



**Strategic Partnership Boards**  
SAFETY SAFEGUARDING WELLBEING

# **LBWF Multi-Agency Self-Neglect Policy**

Approved by Waltham Forest Safeguarding Adults Board on 27 June 2016

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## Introduction

This self-neglect document sets out guidance and procedure for responding to cases of self-neglect, including hoarding, which acknowledges issues of dignity and choice. This can be a difficult and complex area for intervention as issues of capacity and life style choice are often involved which involve finding the right balance between respecting a person's autonomy and fulfilling their duty to protect the adult's health and wellbeing. Both perspectives can be supported by human rights arguments.

The Care Act 2014 statutory guidance includes self-neglect and hoarding in the categories of abuse or neglect relevant to safeguarding adults with care and support needs. In some circumstances, where there is a serious risk to the health and wellbeing of an individual, it may be appropriate to raise a safeguarding concern directly linked to self-neglect. In other situations, it is acknowledged that interventions in relation to self-neglect may be more appropriate under the parts of the Care Act dealing with assessment, planning, information and advice, and prevention.

Self-neglect features in a significant proportion of the Serious Case Reviews which have been completed following the death of an adult with care and support needs. Social care agencies and practitioners should remain mindful of the criticisms likely to be leveled by Coroner's Courts when people known to be at risk of self-neglect are abandoned by services following a superficial assessment of their capacity. In this context it is important to demonstrate their rationale for not intervening.

Many decisions will hinge on whether the person concerned has the capacity to make an informed choice about how they are living and the risks to which they are exposed. The risks to individuals can be high with some cases of self-neglect leading to the person's death. However, even in cases where it appears that the risk to the individual may be significant, there may be no clear legal grounds to intervene.

Assessing capacity for an individual who is resistant to or suspicious of outside intervention is not an easy task. The Department of Health, via its statutory guidance for the Care Act 2014, advises that adult social care departments should record all the steps they have taken to complete an assessment of the things that a person wants to achieve and the care and support that they need. Research undertaken by Social Care Institute for Excellence (SCIE) indicates that intervening successfully depends on practitioners taking time to gain the person's trust and build a relationship, and going at the person's own pace.

Risk and capacity assessments are likely to be useful. The legislation makes clear that adult safeguarding responses should be guided by the adult themselves, to achieve the outcomes that they want to achieve.

If it is impossible to complete the assessment, or if the person refuses to accept care and support services, agencies should be able to show that they have tried, and that information and advice have been made available to the person on how to access care and support and how to raise any safeguarding concerns. All the agencies decisions, and the considerations that have led to them, should be recorded in light of the person's wishes and their particular circumstances. They should be able to show that whatever action they have taken is reasonable and proportionate.

## **Multi agency perspectives**

This document is designed to be both a multi-agency guide to issues of self-neglect as well as offering procedural guidance for case workers in adult social services. It is recognised that it is often housing, community and voluntary agencies who become concerned about people who self-neglect and that sometimes it is these agencies that are best placed to form non-threatening relationships with people over time in an effort to persuade them to accept help or better understand the risks.

## **Guidance**

This document sets out indicators of self-neglect and the role of social services in assessing needs and providing support under the Care Act 2014. The document stresses the importance of robust mental capacity assessments. Often people may have an initial presentation of making a capacitated choice when refusing help but more detailed assessment, if this can be achieved, may indicate that the person's decision making or executive capacity is impaired. This may be particularly true of people developing dementia or with other mental health conditions. The document also sets out the important role of multi- agency partnership working which can help to establish a fuller picture and plan a way forward.

## **Legal implications**

This document sets out some of the legal grounds for intervention and for data and information sharing. It covers responsibilities under the Mental Capacity Act 2005 and other powers to intervene rooted in both social care and public health. The document highlights that there is no one piece of legislation that easily provides a solution in all cases and that due care is needed when considering restricting a person's autonomy and right to private and family life under Article 8 of the Human Rights. However this right is a qualified right and must be balanced against a public authority's duty positively to promote people's rights and to take account of the wellbeing principle that runs throughout the Care Act. Consideration of Article 8 must also not limit consideration of Article 2, the Right to Life. What is important is that any limitation on Article 8 must be in accordance with the law and necessary and proportionate. Further guidance on legal remedies is given in Appendix 1: Legislation.

## **Self-neglect and Think Family**

This procedural guidance stresses the need to consider the welfare of other adults or indeed children who may be affected by issues of self-neglect by an adult. In these

situations it is appropriate to liaise with other services in order to devise a family plan, although it should be acknowledged that children's legislation has a much clearer framework for intervention if a child appears to be suffering harm. Adult social services must work closely with children's assessment and child protection teams in such cases.

## Definitions of Self-Neglect

### Self-Neglect – dignity and choice

Self-neglect involves any failure by an adult to take care of him or herself, which causes or is reasonably likely to cause serious physical, mental or emotional harm, or substantial loss of assets.

Self-neglect should not lead to judgmental approaches to another person's standards of cleanliness or tidiness. All people will have differing values and comfort levels, in those respects self-neglect concerns a person whose ability to manage their surroundings, their personal care, their finances and basic daily living skills is so compromised that this is directly threatening their health and safety or the health and safety of others around them.

### Indicators of self-neglect

Self-neglect is often defined across three domains – neglect of self, neglect of the environment and a refusal to accept help.

