



Self-Neglect and Hoarding Procedure and Practice Guidance

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Contents	Page
1. Introduction	5
2. Care Act 2014	5
2.1 Duty of cooperation	6
2.2 Wellbeing Principle	6
3. Understanding Self-Neglect	6
3.1 Neglect of Self	7
3.2 Neglect of Environment	7
4. Causes of Self-Neglect	7
5. Hoarding	8
5.1 When Hoarding may be a reason to make safeguarding enquiries	9
5.2 Responses to Hoarding	10
5.3 Self Neglect and Hoarding Tool-Kit: A guide for practitioners Hoarding Chart: clutter image rating	12
6. Working with People who Self-Neglect	12
6.1 Guidance for multi-agency practitioners	13
6.2 Assessment of risk	14
6.3 Fire Risk	14
6.4 Support for people who self-neglect: Working Collaboratively	15
6.5 Housing Support	15
6.6 Advocacy and Support	16
6.7 Intervention and Best Practice Guidelines	16
6.8 Factors to consider	18
7. Learning from Safeguarding Adult Reviews (SARs)	19
8. Legal Intervention	20
9. Mental Capacity	21
10. Self-Neglect and Child Protection	22
11. Supervision of cases	23

Appendix 1: Legal Interventions	24
Care Act 2014	24
Gaining access to an adult who may be at risk of harm	24
Power of Police to enter premises	25
Breach of the Peace	25
Mental Capacity Act 2005	26
What is mental capacity and when should this be assessed?	26
Two stage functional test of capacity	27
What is 'Best Interests?'/Best Interests decision making	27
Powers supporting the Mental Capacity Act 2005	28
Lasting Power of Attorney	28
Court of Protection and Deputies	28
Office of Public Guardian (OPG)	28
Independent Mental Capacity Advocate (IMCA)	28
Advance decision to refuse treatment	28
Inherent Jurisdiction of the High Court	29
Mental Health Act 2007	29
Environmental Health Legislation	29
Public Health Act 1936	29
Public Health Act 1984	30
Crime and Policing Act 2004	30
Housing Act 1985	30
Appendix 2: Human Rights Act 1998	31
Article 1	31
Article 2	31
Article 3	31
Article 5	31
Article 8	31
Article 9	31
Article 10	31
Article 14	31
References and Glossary	32

1. Introduction

This document outlines the guidance for supporting adults with care and support needs who are at risk of harm as a result of self-neglect. Effective multi-agency partnership working and collaboration can help inform the bigger picture and facilitate more effective interventions in cases of self-neglect and this document is intended as a multi-agency guide to issues of self-neglect and to offer procedural guidance to practitioners within Adult Social Care.

Self-neglect has featured in a significant number of national Safeguarding Adult Reviews (SARs) and one local Lessons Learned Review (LLR), highlighting the fact that self-neglect is a complex area for intervention as issues of capacity, lifestyle and choice are often involved which requires the judgement of individual practitioners about what is an acceptable way of living and the degree of risk lifestyle choices pose to the individual. The decisions often centre on whether the adult at risk has the capacity to make an informed choice about their lifestyle and the risks to which they are exposed.

Assessing capacity for an individual who is resistant to intervention and refuses to engage with support services is a difficult task but the risk to individuals can be high with a number of self-neglect cases resulting in the death of the adults concerned. Social Care Agencies and practitioners should be mindful of criticisms levelled by Coroner's Courts when people known to be at risk of self-neglect are apparently 'abandoned' by services following a superficial assessment of their capacity.

This document sets out indicators of self-neglect and the role of Adult Social Care practitioners in assessing the needs of individuals and providing support in accordance with the requirements of the [Care Act 2014](#). The practice guidance emphasises the importance of a robust capacity assessment; robust assessment of the degree of risk and proportionate intervention is the key to effective safeguarding. Often people who self-neglect present as making a capacitated choice when refusing to engage with services or accept help, but a more detailed assessment may indicate that the person's decision making or executive capacity is impaired. This may be particularly relevant to people in the early stages of dementia or with other mental health conditions. It is important to achieve a balance between the individual's rights to self-determination with the need to protect from harm, particularly if they are vulnerable. Self-neglect may also impact on the safety and wellbeing of others and attempts to intervene must take into account other people's rights and wellbeing.

This guidance should be read in conjunction with [Darlington Safeguarding Partnership Multi-Agency Policy and Procedures and Practice Guidance to Safeguard Adults at Risk of Abuse and Neglect](#).

There must be a clear interface with adult safeguarding procedures and all action taken in respect of cases of self-neglect must be in accordance with the Darlington Safeguarding Partnership Multi-Agency Safeguarding Policy and Procedures.

2. The Care Act 2014

The Care Act 2014 and Statutory Guidance introduced self-neglect as a category of abuse which now falls under the definition of causes to make safeguarding enquiries.

Care and Support Statutory Guidance (2016) clarified that self-neglect may not always prompt a S42 enquiry and an assessment should be made on a case by case basis.

The adult at risk does not need to be eligible for social care services for a safeguarding enquiry to commence and the threshold of significant harm has been removed.

The statutory guidance identifies that it can be difficult to assess self-neglect. In particular, it may be difficult to determine if the person is making a capacitated choice to live in a particular way (which may be described as an unwise decision) or whether they lack the mental capacity to make the decision.

2.1 Duty of cooperation

The Care Act (2014) now makes integration, cooperation and partnership a legal requirement for local authorities and all agencies involved in public care, including the NHS, independent or private sector organisations, housing and the Police. Cooperation with partners should enable earlier intervention which is regarded as the best way to prevent, reduce or delay needs for care and support and safeguard adults at risk from abuse or neglect.

2.2 Wellbeing Principle

The Care Act 2014 places significant emphasis on the wellbeing principle with decisions being person-led and outcome-focused. Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of an individual, including when carrying out safeguarding adults' enquiries. The wellbeing principles will be an important consideration in responding to self-neglect cases. The definition of wellbeing as defined in the Care Act relates to the following areas:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day to day life (including over care and support provided and the way it is provided)
- social and economic wellbeing
- domestic, family and personal relationships
- participation in work, education, training or recreation
- suitability of living accommodation
- the individual's contribution to society

3. Understanding Self-Neglect

There is no standard definition of self-neglect, but the Care Act 2014 and Statutory Guidance provides the following definition:

“Self-neglect covers a wide range of behaviour and neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding”

Self-neglect is often defined across three domains:

- neglect of self and lack of self-care
- neglect of the environment
- refusal to accept help and support

3.1 Neglect of self may include:

- poor personal hygiene
- dirty or inappropriate clothing
- poor hair care
- poor diet leading to malnutrition or dehydration
- medical or health needs disregarded (for example refusing medication or treatment)
- refusing to allow access to health/and or social care staff in relation to personal hygiene and care
- alcohol or substance misuse
- eccentric behaviour or a lifestyle leading to harm
- social isolation
- situations where a child is at risk of suffering significant harm because of self-neglect by an adult

3.2 Neglect of environment

Neglect of the environment may include:

- unsanitary or dirty conditions which could result in serious harm to the individual or others
- hoarding
- situations which create a fire risk (for example hoarding)
- poor maintenance of property
- keeping lots of animals which are neglected
- vermin
- lack of heating
- no running water or sanitation
- poor management of finances (leading to utilities being cut off)

All of the above are often accompanied by a refusal to accept help or support. A key element is that risks to safety are high and many of the most significant challenges in self-neglect cases arise when individuals are reluctant to engage with services which might provide relevant support. This may be the result of an inability on the part of the individual to recognise the risks or take action to reduce risks. Sometimes there is an overlap between these factors and the issues become indistinguishable.

