

Falkirk Self-Neglect and Hoarding Guidance

**Management Information**

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**Contents**

|  |  |  |
| --- | --- | --- |
| **1** | **Introduction** | **Page 2** |
| **2** | **Procedures for ‘Adults at Risk of Harm’** | **Page 2** |
| **3** | **Definitions – What is Self-Neglect?**  | **Page 2** |
| **4** | **What causes self-neglect?**  | **Page 3** |
| **5** | **Impact of Self-neglect**  |  |
| **6** | **Self-Neglect across the Life course**  | **Page 3** |
| **7** | **Self-neglect: what are the issues?**  | **Page 3** |
| **8** | **Hoarding: impact on children and young people** | **Page 4** |
| **9** | **Spotting harm early**  |  |
| **10** | **Positive engagement and best practice**  | **Page 5** |
| **11** | **Practical tasks**  | **Page 6** |
| **12** | **Enforcement Action** | **Page 6** |
| **13** | **Intervention Levels and Referral Pathways**  | **Page 7** |
| **14** | **Self-neglect and Hoarding Assessment Tools** | **Page 8** |
| **15** | **Multiagency Self-neglect and Hoarding Training**  | **Page 9** |
| **16** | **Annual Awareness Raising and Community Engagement** |  |

1. **Introduction**

This guidance has been developed for multi-agency partners to assist with the execution of supportive and effective interventions with adults who experience self-neglect. It is important that our practice is collaborative, proactive, and informed by evidence-based practice. Where it is, individuals and 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 complexity, persistence and severity of the self-neglect the adult is experiencing there will be different levels of interventions. In some cases, application of legislation will be indicated including The Adult Support and Protection Scotland Act 2007. You can access the AP1 referral form [here.](https://blogs.glowscotland.org.uk/glowblogs/fvpp/adult-support-and-protection/make-a-referral-for-an-adult-at-risk-of-harm/)

It is important that all partner agencies work together to spot the signs of self-neglect and offer supportive early and effective interventions. It is essential that we develop a multi-agency approach at both strategic and operational levels, including shared ownership, risk assessment and management.

1. **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 adult at risk of harm 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.

1. **What is self-neglect?**

Self-neglect is a harmful lack of self-care; it is sometimes associated with hoarding. Practitioners in the community, from housing officers to social workers, police and health professionals can find working with people who self-neglect challenging. The important thing is to try to engage with people, to offer all the support we can without causing distress, and to understand the limitations to our interventions if the person does not wish to engage first time round.

We have important 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 planned and unplanned contacts with an adult can also assist ongoing 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 personal affairs
1. **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
* addiction
* 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 and/or supported to access these to reduce social and health inequalities.

1. **Impact of self-neglect**

Self-neglect is associated with adverse outcomes and multiple comorbidities and can result in deterioration of physical and mental well-being; increased mortality; risk of fire, particularly related to hoarding; falls and trips; poor housing structures, lack of repairs, loss of accommodation, homelessness; infection or vermin; risk to others, including visiting professionals and emergency services; and increased use of health-care services, hospice care, hospitalisation, and emergency department visits.

1. **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 and families involved.

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

Adults 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.

There can be limitations to what others can do if the adult has capacity to make their own decisions about how they live. Where there are concerns about the adults decision-making capacity related to the self-neglect, the [decision specific capacity screening tool](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fblogs.glowscotland.org.uk%2Fglowblogs%2Fpublic%2Ffvpp%2Fuploads%2Fsites%2F9924%2F2025%2F09%2F24095124%2F1.-FHSCP-Decision-Specific-Screening-Tool-Jan-2024-V1.docx&wdOrigin=BROWSELINK) should be completed.

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 adult’s participation to ensure that we have tried everything possible and applied a partnership problem solving approach.

1. **Self-neglect - Impact on children and young people.**

Families of those who self-neglect may experience embarrassment, shame and worry linked to their home environments, and, because there is a tendency for self-neglect to run in families, they may struggle themselves. Relatives can feel a sense of loss because ‘normal’ family life becomes increasingly difficult. Adult children of those who experience self-neglect explain that it feels as if they have lost the safe environment that once was their childhood home. For those who do not share the difficulties, the strong wish for change can lead to feelings of anger and frustration which can result in family conflict and even the complete breakdown of relationships.

Caring for children and young people in the home where self-neglect is present can be a real problem. Their living circumstances may cause them embarrassment, and they may be unwilling to bring friends home or allow professionals access for essential home maintenance. There may be no space to play, do homework or even sleep and eat properly. In the most extreme situations, children may need to be cared for away from their home and parent(s).