Neglect of self may include:

- Poor hygiene
- Dirty/ inappropriate clothing
- Poor hair care
- Malnutrition
- Medical /health needs unmet e.g. diabetes- refusing insulin, treatment of leg ulcers
- Eccentric behaviour/lifestyle leading to harm
- Alcohol/ substance misuse
- Social isolation
- Situations where there is evidence that a child is suffering or is at risk of suffering significant harm due to self-neglect by an adult .
- Neglect of the environment may include:
  - Unsanitary, untidy or dirty conditions, which create a hazardous situation that could cause serious physical harm to the individual or others
  - Hoarding
  - Fire risk e.g. smoker with limited mobility/hoarder
  - Poor maintenance of property
  - Keeping lots of pets who are poorly cared for
  - Presence of vermin

- Lack of heating
- No running water / sanitation
- Poor finance management – e.g. bills not being paid leading to utilities being cut off, unexplained money being drawn from bank /savings account.

The above is usually accompanied by a refusal to engage with services.



Figure 1: Self-neglect Triangle developed in collaboration with East Coast Community Health Care, Community Interest Company

## Hoarding

Hoarding is the persistent difficulty in discarding or parting with possessions, regardless of their actual value. The behaviour usually has deleterious effects—emotional, physical, social, financial, and even legal—for a hoarder and family members.

For those who hoard, the quantity of their collected items sets them apart from other people. Commonly hoarded items may be newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food and clothing as well as collections of items have that got out of hand and take over the living space.

### Hoarding and safeguarding

Hoarding may become a reason to make safeguarding enquiries when:

- The level of hoard poses a serious health risk to the person or neighbours
- There is a high risk of fire or infestations by insects or animals
- Hoarding is connected with other concerns of self-neglect, such a neglect of physical health, lack of adequate nutrition
- Hoarding may be linked to serious cognitive decline and lack of capacity to self-care and care for the environment
- Hoarding is threatening a person's tenancy and they are at risk of being made homeless through closure orders or possession orders

Responses to hoarding may include:

- If the person has capacity to make decisions about seeking help, then a referral, with their agreement, for psychological therapy or Cognitive Behavioural Therapy (CBT) may be appropriate via the General Practitioner.
- Working with the person over time to support them in clearing their hoard. It may involve targeted work with the person on a plan to gradually clear the hoard and supporting them to do this.
- If the person lives in rented accommodation, they may need support in liaising with the landlord if they are threatened with eviction.
- The person may need support in liaising with environmental or pest control departments.
- Referral, with their agreement where appropriate, to the Fire Service for a Home Fire Safety Assessment.
- If the person lacks capacity with regard to managing their environment, then they may need on-going support with self-care and managing their domestic routine.

Careful assessment of capacity and a needs assessment is therefore important to establish how best and on what basis to intervene. Consideration should be given to providing information in an accessible format that assists in helping the service user's understanding.

When a person has capacity then it is important to work with them and to understand their wishes and feelings. If the person lacks capacity to make relevant decisions best interest decision making may be necessary whilst still taking into account the person's wishes as far as these can be ascertained.

The agencies best placed to support people who self-neglect may be one or a combination of:

- Mental health services accessed via the GP
- Voluntary services to provide advocacy and practical support
- Housing tenancy support officers
- Environmental Services
- Fire services
- Adult Social Care - safeguarding enquiries, needs assessment and care planning

- Support to informal carers / involved friends.

A multiagency planning meeting may be helpful to agree with the person a plan of support and who is best placed to provide this or if the person lacks capacity, to agree best interest decision making.

## Self-neglect & Fire Risks

Clients who self-neglect may well neglect other aspects of day to day life such as the maintenance of appliances. For example, a lack of frequent checks by a trained engineer could lead to a boiler becoming unsafe. Everyday appliances such as a cooker/ stove may stop working. This may lead to more clandestine cooking practices and the use of camping type cooking materials or open flames. Such items pose a significant fire risk and the risk is magnified if associated with clutter and hoarding.

Overloaded sockets and worn wires (where the external insulation is worn away exposing the live wires) are also fire hazards to be aware of.

The use of candles is an increased fire risk. Many people use candles for decoration. For everyone, forgetting to extinguish them or not having sight of them (candle holders can burn through the surface that they are one) can lead to fires. However, if a client is using candles due to there being no light/ electricity in the property, then their use of candles is likely to be more frequent and consistent. This places them at greater risk.

Clients who hoard at are greater risk simply because there is more material in their homes to burn (known as “fire loading”). Secondly, properties where the resident hoards are often not fully accessible making it hard for plug points, appliances, wires, the boiler and other key points, to be checked regularly. Housing associations or landlords may take the decision to cut off electricity or gas supplies if the person refuses to allow routine maintenance or if hoarding prevents access. This may lead to further reliance on candles.

One of the most dangerous risk factors is smoking. This intensifies when the smoker discards cigarettes in an irresponsible manner or when falling asleep while smoking in bed or in an arm chair. Those who combine smoking with alcohol or drug consumption are even more at risk as are those with mobility issues. Clutter may also prevent an escape from the property in the event of fire.

Statistics show that single parents, male or female, are more likely to have a fire than households where two parents live.

### Actions to be considered

Always include fire risk in the risk assessment for the adult who is self-neglecting or hoarding. Ensure that those working with the adult are aware so that they can monitor pertinent developments (e.g. a new cigarette burn on the carpet)



Seek whenever possible the client's consent to a home fire safety check from the London Fire Brigade (LFB). The referral can be made online by going to the Home Fire Safety Check section of the website. One of the things that the LFB can do is to fit free smoke detectors. (<http://www.london-fire.gov.uk/HomeFireSafetyVisit.asp>)

A range of equipment exists around fire prevention. These should be considered via Waltham Forest Safeguarding Adults Team who hold such stock. Commonly used pieces of equipment included personal misters, monitored smoke alarms, alarms for those with sensory impairments and fire retardant sprays to provide fire prevention for bedding and carpets.

