

Self-neglect and hoarding strategy

Norfolk Safeguarding Adults Board's multi-agency strategy for working with people with self-neglect and/or hoarding needs

It is designed to read with the associated NSAB **Practitioner Guide** which has a lot of practical guidance and support tools included. This and other information can be found at the NSAB website:

www.norfolksafeguardingadultsboard.info/protecting-adults/abuse-and-neglect/types-of-abuse/self-neglect-and-hoarding/

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1. Foreword by the Chair of the Norfolk Safeguarding Adults Board (NSAB)

Under the Care Act 2014 there is a broad definition of adults in need of care and support and clearly articulated duties towards them. The statutory guidance which supports the act includes self-neglect within the list of circumstances that constitute abuse and neglect.

Supporting people who self-neglect either through a lack of self-care and/or a lack of care in their environments and surroundings is a complex and challenging area of work for all professionals.

Self-neglect may be presented in many ways and influenced due to personal, mental, physical, and social factors. Sometimes it leads to high risks to the individual and sometimes to others. Intervention from professionals may not be welcomed and this can lead to a dilemma between respecting a person's choice to live the way they choose and fulfilling a professional duty.

The Norfolk Safeguarding Adult Board's (NSAB) self-neglect strategy recognises the challenging and complex nature of self-neglect and aims to support professionals in a multi-agency collaborative approach that is built on prevention and advocates early intervention. Evidence shows that the best outcomes when working with people who self-neglect are always achieved when professionals work together in a "person centred" and "outcome focused" way. This means working hard to build relationships with the person, actively listen and understand the person and what matters to them.

This strategy document sets out the approach of NSAB and its partner agencies and is supported by the self-neglect and hoarding practitioner guidance.

Natalie Cowland
Independent Chair
Norfolk Safeguarding Adults Board

2. Introduction and objectives

- 2.1 This strategy document is produced and endorsed by the Norfolk Safeguarding Adults Board (NSAB) self-neglect and hoarding subgroup, within the context of relevant Care Act 2014 duties (Care and Support Statutory Guidance 2018, para 14.2).
- 2.2 It should be referred to where an adult is felt to be at risk due to self-neglecting and/or hoarding behaviours. It aims to strengthen a whole system, person-centred approach when supporting those adults.
- 2.3 This strategy needs to be read alongside the NSAB self-neglect and hoarding **Practitioner Guide**. This contains more practical information, guidance, and support tools, including appendices which have been moved from previous versions of this strategy.
- 2.4 We recommend using the NSAB website www.norfolksafeguardingadultsboard.info/ to be sure you are using the latest version and have access to up-to-date information.
- 2.5 As a strategic, multi-agency board, our partnership covers all statutory and voluntary/independent sectors that support people who may be at risk or are impacted by the consequences of self-neglect and/or hoarding needs.
- 2.6 We recognise that this issue can also affect families with a wide and detrimental impact on children. This strategy should be considered in conjunction with the current neglect strategy for Norfolk County Council Childrens Services.
- 2.7 In places where this document only refers to self-neglect, this may also include hoarding, in line with the Care and Support statutory guidance: “a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding” (DHSC, 2023, s14.17). However NSAB recognises that these can be very distinct issues. This is why we promote highly individualised approaches, to identify the specific needs and potential causes related to each adult’s observed situation.
- 2.8 The scope of this strategy and guidance **does not include cases of risk associated with deliberate self-harm** (the intentional infliction of physical damage or injury by an individual to their own body). Anyone who self-harms should be advised to see their GP or other relevant health professional as a matter of urgency or referred on with their consent.
- 2.9 The associated practitioner guide, alongside this strategy, seeks to offer practical support and assistance in promoting engaged and positive relationships; to enable meaningful change by understanding and addressing some the most common barriers.

- 2.10 This strategy expects partner agencies to act in a way consistent with the Care Act 2014, promoting individual well-being (section 2(1c)) and safeguarding adults (section 42(1b)). Public authorities must also avoid breaching Convention rights under the Human Rights Act 1998 ([section 6](#)). Agencies are expected to act within the powers they hold. As well as the Acts above, this may include, where appropriate, the [Public Health Act 1936](#); Mental Health Act 1983 & 2007; Housing Act 1996, 2004; Children's Act 2004; Mental Capacity Act 2005.
- 2.11 Underpinning this strategy and its ability to deliver positive outcomes will be each organisation's own policies and procedures around self-neglect and/or hoarding.
- 2.12 The objective of this strategy is to prevent serious injury or even death of adults who appear to self-neglect and/or hoard by ensuring that:
- individuals are empowered as far as possible to understand the implications of their actions and/or behaviours on themselves and others
 - interventions follow the principles of [Making Safeguarding Personal \(MSP\)](#)
 - there is a shared multi-agency understanding and recognition of the issues
 - all agencies / organisations uphold their duties of care
 - multi-agency working is pro-active, effective, challenges where necessary and supports effective prioritisation of risk / concern
 - responses are proportionate to the level of risk (to self / others)
- 2.13 This is achieved through:
- taking a person-centred, MSP approach, supporting the right of the individual to be treated with respect and dignity, to have control over decisions that affect them and as far as possible to lead an independent life – this may include involving family or other important people in their lives in support planning
 - better recognition of where self-neglect/and or hoarding is of concern
 - increasing knowledge and awareness of the different powers and duties under legislation, and their relevance to the individual situation / need; this includes the extent / limitations of professional 'duty of care'
 - avoiding foreseeable harm by keeping to a standard of reasonable care while carrying out professional duties
 - clarifying different agency and practitioner perspectives and responsibilities, to promote transparency, accountability, evidence decision-making processes and any actions taken
 - promoting proportionate and appropriate multi-agency approaches to intervention, including risk assessment and management
- 2.14 This document will be reviewed and revised, if necessary, every 2 years, or sooner as required.

