Self-Neglect and Hoarding Policy (N-063)

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Policies should be accessed via the Trust intranet to ensure the current version is used

Contents

1. INTRODUCTION

This policy should be used in conjunction with the duties set out in paragraph 14.2 of the Care Act 2014 Care and Support Statutory Guidance. It should be referred to when an adult is at risk and is believed to be self-neglecting.

In England statutory guidance to the Care Act 2014 has included self-neglect as a form of abuse/neglect (DOH 2016).

Under Section 42 Care Act 2014, safeguarding duties applies to an adult who meets the following criteria:

- Has needs for care and support (whether or not the Local Authority is meeting 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.

Managing the balance between protecting adults from self-neglect and their right to self-determination can be a serious challenge for practitioners.

2. SCOPE

The policy applies to all staff and volunteers employed by Humber Teaching NHS Foundation Trust.

The purpose of the policy is to reduce risk and prevent serious injury or death of individuals who appear to be self-neglecting.

3. DUTIES AND RESPONSIBILITIES

Chief Executive and Trust Board
The Chief Executive Officer and Trust Board has overall responsibility to ensure that there are effective policies and processes in place for managing the risks associated with adults who self-neglect. The Board is responsible for reviewing and maintaining an effective system of internal control, including systems and resources for managing risks associated with safeguarding.

Executive Director of Nursing, Allied Health and Social Care Professionals
The Executive Director of Nursing, Allied Health and Social Care Professionals is the executive lead for safeguarding and alongside the Chief Executive has responsibility for ensuring that the Trust discharges its duties in relation to safeguarding.

Divisional Leads/Service Managers/Matrons
Divisional Leads, service managers and matrons are responsible for ensuring that all staff adhere to the policy and procedures and allow staff to attend the self-neglect training. They must be aware of their responsibilities of safeguarding adults who self-neglect and their duty of care towards them.

Humber Safeguarding Team
- Responsible for ensuring the self-neglect policy is in line with local, regional and national guidance.
- To ensure all staff have access to professional support and guidance when dealing with self-

neglect concerns
- To ensure staff and service users have access to information to support their decision making process
- To offer safeguarding supervision to all staff
- To work in partnership with the Local Authority Safeguarding Teams, Hull, East Riding and North Yorkshire 2005
- To provide training in relation to self-neglect, Safeguarding and Mental Capacity Act in line with the intercollegiate document 2018.

Clinicians/Practitioners and All Staff
- To undertake the appropriate level of training needed.
- To show a duty of care towards service users whilst respecting their autonomy
- To work in partnership with local agencies to protect vulnerable adults and others from harm as a result of self-neglect
- To raise concerns at the earliest opportunity, to discuss with Humber Safeguarding Team and the appropriate Local Authority
- To ensure that documentation is clear and concise and recorded on the relevant database, Lorenzo or System One.
- To share information in line with Confidentially Code of Conduct, GDPR, Caldicott principles and other information governance related policies

4. DEFINITIONS

There is not an accepted definition of self-neglect but the Care Act Statutory Guidance 2016 defines self-neglect as:

'A wide range of behaviour neglecting to care for themselves and or their health or surroundings and includes behaviour such as hoarding'
Self-neglect differs from other safeguarding concerns as there is no perpetrator of abuse, however, abuse from others can be a contributing factor of self-neglecti. Although self-neglect is predominantly seen amongst vulnerable, single individuals, it does also affect families, and therefore can have a much wider and detrimental impact on families including putting children at risk. Professionals are advised to 'Think Family' in all cases of self-neglect. Further information around Think Family can be found here: DEP2008-0058.pdf (parliament.uk)

There are a number of key indicators which may indicate the presence of self-neglect. This list is not exhaustive:

- Neglect of personal hygiene which can be evidenced by an unkempt presentation, body odour, unclean clothing. It can lead to poor healing of wounds/sores.
- Malnutrition/dehydration – poor diet and evidenced through lack of food in the cupboards/mouldy food or noticeable weight loss.
- Unmet medical needs, e.g. refusing to take insulin for diabetes. Refusing to take medications or attend health appointments.
- Hazardous, unsafe, or unclean living conditions.
- Refusing to allow access to health or social care professionals in relation to personal hygiene and care needs.
- Refusing to allow other professionals into the property including housing, utility companies.
- Obsessive hoarding.
- Repeated episodes of anti-social behaviour either by the person or as a target from others.
- Isolation/withdrawal from community networks.
- Repeated referrals into services.

Contributory factors could include:

- **Physical health issues**: Impaired physical functioning, pain, nutritional deficiency
- **Mental health issues**: Depression, impaired cognitive functioning, frontal lobe dysfunction
- **Substance misuse**: Alcohol and substance misuse, including the misuse of prescribed medications.
- **Psychosocial factors**: Isolation, unable to access community services, trauma, bereavements.

The consequences of self-neglect can be significant to the extent it threatens personal health, safety, and wellbeing. This could include extreme dehydration and malnutrition, including extreme weight loss, being unkempt in appearance and the presence of pressure sores and other wounds. The refusal of medical interventions may result in deteriorating physical conditions leading to life threatening illnesses and in some cases death. Self-neglect within a person's house or environment can also increase the risk of falls. Risks including poor electrical wiring, unchecked appliances, or an individual smoking within an environment where hoarding has been identified can pose a significant fire risk to the person as well as those living in the nearby area. Other household concerns may include no heating or water, no functioning toilet and animal and insect infestations.

