

Self-neglect and Hoarding

Note: If printed, this document is for immediate reference only. Do not file it, as it will go out-of-date over time and be replaced by newer versions on-line. Always refer to the latest CMS version.

Introduction

Managing the balance between protecting adults at risk from self-neglect and/or hoarding behaviour 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 capacity or not, can have serious implications for the health and wellbeing of the person concerned and can put neighbours, family and animals at risk of harm from fire, gas and water leaks and infestation. It can also cause reputational damage to the local authority or health agencies involved.

This guidance offers support to operational staff and managers on how the needs or presenting problems of difficult to engage adults who hoard or self-neglect should be addressed. It recommends multi-agency partnership working to determine the most favourable approach for achieving engagement with the adult, in conjunction with a care and support plan for delivering the agreed goals and achieving the best outcome or solution.

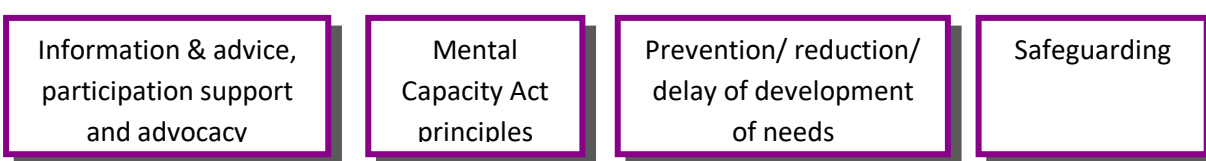
The table below is taken from the [Adult safeguarding risk assessment guidance tool](#). However for ease of decision making please find the below risk table to help guide decision making and consider response for each case.

| RISK: | Low | Medium | Significant | | | |
|---------------------|---|---|--|--|--|---|
| Self-Neglect | <ul style="list-style-type: none"> Incontinence leading to health concerns Some insight and willingness to change Unintentional self-neglect Likely to accept help Network of kin who can help/support/monitor The client functions day to day in terms of food, hygiene, community | <ul style="list-style-type: none"> Isolated / occasional reports about unkempt appearance or property which is out of character for the person No immediate risk Low risk to health (such as no vermin, no fire risk, won't be | <ul style="list-style-type: none"> Concerns from multiple agencies Behaviour which poses fire risk to self and others Poor management of finance leading to health, wellbeing or property risks Lack of care or behaviour to extent that health and wellbeing deteriorate significantly eg pressure | <ul style="list-style-type: none"> Not socially isolated but has at least 1 person involved (personal or professional network) Some engagement and levels of commitment to the process/change, not taking all the required steps. A degree of denial Has some daily function re | <ul style="list-style-type: none"> Failure to seek lifesaving services or medical care where required Immediate risk, person likely to come to harm without intervention in the near future Unable to leave the house, not seen for some time, evidence of day to day | <ul style="list-style-type: none"> No engagement denial and little insight or fluctuating capacity to understand risks Potentially combined risks with other areas such as mate crime, Anti-social behaviour, rogue traders, scams Environmental factors (vermin, fire risk, poor/ |

| | | | | | | |
|--|--------|---|-----------------------------|---|--|-----------------------|
| | access | crushed by a hoard pile, no infection risk) | sores, wounds, dehydration, | activities of daily living (food, hygiene, accessing community, mobility etc) | struggling (food, hygiene, mobility, community access etc) | no toilet facilities) |
|--|--------|---|-----------------------------|---|--|-----------------------|

Key considerations

Consider at every stage: wellbeing, personalisation, and the following key considerations:



If the person is not engaging with statutory services, consider asking an advocacy organisation to approach them (see [section Error! Reference source not found.](#)).

Mental capacity

Social worker: Assume that the person has capacity to make the decision. However, if you are concerned that the person may lack capacity to choose and manage their home, then carry out a mental capacity assessment, and record it on the **MCA form**. Record details of the assessment on AIS, and save a copy of the form in AIS. Even if a person is accepting help, they may lack capacity to maintain their accommodation and a decision regarding their residence will need to be made in their best interests.



