Multi-Agency High-Risk Behaviour Policy

(Including Self-Neglect/Hoarding)

MID AND WEST WALES REGIONAL SAFEGUARDING BOARD

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Name of Policy / Procedure / Guidance	Multi-Agency High-Risk Behaviour Policy (Including Self-Neglect/Hoarding)
Consultation Period	
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Dissemination/ Implementation

Agencies are requested to undertake the following in order to ensure the implementation of this Policy/Procedure/Guidance:

MAWWSB	• Place on MAWWSB website within policy section • Send to Partner Agencies for dissemination • Disseminate to partner agencies training leads for inclusion within training as appropriate • Update relevant training to reflect Policy/procedure/ guidance
All Partner Agencies	• Disseminate Policy/Procedure/Guidance to all Service Leads/ Heads of Service/Safeguarding leads/ staff via appropriate communication channels e.g. LOGs • Place within own website and include a link with MAWWSB Website https://www.cysur.wales/ • Update in house Policies and Procedures to reflect Policy/Procedure/Guidance as appropriate. • Update in house training to reflect process as appropriate.

Assurance

Agencies will be requested to undertake the following in order to assure the MAWWSB with regards to dissemination and implementation of this policy:

MAWWSB	• To seek assurance from Partner Agencies that implementation has occurred
Partner Agencies	• To provide MAWWSB with assurance that the above implementation have been completed

Contents

1. Introduction

This document sets out guidance and policy for responding to cases of high-risk behaviour including self-neglect and hoarding in Mid and West Wales.

This can be a difficult area for intervention as issues of capacity and lifestyle choice are often involved, which includes individual judgments about what is an acceptable way of living and degree of risks to self. Even in cases where it appears the risk to the individual may be significant, there may be no clear legal grounds to intervene. Many decisions will depend on whether the person concerned has the capacity to make an informed choice about how they are living and the risks to which they are exposed. Assessing capacity for an individual who is resistant to, or suspicious of, outside intervention is not an easy task. However, the risks to individuals can be high, with some cases of self-neglect leading to the person's death.

Self-neglect has featured in several Adult Practice Reviews in Mid and West Wales therefore highlighting the complexity of practice with adults who display High-Risk behaviours, especially when there is reason to doubt their mental capacity.

The frequency with which Adult Safeguarding Boards have felt it necessary to inquire into the outcomes of cases of adults who self-neglect, and the fact that self-neglect is not included in the Social Services and Well-being (Wales) Act 2014 or its associated statutory guidance has prompted the development of the Mid and West Wales High-Risk Behaviour (including Self-Neglect/Hoarding) Policy.

Agencies and practitioners should be mindful of the criticisms levelled by Coroner's Courts when people known to be at risk of self-neglect are 'abandoned' by services following a superficial assessment of their capacity.

1.1 Multi-agency perspectives

This document is designed to be a multi-agency guide for practitioners working with individuals displaying high-risk behaviours including self-neglect and hoarding. It is recognised that housing, community and voluntary agencies are often first to become concerned about high-risk individuals, and sometimes it is these agencies that are best placed to form non-threatening relationships with people over time in an effort to persuade them to accept help. The document also sets out the important role of multi-agency partnership working which can help to build a fuller picture and to plan a way forward.

1.2 Guidance

The document sets out indicators of high-risk behaviours and the role of practitioners and agencies working with high-risk individuals. It stresses the importance of good capacity assessments as people may often have an initial presentation of making a capacitated choice when refusing help but a more detailed assessment, if this can be

achieved, may indicate the person's decision making is impaired; for example, as a result of an executive dysfunction, developing dementia or other mental health conditions https://www.headway.org.uk/about-brain-injury/individuals/effects-of-brain-injury/executive-dysfunction/

1.3 Self-neglect and safeguarding

The Social Services and Well-being (Wales) Act 2014 does not provide a definition of neglect and statutory guidance is not explicit in terms of where or how concerns of high-risk behaviours including self-neglect or hoarding can or should be managed. The Mid and West Wales Regional Safeguarding Board has made the decision to recognise these concerns as meeting the definition of neglect for the purpose of safeguarding and similar to Local Authorities in England has introduced a dedicated multi-agency policy and practice framework for managing such concerns when they reach a point significant seriousness. This document should read in conjunction with the accompanying Multi-Agency High-Risk Behaviour Procedure (Including Self-Neglect/Hoarding), which includes the Multi-Agency High-Risk Behaviour Panel (MAHRBP) as a route for practitioners to escalate cases of significant concern.

Assessment of Care and Support Needs

The local authority has a legal duty under the Social Services and Well-being (Wales) Act 2014 to offer an assessment to an individual where it appears that that person may have care and support needs. The purpose of the assessment is to establish whether the person has care and support needs, and if so, what those needs are. Where someone is self-neglecting or engaging in other high-risk behaviours this may indicate that the person has care and support needs, and therefore the duty to assess that individual should be considered.