It is important to recognise that assessments of self-neglect and hoarding are influenced by personal, social and cultural values and practitioners should always reflect on how their own values may affect their judgement. Self-neglect concerns an individual's lack of ability to manage their surroundings, personal care, finances or daily living skills to the extent that their health and safety or that of other people around them is compromised.

4. Causes of self-neglect

The causes of self-neglect are varied. It is often seen in older people for whom physical or mental decline means that the individual is no longer able to meet their personal or

domestic care needs. People may outlive their friends and relatives, become isolated and lonely and this may contribute to depression and helplessness. Poverty and lack of mobility may exacerbate these issues and all of these factors may contribute to the individual being unable to access health or care services or to maintain their home environment.

However, it is important to understand that poor environment and poor personal hygiene may not necessarily be a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, poor mobility or financial constraints. In addition, many people and in particular older people may lack the ability or confidence to ask for help and may not have relatives or an advocate to make representations on their behalf.

In respect of younger people, mental health problems such as depression and psychosis or a learning disability may reduce their ability to self-care. People on the autistic spectrum may struggle with self-care and the management of their home environment and fail to engage with services because of difficulties in communicating or engaging with others and fear of intervention.

A refusal to acknowledge or accept declining ability to self-care or issues of pride may lead to the individual declining offers of support and failing to engage with services.

In some instances, self-neglect arises when an adult with care and support needs who is dependent on a family carer does not receive the care they require or offers of assessment and support are declined and prevented by the carer.

5. Hoarding

Hoarding is the persistent inability to discard possessions regardless of their actual value. This behaviour can have adverse consequences for the hoarder, family members or neighbours and fire risk is a particular hazard.

Hoarding is now considered in some countries to be a 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.

There is no average profile of a person who hoards; they can be of any age or gender, socio-economic status, educational or occupational history or tenure type.

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

- clothes
- newspapers, magazines or books
- food and food containers
- animals

- medical equipment
- collectibles such as toys, videos, DVDs or CDs

The Diagnostic and Statistical Manual (DSM) uses the following criteria for diagnosing hoarding disorder:

- persistent difficulty with discarding objects or possessions, regardless of their actual value
- difficulties with discarding items are due to a perceived need to save the possessions and the distress it would cause
- accumulation of clutter that congests living areas and compromises the functioning of the living area
- presence of clinically significant psychological or emotional distress or impairment to social or work functioning (or any other area)
- the hoarding is not attributable to any other medical condition
- the hoarding is not better accounted by the symptoms of another mental health problem

Some experts suggest that most people who hoard will have complex attachment histories or unresolved trauma and loss. Hoarding can be usefully thought of as behaviour which represents the best attempt on the part of the individual to meet their basic human attachment needs for comfort, safety, proximity and predictability.

Many people who hoard derive a great sense of perceived safety from being close to the hoarded objects and might experience genuine panic or threat if any objects are removed or if removal is threatened.

However, hoarding can lead to a reduced quality of life. The collection can lead to reduced living space and often limits private and family life for example by making it impossible to invite friends and family to the house because of fear and shame of the hoard.

Extreme hoarding can lead to serious risk to life through the possibility of the hoard collapsing and the risk of fire and a lack of means of escape. The hoard may prevent routine cleaning and may lead to infestation. Sometimes the hoard is so extreme that rooms become unusable and this may include the kitchen or bathroom. Fire risks increase when an individual tries to cook surrounded by inflammable materials. Neighbours can be placed at risk of fire or infestation. When the individual with a hoarding disorder is part of a family, normal family life is disrupted, and children can suffer harm by becoming socially isolated or having nowhere to store possessions or do homework.

5.1 Hoarding may become a reason to make safeguarding enquires when:

- the level of hoarding poses a serious health risk to the individual, other people within the household (including children) or to neighbours
- there is a high risk of fire
- there is a high risk of infestation
- hoarding is accompanied by other concerns of self-neglect such as inadequate nutrition

- hoarding may be linked to serious cognitive decline and lack of capacity to care for the home environment
- hoarding is threatening the individual's tenancy and they are at risk of being made homeless through closure orders or possession orders

5.2 Responses to hoarding

Many people who hoard have capacity in terms of making a decision about the issue and will often be torn between wanting a better quality of life and their psychological inability to let go of the hoarded items. In order to support a person with this disorder patient encouragement is required combined with therapeutic interventions such as counselling. The National Institute for Health Care and Excellence (NICE) recommends a course of Cognitive Behavioural Therapy (CBT) for adults who have significant problems with hoarding.

In some cases, support from a house clearance service may be useful but this is rarely successful in the long term, unless it is carried out sensitively with the cooperation of the individual. Otherwise house clearance can simply add to the trauma and intensify the need to start the collection again.

Some people who hoard may do so because they are experiencing cognitive decline because of dementia or another disorder which prevents them from being able to manage or discard possessions. It is important to obtain a history to establish whether the hoarding is long established and linked to a psychological disorder or whether it is linked to loss of cognitive capacity or learning disability. Establishing the reason for the behaviour will inform the best way to intervene.

The following responses to hoarding should be considered:

- a careful assessment of capacity and a needs assessment is essential to establish how best and on what basis to intervene
- when an individual has capacity, it is important to work with them and understand their wishes and feelings. If the individual lacks capacity to make relevant decisions a best interest decision may be necessary but should still take into account the wishes of the adult at risk as far as these can be ascertained
- if an individual has the capacity to make decisions about seeking help a referral to therapeutic or psychological services (with their consent) may be appropriate
- if the individual has the capacity to make decisions about seeking help a referral to psychological services (with their consent) may be appropriate
- working with the individual over a period of time to support them in clearing the hoard. This may involve targeted work with the individual on a plan to gradually clear the hoard and to support them in doing this
- if hoarding poses a fire hazard a referral to Co Durham and Darlington Fire and Rescue Service may be appropriate for a preventative fire risk assessment. The

Vulnerable Person Advocate may be able to carry out targeted work with the adult at risk to reduce the hoard or mitigate the fire risk

- if the individual lives in rented accommodation they may need support in liaising with the landlord if threatened with eviction
- the individual may need support to liaise with environmental services or pest control services
- if the individual lacks capacity with regard to managing their domestic environment they may need ongoing support with self-care and managing their domestic routine
- in cases of animal collecting, the practitioner will need to consider the impact of this behaviour carefully. Where there is a serious impact on the adult's health and wellbeing, the animals' welfare, or the health and safety of others the practitioner should collaborate with the RSPCA and public health officials. Although the reason for animal collecting may be attributable to many reasons including compensation for a lack of human companionship and the company the animals may provide, considerations have to be given to the welfare of the animals and potential public health hazards.