4.1. Neglect

It is important to distinguish between an individual self-neglecting or being neglected. An adult at risk may be dependent on others for care.

Neglect can occur as a result of not being provided with the appropriate care by others; this could include a relative, friend, carer or other individual involved in a person's care. This may occur as a result of intentional neglect or neglect as a result of a lack of a knowledge, legal literacy and not applying policy and procedures.

Examples of neglect can include but not limited to:

- Not being provided with enough food or the right kind of food.
- Not being provided adequate shelter, clothing, heating, stimulation, and activity.
- Personal or medical care needs not being met. This can include leaving an individual without help to wash or change dirty/wet clothing, not getting a person to a doctor when needed or failing to administer medications as prescribed.
- Providing care in a way that the person dislikes and preventing the person from making their own decisions.
- A lack of care planning and assessment.
- Failing to apply the Mental Capacity Act 2005 where someone is refusing care but is unable to retain, understand, weigh up or communicate the risks involved with refusing care.

Where an adult at risk is being neglected, Safeguarding Adult policies and procedures apply.

4.2. Hoarding

Hoarding can be defined as collecting and being unable to discard of excessive quantities of goods or objects. It is often covert and may affect only the individual hoarder. Excessive hoarding, however, can concern others, particularly when health & safety is compromised. This may be due to the nature of materials hoarded or the hoarded materials affecting the wider environment or becoming a fire risk.

The Care Act 2014 recognised self-neglect as a category of abuse and despite hoarding being a condition in itself, it is often associated with self-neglect. It is also important to highlight that

individuals will experience significant distress and anxiety at the thought of getting rid of items. People with hoarding disorder have a very strong emotional attachment to these objects, so professionals must ensure they are utilising a trauma informed approach, as other people around them may not recognise or have the understanding around the importance of this.

Signs of hoarding disorder can include extreme clutter, which can result in areas of the home becoming inaccessible, a build-up of food or rubbish, and can also cause work performance, personal hygiene, and relationships to suffer. Types of hoarding include:

- **Inanimate objects:** This is the collection of objects such as newspapers, food, clothes and is the most common type of hoarding.
- **Animal hoarding:** This can be cats, dogs, rats, reptiles and as well as other animals.
- **Data hoarding:** This can involve archiving and reluctance to delete electronic data. It can also involve the collection of computers, electronic storage devices or paper.

It can be linked to past traumatic events such as bereavement, abuse or loneliness and is often explained as surrounding themselves with possessions in an attempt to create a sense of security.

Other reasons for hoarding could be mental health problems including severe depression, psychotic disorders and obsessive compulsive disorder. Past childhood experiences including living in poverty, being deprived, or neglected. There is also a link with family history or habits such as learnt habits or behaviours from parents/carers

Please see **appendix 4** for the Clutter Ratings Scale which can be used as a tool with the people we are working with to assess the extent and level of risk in relation to their hoarding, and also allow for goals to be highlighted with an individual.

The Humberside Fire & Rescue Service and Hull and East Riding Safeguarding Adults Boards have also produced a Hoarding Protocol which looks at the clutter scale in more depth and provides more information around working with Hoarding Disorder. This can be accessed here: Microsoft Word - Hoarding Protocol 10 (eastriding.org.uk)

Fire Risk should also be assessed (not only to the individual but the people in any adjoining properties). Where risk is identified, a referral to the Humberside Fire and Rescue Service should be completed: Referral and contact | Humberside Fire
Information to help reduce the risk of fire can be found here: Hoarding | Humberside Fire

5. LEGAL FRAMEWORK

Please see **Appendix 3** for a detailed breakdown of legal frameworks by which professionals can intervene.

5.1. Duty of Care and Human Rights

Managing the balance between protecting an adult at risk from self-neglect against their right to autonomy is a challenge.

A safeguarding response must be necessary, proportionate, and lawful, and balanced against a public authority's duty to promote the human rights of those that they work with. Failure to consider this when engaging with a person who self neglects can have serious implications for their health and wellbeing, and for the staff of agencies involved.

Professionals should be aware of their duty of care even when an individual has been assessed as

having the mental capacity. A duty of care is 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. This means to support an individual to achieve their outcomes whilst promoting their safety’.

5.2. Making Safeguarding Personal

The Care Act 2014 places an emphasis on wellbeing, noting the importance of self-neglect and working alongside the individual to understanding how their past experiences influence their current behaviour.

Making Safeguarding Personal is focused on seeing people as the experts in their own lives and working alongside them in a way that promotes their rights, capacity and prevents harm wherever possible. MSP should be person led and outcome focused, involving the individual throughout to enhance choice and control. It engages the person in the heart of conversations about how best to respond to their safeguarding situation, whilst providing options to help/support them. **Appendix 3** breaks down the 6 guiding principles of MSP within the Care Act and should be applied when concerns are highlighted around self-neglect and hoarding.

5.3. The Care Act 2014

The Care Act 2014 places specific duties on Local Authorities in relation to Self-Neglect. Under Section 9 and 11, social care assessments should always be attempted by the Local Authority and offered, although it is recognised that it will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing.

Section 42 – the Local Authority must make enquiries when there is reasonable cause to suspect that an adult in its area:,

- Has needs for care and support (whether or not the Local Authority is meeting 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.