1.4 Legal implications

The document sets out some of the legal grounds for intervention and for data and information sharing.

It covers responsibilities under the Mental Capacity Act 2005 and other powers to intervene rooted in both social care and public health. The document highlights that there is no one piece of legislation that easily provides a solution in all cases, and that due care is needed when considering restricting a person's autonomy and right to private and family life under Article 8 of the Human Rights Act. However, this right is a qualified right and must be balanced against a public authority's duty to positively promote people's rights and to take account of the principles that runs throughout the Social Services and Well- Being (Wales) Act 2014. Consideration of Article 8, respect for private and family life, must also not limit consideration of Article 2, the Right to Life. What is important is that any limitation on Article 8 must be in accordance with

the law and necessary and proportionate. Further guidance on legal remedies is given in Appendix 1.

1.5 Self-neglect and child protection

This policy stresses the need to consider the welfare of any children who may be affected by issues of high-risk behaviours by an adult, and all organisations must take a 'Think Family' approach in this respect. Under children's legislation there is a much clearer framework for intervention if a child appears to be suffering harm, and Adult social services must work closely with children's assessment and child protection teams in such cases. If a child is considered at Risk, a safeguarding report must be to Children's Services within the local authority.

2 Self-Neglect

Self-neglect should not lead to judgemental approaches to another person's standards of cleanliness of tidiness. All people will have differing values and comfort levels. Self-neglect concerns a person whose ability to manage their surroundings, their personal care, finances and/or basic daily living skills is so compromised that this is directly threatening their health and safety or the health and safety of others around them; and is reasonably likely to cause serious physical, mental or emotional harm, or substantial loss of assets.

Remember:

- Professionals dealing with concerns about self-neglect and hoarding are grounded in, and influenced by, personal, social and cultural values and professionals should always reflect on how their own values might affect their judgement.
- Professionals dealing with concerns about self-neglect and hoarding need to find the right balance between respecting a person's autonomy and meeting their duty to protect the person's wellbeing.
- Professionals should adopt a level of professional curiosity and remember not to make assumptions or take things on face value.

2.1 Indicators of self-neglect

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

Neglect of self may include a combination of:

- Poor hygiene
- Dirty/inappropriate clothing
- Poor hair care

- Malnutrition
- Medical/health needs not attended to, leading to poor or risky health outcomes
- Lifestyle behaviours leading to harm
- Alcohol/substance misuse
- Social isolation
- Situations where there is evidence that a child is suffering or is at risk of suffering significant harm due to self-neglect by an adult

Neglect of the environment may include:

- Unsanitary, untidy or dirty conditions which create a hazardous situation that could cause serious physical harm to the individual or others
- Hoarding
- Fire risk (e.g. smoker with limited mobility/hoarder)
- Poor maintenance of property
- Keeping lots of pets who are poorly cared for
- Vermin
- Lack of heating
- No running water/sanitation
- Poor finance management (e.g., bills not being paid leading to utilities being cut off, unexplained money drawn from bank/savings account)

The above becomes a significant cause for concern if it is accompanied by a refusal to engage with services who are offering assistance. This may be because of:

- Lack of trust
- Perceiving the support offer as interference
- Not recognising the concern at all, or not seeing it as significant
- Pride
- Not wishing to accept that there has been a decline in their ability to self-care
- Fear about what might happen if they do engage
- There may see the driver/reason for their behaviour as more important than the impact of the self-neglect

2.2 Causes of self-neglect

Causes may be many and varied. Self-neglect can be seen in people for whom physical or mental decline means that the person is no longer able to meet all their personal or domestic care needs. Mental illnesses and disorders such as depression, psychosis, learning disability, autistic spectrum disorders, or personality disorder, may reduce a person's ability to self-care.

In an ageing society, people may outlive their friends and relatives, and become increasingly isolated and lonely which may contribute to depression and helplessness. Poverty and lack of mobility may exacerbate this, and all these risk factors may contribute to the adult becoming unable to access health, care or maintain their home.

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

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

2.3 Hoarding

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

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

https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf

Hoarding:

Hoarding may become a reason to request a Multi-Agency High-Risk Behaviour Panel meeting when:

- The level of hoarding poses a serious health risk to the person or neighbours.
- There is a High-Risk of fire or infestations by insects or animals.
- Hoarding relates to other concerns of self-neglect, such as neglect of physical health, lack of adequate nutrition.