The National Institute for Health and Care Excellence (NICE) recommends that a period of Cognitive Behavioural Therapy (CBT) be considered for adults who have a significant problem with hoarding. Regular sessions of CBT over a long period of time are usually necessary and it can take many months to achieve the treatment goal. The goal is to improve the individual's organisational skills, help overcome urges to save and ultimately clear the clutter from one room at a time. The CBT sessions will usually require some home based sessions which involve working directly on the clutter. The therapist does not throw anything away but helps and encourages the individual to do so. The therapist can also help the individual develop decision making strategies whilst at the same time identifying and challenging underlying beliefs which contribute to the hoarding problem. The individual gradually becomes better at throwing things away, learns that nothing terrible happens when they do and becomes better at organising the items they insist on keeping.

At the end of the CBT treatment the individual may not have cleared all their clutter but will have gained a better understanding of the problem and a plan to help the continue to build on their successes and avoid returning to their old ways.

However, it should be noted that if hoarding behaviour is due to cognitive decline or a learning disability psychological treatment may not be beneficial and in these cases the individual will require ongoing practical help and support to maintain their home.

See **Paragraph 6** for more information about working with people who self-neglect/hoard and **Appendix 1** for legal interventions.

5.3 For more information and guidance about hoarding see: [Self Neglect and Hoarding Tool-Kit: A guide for practitioners](#) and the [Hoarding Chart: clutter image rating](#).

6. Working with People who Self-Neglect

Self-neglect and hoarding can be a complex and challenging area for practitioners and it has become increasingly evident that a short-term case management approach is unlikely to be successful. Case studies of successful intervention with people who self-neglect demonstrate the need to employ traditional social work values of relationship building, gaining trust, listening to people assessing capacity at a decision making and executive functioning level, taking into account the history of the individual in understanding the self-neglect.

Research in Practice for Adults [RiPFA 2015](#) identifies three key stages in supporting people who self-neglect:

1. 'knowing' the individual, their unique history and the significance of their self-neglect. This complements the professional knowledge of practitioners
2. This level of understanding is achieved through the professional qualities of respect, patience, empathy, honesty, reliability and care; the ability to be 'present' alongside the adult at risk whilst trust is built
3. professional practice which seeks the scope for agreement by achieving small practical changes whilst negotiating bigger changes and being clear about when enforced intervention becomes necessary.

Research indicates that early intervention is more effective than waiting until the concerns become more severe and behaviour more entrenched. Rigid adherence to eligibility criteria may be counter-productive and lead to more intensive and intrusive support being required at a later stage. Research evidences the importance of:

- a person-centred focus which establishes a relationship of trust and cooperation
- gaining insight into the family background and history of the individual and previous professional involvement to understand the reasons why support is declined. This includes speaking to friends, neighbours, family members and carers as well as professionals
- considering the household and carers in assessments and the exploration of family dynamics which may underpin the self-neglect and affect the individual's decision making
- considering cultural, language and communication needs and establishing the views, wishes and desired outcome of the adult at risk
- not accepting refusals of services which leave practitioners working reactively to resolve each crisis situation rather than proactively engaging with repeated refusals of support. Contact should be maintained rather than the case closed so that trust can be built up
- monitoring changing needs to be in a position to respond when the individual does recognise the need for support and is prepared to engage
- ensuring capacity is assessed and recorded accurately on a decision specific basis and that capacity is reassessed over time

- developing 'legal literacy', understanding when there is a need for a legal intervention and recording the legal basis for decisions on legal intervention

Practitioners should be prepared to challenge individuals to consider the implications of self-neglect and to challenge them to demonstrate how they carry out the actions required (for example to go shopping and prepare a meal) rather than simply accept a verbal assurance that they will do what is required.

6.1 Guidance for multi-agency practitioners

In making referrals to Adult Social Care or when following up concerns practitioners should gather sufficient information to inform an assessment of need. This should include:

- name, address and date of birth
- details of GP, District Nurse/health Visitor
- information about social or family contacts
- whether the adult at risk lives alone
- whether the individual knows a referral is being made and have they given consent
- the nature of the concern and the individual's views on this as far as this can be ascertained
- relevant history of the adult at risk and previous safeguarding referrals
- whether this is an ongoing issue or whether there has been a sudden deterioration in the wellbeing of the individual
- whether children are at risk as a consequence of the adult's self-neglect
- whether neighbours are at risk as a result of the self-neglect

Listed below are examples of questions to ask where there is concern about someone's safety in their own home, where it is believed that there is a risk of self-neglect and hoarding. The questions should be adapted to suit the individuals and practitioners should be prepared to challenge the individual to demonstrate how they can carry out the action and not simply accept verbal reassurance.

- 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 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, 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 in to your garden to try and break in? Has this ever happened?
- Are you worried about mice, rats or 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 are they nesting anywhere?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have a look in your fridge? 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 use the toilet and wash, bathe or shower?
- Can you show me where you sleep? Are you able to change your 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 house? Are repairs required?
- 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 or giving away) ordinary things?

6.2 Assessment of risk

It is the responsibility of all practitioners involved with the adult to conduct and record a risk assessment. A robust risk assessment of the degree of risk is vital and should include:

- whether the individual is refusing medical treatment or medication and whether this is life threatening
- whether there is adequate heating, lighting, sanitation and water in the home
- whether there are signs of malnourishment
- the condition of the home environment, whether it is in a poor state of repair and the presence of vermin or flies or a large number of pets
- whether there is evidence of hoarding or obsessive compulsive disorder
- whether there are concerns over the level of personal or environmental hygiene
- whether the adult is suffering from an untreated illness (including depression) or injury meaning that they are unable to self-care
- whether the adult has serious problems with memory or decision making, signs of confusion or dementia meaning that they are unable to self-care
- Whether there are associated risks to children
- Whether there are associated risks to others living in the vicinity
- Seek to establish a history of the life of the individual including trauma or losses to understand their situation

6.3 Fire risk

Adults who self-neglect may neglect other aspects of their environment such as the maintenance of appliances. This may result in a boiler becoming unsafe or cookers ceasing to work causing the individual to resort to using camping stoves involving an open flame. Such items pose a significant fire risk as does the use of candles. Sometimes adults who self-neglect use candles as a light source when the electricity supply is disconnected by the landlord. This may occur in circumstances where the

tenant refuses access to the property or refuses to allow routine maintenance to take place. In these circumstances candles are used consistently thereby increasing the risk. Overloaded sockets or worn electrical wires are also a risk factor, but the greatest risk factor is smoking which when combined with alcohol consumption or lack of mobility greatly exacerbates the risk. The fire risk is significantly increased if these factors are associated with hoarding as there is more combustible material and clutter may prevent the individual escaping from the property in the event of a fire. In these circumstances the risk may extend beyond the individual who self-neglects to others living in proximity such as adjacent houses or flats.