Consider completing a "Clutter Rating Scale" assessment, as this will assist in everybody having the same understanding of the home environment. This is available in the appendices.

Lastly, all reasonable referrals for repairs and maintenance engineers must be made in order to help the client be compliant with legislation such as having a regular boiler service.

### **Causes of self-neglect**

Causes may be many and varied. Self-neglect is often seen in older people for whom physical or mental decline means that the person is no longer able to meet all their personal or domestic care needs. In an aging society, people may outlive their friends and relatives and become increasingly isolated and lonely which in itself may contribute to depression and helplessness. Poverty and lack of mobility may exacerbate this and all these factors may contribute to the adult becoming unable to access health care or maintain their home.

In younger people mental illness, such as depression, psychosis, learning disability or personality disorder, may reduce a person's ability to self-care.

Issues of pride and a refusal to accept declining skills to self-care may also play a part in refusing support.

In some instances neglect occurs when an adult who is unable to self-care and who is dependent on a family carer does not receive the care they need and in some cases, offers of assessment and support may be prevented by the carer.

People on the autistic spectrum may also struggle to self-care and to manage their environment and may be fearful of intervention because of difficulties communicating and engaging with others.

## **Multi-Agency Working**

A multi-agency approach may be needed to explore options for encouraging engagement. Various professionals may have information about the adult and some may have been better able to establish a relationship with them. A multi-agency network meeting enables information to be shared and decisions to be made about how best to

intervene. The meeting should consider level and aspects of risk and ways in which agencies can contribute to managing the risk alongside the service user.

It is important to record the information shared and the decisions made, together with the agreed actions.

If necessary, consider involving a legal adviser/ calling a legal planning meeting.

As far as possible always inform the adult of any planned meetings, explain why the meeting is necessary and invite them to attend.

Possible areas for exploration:

- Does the individual have capacity to make an informed decision about risks they are placing themselves in, and whether or not they need support?
- How should capacity be assessed?
- Who should undertake the assessment?
- Explore the risks / likely harm of non-intervention
- Document all decision making and record whether or not the professionals present feel that the circumstances require consideration under safeguarding protocols
- Are there children at risk?
- Are there any other vulnerable adults at risk?

## Escalation processes

Managing the balance between choice, control and duty of care is a complex process. If the multiagency network finds that all agreed actions have failed to reduce the risk of harm to a manageable level, the case should be referred to their respective Heads of Service in order that consideration can be given to making a referral to Waltham Forest Anti-Social Behaviour Risk Assessment Conference Plus (ASBRAC+), which is a multi-agency forum that is able to provide further guidance or support or agree that all avenues have been explored and that there is an agreed action plan in place should circumstances change.

A referral to ASBRAC+ would ordinarily be with the consent of the adult if this can be obtained or without their consent if there is a public interest and duty of care due to very substantial risks of harm.

## Self-Neglect and the Mental Capacity Act 2005

SCIE report 46 “Self-Neglect and adult safeguarding: findings from research” provides an overview of various literature and research in relation to assessing capacity and the varying views as to whether a person may or may not be deemed to have capacity about the life choices they are making.

It acknowledges that assessing mental capacity has been a consistent issue in Serious Case Reviews where self-neglect is the main issue. In view of this, it is important to ensure that agencies understand the process for assessing mental capacity. The SCIE report 46 suggests that *'capacity must entail both the ability to make a decision in full awareness of its consequences, and also the capacity to carry it out'*.

This means that assessing a person's capacity to decide whether or not to allow a social worker or other professional to enter their home in order to carry out an assessment should not be used to conclude also about the person's capacity to cook a meal, go shopping, plan ahead for health appointments, to manage financial arrangements including paying utility bills or rent and to organise washing and housekeeping. In some cases, a person's capacity to know that they need to do these things may be thwarted by the pain and exertion required to carry them out, by severe depression or by pride that prevents them acknowledging a need for help.

If after detailed capacity assessment it has been possible to assess that the adult is making a capacitated decision to refuse support and can explain the reasons why, the risk of this decision must be discussed with the individual to ensure that they are fully aware of the consequences of their decision. This should be recorded.

## **Guidance for assessing capacity**

The Mental Capacity Act 2005 (MCA) states that:

A person is unable to make a decision for himself if he is unable: (a) to understand the information relevant to the decision; (b) to retain that information; (c) to use or weigh that information as part of the process of making the decision; or (d) to communicate his decision (whether by talking, using sign language or any other means). However, the MCA states that, a person is not to be regarded as unable to understand the information relevant to a decision if he is able to understand an explanation of it given to him in a way that is appropriate to his circumstances (using simple language, visual aids or any other means).

Establishing a person's capacity to make a decision with regard to their self-neglect and hoarding is often a challenging exercise for many professionals. The MCA is clear on the presumption of capacity and the rights of individuals to make unwise or eccentric choices; however, assessing the capacity of someone who is both seriously neglecting themselves to the extent of threat to life and well-being and who refuses to engage, is not easy.

The MCA requirement to assume capacity is sometimes used by a practitioner faced with a person who is self-neglecting and refusing to engage, to reach a superficial conclusion that the person has capacity; meanwhile the supporting evidence of degree of harm that is occurring, may indicate a need for a closer look. The MCA Code of Practice says that, if a person repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or makes a particular unwise decision that is obviously irrational or out of character, although this may not necessarily mean that the

person lacks capacity, there might be need for further investigation, taking into account the person's past decisions and choices. For example, have they developed a medical condition or disorder that is affecting their capacity to make particular decisions? Are they easily influenced by undue pressure? Or do they need more information to help them understand the consequences of the decision they are making?

