**Self-neglect and Hoarding**

**Context and Definition**

1. The Care Act 2014 brought self-neglect within the statutory definition of abuse or neglect and included it as a category to be considered within safeguarding frameworks
2. Statutory guidance published by the Department of Health defines self-neglect as; “*a wide range of behaviour – neglecting to care for one’s personal hygiene, health of surroundings and includes behaviour such as hoarding”*.
3. Wokingham Borough Council promotes the use of a ‘Social Psychological Model’ of working with self-neglect, recognising the interplay of a variety of physical, mental, social, personal and environmental factors both internally and externally and how these impact in and on the person’s circumstances.
4. Practitioners are encouraged to consider self-neglect in a broad context, not just in terms of obvious manifestations such as hoarding. Other areas to consider may include; substance misuse, individuals with diagnosis of high functioning Autism Spectrum Conditions who may have difficulties that bring them into frequent contact with services, sexual exploitation where there may be issues of situational incapacity, people subject to frequent ‘Missing Persons’ alerts wherein they may be putting themselves at risk of significant harm, people with significant mobility issues who are not taking action to protect themselves from fire risk, those whom are non-concordant with medication, people whom are bariatric patients or whom as a result of vulnerabilities linked to their care and support needs are putting themselves at repeated risk of significant harm.
5. In 2018, ‘Hoarding Disorder’ was included in ICD-11 as a recognised mental health disorder. It is estimated that around 2-5% of the population in the UK hoard and that around 1.2 million people in the UK have hoarding disorder. The diagnostic criteria for this condition are:
* Persistent difficulty discarding or parting with possessions, regardless of monetary value
* Due to perceived need to save the items and distress associated with discarding them
* The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas
* Hoarding causes clinically significant distress or impairment in social, occupational, or to other important areas of functioning
* Symptoms are not restricted to the symptoms of other disorders (e.g. hoarding due to obsessions in OCD, or delusions in a psychotic disorder)
1. When working with hoarding, it is recommended that practitioners utilise the Clutter Index Rating, which can be located here: <https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf>. This enables the objective scaling of hoarded items. Android and Apple Apps also exist for download onto smart phones for ease of use if preferred.
2. It is important to recognise that work with self-neglect and hoarding, which is a complex area of practice; is often influenced by personal, social and cultural values and staff working with the adult at risk should always reflect on how their own values may affect their judgement. Self-neglect is a complex issue and it is understood from research that responses from a variety of organisations are likely to be more effective than a single agency response. Most effective intervention with self-neglect relies on building a trusting relationship and rapport with the adult at risk to offer support in a person-centred way, working at a pace they feel comfortable with and taking account of their preferences and priorities. It is essential to find the right balance between respecting the adult’s right to autonomy and meeting the duty to protect their wellbeing and to apply proportionate thresholds for interventions under a safeguarding framework. Research has proven that using short-term, coercive interventions is less effective when working with people whom self-neglect – and use of coercive powers should therefore be limited to where it is necessary.

**Recognising and Referring**

1. Possible indicators of self-neglect may include:
* Being unable or unwilling to provide adequate care for self
* Malnutrition or dehydration; little or no fresh food in the fridge or food that is off or very out of date
* Living in ‘squalid’ or insanitary conditions for example; infested property or lack of functioning utilities
* Neglecting household maintenance creating hazards or fire risk
* Hoarding
* Untreated or improperly attended medical condition, non-compliance with required health or care services, inability or unwillingness to take mediation or treat illness or injury
* Coming into repeated contact with services as a result of seemingly capacitated but high risk decision making and risk taking
1. Wokingham Borough Council recommends use of the threshold toolkit (Appendix 5)to support decisions around when a situation of self-neglect or hoarding meets the threshold for referral under safeguarding. The toolkit can be used by any agency and supports practitioners to be objective both in terms of language used and in identifying risk. The toolkit also supports practitioners to consider capacity and consent around referral and prompts them to consider public interest (risk to others) and vital interest (risk of serious harm or distress or risk to life) issues. If a practitioner is in any doubt about what the tool is telling them, they can consult with the ASH for advice.