When assessing capacity, remember this is an assessment of whether the person has capacity to access help for their hoarding. So, does the person understand they have a problem with hoarding? Is the person able to weigh up the alternative options; for example, being able to move around their accommodation unhindered, being able to sleep in their bed, take a bath, cook in their kitchen, sit down on a chair/sofa (this list is not exhaustive)? Can the person retain the information given to them (for example, if the accommodation were cleared, would they be able to move around their accommodation)? Can the person communicate their decision? It is essential that you clearly document any capacity assessment on case records.



Consent and information sharing

Social worker: Always consider the adult's wishes, and seek to obtain their consent to share information with other professionals as necessary. Explain what information

may be shared with other people or organisations. However, if the person does not give consent, you may share information if you consider it necessary to prevent or reduce risk of harm or death.

Safeguarding

Social worker: Self-neglect on the part of an adult at risk could lead to the raising of a safeguarding concern. Check with your manager. All cases of self-neglect that are thought (after initial assessment / fact finding) to be safeguarding are to be taken to the safeguarding consultation panel.

Manager: Decide whether the case is most appropriately dealt with under these Self Neglect (safeguarding) procedures, in which case follow the embedded [self-neglect workflow](#).

If there are children living in the home

Social worker: If you consider that children are at risk from the level of clutter/cleanliness of the property or that they may be being neglected in any other way, then email the Multi-Agency Safeguarding Hub (MASH) service in Children and Family Services.

If the child is caring for the adult in any way, consider involving Young Carers services.

Presenting Issues of Self Neglect (not exhaustive)

- A person 'hoards' excessively and this impacts on the living environment causing health and safety concerns for them and for their neighbours.
- Signs of serious self-neglect are regularly reported by the public or other agencies but no change in the person's circumstances occur.
- Person's actions/inactions indicate a high risk of fire.
- A person's personal or domestic hygiene exacerbates a medical condition and could lead to a serious health problem.
- The accommodation becomes filthy (including problems associated with cats/dogs and their excrement) and verminous causing a health risk or possible eviction.
- The person has no heating or water and refuses to move to alternative accommodation.
- The person has no heating or water and refuses to move to alternative accommodation the person appears unkempt and/or exhibits extreme weight loss.
- There are structural problems with the property and the person cannot afford repairs or refuses to consider alternative accommodation.

- Financial debt issues which may lead to rent arrears and the possibility of eviction.
- There are health and safety issues around gas or electricity and the person refuses or cannot afford to get the appliances repaired.
- Anti-social behaviour intimidates neighbours and causes social isolation.
- The conditions in the property cause a potential risk to people providing support or services e.g. paid carers.

Carers

Social worker: In situations where a carer is supporting someone who self-neglects or has hoarding behaviour or indeed lives with the person, you must offer to carry out a carer's assessment, if it appears that the carer may have any level of needs for support.

General guidance

Social worker: If you encounter or receive a referral about an adult who hoards/neglects themselves and/or their environment, seek support and guidance from your line manager.

Note that the key to supporting people with addressing their hoarding is to build a working relationship with the person, and this may take considerable time and several visits. A multi-disciplinary approach to self-neglect prevention is best.

Keep records of individual and team discussions and decisions in line with recording policy.

Reasons for Self-Neglecting Behaviours:

- Psychiatric aetiology
- Underlying personality disorder, depression, dementia, obsessive-compulsive disorder, trauma response, severe mental distress
- Diminishing social networks and/or economic resources
- Attempts to maintain continuity and control
- Physical and nutritional deterioration
- Personal philosophy such as pride in self-sufficiency
- A sense of connectedness to place and possessions
- In some cases, shame and efforts to hide state of residence from others.

Social worker:

- Use 'appropriate opportunism': if and when the person is willing to accept help, undertake a full assessment for an adult new to Adult Social Care, or either a

review or re-assessment for an adult already receiving care and support: this may take several visits. In your assessment, take into account all aspects of health, social care and welfare. Has there been a change in the person's behaviour? Or a significant life event?

