East Lothian and Midlothian Public Protection Committee

Multi-agency Protocol on Self-neglect and Hoarding

Approved 17/12/2019 (v1)

Contents

East Lothian and Midlothian Public Protection Committee would like to thank London Borough of Merton Adult Safeguarding Board for the use of their Practitioners Hoarding Assessment Toolkit included within this document in the assessment and management of self-neglect and hoarding.

This protocol was also informed by the North of Tyne Self-neglect Guidance 2016.

1. Introduction

The aim of this document is to provide guidance for multi-agency staff supporting adults with care and support needs who are at risk of harm as a result of self-neglect and/or hoarding.

Self-neglect is an extreme lack of self-care, it can be associated with hoarding and may be a result of other issues such as addictions. Self-neglect can be difficult to assess. Specifically, to distinguish between whether the individual is making an informed choice to live in a particular way and whether they are unable to see the impact on their wellbeing, if the person lacks insight into their living circumstances or where the adult's decision-making ability is impaired.

Managing the balance between the adult's right to self-determine and their right to be supported and protected is a challenge for professionals. The adults understanding is crucial to determining what action may or may not be taken in, self-neglect and/or hoarding. All adults have a right to take risks and behave in a way that may be construed as self-neglectful if they have the capability and ability to do so without interference from the state. Practitioners must begin with the presumption of capacity until determined otherwise, an assessment of a person's capacity must consider their ability. This guidance aims to support practitioners in this complex area of practice.

2. Information Sharing

This protocol is underpinned by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). All agencies have a responsibility to share information where there is an identified risk to a person and / or to others. Where there is suspicion and / or evidence of self-neglect and / or hoarding consideration must be given to interventions within the following legislative frameworks: Adult Support and Protection (Scotland) Act 2007; Mental Health Care and Treatment (Scotland) Act 2003; Adults with Incapacity (Scotland) Act 2000.

3. Legislation

- Adult Support and Protection (Scotland) Act 2007.
- The Mental Health Care and Treatment (Scotland) Act 2003.
- The Adults with Incapacity (Scotland) Act 2000.
- Public Services Reform (Scotland) Act 2010.
- The Human Rights Act 1998.
- The Social Work (Scotland) Act 1968, Section 12.

- The Data Protection Act 2018.
- The General Data Protection Regulation (GDPR) 2019.

4. Aim of Protocol

The aims of this protocol are to:

- Investigate and share information on the problems related to hoarding from different professionals and community perspectives. Dealing with incidents in an evidence based, structured, systematic, co-ordinated and consistent way.
- Develop "informal" multi-agency solutions which maximise the use of existing services and resources and which may reduce the need for compulsory solutions.
- Ensure that when formal solutions are required, there is a process for planning solutions tailored to meet the needs of the customer. Possible solutions include professional support and monitoring, property repairs and permanent and temporary re-housing.
- To establish best practice and improve knowledge of legislation that relates to hoarding behaviour.

5. Definitions

Self-neglect

Whilst there is no standard definition of self-neglect, research has suggested that there are three recognised forms which include:

- **Lack of self-care** – this may involve neglecting personal hygiene, nutrition and hydration or health. This type of neglect would involve a judgement to be made about what is an acceptable level of risk and what constitutes wellbeing.
- **Lack of care of one's environment** – this may result in unpleasant or dirty home conditions and an increased level of risk in the domestic environment such as health and safety and fire risks associated with hoarding. This may again be subjective and require a judgement call to determine whether the conditions within an individual's home environment are acceptable.
- **Refusal of Services that could alleviate these issues** – this may include the refusal of care services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment.

Hoarding

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross 1993). Importantly, hoarding disorder is distinct from the art of collecting and it is also different from people whose property is generally cluttered or messy. Hoarding does not favour a particular gender, age, ethnicity, social-economic status, educational/occupational history or tenure type.

It is **not** simply a lifestyle choice.

Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe "cluttering" of the person's home so that it is no longer able to function as a viable living space.
- Significant distress or impairment of work or social life (Kelly 2010).

Hoarding Disorder used to be understood as a form of obsessive-compulsive disorder (OCD). It is now considered a standalone mental disorder:

"Hoarding disorder is characterised by excessive accumulation of and attachment to possessions regardless of their actual value. Items may be hoarded because of their emotional significance, perceived potential usefulness, or intrinsic value. Excessive acquisition is characterised by repetitive urges or behaviours related to buying, stealing or amassing items, including those that are free. Difficulty discarding is due to perceived need to save items and distress associated with discarding them. Hoarding behaviour is sufficiently severe to result in significant distress or significant in personal, family, social, educational, occupational or other important areas of functioning".

There are three types of hoarding:

1) **Inanimate objects** - This is the most common. This can consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.

2) **Animal hoarding** - hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. As well, the homes of animal hoarders are often eventually destroyed by accumulation of animal faeces and infestation of insects.

3) **Data hoarding** - this is new phenomenon of hoarding, with very little research on the matter, however and it may not seem as significant as inanimate and or animal hoarding. People that do hoard data present with the same issues that are symptomatic of hoarding. Data Hoarding can present with the hoarding of computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

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

6. Why do people self-neglect and/or hoard?

Trauma

Traumatic events have been defined as*: "an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening"* (SAMHSA, 2014, p7). Trauma has now been hypothesised by researchers as a contributing factor to compulsive hoarding. There are two types of Trauma:

Type 1 Trauma – these events are usually single incident events such as rapes, assaults or serious accidents.