It should be noted that not all self-neglecting behaviour will prompt a Section 42 enquiry (Care Act 2014). An assessment will be undertaken on a case-by-case basis and will depend on the adult’s ability to protect themselves by controlling their own behaviour.

5.4. Mental Capacity Act 2005

The Mental Capacity Act 2005 is particularly relevant to cases of self-neglect and hoarding, with one of the 5 key principles being that an individual ‘is not to be treated as unable to make a decision merely because they makean unwise decision’.

Where there are concerns regarding an individual’s mental capacity in relation to refusing care or decisions aroundtheir living conditions, a mental capacity assessment must be undertaken. In extreme cases of self-neglect and extreme hoarding, professionals should also assess whether an individual has capacity to consent to any proposed intervention.

Capacity assessments 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, any decisions or planned interventions must be made in the best interests of the individual, with a Best Interests Meeting

clearly recorded within the patients record. Planned interventions must be necessary and proportionate to the risk of harm caused by self-neglect and/or hoarding. Further guidance on the Mental Capacity Act as well as the proforma for a Best Interests Meeting can be found here: Mental Capacity Act and Best Interest Decision Making Policy M-001.pdf (humber.nhs.uk).

If a person is assessed to lack capacity, an Independent Mental Capacity Advocate (IMCA) should also be instructed.

Executive capacity should also be taken into consideration as an individual who self neglects may have decisional capacity but lack the ability to execute that decision. A simple way to assess this is to ask the individual to demonstrate how they will achieve each task necessary to reduce the concerns/risks identified and weigh this against evidence based on what you see as professionals. Did they do/achieve what they said they would do?

In particularly challenging and complex cases, it may be necessary for professionals to seek advice from the Humber Safeguarding/Legal Team to ascertain if an application to the Court of Protection is required in order to make a best interest's decision.

5.5. Mental Health Act 1983 and 2007

An application for an individual to be admitted to hospital can only be made by an Approved Mental Health Professional (AMHP), the patients 'nearest relative' and when two doctors have confirmed that a person is suffering from a mental disorder and needs to be detained in their own interest.

Self-neglect may be a manifestation of a mental disorder, and an individual may neglect their self-care, environment and physical health as a result of this. An individual may refuse care and treatment from professionals.

Further information and guidance around the Mental Health Act can be found here: Mental Health Act Legislation Policy M-021.pdf (humber.nhs.uk)

Mental Health Act Cde of Practice can be found here: Mental Health Act Code of Practice.pdf (humber.nhs.uk)

6. PROCEDURES RELATING TO THE POLICY

If concerns are raised by anyone about self-neglectand hoarding, then they should follow the self-neglect and hoarding pathway (Appendices 1 and 2).

Professionals need to be clear about an individual's mental capacity in relation to the key decisions that may require an intervention. Where capacity is questioned, a mental capacity assessment must be completed for each decision that is needed and must be assessed on a time and decision specific basis.

If there is an immediate risk to the adult or to others, contact should be made with appropriate services (Police, Fire, Ambulance) and a safeguarding concern to the Local Authority completed. Referral forms and additional Safeguarding information can be found here: Safeguarding (humber.nhs.uk)

6.1. Identification/Assessment and Intervention

It is important to understand the individuals needs, circumstances, how they see their situation and what support they feel they need currently. It can be difficult to assess mental capacity if the adult does not engage in the assessment, so accurate records should be kept evidencing the attempts

and steps that have been taken to try and engage the adult, including contact with relatives and other services..

The level of risk associated with self-neglect needs to be determined in order to deliver a proportionate response. Perceptions of risk will vary amongst individuals; so it is important to gather information from different sources before making a final decision around the level of risk. The following indicators may be used to identify significant harm and the level of risk:

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

Staff should use professional curiosity when undertaking assessments and seek to proactively engage the individual in the process. Research suggests that relationship based and person-centred practice is the most appropriate way of working with adults who self-neglect. Trust will need to be gradually built to be able to address the issues sensitively and working with them to address the problems and the behaviour.

It is important to ensure that the individual's wishes and feelings are obtained, and their preferences, history, circumstances and lifestyle are taken into account.

The principles of Making Safeguarding Personal must be applied but not to the extent that we walk away and leave them alone when the risks are high. All staff has a duty of care towards the adults they are involved with.

Fire Risk should always be assessed not only to the individual but the people in adjoining properties. Where risk is identified a referral to the Humberside Fire and Rescue Service should be completed.

If there are doubts about an adult's capacity, an assessment should be undertaken under the Mental Capacity Act 2005 and decisions agreed under the Best Interest process.

Whilst every effort must be made to work with adults experiencing abuse utilising legal framework, there will be situations that occur where the adult at risk will chooses to remain in a dangerous situation. Professionals may find that they have no legal power to remove the adult from a situation where risk is identified or intervene, because the adult declines help and support offered or does not wish to engage with the professionals.

When discussing an individual's engagement with services we need to be professionally curious in order to gain insight and an understanding of the individual and their lived experience:

- Adopt a Trauma Informed approach, taking into consideration an individual's lived experience
- What are the individuals previous experiences with services. Both positive and negative?
- Are there any reasons behind mistrust of services?
- Are there any services they are currently or have previously engaged with well? What was the difference?
- Are there any protective factors?
- Consideration for the wider family and potential support networks outside of services.
- Be mindful of language used. Language matters. Use of phrases such as: 'Putting themselves at risk' 'Lifestyle choice' 'They are choosing to drink/use drugs' should be avoided and challenged when heard. Stigma and judgment remain a huge barrier for people accessing support.