In cases of serious self-neglect, arrange to carry out a joint assessment with another appropriate professional (for example, mental health practitioner), or your manager if necessary. This will enable reaching a joint opinion on the severity and impact of the hoarding and contribute to a more effective management plan. It is important to see the person within their home environment if there is any suggestion/ evidence of hoarding/self-neglect.



- Complete a full risk assessment with the person concerned
- Involve the London Fire Brigade where there is a fire risk by booking a Home Fire Safety Check on the LFB website. The Fire Brigade is often a main partner in such cases. This may result in the installation of a smoke alarm or a monitored smoke alarm.
- Consider the risks to neighbours in blocks of flats or terrace/semi-detached properties.
- Consider all other relevant professionals and interested parties, such as health (including GP, district nurse, podiatry, dietetics), voluntary agencies, Housing/Social Housing landlords, Environmental Health, Substance Use and Social Inclusion Teams and Mental Health teams. Be sure to include carer, family and friends if appropriate and wherever possible. If appropriate, arrange a multi-disciplinary meeting to discuss the case.
- If the risk assessment has not been agreed by all parties, or a serious unmanaged risk has been identified, then present the case to the Risk and Vulnerability Management Panel. The current chair of this panel is Sharon Murphy.
- For lower levels of hoarding refer to:
 - Staying Put for declutter, deep clean service, or other aids such as a fireproof letter box, or
 - Croydon Care Solutions, who can provide free fireproof spraying in a wide circle around chairs for mobility-restricted people
 - Age UK decluttering service, or
 - MIND declutter buddy service

Also please consider long-term support to maintain the environment.

- If a 'Deep Clean' is necessary, see guidance below.
- Refer to Croydon CAB or Croydon Council Housing if the person lives in a Croydon Council Housing property for cases where the person is at risk of losing their tenancy, and may also have debt management problems.
- Consider organising changes to personal and home care arrangements.
- Monitor regularly through regular professional meetings and care plan reviews.

Working with clients who Self-Neglect

- Divergent agency thresholds for triggering concern and involvement
- Competing value perspectives e.g. duty of care versus choice and control
- Understanding complex family relationships
- Dealing with the emotional effect of self-neglect on those experiencing it
- Care management workflow arrangements
- Care management models that do not recognise the amount of time required to build relationships and engage in what are often long, slow negotiations
- The need for legal literacy (knowledge of all relevant legislation, including the Mental Capacity Act 2005 and the Mental Health Act 1983)
- The need for creative interventions which are flexible, negotiated and proportionate.

Good practice

Good practice when working with self-neglect (*Self-neglect policy and practice: key research messages, SCIE, 2015*):

- Taking the time to build rapport and a relationship of trust, through persistence, patience and continuity of involvement. The theme that emerged most consistently in the research carried out by Braye, Orr and Preston Shoot in 2014 was the importance of establishing a relationship to secure engagement and achieving interventions that could make a difference.
- Trying to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation's specific role.
- Engaging with the individual's family/friends/support network (with the person's consent). Their knowledge and understanding of the person may assist with understanding the reasons for self-neglect and they may be best placed to provide support.
- Working at the individual's pace and being able to spot moments of motivation that could facilitate change, even if the steps towards it are small.
- Offering choices and having respect for the individual's judgements on the most appropriate form of help even when coercive measures are being taken. The degree to which the person is treated with respect can go a long way in creating a beneficial outcome.
- Ensuring an understanding of the nature of the individual's mental capacity in respect of self-care decisions.
- Being honest, open and transparent about risks and options.

- Having in-depth understanding of legal mandates providing options for intervention.
- Making use of creative and flexible interventions, including family members and community resources where appropriate.
- Engaging in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals. If there are children living in the home of someone who self-neglects then children's services should be informed and form part of the multi-agency response.