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

Responses to hoarding may include:

- If the person has capacity to make decisions about seeking help, then a referral, with their agreement, for mental health intervention may be indicated.
- Working with the person over time to support them in clearing their hoard. It may involve targeted work with the person on a plan to gradually clear the hoard and supporting them to do this.
- Enabling the person to understand the driver behind their behaviour and to find mechanisms to manage this in other ways.
- If the person lives in rented accommodation, they may need support in liaising with the landlord if they are threatened with eviction.
- The person may need support in liaising with environmental or pest control departments.
- With their agreement referral to the Fire Service may be required for a preventative fire risk assessment.
- If the person lacks capacity with regard to managing their environment, then they may need ongoing support from social services with self-care and managing their domestic routine.
- Careful assessment of capacity and a needs assessment is therefore important to establish how best and on what basis to intervene.
- When a person has capacity then it is important to work with them and to understand their wishes and feelings. If the person lacks capacity to make relevant decisions best interest decision making may be necessary whilst still taking into account, the person's wishes as far as these can be ascertained (seek advice from Social Services).

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

- Mental health services accessed via the GP.
- Voluntary services to provide advocacy and practical support.
- Housing tenancy support officers
- Environmental services

- Fire services
- Social work involvement /needs assessment and care planning.
- Ongoing support and intervention.

A multi-agency planning meeting may be helpful to agree with the person a plan of support and who is best placed to provide this or if the person lacks capacity, to agree best interest decision making. If all the above efforts have been exhausted and the risks remain high, make a MAHRBP referral.

Please see Hoarding guidance developed by MIND UK for more information.

2.4 Fire risk and options for professionals

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

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

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

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

One of the most dangerous risk factors is smoking. This intensifies when the smoker discards cigarettes without extinguishing in a hazardous manner, such as when falling asleep while smoking in bed or in an armchair. Those who combine smoking with alcohol or drug consumption are even more at risk as are those with mobility issues. Clutter may also prevent an escape from the property in the event of fire.

The type of materials being hoarded, for example gas cylinders, may pose a risk to neighbours and firefighters who attend an incident for a fire call.

Escape routes being compromised will enhance the risk of serious injury or death. A referral must be made to Mid and West Wales Fire and Rescue Service for a Safe and Well Check. If the occupier does not consent to this, information should still be shared so that Mid and West Wales Fire and Rescue Service can flag it up with their Control Staff as a high-risk property.

3 Guidance for professionals

3.1 Working with people who self-neglect

It has become increasingly evident that a short-term case management approach to people who self-neglect is unlikely to be successful.

Case examples of successful work with people who self-neglect demonstrate the need for professional values of relationship building, gaining trust, listening to people, assessing capacity at both a decision making and executive functioning level, taking account of the person's history and why they may have begun to self-neglect. The concept of throughput of cases and early closure must be varied when working with adults who self-neglect; managers and supervisors need to take this into account in terms of caseload allocation.

It is also clear from research into adults who self-neglect that intervening at an early stage is more effective than waiting until the concerns have become more severe and entrenched. Therefore, too rigid an adherence to eligibility criteria in these cases may be counterproductive and lead to more intensive, intrusive and costly support being required later on.

Research evidences the importance of:

- A person-centred focus which attempts to establish a relationship of trust and cooperation that can facilitate greater acceptance of support.
- Gaining insight into family background and work by professionals to explore the motivation and understanding behind decisions to decline services.
- Not accepting superficial refusals of service, which leave professionals working reactively to each crisis rather than proactively engaging with repeated refusals of support. This includes maintaining contact and offering opportunities for the person to contact services when they feel ready to do so.
- Monitoring changing needs in order to be ready to respond when the individual did recognise the need for help and may be prepared to engage.
- Ensuring that capacity is assessed and recorded thoroughly on a decision specific basis and reassessing capacity over time.

- Understanding the law and recording the legal basis for decisions.

An analysis of previous Serious Case Reviews/Adult Practice Reviews in which self-neglect featured made recommendations for:

'a person-centred approach, which comprises proactive rather than reactive engagement; attention to cultural, language and communication needs; and foregrounding service users' wishes, views, experiences and needs. When faced with service refusal, there should be fuller exploration of what may appear a lifestyle choice and of the outcomes the person wishes to achieve. Contact should also be maintained, rather than the case closed, so that trust can be built and changes in motivation and in recognition of the need for help can be followed up…also consider the individual's household, family and carers, with recommendations that carers must not be neglected in assessments and care planning, and that the dynamics between family members should be explored because they may underpin the self-neglect and profoundly influence a person's decision-making.'

Professor Michael Preston–Shoot speaks of the 'Care Frontational' approach to people who self-neglect – challenging them sensitively to consider the implications of self-neglecting behaviour and what the results may be. It is also important to move from a position of 'tell me' to 'show me'. This is because many people who self-neglect will say the right thing but may be unable to put this into practice. This moves the interaction from 'tell me what you are going to eat today?' to 'show me how you will buy the food and cook it.'