Vulnerable Adult at Risk Management (VARM)
A VARM should only be considered when existing Care Management and Health and Social Care involvement has failed to resolve identified concerns/risks. The following criteria should be met when considering a VARM:

- A person must be assessed to have capacity to make decisions and choices regarding their life
- There is a risk of serious harm or death by severe self-neglect, fire, deteriorating health condition, non-engagement with services. It also includes victims who are being targeted within their community and individuals with complex drug and alcohol use.
- There is a public safety interest (not always applicable)
- There is a high level of concerns from partner agencies and single agency or existing care management processes are not able to manage the risk
- Hoarding clutter index and or above 6/Fire Risk

The Trust has adopted the ERSAB VARM Protocol which includes the Risk Assessment and Management Tool. This is to be used to record minutes/actions from meetings and completed copies must be saved to the patient's records. The ERSAB Protocol can be found here: VARM Procedure Version 1.1 - Jan 2019.pdf (eastriding.org.uk)

Please also see **appendix 5** for a breakdown of the VARM pathway and relevant paperwork.

Note: Hull and East Riding are currently working to develop a single process for VARM. This policy will be updated to reflect this once this comes into effect.

The following is a list of possible interventions (this is not exhaustive):

- Monitoring – visits to maintain contact.
- Fire Risk Minimisation – equipment and advice
- Adaptations and repairs – to enhance safety.
- Attention to health concerns – address health issues.
- Emergency respite – chance to test an alternative environment.
- Change of living environment – a new start
- Deep cleaning and/or decluttering
- Developing life management skills
- Care packages
- Enforced action – setting boundaries.
- Therapeutic activity, psychotherapy, peer support, family, and social network involvement

Regular reviews will need to be undertaken with all agencies/professionals involved to determine if the risk to the adult or others has reduced or remains high. The lead agency for the VARM must keep clear records of each review, including risks identified and action to be taken. Templates can be found in the ERSAB VARM Protocol.

Note: The Humber Safeguarding Team are available for advice and support for any Safeguarding related query. Please email the duty team via: HNF-TR.SafeguardingHumber@nhs.net

6.2. Escalating Concerns

All concerns in relation to self-neglect should be shared with supervisors and managers within teams. The Humber Safeguarding Team can also be contacted for advice and support.

Where the Care Act criteria is met and a safeguarding concern has been raised to the Local Authority (Hull, East Riding or North Yorkshire) staff will receive an outcome as to whether the

concern has been progressed under S42 of the Act or not. Should the Local Authority decide not to make further enquiries, they will provide the rationale for the decision making around this. Staff should continue to maintain their responsibilities under duty of care.

Staff should ensure that all risk assessments and care plans are up to date and cover all of the risks that have been identified. Any safeguarding decisions or outcomes should be documented within the safeguarding tab on Lorenzo and SystmOne

7. CONSULTATION

This policy has been written in consultation with the references stated below.

8. IMPLEMENTATION AND MONITORING

This policy will be disseminated by the method described in the policy and procedural documents development and management policy.

9. TRAINING AND SUPPORT

The Safeguarding Team can provide bespoke self-neglect training for staff. The safeguarding adult Level 3 package also explores self-neglect and safeguarding.

Training can be booked via ESR

Managers and/or supervisors of staff are responsible for ensuring staff are allocated time to attend the training.

10. REFERENCE TO SUPPORTING DOCUMENTS

Care Act 2014
Mental Health Act 1983
Mental Capacity Act 2005
Human Rights Act 1998
Care Act Statutory Guidance DOH 2016
Making Safeguarding Personal
Self-Neglect and Practice: building an evidence base for practice SCIE 2014
East Riding Vulnerable Adults and Risk management Protocol and Self-Neglect Best Practice Guidance
Suffolk Safeguarding Adults Board – Self Neglect and Hoarding
Primary Care Assessment of Older People with Self-Care Challenges. Journal of Care Practitioners 323-328
Research in Practice for Adults, Practice Tool – Working with people who self-neglect.

Trust Policies
Safeguarding Adults Policy.pdf (humber.nhs.uk)
Safeguarding Children Policy N-045.pdf (humber.nhs.uk)
Information Sharing Charter (Humber)
Caldicott and Data Protection Policy
Mental Capacity Act and Best Interest Decision Making Policy M-001.pdf (humber.nhs.uk)