6.4 Support for people who self-neglect: working collaboratively and professional challenge

It is essential that agencies work collaboratively to support individuals at risk of self-neglect. Effective and timely sharing of information including previous referrals and non-recent intelligence is essential. In respect of complex cases it may be necessary to hold a multi-disciplinary and multi-agency planning meeting to share information and formulate a safeguarding plan. The agencies which are best placed to support people who self-neglect are:

- Mental Health Services, accessed via a GP
- County Durham and Darlington Fire and Rescue Service
- Housing Tenancy Support Officers
- Environmental Services
- Adult Social Care

Professionals must be prepared to challenge each other when disagreements arise about decision making. Professional challenge is a positive activity and a sign of good professional practice and effective multi-agency working and being professionally challenged should not be seen as a criticism of a practitioner's professional capabilities. National and Local Safeguarding Adults Reviews (SARs) continue to highlight the importance of multi-agency communication and have identified an apparent reluctance to challenge multi-agency decision making when concerns that were not followed up with robust professional challenge may have altered the response and the outcome for the adult at risk. For further information see Darlington Safeguarding Partnership [Professional Challenge Procedure and Practice Guidance](#).

When an agency makes a decision to withdraw services from an individual at risk of self-neglect it is essential that the local authority is informed of the decision whether the local authority is involved in the case or not. This will give the opportunity for practitioners who remain involved in the case to proactively monitor the situation for signs of deterioration in living conditions and take action accordingly.

6.5 Housing Support

Landlord Services, Housing Associations and Registered Social Landlords play an important role in supporting people who self-neglect.

Tenancy Support Officers can help build relationships with tenants in an effort to support people who are in need to help them avoid losing their tenancy and becoming homeless.

Sometimes a combination of offers of support and clear messages about the consequences of non-cooperation, for example court applications to repossess a property or the use of a temporary premises closure order to manage a property back to a state of repair can help secure the engagement of the adult at risk.

See Appendix 1 for further information about legal decisions.

6.6 Advocacy and support

The Care Act 2014 requires that the Local Authority must arrange where appropriate for an independent advocate to represent and support an adult who is the subject of safeguarding enquiry or community care assessment where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate individual to support them. There is a difference between people who do not lack capacity and have substantial difficulty and people who lack capacity whereby the nature of their cognitive impairment means that they have substantial difficulty.

People who self-neglect and hoard may not agree to engage with an advocate any more than with any other professional. However, the need for advocacy should be considered and may be particularly relevant in circumstances where the situation may lead to sanctions, for example a landlord seeking a repossession order because the property is unsafe or poses a health hazard.

6.7 Intervention and best practice guidelines

The starting point for all intervention should be to encourage the individual to do things for themselves. Where this fails in the first instance this approach should be revisited regularly throughout the period of the intervention. The response of the individual to this approach should be recorded. The following is a guide to best practice:

- There must be a clear interface with adult safeguarding procedures and all action taken in respect of cases of self-neglect must be in accordance with [Darlington Safeguarding Partnership Multi-Agency Policy and Procedures and Practice Guidance to Safeguard Adults at Risk of Abuse and Neglect](#).
- Establish the adult's views and wishes and their desired outcome. It is important to understand the person's unique circumstances and perceptions of their situation.
- Take a creative and flexible approach and think about different ways to engage the adult for example establish who might be the best person to try and engage with them.
- Ensure the adult has the necessary information in a format that they can understand.
- Check that the adult does understand their options and consequences of their choice.
- Practitioners must be prepared to respectfully challenge individuals in respect of their actions and refusal to engage with services in circumstances where the self-neglect presents a high risk to the individual or to others.

- If the individual refuses initial contact the case should not be closed whilst uncertainty remains about the level of risk and the capacity of the individual to make informed decisions about their circumstances and need for support.
- Concerns around self-neglect are best approached by services working collaboratively to find solutions. Coordinated action by housing officers, mental health services and GPs, police and social workers in conjunction with family and friends can lead to improved outcomes. In respect of complex cases it may be necessary to hold a multi-disciplinary and multi-agency planning meeting to share information and formulate a safeguarding plan.
- Effort should be made to build and maintain positive relationships through which services can be negotiated. This involves a person-centred approach that listens to the views and wishes of the individual and seeks informed consent where possible before intervention. It is important to note that a gradual approach to gaining improvement in a person's health, wellbeing and home conditions is more likely to be successful than to attempt a sudden change.
- Home visits are important, and practitioners should not rely on proxy reports.
- Listen to the individual to hear their life stories, reasons for mistrust, disengagement and non-cooperation.
- Work at the individual's pace but be able to spot moments of motivation that could facilitate change, even if the steps towards them are small.
- Be persistent. It is likely that the person may refuse services or support initially. Professionals may need to repeatedly try to work with the individual to reduce risks. Failure to engage in the first instance should not result in the case being closed without further action being taken.
- Consider who may help in these conversations, for example a friend, family member or advocate.
- Work on a multi-agency basis and ensure effective coordination of any actions that need to be taken across all agencies by the key professionals involved.
- Ensure that the engagement and the individual's decisions are clearly recorded within the relevant documentation. Where agencies are unable to engage the individual and obtain their acceptance to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded with a record of the efforts and actions taken by the agencies to assist the individual.
- Research supports the value of interventions to support routine daily living tasks. However, cleaning interventions alone are not usually effective in the longer term and should take place as part of an integrated multi-agency plan.