3. Self-neglect

- 3.1 While there is no one accepted operational definition of self-neglect nationally or internationally due to the dynamic and complex nature of the issue, for safeguarding adults we refer to the Care Act guidance, that self-neglect covers a wide range of behaviour neglecting to care for personal hygiene, health or surroundings and can include hoarding. This can include:
- persistent inattention to personal hygiene and/or environment
 - repeated refusal of some/all indicated services which can reasonably expected to improve quality of life
 - self-endangerment through the manifestation of unsafe behaviours
- 3.2 Self-neglect in itself may not meet the threshold for a **safeguarding enquiry** under the Care Act 2014 (**section 42**, see below). Assessment must be made on a case-by-case basis and will depend on the adult's ability to protect themselves by controlling their own behaviour. Many people are able to be supported through collaborative multi-agency approaches and preventative measures. But there may come a point where they cannot do this without external support, or risks may become extreme, requiring enquiry and intervention under section 42.
- 3.3 The criteria for a safeguarding enquiry is set out in section 42 of the Care Act – so safeguarding adult duties apply where an adult living in the local area:
- **has needs for care and support** (or appears to have those needs) (in simple terms, the adult's needs arise from, or are related to, a physical or mental impairment or illness; as a result of the adult's needs, the adult is unable to achieve two or more of the specified outcomes, with a significant impact on their well-being)
 - is experiencing, or at risk of, **abuse or neglect**
 - **and is unable to protect themselves** from that abuse or neglect because of their care and support needs
- 3.4 Self-neglect can be seen as a continuum of indicators which may indicate an issue, sometimes in combination. The following list is not exhaustive and should be considered alongside other information in this document and the Practitioner Guidance:
- where the person has a history of mental illness which may manifest in behaviours of self-neglect and/or hoarding
 - living in very unclean, sometimes verminous circumstances (e.g. living with a toilet completely blocked with faeces)
 - neglecting household maintenance leading to hazards in and around the property
 - obsessive hoarding creating hazards in the property for themselves and others
 - poor diet and nutrition (may be evidenced by little or no fresh food in the fridge, or mouldy food)
 - persistently declining or refusing prescribed medication and/or other community health support

- continued refusal to allow access to health / social care staff in relation to health needs, personal hygiene or other care (may include non-attendance and/or registration with a GP)
- refusing to allow access to other organisations with an interest in the property (e.g. utility company staff, tenancy or property maintenance staff, environmental health officers, fire safety checks)
- repeated episodes of anti-social behaviour – either as a victim or a perpetrator
- unwilling to attend external appointments with professional staff (e.g. health, housing)
- a significant lack of personal hygiene leading to poor healing/sores/pressure ulcers; long toenails increasing risk of falls, unkempt hair / facial hair, strong body odour

4. Hoarding

- 4.1 Hoarding is now considered a standalone mental disorder (i.e. separate to obsessive compulsive disorder or OCD) and is included in the 5th edition of the Diagnostic and Statistical Manual of mental disorders (DSM) 2013 (updated version 2022). However it can also be a symptom of other disorders.
- 4.2 Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is **not** simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have a strong emotional attachment to their objects which are well in excess of the real value. Hoarding has no particular type in relation to gender, age, ethnicity, socio-economic status, educational /occupational history, or tenure type.
- 4.3 There are five diagnostic criteria for identifying a case of hoarding disorder:
1. persistent difficult discarding or parting with possessions, regardless of monetary value
 2. this difficulty is due to a perceived need to save items, and distress associated with discarding them
 3. the difficulty discarding possessions results in their accumulation which congests and clutters active living areas
 4. the hoarding causes clinically significant distress or impairment in social, occupational or other important areas of functioning
 5. the hoarding is not attributable to another medical condition or mental disorder
- 4.4 Anything can be hoarded, in areas including the person's property, garden or communal spaces. There are three main types of hoarding: **inanimate, animal and data**.

- 4.5 **Inanimate** items are the most common to be hoarded, can consist of one type of object or a mixture, and can include:
- clothes
 - newspapers, magazines, books
 - bills, receipts, letters
 - food and food containers
 - medical equipment
 - collectibles such as toys or figures
 - antiques
 - human excrement
- 4.6 **Animal hoarding** is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimum standards of care. The person may be unable to recognise that the animals are or may be at risk because they feel they are saving them. Often the person is unable to take care of themselves. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects. **Where there is evidence of animal hoarding at any level and/or potential neglect of animals this should be [reported to the RSPCA](#).**
- 4.7 **Data hoarding** is a new phenomenon of hoarding. There is little research in this area and it may not seem as significant as the other types. But people who hoard data could still present with the same issues that are symptomatic of hoarding disorder. It might present with the storage of data collection equipment, electronic storage devices or paper. A need to store copies of emails and other information in electronic format.
- 4.8 There are a number of **hoarding characteristics**:
- **Fear and anxiety** – compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person hoarding believes buying or saving things will relieve the anxiety and fear they feel; it effectively becomes their comfort blanket. Any attempt to discard hoarded items can create feelings varying from mild anxiety to a full panic attack with sweats and palpitations
 - **Long term behaviour pattern** – possibly developed over many years, or decades of ‘buy and drop’, collecting and saving, with an inability to throw items away without fear and anxiety
 - **Excessive attachment to possessions** – people who hoard may hold a disproportionate emotional attachment to items
 - **Indecisiveness** – they may struggle with the decision to discard items that are no longer necessary, including rubbish
 - **Unrelenting standards** – they may find fault with others or require others to perform to excellence while struggling to organise themselves and complete daily living tasks