**Wellbeing (SHANARRI)**

A useful way to consider the impact upon any children in the household:

* **Safe** - does living in the household pose any risks in terms of the child’s safety?
* **Healthy** – is the environment impacting upon their physical or emotional health?
* **Achieving** – is it preventing their ability to achieve in terms of there not having space to play, study or socialise?
* **Nurtured** – does the environment impact upon their ability to nurture their child(ren)
* **Active** – is it limiting the child’s activities?
* **Respected** – are the child’s rights and needs being respected?
* **Responsible** – is the child feeling responsible for the issue in some way?
* **Included** – is the child socially isolating and withdrawing or being excluded by others because of their home environment?

**Children of those with Hoarding Disorder**

* Children experiencing neglect through their care givers self-neglect often cannot avoid living in the conditions — especially if they are younger — which affects their social lives and development.
* Children may also feel resentful, depressed, or angry about the self-neglect and hoarding.
* Due to the increased family conflict, children might feel torn between the parent experiencing self-neglect and other non-effected caregivers.
* Hoarding may lead to child protection referral and intervention. The **National Guidance for Child Protection in Scotland 2021** states:
* Poor parental health (both mental and physical) can be a contributor to mental health problems in children and young people.
* Child protection assessment should consider the emotional accessibility and reliability of parents and carers.
* Children are affected when a parent is unable to anticipate or prioritise his or her needs, and by a parent’s distress, disturbance, delusions and lack of insight.
* Should the self-neglect and hoarding lead to criminal neglect or endangerment of the child the parent may be charged under Section 12 of the Children and Young Persons (Scotland Act) 1937 and the child may be removed under Police emergency powers if the home is deemed to be too unsafe/unhygienic.

The following video clip also provides a brief overview of some of the impacts on children [Clip](https://hubblecontent.msit.osi.office.net/contentsvc/videohostpage/video?env=msit&lcid=1033&syslcid=2057&uilcid=1033&app=3&ver=16&build=16.0.13127&platform=Win32&streamsso=true&appCorrelation=522DBA0D-55F9-45A3-A77C-9C8A16C964A8&url=https%3A%2F%2Fwww.youtube.com%2Fembed%2FFnMNlUGsIys)

1. **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 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 moving towards relationship-based working and supporting time for long-term work. There are some general pointers for such an effective approach:

1. **Practical tasks**
2. **Enforcement Action**

Enforcement action should be a very last resort with people who experience self-neglect. There are some options that can be used in extreme circumstances, the prospect of enforcement can encourage an individual to accept help and support. This 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 some cases.

1. **Intervention Levels and Referral Pathways**

Single Agency Assessment

Case identified

Housing

Adult Social care

Primary Care

Police Scotland

Mental Health Services

Fire and Rescue

Independent Sector

Voluntary Sector

Joint Assessment in some cases

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 – ASP Concern

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| --- | --- |
| **Level 1** | **Case identified- Assessment- Signposting and Ongoing Monitoring**  |
|  | Living Well Falkirk Advice [Independent living advice](https://falkirkhscp.org/services/livingwell/)NHS Inform - <http://www.nhsinform.scot/> Home Fire Safety Visit [here](https://firescotland.gov.uk/your-safety/for-householders/home-fire-safety-visit.aspx) Community based and voluntary support [here](https://www.cvsfalkirk.org.uk/members-directory/) Keep Safe, Well and Warm [here](https://falkirkhscp.org/stay-safe-well-and-warm-leaflet-2024-25/)  |
| **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 and support 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 & 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.](https://blogs.glowscotland.org.uk/glowblogs/fvpp/adult-support-and-protection/make-a-referral-for-an-adult-at-risk-of-harm/) Remember the ‘3 point criteria’ 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. |

1. **Follow up and Aftercare**

Adults who experience self-neglect should be provided with proportionate follow up and aftercare in their local communities. We know that their difficulties can be persistent therefore agreeing follow up or continued support and aftercare by an appropriate support service is best practice and increases the likelihood of improved outcomes being sustained.

1. **Self-neglect and Hoarding Assessment Tools**

There are several tools which can assist with your assessment. The Home Environment Assessment Tool for Hoarding (HEATH), Clutter Image Rating Tool (CIRT) and Practitioners Hoarding Assessment are used locally. These are set out in our Self-neglect and Hoarding Toolkit. You will find a copy of the toolkit [here](https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/adult-support-and-protection/asp-procedures/)

1. **Multiagency Self-neglect and Hoarding Training**

Our Public Protection Committees are responsible for ensuring that all levels of the workforce have access to the appropriate level of self-neglect and hoarding learning and development opportunities proportionate to their job role and responsibilities. The table below provides guidance on what opportunities are available relevant dependant on your role. It is important that each agency sets their own refresh standards for learning and development to ensure practitioners competencies are refreshed and to promote good practice.

|  |  |  |
| --- | --- | --- |
| **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 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 podcast | Self-neglect 7-minute briefing, e-learning module, podcast, and Level 2 ASP multiagency Training | Self-neglect 7-minute briefing, e-learning module, podcast and CPD accredited course  |

**16. Annual Awareness Raising and Community Engagement**

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.

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