

HERTFORDSHIRE SAFEGUARDING ADULTS BOARD SELF NEGLECT POLICY AND GUIDANCE

This policy and guidance outlines Hertfordshire Safeguarding Adults Board's position on the principles of tackling self-neglect issues across the County and is for reference by all partner organisations. The guidance also incorporates an appendix on Hoarding.



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Self-neglect; why it matters

Self-neglect can be a very serious problem resulting ultimately in serious harm or death. These risks could affect both the adult and other people around them.

Self-neglect is a complex matter and can occur in many ways for many different reasons. There is no one agency responsible for responding to self-neglect, and nor is there one set of responses that will always be appropriate or successful.

This policy and pathway relate to adults; Where a child (a person under 18) is identified to be in a household where there is a concern about an adult’s self-neglect, then there should be consideration given to making a referral to Children’s Services 0300 123 4043

Introductionⁱ

This policy and guidance will be referred to where an adult is believed to be self-neglecting. Adults who are reluctant or do not engage with services can have complex and diverse needs that often fall between different agencies.

Self-neglect can cover a wide range of behaviours such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

The adults’ needs are generally long standing and recurring and may frequently put themselves and others at high risk.

Managing the balance between protecting adults at risk from self-neglect or hoarding behaviours against their right to self-determination is a serious challenge for services. Working with people who are difficult to engage can be exceptionally time consuming and stressful for all concerned. A failure to engage with people who are not looking after themselves, whether they have mental capacity or not, can:

- have serious implications for the health and well-being
- damage the reputations of the local authority or health agencies involved.

Self-neglect and hoarding behaviours can put neighbours, family and animals at risk of harm with the risk of fires, gas and water leaks and infestations spreading.

The Care and Support Statutory Guidance to the Care Act (2014) defines self neglect

as a situation, “Where someone demonstrates lack of care for themselves and or their environment and refuses assistance or services. It can be longstanding or recent”. According to SCIE (Social Care Institute of Excellence), “Self-neglect is an extreme lack of selfcare, it is sometimes associated with hoarding and may be a result of other issues such as addictions”. It can include:

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

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

Self – neglect is when someone is unwilling, for a number of reasons, to care for themselves

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

Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take particular action. Instead, 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.

Policy Aims

The HSAB’s priority is to prevent serious injury or even 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
- there is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect
- there is effective multi-agency working and practice
- concerns receive appropriate prioritisation
- agencies and organisations uphold their duties of care
- there is a proportionate response to the level of risk to self and others.

This is achieved through:

- promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity
- promoting a person-centred approach which supports the individual 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
- increasing knowledge and awareness of the extent and limitations of the 'duty of care' of professionals
- promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, 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 and
- promoting an appropriate level of intervention through a multi-agency approach.

Self-Neglect – Messages to Practitioners

- Self-neglect can take many different forms and may be the result of complex physical, mental, psychological and environmental factors; it can affect both adults with and without the mental capacity to understand the consequences of the way they live their life.
- The adult may not see their self-neglect as a problem in the same way others do; they may disagree that anything needs to change and so reject offers of help.
- On the other hand the adult may feel they have little or no control over the circumstances they live in, and feel deep shame for the way they or their home presents. Worrying about how professionals will react may cause the adult to avoid contact.
- Self-neglect can have a serious negative effect on the wellbeing and safety of other people as well as the adult. Self-neglect can also occur as a result of other adults preventing access to, not co-operating with or not engaging with services
- It can be hard to understand why someone self-neglects or lives in a way so different from what others do.
- Workers often face ethical dilemmas between respecting the wishes and choices of the adult, and their duty of care towards the person and others around them.
- Because each adult's situation is different, what might have helped support one person with their self-neglect may not be effective with another, and no guidance can tell you what the right thing to do will be in every case

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

Self-neglect and adult safeguarding

The Statutory Guidance to the Care Act 2014 states that self-neglect may be an adult safeguarding issue, but that concerns about self-neglect **should not automatically** be dealt with under Safeguarding Adults Procedures. Decisions should be made on a case by case basis.

Very often other supportive action, such as signposting to universal services or an assessment of care needs by the local authority (Hertfordshire County Council) may be more appropriate and should usually be attempted first.

Where the adult at risk of self-neglect lacks mental capacity and carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so.