- **Social isolation** – people who hoard will typically alienate family and friends, and may be embarrassed to have visitors; they may refuse home visits from professionals, in favour of office-based appointments
- **Large number of pets** – this can be a source of complaints from neighbours; the person may be a self-confessed ‘rescuer’ of strays or seek comfort in keeping large numbers of animals
- **Mentally competent** – people who hoard are typically able to make decisions that are not related to hoarding
- **Extreme clutter** – hoarding behaviour may present in several or all the rooms in a person’s property and prevent the room(s) being used for its intended purpose
- **Churning** – it can involve moving items from one part of the property to another, without actually discarding anything
- **Self-care** – a person who hoards may appear unkempt and dishevelled, perhaps because of a lack of (or limited physical access to) toileting or washing facilities in their home. However some people who hoard will use public facilities to maintain their personal hygiene and appearance
- **Poor insight** – a person who hoards may see nothing wrong with their behaviour and impact it has on them and others

5. Mental Capacity

Note: For more detailed information about mental capacity, including links to templates and examples, please also see the dedicated page on the NSAB website [Mental capacity & safeguarding | Norfolk Safeguarding Adults Board](#).

- 5.1 When concerns about self-neglect are raised, we must be clear about the person’s mental capacity in relation to any key decisions and risks e.g. a proposed intervention.
- 5.2 If there any doubts about the person’s mental capacity, especially where judgements may be made about their ability to ‘choose’ their living conditions or refuse support, then (wherever possible) a mental capacity assessment should be undertaken.
- 5.3 The Mental Capacity Act (MCA) (2005) provides a legal framework to protect people who lack the capacity to make decisions for themselves. The MCA has five key principles:
 - Start by “presuming capacity” – do not assume that a condition or disability impacts a person’s ability to make a decision, it should be the opposite – most people can make some decisions

- We must make every effort to help and support the person to make the decision - think about the information they need to have, the way that information is presented or talked through
- Remember that adults have the right to make decisions that may be seen by others as unwise – you may not agree with their decision, but this does not make it the wrong one for them
- If someone else has to make a decision on behalf of an adult assessed as lacking capacity, their best interests must be considered (more on what best interests means below)
- Any decision made must be the least restrictive option, with as little impact as possible on the person's rights and freedoms.

5.4 Any proposed intervention or action must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers.

5.5 The MCA Code of Practice states that one of the reasons why people may question a person's capacity to make a specific decision is where **'the person's behaviour or circumstances cause doubt** as to whether they have capacity to make a decision' (4.35 MCA Code of Practice, p52). In extreme cases of self-neglect and/or hoarding behaviour, where there is a serious health and safety risk, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity.

5.6 Any capacity assessment relating to self-neglect and/or hoarding behaviour must be **time and decision specific**, relating to a clearly defined action or intervention.

5.7 The person who is proposing the action / intervention is the **'decision-maker'** and so they are the one who will need to carry out the mental capacity act assessment. Although they may need support from other professionals in a multi-agency group, they are responsible for making the final decision about that person's capacity in relation to that decision.

5.8 There may be circumstances in which it is useful to involve others in capacity assessments. For example, occupational therapists where the decision is around managing tasks within the home environment or speech and language therapists where the person has communication difficulties.

5.9 NSAB expects a strong emphasis by all practitioners on the importance of **inter-agency communication, collaboration and the sharing of risk**. This is essential in situations where the adult is assessed to have the capacity to make decisions which includes refusing interventions and high risk to the person cannot be mitigated.

5.10 While the autonomy of that adult should be respected, including their right to make what others might consider to be an "unwise decision", this does not mean that no further action regarding the self-neglect is required. Every effort should be made to build and maintain supportive relationships through which services can in time be negotiated.

- 5.11 Capacity is a complex concept. It is good practice to consider / assess whether the person has the ability to act on / carry out a decision they have made. This is known as **executive functioning**. Can the person actually do the thing they say they will? Do they need support to carry out the action (this does not mean they lack capacity, but they do need help to follow something through).
- 5.12 If the person is assessed to lack capacity in relation to a particular action or intervention, then a **best interests meeting** should be held, and the decision-maker must consider what the decision should be using the best interest's checklist as a guide (this is not exhaustive):
- Find out the person's own views
 - Identify all the things they would take into account themselves
 - Encourage them to be part of the process
 - Consult other people, professionals, family, friends and anyone who takes an interest
 - Might they regain capacity? If so, can the decision wait?
 - Avoid restricting the person's rights
 - Does an Independent Mental Capacity Advocate (IMCA) need to be involved?
(mentalcapacitytoolkit.co.uk/4/the-best-interests-checklist)
- 5.13 In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (COP) to make the best interests decision.