In order for good practice to occur there is a need for flexibility to fit individual circumstances, negotiation of what the individual might tolerate and proportionality to act only to contain risk rather than to remove it altogether in a way that preserves respect for autonomy. In all cases the worker should:

- Show humanity
- Be reliable
- Show empathy
- Demonstrate patience
- Be honest
- Work at the individual's own pace

If a person is refusing help

Social worker:

If a person is refusing help, you need to determine whether the person has capacity to make the choice of whether to refuse help. A thorough assessment of this will be central to how you proceed and what powers you can use to make improvements to their situation. Consider the person's executive and problem solving capacity, and reference it in your recording.

If there is evidence of mental disorder, you may consider using the Council's power to enter and inspect a person's premises.

Social worker:

If you assess that the person has capacity to decide how they are living and chooses to live in an environment affected by their hoarding behaviour, talk to the person thoroughly about the risks they are running and the different choices they might be able to make. Liaise with family members, their landlord (if relevant) and carers if possible.

For adults new to Adult Social Care, explain how an assessment and care and support might help them.

Complete as full an assessment as possible with the known information.

If the person continues to refuse assistance, consider whether it is appropriate to liaise with the Council's Environmental Health Team – who can use Public Health legislation to ensure that filthy or verminous premises are cleansed and hazards to health removed. This is particularly important if the environment is impacting on neighbours.

Keep the situation under regular review and re-test the person's capacity to decide how they are living over time.

Questions to consider asking:

The following is a list of questions to ask where you are concerned about someone's safety in their own home and where there may be a risk of self-neglect or hoarding.

Each question may lead to further questions such as finding out when the event occurred and what the outcome was.

Questions:

1. How do you get in and out of your property, do you feel safe living here?
2. Have you ever had an accident, slipped, tripped up or fallen, how did it happen?
3. How have you made your home safer to prevent this (above) from happening again?
4. 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)
5. How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
6. How do you manage to keep yourself warm? Especially in winter?
7. Do you have an open bar fire or a convection heater?
8. When did you last go out in your garden? Do you feel safe to go out there?
9. Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?
10. Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
11. Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
12. Can you prepare food, cook and wash up in your kitchen?
13. Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?
14. How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?
15. 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)
16. Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?

17. What do you do with your dirty washing?
18. How do you keep yourself warm enough at night? Have you got extra coverings to put on your bed if you are cold?
19. Are there any broken windows in your home? Any repairs that need to be done?
20. Have you experienced weight loss recently? How long ago?
21. When did you last see your GP?
22. Do you drink at home?

The following are questions regarding the imminent risk of fire. If the answer to any of these questions is yes, then this must be reported as a matter of urgency to the fire brigade and raised urgently through your line management system.

Significant danger (of fire) questions:

1. Has a fire ever started by accident?
2. Do you ever use candles or an open flame to heat and light here or cook on a camping gas or a barbeque inside your home?
3. Do you use your gas cooker to heat your home?
4. Do you smoke at home e.g. in bed?

How to arrange a Deep Clean

The Council's Staying Put service have contracts with companies who provide a deep cleaning service where required for people with eligible care and support needs. A deep clean may be necessary in the case of excessive hoarding.

Social worker:

- Identify details of any animals present at the property, valuables or potential infestations within the property at the quotation stage. You must arrange for these issues to be dealt with before the cleaning can take place. Dogs may be placed in kennels and cats can be looked after by Pets at Home or the Cinnamon Trust.

If cleaning company staff discover infestations or valuables once the work has started, it may have to stop until you have arranged for these issues or items be attended to.

- Explain the proposal to have a deep clean to the adult concerned: explain that they will be financially assessed and may have to pay for the service. Get their agreement. Record the conversation on AIS.
- Contact the Staying Put service to get a quote.
- Submit the plan to Manager/Panel in the usual way to get their agreement.
- Contact the service to arrange for the work to be done.
- If the Council will be paying all or part of the cost, then complete a payment and commitment form – other on AIS. If the person is paying themselves, then the company will invoice the person directly.



A deep clean deals only with the symptom of the situation. So afterwards, arrange for appropriate intervention for the adult – for example, under Improving Access to Psychological Therapies (IAPT), cognitive behavioural therapy (CBT), or a mental health assessment.

**Some sections adapted from the City of Hackney Safeguarding Adults Board 2016 protocol, with thanks.*