- Self-neglect is often linked to disability and poor physical functioning; a key area for intervention is assistance with activities of daily living such as washing, preparing and eating food or using toilet facilities. The range of interventions can include adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.
- Where the conditions of the home are such that they appear to pose a serious risk to the adult's health from filthy or verminous premises, or their living conditions are becoming a nuisance to neighbours/affecting their enjoyment of their property, advice from Environmental Health should be sought and joint working should take place.
- Consider risk to others and whether anyone else is at risk as a result of the individual's self-neglect. This may include children or other adults with care and support needs. Whilst action may be limited in relation to the individual themselves there may be a duty to take action to safeguard others.
- Where agencies are unable to engage the person and obtain their acceptance to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded and maintained on the person's case record, with a full record of the efforts and actions taken by the agencies to assist the individual.
- The individual or their carer or advocate should be fully informed of the services offered and the reasons why the services were not implemented. There is a need to make clear that the person can contact the Council at any time in the future for services.
- In high risk cases arrangements should also be made for ongoing monitoring and proactive contact to ensure that the person's needs, risks and rights are fully considered and to monitor any changes in circumstances.
- When an agency withdraws services from an individual at any stage this information must be shared with partner agencies as this will afford the opportunity for services still involved with the individual to monitor the situation and report any deterioration in living conditions or welfare as the result of a service being withdrawn and take appropriate action.

6.8 Factors to consider

It is important to understand that poor environment and poor personal hygiene may not necessarily be a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, poor mobility or financial constraints. In addition, many people and in particular older people may lack the ability or confidence to ask for help and may not have relatives or an advocate to make representations on their behalf. They may also refuse support when offered or receive services which do not adequately meet their needs.

Practitioners should be aware of their own social, cultural and professional values when assessing cases of self-neglect and should be aware of the following factors which may impact on decision making:

- the perception that the self-neglect is a lifestyle choice
- lack of engagement by the individual or family and challenges presented by the individual or family which make it difficult for practitioners to work with the individual to minimise risk
- poor multi-agency working or lack of information sharing
- an individual in a household identified as a carer without a clear understanding of what their role includes which can lead to assumptions that support is being provided when it is not
- a 'de-sensitisation' to well established cases which can result in minimising need and risk
- an individual with mental capacity making unwise decisions and withdrawing from services but continuing to be at risk of serious harm
- individuals with chaotic lifestyles and multiple or competing needs

7. Learning from Safeguarding Adult Reviews (SARs)

Self-neglect has featured in a significant number of national Safeguarding Adult Reviews (SARs) and one local Lessons Learned Review (LLR), highlighting the fact that self-neglect is a complex area for intervention as issues of capacity, lifestyle and choice are often involved which requires the judgement of individual practitioners about what is an acceptable way of living and the degree of risk lifestyle choices pose to the individual. The following factors for consideration have been highlighted:

- the importance of early information sharing in relation to previous or ongoing concerns
- the importance of thorough and robust risk assessment and planning
- the importance of home visits and face to face interviews
- the need for a clear interface with Adult Safeguarding Procedures
- the importance of effective collaboration between agencies
- increased understanding of legislative options available to support and intervention when necessary to safeguard an individual who self-neglects
- the importance of the application of the Mental Capacity Act 2005
- when an individual refuses services it is important to consider mental capacity and ensure the individual understands the implications and this is documented. Services and support should be revisited at regular intervals; it may take time for an individual to be ready to accept support
- the need for practitioners and managers to challenge and reflect upon cases through the supervision process and training
- the need for robust guidance to assist practitioners working in this complex area
- assessment processes need to identify significant others and who may be providing care and support and establish the level and quality of care which is provided.

- 'Think Family' and consider the welfare and safety of others within the household including children especially when the individual is the parent of a child and where necessary make a referral to Children's Services

8. Legal Intervention

There are times when the impact of self-neglect on an individual's health and wellbeing or their home conditions or the impact on the neighbouring environment are of such concern that practitioners are required to consider legal intervention when engagement and attempts at persuasion have failed. In all circumstances work with people with care and support needs should be carried out in a way which is the least intrusive and restrictive and maintains choice, control and dignity. However, failure to take action to support or protect people at risk of harm can amount to negligence and a failure to preserve their dignity and wellbeing.

Legal literacy is commonly understood as knowing the primary level in law. It deals with the information about legal provisions and processes and is an elementary knowledge of the law. It is necessary for practitioners to have this primary level of understanding to ensure they are able make the appropriate interventions and to ensure that they act within the law at all times. Legal literacy is required to make effective decisions about safeguarding interventions and to evidence in recording that the decisions are defensible.

Practitioners need a good understanding of the relevant legislation which provides legal options for intervention when necessary:

- [Care Act 2014](#)
- [Mental Capacity Act 2005](#)
- [Mental Health Act 1983](#)
- [Mental Health Act 2007 \(Deprivation of Liberty Safeguards\)](#)
- Common Law Duty of Care
- [Housing Act 1985](#)
- [Housing Act 1996](#)
- [Housing Act 2004](#)
- [Public Health Act 1936 \(S 83-85\)](#)
- [Public Health Act 1936 \(S 36\)](#)
- [Environmental Protection Act 1990](#)
- [The Prevention of Damage by Pests Act 1949](#)
- [Crime and Disorder Act 1998](#)
- [Police and Criminal Evidence Act 1984 \(S17\)](#)
- [Anti-social Behaviour, Crime and Policing Act 2014](#)
- [Animal Welfare Act 2006](#)
- [Children Act 1989](#)
- [Working Together to Safeguard Children 2015](#)

Practitioners should also understand the following:

- [Court of Protection](#)

- [Office of Public Guardian](#)
- [Inherent Jurisdiction of the High Court](#)

See Appendix 1 for more information about legal interventions including the powers to enter premises

- [Human Rights Act 1948 Article 1](#)
- [Human Rights Act 1948 Article 2](#)
- [Human Rights Act 1948 Article 3](#)
- [Human Rights Act 1948 Article 6](#)
- [Human Rights Act 1948 Article 8](#)
- [Human Rights Act 1948 Article 14](#)

See Appendix 2 for more information ECHR

9. Mental Capacity

When an adult at risk refuses to engage and appears to be at risk of serious harm and legal intervention is deemed necessary a detailed and specific capacity assessment of both decision making and executive functioning skills is crucial in establishing how best to intervene. A capacity assessment in these circumstances is not a one-off event but a series of repeated assessments to understand an individual's ability to make informed decisions and to implement these decisions.

Mental capacity is a key consideration in determining what action may or may not be taken. Mental capacity is a complex attribute and when assessing mental capacity, it is important to recognise the difference between decisional and executive capacity. The former refers to the ability to understand and reason through the elements of a decision and is captured by the standard form of the capacity test under the Mental Capacity Act (2005). The latter refers to the ability to realise when that decision needs to be put into practice and successfully execute it at the appropriate moment and this is sometimes overlooked in capacity assessments. Mental capacity assessments must be time and decision specific.

When an individual has been assessed as not having the mental capacity to make specific decisions the Mental Capacity Act 2005 allows for agency intervention in the person's best interests. In particularly challenging and complex cases or where someone disagrees with the best interest decision then it may be necessary for a referral to the Court of Protection.

See Appendix 1 for further information on the Court of Protection.