In making referrals or following up on concerns, the aim is to gather information to inform an assessment of need which should include:

- Name, address and date of birth
- Details of GP, District Nurse/Health Visitor
- Whether there is outside agency involvement
- Details of family involvement/contacts
- Information about any social or family contacts
- Whether the adult lives alone
- Whether the individual knows a referral is being made and whether they have given consent
- The nature of the concern and person's views about this as far as this can be ascertained
- Whether there has been an on-going issue or sudden deterioration in the individual's wellbeing

- Whether there any children at risk of harm because of the adult's behaviour

Research in Practice for Adults (RiPFA) published 'How can we support people who self-neglect' guidance in 2015, which identifies 3 key stages:

1. 'Knowing' the individual, their unique history and the significance of their self-neglect complements the professional knowledge resources that practitioners bring to their work.
2. Such understanding is achieved through ways of 'being': personal and professional qualities of respect, empathy, honesty, patience, reliability and care – the ability to 'be present' alongside the person while trust is built.
3. Finally, 'doing' professional practice in a way that combines hands-on and hands-off approaches is important: seeking the tiny element of latitude for agreement, doing things - often practical things - that will make a small difference while negotiating for the bigger changes, and being clear about when enforced intervention becomes necessary.

3.2 Assessment of risk

It is the responsibility of all staff involved, as appropriate to their profession and organisation, to conduct and record a risk assessment and to review and share this when appropriate.

This should include information gathering:

- Whether the person is refusing medical treatment/medication; is this life threatening?
- Whether there is adequate heating, sanitation, water in the home.
- Whether there are signs of the person being malnourished e.g., may be signs of begging for food or scavenging in bins or visibly thin.
- The condition of the environment – poor state of repair, vermin such as rats or flies or hoarding of pets.
- Whether there is evidence of hoarding / obsessive compulsive disorder
- Whether there is the smell of gas
- Whether there are serious concerns over level of personal or environment hygiene
- Whether the person may be suffering from untreated illness, injury or disease, may be physically unable to care for themselves or may be depressed.
- Whether the adult has serious problems with memory or decision making, signs of confusion or dementia rendering them unable to care for themselves

- Whether there are associated risks to children
- Seek to establish with the adult a history of their life to help understand their current situation including any major losses or traumas.

Please refer to the risk matrix below to help gauge the level of risk.

In all instances consider:
Does the person have capacity to make decisions with regard to issues such as care provision/housing?
Does the person have a diagnosed mental illness?
Does the person have support from family or friends?
Does the person accept care and treatment?
Does the person have insight into the problems they face?

In all instances all workers should have attempted to engage with the person, develop a rapport, supporting the person to address concerns and engage with support.

Low risk	Moderate risk	High-Risk
Person is accepting support and services Health care is being addressed Person is not losing weight Person accessing services to improve wellbeing There are no carer issues Person has access to social and community activities Person is able to contribute to daily living activities Personal hygiene is good The indicators below may also imply low risk. Each is contextual, dependent upon individual circumstances they may trigger concern in the moderate risk category Access to support services is limited but there are no other factors of concern Health care and attendance at appointments is sporadic but there is evidence of limited or no impact on health/wellbeing and the person has capacity to make the decision Person is of low weight Person's wellbeing is partially affected	The indicators below may also imply low risk. Each is contextual, dependent upon individual circumstances they may trigger concern in the High-Risk category. Consideration given to the context, if information is known about, for example, cause of weight loss and whether other professionals are involved. The person refuses to engage with necessary services, they have capacity and there is limited or no evidence of their health/wellbeing being adversely affected Health care is poor and there is deterioration in health Weight is reducing Wellbeing is affected on a daily basis Person is isolated from family and friends Care is prevented or refused The person does not engage with social or community activities and this is having an impact on the health and wellbeing of the individual The person does not manage daily living activities	Where moderate concerns have been raised and despite all efforts they continue and/or increase. The person refuses to engage with necessary services and where their health and wellbeing is being adversely affected and where there is evidence of trying to engage and work with the person Health care is poor and there is deterioration in health and there is no overt cause and/or professionals involved Weight is reducing Wellbeing is affected on a daily basis and there is no overt cause and/or professionals involved. Person is isolated from family and friends, this may not be a lifestyle choice Care is prevented or refused despite efforts to engage the person The person does not engage with social or community activities and this is having a significant impact on health and wellbeing of the individual The person does not manage daily living activities despite a plan being in place to support the person with these Hygiene is poor and causing skin problems despite efforts to

Person has limited social interaction Carers are not present Person has limited access to social or community activities Person's ability to contribute toward daily living activities is affected Personal hygiene is becoming an issue	Hygiene is poor and causing skin problems Aids and adaptations refused or not accessed Issues raised by carers Possible coercion by informal carers	work with the person to improve this Aids and adaptations refused or not accessed despite efforts being made to engage the person Issues raised by carers Possible coercion by informal carers
Response and responsibilities		
Single agency response	Minimal risk is often managed via single-agency response. If in doubt consultation from other agencies should be sought and documented. Clear documentation of plans and decisions made should be kept. Chronologies evidencing improvement and/or deterioration should be maintained. In some instances, professional judgement may result in a multi-agency response, i.e. MDT (with the consent of the person) in order to minimise and reduce risk.	High-Risk should involve a multiagency response. Clear documentation of plans and decisions made should be kept. Chronologies evidencing improvement and/or deterioration should be maintained. Consideration should be given as to whether the safeguarding threshold has been met. Professional judgement may result in a referral to safeguarding for a MAHRBP meeting.
High-Risk instances should proceed to a Multi-Agency High-Risk Behaviour Panel Meeting referral being made. Instances of concerns that do not require a referral to a Multi-Agency High-Risk Behaviour Panel meeting or Adult Safeguarding can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the High-Risk need to be reported – Use professional judgement.		