In cases of self-neglect it is essential that a person's capacity to make informed choices about their personal and domestic care is assessed carefully. Capacity is a complex attribute, involving not only the ability to understand the consequences of a decision but also the ability to execute the decision.

The meta-analysis undertaken by Braye, Orr and Preston-Shoot (2011), has proposed that mental capacity consists of two distinct components, which have come to be labelled, 'Decisional Capacity' and 'Executive Capacity'.

The use of an 'articulate-demonstrate' model, in which the person is first asked questions (as part of an assessment under the MCA) and then asked to show how they would actually implement their decision, or specific components of this decision, may be helpful. In the case of self-neglect and hoarding this might include showing how they would get a drink/ prepare food or get out quickly if there was a fire or might involve obtaining reports from others who might have witnessed these actions.

Where decisional capacity is not accompanied by executive capacity and thus overall capacity for autonomous action is impaired, 'best interests' intervention by professionals to safeguard wellbeing may be legitimate. Too often executive capacity does not routinely figure in capacity assessments. To understand a person's functioning regarding executive capacity it may be necessary to make repeat visits to try to establish a relationship with the person in order to engage their trust and continue the assessment.

Without more in-depth assessment of capacity, there is a risk that the absence of executive functioning may not be recognised and the person may be deemed to be making a capacitated choice when in reality they are not able to carry through the necessary actions to keep themselves safe.

With regard to people who hoard there may be underlying mental health disorders such as obsessive compulsive disorders which impact on their decision making ability with respect to their hoard.

There is a concern too that capacity assessments may overlook the decision specific nature of capacity, with the result that apparent capacity to make simple decisions is assumed in relation to more complex ones.

# Appendices

## 1. Appendix 1: Legislation

### Care Act 2014

Under Section 42 of the Care Act, a local authority has a duty to make enquiries itself or cause others to make enquiries in cases where it has reasonable cause to suspect that an adult:

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of, abuse or neglect
- 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.

A safeguarding enquiry may not necessarily result in what is typically considered to be a 'safeguarding response', such as an investigation by the police or a health and social care regulator, but it could result in other action to protect the adult concerned, such as providing a care and support package for either or both the adult and their carer.

Under the Care Act, there is no express legal power of entry or right of unimpeded access to the adult. However, where necessary, local authorities can apply to the courts or seek assistance from the police to gain access in certain circumstances under existing powers.

### Gaining access to an adult who may be at risk of harm

The following legal powers may be relevant, depending on the circumstances:

- If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare: the Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.
- If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely: the inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules.

- If there is concern about a mentally disordered person: Section 115 of the MHA provides the power for an approved mental health professional (approved by a local authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care.
- If a person is believed to have a mental disorder, and there is suspected neglect or abuse: Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises using force if necessary and if thought fit, to remove a person to a place of safety if there is reasonable cause to suspect that they are suffering from a mental disorder and; (a) have been, or are being, ill-treated, neglected or not kept under proper control, or (b) are living alone and unable to care for themselves.

### **Power of the police to enter and arrest a person for an indictable offence: Section 17(1)(b) of PACE.**

Common law power of the police to prevent, and deal with, a breach of the peace.

Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace.

If there is risk to life and limb: Section 17(1)(e) of PACE gives the police the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. (This represents an emergency situation and it is for the police to exercise the power).

### **Mental Capacity Act 2005**

This act established important principles including:

**Principle 1:** Self-determination and informed consent. There is a presumption that vulnerable adults will take their own decisions and that support, assistance, services and sometimes major intervention for an individual will be on the basis of that person's informed consent.

**Principle 2:** Proportionality and least restrictive intervention. Assistance and intervention should be based on a principle of proportionality and least intrusiveness. That is, the extent, nature and degree of a response should be commensurate with the extent, nature and degree of the risks in question.

A person must be assumed to have capacity unless it is established that he lacks capacity. A person is unable to make a decision for himself if he is unable:

- To understand the information relevant to the decision
- To retain that information
- To use or weigh that information as part of the process of making the decision

- To communicate his decision [whether by talking, using sign language or any other means.

An inability to satisfy any one of these four conditions would render the person incapable.

Under section 2 of the Mental capacity Act 2007 under **Best Interest** the decision maker must:

- a) Consider whether it is likely that the person will at some time have capacity in relation to the matter in question.
- b) Permit and encourage the person to participate as fully as possible in any act done for him and any decision affecting him.
- c) Consider the person's past and present wishes and feelings [and, in particular, any relevant written statement made by him when he had capacity.]
- d) Consider the beliefs and values that would be likely to influence his decision if he had capacity, and the other factors that he would likely to consider if he were able to do so.
- e) Take in to account, if it is practicable and appropriate to consult them, the views of:
  - Anyone named by the person as someone to be consulted on the matter in question or in matters of that kind.
  - Anyone engaged in caring for the person or interested in his welfare.
  - Anyone with a Lasting Power Of Attorney granted by the person
  - Any deputy appointed for the person by the court.

The Court of Protection can make an order under Section 16(2) of the MCA relating to a person who lacks capacity's welfare, which makes the decision on that person's behalf to allow a third party (including local authority practitioners) access to that person. Failure to comply with an order of the Court of Protection could be a contempt of Court.

The Court can attach a penal notice to the order, warning that failure to comply could result in imprisonment or a fine.

