Dudley Safeguarding People Partnership

Dudley Self-Neglect Policy

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Contents

Acknowledgements

The information provided in this document has been taken directly from a variety of different sources including RiPFA, SCIE and other local authorities' protocols. These have been referenced wherever possible.

This strategy and guidance document is endorsed and produced by Dudley Safeguarding Adult Board (DSAB) within the context of the duties set out at paragraph 14.2 of the Care Act (2014) Care and Support Statutory Guidance (2017). It should be referred to where an adult is deemed to be at risk due to self-neglecting and/or hoarding behaviours. As part of the Dudley Safeguarding People Partnership (DSPP), DSAB is a positive means of addressing issues of self-neglect and hoarding, and as a multi-agency partnership it is considered to be an effective and appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly. The DSPP is intended to cover and inform all statutory and voluntary/independent sectors that would come into contact with a vulnerable adult who may be at risk of self-neglect and/or hoarding.

The aim of the policy and practice guidance

The purpose of this policy and practice guidance is to reduce risk and, where possible, prevent serious injury or death of individuals who appear to be self-neglecting, by ensuring that:

- Individuals are empowered (as far as possible) to understand the implications of their actions and/or behaviours
- There is a shared, multi-agency understanding and recognition of the issues including those involved in working with individuals who self-neglect
- There is effective multi-agency working and practice and 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 will be achieved through:

- Promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity, and to be in control of, and as far as possible, to lead an independent life
- Aiding recognition of situations of self-neglect
- Increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individuals' needs, this includes 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, in order to avoid foreseeable harm
- Promoting a proportionate approach to risk assessment and management
- Clarifying different agency and practitioner responsibilities and, in so doing, promoting transparency, accountability, evidence of decision-making processes, actions taken
- Promoting an appropriate level of intervention through a multi-agency approach.

This policy is underpinned by the Multi-Agency Hoarding Framework (appendix 1).

Under section 42 of the Care Act 2014, safeguarding duties apply to an adult who meets the following criteria:

- Has needs for care and support (whether or not the local authority is meeting any of those needs); and
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect

An adult who meets the above criteria is referred to as an “adult at risk”. Safeguarding duties also apply to family carers experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations they are in contact with.

In places where this policy only refers to “self-neglect”, this also includes hoarding.

Definition

There is no accepted operational definition of self-neglect nationally or internationally due to the dynamic and complexity of self-neglect. It has sometimes been referred to as “Diogenes syndrome”. Gibbons (2006) defined it as: "The inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and wellbeing of the self-neglecters and perhaps even to their community”.

Self-neglect is usually a symptom of other problems such as:

- Deteriorating physical health
- Onset of depression or other mental health needs
- Trauma response, and/or neuropsychological impairment
- Diminishing social networks and/or economic resource
- Personal philosophy and identity

Self-neglect or hoarding needs to be understood in the context of each individual’s life experience. It is a complex interplay of association with physical, mental, social, personal and environmental factors.

The signs of self-neglect often include:

- Dirty or squalid home circumstances
- Poor hygiene and personal care
- Dirty, unchanged or inappropriate clothing
- Signs of weight loss
- Lack of evidence of food in the house
- Untreated injuries or skin breakdown
- Poor dental care.

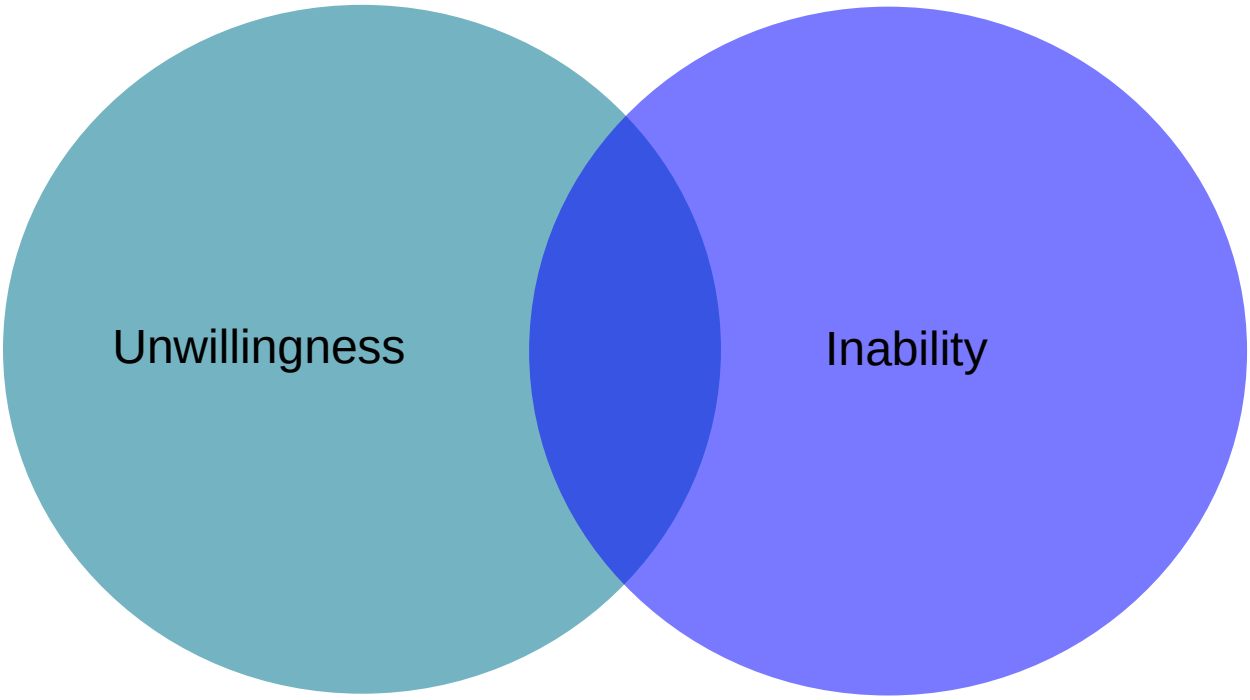
It is more usual for people to start to self-neglect when they become mentally or physically unwell or older and frailer.

Challenges in responding to cases of self-neglect

The most frequent concern raised by professionals when working with adults who may self-neglect or hoard is the challenge when adults refuse to engage or accept services. Providing support or intervention can be extremely challenging with these cases as people are often extremely reluctant to accept support or will engage intermittently.

The diagrams below help to demonstrate how self-neglect:

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



Research in Practice for Adults (RiPFA)

Braye et al. (2005) display the difficulty of engagement due to a person's changing response and engagement by the adult at risk in the illustration below:

Refusal or withdrawal of permission for access	Avoidance or deflection of involvement	Permission for access and discussion, but outright rejection of support	Partial acceptance of input	Full acceptance of input

A multi-agency approach

Research suggests that, on average, between 2% and 5% of the population experience varying degrees of self-neglect. It may be that some individuals will not meet the criteria for any one or a number of agencies' or organisations' eligibility thresholds and, as such, previous experience of attempting to engage may have had limited or no success. These factors increase the risk of harm and should be identified as risk indicators that may prompt action under these self-neglect procedures.