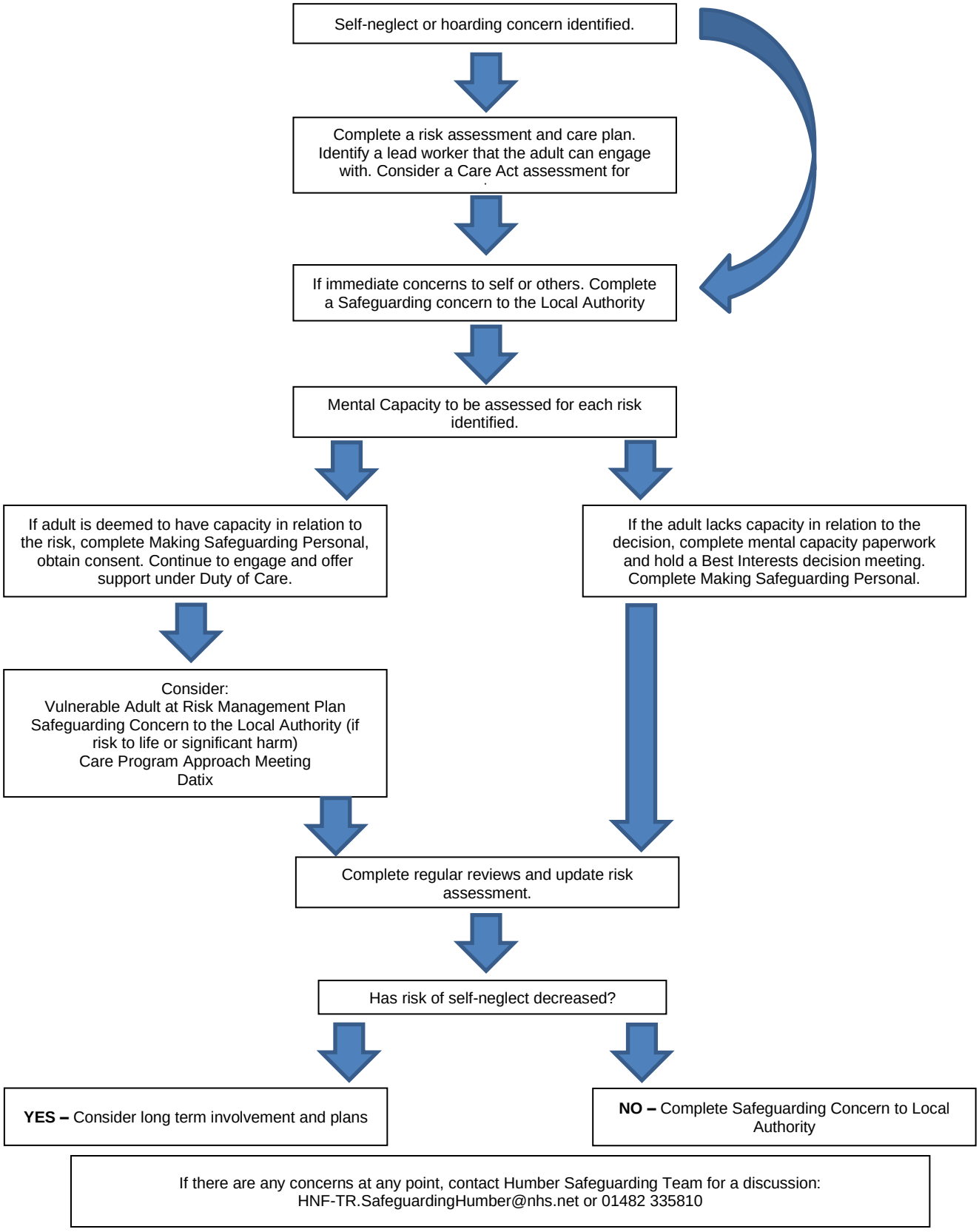
11. MONITORING COMPLIANCE

The Safeguarding Team will lead scheduled reviews of the policy and respond to national changes to guidance and requirements and undertake reviews as required.

Attendance to training will be monitored and the need for further sessions will be reviewed.

Appendix 1: Community Pathway Document

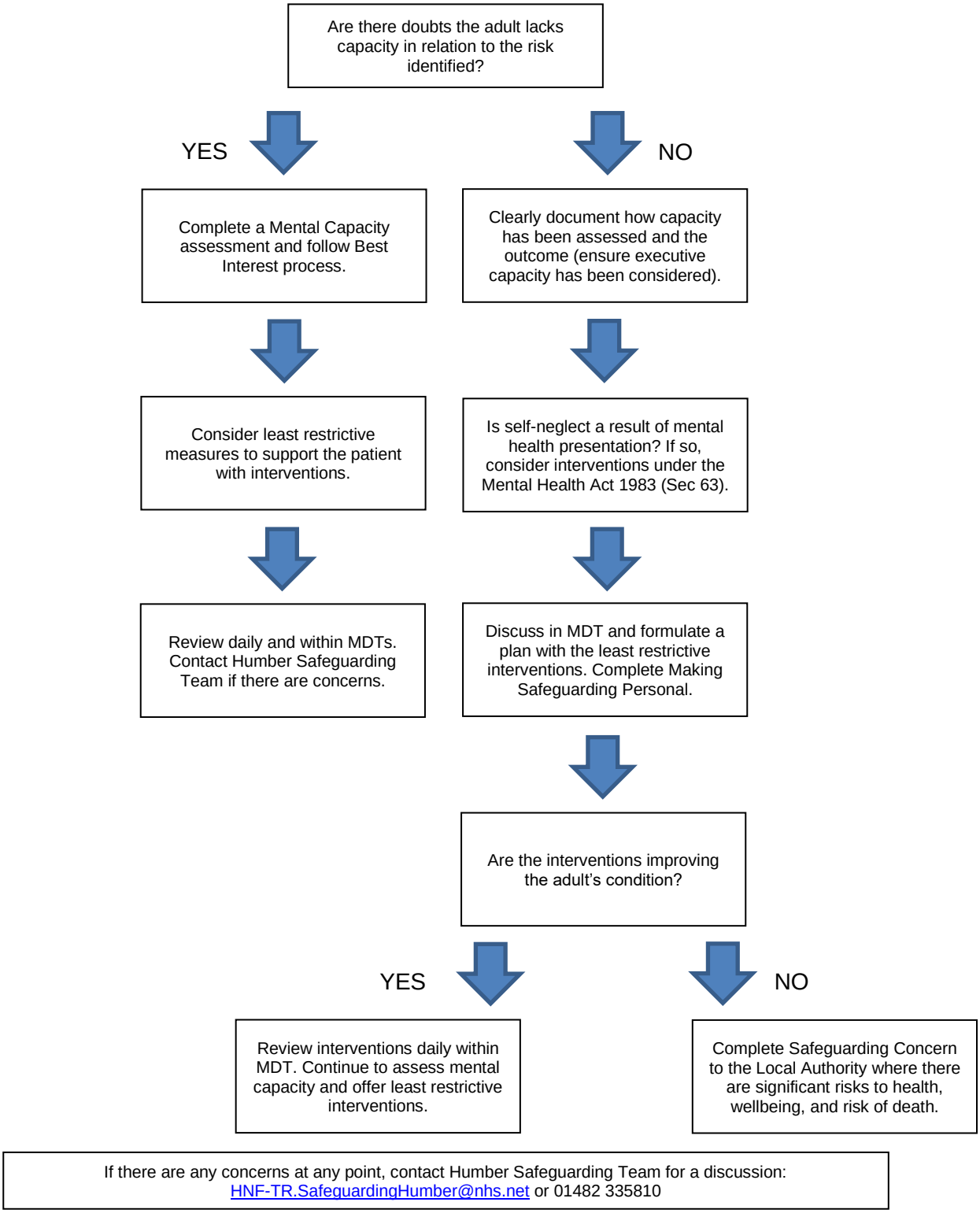
Self-Neglect Pathway – Community Patients