## **Mental Capacity Act Code of Practice**

The MCA Code of Practice guidance notes cover:

- Who should assess capacity?
- Whether the person has made an advance decision or given authority to someone else to make this decision
- How to determine "Best Interest" and when to call a Best Interest meeting
- The role and function of the Independent Mental Capacity Advocate
- The role of the Court of Protection
- The deprivation of Liberty Safeguards.

When assessing someone who self-neglects it is important to remember that when a person makes a decision which is unwise, inappropriate or places themselves at risk, this does not necessarily mean that they lack capacity to make that decision. Poor decision making alone does not constitute lack of capacity. The assessment of capacity must be based on the person's ability to make a decision in relation to the relevant matter. In case of self-neglect, where a person is repeatedly making decisions that place him/herself at risk and could result in preventable suffering or damage, an assessment of capacity should be undertaken.



When a vulnerable adult has been assessed under the MCA as lacking capacity, a referral to an Independent Mental Capacity Advocate (IMCA) will assist to ensure that any action taken is on the basis of the person's best interest.

The action taken should consider:

- The wishes, feelings, values and benefits of the person who has been assessed as lacking mental capacity
- The views of family members, parents, carers and other people interested in the welfare of the person lacking capacity, if it is practical and appropriate.
- The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney
- The views of any Deputy appointed by the Court of Protection to make decisions on the persons behalf.

### **Office of the Public Guardian**

The OPG functions under the Mental Capacity Act to protect people lacking capacity and specifically to:

- Set up and manage registers of lasting powers of attorney, of enduring powers of attorney and of court order appointed deputies
- Supervise deputies
- Send Court of Protection visitors to people who may lack capacity and to those acting formally on their behalf
- Receive reports from attorneys and deputies
- Provide reports to the Court of Protection
- Deal with complaints about attorneys and deputies.

Clearly, these functions are directly relevant to safeguarding. The OPG has published a document outlining procedures and timescales to be followed in response to allegations, suspicions or reports of abuse of a vulnerable adult. It envisages that such concerns may be raised from a variety of sources (OPG, 2008).

### **Inherent jurisdiction of the High Court**

'Inherent jurisdiction' is a term used to describe the power of the High Court to hear any case which comes before it unless legislation or a rule has limited that power or granted jurisdiction to some other court or tribunal to hear the case. This means that the High Court has the power to hear a broad range of cases including those in relation to the welfare of adults, so long as the case is not already governed by procedures set out in rules or legislation. It is 'common law' developed by the High Court to control the procedures before it and to stop any injustices arising from it being prevented from hearing any case.

It is not normally used in relation to people who lack capacity, because such cases are dealt with by the Court of Protection under the procedures established by the MCA. However, inherent jurisdiction may still be relevant to an adult lacking capacity if the matter and intervention required are not covered by the MCA; for example, when making a declaration of non- recognition of a marriage or depriving a person of their liberty for



the purpose of enforcing physical treatment. It will also sometimes be necessary for a local authority to make an application to the High Court to ask the Court to exercise its inherent jurisdiction to protect an adult with mental capacity.

The order could in principle be directed against a third party and so relevant to a situation on which this guide focuses: the denial of access by a third party to a person suspected of experiencing, or at risk of, abuse or neglect.

## **Mental Health Act 2007**

Sections of the mental health act may be applicable in cases of self-harm or self-neglect where the person is also suffering from a mental disorder. In 2007 the term personality disorder, which may be present in cases of self-harm now comes under the definition of “mental disorder”.

### **Section 135 Mental Health Act**

Provides the authority to seek a warrant authorising a Police Officer to enter premises if it is believed that someone is suffering from a mental disorder, is being ill-treated or neglected or kept otherwise than under proper control anywhere within the jurisdiction of the court, or being unable to care for himself and is living alone in any such place. This allows the Police Officer with a Doctor and approved Mental Health professional to enter the premises and remove the person to a place of safety for a period of up to 72 hours with a view to an application being made under part II of the Act, or other arrangements for their treatment or care. A place of safety may include a suitable registered care home.

### **Section 7 of the 2007 Mental Health Act – Guardianship**

Application for guardianship is made by an approved Mental Health Professional or the person’s nearest relative (as defined under the Act). Two Doctors must confirm that:

- The patient is suffering from a mental disorder of a nature or degree that warrants reception into guardianship and;
- It is necessary in the interests of the patient’s welfare or for the protection of others.

The guardian must be a local social services authority, or person approved by the social services authority, for the area in which the proposed guardian lives.

Guardianship requires the:

- Patient to live at a place specified by the guardian
- Patient to attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment) that a doctor, social worker or other person specified by the guardian can see the patient at home.

## **Environmental health legislation**

Local authorities with environmental health responsibilities have powers to deal with public health problems, including as a last resort powers of entry to a dwelling. These

powers are sometime relevant to vulnerable adults who may be subject to extreme self-neglect or neglect from other people, and where the consequence is that a public health issue has been created.

## **Public Health Act 1936**

Under the Public Health Act 1936, local authorities have a duty to give notice to the owner or occupier of a dwelling to take certain steps to clean and disinfect a dwelling, and destroy vermin. The duty is triggered if the local authority believes the filthy and unwholesome state of the premises is prejudicial to health, or if the premises are verminous.

### **Sections 31-32 Public Health Act (1984)**

**Section 31** indicates that the occupier of a premises can be required to “cleanse and disinfect” the premises and to disinfect or destroy any unsanitary articles. If the occupier fails to comply, the local authority can take the necessary action and charge the occupier for doing so.

**Section 32** the local authority can “cause any person to be removed to any temporary shelter or house accommodation provided by the authority”, with or without their consent, using reasonable force if necessary.