DSPP has identified that responding to self-neglect is a multi-agency priority and there is an expectation that:

- In line with Section 6 and 7 Care Act 2014, all partner agencies will engage and cooperate when this is requested by the lead agency as appropriate or required; and
- Where an agency is the lead agency (depending on the circumstances of each case) they take responsibility for coordinating multi-agency partnership working

All partner agencies will maintain a robust data information system in regard to self-neglect and hoarding, with the aim that this should inform service delivery, justify decisions taken, identify trends and gaps, identify the need for resources and a tool to benchmark trends/practice.

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[1] and the Care Act 2014[2] in accordance with the wellbeing principle[3] and safeguarding principles[4], must act in accordance with the requirements of public law.

Authorities are expected to act within the powers granted to them. 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.

The Care Act and self-neglect

The Care Act guidance[4] states that self-neglect covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry[5]. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support. Locally, the Dudley multi-agency self-neglect and hoarding risk assessment guidance tool will be used to determine the pathway of a concern.

Dudley Safeguarding Adults Board policy highlights that the care and support statutory guidance gives leeway as to whether concerns regarding self-neglect and hoarding should lead to an adult safeguarding enquiry under section 42 of the Care Act 2014. This will be a matter for professional judgment case-by-case.

Where a situation is presented as a matter of self-neglect, consideration should be given as to whether or not there is also a concern about some other form of abuse or neglect present. If there is, then the situation may meet the s42 threshold on the basis of those other issues alone. Factors which sometimes can occur alongside self-neglect include:

- There is a concern that there have been failures by agencies or professionals to work together to assess and manage risks effectively
- The person is at risk because care or access to facilities is being prevented by another person

In many cases self-neglect and hoarding can be responded to using a Section 9 assessment of needs and a single or multi-agency approach using the Care Act's principles of wellbeing and prevention to minimise the harm for these adults.

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[1] Human Rights Act Section 6 (3b)

[2] Care Act Section 1(4) and section 6(7)

[3] The "wellbeing principle" paragraphs 1.1 -1.6 chapter 1 Care and Support Statutory Guidance, Department of Health October 2014 [7] Empowerment, Prevention, Proportionality, Protection, Partnership, Accountability

[4] The Care and Support Statutory Guidance (Issued under the Care Act 2014) Department of Health 2014 updated August 2017

[5] Local Authority's Duty to Make Enquiries under Section 42 (2) Care Act 2014

In Dudley, conditions making it more likely that an adult safeguarding enquiry is the best response to a concern about self-neglect or hoarding include, but are not limited to the presence of factors such as:

- There is a concern that the person is unable to protect themselves by controlling their own behaviour
- Self-neglect where there is significant risk associated with
- Wellbeing being affected on a daily basis
- Care being refused
- The person refuses to engage with necessary services
- Hygiene is poor and causing skin problems
- Hoarding where there is significant risk associated with
- Risk of fire
- Established lack of mental capacity to manage the situation
- Urgent health and safety risks
- Pending enforcement action creating risk of losing home
- A vulnerable person living where facilities have been disconnected

And

- The professional is of the view that an adult safeguarding enquiry is the most effective way of addressing the issues

Mental capacity considerations

All adults should be presumed to have capacity. There may be cases where a person may lack understanding and insight into the impact of their actions/inactions on their or others' wellbeing.

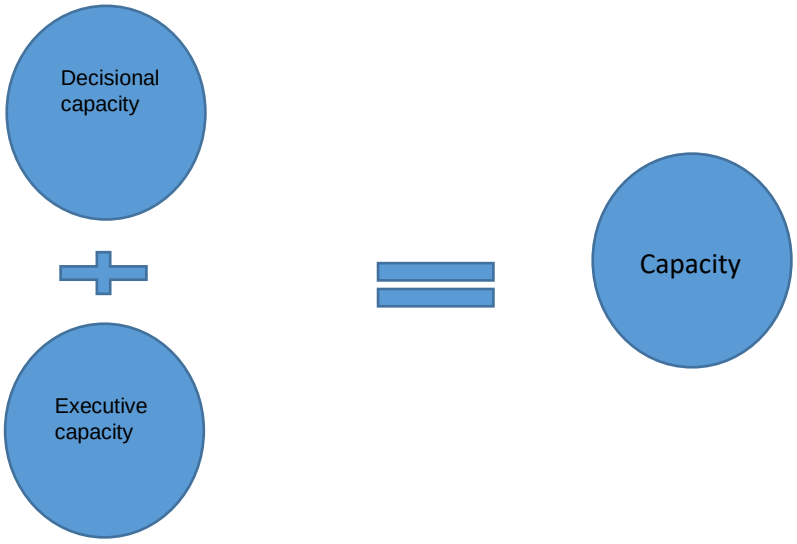
When an individual's behaviour or circumstances cast doubt as to whether they have capacity to make a decision, then a capacity assessment should be carried out in line with the Mental Capacity Act 2005.

Practitioners assessing capacity in relation to self-neglect must remember that capacity involves not only weighing up information and being able to understand consequences of decisions and actions, but also the ability to implement (execute) those actions
Practitioners must assess both a person's decisional and executive capacity (Preston-Shoot, Braye & Orr (2014).

This part is often confused by practitioners who may determine that someone has decisional capacity around their personal welfare or their environment, but does not consider that this may not translate into the person's ability to carry out the actions needed to keep themselves safe or well i.e. their executive capacity.

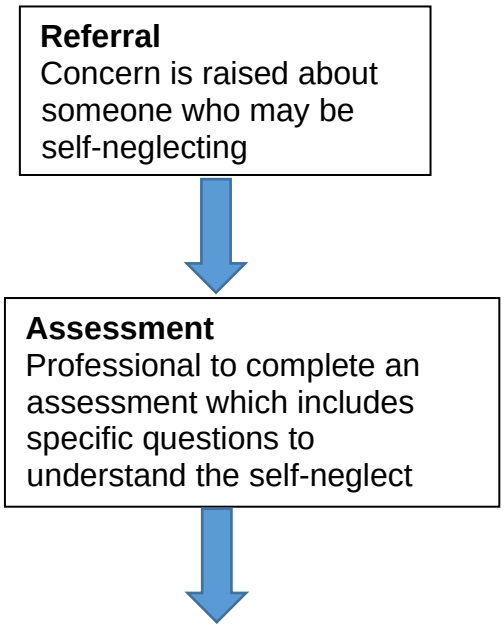
Any capacity assessment in relation to self-neglect or hoarding behaviour must be time-specific and relate to a specific intervention or action. These should be appropriately recorded. Best interest decisions should be taken formally with professionals involved and anyone with an interest in the person's welfare, such as members of the family.

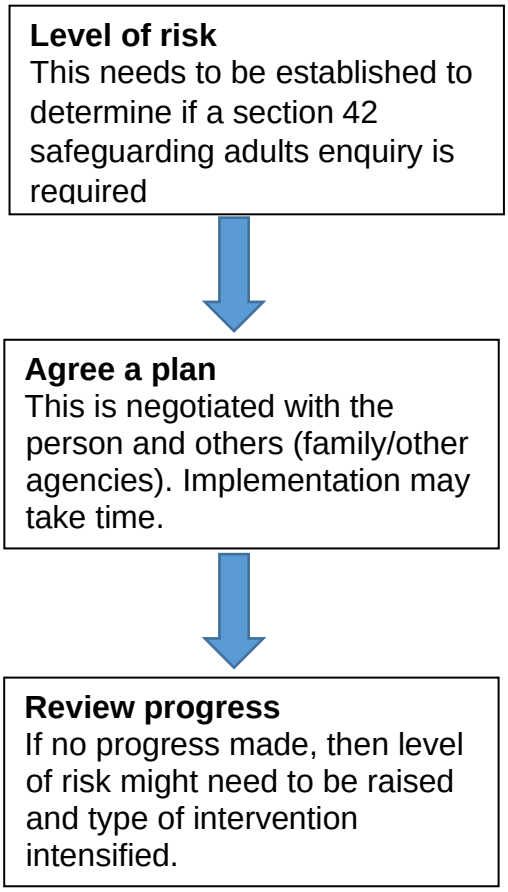
In particularly challenging cases it may be necessary to refer to the Court of Protection to make the best interest decision e.g. where someone lacks capacity but is objecting to the intervention, or family members are in dispute.