Where an adult at risk of self-neglect has mental capacity but refuses a needs assessment, the local authority must undertake an assessment so far as possible and document this. It should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so.

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

The approach to self-neglect in Hertfordshire

Robust partnership working from the earliest practical stage.

- Early coordinated interventions from a range of partners, working together with the adult to assess needs and find solutions should be tried first, where this is possible.
- The partner agency that identifies a concern about self-neglect should take responsibility in the first instance for raising the concern with either their line manager or safeguarding lead using their own internal processes for case management. If a referral needs to be raised to another agency please see referral routes on page 7 (for social care) and in the local resources directory linked to this guidance. (appendix 6). Please also refer to the [Multi-Disciplinary Guidance for working with complex cases](#)
- In some cases a point may be reached where reporting concerns about self-neglect for an Adult Safeguarding Enquiry led by Hertfordshire County Council may be necessary

- Where self-neglect is a concern, a risk assessment should be routinely completed before an agency closes a case due to the adult not co-operating, engaging or keeping appointments.
- Where there is multi-agency concern about an adult's self-neglect, no agency should close down its involvement without there first being a multi-agency discussion.
- If a dispute arises between practitioners of agencies about a professional judgement that cannot be resolved at their level, this should be escalated appropriately within each agency to seek a resolution.

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

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

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

- An adult affected by self-neglect has a right to choice and control over their life to the greatest extent possible, and the principles of person-centred care and support should apply in any intervention with them. (Remember: *"No decisions about me without me"*).
- All workers have a duty of care to consider whether an adult at risk has the mental capacity to understand the risks caused by the decisions they make, and the impact these have upon their safety and wellbeing or the safety and wellbeing of others.
- When an adult lacks the mental capacity to make a decision, the principles of the Mental Capacity Act must be applied.
- The consent of the adult to share information with others should always be sought. If not obtained; and there is a belief that the adult may be at risk of neglect, then a decision over whether to share information and with whom must be made.
- However, whilst it is preferable to work with the consent of the adult, a balance must be struck between negotiated and imposed interventions. Sometimes an agency's legal duties will require it to impose an approach upon an adult in order to protect others.
- The Six Principles of safeguarding adults (Empowerment, Prevention, Protection, Proportionality, Partnership and Accountability) must be applied with adults who self neglect, as with safeguarding concerns.

Links and Resources

How to make an adult safeguarding referral

Safeguarding adults at risk

To report a concern to Adult Care Services that an adult is at risk is being abused or neglected:

Call 0300 123 4042

Lines are open 24 hours a day.

During office hours, professionals can also make a safeguarding referral through [Adult Care Services Portal](#)

Call 101 if there is no immediate risk, but a police response is required as soon as possible due to the seriousness of the incident or potential loss of evidence.

Who is an adult at risk?

An adult in need of care and support. This may be because they are older or have a mental health problem, learning or physical disability **and** they are at risk of abuse or neglect.

Urgent Social Care referral

In situations where care arrangements have broken down and the person requires an urgent response from us, call **0300 123 4042**.

Lines are open 24 hours a day.

Non-urgent Social Care referral

For requests for care and support for people living in the community but do not require an urgent or outside of office hours response from us.

[Make a non-urgent Social Care referral \(professionals\)](#)

You can also call **0300 123 4042**, Monday – Thursday 9am–5.30pm, Friday 9am – 4.30pm.

How to make a contact to Children’s Services

Any adult concerned about a child or young person, call Children’s Services any time on 0300 123 4043. Information for professionals

For professionals:

[Make a child in need or child protection referral](#)

(read the [safeguarding referral form guidance](#)), [Request support for a child or family](#)

Appendix 1 - Practice Guidance

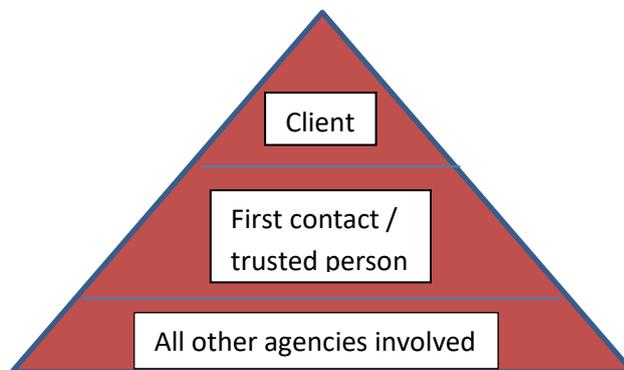
The Challenge of Self Neglect

Self-neglect is challenging for practitioners because:

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

Building a relationship with the adult

Because of these challenges and because all cases are different there is no one set approach that always works. But, a supportive approach based on building a trusting relationship with the adult has been shown to be more likely to achieve a positive outcome. Supportive intervention relies on multi-agency co-ordination and risk management as illustrated below:



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

- Knowing, in the sense of understanding the person, their history and the significance of their self-neglect, along with all the knowledge of resources that underpin professional practice.

- Being, in the sense of showing personal and professional qualities of respect, empathy, honesty and reliability, care, being present ,staying alongside and keeping company.
- Doing, in the sense of balancing hands-off and hands-on approaches, seeking the tiny element of latitude for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when enforced intervention becomes necessary.

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

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

- Consider the person's own view of the self-neglect.
- Is the self-neglect important to the person in some way?
- Have you considered if the person has mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?
- Is the self-neglect a recent change or a long-standing pattern?
- Has there been a recent significant life event such as bereavement?
- What strengths does the person have – what is he or she managing well and how might this be built on? What motivation for change does the person have?
- Are there links between the self-neglect and health (including mental health) or disability?
- Are there care and support needs that are not being met?
- Is alcohol consumption or substance misuse related to the self-neglect?
- Consider how the person's life history, family or social relations are interconnected with the self-neglect?
- Does the self-neglect play an important role as a coping mechanism? If so, is there anything else in the person's life that might play this role instead?
- Are there any concerns for others in the property, i.e. other residents including children or animals? or adjacent properties?
- Who owns the property?

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

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

When we enter any enclosed space we look for symmetry because symmetry is memorable. We need to remember the layout because if we feel threatened we need to know how to escape. In hoarded properties there often is no escape route and this can

fuel your feelings of claustrophobia, discomfort or the desire to clear the property. This feeling can have a very negative effect on you and this effect might influence how you perceive the person you are working with; which will influence how you then work with that person. You may also have a strong physical reaction to strong smells that may be present.

What you can do about it?

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

Doing (the things that tend to work best) - No one approach always works but there are a number of things that can be done that have been shown to be successful as below.

The approach	Examples of what this might mean in practice
Building rapport	Taking the time to get to know the person; refusing to be shocked.
Moving from rapport to relationship	Avoiding knee-jerk responses to self-neglect; talking through with the person their interests, history and stories.
Finding the right tone	Being honest while also being non-judgemental; expressing concern about self-neglect, while separating the person from the behaviour.
Going at the individual's pace	Moving slowly and not forcing things; showing concern and interest through continued involvement over time.
Agreeing a plan	Making clear what is going to happen; planning might start by way of agreeing a weekly visit and developing from there.

Finding something that motivates the individual

Linking to the person's interests (for example, if the person is hoarding because they hate waste, link them into recycling initiatives).

Starting with practicalities

Providing small practical help at the outset may help build trust.

Bartering

Linking practical help to another element of agreement (for example, 'If I can replace your heater, would you go to see the doctor?').

Focusing on what can be agreed

Finding something to be the basis of initial agreement, which can be built on later.

Keeping company

Being available and spending time to build up trust.

Straight talking

Being honest about potential consequences.

Finding the right person

Working with someone who is well placed to get engagement - another professional or a member of the person's network.

Appendix 2 – Mental Capacity

Decision making

The Mental Capacity Act (MCA) states all workers have a duty of care to consider whether an adult who self-neglects has the mental capacity to understand the risks of the decisions they make and the impact these may have upon their safety and wellbeing and the safety and wellbeing of others.

The five principles of the Mental Capacity Act

These are:

(The empowering principles)

1. Presumption of capacity – You must presume that the person you are working with has capacity for the particular decision unless you have evidence to the contrary. Assumptions about capacity should not be made on the basis of appearance, age or disability. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. Maximise decision making ability - A person must not be treated as being unable to make a decision unless all practicable steps to help them to do so; have been taken without success. Examples may include the use of interpreters, supporting people to communicate in their own language, using pictures or using a speech and language specialist.
3. Unwise decisions – If a person appears to be making unwise decisions this is not evidence of a lack of capacity; just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.