Type 2 Trauma or "Complex Trauma" – this form of trauma and abuse is usually experienced interpersonally, persists over time and is difficult to escape from. Complex trauma is often experienced in the context of close relationships (e.g., Childhood Adverse Experience or domestic abuse) and can also be experienced in childhood or adulthood.

Each person who lives through trauma is unique and will not respond in the same way. This depends on many different factors including what their life and relationships were like before the trauma(s) occurred, how they were responded to during and after the trauma, their personality, strengths and resources, their other life experiences and cultural context in which they live their lives.

Research highlights that traumatic life events and early material deprivation have been identified as potential environmental risk factors for the development of pathological hoarding behaviour (Danielle Landau et al March 2011).

Poor Mental Health

It is also important to note that hoarding can also be a symptom of other mental disorders for example: dementia, depression, psychotic disorder.

A range of contributing factors

There can be a number of intertwining causes of self-neglect and / or hoarding. These may contribute to or escalate the self-neglect and / or hoarding and can include:

- Age related changes, in physical and / or mental health.
- Bereavement / traumatic event.
- Severe and enduring mental illness.
- Alcohol and / or substance dependency / misuse.
- Social isolation.
- Fear and anxiety.

7. Legislation and Safeguarding

Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) Act 2007 (ASP Act) places a duty on the Local Authority where it knows or believes:

1. That the person is an adult at risk, and
2. That it might need to intervene in order to protect the person's well-being, property or financial affairs.

Adults at risk are adults who are:

a. Unable to safeguard their own well-being, property, rights or other interests

b. At risk of harm, and

c. Affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

An adult is at risk of harm if:

- Another person's conduct is causing (or is likely to cause) the adult to be harmed or
- The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm, self-neglect.

In general terms behaviours that constitute "harm" to a person can be physical, sexual, psychological, and financial or a combination of these. The harm can be accidental or

intentional, as a result of self-neglect or neglect by a carer. It can be caused by self-harm and/or attempted suicide.

Ability to Safeguard

Assessing whether an adult does not have the ability to safeguard themselves can be complex. Generally, the term 'unable to safeguard' can be defined as: *"lacking the skill, means or opportunity to do something"*[1].

Therefore, a distinction should be drawn between someone who lacks these skills and is unable to safeguard and one who is deemed to have the skill, means or opportunity to keep themselves safe but chooses not to do so.

Problematic Drug Use and Alcohol Consumption

Vulnerability or a lack of ability to safeguard, which is due to temporary problematic drug use, would not by itself result in an individual being considered an adult at risk of harm. However, the ongoing problematic use of drugs or alcohol may take place alongside (and on occasions contribute to) a physical or mental illness, mental illness, mental disorder or a condition such as alcohol related brain damage. If this is the case an adult may be considered an "adult at risk". It must be stressed, however that the co-existing illness, disability or frailty, which would trigger adult protection considerations, rather than substance use itself (Adult Support and Protection [Scotland] Act 2007 Code of Practice 2014).

Duty to Inquire

Section 4 of the ASP Act requires council to make inquiries into adult's wellbeing, property or financial affairs if it knows or believes that the person adult might be at risk, and they may need to intervene to protect the person's well-being, property or financial affairs.

Investigation

Section 7 of the ASP Act permits a Council Officer to enter **any** place to carry out a visit.

Warrant for Entry under the Act

If, during an investigation a Council Officer is refused entry, or is likely to be refused entry, or is unable to enter the premises for some other reason, they may apply for a warrant. This will allow them to enter the premises and allow a Police officer who accompanies the Council Officer to do anything, using reasonable force where necessary, which the Police officer considers to be reasonably required in order to fulfil the object of the visit. The warrant expires 72 hours after it has been granted.

[1] Skill – the ability; Means – material wherewithal; Opportunity – surrounding circumstances.

The ASP Act allows a council officer to apply to the court for three types of orders, if required, to complete their investigation or to provide measures of protection to the adult. The protection orders that can be sought are:

- Assessment Order (section 11) this order allows the adult to be taken to a place where they can be interviewed or examined by a specified health professional. The purpose of the assessment is to allow the Council Officer to establish that the adult is an adult at risk of harm who requires measures to be put in place to prevent them from harm. When applying for an assessment order you must also apply for a warrant for entry.

- Removal Order (section 14) this order allows the Council Officer to remove the adult to a specified place within 72 hours of the order being granted and for the Council to take such reasonable steps as it thinks fit for the purpose of protecting the moved person from harm. Only the council can apply for a removal order. When applying for a removal order you must also apply for a warrant for entry.

- Banning Order (Section19) Council Officers and other interested parties, including the adult at risk themselves, can apply for a Banning Order. The order would ban the subject of the banning order from being in a specified place. Banning orders can have powers of arrest attached to them.

Adults with Incapacity Act 2000 (AWI Act)

The AWI Act could be helpful to practitioners seeking to determine whether there are grounds for intervention into the adult's affairs. It is important that practitioners respect and understand that assessing person's capacity to make decisions must be specific to the area of concern (i.e., do not assume that capacity is all encompassing for example a person may have the capacity to decide where they want to live but may lack the capacity to manage their financial affairs). Practitioners may find the Decisions Specific Screening Tool a helpful tool in the assessment of the person's ability to make decisions.