NB: section 11 of the Care Act gives practitioners the legal authority to conduct an assessment where s42 threshold is met but a person with capacity is refusing an assessment. In cases of self-neglect and hoarding, this is helpful for practitioners to remember as they can undertake an assessment even if this means obtaining information without the person's input.

Responding to self-neglect: steps required in the process





A safeguarding concern only needs to be raised if the assessment process has failed and all attempts to engage with the person through the assessment process have not been successful. Even then we should consider the person's right to decline an assessment. If the assessment is declined, and this is felt to potentially lead to real and substantial harm, a safeguarding contact should be raised.

As part of the assessment process a consideration of the person's mental capacity should take place. If it is assessed that the person lacks mental capacity to decide whether or not to accept the assessment process, or if they lack mental capacity to make decisions about accepting care which is considered necessary following assessment, then the best interest process as defined under the Mental Capacity Act 2005 should be used. It would not be necessary to raise a safeguarding contact in these circumstances.

If having attempted to assess the person and considered their mental capacity they continue to decline services and this is considered to potentially result in harm a safeguarding contact should be raised.

Process for raising a safeguarding concern

For anyone other than DMBC Adult Social Care staff:
The concern should be raised by completing the online form found on the Dudley safeguarding website or via this link:
https://customer.dudley.gov.uk/adult-safeguarding/adult-safeguarding-create/

For DMBC Adult Social Care staff on unallocated cases:
Complete the Word format concern form found in AIS templates and send it to your own team's business support for the contact to be raised. Contact to be work flowed in AIS to Adult Mash. Form to be stored in the ESCR indexer.

For allocated cases:
The allocated social worker will complete the word format concern form found in AIS templates and send it to their own business support for the contact to be raised. The concern form to be stored in the ESCR indexer. The allocated social worker will discuss with their own line manager and consider threshold decision and safeguarding planning. MASH can be approached if the allocated worker requires support with lateral checks but it is imagined that in most allocated cases this will not be necessary as the allocated social worker will already know the person well.

Assessing the person's situation

Questions for practitioners to use as part of their assessment:

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

A starting point is always in trying to understand why the person is disengaging, why they may mistrust the service and what their history is.

Assessing levels of risk

A number of Safeguarding Adults Reviews undertaken in relation to self-neglect have highlighted how there were failures by multi-agency professionals to work together to

assess and manage risks effectively. This is usually because someone is considered to have capacity to make decisions and so professionals feel unclear as to how to intervene appropriately.

An analysis of serious case reviews provides us with lessons learnt about how we can best respond to self-neglect including the importance of a person-centred approach and agencies working together.

Utilising the risk assessment tool (below) for self-neglect can assist you in determining the level of risk for the adult. (For hoarding specifically please see page 50.)

Risk assessment for self-neglect

Level of Risk	**Minimal Risk**	**Moderate**	**High/Critical**
Self-Neglect	• Person is accepting support and services • Health care is being addressed • Person is not losing weight • Person accessing services to improve wellbeing • There are no carer issues • Person has access to social and community activities • Person is able to contribute to daily living activities • Personal hygiene is good	• Access to support services is limited • Health care and attendance at appointments is sporadic • Person is of low weight • Persons wellbeing is partially affected • Person has limited social interaction • Carers are not present • Person has limited access to social or community activities • Persons ability to contribute toward daily living activities is affected • Personal hygiene is	• The person refuses to engage with necessary services • Health care is poor and there is deterioration in health • Weight is reducing • Wellbeing is affected on a daily basis • Person is isolated from family and friends Care is prevented or refused • The person does not engage with social or community activities • The person does not manage daily living activities

		becoming an issue	• Hygiene is poor and causing skin problems • Aids and adaptations refused or not accessed

Agreeing a plan

Practitioners must recognise that agreeing a plan with someone who is self-neglecting will not always be straightforward and may take time. Every effort must be made to engage the person and to utilise the people around them who may be better placed to engage.

Actions which can help to get engagement in self-neglect are suggested by Braye et al. (2015) as:

Theme	**Examples**
Building rapport	Taking the time to get to know the person, refusing to be shocked
Moving from rapport to relationship	Avoiding kneejerk responses to self-neglect, talking through the interests, history and stories
Finding the right tone	Being honest while also being non-judgmental, separating the person from the behaviour
Going at the individuals pace	Moving slowly and not forcing things; continued involvement over time
Agreeing a plan	Making clear what is going to happen; a weekly visit might be the initial plan
Finding something that motivates the individual	Linking to interests (e.g. hoarding for environmental reasons, link 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 – bargaining
Focusing on what can be agreed	Finding something to be the basis of the initial agreement, that 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
External levers	Recognizing and working with the possibility of enforcement action

Review the plan

It's important to review whether the agreed plan is working. If progress is slow and risks start to increase, using a graduated approach to collaborative decision making can be helpful in ensuring that the process keeps moving forward. If the risks cannot be managed then a legal intervention may be required. Practitioners should be aware of what legal processes are available to them in these cases.

Legal processes

Legal processes can be implemented via a single agency and do not have to be under safeguarding adults' procedures. Where there is a case that a person does not have capacity to undertake a decision or they have capacity but there is significant level of risk, legal processes can be considered.

Legal processes are used to compel an individual to remove risk and or permit service access. This is again where there is a very fine balance between the rights of the individuals and the rights of others who have be affected by the behaviour, particularly in cases of hoarding. Practitioners must work alongside colleagues in Housing, Environmental Health and Legal Services to determine and agree the best legal options to pursue.

In brief some of the legal options may include:

- Public Health Act 1936, Section 79: power to require removal of noxious matter by occupier of premises
- Public Health Act 1936, Section 83: cleansing of filthy or verminous premises
- Public Health Act 1936, Section 84: cleansing or destruction of filthy or verminous articles
- Prevention of Damage by Pests Act 1949, Section 4: power of LA to require action to prevent or treat rats and mice
- Environmental Protection Act 1990, Section 80: dealing with statutory nuisances
- Mental Health Act 1983, Section 2 & 3: for health and safety and protection of others
- Mental Health Act 1983, Section 135: removal of person to place of safety for assessment to take place
- Consideration be given to the use of a Community Protection Notice (these can be issued by Council Officers or Police Officers)
    - Inherent jurisdiction: court order is made to authorise an intervention where a person is deemed to have capacity to make decisions e.g. about where they should live but their choices are putting them at significant risk of harm or death

There are additional powers through housing, such as the Town and Country Planning Act and the Housing Act 2004, in which orders for repairs or enforcement action for hazards exist in any building or land posing a risk.