6. A multi-agency approach

- 6.1 There is limited data on the true prevalence of self-neglect and hoarding in the general population, partly because there is no standard definition (which makes data collection and analysis very difficult) but also because often people may only come to the attention of services at a point where the need is very significant (e.g. admission to hospital).
- 6.2 Some individuals might not have previously met thresholds for intervention from one or a number of different agencies, may have declined support or simply not been in contact with potentially preventative services.
- 6.3 In a [national analysis of Safeguarding Adults Reviews](#) published in 2024, out of the 652 reviews into deaths and serious harm between 2019-2023 that were studied, 60 per cent featured self-neglect as one of the types of abuse identified, the most common across all the reviews. This was an increase from 45 per cent in a similar analysis 2017-2019. The review also noted that "assumptions of lifestyle choice" was an element of poor practice identified, alongside failures in multi-agency working, attention to mental capacity, professional curiosity and making safeguarding personal.
- 6.4 NSAB believes that responding to individuals with self-neglect and/or hoarding needs must be a multi-agency priority, reflecting the multiple and complex factors which can be present and rarely effectively supported by just one agency.

- 6.5 In Norfolk we have locality-based **collaboration/help hubs** which provide a forum for professionals to come together to share information, work more effectively by reducing duplication, and offer a route to accessing a range of support including social prescribing.
- 6.6 You can find information on when these collaboration meetings are held and how to make contact at the bottom of our webpage on [supporting adults who self-neglect and/or hoard](#).
- 6.7 Linking the more complex individuals and families we work with to a variety of services in this way promotes a stronger focus on prevention and person-centred practice; it enables them to make best use of the resources in their community and to develop and sustain their own networks of support, to achieve meaningful outcomes.
- 6.8 NSAB promotes positive collaborative working, where the lead agency will take responsibility for initiating and fully engaging in multi-agency partnership working, actively exploring opportunities to work with the adult and other partners where possible and using the collaboration/help hub appropriate to where the adult lives.
- 6.9 **Any agency may raise a concern** via collaboration/help hub or call a multi-agency meeting (for NSAB guidance on **complex cases**, managing **professional difficulties**, and **escalation pathways** please see the NSAB [practice guidance webpage](#)).
- 6.10 NSAB expects all partner agencies will actively engage where requested by the lead agency, in line with sections 6 and 7 of the Care Act 2014. **Taking a case to collaboration does not pass the responsibility for that case from the holding agency to that hub**; responsibility for the case and its management remains with the holding agency.
- 6.11 Every effort should be made to seek consent from the adult prior to bringing their situation to the collaboration/help hub (see section 7) but agencies must also be clear where consent may / must be overridden (e.g. immediate or high risk of harm to self or others).
- 6.12 NSAB expect all partner agencies to maintain robust data systems in relation to self-neglect and/or hoarding, to inform service design and delivery, justify decisions taken, help to identify trends and gaps, need for resources and a toll for benchmarking across Norfolk.
- 6.13 Agency failure to engage with individuals who are not looking after themselves may have serious implications for their health, well-being, and home environment. This is regardless of their mental capacity in relation to decisions that need to be made, or if their housing is public or private sector. The impact may also be felt on the person's family and local community.
- 6.14 Partners are encouraged to take cases that may be rated at **Level 2** (images 4 and upwards) on the Clutter Image Rating Scale (see Practitioner Guide), to the collaboration/help hubs for multi-agency discussion. Case rated at **Level 1** (images 2 and 3) are more likely to be managed 'in-house' by the organisation holding the case.

6.15 Cases should also be taken for collaboration where:

- a person is subject to serious self-neglect and/or hoarding which could result in significant harm to the person
- the person has been assessed, or appears, to have, the mental capacity to make relevant decisions but has refused essential services or interventions, leaving them at risk of significant harm
- standard care management processes have not been able to mitigate risks of serious self-neglect (see also [NSAB complex case management guidance](#))
- one or more partners have concerns about the person and believe a multi-agency discussion in the collaboration/help hub would benefit.

6.16 Priority cases are those where significant risk (including fire risk) has been identified and might include:

- evidence of cigarette burns to clothes or bedding
- property displays evidence of small burns or fires
- structural damage evident
- unsafe storage of inappropriate flammable liquids or gasses
- heavy pest infestation
- where the person's ability to identify and manage a fire risk is impaired by lack of decision-making capacity or substance misuse
- children in the property
- hoarding is impeding access to key areas/entry/exit

6.17 There are assessment tools within the Practitioner Guide to support initial risk assessment, including fire risk, whatever your role.

6.18 **Norfolk Fire and Rescue Service** (NF&RS) can be referred to at any stage to undertake a **fire safety assessment** – for the link to this and more information see [Norfolk Fire and Rescue Service - Norfolk County Council](#).

6.19 Taking a case for collaborative discussion is **not a referral in itself** or a 'hand off'. The case holder or relevant person is required to attend the discussion meetings and present the case to the partners involved.

6.20 Collaboration enables partner agencies to understand each other's roles and scope better, including limitations – each agency operates under a specific legal framework which guide any intervention or interference in an adult's private and family life. Working together means less chance for misunderstanding or disgruntlement between partners.