3.3 Legal interventions

In all circumstances, working with people with care and support needs should be carried out in a way that is least intrusive and restrictive and which maintains choice, control and dignity.

However, failing to take action to support or protect people at risk of harm can also be negligent and a failure to preserve their dignity and wellbeing. It is always preferable to gain a person's agreement and only to consider more restrictive measures through legal remedies when this has failed or if the situation is an emergency.

All professionals should have a good understanding of the relevant legislation and should first and foremost work with the Social Services and Well-Being (Wales) Act 2014, the Mental Capacity Act 2005 and Mental Health Act 1983 and 2007.

Practitioners may need to give consideration to, and where appropriate seek advice in relation to, the powers of the Court of Protection, the Office of the Public Guardian and the Inherent Jurisdiction of the High Court.

3.4 Housing support

Landlord Services and Housing Associations/Registered Social Landlords can and do play an important role in supporting people who self-neglect and/or hoard.

Tenancy support officers can build relationships with their tenants aimed at supporting them to avoid a situation escalating. Sometimes a combination of offering support alongside clear messages about what can potentially occur such as a loss of tenancy/home losing their home and becoming homeless is an example of this. The reality of such situations may be effective in prompting the person to engage with support.

4 Mental Capacity, Self-Neglect and Hoarding

When an adult refuses to engage and appears to be at serious risk of harm, a detailed and specific capacity assessment of both decision making and executive functioning skills is critical in helping to determine how best to intervene. Consideration should also be given as to whether the individual is potentially being subjected to coercion and control and, whether other safeguarding or domestic abuse pathways should be followed (see regional VAWDASV pathway).

Capacity assessment in these circumstances is not a one-off event but a series of repeated assessments to build an understanding of a person's ability to make informed decisions and to carry out these decisions. If the person refuses initial contact, it is important not to close the case whilst uncertainly remains about the level of risk and the person's capacity to make informed decisions about their circumstances and need for support. (see section 4- Mental Capacity).

4.1 Assessing capacity

The Mental Capacity Act 2005 states that a person is unable to make a decision for themselves if they are unable to:

a) understand the information relevant to the decision,

b) retain that information.

c) use or weigh that information as part of the process of making the decision, or

d) communicate his decision (whether by talking, using sign language or any other means).

e) A person is not to be regarded as unable to understand the information relevant to a decision if he is able to understand an explanation of it given to him in a way that is appropriate to his circumstances (using simple language, visual aids or any other means).

Establishing a person's capacity to make decision with regard to their self-neglect and hoarding is often a challenging exercise for many professionals. The Mental Capacity Act (MCA) requirement to assume capacity is sometimes used by a practitioner faced with a person who is self-neglecting and refusing to engage, to reach a superficial conclusion that the person has capacity; meanwhile the supporting evidence of degree of harm that is occurring, may indicate a need for a closer look.

The Mental Capacity Act is clear on the presumption of capacity and the rights of individuals to make unwise or eccentric choices; however, assessing the capacity of someone who is both seriously neglecting themselves to the extent of threat to life and well-being and who refuses to engage is not easy. All reasonable steps must be taken to ensure the person is able to fully participate in any assessment of capacity including use of interpreters and or other communication aids, adhering to relevant legislation and guidance.

The MCA Code of Practice says that, if a person repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or makes a particular unwise decision that is obviously irrational or out of character, although this may not necessarily mean that the person lacks capacity, there might be need for further investigation, taking into account the person's past decisions and choices. For example, have they developed a medical condition or disorder that is affecting their capacity to make particular decisions? Are they easily influenced by undue pressure? Or do they need more information to help them understand the consequences of the decision they are making?

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

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

Regarding people who hoard, there may be underlying mental health disorders such as obsessive-compulsive disorders which impact on their decision-making ability with regard to their hoarding. If not carried out appropriately, capacity assessments may overlook the decision specific nature of capacity, with the result that apparent capacity to make simple decisions is assumed in relation to more complex ones.

Capacity assessments are time and issue specific. This means that assessing a person's capacity to decide for example, whether or not to allow a social worker or other professional to enter their home in order to carry out an assessment should not be used to also conclude about the person's capacity to cook a meal, go shopping, plan ahead for health appointments, to manage financial arrangements. These are all separate considerations; therefore, a person may have decision-making capacity in relation to one issue but not the other. In some cases, a person's capacity to know what they need to do may be hampered by the pain and exertion required to do so, or due to severe depression or by pride that prevents then acknowledging a need for help. A person may lack decision making capacity in the morning but not in the afternoon when they are at their best.