If it has been established that an adult doesn't have capacity:

(The protecting principles)

4. Best interests – an act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests;
5. Less restrictive option – anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Remembering the 5 principles of MCA: 1, 2 and 3 are all about me whilst 4 and 5 are when I don't have capacity

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

How do you assess capacity?

There is a two part 'test' of capacity staff will need to apply in any decision regarding capacity. Please remember you are testing about the specific decision that needs to be made.

1. Stage 1: The first part of a test for capacity is to identify the presence of an 'impairment or disturbance in the functioning of the mind or brain' which impacts on the decision making process at the time the decision needs to be made. This is a judgement based upon genuine concern and you do not need a doctor to do this. In more formal assessments of capacity a medical opinion may need to be sought.
2. Stage 2: The second stage of the test is to apply the following:
 - Can the adult understand the decision that needs to be made and why it needs to be made?
 - Can the adult retain the information sufficiently to show a consistency in their choice?
 - Can the adult weigh up and balance the pros and cons of the decision, e.g. the likely consequences of making the decision or not making a decision
 - Can the adult communicate their decision (with or without support depending on their communication needs)
 - If the person is thought to have an impairment of the mind (stage 1) and is unable to do any of the above (stage 2) they are deemed to lack the capacity to make that particular decision.

Whose role is it to assess mental capacity?

The MCA Code of Practice states the person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the decision at the time the decision needs to be made. Decision-making covers a very wide range of circumstances and can be 'simple' to complex in nature. In the area of self-neglect, a wide range of staff may be in a position to consider the capacity of an adult to make decisions about issues affecting their lives.

Where an adult is thought to lack capacity to make a particularly significant decision (a complex decision such as where to live, what choice of treatment to accept/refuse or where a substantial risk is present) then a professional with more expertise in that specialist area should be sought. This will usually include a health and/or a social worker.

In situations where an assessment concludes that the adult lacks capacity, the decision has to be taken by others (in the adult's best interests). If the adult who is lacking capacity has nobody to represent them an Independent Mental Capacity Advocate (IMCA) would be required. The lead professional should arrange this when necessary (it is a statutory duty to do so).

Where can I get more information about mental capacity?

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

The HSAB also has an app which is available and free on all mobile platforms:

- Apple devices
- Windows/ Microsoft devices
- Android



Appendix 3 – Information Sharing

General

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

Link to: [Information Sharing Protocol](#)

Consent

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

In some instances the individual will not have the capacity to consent to disclosure of personal information relating to them. Where this is the case any disclosure of Information needs to be considered against the conditions set out in the Data Protection Act and must be in their Best Interests as per the Mental Capacity Act.

Information sharing

Decisions about what information is shared and with whom should be taken on a case-by-case basis. But whether or not information is shared, with or without the adult's consent, the information should be:

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

Appendix 4 – Hoarding

Hoarding Disorder used to be considered a form of obsessive compulsive disorder (OCD). It is now considered a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Health Disorders 2013. Hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting, and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle

choice. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

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

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

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

Hoarding Guidance for Practitioners Questions for Practitioners

Linked to the Self-neglect guidance the answers to the below questions will inform a Hoarding Assessment and provide the information needed by the practitioner carrying out the assessment to alert other agencies.

- How do you get in and out of your property, do you feel safe living here?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen?
- How have you made your home safer to prevent this (above) from happening again?
- How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot or other hazards)?
- Has a fire ever started by accident?
- How do you get hot water, lighting and heating in here? Do these services work properly? Have they ever been tested?
- Do you ever use candles or an open flame to heat and light here or cook with camping gas?
- How do you manage to keep yourself warm? Especially in winter?
- When did you last go out in your garden? Do you feel safe to go out there?
- Are you worried about other people getting into your garden to try and break in? Has this ever happened?
- Are you worried about mice, rats, foxes or other pests? Do you leave food out for them?
- Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have a look in it? How do you keep things cold in the hot weather?
- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and toilet ok? Have a wash, bath/shower?
- Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (If there are any).