If the person does not do what the notice requires, the local authority has the power to carry out the work itself and make a reasonable charge. The person is also liable to a fine.

If a person, or their clothing, is verminous, the local authority can remove him or her – with their consent or with a court order – for cleansing (Public Health Act 1936, Sections 83–86).

As a last resort the council has a power of entry to premises, using force if necessary. An order can be obtained from a magistrates’ court (Public Health Act 1936, Section 287).

## **Environmental Health Protection Act 1990**

The Local Authority has a duty to investigate statutory nuisances as set out in s79 of the Act. Where satisfied a statutory nuisance exists the Local Authority must serve a notice imposing requirements. The act contains various powers to take action once inside the premises.

### **Crime & Policing Act 2014 (section 76-93) Part 4, Chapter 3 of the ASB Premises Closures**

A closure order can subsequently be issued if the court is satisfied:

- That a person has engaged, or (if the order is not made) is likely to engage, in disorderly, offensive or criminal behaviour on the premises; or
- That the use of the premises has resulted, or (if the order is not made) is likely to result, in serious nuisance to members of the public; or

- That there has been, or (if the order is not made) is likely to be, disorder near those premises associated with the use of those premises, and that the order is necessary to prevent the behaviour, nuisance or disorder from continuing, recurring or occurring.

### **Housing Act 1985, as amended. Clause 14: Access**

This legislation covers the right to force entry for essential maintenance of gas/ electricity facilities or to cut off supplies. It provides a right:

- To enter the property at any reasonable time to inspect and carry out any repairs, improvements or other works to the property or any adjoining property, including inspecting for pests and to carry out any treatment works that may be necessary, and for any purpose that ensures the conditions of tenancy are being adhered to, provided we give you at least 24 hours' written notice
- In the event of an emergency to enter the property without notice by any necessary means.

### **Waltham Forest Landlord Services tenancy agreements include the following:**

- We shall offer you or your representative an appointment to carry out works other than in emergencies. It is your responsibility to provide access at the time agreed (subject to our agents or contractors producing evidence of identity). Unless you inform us differently and have given reasonable notice, at least 24 hours, we and our contractor shall expect access to undertake the work.
- Any costs so incurred through lack of access will be recharged to you.
- We will give you reasonable notice for you to remove any carpets or flooring including laminate or other hard surface flooring, furniture or your improvements that prevent us from undertaking any repairs, improvements or other works to the property or adjoining properties.
- We, together with our appointed contractors, may enter the dwelling in the event that you failed to provide access at the time and date notified in the letter advising of a final appointment for a gas service and safety check or the intention to seek a warrant to enter premises in pursuance of sections 83 & 287 Public Health Act 1936. We will be responsible for leaving the dwelling secure and shall be entitled to recover from you any costs associated with gaining access and making the dwelling secure.

Waltham Forest Landlord Services may seek to enforce tenancy conditions for other breaches which may occur and “allowing the build-up of refuse” is one example of behaviour which could be considered anti-social and is listed in Schedule 1 of the tenancy conditions.

### **Human Rights Act 1998**

#### **Article 8- Right to respect for private and family life**

This states that everyone has the right to respect for his private and family life, his home and correspondence and that there shall be no interference by a public authority with the exercise of this right except in certain circumstances. Any intervention must accord with the law and be for a range of reasons which include public safety and the protection of health or for the protection of the rights and freedoms of others. However Article 8 is a qualified right and has to be balanced against other laws designed to protect the individual and/or those around them.

## **Article 2 – Right to life**

Article 2 is one of the most fundamental provisions in the European Convention on Human Rights. The state must never arbitrarily take someone's life and must also safeguard the lives of those in its care. In addition, the state must carry out an effective investigation when an individual dies following the state's failure to protect the right to life, or the use of force by government officials.

## **Article 5 - Right to liberty and security**

This states that no one should be deprived of his liberty other than in accordance with the procedure prescribed by law or in a number of specified circumstances. For example, one of the provisions that relates to issues of self-neglect is 'lawful detention for the prevention of the spreading of infectious diseases, of service users of unsound mind, alcoholics, drug addicts or vagrants' (5) (I) (e).

## **Health and Care Professions Council**

### **Code of Conduct**

Your duties as a registrant:

The standards of conduct, performance and ethics you must keep to.

1. You must act in the best interests of service users.
2. You must respect the confidentiality of service users.
3. You must keep high standards of personal conduct.
4. You must provide (to us and any other relevant regulators) any important information about your conduct and competence.
5. You must keep your professional knowledge and skills up to date.
6. You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.
7. You must communicate properly and effectively with service users and other practitioners.
8. You must effectively supervise tasks that you have asked other people to carry out.

9. You must get informed consent to provide care or services (so far as possible).
10. You must keep accurate records.
11. You must deal fairly and safely with the risks of infection.
12. You must limit your work or stop practising if your performance or judgement is affected by your health.
13. You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession.
14. You must make sure that any advertising you do is accurate.