Undertaking a capacity assessment

If the practitioner with concerns has reasonable cause to believe that the person's decision making ability is impaired and the practitioner is not trained to undertake a capacity assessment, they should seek ways to request a capacity assessment as soon as possible. This can be done by identifying any professionals already involved with the person who may be able to undertake a capacity assessment based on the concerns raised.

If, after a capacity assessment, it has been concluded that the adult is making a capacitated decision to refuse support and can explain the reasons why, the risk of this decision must be discussed with the individual to ensure that they are fully aware of the consequences of their decision. This should be recorded if the risks remain high a referral for a Multi-Agency High-Risk Behaviour Panel meeting should be considered.

Hoarding

Someone who hoards may exhibit the following:

- severe anxiety when attempting to discard items
- obsessive thoughts and actions: fear of running out of an item or of needing it in the future; checking the trash for accidentally discarded objects
- finding it hard to throw anything away and just move items from one pile to another
- finding it hard to categorise or organise items
- having difficulties making decisions
- keeping or collecting items that are of no monetary value, such as junk mail and carrier bags, or items they intend to reuse or repair
- distress, such as feeling overwhelmed or embarrassed by possessions

- struggling to manage everyday tasks such as cooking, cleaning and paying bills
- becoming extremely attached to items, refusing to let anyone touch or borrow them
- functional impairments, including loss of living space, social isolation, family or marital discord, financial difficulties, health hazards.

Some studies suggest that hoarding often starts in the teenage years (as early as 13 or 14), where broken toys or school papers may be collected. The hoarding then becomes worse with age. It is estimated that around 2-5% of the UK adult population experiences symptoms of compulsive hoarding.

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 back to the house and by fears of shame at the hoard.

Extreme hoarding can lead to serious risks to life through the possibility of the hoard collapsing on the person and fire risk with lack of means of escape. The hoard may also prevent routine cleaning, leading to infestations by insect or animal life. Sometimes the hoard is so serious that rooms become unusable and this can include bathroom and kitchen. Fire risks increase when the person tries to cook surrounded by flammable materials. As well as posing a risk to the person who hoards, neighbours can also be placed at risk from fire and infestations. When the person with a hoarding disorder is part of a family, normal family life is often disrupted, and children can suffer harm from becoming socially isolated or having nowhere to store their own possessions or to do homework.

Sometimes hoarding can be an illness known as ‘hoarding disorder’ as described by the Royal College of Psychiatrists. People who hoard have often suffered traumas or losses in their life which lead to anxiety, depression and obsessive/compulsive behaviours. The person develops and extreme emotional attachment to the hoard and they may need input from mental health services to address this.

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

Many people who hoard will have capacity in terms of decision making about the hoarding and will often be torn between wanting to have a better quality of life and inability psychologically and emotionally to let go of the possessions. In order to support a person with a hoarding disorder, patient encouragement may be needed combined with possible therapeutic interventions such as counselling.

In some cases, support from decluttering and clearance services can help but this is rarely successful in the long term unless it is carried out sensitively with the cooperation and agreement of the person who hoards. If not, it can simply add to the trauma and intensify the need to start collecting again.

4.2 Initial contact

Concerns regarding people who self-neglect may be raised by any number of different sources, including concerned family members or neighbours who may raise an alert via the council. Voluntary organisations or churches and faith groups, who are already supporting a person may also become aware of self-neglect concerns. Other statutory agencies may also raise alerts, such as the Ambulance, Fire Service or health providers including GPs, mental health services, addiction services and hospital staff. Housing providers are also often key holders of important information about people who self-neglect and may be the first to pick up on serious concerns about a tenant.

4.3 Advocacy and support

The Social Services and Well-Being (Wales)Act 2014 requires that Local Authorities must arrange for the provision of an independent professional advocate when a person can only overcome the barrier(s) to participate fully in the assessment, care and support planning, review and safeguarding processes with assistance from an appropriate individual, but there is no appropriate individual available.

Participating fully enables the individual to express or have represented and taken into account their views, wishes and feelings; that they understand their rights and entitlements; the decision making process; what matters to them; the personal well-being outcomes that they wish to achieve; the barriers to achieving those outcomes, and the options and choices available to them.

Whilst the SSWBA is not explicit in terms of advocacy for those who display High-Risk behaviours such as self-neglect or hoarding, this should be considered and offered where appropriate.

People who self-neglect or hoard may not agree to engage with an advocate any more than they may agree to engage with any other professional. However, the need for advocacy should be considered and kept in mind. This is especially true if the person's situation may lead to sanctions, for example if the landlord is seeking a possession order due to the unsafe state of the property.