It is important to know when we can/may act (have the power to do so) and where we shall/must act (have a duty to do so). The first step will always be to try to gain the consent of the person being affected and to accept the necessary services to meet their needs.

Hoarding

"Compulsive acquisition of objects, with marked and gross associated difficulties with discard, creating avoidance of discard behaviour". Steketee et al. (2000)

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude the activities they are designed for.

Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. A person with a hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs.

Compulsive hoarding is often considered a form of Obsessive-Compulsive Disorder (OCD) because between 18 and 42 % of people with OCD experience some compulsion to hoard. However, compulsive hoarding can also affect people who don't have OCD.

Hoarding is now considered a standalone mental health disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). However, many people are not diagnosed and hoarding can also be a symptom of other medical disorders.

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

Anything can be hoarded in many different areas including the property, garden or communal areas. Items include, but are not limited to:

- Clothes
- Newspapers, magazine or books
- Bills, receipts or letters
- Food and/or containers
- Collectables such as toys, DVDs or CDs
- Animals

Diagnostic criteria for hoarding

A diagnosis of hoarding disorder can only be made by a specialist medical practitioner. There are five diagnostic criteria[6] for identifying a case of hoarding disorder, namely:

- Persistent difficulty discarding or parting with possessions, regardless of their monetary value.

[6] Diagnostic and Statistical Manual of Mental Disorders (DSM–5)

- This difficulty is due to a perceived need to save items and distress associated with discarding items.
- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas.
- The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The hoarding is not attributable to another medical condition or mental disorder.

Factors to consider during assessment and when tailoring intervention and support

- *Demotivation*
  - Self-image
  - Negative cognitions
- *Different standard*
  - Indifference to social appearance
- *Inability to self-care*
  - Physical and practical challenges
- *Influence of the past*
  - Childhood experiences
  - Loss
  - Abuse
  - Bereavement
- *Positive value of hoarding*
  - Emotional comfort
  - A sense of connection
  - Utility
- *Beyond control*
  - Voices
  - Obsessions
  - Physical ill-health

Risk

Perceptions of what constitutes intolerable risk or what is or is not an acceptable standard within which to live will vary amongst different people, including the adult at risk. It is important to gather information from a variety of sources before making shared multiagency decisions about the level of risk where possible, with the adult at risk remaining central to the process. The following indicators of harm may be used to gauge the level of risk posed:

Significant harm:

- Impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- The individual's life could be or is under threat
- There could be a serious, chronic and/or long-lasting impact on the individual's health physical/emotional/psychological well-being.

Indicators of significant risk could include:

- History of crisis incidents with life-threatening consequence
- High risk to others
- High level of multi-agency referrals received
- Fluctuating capacity, history of safeguarding concerns / exploitation
- Financial hardship, tenancy / home security risk; risk of eviction
- Likely fire risks
- Evidence of Domestic Abuse
- Public order issues; anti-social behaviour/hate crime/offences linked to petty crime
- Unpredictable/ unmanaged or unstable chronic health conditions
- Significant substance misuse, self-harm
- Network presents high risk factors
- Environment presents high risks
- History of chaotic lifestyle; substance misuse issues
- The individual has little or no choice or control over vital aspects of their life, environment or financial affairs.
- History of frequent hospital admission/ paramedic call out

Fire risk

Hoarding can pose a significant risk to both the people living in the hoarded property and those living in adjoining properties as well as emergency services personnel. Where an affected property is identified regardless of the rating on the hoarding scale, occupants need to be advised of the increased risk and identify a safe exit route in addition to the need for smoke and carbon monoxide detection (alarms). Appropriate professional fire safety advice must be sought and a multi-agency approach may be required to reduce risk. This will assist West Midlands Fire and Rescue Service to respond appropriately, which may include a fire safety check as part of the multi-agency approach. Once the risks have been addressed, records must be updated.

Key agencies and their roles

Acute and community hospitals and NHS community bed settings

Community-based therapists and nursing staff are often the first people to observe hoarding and self-neglect related problems. These professionals can be key to identifying triggers and changes in behaviour which are then fed into the multi-disciplinary team. Therapists who work in acute wards may observe hoarding and other self-neglect related behaviours when undertaking access visits or home visits to help inform the discharge planning process. Therapists can assess and report on how an adult's self-neglect or environment impacts on their overall ability to be safe at home and help determine the level of risk posed to the client and others (family members, neighbours etc). Discharge planning should commence as soon as possible to support good communication and effective multi-agency working in order to reduce risks following discharge.

Adult Social Care
In the majority of circumstances, a hoarding referral form will be completed and sent to Dudley's Adult Multi-Agency Safeguarding Hub (see appendix 1). This is the best route to provide an appropriate intervention and will follow a predefined pathway. If assessed as having mental capacity to make informed decisions on the issues raised, then the person has the right to make their own choices. However, the social care practitioner must ensure that the person has fully understood the risks and likely consequences if they decline services. Involvement with the person should not stop at this point and efforts should be made to engage the person in the management of risks and to form a relationship with them to do this.

If the person is assessed as not having the mental capacity to make the relevant decisions then care should be provided in line with "best interest" principles (s.4 MCA). If any proposed care package might amount to a deprivation of liberty, consideration must be given as to whether it would be necessary to obtain authorisation under the DoLS procedure or an order from the Court of Protection. Assessment of self-neglect should include assessment of any health issues such as impaired sight and mobility, pain issues, or long-term conditions that may be contributing towards the self-neglect.

Ambulance services
Ambulance staff are called to people's properties in emergency situations and often access parts of the property that other professionals may not ordinarily see. They are able to assess an individual's living environment and physical health and often raise concerns with Adult Social Care and general practices. This is a brief observational assessment and may not give a holistic view.

Children's Services
Safeguarding children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue.

The needs of the child at risk must come first and any actions taken must reflect this. Therefore, where children live in a property where there is an issue with safeguarding and/or hoarding, a referral should always be made to Children's Services.

Domiciliary care providers
Care agencies are commissioned by Adult Social Care, the Clinical Commissioning Group or self-funded by individuals to provide support to people in their own homes. They have a role in both identifying people who self-neglect and hoard and in working with them and when and where appropriate raise a safeguarding concern.

Environmental Health Services
Environmental Health Services have a range of powers to intervene where a property is in a condition that is prejudicial to health, or where the premises is materially affecting

neighbouring premises. Environmental Health is a frontline agency in raising alerts and early identification of cases of self-neglect and hoarding. Where properties are verminous or pose a statutory nuisance, Environmental Health will take a leading role in case managing the necessary investigations and determining the most effective means of intervention. Where the individual is residing in conditions that only pose a threat to their own welfare, the powers available to Environmental Health may have limited or no effect. In cases involving persistent hoarders, the powers may only temporarily address and/or contain the problem. Therefore, utilising powers under public health legislation in isolation is often inappropriate due to the complexities of self-neglect and hoarding and it may not be the most effective use of resources, particularly where a coordinated approach could provide immediate protection of the individual and others or promote a long-term solution.