## 2. Bibliography and references

Braye, S, Orr, D and Preston-Shoot, M (2011) 'Self-neglect and adult safeguarding: findings from research'. SCIE Report 46. See:

<http://www.scie.org.uk/publications/reports/report46.pdf>

Braye, S, Orr, D and Preston-Shoot, M (2013) 'A scoping study of workforce development for self-neglect work'. University of Sussex and the University of Bedfordshire Published by Skills for Care. See:

<http://www.skillsforcare.org.uk/Document-library/Skills/self-neglect/Self-Neglect-scoping-study.pdf>

Braye, S, Orr, D and Preston-Shoot, M (2015) Learning lessons about self-neglect? An analysis of serious case reviews', The Journal of Adult Protection, Vol 17 (1), pp: 3-18

Department of Health (2014) Self-neglect policy and practice: building an evidence base for adult social care. See:

<http://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/>

Michael Mandelstam (2011) 'Safeguarding adults at risk of harm: A legal guide for practitioners'. SCIE Report 50. See:

<http://www.scie.org.uk/publications/reports/report50.asp>

RiPfa (2015) How can we support people who self-neglect? [Safeguarding and Mental Capacity](#)

SCIE (2014) 'Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers in England'. See:

<http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/files/adult-suspected-at-risk-of-neglect-abuse.pdf>

### 3. Clutter Image Rating Tool & Process

#### 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



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### Clutter Image Rating Scale – Kitchen

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



1



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8



9



## Clutter Rating Assessment Tool Guidelines

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

<b>Level 1</b>  <b>Clutter image rating 1 – 3</b>	Household environment is considered standard. No Safeguarding referral 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.
<b>1. Property structure, services &amp; garden area</b>	<ul style="list-style-type: none"> <li>• All entrances and exits, stairways, roof space and windows accessible.</li> <li>• Smoke alarms fitted and functional or referrals made to London Fire Brigade to visit and install.</li> <li>• All services functional and maintained in good working order.</li> <li>• Garden is accessible, tidy and maintained</li> </ul>
<b>2. Household Functions</b>	<ul style="list-style-type: none"> <li>• No excessive clutter, all rooms can be safely used for their intended purpose.</li> <li>• All rooms are rated 0-3 on the Clutter Rating Scale</li> <li>• No additional unused household appliances appear in unusual locations around the property</li> <li>• Property is maintained within terms of any lease or tenancy agreements where appropriate.</li> <li>• Property is not at risk of action by Environmental Health.</li> </ul>
<b>3. Health and Safety</b>	<ul style="list-style-type: none"> <li>• Property is clean with no odours, (pet or other)</li> <li>• No rotting food</li> <li>• No concerning use of candles</li> <li>• No concern over flies</li> <li>• Residents managing personal care</li> <li>• No writing on the walls</li> <li>• Quantities of medication are within appropriate limits, in date and stored appropriately.</li> </ul>
<b>4. Safeguard of Children &amp; Adults at Risk within the property</b>	<ul style="list-style-type: none"> <li>• No Concerns for household members</li> </ul>
<b>5. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Any pets at the property are well cared for</li> <li>• No pests or infestations at the property</li> </ul>
<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• No PPE required</li> <li>• No visit in pairs required.</li> </ul>

Level 1	Actions
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Discuss concerns with resident</li> <li>• Raise a request to the Fire Brigade to provide fire safety advice</li> <li>• Refer for support assessment if appropriate.</li> <li>• Refer to GP if appropriate</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• No Action</li> </ul>
<b>Social Landlords</b>	<ul style="list-style-type: none"> <li>• Provide details on debt advice if appropriate to circumstances</li> <li>• Refer to GP if appropriate</li> <li>• Refer for support assessment if appropriate.</li> <li>• Provide details of support streams open to the resident via charities and self-help groups.</li> <li>• Provide details on debt advice if appropriate to circumstances</li> <li>• Ensure residents are maintaining all tenancy conditions</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Make appropriate referrals for support</li> <li>• Refer to social landlord if the client is their tenant or leaseholder</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Ensure information is shared with statutory agencies &amp; feedback is provided to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• No action unless advice requested</li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• No action unless other concerns of abuse are noted.</li> </ul>
<b>Level 2</b>  <b>Clutter Image Rating 4 – 6</b>	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
<b>1. Property structure, services &amp; garden area</b>	<ul style="list-style-type: none"> <li>• Only major exit is blocked</li> <li>• Only one of the services is not fully functional</li> <li>• Concern that services are not well maintained</li> <li>• Smoke alarms are not installed or not functioning</li> <li>• Garden is not accessible due to clutter, or is not maintained</li> <li>• Evidence of indoor items stored outside</li> <li>• Evidence of light structural damage including damp</li> <li>• Interior doors missing or blocked open</li> </ul>
<b>2. Household Functions</b>	<ul style="list-style-type: none"> <li>• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose.</li> </ul>

	<ul style="list-style-type: none"> <li>• Clutter is causing congestion between the rooms and entrances.</li> <li>• Room(s) score between 4-5 on the clutter scale.</li> <li>• Inconsistent levels of housekeeping throughout the property</li> <li>• Some household appliances are not functioning properly and there may be additional units in unusual places.</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable.</li> <li>• Evidence of outdoor items being stored inside</li> </ul>
<b>3. Health and Safety</b>	<ul style="list-style-type: none"> <li>• Kitchen and bathroom are not kept clean</li> <li>• Offensive odour in the property</li> <li>• Resident is not maintaining safe cooking environment</li> <li>• Some concern with the quantity of medication, or its storage or expiry dates.</li> <li>• No rotting food</li> <li>• No concerning use of candles</li> <li>• Resident trying to manage personal care but struggling</li> <li>• No writing on the walls</li> </ul>
<b>4. Safeguard of Children &amp; Adults at Risk within the property</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding Alert.</li> <li>• Please note all additional concerns for householders</li> <li>• Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.</li> </ul>
<b>5. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Pets at the property are not well cared for</li> <li>• Resident is not unable to control the animals</li> <li>• Animal's living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed</li> <li>• any evidence of mice, rats at the property.</li> <li>• Spider webs in house</li> <li>• Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc)</li> </ul>
<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>• PPE required.</li> </ul>