4.4 How can I intervene in cases of high-risk behaviour/self-neglect/hoarding?

In cases of high-risk behaviours such as self-neglect, the first course of action should be to work alongside a person to empower them to change their situation. However,

people who in such situations are often suspicious of authority and gaining trust and consent to support can take time.

- Efforts should be made to build and maintain supportive relationships through which services can in time be negotiated. This involves a person-centred approach that listens to a person's views of their circumstances and seeks informed consent where possible before any intervention.
- Building good relationships is key to maintaining the kind of contact that can enable interventions to be accepted with time, and decision-making capacity to be monitored. It is important to note that a gradual approach to gaining improvements in a person's health, wellbeing and home conditions is more likely to be successful than an attempt to achieve considerable change suddenly, which is how the adult may perceive it.
- Often concerns around self-neglect are best approached by different services pulling together to find solutions. Co-ordinated actions by housing officers, mental health services, GPs and DNs, social work teams, the police and other public services and family members have led to improved outcomes for individuals.
- Research supports the value of interventions to support routine daily living tasks. However, cleaning interventions alone, where home conditions are of concern, do not emerge as effective in the longer term. They should therefore take place as part of an integrated, multi-agency plan.
- As self-neglect is often linked to disability and poor physical functioning, often a key area for intervention is assistance with activities of daily living, from preparing and eating food to using toilet facilities.
- The range of interventions can include either Health or Local Authority adult occupational therapy, domiciliary care, housing and environmental health services and welfare benefit advice.
- 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 person.
- The person, 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 services at any time in the future for support.

- However, where the risks are high, arrangements should also be made for ongoing monitoring and, where appropriate, making proactive contact to ensure that the person's needs, risks and rights are fully considered and to monitor any changes in circumstances.
- In cases of animal collecting, the practitioner will need to consider the impact of this behaviour carefully. Where there is a serious impact on either 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.
- 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.
- If as a result of hoarding the practitioner thinks there may be a risk of fire they should seek advice from the local fire service. Mid and West Wales Fire and Rescue Service can provide a free Safe and Well Visit and give advice on keeping exit routes clear. They will provide a variety of safety equipment including smoke and heat alarms.

4.5 Multi-Agency High-Risk Behaviour Panel

The Mid and West Wales Multi Agency High-Risk Behaviour Procedure provides a route for practitioners to escalate cases of significant concern to the Multi-Agency High-Risk Behaviour Panel (MAHRBP). Please refer to the Mid and West Wales High-Risk Behaviour Procedures and the flowchart in Appendix 3.

5 Contact

All general enquiries regarding this guidance should be passed to the Mid and West Wales Safeguarding Board Manager via CWMPAS@pembrokeshire.gov.uk.

Acknowledgements and thanks are extended to the numerous Safeguarding Adults Boards on which this practice guidance is based.

Appendix 1 - Legal frameworks

Agency	Legal Power And Action	Circumstances Requiring Intervention
Environment		
Environmental Health	**Enforcement Notice (s.83-85 PHA 1936)** Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred	Filthy or unwholesome condition of premises (articles requiring cleansing or destruction) Prevention of injury or danger to person served. (All tenure including Leaseholders/ Freeholders/Empty properties)
Environmental Health	**Litter Clearing Notice (Section 92a Environmental Protection Act 1990)** Environmental Health to make an assessment to see if this option is the most suitable.	Where land open to air is defaced by refuse, which is detrimental to the amenity of the locality. An example would be where hoarding has spilled over into a garden area.
Housing	**Housing Act 2004** and associated regulations establish the Housing Health and Safety Rating System (HHSRS) as the prescribed means whereby local authorities in England and Wales assess the seriousness of hazards to health and safety arising from deficiencies in the dwelling.	The operating guidance lists 29 potential hazards under four hazard profiles, including hazards which may be classified as either Category 1 or Category 2 Hazards. Action can take the form of an Improvement Notice, Prohibition Notice or Hazard Awareness Notice.
Environmental Health	**Prevention of Damage by Pests Act 1949 Section 4** If an owner or occupier fails to take steps to get rid of an infestation within the time specified by the local authority, the authority may itself undertake the work and recover the expense incurred.	The local authority has a duty to ensure that all land within its area is free from rats and mice. This is used where land is open to air, for example large amounts of rubbish in a garden which may attract pests.
Safety of Property		
Fire And Rescue Service	**Powers of Entry Article 27.(1) of the Regulatory Reform (Fire Safety) Order 2005** Concerns over safety of the property.	If any issues encroach on common areas of a premises believed to come under the Fire Safety Order, by virtue of the Order FRS can act by inspecting the premises
Housing	Building Act 1984, s76, provides the power to deal with defective premises with ruinous and dilapidated buildings.	Provides the power to deal with defective, ruinous and dilapidated building, premises where speed is important.
Access to Property		
Environmental Health	**Power of entry/ Warrant (s.287 Public Health Act 1936)** Gain entry for examination/	Non engagement of person. To gain entry for examination/execution of necessary