Housing departments

Under Part 1 of the Housing Act 2004, housing departments have powers to take enforcement action where there is any risk of harm to the health or safety of an actual or potential occupier of a dwelling or house of multiple occupation which arises from a deficiency in the dwelling or house of multiple occupation or in any building or land in the vicinity (whether the deficiency arises as a result of the construction of any building, an absence of maintenance or repair, or otherwise). The housing department can require access to residential premises in their district to assess if such a hazard exists. The duty to inspect the property is restricted to where there is an official complaint made either to the Justice of the Peace or local council. However, where there is evidence that there is imminent risk of serious harm to the health and safety of the occupier, the local authority has emergency power to serve a remedial action notice or emergency probation notice prohibiting the use of the property. There are also powers to serve a deferred action notice and take emergency remedial action. There is no requirement that the property is owned by the local authority, nor is the capacity of the inhabitant relevant to the exercise of these powers. However, use of these powers in isolation will have limited effect on those who have persistent behaviours. The Housing Act powers cannot be used to remove hoarded items or address any health and safety problems that are the result of the owner's actions.

Mental Health services

Mental Health services have a crucial role as for many individuals, hoarding or self-neglect are often the manifestations of an underlying mental health condition. Mental Health professionals may offer key insight into how best to intervene where the adult hoards or has a diagnosed mental health condition. Where relevant, powers conferred by the Mental Health Act 1983 (MHA) to Approved Mental Health Professionals (AMHP) enable the mental health service to take such steps as they consider necessary and proportionate to protect a person form the immediate risk of significant harm.

Police

The police have powers of entry and so may be pivotal in gaining access to conduct assessments if all else fails. Under section 17 (1) (a) of the Police and Criminal Evidence Act 1984, the police have the power to enter without a warrant if required to save life or

limb; or prevent serious damage to property; or to recapture a person who is unlawfully at large whilst liable to be detained.

Primary health services
In some cases of chronic or persistent self-neglect, individuals who are reluctant to engage with Adult and Community Services or other agencies may engage with primary health care services such as their GP, district nursing service etc. GPs and district nurses often carry out home visits to people with care and support needs and may be the first people to notice a change in the person's home environment. Alternatively, failure to keep health appointments or to comply with medication may indicate self-neglect. As well as raising alerts and providing information, primary health services can be very effective in forming a relationship with the person and in addressing underlying concerns. Primary health services should monitor those individuals who are engaged with their service and show signs of significant self-neglect or hoarding. Monitoring might include a regular check in with, and offer of intervention to, someone who is reluctant to engage. If deterioration is such that risks to the person or to others are assessed as high by the health professional then a multi-agency response will be required.

Private decluttering companies
There are a number of private companies and not for profit social enterprises who offer specialist deep cleaning, decluttering and garden clearance services. Their staff are specially trained to understand the complexities of hoarding and how to respond appropriately in sensitive circumstances.

Private landlords/housing associations/registered social landlords
Private landlords/housing associations and registered social landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. Where the tenant is responsible for the disrepair the landlord has a right of action, including ultimately seeking possession of the premises. The role of the landlord/housing association and powers afforded to them means that they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within multi-agency discussions.

RSPCA
Animal hoarders own a high number of animals for which they may be unable to provide adequate standards of nutrition, sanitation, shelter and veterinary care. Hoarders often care about their animals deeply but may not see or understand that the living conditions could result in animal neglect. This neglect can involve cramped, poor living conditions and in extreme cases, result in starvation, illness or death. Animal hoarders are often in denial about their inability to provide appropriate care for their animals and typically believe that no-one else can care for their animals like they do. Sensitivity is vital as animal hoarders often hold the belief that if they seek help, or allow external intervention, their animals will be euthanised or taken away from them. Professionals can contact the RSPCA who can offer advice and assistance to improve animal welfare, including giving people time to make improvements to their standards of care. Where assistance is

declined, or in extreme cases of neglect, the RSPCA can consider prosecution under laws such as the Animal Welfare Act 2006.

Fire and Rescue Service

Fire and Rescue Service is best placed to work with individuals to assess and address fire risk and to develop strategies to minimise significant harm caused by potential fire risks in the home. Fire and Rescue Service will also raise alerts when called to or visiting addresses where significant risk is identified or where homes have damage because of a fire and the individual continues to live at that address. Fire and Rescue Service will raise alerts, carry out Safer Home visits and offer advice to individuals assuring them of the necessity and principles of fire prevention in the home. Fire and Rescue Service have on occasion managed to enter a home for a referral where home access is refused to other services due to the trusted nature of their work.

Utility companies/building and maintenance workers

Utility companies/building and maintenance workers have an important role in the identification of hoarding and self-neglect as they visit people's homes to read meters, carry out inspections or carry out building/maintenance work. Engagement of utility companies and other companies/workers who enter peoples' homes is therefore important so that reports of hoarding and self-neglect can be received and appropriate action taken.

Making Safeguarding Personal

Making Safeguarding Personal is about seeing people as experts in their own lives and working alongside them in a way that is consistent with their rights and capacity and that prevents harm occurring wherever possible. Safeguarding should be person-led and outcome focused, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Most importantly it is about listening and providing the options that support individuals to help themselves.

Whilst every effort must be made to work with adults experiencing abuse within the present legal framework, there will be some occasions on which adults at risk will choose to remain in dangerous situations. It may be that even after careful scrutiny of the legal framework, professionals will conclude that they have no power to gain access to a particular adult at risk. Professionals may find that they have no power to remove the adult from a situation of risk or intervene positively because the adult refuses all help or wants to terminate contact with the professionals. In these extremely difficult circumstances, professionals will be expected to continue to exercise as much vigilance as possible and make a safeguarding referral either to the MASH or to the allocated worker. If an allocated worker requires lateral checks, the MASH can facilitate these.

Mental capacity and self-neglect

When concerns about self-neglect are raised, there is a need to be clear about the person's mental capacity[7] in respect to the key decisions in relation to the proposed intervention.

If there are any doubts about the person's mental capacity, especially regarding their ability to "choose" their living conditions or refuse support, then where possible a mental capacity assessment should be undertaken. In extreme cases of self-neglect and/or hoarding behaviour, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity.

The professional responsible for undertaking the capacity assessment will be the professional who is proposing the specific intervention or action, and is referred to as the "decision maker". Although the decision maker may need to seek support from other professionals in the multidisciplinary team, they are responsible for making the final decision about a person's capacity.

There may be circumstances in which it is useful to involve therapists in capacity assessments. For example, occupational therapists where the decision is around managing tasks within the home environment or speech and language therapists where the person has communication difficulties.

Strong emphasis needs to be placed by practitioners on the importance of inter-agency communication, collaboration and the sharing of risk. The autonomy of an adult with capacity should be respected including their right to make what others might consider to be an "unwise decision". However, this does not mean that no further action regarding the self-neglect is required. Efforts should be directed to building and maintaining supportive relationships through which services can in time be negotiated.

Capacity assessments may not take full account of the complex nature of capacity. "Self-neglect and adult safeguarding: findings from research" (SCIE report 46) highlights the difference between capacity to make a decision (decisional capacity) and capacity to actually carry out the decision (executive capacity). However, this distinction does not currently exist in policy or guidance.