7. Non engagement / non-contact

- 7.1 It is not uncommon for someone to be reluctant to engage or accept support from services. This can be particularly challenging where there are significant concerns or risks identified by workers and is often a feature of SARs and other case reviews.
- 7.2 Carrying out any assessments, including risk assessments, may be more difficult, and agencies may cease involvement more quickly.
- 7.3 Multi-agency collaboration is essential in such cases, to gain as full a picture as possible about the situation, to identify any possible routes to establishing positive relationships, and to mitigate any known risk as far as possible within the legal frameworks available. This supports an agreed, shared understanding of a person's circumstances including any risks, a record of what each agency has tried, and potentially any safety net measures put in place.
- 7.4 As well as mental capacity consideration, **trauma informed approaches** must be considered, to understand why a person may be reluctant to engage or negative about support. NSAB is clear that it can take time to establish trust and any interventions need to be as person-centred as possible, as well as reasonable and proportionate to the risk.
- 7.5 Where agencies have not been able to make any contact with an individual and there are concerns for their well-being or safety, this must be escalated within their own processes as well as the multi-agency group, to ensure that every possible avenue is explored in a timely way.
- 7.6 In situations where adults who have mental capacity continue to make decisions which place them at very serious risk of harm or death, legal or court intervention may be required (e.g. Inherent Jurisdiction).
- 7.7 There is more supporting information in the NSAB Safely Ceasing Involvement and Complex Case Management guidance documents on the website.

8. Information sharing and consent

- 8.1 The **principle of confidentiality is not absolute**, especially where it is to safeguard adults or children.
- 8.2 Under the Data Protection Act 1998, we all have the responsibility to ensure that personal information is processed lawfully and fairly. All individuals have a right to view any information held about them. Practitioners should consider this when they are recording information about that person. Under the General Data Protection Regulation and the Data Protection Act 2018 (both referred to as GDPR), these fundamental principles remain unchanged.

- 8.3 Under the GDPR, personal data can be shared between organisations where it is necessary for safeguarding reasons. This includes where the adult has **given their consent** – this consent must be freely given, specific, withdrawable and separate from other matters (e.g. provision of related services).
- 8.4 GDPR helps us to share the right information, in the right way, for the right reasons. You must consider any actual or potential risk or harm to an individual or others that could be **caused if you do not share** the information.
- 8.5 In cases where a **person does not consent**, there are legal pathways that can be considered. Information can be shared where it is in the “substantial public interest”, necessary for the discharge of an agency’s statutory function (for example, the Care Act 2014 including safeguarding adults) or it might be necessary to prevent a crime. Organisations will need to take their own legal advice upon the appropriate pathway for them to use.
- 8.6 For the purposes of this strategy, all agencies need to ensure that where it is lawful and appropriate that information is shared about properties affected by self-neglect and/or hoarding with partners, including Norfolk Fire and Rescue Service, and this is done on a need-to-know basis. All information should be transferred in a secure format.
- 8.7 More detail is available on the NSAB website including a quick guide to the 7 Golden Rules of information sharing. Remember: is the information you are sharing necessary for the purpose it is being shared? Are you sharing it only with those who need it? Is the information accurate, up to date and being shared securely and in good time?

9. Responsibilities of partner organisations to co-operate

- 9.1 The first stage in multi-agency working is for partners to request support from other agencies they consider will be able to offer relevant expertise or information to help manage the case.
- 9.2 The Care Act (2014) sets out the requirements for partners to co-operate in cases where the wellbeing of individuals is threatened by self-neglect (section 6). Partners to this strategy and guidance document will therefore respond positively and proactively to requests for co-operation from other partners. Responses can include information, professional advice or, where requested, joint visits or attendance at collaboration meetings / help hubs.
- 9.3 There is an expectation that everyone engages in full partnership working to achieve the best outcome for the adult at risk who chooses to self-neglect/hoard, whilst satisfying organisational responsibilities and duty of care. The focus should be on person-centred engagement and risk management.
- 9.4 All members of staff dealing with adults at risk should be aware of their **duty of care** when dealing with cases of self-neglect/hoarding, even when the individual has mental capacity.

- 9.5 The duty of care can be summarised as ‘the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property’. Any failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages to an organisation(s).
- 9.6 Each partner will identify a senior officer(s) who will have responsibility for ensuring adequate multi-agency working and that their organisation responds appropriately to requests for co-operation. This officer(s) will proactively work to remove blockages to effective joint working and contact their counterparts in other organisations where co-operation has not been forthcoming.
- 9.7 Each partner agency will be mindful of and seek positive opportunities to incorporate any appropriate lessons on self-neglect and hoarding which have been identified from Safeguarding Adult Reviews (SARs), to ensure the delivery of any agreed SAR action plan and sharing of good practice.

10. Risk recognition and mitigation

- 10.1 Determining risk in relation to self-neglect and/or hoarding is likely to be subjective and complex in nature due to many competing factors. These might include the individual’s approaches and own perception of the risks faced living in those circumstances, which will often differ from the professionals’ view on what is and what is not an acceptable standard to live. In such cases there are often clinical, social, environmental and ethical decisions to be made in finding a shared view of what is ‘acceptable’.
- 10.2 It is important that staff are familiar with and recognise the risk factors associated with self-neglect and/or hoarding and share those risks across organisations. For example, age related changes may result in functional physical and mental decline; frailty or psychiatric illness which will increase vulnerability to abuse, neglect and self-neglect as well increase the potential for developing a number of other underlying health conditions.
- 10.3 Those who present as self-neglecting and/or hoarding may also face similar health risks not just from a decline in the state of the property but also from an increased risk of falls, entrapment and fire.
- 10.4 NSAB expects that partners work together with adults who self-neglect and/or hoard to minimise the risk of harm and respond in a timely and proportionate way if the risk escalates.

