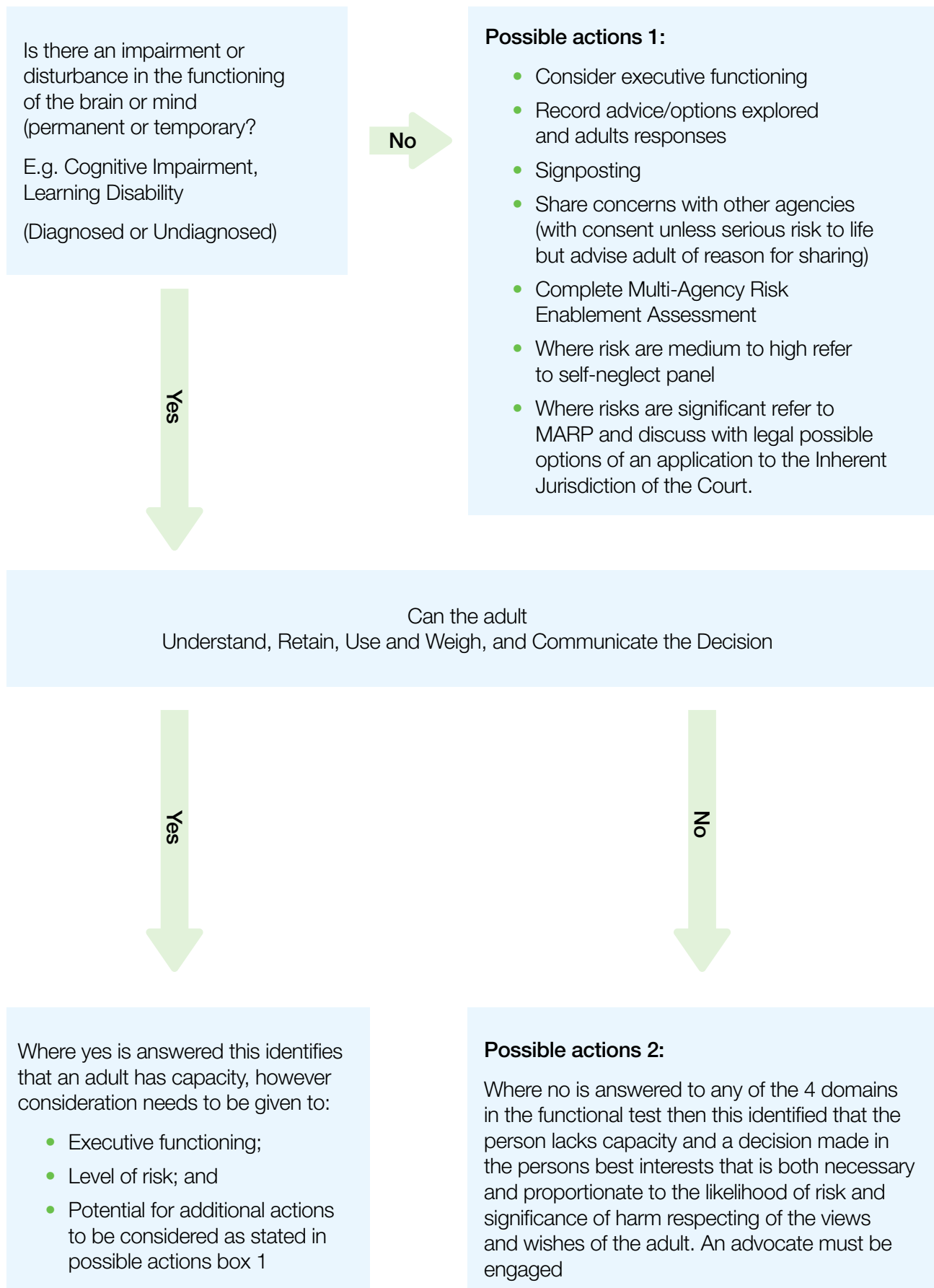
RiskEnablementToolkitFlowchart.pdf  
(walsall.gov.uk)