In relation to any particular matter, by reasons of mental disorder or of inability to communicate because of physical disability.

Once an adult's incapacity to make decisions has been established, the AWI Act makes provision for an application to be made to the court for a Guardianship Order or Intervention Order. This process takes time and cannot be seen as an emergency measure to safeguard the adult's welfare.

The decision to make an application should be taken following a discussion with the Adult and relevant others. It is a legal requirement that two, independent medical assessments confirm the Adult's Incapacity. Practitioners should consult the Mental Health Officer team for guidance on the use of the AWI Act.

Mental Health Care and Treatment (Scotland) Act 2003 (MHCT Act)

The MHCT Act is a significant piece of legislation that sits alongside the AWI Act and ASP legislation. The MHCT Act defines Mental Disorder as any “mental illness”, “personality disorder” or “learning disability”, however caused or manifested.

The MHCT Act makes explicit that a person cannot be considered mentally disordered by reason only of dependence on, or use of alcohol or drugs, or acting as no prudent person would.

It is most likely that the first application of the MHCT Act that practitioners might consider relates to a “Duty to Inquire”.

Section 33 of the MHCT Act places a duty upon the local authority to inquire into the situation of a person who appears to have a mental disorder who is living in the community. The duty to inquire is triggered where the person is suspected of being at risk of neglect or ill treatment: where the person is living alone or without care and where their property may be at risk of suffering loss or damage because of their mental disorder.

This Duty to Inquire would be undertaken by a Mental Health Officer (MHO). A number of actions may result from this.

Where the adult refuses the MHO entry, and where it is thought that entry to premises, access to medical records or a medical examination is necessary, the MHO should seek a warrant under section 35 of the MHCT Act.

A section 35 warrant would enable access to the adult’s property and medical examination. It does not authorise the removal of the person from the property. Where it is thought the person requires to be moved to a place of safety, an order under section 293 of the MHCT Act should be applied for alongside the warrants. This lasts for up to 7 days.

It is possible that the Duty to Inquire could be followed by further interventions under the MHA. A Short-Term Detention Order (STDO) authorises a person’s admission to hospital for the purpose of assessment and treatment for a mental disorder. A STDO lasts for 28 days.

In some circumstances, a STDO could be followed by a Compulsory Treatment Order (CTO) under the MHCT Act. A CTO makes provision for a person’s care and treatment to be provided on a compulsory basis. A CTO can be based upon treatment in hospital or in the community and can last for up to 6 months.

All interventions under the legislative frameworks listed MHCT Act require collaborative working and shared decision making with specialist medical professionals.

Advice, information and guidance on the compulsory measures within the MHCT Act can be provided by the authority’s Mental Health Officer team.

The ASP, MHCT and AWI Act are Principles based. Practitioners must be able to evidence that their decisions and actions are based upon the following Principles: Any intervention must benefit the Adult, and such benefit cannot be achieved without the intervention.

1. Any intervention must be the least restrictive option in relation to the freedom of the Adult. It is important to bear in mind that the least restrictive option is not necessarily to take no action.

2. Any intervention must take into account the past and present wishes of the Adult.

3. Any intervention must be undertaken in consultation with relevant others. This might include the views of the nearest relative and primary carer, any existing Guardian or Welfare Power of Attorney, any other person appearing to have an interest in the Adult's welfare.

4. Any intervention must encourage the Adult to exercise any skills that they might have.

Where inquiries are being undertaken and intervention is being considered due to a person's hoarding behaviour, information from relevant others (Scottish Fire and Rescue Service, NHS Lothian, housing, environmental health, voluntary sector, family/friends) is crucial in determining the least restrictive and most helpful response for the person.

Housing (Local Authority)

The psychological stress of living in a property in which hoarding exists, may be further exacerbated by the practical implications. For example, it would not be uncommon for rent and bills to be left unpaid, as mail remains unopened. The result is increasing vulnerability to eviction.

Tenancy Agreements and Housing Legislation require local authority housing to be kept in a "reasonable state of cleanliness" and for the condition of the house or common parts not to have "deteriorated because of the fault of you, your sub-tenant or somebody in your household". If the Local Authority finds this to be the case, through Section 14 of the Housing (Scotland) Act 2001, Schedule 2, an individual can be evicted.

Where it can be shown that the tenant does not have capacity and damage to the property was not purposeful, as is expected with all cases of hoarding, it is essential that housing professionals take a multi-agency approach. This involves seeking to meaningfully engage with the tenant and explore all alternative avenues other than eviction.

Housing Professionals such as Housing Officers and Property Maintenance Teams are in a key position to be able to identify early indicators of hoarding behaviour, support the individual to access help, and avoid eviction.

Each housing situation will vary depending on the type of tenure. Tenants who are in social rented accommodation will have an allocated housing officer in the associated Local Authority or Housing Association who should be consulted. For owner-occupiers or tenants in the Private Rented Sector, housing support will be a lot more complex. Within Local Authorities Housing Options or Homelessness Team, the Prevention team should be consulted for owner-occupiers and private rented sector tenants.