10.5 **Significant harm** may be:

- Impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- The individual's life could be or is under threat
- Serious, chronic and/or long-lasting impact on the individual's health / physical / emotional / psychological well-being

10.6 **Significant risk** – where there is indication that significant and adverse changes have occurred or are likely to occur in levels of risk in the short to medium term, then appropriate action should be taken to reduce the risk to an acceptable level.

10.7 **Indicators** could include:

- History of crisis incidents with life-threatening consequence
- High level of contacts / referrals received
- Fluctuating capacity, history of safeguarding concerns/exploitation
- Financial hardship
- Essential utilities are threatened or have been cut off
- Tenancy/home security risk; risk of eviction
- Likely fire risks
- Evidence of domestic abuse
- Public order issues; anti-social behaviour / hate crime / petty crime
- Unpredictable / chronic health conditions
- Significant substance misuse; self-harm
- Social network presents high risk factors
- Environment presents high risk
- The adult has little or no choice / control over vital aspects of their life, environment or financial affairs

10.8 Sometimes a person might not appear to be at risk of abuse or neglect but when information is gathered from a number of organisations, the identified risk increases through the **cumulative** assessments.

10.9 **Effective multi-agency collaboration** is key and partners such as health care, housing providers, district and borough councils, police, job centre and community and voluntary organisations need to share information and intelligence that might help the local authority identify when a person is at increased risk of abuse or neglect.

10.10 The associated [NSAB Practitioner Guide](#) includes a number of specific tools to support practitioners make assessments of the risks around an individual with self-neglecting and/or hoarding behaviour. These include the Clutter Image Rating tool, multi-agency SN&H risk assessment guidance and Practitioners Hoarding Assessment.

11. Fire safety

- 11.1 Hoarding can pose a significant fire risk to both the people living in the hoarded property and those living nearby, as well as emergency services personnel. Where an affected property is identified regardless of the clutter risk rating, the person needs to be advised of the increased risk and helped to identify a safe exit route.
- 11.2 Appropriate professional fire safety advice must be taken – referrals to Norfolk Fire and Rescue Service (NFRS) can be made via their website or within collaboration meetings, depending on the urgency.
- 11.3 This multi-agency approach is important to assess and potentially reduce risk. Collaboration will help NFRS to respond appropriately, including undertaking a fire safety check as part of the multi-agency approach.
- 11.4 Once any fire risks have been assessed, information must be updated across the agencies involved, especially where specific action is needed or risks are difficult to mitigate. For example, if a key safe is added to a property to make access easier, make sure NFRS know the code.
- 11.5 NFRS have an online home safety check tool to use as a prompt: [Check for fire risks - Norfolk County Council](#). Using this tool will also alert NFRS if the person needs a home fire safety visit.
- 11.6 NFRS also have a dedicated campaign to reduce the risk of fires in our homes, including in cluttered or hoarded properties: **Help us help Sherman**. For more information visit their website at www.norfolk.gov.uk/fire.

12. Environmental health

- 12.1 There are a number of laws that may be relevant when working in neglected or hoarded properties. Involving environmental health partners will help early understanding of what is, and is not, possible from their perspective. **Note** that a property would need to be at significant level of hoarding / neglect (filthy and verminous / public health risk) before intervention is likely – there has to be sufficient evidence to meet legal criteria for intervention.

12.2 **Public Health Act 1936 as amended** (please note s79 has been repealed)

Section 83: Cleansing of filthy or verminous premises This is only enacted where all other efforts have failed. There are high thresholds to be satisfied for any action, and a recognition that this type of action can be seriously detrimental to the mental health of the occupier. The multiagency partnership will always try and first work with an occupier to identify a solution to their premises affected by self-neglect and/or hoarding. This will be more urgent when there is a risk to public health.

However, in cases where this approach has not been successful, and/or the resident is not willing to co-operate, and/or where there is a risk to public health, and the local authority is satisfied that the premises is either:

- a) Filthy or unwholesome as to be prejudicial to health; or
- b) Verminous (relating to rats, mice, other pests including insects, their eggs and larvae)

The local authority shall serve a notice requiring the recipient to take such steps as may be specified in the notice to remedy the condition of the premises by cleansing and disinfecting them. The notice may require among other things the removal of wallpaper or other wall coverings, and in the case of verminous premises, the taking of such steps as may be necessary for destroying or removing vermin.

If the recipient fails to comply with the requirements of the notice, then the local authority may carry out the works / requirements specified in the notice. The local authority may recharge the recipient of the notice for the cost. There is no appeal against this notice but an appeal can be made against the reasonableness of the authority's requirements set out in the notice.

Section 84: Cleansing or destruction of filthy or verminous articles

The local authority shall cause any article that is considered to be in so filthy a condition as to render its cleaning, purification or destruction necessary in order to prevent injury, or danger of injury, to the health of any person in the premises will cleanse, purify, disinfect or destroy that article.

If necessary, the local authority may remove any article that is verminous, or having been used by, or having been in contact with any verminous person to be cleansed, purified, disinfected, destroyed or removed from the premises at the recipient's expense.

12.3 **Prevention of Damage by Pests Act 1949**

Local authorities have a duty to take such steps as may be necessary to ensure their districts are kept free from rats and mice as far as it is reasonably practicable to do so. This may include carrying out inspections of land, ensure the destruction of rats and mice on all land within its jurisdiction and ensuring the land is kept free of rats and mice so far as it is reasonably practicable to do so.

