



Bwrdd Diogelu Caerdydd a'r Fro
Cardiff & Vale Safeguarding Board

Multi-Agency Adult Neglect Toolkit

November 2024

CONTENTS

Policy Statement/Key Principles	Page 3
Recognising signs of Self-Neglect	Page 4
Why do people self-neglect/hoard?/Legal Context	Page 5
Mental capacity & consent/mental health/human rights	Page 6
Working with adults who self-neglect	Page 7
Practical steps to engage with a person who self-neglects or hoards.	Page 8
Inter-Agency Self Neglect and Hoarding Panel: Shared assessment and risk management	Page 9
Assessment of risk	Page 10-12
Multi-Agency Regional Protocol	Page 13

Cardiff and Vale Safeguarding Board
Practitioners Briefing Note – Supporting Adults who self-neglect or hoard.
(to be read in conjunction with the C&V/All Wales policy on Supporting Adults who self-neglect)

Policy Statement

Working with people who self-neglect or hoard is always challenging. It raises issues of lifestyle choices and autonomy which may be at odds with duties to promote well-being and the duty of care towards people with care and support needs. Adult Practice Reviews have shown that failure to intervene or the provision of inappropriate intervention can have profound consequences, including death or severe deterioration of the health and well-being of individuals and potentially others.

This guidance aims to support practitioners in self-neglect casework. In doing so, it relies on general principles that should be considered when deciding whether intervention is needed and, if so, what it involves in individual cases.

The aim is to prevent serious injury or death of individuals who appear to be self-neglecting and/or hoarding by providing information, advice, support, and in extreme circumstances, statutory intervention.

Key Principles

Person-Centred – Professionals should prioritize the individual's autonomy, dignity, and right to make choices about their own lives.

Professionals should work collaboratively with the person who self-neglects, considering their preferences and goals while planning for their safety and well-being.

Prevention and Early Intervention – Practitioners should prioritise early interventions when people are identified as self-neglecting or hoarding, to support behaviour change at early opportunity.

Strength-based – Practitioners should focus on supporting the individual to build their capacity and resilience to bring about change. This can be through providing education, skills training, and support to enhance their ability to meet their own needs and make informed choices about their wellbeing.

Think Family/Neighbourhood – Practitioners should consider the impact of the adult's self-neglect and/or hoarding behaviours on the wider family and neighbourhood and explore capacities within the family and neighbourhood to change behaviours.

Trust – Practitioners should take time to establish rapport and co-produce plans based on a comprehensive understanding of the person's long-term history.

Advocacy – Practitioners should ensure people are able to fully participate in decisions and have access to the right information at the right time.

Proportionality and risk – The practitioner's interventions must be proportionate to risk and be non-judgemental.

Education – Practitioners should learn about self-neglect and its underlying causes. This knowledge will help professionals understand the person's situation to provide appropriate support.

Multi-agency – interventions are most effective when agencies work together in a systematic and planned way, this may include health and social care professionals, police, Fire Service, Housing, Landlords and Environmental Health.

The Regional Safeguarding Board accepts self-neglect within the definition of an adult at risk. Clear pathways should be in place to identify situations where immediate intervention is necessary to prevent harm.

Practitioners should remain professionally curious¹ and engaged with the person who is self-neglecting, even in the face of refusal.

Constantly monitor mental capacity being mindful of a person's decisional capacity (ability to make a specific decision) and executive capacity (ability to act on the decision).

Recognising the signs of self-neglect and hoarding²

Self-neglect

- Lack of self-care to the extent that it threatens personal health and safety.
 - Neglecting to care for personal hygiene, increasing the risk of infection and social isolation,
 - Neglecting to care for personal health increasing the risk of unnecessary illness,
 - Neglecting home environment increasing the risk of fall and fire hazards, unsanitary conditions, and disrepair,
 - May be associated with the use of drugs or alcohol.
- Inability to avoid harm because of self-neglect.
 - Limited or no acknowledgement of potential harm to self or others caused by self-neglect.
- Failure to seek help or accept services to meet health and social care needs.
- Inability or unwillingness to manage personal affairs.
- May impact on the care of dependents or animals.