Environmental Health

Environmental Health Enforcement Power Options

- Environmental Protection Act 1990 (EPA), Section 79 and 80 – Statutory Nuisance – The definition of a Statutory Nuisance is contained within Section 79 (1) of the EPA 1990. It is likely that a property where there is self-neglect and / or hoarding issues would fall within one of the following categories:
    - Any premises in such a state as to be prejudicial to health or a nuisance.
    - Fumes or gases emitted from premises so as to be prejudicial to health or a nuisance.
    - Any accumulation or deposit which is prejudicial to health or a nuisance.
    - Any animal kept in such a place or manner as to be prejudicial to health or a nuisance.

    Where the Local Authority is satisfied that a statutory nuisance exists, or is likely to occur or recur, it must serve an abatement notice on the person responsible for the nuisance or if that person cannot be found, on the owner or occupier of the premises.

    An abatement notice requires the abatement of the nuisance or prohibiting or restricting its occurrence or recurrence and where necessary the carrying out of such works and other steps necessary to abate the nuisance. A reasonable timescale will also be given to comply with the notice. If the notice is not complied with then the Local Authority may take the necessary steps to abate the nuisance and recover reasonable expenses incurred in doing so. Non-compliance with an abatement notice is also a matter which can be report to the Procurator Fiscal.

- Housing (Scotland) Act 2006, Section 30 – Work Notice –A local authority can serve a work notice on the owner of any house which it considers to be sub-standard (fails to meet the Tolerable Standard and/or is in a state of serious disrepair). The notice sets out the work which the Local Authority thinks is necessary to bring the house up to, or keep it in, a reasonable state of repair including meeting the Tolerable Standard. If the notice is not complied with the Local Authority can undertake the required works in default and recover costs by placing a Repayment Charge upon the property if the owner does not pay.

- Prevention of Damage by Pests Act 1949, Section 4 – Power of Local Authority to require action – A notice may be served on an owner or occupier of land and/or premises where rats and/or mice are or may be present due to the condition of the property and/or land. A reasonable period of time is given to undertake works including treatment, removal of materials that may feed or provide harbourage and undertake structural works. The Local Authority may undertake works if default of the notice is not complied with.

8. Hoarding – Identifying and Assessing

Identifying Hoarding

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross 1993). Importantly, hoarding disorder is distinct from the art of collecting and it is also different from people whose property is generally cluttered or messy. Hoarding does not favour a particular gender, age, ethnicity, social-economic status, educational/occupational history or tenure type.

General Characteristics of Hoarding

- **Fear and anxiety:** Compulsive Hoarding may have started as a learnt behaviour following a significant event such as a bereavement. For example, the person hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack.

- **Long-term behaviour pattern:** Possibly developed over many years, or decades, of "buy and drop". Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.

- **Excessive attachment to possessions:** People who hoard may hold an inappropriate emotional attachment to items.

- **Indecisiveness:** People who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.

- **Unrelenting standards:** People who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.

- **Socially isolated:** People who hoard will typically alienate family and friends and may be self-confessed "rescuer of strays".

- **Mentally competent:** People who hoard are typically able to make decisions that are not related to hoarding.

- **Extreme clutter:** Hoarding behaviour may prevent several or all rooms of a person's property from being used for its intended purpose.
- **Churning:** Hoarding behaviour can involve moving items from one part of a person's property to another, without ever discarding anything.
- **Self-care:** A person who hoards may appear unkempt, dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities in order to maintain their personal hygiene or appearance.
- **Insight characteristics:** A person who hoards typically see nothing wrong with their behaviour and the impact it has on them and others.
    - **Good or fair insight:** The client recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The client recognises these behaviours in themselves.
    - **Poor insight:** The client is mostly convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The Client might recognise a storage problem but has little self-recognition or acceptance of their own hoarding behaviour.
    - **Absent (delusional) insight:** The client is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client is completely excepting of their living environment despite it being hoarded and possibly a risk to health.
    - **Detached with assigned blame:** The client has been away from their property for an extended period. The client has formed a detachment from the hoarded property and is now convinced a 3rd party is to blame for the condition of the property. For example, a burglary has taken place, squatters or other household members.

Assessing Hoarding

Identifying and classifying hoarding behaviour can be subjective, as what it means to have a cluttered home can vary from person to person, the layout of each home is different, and clutter may be stored at different levels within a room. Psychologists specialising in the treatment of hoarding have developed the Clutter Image rating Scale (CIRS) to enable objectivity when assessing the level of hoarding by providing a visual assessment tool.

9. Prevention and Intervention

Widespread evidence identified early intervention and preventative actions as being key elements in preventing a continuation of self-neglect. These include:

- The need for robust guidance to assist practitioners in this complex area of practice.
- The importance of early information sharing, in relation to previous and continuing concerns.
- The importance of face-to-face reviews.
- Assessment and investigation process need to identify who carers are and / or significant other and how much care and support they are providing.
- The importance of a thorough chronology.
- The importance of thorough and robust risk assessment and planning.
- The importance of collaboration between agencies in following a set procedure where each agency's roles are clearly defined. Increased understanding of the legislative options available to intervene to support and protect a person who is: self-neglecting, including the Mental Health Care and Treatment (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000.
- Where individual refuses services, it is important to consider the adults insight into the presenting circumstances and that they understand the consequences of their decision making and that this is recorded in the adult's case notes.
- The need for practitioners and managers to reflect upon cases through the supervision process and training.