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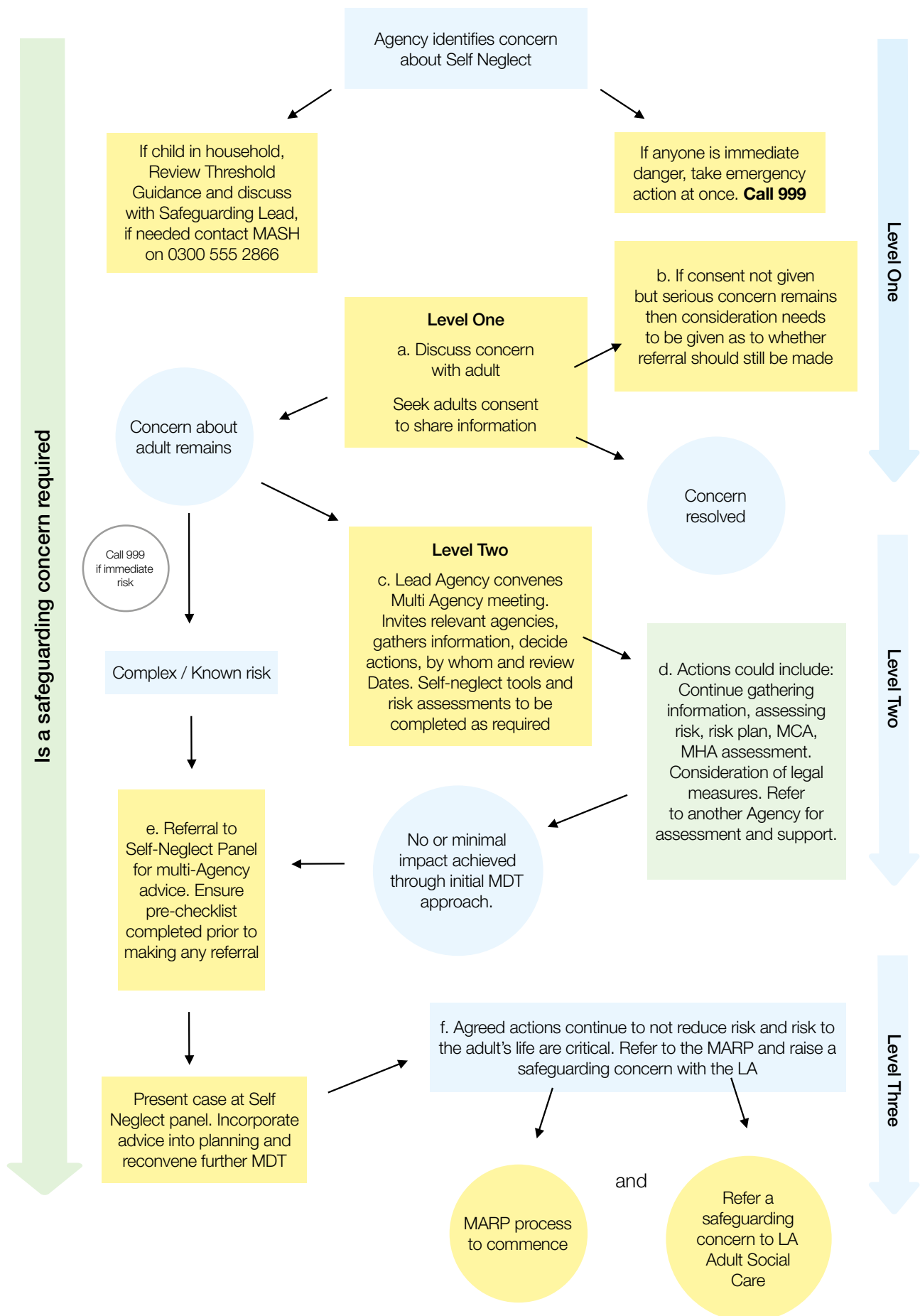
[Clutter Rating Tool](#)

# Appendix 1

## Self-Neglect & Mental Capacity Flowchart



## Appendix 2 Walsall Self Neglect Pathway Flowchart





### Appendix 3

## Explanatory Notes for Walsall Self-Neglect Pathway

When a child is identified to be in a household where there is a concern about an adult's self-neglect, then the child should be referred to MASH on 0300 555 2866 and via the MARF

If the adult is thought to be in immediate danger then the emergency services should be alerted at once.

#### Level One – Single agency response

- a) If you have a concern about an adult, then unless it is not safe to do so, you should speak to them to get their views about your concern and the risks you think they face.
- b) If you remain concerned, when deciding what to do next you should consider:
  - What the person wants
  - Whether there is evidence of mental illness
  - Their mental capacity to understand the concern; if you suspect they lack capacity to understand, you will need to follow the principles of the Mental Capacity Act
  - The level of risk to the adult or to others  
Who else may need to be informed?