Appendix 2: Inpatient Pathway

Self-Neglect and Hoarding Pathway – Inpatient units

Self-neglect concern identified.



Appendix 3: Legislation

Legislation	Legal Powers and Action
Care Act 2014 **Six Key Principles:** **1. Empowerment** Ensuring people are supported and confident in making their own decisions and giving informed consent. Empowerment gives individuals choice and control over decisions made. **2. Protection** Providing support and representation for those in greatest need. Organisations can put measures in place to help stop abuse from occurring and offer help and support to those at risk **3. Prevention** It is crucial to try and take action before harm occurs, preventing neglect, harm or abuse is the primary objective. Prevention is the act of organisations working to stop abuse before it happens. Raising awareness, training staff and making information easily accessible are all ways that they can demonstrate prevention measures and encourage individuals to ask for help. **4. Proportionality** We must take a proportionate and least intrusive response to the issue presented. Proportionality ensures that services take each person into account when dealing with abuse. They will respect each individual and assess any risks presented. **5. Partnerships** Forming partnerships with local communities can create solutions as they can assist in preventing and detecting abuse. Partnerships give organisations the opportunity to work together, as well as with the local community. **6. Accountability** Being accountable and having complete transparency in delivering safeguarding practice. Safeguarding is everyone's business and accountability makes sure that everyone plays their part when it comes to safeguarding vulnerable people. Everyone is accountable for their actions as individuals, services and organisations.	**Sec 9 and 11** – Right to an assessment and duty for Local Authority to complete an assessment if: (a) the adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interests, or (b) the adult is experiencing, or is at risk of, abuse or neglect. **Section 42 –** This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) (a) has needs for care and support (whether or not the authority is meeting any of those needs), (b) is experiencing, or is at risk of, abuse or neglect, and, (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. **Section 68 –** The relevant local authority must, arrange for a person who is independent of the authority (an "independent advocate") to be available to represent and support the adult to whose case the enquiry or review relates for the purpose of facilitating his or her involvement in the enquiry or review.

Legislation	Legal Powers and Action
Public Health Act 1936 – Sec 83/84	Where a local authority, upon consideration of a report from any of their officers, or other information in their possession, are satisfied that any premises: (a) are in such a filthy or unwholesome condition as to be prejudicial to health, or (b) are verminous, the local authority shall give notice to the owner or occupier of the premises requiring him to take such steps as may be specified in the notice to remedy the condition of the premises by cleansing and disinfecting them. If a person on whom a notice under this section is served fails to comply with the requirements thereof, the authority may themselves carry out the requirements and recover from him the expenses reasonably incurred by them in so doing, and, without prejudice to the right of the authority to exercise that power.
Mental Health Act 1983 Section 2 **Mental Health Act 1983 Section 3** **Mental Health Act 1983 Section 135(1)**	An application for admission for assessment may be made in respect of a patient on the grounds that— (a) he is suffering from mental disorder of a nature or degree which warrants the detention of the patient in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period; and (b) he ought to be so detained in the interests of his own health or safety or with a view to the protection of other persons. (a) he is suffering from a mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment in a hospital; and (b) it is necessary for the health or safety of the patient or for the protection of other persons that he should receive such treatment and it cannot be provided unless he is detained under this section (c) appropriate medical treatment is available for him. **Powers of Entry –** Provides Police powers to enter a private premises, if need to by force, search for and if thought fit, to remove a person