- What do you do with your dirty washing?
- Where do you sleep? Are you able to change the bed linen regularly? When did you last change them?
- How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
- Are there any broken windows in your home? Any repairs that need to be done?
- Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?
- Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

Multi-agency Response

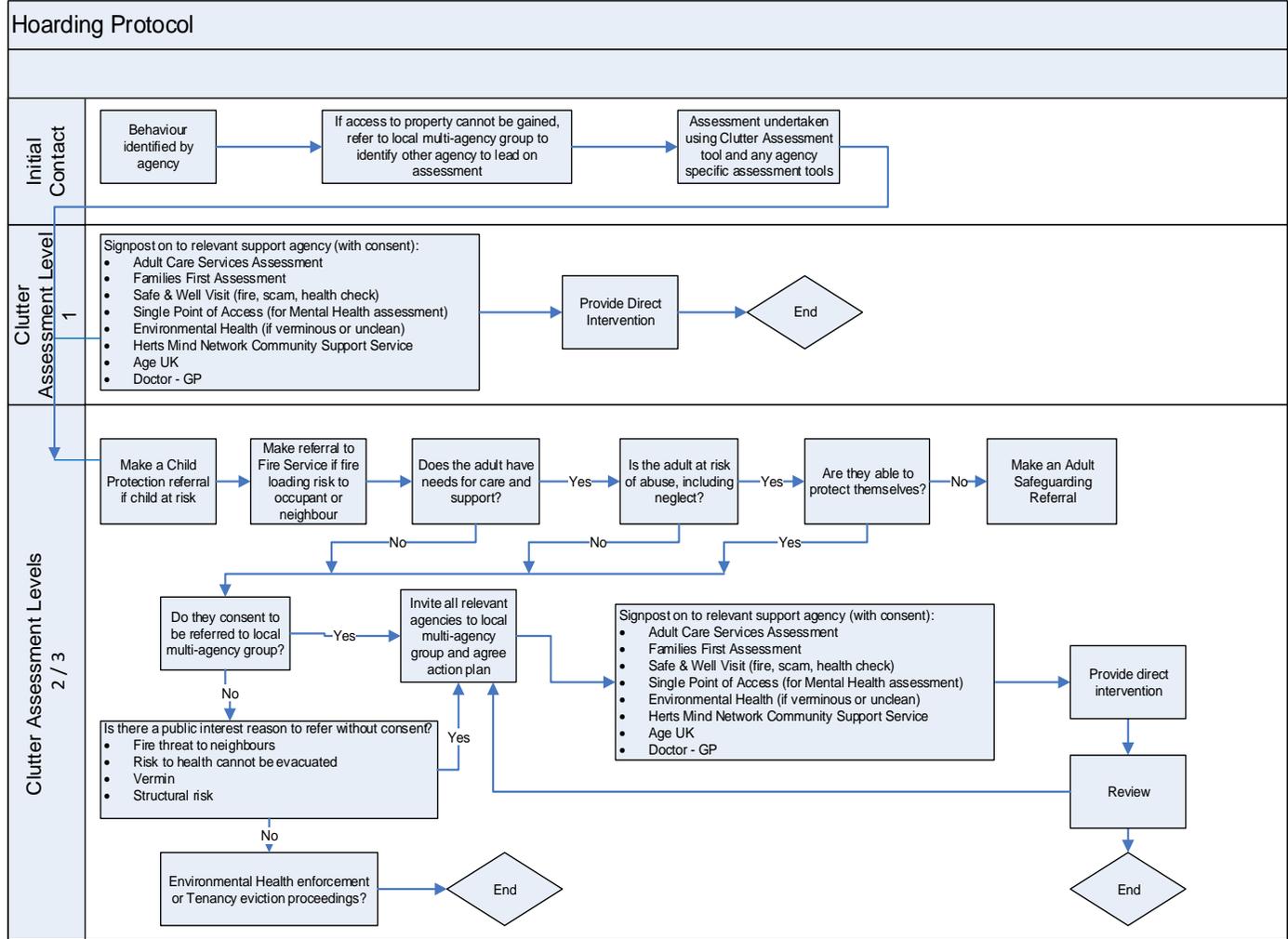
It is recognised that hoarding is a complex condition and that a variety of agencies will come into contact with the same person. It is also recognised that not all customers will receive support from statutory services such as Mental Health.

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

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

Individual district councils will have their own area specific mechanisms and systems for dealing with hoarding cases.