Fire Safety

- Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. For example, an individual may be unable to leave the home safely in an emergency.
- Hoarding is a fire risk and appropriate fire safety advice must be sought.

The Scottish Fire and Rescue Service offers free Home Fire Safety Visits to all households and works closely with local authorities to promote safety and offer support in cases of hoarding. Home fire safety visits | Scottish Fire and Rescue Service (firescotland.gov.uk)

10. Multi-agency Self-neglect and Hoarding Process

Where there is a concern that a person may be experiencing self-neglect and / or considered to be hoarding, a referral must be made to the respective Health and Social Care Partnership via their contact centre.

- East Lothian: Contact Centre 01875 824 309 communityaccess@eastlothian.gov.uk
- Midlothian: Contact Centre 0131 271 3900 accenquiries@midlothian.gov.uk
- Emergency Social Work Service: 0800 731 6969 (out of office hours and weekends)

If the concern is of a serious nature (Fire Risk to the person and/or neighbours) then the referrer must also refer to the Scottish Fire and Rescue Service - e.melbcat@firescotland.gov.uk as per the referral pathway.

If there may be Adult Support and Protection and/or Child Protection concerns regarding the individual or other members of the household, separate referrals must be made to Adult Services and or Children's Services immediately:

- East Lothian: 01875 824 309/childrenandfamilies@eastlothian.gov.uk
- Midlothian: 0131 271 3860/swc&fenquiries@midlothian.gov.uk

Where a referral is received from a member of the public, the contact centre staff member receiving the referral should ascertain if the referrer has contacted the Scottish Fire and Rescue Service and if not, the contact centre staff should refer to them.

Self-neglect and Hoarding Referrals

Contact assistant should create a referral document and record basic details of the referral on MOSAIC. This information should include:

- The date, time and source of referral.
- The individual reporting the concerns should be asked to provide his/her name, telephone number, description of the nature of his/her involvement.
- The nature of their concern – self-neglect hoarding.
- If so, do they currently receive services (Carer, support worker, District Nurse, Community Psychiatric Nurse and Community Learning Disability Nurse).
- Has this been reported to anyone else – GP, SFRS? If so, when?

Where there is suspicion and/or evidence of self-neglect and/or hoarding consideration may be given to interventions within the following legislative frameworks: Adult Support

and Protection (Scotland) Act 2007, Mental Health Care and Treatment (Scotland) Act 2003 and Adults With Incapacity (Scotland) Act 2000.

It must first be established whether or not the adult meets the criteria of an adult at risk of harm by undertaking a Duty to Inquire before proceeding with this Self-neglect and Hoarding protocol.

This protocol should be implemented when the above legislative frameworks do not apply.

A referral must be made to Scottish Fire and Rescue Service via: e.melbcat@firescotland.gov.uk

Information Sharing and Decision Making

As with all referrals it is important that details of information shared, decision making, and actions taken are clearly recorded in Mosaic. The purpose of information sharing is to:

- Identify and share relevant and proportionate information regarding the nature of the concerns and the risk to the individual and any other person.
- Assess whether any immediate protective action is required should there be an imminent risk of harm.
- Plan a visit to the individual for fuller assessment of the concerns reported within 7 calendar days and consider whether allocation is necessary.
- Conduct and agree an initial risk assessment and an initial risk management plan.
- Consideration should be given to speaking to the person alone.
- Consideration should be given to visiting the adult's accommodation.
- The views of all relevant professionals must be sought and considered (e.g., housing, environmental health, NHS, Scottish Fire and Rescue Service).
- Police should be contacted if there is evidence of risk to the individual from others.

The above information should be clearly recorded on Mosaic.

Visits

Best practice would be for visits to be undertaken by two professionals from a statutory agency. This can consist of Social Work, NHS, GP, Housing or Scottish Fire and Rescue Service.

Visits should include the following:

- Face to face contact with the individual alone or with support, within 7 calendar days of the referral. To ascertain the views of the individual, consideration must be given to the individual's presentation and indications of poor personal hygiene taking into account.
- Consideration must be given to anyone else at risk as a result of the individuals self-neglect/hoarding. This may include children or other adults requiring care and support needs.
- Consideration should be given to gathering the views of significant others. Best practice would be to obtain consent from the adult, if there is concern regarding the person's ability to give consent then this can be overridden. Where there is concern of a fire risk or public health risk then information must be shared with the appropriate agencies.
- A record of the visit including the adults view should be obtained and recorded in case notes on Mosaic.
- The adult's home environment should be visited, where relevant and a professional assessment as to its suitability made. If this is not immediately possible (e.g., the individual is in hospital) the reasons should be clearly recorded in the case notes on Mosaic.
- Where there are concerns of hoarding an assessment using the Clutter Image Rating Scale must be undertaken.
- A referral to the Scottish Society for the Prevention of Cruelty to Animals (SSPCA) should be made where there are neglected and/or multiple animals. Tel: 03000 999 999.

In visiting these settings, care should be taken about personal safety.

If there are indications that resistance, including the threat of verbal or physical violence may be encountered during the visit, steps should be taken to ensure that staff are protected and supported in planning and executing the visit.