Hoarding³

Hoarding is the persistent difficulty in discarding or parting with possessions, regardless of their value. The behaviour can have harmful effects (emotional, physical, social, financial, and even legal) on a person who hoards, family members, and in some cases, the wider community.

For those who hoard, the quantity of their collected items sets them apart. Commonly hoarded items include newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food and clothing, and the collection of things that have gotten out of hand and taken over living space.

Others may hoard animals within their home or property, often with an inability to provide a minimal standard of care.

Others may compulsively store data either on paper or electronically on computers and electronic storage devices.

¹ [One minute guide: Professional curiosity \(leeds.gov.uk\)](https://www.leeds.gov.uk)

² [Self-neglect: At a glance | SCIE](#)

³ [Hoarding and self-neglect - what social workers need to know - Community Care](#)

The Clutter Image Rating Scale can be used to determine the level of risk and therefore action required⁴.

Why do people self-neglect or hoard?

There is no single reason why a person self-neglects or hoards. Practitioners should consider each person's circumstance as a unique scenario, considering what matters to the person, while assisting them to understand the cause of their behaviours. Some reasons why people self-neglect could include:

- A decline in a person's physical ability to meet their personal needs.
 - A person may simply not be able to care for themselves or their home due to a change in mobility, strength, or dexterity.
- A decline in a person's mental health.
 - Depression, Anxiety, Obsessive Compulsive Disorder, or other mental illness may impact a person's ability to care for themselves.
- A loss of mental capacity
 - An inability to plan and operate self-care routines may lead to self-neglect.
- Poverty/inability to access income/welfare benefits or unwillingness to spend own money.
- A change to a person's home
 - A broken boiler or leaky roof may trigger self-neglect or hoarding behaviours.
- Isolation from family and friends
- Bereavement
- Traumatic events
- Pride getting in the way of accepting help
- Alcohol or drug dependency
- Cuckooing/Modern Slavery
- Adverse Childhood Experiences

This list is not exhaustive.

Legal Context

Care & Support:

The Social Services and Wellbeing (Wales) Act 2014 requires the local authority to promote the well-being of people who need care and support, which although not specifically included, will include people who self-neglect or hoard where such behaviour causes a detriment to the person's wellbeing and/or the person is not able to meet their personal outcomes without the provision of care and support.

Adult at Risk:

The Social Services and Wellbeing (Wales) Act 2014 defines a person as an 'Adult at Risk' if they are experiencing or at risk of abuse or neglect, have needs for care and support and, as a result of those needs are unable to protect themselves from the abuse or neglect. If the local authority has reasonable cause to suspect that a person within its area is an Adult at Risk, it must make enquiries to decide whether any action should be taken to reduce or remove the abuse or neglect or risk of abuse or neglect.

⁴ [Microsoft PowerPoint - cir pictures.ppt \[Compatibility Mode\] \(hoardingdisordersuk.org\)](#)

This policy is clear that self-neglect and hoarding should be considered as neglect for the purposes of determining an Adult at Risk.

Mental Capacity and consent:

The Mental Capacity Act 2005 sets out clear principles to guide all professionals when working with people who may not have the mental capacity to make decisions around their self-neglecting or hoarding behaviours. The Act is clear that the presence of self-neglecting or hoarding behaviour should not in itself be seen as mental incapacity but it may be seen as a reason to question a person's mental capacity, but only after every effort is made to support the person's self-determination and to seek the person's consent for all support.

When a person's self-neglecting or hoarding behaviour poses a serious risk to their health and safety, intervention may be required without the person's consent, but their involvement and that of any representative must be central to that intervention. In extreme cases of self-neglect and hoarding, professionals should question whether the person has the capacity to consent to the proposed action or intervention and trigger a mental capacity assessment.

It is important when assessing mental capacity, especially when there are repeating patterns of risk, not just to rely on what a person says but also to take account of what they do. Indeed, the MCA Code of Practice (DCA, 2007), while emphasising that an unwise decision does not of itself indicate a lack of mental capacity, recommends that capacity may need to be questioned in circumstances where repeated unwise decisions place an individual at significant risk.

Where a person lacks the mental capacity to consent to interventions, practitioners should continue to build a rapport with the person, seek the engagement of family and friends to develop trust and where possible agree on possible actions together following the five principles of the Mental Capacity Act 2005.