- If the adult refuses support, consider if this is a sign of coercion by someone else, and if you need to act without their consent. Consider exploring where it may be appropriate to proceed without consent (e.g. risk to others, immediate risk to safety)
- Discuss the concern and what to do with your supervisor/manager/person you report to, unless this would cause a delay that places the person at greater risk.

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#### Level Two – Multi-agency approach

- c) Where Level One single agency intervention does not resolve concerns and the level of risk is medium to high, then progress to a multi-agency discussion. Ensure tools and risk assessments are completed where required
- d) Since each adult's experience of self-neglect is different, the actions to support them are likely to be very diverse. Where an adult has care and support needs, referral to Walsall Council for a needs assessment should in most cases be considered before considering making an adult safeguarding referral.
- e) Where the multi-agency approach appears to making little or no impact then a referral to the Self-Neglect Panel for specialist can be made. A referral pre-checklist must be completed prior to making any referral

### Level Three – Self-Neglect Panel

- f) Where despite agreed actions, risk is not reducing and risk to the adult's life is critical a referral to the Self-Neglect Panel must be made to your agencies safeguarding lead and a safeguarding concern must also be raised with the LA

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## Appendix 4 Indicators & Themes linked to Self-Neglect and Hoarding

Braye et al (2014) identified six overarching themes in their research with people who self-neglect:

- 1) Demotivation stemming from other factors;
- 2) Other priorities;
- 3) Different standards;
- 4) Maintaining self-care;
- 5) Uncertainty about reasons, and;
- 6) Inability to self-care.

Self-neglect was also linked to health difficulties, homelessness, loss and social isolation.

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.

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## Appendix 5 Self-Neglect, Hoarding and Safeguarding – The Care Act 2014

The Care Act 2014 (Statutory Guidance updated 2021) included self-neglect as a category of harm and made it a responsibility of Safeguarding Adult Boards to ensure they co-operate with all agencies in establishing systems and processes to work with people who self-neglect and to minimise risk and harm. The Care Act (2014) placed a duty of co-operation on the local authority, police and NHS body (CCG) and raised expectations about the cooperation of other agencies.

The Care Act (2014) also placed specific duties on local authorities in relation to self-neglect. An assessment should be made on a case by case basis and the guidance recognises that self-neglect may not prompt a section 42 enquiry.

Decisions on if a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. It may come to a point where the adult is no longer able to do this, without external support. Care Act Statutory Guidance 2014 (updated 2021).

The legal framework for the Care Act 2014 is clear:

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

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 risk, and, the duty to undertake enquiries under section 42 of the Care Act will not be triggered or necessary.

In cases where an adult has refused an assessment and services and remains at high risk of serious harm as a result, a s42 enquiry should be undertaken. Consideration of safeguarding should also be given to where others may also be at serious risk due to the behaviours resulting from the self-neglect.

## Appendix 6 Evidenced Decision Making

All agencies must evidence defensible decision making in all cases where there are concerns regarding self-neglect or hoarding. Below is a suggested list of key areas that agencies need to consider to ensure that their practice is defensible (note this is not an exhaustive list):

- Ensure there are clear, contemporaneous records including the dates and contact details for all referrals and appointments made
- Ensure where applicable there is a multi-agency plan in place, with clear actions, action owners and timescales for review.
- Capacity assessments are recorded and are question and time specific. Also to ensure that these are reviewed and revisited as appropriate and in accordance with codes of practice
- Ensure the adult's choices, wishes and options are discussed and documented, ensuring their voice is heard and recorded through I statements
- Mental Health is a key area. Ensure therapeutic and/or mental health interventions are considered and offered to support the adult. This could be in relation to depression, obsessive-compulsive behaviours or anxiety.
- The legal framework, policies and guidance are considered and applied with clear rationale, including what was considered, what actions were taken or not taken and why.
- Medical assessments and follow up appointments are clearly recorded within a plan
- Social assessments are completed, clearly recorded and a support plan in place where required
- Carers' assessments are offered and completed where required. It is important to recognise the impact that caring can have on a carer's physical and mental health. There are occasions where a carer's capacity may also need to be considered especially where they maybe obstructive. Legal options may also need to be considered in such situations.