Please refer to the Council's Policy on:

- Lone Working and,
- Work related Violence Policy.
- Where it is known that the individual is hoarding, staff should be issued with protective clothing.

Throughout the visit the focus of attention should be on the individual, his/her safety and the welfare and the safety of others is of paramount importance.

The person should be listened to, his/her opinions respected, and s/he should be kept fully informed of the progress. A balanced view between the need to intervene and the needs and rights of any individual should be maintained.

Be persistent because of the nature of self-neglect/hoarding, the likelihood is that the person may refuse services or support when this is first offered. Professionals may need to repeatedly try to work with a person to reduce risks. Non-engagement at first contact should not result in no further action being taken at a later date.

Single Agency Chronology

Where a case progresses beyond the initial stages of information sharing, a single agency chronology of significant events should be commenced. The chronology will reflect both positive and negative events, in the order they occur in the individuals' life. It can provide an early indication of emerging patterns of behaviour and escalation of risk. The chronology helps to better understand the individual's needs and risks, which informs planning and intervening. Chronologies should be based on evidence and not assumption.

Clutter Image Rating Scale and Hoarding Assessment

In cases where hoarding is a concern, use the clutter image rating to assess the level of hoarding and refer to the clutter assessment tool to guide which details the appropriate action you should take. This should be completed in advance of the Hoarding Multi-agency Meeting and reviewed and updated thereafter with any new information.

Self-neglect/Hoarding Multi-agency Meeting (to be held within 28 calendar days of receipt of the initial referral)

The multi-agency meeting should be held in keeping with the needs of the individual. The urgency and complexity of the case will determine the timescale, but it should be no later than 28 calendar days after the initial referral.

The chairperson should be of sufficient authority to make decisions and where practicable have a working knowledge of the Adult Support and Protection (Scotland) Act 2007, Mental Health Care and Treatment (Scotland) Act 2003 and the Adults with Incapacity (Scotland) 2000 where this is not possible a Mental Health Officer and a Council Officer must attend the Hoarding multi-agency meeting.

Wherever possible the chairperson should be independent of the case and the final decisions about who to invite rests with the chairperson. The Chairperson may take advice from a range of professionals in this regard; however, consideration should always be given to inviting the following professionals:

- The individual and a significant other (paid /unpaid carer)

- Carer or relative, if the individual has a nominated Named Person under the Mental Health Act, they may wish this person to attend
- Any other Proxy (Power of Attorney, Welfare/Financial Guardian) and/or independent Guardian
- Social Worker/Council Officer
- Mental Health Officer
- General Practitioner
- Other Significant Health Professional
- Scottish Fire and Rescue Service
- Housing Officer Housing Agency
- Environmental Health
- Children and Families social work staff and Education Professionals – where relevant
- Police (in circumstances where the person may be being targeted in the community)
- Scottish Society Prevention of Cruelty to Animals (SSPCA) - where relevant

All professionals concerned should be included in this meeting. It should be normal practice for the person and a significant other to be involved unless there is justification to exclude them, e.g:

- The capacity of the person concerned.
- The information likely to be shared and its likely effect on the adult.
- The views of the person significant other.

Wherever possible, minutes should be taken by an experienced minute taker.

Minutes of the multi-agency meeting will be completed on the Hoarding Multi-agency meeting template.

The multi-agency meeting will:

- Give full consideration to overall information and risk assessment including the risks to others and the risk to workers and whether any intervention within the legislative frameworks of ASP/MHCT/AWI is proportionate and necessary to support and reduce the risks to the individual and others.

- Consider what are the strengths of the person and/or family/friends and what are the risks to the wellbeing, property rights and other interests of the individual.
- What are the specific risks to the individual?
- What are the specific risks to others including public health?
- In all cases undertake a chronology, analysis and review the chronology.
- In all cases undertake a Hoarding Assessment and Complex Risk Assessment (Appendix 3 &4)
- Consider appointing a core group with an identified lead professional.

Co-ordinator, normally a care manager. The first meeting of the core group should be no later than 8 weeks after the multi-agency meeting.

Self-neglect/Hoarding Multi-agency Review Meeting

A review multi-agency meeting should be convened in order to review progress. The timescale of the review must be held within a maximum 6 months of the Hoarding multi-agency meeting.

The purpose of the Review Case Conference is to:

- Consider whether duties and agreed actions across partner agencies have been fulfilled and if any remedial action may be required, in circumstances where there are shortfalls.
- Ensure that any legal powers obtained remain required, proportional and offer the least restrictive option in maximizing benefit whilst maintaining maximum protection.
- Summarise supports provided, outcomes to date and ongoing risks/concerns.
- Confirm the current situation, review and update the Multi-agency Hoarding Assessment.
- Review and update the complex risk assessment/risk management plans to reflect any changes.
- Review, analysis and update the chronology.
- Review any Protection Plans and attendant service provision, to reflect any changes required.
- Consider, in discussion with or reference to the views of the adult or their proxy, the extent to which the supports in place and the action taken have served to reduce the

risks to and concerns about the person and note the beneficial outcomes of these measures.

- Consider the extent to which the Self-neglect and Hoarding Multi-agency protocol remain relevant to the adult's current circumstances and note the reasons for this being or not being the case.