Practitioners should seek legal advice to consider making an application to the Court of Protection to intervene as a last resort.

Mental Health:

As noted earlier, a person's mental health may trigger or exacerbate self-neglecting or hoarding behaviours and should be considered as part of a well-being assessment. Where appropriate, practitioners should seek the expertise of mental health services to increase the understanding of the impact of the person's mental health and to widen the opportunity for specialist support.

Practitioners should seek the advice of an Approved Mental Health Professional, where the person is suffering from an acute mental illness and immediate intervention is required.

Human Rights:

When working with people who self-neglect or hoard, Practitioners walk the tightrope between their public duty to protect life (Article 2) and the right of people not to be subject to inhuman or degrading treatment (Article 3), while at the same time protecting the person's right for private and family life, home, and correspondence (Article 8).

Article 8 is a qualified right, which means that a public authority may interfere with a right if the law allows it, and it is for one of the justifications permitted by the Article. These reasons include the protection of health and public safety. If the decision is that interference is necessary, anything done must be proportionate to the risk it addresses. The fact that intervention is permissible does

not mean there are no limits to what can be done. The decisions to intervene and how to intervene must be carefully balanced, considering autonomy, dignity, protection, and proportionality.

Working with adults 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 traditional social work 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.⁵

The long-term nature of working with people who self-neglect or hoard must be considered when allocating workers, meaning early transition to long-term case management teams is recommended to allow consistency in relationship building and early interventions. It is important to note that early interventions are more effective than waiting for the problem to become severe, meaning that a flexible approach to eligibility that encourages early intervention is required.

A reluctance to engage should not be seen as a reason to disengage with the person who self-neglects or is hoarding. It is important that professionals remember that although the self-neglecting or hoarding behaviours have often developed over many months or even years and have provided comfort to the person, who may have integrated these behaviours into their identity.

A full assessment of the risk of harm caused by the person's self-neglect or hoarding must be carried out, balancing the risks associated with non-engagement, (e.g harm due to further self-neglect and hoarding) against the person's human right to private life and the potential harm of destabilising the person's wellbeing with too assertive approaches.

Empathy and unconditional Positive Regard

It is important, that the professional develops genuine empathy with the person to understand their perspective before working with them to identify and create or rekindle community and family links. This requires a person-centred approach that shows unconditional positive regard toward the person, by accepting that the person is doing the best that they can to survive given their set of circumstances while being genuine or realistic about the need to change harmful self-neglecting or hoarding behaviours.

Community and family.

Isolation from the local community and/or family is often evident in people who self-neglect or hoard, but this should not be seen as a positive choice, rather it should be seen as a detrimental reaction to the person's circumstance. Isolation can be driven by an individual's deteriorating mental health, adverse events, shame and embarrassment regarding their self-neglect, fear of other people's reaction to their hoarding or even habit.

While being mindful of estranged or harmful relationships, professionals should attempt to understand the person's isolation and work with the person to find simple ways to develop positive relationships with family or the person's local community.

⁵ Self-Neglect and Hoarding Toolkit - BSABSNHoardingToolkit/March2018/AE

Practical steps to engage with a person who self-neglects or hoards.**DO:**

- Get to know the person.
 - Spend time with the person.
 - Meet them at home or in a neutral venue.
- Be trustworthy, be punctual, be reliable.
- Be genuine.
 - Be realistic about your relationship – Tell them that you want to help them reduce the risks associated with self-neglect or hoarding.
 - Be honest about the risks you are able to accept and that that cannot be accepted due to likelihood or harm to the person or others.
- Understand the risks.
 - What are the risks of non-intervention?
 - Be open about the risks that you are willing to accept.
- Understand why the person self-neglects or hoards.
 - Practical reasons: such as space, physical disability, poverty
 - Emotional: such as depression, delusion, sentimentality, comfort, agoraphobia
 - Habitual: such as routine, isolation.
 - Safeguarding: such as victim of anti-social behaviour, exploitation, cuckooing, modern slavery.
- Be patient – change may take months or years.
- Set ground rules: you will visit only if safe to do so. You might need to request a safe path/seating area.
- Co-produce a plan, with achievable goals.
- Link in with partner agencies as required.
- Link the person in with community and family support and /or advocacy as required.