The local authority may serve notice on the occupier (or owner if the land is unoccupied) of land/ premises where rats and /or mice may be present due to the conditions at the time. The notice should provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works if such works are necessary in keeping the land free from rats and/ or mice. The local authority may carry out works in default and recharge the occupier/ owner in full for the cost of carrying out such works.

12.4 Environmental Protection Act 1990 as amended

Section 80: Dealing with Statutory Nuisances

Statutory Nuisances are defined in section 79 of the Environmental Protection Act. A number are relevant in cases of self-neglect and/or hoarding, including:

- Any premises in such a state as to be prejudicial to health or a nuisance
- Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance
- Any accumulation or deposit which is prejudicial to health or a nuisance
- Any animal kept in such a place or manner as to be prejudicial to health or a nuisance
- Any insects emanating from relevant industrial, trade or business premises and being prejudicial to health or a nuisance

Relatively few circumstances will be considered to be 'prejudicial to health' but 'nuisance' encompasses both public and private nuisances.

A **public nuisance** is any act which, without specific legal authority for it, results in an unreasonable reduction in amenity or environmental quality that affects 'a class of his Majesty's subjects'. A **private nuisance** consists of damage arising from a substantial and reasonable interference with the use of land or some right over it.

Local authorities have a duty under the Act to inspect their areas from time to time to detect statutory nuisances and must take such steps as are reasonably practicable to investigate any complaints of statutory nuisance made by persons living within their area.

However, if the local authority does find that a statutory nuisance exists or is likely to occur or recur, they must serve an abatement notice. Any person breaching the requirements of an abatement notice commits a criminal offence which could result in the matter being referred for prosecution. The local authority may also carry out works in the default and can recover its costs from the recipient(s) of the abatement notice.

13. Housing legislation

- 13.1 The **Housing Act 2004** requires local authorities to use the Housing Health and Rating System (HHSRS) for assessing housing conditions following an inspection of a residential property; it is a risk-based evaluation tool which applies in England and Wales. The HHSRS applies to all residential properties – not just those where the local authority is landlord.
- 13.2 The assessment of each relevant hazard results in a calculation of a HHSRS score which demonstrates the severity of that hazard. A decision is then made, considering government enforcement guidance, what the most appropriate course of action will be to reduce the hazard(s).
- 13.3 Action that may be taken will vary and be appropriate to each individual case on assessment.

Landlord's responsibilities

- 13.4 Housing providers (the landlord) should deal with any concerns relating to self-neglect and or hoarding using a trauma informed approach and support the tenant as far as possible to address and reduce the risks associated with hoarding or self-neglect before taking tenancy enforcement action.
- 13.5 Housing providers (the landlord) should also have an awareness in relation to any essential utilities, including where there may be a risk of the adult having these cut off.
- 13.6 Housing providers have a range of enforcement they can take, such as:
- **Schedule 2 of the Housing Act 1985** – grounds for possession of properties let under secure tenancies – this includes **Ground 1** (rent unpaid or an obligation of the tenancy broken / not done e.g. keeping part of the home to a reasonable standard where that is in the agreement); **Ground 3** (tenant has allowed the condition of the property or common areas to deteriorate owing to acts of waste, or neglect, or default).

It is **for the court to decide** if it is reasonable to grant an order for possession however, which may be challenging if the tenant has mental health needs or other vulnerabilities.

- **Provisions of the Housing Act 1996** allow housing providers to take possession action of properties let under introductory tenancies. These should be more straightforward as the housing provider needs to prove a breach of any clause of the tenancy agreement.

The court does not have to consider whether it is reasonable to grant possession but should merely consider whether the landlord has followed the correct process i.e., served the correct notices and given the tenant the opportunity to appeal the service of any notice. However, in practice many district judges do consider any vulnerability the tenant may have when considering an application of this type.

- Housing providers also have the option to apply for an injunction which would force the tenant to bring the condition of the property up to a reasonable standard. They would

work closely with environmental health teams who have the power to serve notices under the **Environmental Protection Act 1990** (see 11.4 above) which will allow the landlord to enter a property to clear it and re-charge the tenant the cost of doing so.

14. Safeguarding children

- 14.1 Safeguarding children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care and taking action to enable all children to have the best outcomes.
- 14.2 Children and young people are often unable to avoid living within the clutter where their parent/carer hoards and are significantly affected. Children and young people are often too embarrassed to have friends come over, or are not allowed to, due to the hoarder's embarrassment. This may lead to social isolation, helplessness, and resentment. Children and young people may feel protective towards their parents/carers hoarding.
- 14.3 It is essential to consider if there are any children or young people living in or visiting the household and what the impact of the hoarding has on their current and future development. This needs to include if the child or young person is a young carer by providing support or care to the hoarder or anyone else living in the household. Young carers are children and young people who provide, or intend to provide, care or support to anyone with a disability or long-term illness including alcohol and substance misuse.
- 14.4 All young carers are entitled to a needs assessment from Norfolk County Council regardless of who they care for or what type of care they provide. This assessment will take a whole family approach and will ensure that children and young people are safeguarded from inappropriate or excessive care which harms their health, education or overall development.
- 14.5 Neglect refers to the persistent failure to meet the needs of a child/young person; this must be considered when hoarding is present. Growing up in a hoarded property can put a child at risk by affecting their growth and development. In some cases this can lead to the neglect of a child, which is a safeguarding concern. In cases where neglect is an issue the NSCP neglect strategy mandates the use of the graded care profile (GCP) assessment.
- 14.6 The needs of the child/young person at risk must come first and any actions we take must reflect this. Therefore, where children live in the property where there is an issue with safeguarding due to hoarding a concern should be raised to Children's Advice and Duty Service (CADS). Please refer to the following link for guidance: <http://www.norfolkscb.org/>.