Make recommendations regarding any requirements for ongoing assessment, planning and/or supports, in conjunction with the person and / or their proxy.

11. Self-neglect – Indicators and Factors

Indicators of Self-neglect

- Neglecting personal hygiene impacting on health (including skin damage/pressure ulcers)
- Neglecting home environment, with an impact upon health and wellbeing and public health issues. This may lead to hazards in the home due to poor maintenance. Not disposing of refuge leading to infestations.
- Poor diet and nutrition leading to significant weight loss/weight gain or other associated health issues (malnourishment, dehydration).
- Under or over medication.
- Lack of engagement with health and other services/agencies.
- Absence of required aids, canes and walkers.
- Hoarding items - excessive attachment to possessions, people who hoard can present as having an emotional attachment to items.
- Substance misuse.
- Large of number of pets.

Factors that may lead to individuals being overlooked

- The misconception that self-neglect is a lifestyle choice.
- Poor multi-agency working and lack of information sharing.

- Lack of engagement from the person or family: challenges presented by the person or family making it difficult for professionals to work/support the individual to reduce the risk of harm.
- An individual in a household is identified as a carer without a clear understanding of what their role includes which can lead to assumptions that support/care is being provided when it is not.
- A de-sensitisation to complex and well-known cases, which can result in the minimisation of need and risk as well as normalisation of behaviour.
- Inconsistency in thresholds across agencies and teams – level of subjectivity in assessing risk.
- Individuals with chaotic lifestyles or multiple and competing needs.
- A person with capacity perceived to be making unwise decisions, withdrawing from agencies however continuing to be at risk of significant or serious harm.

Author's name	Denice Lilley
Designation	Adult Support and Protection Lead Officer
Date	17/11/19
Last Reviewed	January 2024
Next Review	January 2026

12. Appendix 1 – Clutter Image Rating Scale (CIRS)

1	2	3

4	5	6

7	8	9

13. CIRS Assessment Tool Guidelines

1) Property structure, services and garden area	• Assess the access to all entrances and exits for the property (note impact on any communal entrances and exits). Include access to roof space. • Does the property have a smoke alarm? • Visual assessment (non-professional) of the condition of the services within the property (e.g., plumbing, electrics, gas, air conditioning, heating). This will help inform your next course of action. • Are the services connected? • Assess the garden: size, access and condition.
2) Household functions	• Assess the current functionality of the rooms and the safety for their proposed use (e.g., can the kitchen be safely used for cooking or does the level of clutter within the room prevent it). • Select the appropriate rating on the clutter scale. • Please estimate the % of floor space covered by clutter. • Please estimate the height of the clutter in each room.
3) Health and safety	• Assess the level of sanitation in the property. • Are the floors clean? • Are the work surfaces clean? • Are you aware of any odours in the property? • Is there rotting food? • Does the resident use candles? • Did you witness a higher-than-expected number of flies? • Are household members struggling with personal care? • Is there random or chaotic writing on the walls on the property? • Are there unreasonable amounts of medication collected? Prescribed or over the counter? • Is the resident aware of any fire risk associated to the clutter in the property?
4) Safeguard of children family members	• Do any rooms rate 7 or above on the clutter rating scale? • Does the household contain young people or children?
5) Animals and pests	• Are there any pets at the property? • Are the pets well cared for? Are you concerned about their health?

	• Is there evidence of any infestation? (e.g., bed bugs, rats, mice etc). • Are animals being hoarded at the property? • Are outside areas seen by the resident as a wildlife area? • Does the resident leave food out in the garden to feed foxes etc
6) Personal protective equipment (PPE)	• Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please detail. • Following your assessment do you recommend the resident is visited in pairs? Please detail.

14. Appendix 2 – Decision Specific Screening Tool

First read the Communication and Assessing Capacity Guide:
http://www.scotland.gov.uk/Resource/Doc/210958/0055759.pdf

Name of Adult		**Case Reference Number:**	
Worker Details		**Date**	

Capacity is the ability to understand information relevant to a specific decision or action and to appreciate the reasonably foreseeable consequences of taking or not taking that decision or action.

This tool aims to assist the practitioner consider the various elements involved in the decision-making process. It could be used to gather evidence of an adult having or lacking capacity in relation to ***non- medical*** *decisions and to consider whether a more formal, health capacity assessment is required in order to pursue measures under the Adult with Incapacity (Scotland) Act 2000. It is not suitable for medical or complex decisions*

Details of the Decision to be made or action to be taken

Who was consulted in forming your opinion of the Adult's decision-making ability

Name	**Relationship with Adult**	**Contact Details**

Consider: Does the Adult repeatedly make seemingly unwise decisions which place her/him at significant risk or serious exploitation? Is she/he making a decision which defies all notion of rationality and/or is markedly out of character?