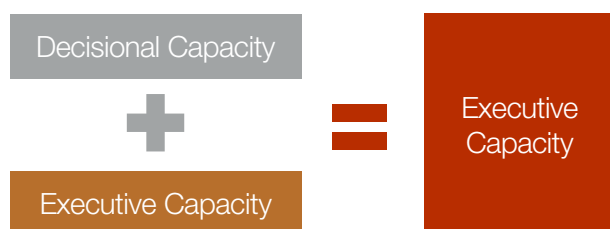
- Ensure adults are supported to engage and understand options, proposals and advice. Ensure advocacy is provided where required
- Agencies and professionals are clear on their roles and responsibilities
- Apply and evidence professional curiosity; have assumptions been made?
- Are practitioners being clear as to their professional opinions and recommendations, including a clear rationale for such.

## Appendix 7 Mental Capacity

Application of the Mental Capacity Act can be very complex in relation to self-neglect/hoarding (SCIE 2021), especially in situations of high risk where someone with mental capacity refused services (SCIE, 2014). Such situations raise ethical dilemmas in terms of the balance to be struck between respecting autonomy and fulfilling a duty of care. Mental capacity is often a key determinant of what intervention could and should take place. Knowledge of legal requirements is essential to underpin practice. The interface between different forms of legislation requires skills in navigating and weighing different options.

Gaining expert advice in complex cases is vital. ([www.scie.org.uk/self-neglect/policy-practice/evidence-base](http://www.scie.org.uk/self-neglect/policy-practice/evidence-base)).

A mental capacity assessment needs to determine whether the person has both the ability to understand the consequences of a decision and therefore make a decision (decisional capacity), and the ability to carry it out, i.e. execute the decision (executive capacity). The potential impact of undue influence must also be considered when determining an adult's mental capacity.



All capacity assessments start with a conversation and ethos of 'supported decision making'. The conversation should enable assessment of the person's understanding of the overall cumulative impact of a series of small decisions, for which they do have capacity, but where they might not have capacity to understand the overall impact.

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves. When a person's hoarding and/or self-neglect behaviour poses a serious risk to their or others health and safety, intervention will be required. With the exception of statutory requirements, any action or intervention proposed must have the person's consent. Where hoarding behaviour is extreme, professionals should question whether the person has capacity to consent to the proposed action or intervention based on the extreme circumstances of the environment and trigger a capacity assessment. The MCA code of practice states that a person's capacity to make a specific decision maybe in question if "the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision" (4.35 MCA Code of Practice, P. 52). The act has five statutory principles and these are the values, which underpin the legal requirements of the act.

### They are:

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practical steps have been taken without success
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision
- An act done or decision made, under this act for or on behalf of a person who lacks capacity must be done, or made in his or her best interests
- 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 a person has been assessed not to have capacity to understand and make specific choices and decisions, interventions and services can be provided in the person's best interest.

The Mental Capacity Act needs to be understood and implemented in the context of self-neglect; making sure that the presence of mental capacity is not used as a justification for inaction. Professionals must differentiate between a person's decision making where they have the capacity and ability to make a decision, even if we consider this to be an unwise decision. If a person has capacity and is considered to be making an unwise decision, this does not mean that we should disengage with the person. Adults who self-neglect often require ongoing professional engagement to build up rapport and trust before any improvements can be made.

It is important to recognise however that where consent of a capacitated adult is not given GDPR requirements advise that:

- Vital interests can be used as a lawful basis if you need to process the personal data to protect someone's life.
- Any sharing of information must be necessary and proportionate. If a person's vital interests can be protected in another less intrusive way, vital interests will not apply.
- You should always ensure that any sharing of information without consent under vital interests is supported with legally defensible decision making and clearly recorded.
- If agencies are unclear on the basis for information sharing then they should seek advice from their Information Governance Leads/legal advice

Requests made to share information must also be legally compliant. When requesting information from the Local Authority information on the following website may be helpful: [www.walsall.gov.uk/your\\_council/data\\_protection/requesting\\_data\\_from\\_the\\_council](http://www.walsall.gov.uk/your_council/data_protection/requesting_data_from_the_council)

Any capacity assessment carried out in relation to self-neglect/hoarding behaviour must be time-specific, and relate to a specific intervention or action and proceed through the best interests approach. Where the practitioner is considering a referral to the Court of Protection for an order or decision this should be discussed with legal services and the relevant service manager.