**Assessment**

1. Crucial to assessment and intervention under safeguarding, is robust multiagency risk assessment that includes the views of the adult and those in their personal network. This may include matters such as; capacity and consent, indications of mental or physical health issues, risk to overall wellbeing, effects on other people’s health and wellbeing, serious risk of fire or serious environmental risk.
2. A significant element of working with self-neglect and hoarding is also considering the risk presented to others, which may include family members, members of the public or professionals.
3. Wokingham Borough Council promotes use of a ‘Social Psychological Model’ of assessment in self-neglect. This model highlights a variety of important factors for consideration:
* Underlying mental disorder, trauma response and/or neuropsychological impairment
* Diminishing social networks and/or economic resource
* Physical and nutritional deterioration
* Personal philosophy and identity
1. In order to support practitioners from Adult Social Care in working with this complex area of practice, there is the option of using a comprehensive assessment toolkit (example at Appendix 6). Use of this tool can be adapted to the circumstances of the adult concerned but acts as a useful prompt to consider the person and their situation holistically and in depth.
2. Practitioners are encouraged to use professional curiosity at all times.

**Mental Capacity**

1. When working with adults whom self-neglect, the starting point is always to consider whether the individual concerned has mental capacity to make decisions about their own wellbeing, and whether or not they are willing and able to care for themselves (in accordance with the principles of ‘*Making Safeguarding Personal’*). It is vital to be precise about the decision or decisions being considered, else consideration of capacity will become bland and outcomes unlawful.
2. The Mental Capacity Act 2005 is clear the law allows capacitated adults to make ‘unwise decisions’. However, it is vital that practitioners also understand the implications of executive functioning (on the ability to *use and weigh* information), and that they are aware of *situational incapacity* and the inherent jurisdiction of the courts.
3. Executive functioning refers to the interplay between making a decision and being capable of acting upon it; weighing up the information and being able to understand the consequences of decisions and actions but *also* having the ability to implement those actions. Research therefore recommends ‘articulate and demonstrate’ models of assessment. Useful updated information on applying the Mental Capacity Act, including reference to these issues can be found here: <https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2017/11/Mental-Capacity-Guidance-Note-Capacity-Assessment-March-2019.pdf>
4. There is also useful information concerning the *Frontal Lobe Paradox* to be found: <https://www.researchgate.net/publication/324899681_Mental_Capacity_Act_2005_assessments_why_everyone_needs_to_know_about_the_frontal_lobe_paradox>
5. If an adult whom is capacitated does not want any intervention or safeguarding action to be taken, it may be appropriate not to intervene any further at that point. In making this decision, it is essential to:
* Consider whether anyone else is at risk (public interest)
* Consider whether the person’s ‘vital interests’ are compromised or not (risk of serious harm or distress or risk to life)
* Ensure all decisions have been fully explained and recorded
* Ensure other agencies have been involved as necessary and informed of decisions
* Ensure there is a route back to re-referral or accessing support should the person change their mind
1. Practitioners should always consider use of a multiagency risk panel (MARM) if the level of risk requires it.

**Multiagency Risk Management Framework (MARM)**

1. Multiagency risk panels are one type of multi-agency working on complex and high risk cases. A panel can be created with all necessary partners, depending on the local need of the case in question. The panel will support agencies in ensuring Duty of Care to both the individual and the wider community has been discharged. These panels are based on the belief that shared decision-making is the most effective, safe and transparent way to reach a decision where there is high complexity in a case. The purpose of the Panel is to agree a risk reduction plan that is owned and progressed by the most relevant agencies with the support of necessary partners. (See protocol for MARM)

**Legislation**

1. There is a wide range of legislation that can be applicable to situations of self-neglect. As a reminder, it is important to reserve use of coercive powers for those situations wherein they are proportionate and essential. Involving an appropriate multiagency team in cases of self-neglect can support best outcomes.