Each District/Borough Council in Hertfordshire has specific hoarding groups and processes. The flow chart on the next page is aimed to help practitioners make informed decisions based on the Clutter Level Assessment. The HSAB would like to thank Three Rivers District Council for the use of their flow chart to assist the partnership with producing this document.



Appendix 5 – Clutter Image Rating Scale and Assessment Tool

Clutter Image Rating Scale - Bedroom

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



1

2

3



4

5

6



7

8

9

Clutter Image Rating Scale - Lounge

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



1



2



3



4



5



6



7



8



9

<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space. • Does the property have a smoke alarm? • Visual Assessment (non-professional) of the condition of the services within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action. • Are the services connected? • Assess the garden. Size, access and condition. • Is the garden overgrown? Is there evidence of rats, refuse or animal faeces?
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • Assess the current functionality of the rooms and the safety for their proposed use. E.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it. • Select the appropriate rating on the clutter scale. • Please estimate the % of floor space covered by clutter • Please estimate the height of the clutter in each room
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Assess the level of sanitation in the property. • Are the floors clean? • Are the work surfaces clean? • Are you aware of any odours in the property? • Is there rotting food? • Does the resident use candles? • Did you witness a higher than expected number of flies? • Are household members struggling with personal care? • Is there random or chaotic writing on the walls on the property? • Are there unreasonable amounts of medication collected? Prescribed or over the counter? • Is the resident aware of any fire risk associated to the clutter in the property? • Is there heating and hot water available at the property?
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> • Do any rooms rate 7 or above on the clutter rating scale? • Does the household contain young people or children?
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Are there any pets at the property? • Are the pets well cared for; are you concerned about their health? • Is there evidence of any infestation? E.g. bed bugs, rats, mice, etc. • Are animals being hoarded at the property?
<p>6. Personal Protective Equipment (PPE)</p>	<p>For guidance on PPE under Covid-19 click here</p> <ul style="list-style-type: none"> • Following your assessment do you recommend the resident is visited in pairs? Please detail

<p>Level 1</p> <p><i>Clutter image rating 1 - 3</i></p>	<p>Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.</p>
<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Garden is accessible, tidy and maintained
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 0-3 on the Clutter Rating Scale • No additional unused household appliances appear in unusual locations around the property • Property is maintained within terms of any lease or tenancy protocols where appropriate. • Property is not at risk of action by Environmental Health.
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Property is clean with no odours, (pet or other) • No rotting food • No concerning use of candles • No concern over flies • Residents managing personal care • No writing on the walls • Quantities of medication are within appropriate limits, in date and stored appropriately.
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> • No Concerns for household members
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Any pets at the property are well cared for • No pests or infestations at the property
<p>6. Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> • PPE required: latex gloves, face mask, hand sanitiser For guidance on PPE under Covid-19 click here • No visit in pairs required.

Level 1	Actions
Agency	<ul style="list-style-type: none"> • Discuss concerns with resident • Raise a request to Hertfordshire Fire and Rescue Service to provide fire safety advice • Refer for support assessment if appropriate. • Refer to GP if appropriate
Environmental Health	<ul style="list-style-type: none"> • No Action
Social Landlords	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances • Refer to GP if appropriate • Refer for support assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Provide details on debt advice if appropriate to circumstances • Ensure residents are maintaining all tenancy conditions
Practitioners	<ul style="list-style-type: none"> • Complete Hoarding (Clutter) Assessment • Make appropriate referrals for support • Refer to social landlord if the client is their tenant or leaseholder
Emergency Services	<ul style="list-style-type: none"> • Ensure information is shared with statutory agencies & feedback is provided to agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • No action unless advice requested
Safeguarding Adults	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted.
MASH	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted.

<p>Level 2</p> <p>Clutter Image Rating 4 – 6</p>	<p>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.</p>
<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) scores between 4-5 on the clutter scale. • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food • No concerning use of candles • Resident trying to manage personal care but struggling • No writing on the walls
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> • Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding Alert. • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Pets at the property are not well cared for • Resident is not able to control the animals • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Sound of mice heard at the property. • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)
<p>6. Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • PPE required • For guidance on PPE under Covid-19 click here