15. Advocacy and support

- 15.1 It is essential to ensure all efforts are made to ensure the person believed to be self-neglecting and or hoarding is consulted with and included in discussions, with concerns raised directly with them at the earliest opportunity. As referenced above, Making Safeguarding Personal is a core part of working with adults at risk or experiencing abuse / neglect.
- 15.2 The individual concerned should be invited to participate in case discussions about them and offer the necessary support to do so by the case holding agency. If the person chooses not to attend these discussions, the case holding agency must feedback back any decision that is made to the person within a reasonable time period.
- 15.3 If there is concern the person needs help to understand the concerns raised, the involvement of an appropriate advocate must be considered. This may be a friend or family member, or a representative from a voluntary agency such as Age UK, CRUSE (bereavement charity), or POhWER (independent mental capacity advocacy).
- 15.4 Where the individual declines to participate or engage with agencies or provide access, information obtained from a range of other sources may 'hold the keys' to achieving access into the property or to determining areas/ levels of risk, as referenced in sections above.

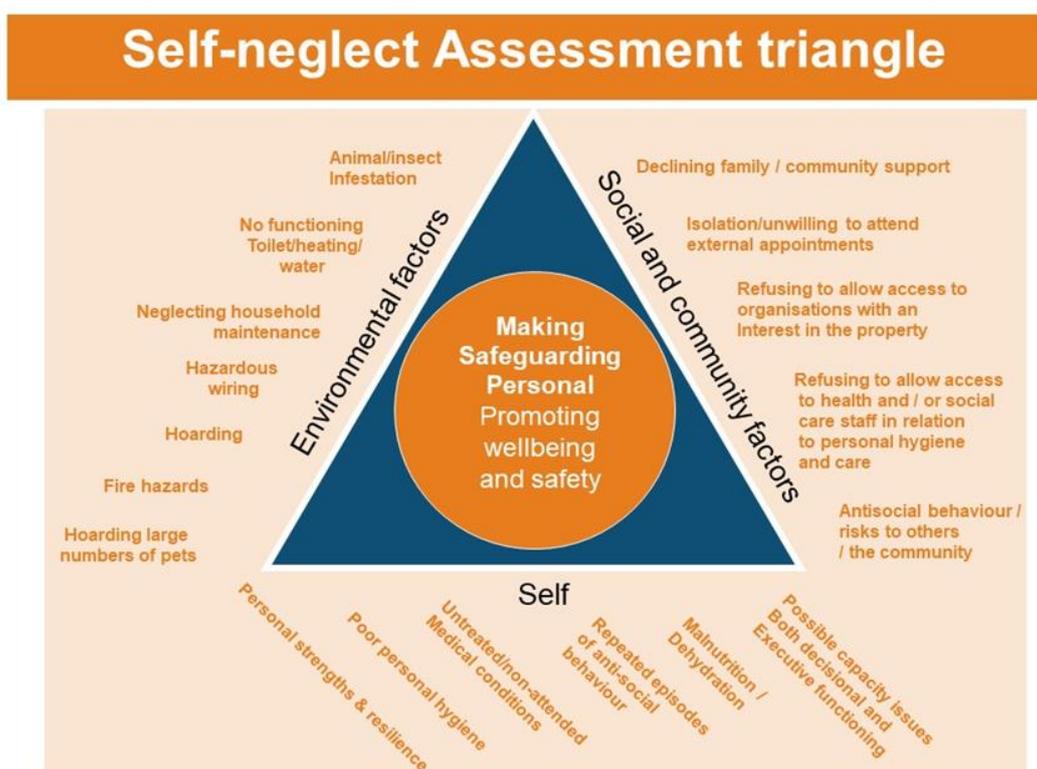
16. Supporting workers

- 16.1 For workers supporting people who may self-neglect and or hoard, this can be a stressful time. Consideration of **secondary trauma** is essential - all organisations should raise awareness of the potential for this to have a significant impact on staff and their practice, and encourage regular support, reflective opportunities and active self-care.
- 16.2 All agencies should have robust support mechanisms and policies in place, to ensure the health and safety of its employees. This should include practice supervision, peer support, lone working systems and where appropriate access to health and welfare advisory support services.
- 16.3 Positive and supportive work cultures and environments will enable staff to offer flexible, person centred and creative approaches to the people they are working with.
- 16.4 Workers should also have access to a range of learning and development opportunities either offered by their own organisation, or through the multi-agency partnership.

17. Data and performance management

17.1 NSAB expects that all agencies will have in place data information and performance management systems in order to capture information in regard to the identification and management of self-neglect and hoarding cases, and that these will be made available to the NSAB self-neglect and/or hoarding subgroup to support our understanding of the Norfolk context. This generally should not involve the sharing of identifiable personal data.

A reminder that more detailed information on self-neglect and/or hoarding and many of the associated issues above is also available on the NSAB website including the NSAB Practitioner Guide [Self-neglect and hoarding | Norfolk Safeguarding Adults Board](#)



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