NB: It is good practice to consider or assess whether the person has the capacity to act on a decision that they have made (executive capacity). An individual who self neglects may have decisional capacity but may lack the ability to execute their decision, hence the requirement to assess both decisional and executive capacity.
Any capacity assessment carried out in relation to self-neglect and or hoarding behaviour must be time and decision specific, and relate to a specific intervention or action. If the person is assessed as not having capacity to make decisions in relation to their self-neglect, then any decisions should be made following the best interests process, which

[7] Mental Capacity Act 2005

includes taking into account the person's views and taking the least restrictive action. Due to the complexity of such cases, there must be a Best Interests Meeting, chaired by a manager or other senior or experienced professional from the appropriate organisation and appropriately recorded in formal minutes. Additionally, consideration should be given as to whether an Independent Mental Capacity Advocate (IMCA) should be instructed. Fluctuating capacity should be considered and evidenced.
In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (COP) to make the best interests decision.

Consent

We share information for the purpose of safeguarding adults with care and support needs on the basis this is undertaken in performance of a task undertaken in the public interest and a legal obligation to which we obligated. We will also share sensitive/special categories of information for the reasons of substantial public interest. Therefore if we have reason to believe that a person has care and support needs and is experiencing or at risk of abuse we have powers to seek and share information with partners which are derived from the Care Act. We will be clear with partners when seeking information why we believe the person has care and support needs and the nature of the abuse they are experiencing or at risk of. This is the basis for our information sharing in MASH.

Where an adult has mental capacity in relation to the relevant decisions, any proposed intervention or action must be with the person's consent, except in the public interest where other people are affected or circumstances where a local authority or agency exercises their statutory duties or powers

If the individual refuses to participate or engage with agencies or provide access, information obtained from a range of other sources may "hold the key" to achieving access or to determining levels of risk.

Where a self-neglecting individual chooses not to accept positive change to their circumstances, professionals working with them have a responsibility to explore that choice through respectful challenge and tactfully expressing concerned curiosity. Professionals need to explore the extent to which "choice" is in fact chosen, taking into account potential contributory factors to the individual's situation which may shed light on their resistance. For example, considering the potential of undue influence by a third party being the reason an individual declines intervention or whether a deep-seated fear of care home placement or losing one's pets stops someone from accepting intervention.

In the most high-risk, intractable cases where an adult has been identified as potentially self-neglecting, is refusing support, and in doing so is placing themselves or others at risk of significant harm, a referral should be made as outlined in the self-neglect pathway.

An adult at risk with no disturbance or impairment in the functioning of the mind may be entitled to the protection of the Inherent Jurisdiction of the High Court if he/she is, or is reasonably believed to be, incapacitated from making the relevant decision by reason of

such things as constraint, coercion, undue influence or other vitiating factors such as mental disorder or mental illness. They may also be reasonably believed to be, for some reason, deprived of the capacity to make the relevant decision, or disabled from making or expressing a free choice or genuine consent. Irrespective of this provision, adults with the mental capacity to make their own, sometimes unwise decisions, remain responsible for their own actions and any associated risk (however, as previously stated, this does not preclude them from professionals' continued efforts to engage).

Advocacy and support

It is essential to ensure that all efforts are made to include the person suspected of self-neglecting and ensure that they are consulted with and included in discussions. Concerns should be raised directly with the adult at the earliest opportunity. If there is concern that the person has substantial difficulty participating in any aspect of the process, the involvement of an independent advocate or appropriate friend or family member **must** be considered for the individual.[8] The involvement of a family member does not negate a referral to an Independent Mental Capacity Advocate (IMCA) where relevant.

A person who is employed to provide or arrange care or treatment for the adult at risk cannot act as their advocate. "Substantial difficulty" would be characterized by the individual's inability to understand, retain, or weigh up information relevant to the enquiry or to communicate their wishes, views, and feelings (whether by talking, using sign language or any other means).

The "support" element refers to the advocate's role of assisting the adult to understand the process of external support and intervention while the "representation" is about ensuring that the individual's voice is heard and that all intervention reflects their views as far as appropriate.

Intervention and support can commence prior to the appointment of an advocate if necessary but, where required, an advocate must then be appointed as soon as possible.

Duty of care

Safeguarding adults at risk of harm often creates a tension for professionals between promoting an adult's autonomy and their duty to try to protect them from harm. All professionals working with adults at risk should be aware of their duty of care in cases of self-neglect or hoarding, even when the individual has been assessed to have mental capacity in relation to the relevant decisions. Respect for autonomy and self-determination must always be balanced against the duty of care and promotion of dignity and wellbeing. The duty of care can be summarised as the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property. It means supporting an individual to achieve their chosen outcomes while maximising safety as far as practicable.

[8] Section 67 & 68 Care Act 2014

DSPP has a duty to ensure that partner agencies protect Dudley residents from foreseeable harm, with consideration being given to others who may also be at risk, at which point an individual's autonomy may potentially be overridden in the public interest. The overall aim is not to be bureaucratic or paternalistic but to empower individuals to take control of shaping their own lives wherever possible and lead the pace of intervention.

Respect for autonomy does not mean abandonment. Working with self-neglecting adults often requires persistence over a long period rather than time-limited involvement.

This policy requires that all cases of self-neglect and hoarding assessed as high-risk will not be closed prior to multiagency agreement and a clear record of all protective measures and shared decision making should be kept.