	execution of necessary work required under Public Health Act Police attendance required for forced entry	work (All tenure including Leaseholders/ Freeholders)
Environmental Health	**Power of entry/ Warrant (s.239/240 Public Health Act 1936)** Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathering) Police attendance required	Non-engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)
Mental Health Service	**Mental Health Act 1983 Section 13 (duty to arrange assessment) Mental Health Act 1983 Section 135(1) (removing individual)** Provides for a police officer to enter a private premises, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. NB. Place of Safety is usually the mental health unit, but can be the Emergency Department of a general hospital, or anywhere willing to act as such.	Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being • Ill-treated, or • Neglected, or • Being kept other than under proper control, or • If living alone is unable to care for self, and that the action is a proportionate response to the risks involved.
Police	**Power of Entry (s17(1)(e) of Police and Criminal Evidence Act 1984)** Person inside the property is not responding to outside contact and there is evidence of danger. Power to enter premises without a warrant	Gives power to enter premises without a warrant in order to save life and limb or prevent serious damage to property.
Nuisance to others		
Housing	**Anti-social Behaviour Act 2003** (orders/injunctions) **Clean Neighbourhoods and Environmental Act 2005** (prosecution)	Powers exist to address self-neglectful behaviour that constitutes severe nuisance and annoyance to others.
Housing	**Anti-Social Behaviour, Crime and Policing Act 2014** A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens	Conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. “Housing-related” means directly or indirectly relating to the housing management

	to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in antisocial behaviour.	functions of a housing provider or a local authority
Animal Welfare		
Animal Welfare Agencies Such As RSPCA/Local Authority e.g. Environmental Health/DEFRA	**Animal Welfare Act 2006 Offences (Improvement notice)** Education for owner a preferred initial step, Improvement notice issued and monitored. If not complied can lead to a fine or imprisonment	Cases of Animal mistreatment/neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met. See also: http://www.defra.gov.uk/wildlife pets/.
Other		
All agencies	**Welsh Language Standards (No. 7) Regulations 2018** place a duty on public authorities to provide services and communications in Welsh if this is the individual's choice. The Welsh language is not to be treated any less favourably than English.	Failure to accommodate an individual's wishes to communicate and receive services in Welsh.

Appendix 2 – Key Legislation (Wales)

- **The Social Services and Wellbeing (Wales) Act 2014** which came into effect from 1st April 2016 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support.
- **The Children Act 1989** allocates duties to local authorities, courts, parents, and other agencies in the United Kingdom, to ensure children are safeguarded and their welfare is promoted. It centres on the idea that children are best cared for within their own families; however, it also makes provisions for instances when parents and families do not co-operate with statutory bodies.
- **Working Together to Safeguard People: Volume 5 – Handling Individual Cases to Protect Children at Risk**
- **Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at Risk**
- **Wales Safeguarding Procedures 2019**
- **The Human Rights Act 1998** sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law.
- **Public Health Act 1936 and 1961** contains provisions to deal with verminous premises.
- **Housing Act 2004** gives the power to the Local Authority to inspect a property to identify any hazards (including structural hazards) that would be likely to cause harm and to take enforcement action where necessary to reduce the risk to harm.
- **Housing (Wales) Act 2014.** The Act is wide ranging and covers private and rented housing including standards local authority tenants
- **Regulatory Reform (Housing Assistance) (England & Wales) Order 2002 (RRO)** introduced a new general power enabling local housing authorities to provide assistance for housing renewal with a much greater degree of flexibility for LAs in devising a policy to deal with poor condition housing, both in terms of the policy tools available and their ability to work in partnership with others.
- **Mental Health Act 1983** is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.

- **Mental Capacity Act 2005** The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:
    - by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process; and
    - by allowing people to plan ahead for a time in the future when they might lack the capacity, for any number of reasons.
- **Environment Protection Act 1990** allows a local authority to serve an abatement notice in relation to any premises in such a state as to be prejudicial to health or a nuisance.
- **Building Act 1984** enables urgent action to be taken to remedy defects to premises which are in such a state as to be prejudicial to health or a nuisance.
- **Prevention of Damage by Pests Act 1949** places a duty on the council to take action against the owners/occupiers of land where there is evidence of pests.
- **Public Health (Control of Disease) Act 1984 Section 46** imposes a duty on Local Authority to bury or cremate the body of any person found dead in their area in any case where it appears that no suitable arrangements for the disposal of the body have been made. Costs may be reclaimed from the estate or any person liable to maintain the deceased.
- **Anti-Social Behaviour, Crime and Policing Act 2014** includes the steps relevant authorities can take to apply for orders relating to anti-social behaviour.
- **Data Protection Act 2018**, governs how personal information is used and shared by organisations. Organisations must demonstrate that they are using, sharing and storing information lawfully. In addition, information should not be stored for longer than is necessary.

Appendix 3 – High-Risk Behaviour Flowchart