DO NOT:

- Be judgemental: accept the person's behaviour as the best that they can do given their particular set of circumstances but be realistic in acknowledging that some behaviours have consequences that cannot be accepted due to the risks to the person or others.
- Force solutions: work at the person's pace toward mutually agreed solutions.
- Ignore risk: acknowledge risk in non-judgemental way, to enable focus on minimising risks while maintaining person's dignity and sense of control.
- Invade privacy: respect the person's right to privacy balanced against their and the public's right to safety.
- Disregard the person's perspective: show and genuinely feel empathy for the person's circumstance.
- Blame or shame: be unconditional – you are there to support the person in a kind and respectful way, no matter what.

Disengagement

People at risk of self-neglect or hoarding may have had previous negative experiences of working with professionals who have taken an unnecessarily assertive approach or who have disengaged when the person's behaviour did not change quickly enough. This is likely to increase the risk of the person disengaging to avoid the fear of being abandoned by professionals. It is vital that

professionals remain involved for as long as possible, and that no decision to stop working with a person at risk of self-neglect or hoarding is made in isolation.

Gaining the trust of a person who expects to be abandoned is challenging and requires utmost reliability especially when the professional's offer of support is rejected. To achieve meaningful change, it is important that the professional or team of professionals remain engaged with the person, even if there appears to be no improvement in the self-neglecting or hoarding behaviours.

At these, times, it is important that a multi-disciplinary approach is taken, to share workload and create different opportunities for engagement and solutions.

The decision to disengage with a person at risk of harmful self-neglect or hoarding should only be made as part of the Multi-Agency Self-Neglect and Hoarding Panel.

Inter-Agency Self Neglect and Hoarding Panel: Shared assessment and risk management

The act of self-neglect or hoarding may impact on many aspects of a person's life: their health, their wellbeing, their safety, their housing as well as aspects of public safety such as environmental health and fire safety, so it is important that a multi-agency approach is taken for those experiencing high risk self-neglect or hoarding.

The Self-Neglect Risk Matrix should be used by all practitioners to assess the level of risk and the level of intervention needed to support each person on a case by case basis. For high risk cases, a Self Neglect and Hoarding Panel should be convened as detailed in the process below.

An Inter-Agency Self-Neglect and Hoarding Panel (SNHP) should be chaired by the local Adult Safeguarding Coordinator and consist of relevant members from Adult Safeguarding, Adult Services, Police, Fire Service, Ambulance Service, Environmental Health, Housing and community health services.

The person being discussed and/or their representative should always be informed of the Panel and be invited to attend as appropriate.

- It is the responsibility of the agency on becoming aware that an individual or other persons may be at high risk due to self-neglect or hoarding behaviours to make a report and request a Self Neglect Panel meeting via the local safeguarding route.
- A Safeguarding referral (AS1) should be made if there is reasonable cause to suspect the person is an *adult at risk of abuse or neglect* as defined within the Social Services and Wellbeing (Wales) Act 2014.
- The panel will consider each case based on assessment and agree actions.
- The lead worker will be responsible coordinating the engagement of the person, identifying and minimising risks and developing intervention plan.
- The Panel will be closed when the risk is managed to a sustainably safe level or when the person with capacity chooses to continue with the behaviour.
- The person and/or their representative should always be informed of the Panel and be invited to attend as appropriate.
- Any professional differences which cannot be resolved should be addressed as per the regional Professional Differences Protocol.

Assessment of risk⁶

A detailed and robust risk assessment is crucial in cases of serious self-neglect, for the intensity and likelihood of adverse outcomes can be judged: the risk assessment should be interagency and collated by the agreed lead agency (see Risk Matrix).

- Is the person is refusing medical treatment / medication; is this life-threatening?
- Is there is adequate heating, sanitation, water in the home.
- Are there are signs of the person being malnourished, e.g., begging for food or scavenging in bins or visibly thin.
- The condition of the environment – poor state of repair, mould, damp, vermin such as rats or flies or hoarding of pets.
- Is there is evidence of problematic hoarding? Please refer to the Clutter Scale
- Are there are gas or electrical safety issues.
- Are there are serious concerns over the level of personal hygiene.
- Is the person experiencing untreated illness, injury or disease, may be physically unable to care for themselves or may be depressed, or having problems with memory or decision making, signs of confusion or dementia rendering them unable to care for themselves.
- Are there concerns of coercive control or modern slavery?
- Whether there are associated risks to children.
- Risks to others. Neighbours, professionals, visitors.

