

Falkirk Self-Neglect and Hoarding Policy and Guidance

**Management Information**

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**Introduction**

This policy and guidance have been developed for multi-agency partners to assist with the execution of supportive and effective interventions with adult who experience self-neglect. It is important that our practice is collaborative, proactive, and informed by evidenced based practice. Where it is, the adult and their families receiving our interventions will have a better experience and feel empowered to make the changes they want to live the life that they want, feel safe and realise their potential. Depending on the extent of the self-neglect the adult is experiencing there will be different levels of interventions indicated and in some incidences application of legislation will be indicated. Its is important that all partner agencies spot the signs of self-neglect and offer supportive early and effective interventions. It is important that we develop a multi-agency approach from strategic level to work on the ground, including shared ownership, risk assessment and management.

**Procedures for ‘Adults at Risk of Harm’**

The Adult Support and Protection (Scotland) Act 2007 section 3(1) considers an “Adult at Risk” to be persons over the age of 16 who:

• Are unable to safeguard their own well-being, property, rights or other interests.

• Are at risk of harm

 and

• Because they are 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 an AARH under the Act 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.

**What is self-neglect?**

Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. Practitioners in the community, from housing officers to social workers, police and health professionals can find working with people who self-neglect extremely challenging. The important thing is to try to engage with people, to offer all the support we are able to without causing distress, and to understand the limitations to our interventions if the person does not wish to engage first time round. We have review standards woven into the services we provide to adults which will allow assessment of the severity of self-neglect at different points. In addition, the sharing of information between partners where they have observed self-neglect during unplanned contacts with an adult can also assist assessment and risk assessment. The most important thing is that we find ways to work together and alongside adults who self-neglect to support better outcomes. Below are some examples of self-neglect:

* Lack of self-care to an extent that it threatens personal health and safety
* Neglecting to care for one’s personal hygiene, health, or surroundings
* Inability to avoid harm because of self-neglect
* Failure to seek help or access services to meet health and social care needs
* Inability or unwillingness to manage one’s personal affairs

**What causes self-neglect?**

It is not always possible to initially establish a root cause for self-neglecting behaviours. Self-neglect can be a result of:

* a person’s brain injury, dementia, or other mental disorder
* obsessive compulsive disorder or hoarding disorder
* physical illness which influences abilities, energy levels, attention span, organisational skills or motivation
* reduced motivation as a side effect of medication
* addictions
* traumatic life change or events
* Lack of skills development in childhood or early adulthood

It is vitally important as professionals that we are curious about the cause for the individual. Often where the root cause is not explored or given thought self-neglect can be thought of as a ‘lifestyle choice’. This can be stigmatising for the individual. Academics in social care have commented that “Respecting lifestyle choice isn’t the problem; it's where people don't think they’re worth anything different, or they don’t know what the options are.” Preston Shoot (2017) It is our responsibility and role to make sure that adults are informed and know what their local supports are and are encouraged to access these to reduce social and health inequalities.

**Self-neglect across the life course**

Self-neglect can affect adults of all ages across the life course and family members including children and adults with care needs can be affected where their primary care giver experiences self-neglect. Looking back with the adult and where applicable their family can often help us to understand or establish the root cause of the self-neglecting behaviours and thereafter assist us with assessment and interventions. This is a really important step so that the correct mitigating support can be provisioned to avoid repeat or ineffective interventions which are not experienced well by the adults involved.

**Self-neglect: what are the issues?**

People who experience self-neglect often decline help from others; in many cases they do not feel that they need it or can be overwhelmed by their circumstances. Family or neighbours can sometimes be critical of professionals because they don’t do anything to improve the situation of the adult. But there are limitations to what others can do if the adult has capacity to make their own decisions about how they live. Sometimes, even when all agencies have done everything in their power to support an individual, they may die or suffer significant harm because of their own action or inaction. It is therefore vital that all efforts to engage with and support an adult are clearly recorded. This recording should not be carried out in a self-protecting way. Our recording is important as it assists with building up chronological information and themes which may assist in achieving a successful supportive intervention later. We must also be aware of and apply our escalation thresholds so that multiagency risk management meetings can be held where necessary, with or without the adults participation to ensure that we have tried everything possible - partnership problem solving approach.

**Positive engagement and best practice**

The research on self-neglect suggests beneficial approaches and a range of options, levers and practical measures that could help engagement with adults. Approaches in the past, and still present while we develop our practice may have intervened in ways that prioritised the views of others rather than trying to work from the perspective of the adult experiencing self-neglect. Research has shown that those who self-neglect may be deeply upset and even traumatised by interventions such as ‘blitz’ or ‘deep cleaning’. When developing an approach it is important to try to understand the individual and what may be driving their behaviour. We need to be move towards relationship-based working and supporting time for long-term work. There are some general pointers for such an effective approach:

**Practical tasks**

**Enforcement Action**

Levers Resorting to enforcement action should be a very last resort with people who self-neglect. There are some options that can be used in extreme circumstances but often the threat of enforcement can encourage and individual to accept help and support. Levers may include housing enforcement options based on tenancy or leasehold breaches and environmental health enforcement based on a public health risk. Local authorities also have powers relating to anti-social behaviour that may be relevant in a minority of cases

**Intervention Levels and Referral Pathways**

Mental Health Services

Fire and Rescue

Independent Sector

Voluntary Sector

Housing

Adult Social care

Primary Care

Police Scotland

Single Agency Assessment

Case identified

Joint Assessment if unknown/unclear check it out

Assess Capacity using the Decision specific screening tool if necessary consider provisions of the Adults with Incapacity (Scotland) Act 2000

Level 2 – Escalate Concerns

Level 1 – Signposting & ongoing monitoring

Monitor and Review

Follow up and aftercare

Level 3 – Adult Protection Concern

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| **Level 1** | **Case identified- Assessment- Signposting and Ongoing Monitoring**  |
|  | **Living Well Falkirk Advice Hub -** [**https://falkirkhscp.org/services/livingwelladvicehub/**](https://falkirkhscp.org/services/livingwelladvicehub/) **Booklet** [**here**](https://falkirkhscp.org/wp-content/uploads/sites/9/2021/07/LivingWellFalkirk-Advice-Hub-Services-Booklet.pdf) **NHS Inform -** [**http://www.nhsinform.scot/**](http://www.nhsinform.scot/)**Home Fire Safety Visit** [**here**](https://firescotland.gov.uk/your-safety/for-householders/home-fire-safety-visit.aspx) **Falkirk Council Housing - Phone – 01324 506070 (option2, then option 3). For the ICR (Income & Customer Relations) Team if they can’t help they will field the call to appropriate person / department. Email –** **housingservices@falkirk.gov.uk** **Again this goes straight to the ICR team and if they can’t help they will forward to appropriate person / department.** |
| **Level 2**  | **Case Identified – Assessment – Escalation of Concerns**  |
|  | **When faced with evidence that the adult is not able or struggling to access services from signposting at level 1 and there is risk of harm from continued self-neglect all partners should be considering the need for a supportive intervention.** **Please see the positive engagement and best practice section of this guidance**  |
| **Level 3**  | **Case Identified – Assessment – Adult Support and Protection Referral**  |
|  | **Where a partner assesses that the adult experiencing self-neglect is an ‘adult at risk of harm’ they should complete an Adult Support and Protection Referral. Remember the ‘3 point test’ below:****• Are unable to safeguard their own well-being, property, rights or other interests.****• Are at risk of harm and****• Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.** |

**Follow up and Aftercare**

Supporting adults who experience self-neglect should be provided with proportionate follow up and aftercare in their local communities.

**Hoarding Toolkit**

Often, but not always where there is self-neglect there can be hoarding associated with this. The Scottish Fire and Rescue Service apply the Clutter Image Rating Tool (CIRT) in their assessment of risk to the adult and others where hoarding is identified. We have adopted the same tool in Falkirk and developed a Hoarding Toolkit for multiagency partners. This involves helpful images for the three assessment and intervention levels (green, amber, red) and detailed guidance about actions that can be taken at each level. The toolkit also includes a multiagency practitioner hoarding assessment. This toolkit should be applied where neglect to surroundings or hoarding disorder is identified. You will find a copy of the Hoarding Toolkit [here](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/adult-support-and-protection/asp-procedures/)

**Multiagency Self-neglect and Hoarding Training**

The Learning and Development Subgroup of Adult Protection Committee is responsible for ensuring that all levels of the workforce have access to the appropriate level of self-neglect and hoarding training proportionate to their job role and responsibilities. You will find these opportunities on the ASP training calendar [here](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/adult-support-and-protection/asp-training/) The table below provides guidance on what training is relevant dependant on your role. It is important that each agency sets their own refresh standards for training to ensure practitioners are kept up to date on training and good practice.

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| **The General Contact Workforce** | **The Specific Contact Workforce** | **The Intensive Contact Workforce** |
| The general contact workforce is defined as those who, as part of their job are likely to meet adults including adults at risk and other family members and carers. | The specific contact workforce is defined as those who: carry out direct work with adults, and specifically adults at risk and their families and carers; and / or form more in-depth relationships with them; and / or provide specific services to them. | The intensive contact workforce is defined is as those who have specific designated responsibility for adult protection issues as part of their role (e.g. where this is linked to their post, or where they are a Council Officer or Lead Professional); and / or those who will be involved in undertaking adult protection investigations or working with complex cases (e.g. providing particular forms of support relating directly to adult protection). |
| **Training Guidance**  | **Training Guidance** | **Training Guidance** |
| Self-neglect 7-minute briefing, e-learning module and ‘toolbox’ talks  | Self-neglect 7-minute briefing, e-learning module, Level 2 ASP multiagency Training | Self-neglect 7-minute briefing, e-learning module, CPD accredited course  |

National Hoarding Week takes place annually in May each year and there are always additional learning and development opportunities available during this time. Each agency should promote these within their service and support practitioners to engage in events.