If an individual is assessed as having mental capacity this does not negate the need for action, particularly where the risk of harm is deemed to be serious or critical. In this situation the duty of care for professionals extends to gathering all the necessary information to inform a thorough risk assessment and subsequent actions. It may be determined that there are no legal powers to intervene, however, it must be demonstrated that risks and possible actions have been fully considered on a multi-agency basis.

Safeguarding adult reviews regularly highlight the need for mental capacity training and amongst the failings identified are:

- the tendency to assume service user capacity when features of the case might have reasonably led professionals to question this.
- not attempting to explore service users' reasons for disengaging from or refusing support or considering whether capacity might be a relevant consideration at this point.
- treating capacity as a blanket judgement, rather than recognising that the test might have different outcomes in regard to different decisions
- not considering that capacity may fluctuate over time
- poor recording of capacity assessments with the result that potentially relevant details were not available to other practitioners

Self-neglect frequently involves decisions that in relation to the Mental Capacity Act are deemed as "unwise". In some Safeguarding Adult Reviews (SARs) it was highlighted that practitioners appear to have been guided by their awareness that an unwise decision made by someone with capacity must be respected. The criticisms made of their practice focused on what may have been excessive readiness to accept those decisions without further exploration. The following advice is applicable:

- if an adult at risk refuses or declines an assessment, services or support a risk assessment must be carried out to determine the level of seriousness of each identified risk.
- intervention must be person-centred, involving the individual as far as possible in understanding the risk assessment and the alternatives for managing the risk.
- information should be shared with other relevant professionals who may have a contribution to make in managing or monitoring the risks
- consideration must be given to the mental capacity of the individual and whether they require support in their decision making or, following an assessment that the individual lacks capacity, whether a best interests decision might be appropriate.

See Appendix 1 for more information on Mental Capacity and legal powers

10. Self –Neglect and Child Protection

It is essential that practitioners 'Think Family' and consider the needs and welfare of children who may be affected by issues of self-neglect by an adult, for example where the adult at risk is the parent or carer of a child. In all such cases a referral must be made to Children's Social Care in accordance with the [Darlington Safeguarding Partnership Multi-Agency Safeguarding Adults Policy and Procedures \[link\]](#). Adult Social Care practitioners must work closely with Children's Social Care in the assessment process, attend multi-agency meetings and consider how the self-neglect and home environment of the individual impacts on the welfare of the child and consider what life must be like for a child living with an adult who neglects to self- care or fails to care for the home environment.

11. Supervision of cases

Self-neglect is a complex area for intervention and practitioners have a duty to inform managers of cases involving self-neglect and to involve managers in the decision-making process. Managers have a duty to support practitioners in the assessment of risk, challenge of individuals who refuse to engage with services and to have management oversight of the decision making in cases involving self-neglect and the recording of the decision making.

Appendix 1

Care Act 2014:

[S 42 Care Act 2014](#) requires that the Local Authority has a duty to make enquiries or cause others to make enquiries in cases where there is reasonable cause to suspect that an adult:

- Has needs for care and support
- Is experiencing or is at risk of abuse or neglect and
- As a result of the care and support needs is unable to protect themselves from abuse and neglect.

The Care Act 2014 and Statutory Guidance introduced self-neglect as a category of abuse which now falls under the definition of causes to make safeguarding enquiries. [Care and Support Statutory Guidance \(2016\)](#) clarified that self-neglect may not always prompt a S42 enquiry and an assessment should be made on a case by case basis. It could result in other action to protect the individual (or their carer) such as a care and support package. The adult at risk does not need to be eligible for social care services for a safeguarding enquiry to commence and the threshold of significant harm has been removed.

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

The Care Act 2014 does not provide a legal power of entry or right of unimpeded access to an adult. However, a local authority can apply to the courts or seek assistance from the police to gain access under certain circumstances. The following legal powers may be applicable depending on the circumstances:

- [Section 16\(2\) Mental Capacity Act](#): Where an individual has been assessed as lacking mental capacity concerning a matter relating to their welfare the [Court of Protection](#) has the power to make a decision on behalf of the individual to allow access to the adult lacking capacity. The Court of Protection can also appoint a deputy to make welfare decisions on behalf of the individual.
- If an adult who has mental capacity and is 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 other remedy which the court considers to be appropriate, for example to facilitate the taking of a decision by an adult with capacity free from undue influence, duress or coercion in any circumstances not governed by specific rules.
- [S 115 Mental Health Act 1983 \(powers of entry and inspection\)](#) provides the power for an approved mental health professional (AMHP) may at all reasonable times enter and inspect any premises (other than a hospital) in which a mentally disordered person is living if the professional has reasonable grounds to believe that the person is not receiving proper care. This power can be used once the professional has provided (if requested) and authenticated document which proves the professional credentials. S 115 does not allow for forced entry, the use of force to override the owner's refusal to give permission to enter or force to be used to talk to a person alone in the dwelling. However, obstruction

without reasonable cause by a third party of an approved professional acting under S115 could constitute an offence under S 129 mental Health Act 1983 [external link].

- [S 135 \(1\) Mental Health Act 1983](#) provides the power to a magistrate on application from an approved mental health professional (AMHP) to issue a warrant to allow police to enter a specified premises using force if required and if believed appropriate to remove a person to a place of safety (defined in [Section 135\(6\)\) Mental Health Act 1983](#)) for a mental health assessment. The constable must be accompanied by an AMPH and a doctor. The warrant may only be issued if it appears to the magistrate on the basis of information sworn on oath from the AMHP that there is reasonable cause to suspect that a person believed to be suffering from a mental disorder and:
 - a) has been or is being ill-treated, neglected or not kept under proper control **or**
 - b) is living alone and unable to care for themselves

There is also the need for a belief (but not a certainty) concerning the existence of a mental disorder as defined in [Section 1 Mental Health Act 1983](#). A person who is removed to a place of safety can be held there for a period not exceeding 72 hours with a view to making an application for detention under the MHA or other arrangements for care and treatment.

Power of Police to enter premises:

[Section 17\(1\)\(e\) Police and Criminal Evidence Act \(PACE\) 1984](#) gives a police constable the power to enter and search premises without a warrant in order 'to save life and limb' or prevent serious damage to property. However, it is not enough that the police should have a general welfare concern about somebody in order to use this power of entry, which may only be used in cases of emergency.

Breach of the Peace

There is a common law of entry to deal with a breach of the peace. It is in addition, and separate from, the powers of entry in Section 17 of PACE. A breach of the peace occurs when harm is actually done, or likely to be done, to a person or their property in their presence. It also occurs in instances when a person is in fear of being harmed in this way through assault, affray, a riot or other unlawful disturbance. In such cases an arrest can be made without a warrant. In general, the power of the police to enter premises to prevent a breach of the peace only applies in emergencies. It is therefore unlikely to be justified in the majority of welfare-related cases.