Level 2	Actions In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCURRENCE
Agency	<ul style="list-style-type: none"> • Refer to landlord if resident is a tenant • Refer to Environmental Health if resident is a freeholder • Raise a request to the Fire Brigade to provide fire prevention advice • Provide details of garden services • Refer for support assessment • Referral to GP • Referral to debt advice if appropriate • Refer to Animal welfare if there are animals at the property. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health or Housing with details of client, landlord (if relevant) referrer's details and overview of problems • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 or Anti-Social Behaviour Act • Consider Works in Default if notices not complied by occupier
Social Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Referral to Tenancy Support to assist in the restoration of services to the property where appropriate. • Ensure residents are maintaining all tenancy conditions • Enforce tenancy conditions relating to residents responsibilities • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Practitioners	<ul style="list-style-type: none"> • Refer to "Guidance for Hoarding Guidance Questions to Ask" • Complete Clutter Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits. • Refer to Hertfordshire Fire and Rescue Service to put a marker against
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Educate client regarding animal welfare if appropriate • Provide advice / assistance with re-homing animals
Safeguarding Adults	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted. • If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.
MASH	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted

Level 3

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

Level 3 Clutter image rating 7- 9	Collaborative multi-agency approach
Property structure, services & garden area	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp • Interior doors missing or blocked open • Evidence of indoor items stored outside • Evidence of putrescible waste, harbourage, animal faeces
Household Functions	<ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks, baths not functioning or not in use or contaminated with faeces • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment • Resident is using candles • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy protocol where applicable • Evidence of putrescible waste, harbourage, animal faeces • Property is at risk of notice being served by Environmental Health

<p>Health and Safety</p>	<ul style="list-style-type: none"> • Human urine and or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health • No heating or hot water
<p>Animals and Pests</p>	<ul style="list-style-type: none"> • Animals at the property at risk due the level of clutter in the property • Resident may not able to control the animals at the property • Animal' living area is not maintained and smells • Animals appear to be under nourished or over fed • Animals being kept in unsanitary conditions • Hoarding of animals at the property • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation
<p>Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Visit in pairs required <p>For guidance on PPE under Covid-19 click here</p>
<p>Safeguarding Children & Family members</p>	<ul style="list-style-type: none"> • Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders

Actions	Level 3
Agency	<ul style="list-style-type: none"> • Raise Safeguarding Alert within 24 hours • Raise a request to the Fire Brigade within 24 hours to provide fire prevention advice.
Environment Health	<ul style="list-style-type: none"> • Refer to the appropriate Local Authorities' Environmental Health Residential Team on with details of client, landlord (if relevant) referrer's details and overview of problems • At time of inspection, EHO decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Housing Act 2004 or Public Health Act 1936 – Filthy and Verminous, Prevention of Damage By Pests Act 1949 or Housing Act 2004 or Anti-Social Behaviour, Crime and Policing Act 2014 • Consider Works in Default if notices not complied by occupier • Liaise with Landlord – either private or social landlord
Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Attend multi-agency Safeguarding meeting • Enforce tenancy conditions relating to residents responsibilities • If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988
Practitioner	<ul style="list-style-type: none"> • Refer to "Hoarding Guidance Questions for practitioners" • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Attend Safeguarding multi-agency meetings on request • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment • Educate client regarding animal welfare if appropriate • Take legal action for animal cruelty if appropriate • Provide advice / assistance with re-homing animals
Safeguard Adults	<ul style="list-style-type: none"> • Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse where appropriate.
MASH	<ul style="list-style-type: none"> • Refer to Children MASH if children or young people present within 24 hours

Appendix 6 – Local Resources

Directory of Local Resources		
PARTNER AGENCIES	PROVISION	CONTACT DETAILS
Hertfordshire County Council Adult Social Care	For adult social care To report concerns about abuse or neglect of an adults	0300 123 4042 adult.safeguarding@hertscc.gcsx.gov.uk
Early Help Triage and MASH (Multi-Agency Safeguarding Hub) Children’s Services	Information for families. Discuss concerns for a child or family and receive Early Help advice on thresholds and pathways. Make a Child Protection referral.	Contact Details 0300 123 4043 protectedreferrals.cs@hertfordshire.gov.uk
Hertfordshire Constabulary	Emergency response to crime or harm	In an Emergency call 999 – life in danger or crime in progress. In a non – Emergency call 111 www.herts.police.uk
East of England Ambulance Services NHS Trust	Ambulance/Emergency services Community First Responders Patient transport service	999 for emergencies 0345 601 3733 www.eastamb.nhs.uk
Hertfordshire Partnership Foundation NHS Trust	Provide a wide range of inpatient, community and specialist mental health services. These services include: rehabilitation, home treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and	0300 777 0707 www.hpft.nhs.uk
Hertfordshire Community NHS Trust	The Trust provides a wide range of services across more than 50 sites in Hertfordshire, but most of care is carried out by our nurses, doctors, healthcare assistants and therapists to people in their own homes.	01707 388000 https://www.hct.nhs.uk/
East and North Herts	East and North Herts NHS	01438 314333