Legislation	Legal Powers and Action
Mental Health Act Section 63 Treatment not requiring consent	to a place of safety. Must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. Treatment not requiring consent. The consent of a patient shall not be required for any medical treatment given to him for the mental disorder from which he is suffering [F1, not being a form of treatment to which section 57, 58 or 58A above applies,] if the treatment is given by or under the direction of the approved clinician in charge of the treatment.
Mental Capacity Act 2005/Court of Protection **5 Key Principles** • assume a person has the capacity to make a decision themselves, unless it's proved otherwise • wherever possible, help people to make their own decisions • don't treat a person as lacking the capacity to make a decision just because they make an unwise decision • if you make a decision for someone who doesn't have capacity, it must be in their best interests • treatment and care provided to someone who lacks capacity should be the least	The MCA sets out a two-stage test of capacity: 1) Does the person have an impairment of their mind or brain, whether as a result of an illness, or external factors such as alcohol or drug use? 2) Does the impairment mean the person is unable to make a specific decision when they need to? People can lack capacity to make some decisions, but have capacity to make others. Mental capacity can also fluctuate with time – someone may lack capacity at one point in time, but may be able to make the same decision at a later point in time. Where appropriate, people should be allowed the time to make a decision themselves. The MCA says a person is unable to make a decision if they can't: 1.understand the information relevant to the decision 2.retain that information 3.use or weigh up that information as part of the process of making the decision 4.commuicate the decision If a person is deemed to lack capacity a decision can be made in a person's best interests. The decision must take into account a person's wishes and be the least restrictive intervention. The decision needs to be clearly documented giving the steps taken to assess the person's capacity. **Deprivation of Liberty –** Where a person is required to be deprived of their liberty under a best interests in a residential setting or hospital, the local authority will need to authorise a Deprivation of Liberty Safeguard (DoLS).

Legislation	Legal Powers and Action
Human Rights Act 1998 Public bodies have a positive obligation to protect the rights of the individual. In cases of self-neglect Article 5 and Article 8 are of particular importance.	**Article 2 Right to Life** – Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which the penalty is provided by law **Article 5 Right to Liberty –** Everyone has the right to liberty and security of person. No one shall be deprived of his liberty except in cases in accordance with a procedure prescribed by law. **Article 8 Right to Private and Family Life –** Everyone has the right to respect for his private and family life, his home and his correspondence.
Inherent Jurisdiction of the High Court	In cases of extreme self-neglect where a person has capacity is at risk of serious harm, or death and refuses all intervention and support and/or under undue influence of someone else, consideration should be given to take the case to the High Court, who can make a decision to intervene.
Housing Act 2004	Allows Local Authority to carry out an assessment on residential premises to identify hazards that are likely to cause harm and take enforcement action where necessary to reduce the risk of harm. The Local Authority can also prosecute for noncompliance.
The Environmental Protection Act 1990 Sec 79/80	It is the duty of every local authority to cause its area to be inspected from time to time to detect any statutory nuisances which ought to be dealt with under Section 80, where a complaint of a statutory nuisance is made to it by a person living within its area, to take such steps as are reasonably practicable to investigate the complaint.
Police and Criminal Evidence Act (PACE) powers **Section 17 1(e)**	A constable may enter and search any premises for the purpose of saving life or limb or preventing serious damage to property.

Appendix 4: Clutter Image Ratings

Clutter Image Rating

In our work on hoarding, we've found that people have very different ideas about what it means to have a cluttered home. For some, a small pile of things in the corner of an otherwise well-ordered room constitutes serious clutter. For others, only when the narrow pathways make it hard to get through a room does the clutter register. To make sure we get an accurate sense of a clutter problem, we created a series of pictures of rooms in various stages of clutter – from completely clutter-free to very severely cluttered. People can just pick out the picture in each sequence comes closest to the clutter in their own living room, kitchen, and bedroom. This requires some degree of judgment because no two homes look exactly alike, and clutter can be higher in some parts of the room than others. Still, this rating works pretty well as a measure of clutter. In general, clutter that reaches the level of picture 4 or higher impinges enough on people's lives that we would encourage them to get help for their hoarding problem. These pictures are published in our treatment manual (Compulsive Hoarding and Acquiring: Therapist Guide, Oxford University Press) and in our self-help book (Buried in Treasures: Help for Compulsive Acquiring, Saving, and Hoarding, Oxford University Press).