An unwise or eccentric choice doesn't necessarily mean the person is unable to make a decision – consider the person's views, values, preferences and previous decisions.				
Q1: Does the Adult have a mental disorder (diagnosed or suspected) or is unable to communicate because of a physical disability?	**Yes**	**No**	**Not Sure**	**Condition** *(Dementia, learning disability, brain injury, personality disorder, neurological condition,)*
Q2 Do you consider the Adult **able** to **understand** the information relevant to the decision and that this information has been provided in way that he/she is most probably able to understand?				A*n elderly widow who has never dealt with money matters may need to receive the information in as simple a manner as possible and helped to understand it. It may be that she will learn to manage her finances with support.*
Q3 Do you consider the Adult **able** to **retain the information** for long enough to use it in order to make a choice or an effective decision?				*It may take several visits going over the information to see if the response is consistent (even if the person cannot remember being asked before). A consistent response may indicate sufficient capacity to understand the decision in hand.*

Q4 Do you consider the Adult **able** to **use or weigh** that information as part of the process of making the decision?				*Certain types of disorders (brain injury, neurological conditions) cause people who are able to understand information, to act impulsively regardless of the information available and their understanding of it.*
Q5 Do you consider the Adult **able** to **communicate** the decision?				*Every effort should be made to facilitate communication including talking mats.*
Q6 Do you consider the Adult **able** to **act upon** the decision?				*An individual may not be able to act on a decision because they trust, fear or feel responsible for another person. A mother who is being physically threatened or abused by her son may not be able ask him to leave her home*
Any Further Comments				

If you have answered **YES** consistently to Q2-Q6, the Adult is considered on the balance of probability, **to have the capacity to make this particular decision at this time**.

Sign/date this form and record the outcome within the Adult's records **If you have answered NO or NOT SURE to any of the questions proceed to Q7.**

	Yes	**No**	**Not Sure**	
Q7 Overall, do you consider on the balance of probability that the impairment or disability noted in Q.1 is sufficient that the adult lacks the capacity to make this particular decision?				*On the balance of probability, the Adult lacks capacity to make this specific decision at this particular time*
If you have answered **'Not Sure'** to any questions, please consider a referral for a Specialist Health Assessment				
Signature		**Date Assessment Completed**		

15. Appendix 3 – Practitioners Hoarding Assessment

This assessment should be completed using the information you have gained using the Clutter Image Rating Scale and related Assessment Tool Guidelines. Complete this review away from the clients' property.

Date of Home Assessment							
Clients Name							
Clients Date of Birth							
Address							
Clients contact details							
Type of dwelling							
Freeholder	Yes/No	**Tenant – Name and address of landlord**					
Household members		**Name**	**Relationship**	**DOB**			
Pets – indicate what pets and any concerns							
Agencies currently involved – with contact details							
Non agency support currently in place							
Clients attitude towards hoarding							
Please indicate if present at the property							
Structural damage to property		**Insect or rodent infestation**		**Large number of animals**		**Clutter outside**	
Rotten food		**Animal waste in house**		**Concerns over the cleanliness of the property**		**Visible human faeces**	

Concern of self-neglect		**Concerned for children at the property**		**Concerned for other adults at the property**			

Using the Clutter Image Scale please score each of the rooms below					
Bedroom 1		**Bedroom 2**		**Bedroom 3**	
Bedroom 4		**Kitchen**		**Lounge**	
Bathroom 1		**Bathroom 2**		**Dining room**	

Please refer to the Multi-agency Protocol on Self-neglect and Hoarding. Provide a description of the hoarding problem: presence of human or animal waste, rodents or insects, rotting food, are utilities operational, structural damage, problems with blocked exits, are there combustibles, is there a fire risk? Etc

Please refer to the Multi-agency Protocol on Self-neglect and Hoarding, based on the information provided above, what level is your case graded?		
Level 1 – Green	**Level 2 – Orange**	**Level 3 - Red**
Name of practitioner undertaking assessment		
Name of organisation		
Contact details		
Next action to be taken		
List agencies referred to with dates and contact names		

16. Appendix 4 – Multi-agency Hoarding Meeting Agenda Template

MULTI-AGENCY HOARDING MEETING AGENDA

DATE:

TIME:

VENUE:

AGENDA

No.	Item
1.	**Welcome, introductions and apologies**
2.	**The purpose of the meeting**
3.	**Background information including issues / concerns**
4.	**General discussion: What has been done already and by who –** clutter image and scale tool to be used and discussed
5.	**Action plan**
6.	**Any other business**
7.	**Date of next meeting if required**

17. Appendix 5 – Complex Risk Assessment

Name of service user	
Date risk assessment started	
Mosaic reference	
To be attached to full assessments and care plans sent to providers in situations where significant risk has been identified (in accordance with guidance on sharing of information and confidentiality). Because this form is likely to contain sensitive information or information from third parties it must not be shared with the user without prior agreement of those third parties and the team manager unless it has been completed with the user.	

Categories of risk identified: *Please tick all appropriate categories*					
Category	**Yes**	**No**	**Category**	**Yes**	**No**
Aggression / Violence			Self-harm		
Exploitation (of others)			Self-neglect		
Risk to children (refer to Child Protection procedures)			Risk to physical, mental and / or public health		
Carer breakdown			Alcohol and substance misuse		
Extreme social isolation			Fire risk to self and / or others		
Neglected pets			Homelessness		
Other *(please specify)*					

If yes to any of the above, continue Risk Assessment
Current factors which suggest there is apparent risk: On what is this assessment based (e.g., history, reports from others, report from user, carer or other source)

Risk Type and details

Risk Type	Action taken to reduce risk	Date	Expected outcomes	Person responsible

Contingency plan

Assessors signature:		Date:	
Chairs signature:		Date:	
Review date:			