<p>NHS Trust</p>	<p>Trust provide wide range of general and specialist services. Our four hospitals are:</p> <ul style="list-style-type: none"> •Hertford County hospital, Hertford •The Lister hospital, Stevenage •Mount Vernon Cancer Centre, Northwood •The New QEII hospital, Welwyn Garden City 	<p>http://www.enherts-tr.nhs.uk/</p>
<p>West Hertfordshire Hospitals NHS Trust</p>	<p>West Herts Hospitals NHS Trust provides wide range of general and specialist services. Our three hospitals are: Hemel Hempstead Hospital St Albans City Hospital Watford General Hospital</p>	<p>01442 213141 – Hemel Hempstead 01727 866122 – St Albans 01923 244366 - Watford http://www.westhertshospitals.nhs.uk/</p>
<p>Change, Grow, Live (CGL) Hertfordshire</p>	<p>Services are designed to encourage individuals to find the strength and resources within themselves to achieve and sustain the life and behavioural changes they seek.</p> <ul style="list-style-type: none"> •Drug and alcohol services •Children, young people and family services •Young people's services •Specialist services •Health and wellbeing •Criminal Justice 	<p>https://www.changegrowlive.org/ The website gives options to search for services in Hertfordshire.</p>
<p>Hertfordshire MIND</p>	<p>Provision for person-centred mental health support to enable people to be in control of their lives.</p>	<p>02037 273600 www.hertsmindnetwork.org National Mind Information Line - 0300 123 393 www.mind.org.uk</p>
<p>Environmental Health (District and Borough Council's)</p>	<p>To investigate complaints relating to filthy or verminous premises within the area. Where appropriate to serve legal notice upon the owner / occupier to cleanse filthy or verminous premises. Provide a free pest control</p>	<p>Broxbourne District Council: http://www.broxbourne.gov.uk/</p> <p>Dacorum Borough Council: http://www.dacorum.gov.uk/</p> <p>East Hertfordshire District Council: http://www.eastherts.gov.uk/newhome</p>

	service to treat for rats	<p>Hertsmere Borough Council: https://www.hertsmere.gov.uk/Home.aspx</p> <p>North Hertfordshire District Council: http://www.north-herts.gov.uk/</p> <p>St Albans District Council: http://www.stalbans.gov.uk/</p> <p>Stevenage Borough Council: http://www.stevenage.gov.uk/</p> <p>Three Rivers District Council: http://www.threerivers.gov.uk/</p> <p>Watford Borough Council: https://www.watford.gov.uk/</p> <p>Welwyn & Hatfield District Council: http://www.welhat.gov.uk</p>
PDSA – Animal Charity	Care for the pets of people in need by providing free vet services to their sick and injured animals, and promoting responsible pet ownership	www.pdsa.org.uk/near-me
RSPCA	Report concerns about the welfare of an animal	www.rspca.org.uk/adviceandwelfare
Age UK	Information/Advice & Support to people aged 50+	0300 345 3446 www.ageuk.org.uk/hertfordshire
Health watch	Giving people a voice Improve wellbeing Safeguarding Advocacy support	01707 275978 www.healthwatchhertfordshire.co.uk
Trading Standards Department (Rogues and Scams Team) – Hertfordshire County Council	Work covers : Protecting consumers Working with Businesses Acting against Rogue Traders	01707 281401 www.hertfordshire.gov.uk/services/Business/What-does-Trading-Standards-do/
Hertfordshire County Council Fire and Rescue Service	A 24 hour, 365 days a year emergency response service. We provide a wide range of safety initiatives and enforce fire safety legislation.	0300 123 4046 www.hertfordshire.gov.uk/services/fire-and-rescue/

ⁱ Definition taken from ADASS East of England Safeguarding Adults Network