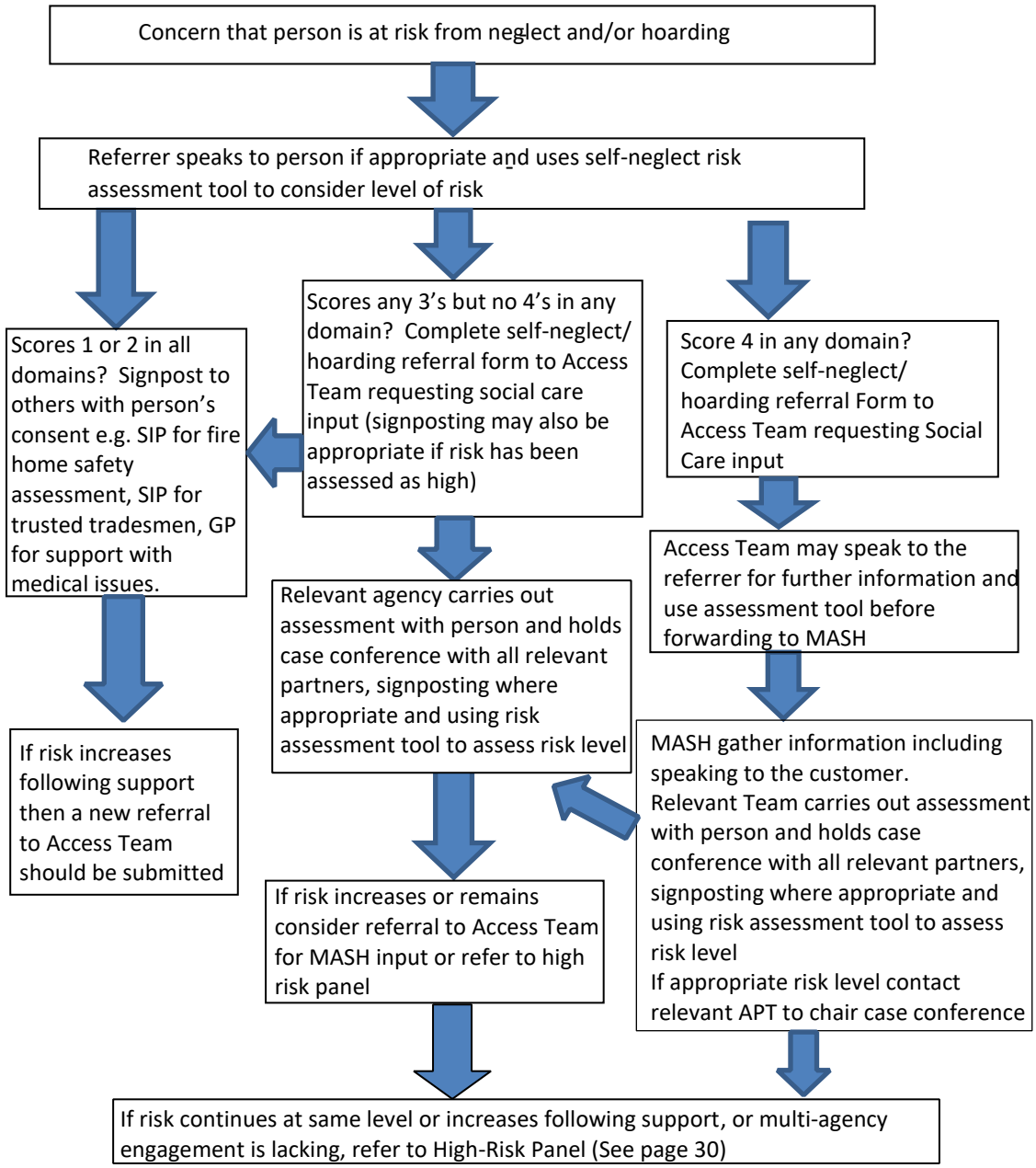
Safeguarding children

Safeguarding children is about protection from maltreatment, preventing impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child.

When addressing concerns of self-neglect and hoarding, professionals should determine whether there are children in the household who may need support or who are at risk. Where there are any child protection or child in need concerns, these must be referred to Children's Services as a matter of urgency by contacting the Children's SPA on 0300-555-0050.

Self-neglect pathway for professionals

(for hoarding please see separate pathway appendix 1)



Assessment

An assessment should be carried out by the most appropriate agency depending on the nature of the concerns. In most instances, this would the referring agency. For example, where an individual is severely neglecting their health, the most appropriate lead agency may be the representative of the NHS such as community nurses or practice surgeries.

Alternatively, Housing or Environmental Health may be the most appropriate agencies to address hoarding and infestation while Adult Social Care would intervene where individuals grossly neglect their personal care and other daily living activities. Assessments can also be carried out jointly on an interagency basis. This must be informed by the views of individuals themselves, wherever possible and practicable as well as by the views of carers and/or relatives where appropriate.

Specialist input may be required to clarify certain aspects of the adult's functioning and risk. This includes considering the request for a Mental Health Act assessment where this appears to be appropriate. Another example would be a referral for psychological input. Where there are concerns about mental capacity, a mental capacity assessment must be considered at an early stage in relation to the individual's ability to make informed decisions regarding the risks identified.

Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and ensuring their safety and protection. It is also key to maintaining the kind of contact that can enable interventions to be accepted with time.

It may be necessary to work creatively and across job roles in some instances to maximise engagement. For example, if the adult has developed a trusting relationship with one professional but declines the intervention of other agencies, that one professional may be guided by colleagues to ask other questions or assess other risk aspects that are pertinent to their respective roles pending further attempts at engagement.

Consider all members of the household when assessing needs and risks as, in some cases, more than one family member may need an assessment in their own right.
Addressing self-neglect requires time and patience; improvements often take time to come to fruition, sometimes weeks, months or even longer. Short-term preventative interventions are unlikely to succeed so professionals will need to allow flexibility in such cases.

It is NOT enough or appropriate to simply write a letter offering intervention or asking the adult to make contact. People who self-neglect or hoard are unlikely to respond to written correspondence.

Consider appropriate procedure to respond to the risk

There may be occasions when it is appropriate to follow another procedure to coordinate all or some aspects of the issues identified.

Where the adult at risk's ability to make the relevant informed decisions is in question, the principles of the Mental Capacity Act must be followed.

If the apparent self-neglect may have developed as a result of abuse or neglect by others, the Dudley Safeguarding Adults Policy and Operational Guidance and other DSPP

policies, protocols and guidance should be used. If there are any child protection or child in need concerns these must be referred to Children's Services as a matter of urgency.

If other processes are considered more appropriate to use to support the individual, the self-neglect procedures may be ended at this point and all issues handed over to the practitioner/service taking responsibility for addressing the self-neglect as well as the other concerns. There must be clear documentation to evidence the handover of responsibilities if this is the case.

Depending on the level and nature of the risks identified, consideration may be given to the work of other agencies and practitioners being carried out in parallel with the self-neglect procedures.

The scope of this policy does not include:

- Issues of risk associated with deliberate self-harm; the intentional infliction of physical damage or injury by an individual to their own body. Anyone who self-harms should be advised to see their GP or other relevant health professional.

Referral process

The safeguarding alert formn should only be used when there is a concern that an individual is at significant risk of harm due to self-neglect and a multi-agency case conference is required.

If an individual is at risk due to hoarding then please use the hoarding referral form to make contact with the MASH team.

Please use the multi-agency self-neglect risk assessment guidance tool (page 12) to consider if a referral is necessary: individuals who score 4 in any domain on the tool are considered at risk of significant harm. If an individual does not score 4 but the referrer is still concerned that the individual is at risk of significant harm please contact the MASH team for further discussion prior to making a referral.

Multi-agency case conference

A multi-agency case conference will be considered where:

- The current level of professional intervention has not reduced the level of risk, and significant risk remains
- It has not been possible to coordinate a multi-agency approach through work undertaken up to this point
- The level of risk requires a more formal information sharing process to agree and record a multi-agency action plan

The principles for arranging a multi-agency case conference are to consider:

- The individual's view and wishes as far as known
- Information, actions and current risks

- The on-going lead professional/agency who will coordinate this work and
    - Coordinate information-sharing in line with the principles of information sharing contained in the Dudley Safeguarding Adults policy and operational guidance
    - Evaluate relevant information to inform the most effective action plan.

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Suggested membership (this list is not exhaustive):

- Adult at risk and their representative/s
- Dudley CCG
- West Midland Police Department
- West Midlands Fire and Rescue Service
- West Midlands Ambulance Service
- Primary, acute and community health care services
- Dudley Group of Hospitals
- Adult Social Care and Children's Services
- Environmental Health
- Housing providers
- Community wardens and Community Safety
- Care agencies
- Healthwatch Dudley
- Community/voluntary sector/community networks
- Legal and Property Services

Guidance for multi-agency case conference:

- The lead professional/ agency is responsible for convening the meeting and making arrangements such as venue, chairing and minute taking
- The referring agency will make arrangements to involve the individual concerned
- Every effort must be made to engage with the individual and to enable them to communicate their views to the meeting
- If the individual does not wish to attend the meeting, representatives will need to consider how their views and wishes are to be presented at the meeting e.g. by the appointment of a formal or invitation extended to an informal advocate
- Participants from all agencies identified should attend the meeting with an understanding of their responsibilities to share relevant information in order to reach an agreement on the way forward
- It is important to ensure that any actions agreed comply with legislation and statutory duties. Legal representation at the meeting may need to be considered to facilitate discussions around relevant legal options. This may include application to the Court of Protection where there are concerns about mental capacity or to the High Court (inherent jurisdiction) where the individual is believed to be mentally capacitated
- An action plan should be developed and agreed by members of the meeting. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency
- The chair of the multi-agency meeting will ensure clarity is brought to timescales for implementing contingency plans, so that where there is legal and professional remedy to do so, risk is responded to and harm is reduced/prevented

NB: The chair is not responsible for ensuring that identified action points are correctly followed up. It is the responsibility of the lead practitioner/each agency representative to ensure that identified actions are implemented and followed up.