The Risk Matrix provides guidance to practitioners and indicated whether a multi-agency safeguarding response is required or a wellbeing assessment is needed to reduce risk and achieve change.

Low Risk

A person is self-neglecting and/or hoarding; their personal hygiene and wellbeing may be affected and they may benefit from care and support. They are accepting of support or have existing supportive community links. It is vital the early intervention is provided to prevent a deterioration in self-neglecting or hoarding behaviours.

Single agency response.

Medium Risk

A person is self-neglecting and/or hoarding; their personal hygiene, personal safety, accommodation, and wellbeing is likely to be affected and would very likely benefit from care and support, health care or safeguarding. They are reluctant to accept support and have limited supportive social or community links. Due to the complexity of the presenting needs, it is vital that a multi-agency approach is taken to consider and enable access to a wide range of support.

Multi-agency response.

High Risk

A person is self-neglecting and/or hoarding to a potentially dangerous degree; their personal hygiene, personal safety, accommodation and wellbeing is significantly affected, meaning they would

⁶ [Practitioner Guide \(norfolksafeguardingadultsboard.info\)](https://www.norfolksafeguardingadultsboard.info)

very likely benefit from care and support, health care and safeguarding. They are suspicious of public services and unwilling to accept support. They are socially isolated and have a very limited social or community support structure. Their behaviours pose a significant risk to themselves or others in their neighbourhood, for example due to unsafe building structures or vermin. It is vital a multi-agency approach is taken to consider and enable access to a wide range of interventions. Consideration of assertive interventions using public law should be considered.

High Risk multi-agency response utilising the Self-Neglect Safeguarding Panel.

Risk Matrix

Risk Matrix for Self-neglect		
<p>In all instances consider:</p> <ul style="list-style-type: none"> • Does the person have capacity to make decisions regarding 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? <p>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.</p>		
Low Risk	Moderate Risk	High-Risk
<ul style="list-style-type: none"> • Person is accepting support and services. • Health care is being addressed. • Person is not losing weight. • Person accessing services to improve well-being. • 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. <p>The indicators below may also imply low risk. Each is contextual, dependent upon individual circumstances they may trigger concern in the moderate risk category.</p>	<p>The indicators below may also imply low risk. Each is contextual, dependent upon individual circumstances they may trigger concern in the High-Risk category.</p> <p>Consideration given to the context, if information is known about, for example, cause of weight loss and whether other professionals are involved.</p> <ul style="list-style-type: none"> • The person refuses to engage with necessary services, they have capacity and there is limited, or no evidence of their health/well-being being adversely affected. • Health care is poor and there is deterioration in health. 	<p>Where moderate concerns have been raised and despite all efforts they continue and/or increase.</p> <ul style="list-style-type: none"> • The person refuses to engage with necessary services and where their health and well-being 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. • Well-being is affected on a daily basis and there is no overt cause and/or professionals involved.

<ul style="list-style-type: none"> • 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/well-being and the person has capacity to make the decision. • Person is of low weight Person's well-being is partially affected. • 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 	<ul style="list-style-type: none"> • The persons actions are negatively impacting their physical health i.e. inadequate ventilation • Weight is reducing. • Well-being 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 well-being of the individual. • The person does not manage daily living activities. • Hygiene is poor and causing skin problems. • Aids and adaptations refused or not accessed Issues raised by carers. • Possible coercion by informal carers 	<ul style="list-style-type: none"> • 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 well-being 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 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		
<p>Single agency response</p>	<ul style="list-style-type: none"> • 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 interagency response, i.e. MDT (with 	<ul style="list-style-type: none"> • High-Risk should involve an interagency 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 and multi-

	the consent of the person) in order to minimise and reduce risk.	agency regional protocols followed.
--	--	-------------------------------------

Multi-agency regional protocol