[Section 17 \(1\) \(9b\) Police and Criminal Evidence Act 1984:](#) Power to enter and arrest a person for an indictable offence:

Under Section 17(1)(b) a police constable has the power to enter premises without a warrant to arrest for an indictable offence. An indictable offence is one that can be tried in a Crown Court. In relation to safeguarding, examples of this would be:

- ill-treatment or wilful neglect (see [Section 4 of the Mental Capacity Act](#) and [Section 127 of the Mental Health Act](#))
- causing or allowing a vulnerable adult to die or suffer serious physical harm (see the [Domestic Violence, Crime and Victims Act 2004](#))

- theft (see [Section 1 of the Theft Act 1968](#))
- fraud (see the [Fraud Act 2006](#)).

It is important to remember that because the police will need detailed information about the offence before being able to act under this section, it cannot be used to gain access to a dwelling simply to discover whether a crime is being committed or not. Therefore, any information a local authority can provide for the police would need to be sufficient for an arrest to take place in relation to criminal law. This section relates to crimes and not to welfare.

Mental Capacity Act 2005 (MCA)

[The Mental Capacity Act 2005](#) established important principles:

Principle 1- Self-determination and informed consent: 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. There is a presumption that adults with care and support needs will make their own decisions and that support and services and sometimes major intervention for an individual will be on the basis of informed consent.

Principle 2- Individuals being supported to make their own decisions: An individual must be given all practical help before being treated as though they are unable to make decisions. If lack of capacity is established the individual should still be involved as far as possible in making decisions.

Principle 3- Unwise decisions: People have a right to make a decision which may be regarded as unwise or eccentric and this must not be regarded as evidence of a lack of capacity.

Principle 4- Best Interests: Anything done for or on behalf of a person who lacks mental capacity must be done in their best interest.

Principle 5- Proportionality and the least restrictive option: Assistance and intervention should be based on the principle of proportionality and actions taken should be commensurate with the extent of the risks.

What is mental capacity and when might you need to assess capacity?

Having mental capacity means that a person is able to make their own decisions. Practitioners should always start from the assumption that the person has the capacity to make the decision in question (Principle 1). Practitioners should show that every effort has been made to encourage and support the individual to make the decision themselves (Principle 2). If a person makes a decision which is considered eccentric or unwise this does not necessarily mean that the person lacks the capacity to make the decision (Principle 3). Under the MCA there is a requirement to make an assessment of capacity before carrying out any care or treatment; the more serious the decision, the more formal the assessment of capacity needs to be.

When should capacity be assessed?

It may be necessary to assess capacity where a person is unable to make a particular decision at a particular time because their mind or brain is affected by illness or disability. Lack of capacity may not be a permanent condition. Assessments of capacity should be time and decision specific. It cannot be assumed that someone lacks capacity based upon age, appearance, condition or behaviour alone.

The test to assess capacity: Two-stage functional test of capacity

In order to decide whether an individual has the capacity to make a particular decision it is necessary must answer two questions:

Stage1. Is there an impairment of or disturbance in the functioning of a person's mind or brain? If so:

Stage2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The MCA states that a person is unable to make their own decision if they cannot do one or more of the following four things:

- understand information given to them
- retain that information long enough to be able to make the decision
- weigh up the information available to make the decision
- communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand. Every effort should be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate. Family, friends, carers or other professionals should be involved.

The assessment must be made on the balance of probabilities as to whether the individual lacks capacity. The decision making about capacity and the rationale for the decision must be recorded.

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

What is 'best interests'?

The MCA provides a checklist of factors that decision-makers must work through in deciding what is in a person's best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which the person determining capacity must consider. In addition, people involved in caring for the person lacking capacity have to be consulted concerning a person's best interests.

Best interests' decision-making

Under Section 2 Mental Capacity Act 2005 if a person has been assessed as lacking capacity then any action taken, or any decision made for or on behalf of that person, must be made in his or her best interests (Principle 4). The person who has to make the decision is known as the 'decision-maker' and normally will be the carer responsible for the day-to-day care, or a

professional such as a doctor, nurse or social worker where decisions about treatment, care arrangements or accommodation need to be made. The Best Interest decision maker must:

- consider whether it is likely that the individual will at some time have capacity in relation to the matter in question
- permit and encourage the individual to participate as fully as possible in the decision making
- consider the individual's past and present wishes and feelings
- consider the beliefs and values which are likely to influence the individual's decision making if capacity were present
- take into account and where possible consult with anyone named by the individual as a representative or anyone engaging with the individual as a carer or in respect of welfare or anyone with lasting Power of Attorney or any deputy appointed for the person by a court.

The Court of Protection can make an order under S 16 (2) Mental Capacity Act 2005 [external link] relating to the welfare of a person who lacks capacity which makes a decision on behalf of the individual to allow a third party (including local authority practitioners) to access the individual. Failure to comply with an order from the Court of Protection may amount to a contempt of court. The court can attach a penal notice to the order warning that failure to comply can result in a fine or imprisonment.

The powers supporting the Mental Capacity Act 2005 (MCA):

Attorneys appointed under Lasting Powers of Attorney (LPAs) - The MCA introduces a new form of Power of Attorney which allows people over the age of 18 to formally appoint one or more people to look after their health, welfare and/or financial decisions, if at some time in the future they lack capacity to make those decisions for themselves.

Court of Protection and Deputies- the MCA created a new court and a new public official to protect people who lack capacity and to supervise those making decisions on their behalf. The Court is able to appoint a Deputy, for example, because a person has an ongoing lack of capacity. The Court will tailor the powers of the deputy according to the circumstances of the individual.

The Office of Public Guardian (OPG) -The role of the Public Guardian is to protect people who lack capacity from abuse. The Public Guardian is supported by the Office of the Public Guardian (OPG). The OPG maintains a register of LPAs and EPAs. It also maintains a register of the Court-appointed Deputies and is responsible for supervising them.

Independent Mental Capacity Advocate (IMCA) – IMCAs are a statutory safeguard for people who lack capacity to make some important decisions. This includes decisions about where the person lives and serious medical treatment when the person does not have family or friends who can represent them. IMCAs can also represent individuals who are the focus of adult protection proceedings. The Deprivation of Liberty Safeguards introduced further roles for IMCAs.

Advance decisions to refuse treatment –the MCA creates statutory rules with clear safeguards so that people may make a decision in advance to refuse treatment if they should lack capacity in the future.

Inherent Jurisdiction of the High Court – ‘Inherent Jurisdiction’ is a term used to describe the power of the High Court to hear any case unless legislation or a rule has limited that power or granted jurisdiction to another 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 provided that the case is not already governed by procedures set out in rules or legislation.