A capacity assessment must also be completed by the most appropriate individual depending upon the nature of the assessment. For example, if a health professional has recommended the need for a health intervention then the health professional would be the most appropriate person to assess the adults capacity as to whether the adult understands the intervention and to lead any best interest decision making. An Occupational Therapist may prescribe a specific piece of equipment they would be the most appropriate professional to provide the information in relation to complete a capacity assessment and follow best interests where the adult lacks capacity in relation to the equipment recommended.

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## The role of the Court of Protection

Where the person has been assessed as lacking mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act 2005 allows for agency intervention in the person's best interests. In urgent cases, where there is a view that an adult lacks mental capacity (and this has not yet been satisfactorily assessed and concluded), and the home situation requires urgent intervention, the Court of Protection can make an interim order and allow intervention to take place, (a person who lacks capacity has recourse in law to the Court of Protection).

The court will however expect to see evidence of professional decision-making and recording having already taken place, including evidence of attempts to engage and/or change behaviour.

Under the Mental Capacity Act (2005) s.16(2)(a) – the Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess the mental capacity of an individual who presents at putting themselves at risk.

## Appendix 8 Possible Legal Options

NB – Legal actions below are not in any hierarchical order

Agency	Legal Power and Action	Circumstances requiring intervention
Community Protection	<p><b>Enforcement Notice (s.83 – s85 PHA 1936)</b></p> <p>The local authority can serve a legal notice requiring the owner/occupier to cleanse the property and/or eradicate any pests on site. If the owner/occupier fails to comply the local authority can carry out the work in default and recover all costs incurred.</p>	<p>Filthy or unwholesome condition of premises (cleanliness not structural concerns), infestation of premises by pests, cleansing or destruction of filthy or verminous articles, cleansing of verminous persons and their clothing.</p>
Community Protection	<p><b>Power of entry/Warrant (s.287 Public Health Act)</b></p> <p>Gain entry for examination/execution of necessary work required under Public Health Act Police attendance required for forced entry</p>	<p>Non engagement of person. To gain entry for examination/ execution of necessary work (All tenure including Leaseholders/ Freeholders)</p>
Community Protection	<p><b>Environmental Protection Act 1990</b></p> <p>Authorised officers of the local authority can through the service of statutory notices on owners and occupiers of property require the abatement of a range of problems including ‘any premises in such a state as to be prejudicial to health or a nuisance’ and ‘any accumulation or deposit’ which meets the same test. ‘Premises’ includes open land such as a garden.</p>	
Community Protection	<p><b>Prevention of Damage by Pests Act 1949</b></p> <p>Local authorities can through service of a statutory notice require steps (such as the removal of materials providing food or harbourage) to be taken by occupiers to keep land clear of rats and mice. Whereas Public Health Act powers tends to be used for internal clearance, the 1949 Act tends to be used for clearing gardens or external areas.</p>	
Police	<p><b>Power of Entry (S17 of Police and Criminal Evidence Act)</b></p> <p>Person inside the property is not responding to outside contact and there is evidence of danger.</p>	<p>Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb</p>

<p><b>Community Protection / Housing Provider/ Police</b></p>	<p><b>Anti-Social Behaviour, Crime and Policing Act 2014</b></p> <p>S1/5/6 A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in anti-social behaviour.</p> <p>S43 Community Protection warnings and notices can be issued where the conduct of an individual is having a detrimental effect, of a persistent or continuing nature, on the quality of life of those in the locality, and the conduct is unreasonable.</p> <p>The warnings and Notices can require a behaviour stops or can require a different type of behaviour to occur i.e. <b>stop</b> collecting waste, <b>do</b> engage with local charities or organisations that can provide support as regards hoarding behaviour or social isolation. Injunctions are a more significant step or escalation if the behaviour continues and cannot be controlled any other way and possible final step before eviction proceedings.</p>	<p>Conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or a local housing authority</p>
<p><b>Housing</b></p>	<p><b>Housing Act 2004</b></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>	