Outcomes of the meeting will include the following:

- An action plan – including contingency plans and escalation process
- Agreement of monitoring and review arrangements and who will do this
- An agreement of a communication plan with the individual/other key people involved
- An agreement regarding which agency/ies will take the lead in the case
- Agreement of any trigger points that will determine the need for an urgent multi-agency review meeting or referral to the high-risk panel

Appropriate written communication should be forwarded to the individual concerned, irrespective of the level of their involvement to date. This communication will include setting out what support is being offered and/or is available and providing an explanation for this. Should this support be declined, it is important that the individual is aware that, should they change their mind about the need for support, then contacting the relevant agency at any time in the future will trigger a re-assessment. Careful consideration will be given as to how this written record will be provided and, where possible, explained to the individual.

Multi-agency review meeting (further case conference)

The case conference may decide to set a further meeting to bring professionals back for the purpose of revisiting the original assessments, particularly in relation to the individual's current functioning, risk assessments and known or potential rates of improvement or deterioration in:

- The individual
- Their environment
- The capabilities of their support system.

Decision-specific mental capacity assessments will have been reviewed and will be shared at the meeting. Discussion will need to focus upon contingency planning based upon the identified risk(s).

A decision may be taken to continue providing opportunities for the individual to accept support and monitor the situation. Clear timescales must be set for providing opportunities and for monitoring, and who will be involved in this.

Where possible, indicators that risks may be increasing will be identified and that will trigger agreed responses from agencies, organisations or people involved in a proactive and timely way.

A further meeting date will be set at each multi-agency review until there is agreement the situation has become stable and the risk of harm has reduced to an agreed acceptable level.

Where agencies are unable to implement support or reduce risk significantly, the reasons for this will be fully recorded and maintained on the individual's file, with a full record of the efforts and actions taken. In these circumstances, Legal advice must be sought.

Multi-disciplinary panel/high risk panel (MDP)

A MDP will support agencies in their work to lower and manage risk for both residents and their immediate neighbours, where partners feel they have exhausted internal mechanisms for managing the risk or where more formal consultation with colleagues from other agencies would enhance their response.

The panel is collaboratively owned by participating agencies operating in Dudley. It will be administered on behalf of the participating agencies by Dudley Metropolitan County Council Adult Social Care, and chaired by a nominated senior manager.

The panel will consider case presentations for situations which have already been considered within partner agencies' risk assessment processes and/or the self-neglect multi-agency case conference and significant risk remains.

Reasons for referring to the high risk panel may include:

- The conference chair is concerned about a lack of progress
- Lack of progress identified at the case conference
- Public safety remains a concern
- Lack of partnership engagement
- Disagreement on deployment of resources

Record keeping, information sharing and confidentiality

The identified lead agency coordinates information gathering and determines the most appropriate actions to address the concerns. The lawful bases for information sharing have been previously identified as "legal obligation" and "public task". However, the common law duty of confidentiality as laid out in the Care Act Guidance section (14.150) outlines the importance of still attempting to obtain informed consent, which in this context is focused on keeping individuals informed and asking for their co-operation in sharing of their information. Lead agencies should endeavour to obtain consent for this purpose but if this is not possible, and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed (section.14.158) or consent cannot be established for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm). The adult should be provided with, or signposted to, a privacy notice that clearly identifies the lawful basis for the processing.

In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act. The Home Office and the Office of the Information Commissioner have issued general guidance on the preparation and use of information.

Information sharing should be in line with the principle of information sharing contained in the Care Act Guidance[9] which will ensure that information gathered at this stage is to inform:

- Decision making regarding whether further multi-agency information sharing is required
- The completion of an initial risk assessment and ensuring any urgent actions are carried out. e.g. contacting emergency services, West Midlands Fire and Rescue Service, completing safety checks and where necessary seeking urgent medical intervention
- Where there are concerns about the individual's ability to make informed decisions due to a mental disorder or ill health, consideration must be given to carrying out a Mental Capacity Assessment in relation to any decisions they may need to be made regarding their safety or the safety of others

Information gathering will aim to build an understanding of:

- Any previous successful engagement with the individual
- Approaches that appeared to disengage the individual
- An insight into the individual's wishes and feelings including previous wishes or life experiences that may inform a Best Interests decision
- The views of anyone who has or has had contact with the individual including relatives and neighbours

When working with individuals who may be reluctant to communicate, the risk of miscommunication between agencies is greater than usual. It is important to ensure that all relevant information is available to those who undertake any assessments. Use information available as above regarding any previous successful engagement with the individual to facilitate direct communication with them if possible. This should be appropriate to the person's needs such as making use of interpreters for those who speak English as a second language or British Sign Language signers when required. This should ensure that the assessment will inform any actions to be taken and include the wishes and feelings of the individual.

The following key principles must be applied:

- Balancing individuals' rights and agencies' duties and responsibilities.
- All individuals have the right to take risks and to live their lives as they choose.
- These rights including the right to privacy will be respected and weighed when considering duties and responsibilities towards them.

[9] The Care and Support Statutory Guidance (Issued under the Care Act 2014) Department of Health 2014 updated August 2017

They will not be overridden other than where it is clear that the consequences would be seriously detrimental to their, or another person's health and wellbeing, and where it is lawful to do so with the least restrictive option.

The case record will include a complete and up to date summary record of the efforts and actions taken by all other agencies involved. Individual agencies will also need to keep their own records of their specific involvement.

Accurate records must be maintained that demonstrate adherence to this document and locally agreed case recording policy.

Appendix 1 – Multi–Agency Hoarding Framework

Please visit the Dudley Safeguarding website to view the Multi Agency Hoarding Framework.

https://safeguarding.dudley.gov.uk/safeguarding/adults/work-with-adults/local-guidance/

Appendix 2 Hoarding Referral Form

Please visit the Dudley Safeguarding website to access the hoarding referral form.

https://safeguarding.dudley.gov.uk/safeguarding/adults/work-with-adults/local-guidance/

Appendix 3: Resources

National Organisations

- https://www.cloudsend.org.uk/Clouds End CIC; Dedicated to helping people with hoarding disorder.
- www.helpforhoarders.co.uk; A comprehensive hoarding website, with a good page of resources with counsellors and groups specialising in hoarding
- www.childrenofhoarders.com; Offering support and advice to the families of those that hoard
- www.compulsive-hoarding.org; A website dedicated to raising awareness and understanding of hoarding
- www.hoardinguk.org; Offer phone, email and advocacy support free of charge
- www.hoardinghelpuk.org; Give practical support and offer expert advice to those who hoard
- www.ocduk.org/hoarding; Supports those with OCD who hoard
- www.animalhoardng.com; Offers information and support around animal hoarding
- www.counselling-directory.org.uk/compulsivehoarding; Provides information on hoarding and a list of counsellors who work with those who hoard
- http://global.oup.com; Treatment That Work site with loads of downloadable tools for working with those who hoard
- http://hoardingdisordersuk.org/; You will find information on research and resources