<b>Level 2</b>	<b>Actions</b>
	In addition to actions listed below these cases need to be monitored regularly in the future due to <b>RISK OF ESCALATION or REOCCURRENCE</b>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Refer to landlord if resident is a tenant</li> <li>• Refer to Environmental Health</li> </ul>

	<ul style="list-style-type: none"> <li>• Raise an request to the London Fire Brigade to provide fire prevention</li> <li>• advice</li> <li>• Provide details of garden services</li> <li>• Refer for support assessment</li> <li>• Referral to GP</li> <li>• Referral to debt advice if appropriate</li> <li>• Refer to Animal Welfare services if there are animals at the property.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems</li> <li>• At time of inspection, Environmental Health Officer decides on appropriate course of action</li> <li>• Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</li> </ul> <p>Consider Works in Default if notices not complied by occupier</p>
<b>Social Landlord</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs</li> <li>• Referral to your local Housing Support service to assist in the restoration of services to the property where appropriate.</li> <li>• Ensure residents are maintaining all tenancy conditions</li> <li>• Enforce tenancy conditions relating to residents responsibilities</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to LBWF Multi-Agency Self-neglect Policy</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Educate client regarding animal welfare if appropriate</li> <li>• Provide advice / assistance with re-homing animals</li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• No action unless other concerns of abuse are noted.</li> <li>• If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.</li> </ul>

<p><b>Level 3</b></p> <p>Clutter image rating 7 - 9</p>	<p>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.</p>
<p><b>1. Property structure, services &amp; garden area</b></p>	<ul style="list-style-type: none"> <li>• Limited access to the property due to extreme clutter</li> <li>• Evidence may be seen of extreme clutter seen at windows</li> <li>• Evidence may be seen of extreme clutter outside the property</li> <li>• Garden not accessible and extensively overgrown</li> <li>• Services not connected or not functioning properly</li> <li>• Smoke alarms not fitted or not functioning</li> <li>• Property lacks ventilation due to clutter</li> <li>• Evidence of structural damage or outstanding repairs including damp</li> <li>• Interior doors missing or blocked open</li> <li>• Evidence of indoor items stored outside</li> </ul>
<p><b>2. Household Functions</b></p>	<ul style="list-style-type: none"> <li>• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.</li> <li>• Room(s) scores 7 - 9 on the clutter image scale</li> <li>• Rooms not used for intended purposes or very limited</li> <li>• Beds inaccessible or unusable due to clutter or infestation</li> <li>• Entrances, hallways and stairs blocked or difficult to pass</li> <li>• Toilets, sinks not functioning or not in use</li> <li>• Resident at risk due to living environment</li> <li>• Household appliances are not functioning or inaccessible</li> <li>• Resident has no safe cooking environment</li> <li>• Resident is using candles</li> <li>• Evidence of outdoor clutter being stored indoors.</li> <li>• No evidence of housekeeping being undertaken</li> <li>• Broken household items not discarded e.g. broken glass or plates</li> <li>• Concern for declining mental health</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable</li> <li>• Property is at risk of notice being served by Environmental Health</li> </ul>
<p><b>3. Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Human urine and or excrement may be present</li> <li>• Excessive odour in the property, may also be evident from the outside</li> <li>• Rotting food may be present</li> <li>• Evidence may be seen of unclean, unused and or buried plates &amp; dishes.</li> <li>• Broken household items not discarded e.g. broken glass or plates</li> <li>• Inappropriate quantities or storage of medication.</li> <li>• Pungent odour can be smelt inside the property and possibly from outside.</li> <li>• Concern with the integrity of the electrics</li> </ul>

	<ul style="list-style-type: none"> <li>• Inappropriate use of electrical extension cords or evidence of unqualified work to the electricians.</li> <li>• Concern for declining mental health</li> </ul>
<b>4. Safeguard of Children &amp; Adults at Risk within the property</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert.</li> <li>• Please note all additional concerns for householders</li> </ul>
<b>5. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Animals at the property at risk due the level of clutter in the property</li> <li>• Resident may not be able to control the animals at the property</li> <li>• Animal's living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed Hoarding of animals at the property</li> <li>• Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> <li>• Visible rodent infestation</li> </ul>
<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>• Visit in pairs required</li> </ul>
<b>Actions</b>	<b>Level 3</b>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Raise Safeguarding <b>Alert within 24 hours</b></li> <li>• Raise a request to London Fire Brigade within 24 hours to provide fire prevention advice.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health via Waltham Forest Direct with details of client, landlord (if relevant) referrer's details and overview of problems</li> <li>• At time of inspection, EHO decides on appropriate course of action</li> <li>• Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</li> <li>• Consider Works in Default if notices not complied by occupier</li> </ul>
<b>Landlord</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs</li> <li>• Attend multi agency Safeguarding meeting</li> <li>• Enforce tenancy conditions relating to residents responsibilities</li> <li>• If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to LBWF Multi-Agency Self-Neglect Policy</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Attend Safeguarding multi agency meetings on request</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>

<p><b>Animal Welfare</b></p>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Remove animals to a safe environment</li> <li>• Educate client regarding animal welfare if appropriate</li> <li>• Take legal action for animal cruelty if appropriate</li> <li>• Provide advice / assistance with re-homing animals</li> </ul>
<p><b>Safeguarding Adults</b></p>	<ul style="list-style-type: none"> <li>• Safeguarding alert should be made using the LBWF form and following procedures set out in the Pan-London Safeguarding arrangements.</li> </ul>



## 4. Self-neglect / Hoarding Pathway

### Self-Neglect / Hoarding pathway