Clutter Image Rating Scale: Kitchen

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


1


2


3


4


5


6


7


8


9

Clutter Image Rating: Bedroom

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


1


2


3


4


5


6


7

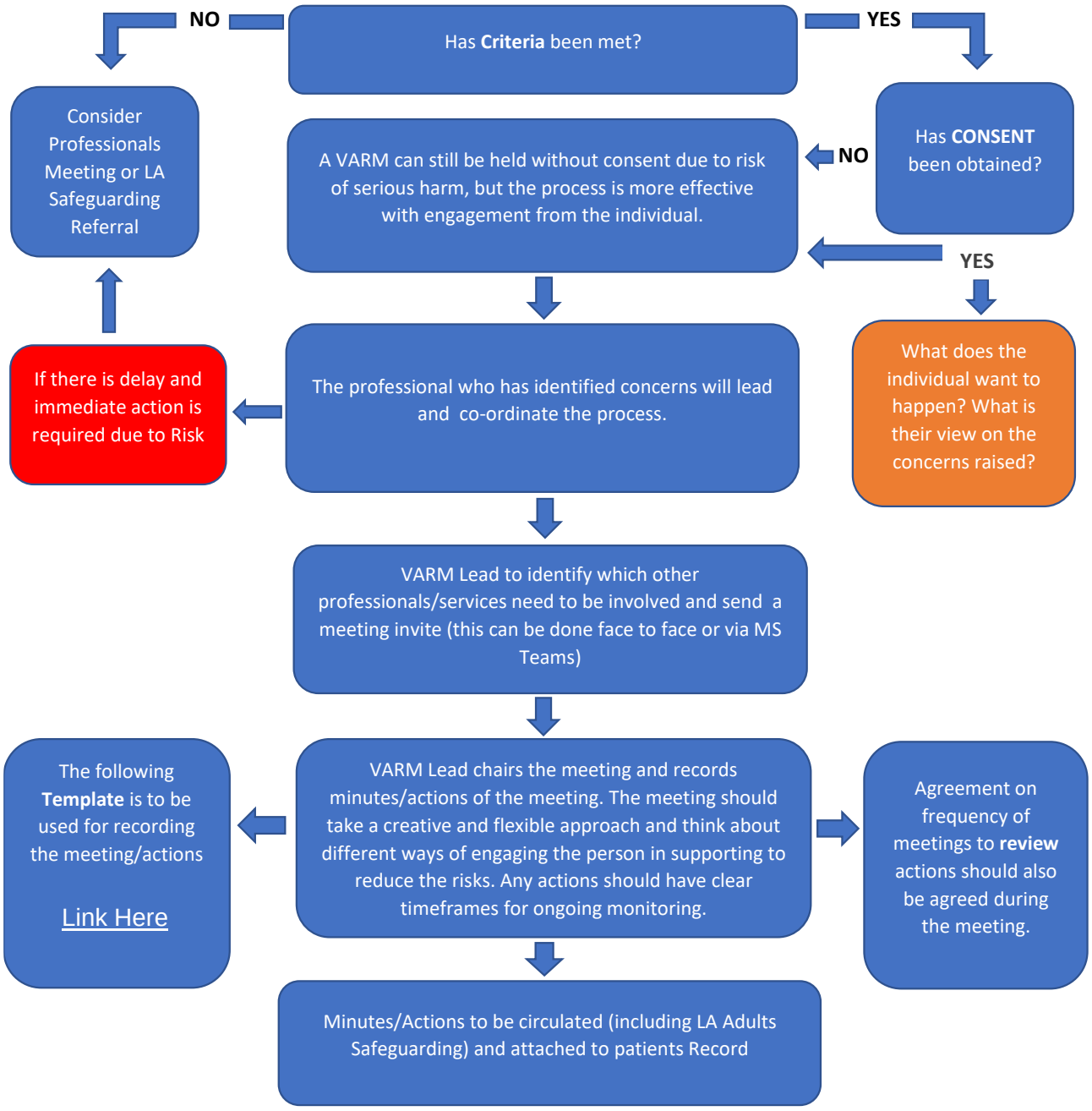

8


9

Clutter Image Rating: Living Room

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

Appendix 5: Vulnerable Adults Risk Management (VARM) Process



Appendix 6: Document Control Sheet

This document control sheet must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	Advice and support Trust staff on issues relating to self-neglect, neglect and hoarding.		
Consultation/Peer Review:	Date:	Group/Individual	
List in right hand columns consultation groups and dates	November 2023	Division leads	
		Matrons	
		Clinicians	
		Mental Health Legislation	
Approving Committee:	QPaS	Date of Approval:	11 January 2024
Ratified at:	Trust Board	Date of Ratification:	
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*	This training for self-neglect is already in place and available to all Trust staff. This will also be referenced in Level 3 safeguarding training.	Financial Resource Impact	N/A
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [✓]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below - to be delivered by the Author:*		
	Implementation will be via self-neglect training and also the publication to all staff.		
Monitoring and Compliance:	This will be a three yearly review.		

Document Change History: (please copy from the current version of the document and update with the changes from your latest version)			
Version number/name of procedural document this supersedes	*Type of change, e.g. review/legislation*	*Date*	*Details of change and approving group or executive lead (if done outside of the formal revision process)*
1.0	*New policy*	*October 2019*	*New policy*
1.1	*Review*	*November 2020*	*Minor amendments*
1.2	*Review*	*January 2024*	*Minor amendments, changes to appendix documents. Approved at QPaS (11 January 2024).*

Appendix 7: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Self-Neglect, Neglect and Hoarding Policy
2. **EIA Reviewer (name, job title, base and contact details):** Rosie O'Connell, Head of Safeguarding
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** Policy

Main Aims of the Document, Process or Service
Advice and support to all Trust staff on aspects of Self-Neglect, Neglect and Hoarding.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender reassignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	**Low**	
Disability	Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	**Low**	
Sex	Men/Male Women/Female	**Low**	Low potential or actual impact to this group.
Marriage/Civil Partnership		**Low**	Low potential or actual impact to this group.
Pregnancy/ Maternity		**Low**	Low potential or actual impact to this group.
Race	Colour Nationality Ethnic/national origins	**Low**	Low potential or actual impact to this group.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	**Low**	Low potential or actual impact to this group.
Sexual Orientation	Lesbian Gay men Bisexual	**Low**	Low potential or actual impact to this group.
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	**Low**	Low potential or actual impact to this group.

Summary

Please describe the main points/actions arising from your assessment that supports your decision. This is a review of policy which accompanies a training program across the Trust delivered by the Safeguarding Team. It is not anticipated that this document or processes within will have an adverse impact on equality target groups mentioned above.	
EIA Reviewer: Rosie O'Connell, Head of Safeguarding	
Date completed: 06.12.2023	Signature: Rosie O'Connell