<p><b>Private Sector Housing (Housing Standards)</b></p>	<p><b>The Housing Act 2004</b></p> <p>Introduced the Housing Health and Safety Rating System which is concerned with the assessment of deficiencies in the design, construction and maintenance of dwellings but doesn't cover the behaviour of occupiers. Hoarders may nevertheless live in properties which are in disrepair, sometimes extreme disrepair (and poor electrical wiring may exacerbate fire risk). This can prompt action by the local housing authority, usually in the forms of Improvement or perhaps Prohibition Notices and where there is an imminent risk of serious harm, their emergency variants.</p>	
<p><b>Planning</b></p>	<p><b>The Town and Country Planning Act 1990 section 215</b></p> <p>Provides a power to require the owner or occupier of land which is adversely affecting the amenity of an area to return it to an appropriate condition. These powers deal with situations where the material is visible to neighbours or to other persons living in the community and which is harmful to the amenity or quality of the environment.</p>	
<p><b>Environmental Health and Public Health</b></p>	<p><b>Part 2A Orders</b></p> <p>A local authority can apply to a Justice of the Peace (JP) for a Part 2A Order if it considers it necessary to deal with a threat to human health from infection or contamination that presents, or could present, significant harm. It is for the JP to decide whether an order is necessary. If the JP is satisfied by the local authority's case, an order can be made.</p> <p>This power is considered a last resort when other interventions have either failed or aren't suitable.</p> <p>A Part 2A Order can be made in relation to:</p> <ul style="list-style-type: none"> <li>• a person (or persons),</li> <li>• a "thing" (or things),</li> <li>• a body or human remains,</li> <li>• premises</li> <li>• to require a person to give information about a "related party", "related person" or "related thing", as relevant to the particular case.</li> </ul>	

<p><b>Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA</b></p>	<p><b>Animal Welfare Act 2006 Offences (Improvement notice)</b></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>See also: <a href="http://www.defra.gov.uk/wildlife-pets/">www.defra.gov.uk/wildlife-pets/</a>.</p>
<p><b>Mental Health Service</b></p>	<p><b>Mental Health Act 1983 Section 135(1)</b></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><b>NB:</b> 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"> <li>• Ill treated, or</li> <li>• Neglected, or</li> <li>• Being kept other than under proper control, or</li> <li>• If living alone is unable to care for self, and that the action is a proportionate response to the risks involved.</li> </ul>
<p><b>All</b></p> <p><b>Local Authority</b></p>	<p><b>Mental Capacity Act 2005</b></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><b>NB:</b> 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>

All	Inherent jurisdiction of the High Court	In extreme cases of self-neglect, hoarding and extreme high risk where a person with capacity is at risk of serious harm or death and refuses all offers of support, interventions or is unduly influenced by someone else, application 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.
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## Human Rights Act 1998

It is important to also recognise the Human Rights Act, 1998, where 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.

## Appendix 9 Severity of Self-Neglect Chart

Severity of self-neglect					
Likelihood of self-neglect		<b>Low Risk (Level 1):</b> Adult is accepting support with issues linked to self-neglect.	<b>Medium Risk (Level 2):</b> Adult is not recognising or accepting all support required to address issues linked to self-neglect.  Requires a multi-agency coordinated approach.	<b>High Risk (Level 2):</b> Adult is not recognising or accepting support required to address issues linked to self-neglect and is of considerable concern and requires a multi-agency approach eg impacting on others, risk of malnutrition.	<b>Severe &amp; Critical Risk (Level 3):</b> Intervention has made no or minimal impact. Adult is at potential high risk of death or significant injury (either physical or psychological) which professionals view to be imminent or very likely to occur.
	<b>Almost Certain</b>	4	8	12	16
	<b>Probable</b>	3	6	9	12
	<b>Possibly</b>	2	4	6	8
	<b>Unlikely</b>	1	2	3	4

## References

The following documents have been used to support with informing this document:

- 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.
- Self-Neglect & Hoarding Toolkit; Deborah Barnett (Care Knowledge), 1/3/19
- Self Neglect Best Practice Guidance; West Midlands Regional Safeguarding Adult Leads, 2021
- Rochdale Self Neglect Guidance
- Vulnerable Adults Risk Management Protocol and Self-Neglect Best Practice Guidance; East Riding Jan 2019
- A framework for multi-agency working with those who do not access Services. Guidance on the identification, assessment and management of risk; Slough Safeguarding Partnership, Nov 2019
- SCIE resources
- Care Act 2014
- Care Act 2014 Statutory Guidance (updated April 2021)



*Right for Children, Families and Adults*

**Walsall Safeguarding Partnership**  
Self-Neglect & Hoarding:  
Strategy, Pathway & Toolkit