Mental Health Act 2007

[The Mental Health Act 2007](#) may be applicable in cases of self-neglect or self-harm where the individual is also suffering from a mental disorder. The term personality disorder which may be present in cases of self-neglect is defined as a mental disorder in this legislation establishes the definition of mental disorder as ‘any disorder or disability of the mind’.

[Section 7 Mental Health Act 2007](#) **Guardianship-** Application for guardianship is made by an Approved Mental Health professional (AMHP) or the individual’s closest relative. Two doctors must confirm that:

- the patient is suffering from a mental disorder of a nature or degree which warrants guardianship and
- it is necessary and in the interests of the patient’s welfare or the protection of others

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

Guardianship requires that:

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

Environmental Health Legislation

A local authority with environmental health responsibilities has powers to deal with public health problems including as a last resort powers of entry into a dwelling. These powers are sometimes relevant to adults with care and support needs who may be subject to extreme self-neglect or neglect by others where the consequences create a public health risk.

Public Health Act 1936 - in accordance with 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 that the filthy and unwholesome state of the premises is prejudicial to health or if the premises are verminous.

In accordance with Section [83-86 Public Health Act 1936](#) if a person or their clothing is verminous the local authority can remove the individual with either their consent or a court order for cleansing.

In accordance with [Section 287 Public Health Act 1936](#) the local authority has as a last resort a power of entry to premises using force if necessary. An order must be obtained from a magistrate.

Public Health Act 1984- [Section 31 Public Health Act 1984](#) indicates that the occupier of a premises can be required to 'cleanse and disinfect' the premises and disinfect or destroy unsanitary articles. If the occupier fails to do so the local authority can take the necessary action and charge the occupier for doing so

[Section 32 Public Health Act 1984](#) states that the local authority can 'cause any person to be removed to any shelter or temporary 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 and make a reasonable charge.

[Section 79 Environmental Health Protection Act 1990](#)– The local authority has a duty to investigate statutory nuisances

Crime and Policing Act 2014

Section 76-93 [Crime and Policing Act 2014](#) Part 4 Chapter 3 Anti-Social Behaviour (ASB) Premises Closures states that a closure order can be issued if the court is satisfied:

- a person has engaged or is likely to engage in disorderly, offensive or criminal behaviour on the premises or
- the use of the premises has resulted or is likely to result in serious nuisance to members of the public or
- there has been or is likely to be disorder near those premises associated with the use of the premises and that the order is necessary to prevent the behaviour, nuisance or disorder from continuing, recurring or occurring.

Housing Act 1985

[The Housing Act 1985](#) (as amended) Clause 14 covers the right to force entry for essential maintenance of gas and electricity facilities or to disconnect supplies. It provides a right:

- to enter the property at any reasonable time to inspect or carry out repairs, improvements or other work to the property or adjoining property including inspecting for pests and carry out treatment works which may be necessary and for any purpose which ensures that the conditions of the tenancy are being adhered to provided that 24 hours written notice is provided.
- In the event of an emergency the property can be entered by any means

Appendix 2

Human Rights Act 1998

Human Rights linked to self-neglect:

Article 1 – States that the contracting state must ensure that Convention rights are protected for all people within their jurisdiction. This is a general duty to protect its citizens.

Article 2 – Everyone's right to life shall be protected by law. Individuals shall be allowed to live their life in a manner they see fit while respecting the rights of others. This right recognises the ethical concept of the "sanctity of life"

Article 3 – No one shall be subjected to torture or to inhuman or degrading treatment or punishment. This establishes benchmarks from which to measure the quality of care and the way in which it is provided. It underpins the concept of dignity in care and services to remind care providers of the "duty of care" and the duty to avoid harm.

Article 5 – Everyone has the right to liberty and security of person. No one shall be deprived of his liberty save in the following cases and in accordance with a procedure prescribed by law:

- lawful detention of persons for the prevention of spreading infectious diseases, of persons of unsound mind, alcoholics or drug addicts or vagrants
- Health and social care professionals have no right to interfere in the lives of others except where the individual chooses for them to do so or where the individual is a risk to him/herself or others. The caveat above establishes the reasonableness of detaining individuals who are incapable of making such choices for themselves, but where this is not relevant then we are reminded of the need to respect autonomy.

Article 8 – everyone has the right to respect for his private and family life, his home and his correspondence. This is a qualified right and therefore the state must not interfere unless necessary and justified but the state also have a positive obligation to promote people's rights. There is an interface with Article 2 – right to life.

Article 9 – Everyone has the right to freedom of thought, conscience and religion. Autonomy is so very important and professionals need to be mindful of the right for the individual to choose ways of life which are commensurate with their values, beliefs. These may conflict with what professionals regard as "unwise decisions".

Article 10 – Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority. Listening to people and valuing their voice, their opinions, their choices.

Article 14 – the enjoyment of the rights and freedoms set out in the ECHR shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status. This right recognises that the primary moral criteria driving care provision and safeguarding is being human. This serves to protect equity, treating people fairly and in relation to criteria which are morally relevant.

References

- [Care Act 2014](#)
- [Mental Capacity Act 2005](#)
- [Mental Health Act 1983](#)
- [Mental Health Act 2007 \(Deprivation of Liberty Safeguards\)](#)
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- [Anti-social Behaviour, Crime and Policing Act 2014](#)
- [Animal Welfare Act 2006](#)
- [Children Act 1989](#)
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- [Inherent Jurisdiction of the High Court](#)
- [Human Rights Act 1948 Article 1](#)
- [Human Rights Act 1948 Article 2](#)
- [Human Rights Act 1948 Article 3](#)
- [Human Rights Act 1948 Article 6](#)
- [Human Rights Act 1948 Article 8](#)
- [Human Rights Act 1948 Article 14](#)
- [Self-Neglect and Hoarding Tool-Kit: A guide for practitioners](#)
- [Darlington Safeguarding Partnership Multi-Agency Policy and Procedures and Practice Guidance to Safeguard Adults at Risk of Abuse and Neglect](#)
- [Darlington Safeguarding Partnership Professional Challenge Procedure and Practice Guidance](#)

Glossary

AMHP	Approved Mental Health Practitioner
ASC	Adult Social Care
CBT	Cognitive Behavioural Therapy
DSP	Darlington Safeguarding Partnership
DSM	Diagnostic and Statistical Manual
ECHR	European Court of Human Rights
IMCA	Independent Mental Capacity Advocate
LLR	Learning Lessons Review
LPA	Lasting Power of Attorney
MCA	Mental Capacity Act 2005
NICE	National Institute for Health Care and Excellence
OPG	Office of Public Guardian
PACE	Police and Criminal Evidence Act 1984
RiPFA	Research in Practice for Adults
RSPCA	Royal Society for the Prevention of Cruelty to Animals
SAR	Safeguarding Adult Review
VPA	Vulnerable Person Advocate (Co Durham and Darlington Fire and Rescue Service)