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Hoarding Disorder the hidden illness and the commonalities with self-neglect

Introduction

This protocol sets out the approach to be taken by practitioners in Dumfries and Galloway Health and Social Care Partnership (HSCP), Housing and Children's Services when dealing with self-neglect and hoarding concerns. This also encompasses the Private Rented Sector, and Owner-Occupied properties where Health and Social Care Partners have identified a concern through their interventions.

Managing the balance between protecting adults at risk from self-neglect and/or hoarding behaviour against their right to self-determination is a serious challenge for services. Working with people who are difficult to engage can be exceptionally time-consuming and stressful for all concerned.

The adult's understanding is crucial to determining what action may or may not be taken in, self-neglect and / or hoarding. All adults have a right to take risks. They can choose to behave in a way that could be seen by others as harmful to them if the adults have the legal capacity to make their own decisions.

Practitioners must begin with the presumption of capacity until determined otherwise. An assessment of a person's capacity must consider their ability to make decisions in different areas. This guidance aims to support practitioners in this complex area of practice. (Adult Support and Protection Code of Practice 2014)

A failure to engage effectively with people who are unable to safeguard themselves whether they have capacity or not, can have serious implications for the health and well-being of the person concerned and can put neighbours, family and animals at risk of harm from fire, gas and water leaks and infestation.

What is self-neglect?

"Self-neglect is the inability (intentional or unintentional) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of the individual and their community." Gibbons

Self-neglect differs from other safeguarding concerns as there is no obvious perpetrator of abuse, however, abuse cannot be ruled out as a reason for someone becoming self-neglectful. An investigation into the reasons for self-neglect is required to determine whether any form of abuse has taken place. It requires the professionals, or a concerned person, to engage with the self-neglecting person, develop a rapport and build a relationship of trust. Sometimes interventions can feel traumatic for the person and may take time and patience to effect change. Diogenes syndrome is a disorder characterised by extreme self-neglect domestic squalor, social withdrawal, apathy, compulsive hoarding of garbage or animals, plus a lack of shame. Sufferers may also display symptoms of catatonia.

Different causes and effects

Self-neglect manifests in different ways. It may be that a person is physically or mentally unwell, or has a disorder, and cannot meet their own care needs as a result. They may have suffered trauma or loss or be receiving inappropriate support from a carer. The person may not recognise the level of self-neglect. Self-neglect can occur as a result of dementia, brain damage, depression or psychotic disorders. It may be down to substance use, including misuse of prescribed medications.

According to the 2012 version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), hoarding disorder is described as a pattern of compulsive behaviour, involving accumulating numerous possessions that are not really needed. This identifies those who severely self-neglect or hoard as in need of care and support – therefore meeting the criteria of an adult at risk of harm.

Symptoms of hoarding disorder can include emotional attachment and distress over parting with possessions, regardless of value or usefulness, allowing possessions to interfere with day-to-day life and relationships and social isolation.

Often these attachments can begin with trauma and loss, parental attachment and control issues and information processing deficits. Frequently, people who hoard suffer from anxiety.

There are no quick fixes

It is important to explore with the person their history and listen to the way they talk about their life, difficulties, and strategies to safeguard themselves. Social workers, and others working with the person, can begin assessing why the person self-neglects and offer support in replacing attachment to objects with interaction and relationships with people and their communities. Distress may lead people to seek comfort in having possessions: when faced with isolation they may seek proximity to things they're attached to and when faced with chaos may seek to preserve predictability.

Early relationships can have quite an effect on how a person perceives the world and may not recognise their self-neglect – and may even find comfort in the situation. Deep-seated emotional issues, which have evolved as coping strategies, cannot be undone in an instant.

(Barnett., D. 2016. *Hoarding and self-neglect – what social workers need to know*. Community Care. Website. Last Accessed: 22.09.21)

Self-neglect is wide ranging

There are a variety of indicators which may indicate the presence of self-neglect; this below list is not exhaustive.

A **history of mental illness**

which is apparent in behaviours of self-neglect and hoarding and is living in very unclean, sometimes verminous circumstances, or living with a toilet completely blocked with faeces.

Poor diet and nutrition, for example, evidenced by little or no fresh food in the fridge, or what is there, being mouldy.

Continued **refusal to allow access to health and / or social care staff** in relation to personal hygiene and care, including the non-attendance and or registration with a General Practitioner.

Being **unwilling to attend external appointments** with professional staff in health and social care, or other organisations (such as housing).

Neglecting household maintenance

and creating hazards within and surrounding the property for both themselves and others.

Continued **refusing of prescribed medication** and / or other community support.

Refusing to allow access to other organisations for example, staff working for utility companies (water, gas, electricity), housing services.

A significant **lack of personal hygiene** resulting in sores, long toenails leading to a risk of falls, unkempt hair, and body odour.

What is Hoarding?

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). Pathological or compulsive hoarding is a specific type of behaviour and can be characterised by acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people. This can result in severe 'cluttering' of the person's home so that it is no longer able to function as a viable living space; and is termed as a significant distress or impairment of work or social life (Kelly 2010).



Types of Hoarding

Inanimate objects

This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers, or papers.

Animal Hoarding

This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The individual is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. In addition, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

Data Hoarding

This is a relatively new phenomenon of hoarding. There is little research on this type of hoarding, and it may not seem as significant as other forms, however people that hoard data can still present with same issues that are symptomatic of hoarding. Data hoarding can present with the storage of data collection equipment such as computers, electronic storage devices or paper. Some feel the need to store copies of emails, and other information in an electronic format.



Hoarding indicators include (list not exhaustive)

- acquiring and failing to throw out many items that would appear to have little or no value to others (e.g., papers, notes, flyers, newspapers, clothes)
- severe cluttering of the person's home so that it is no longer able to function as a viable living space
- reluctance of an individual to give access or missed access arrangements for repairs, safety checks, etc.
- smells coming from rooms
- property being dirty or in disrepair
- overstuffed cupboards
- large number of pets
- self-neglect
- curtains always drawn/house looking unoccupied

Staff identifying that an individual has a hoarding problem should also bear in mind the following points:

- hoarding may be an indicator of an underlying mental health problem
- hoarding increases the risk of fire in a property and can impede the rescue services where materials block doors and windows
- it can compromise the health and safety of neighbours and the wider community especially where the individual occupies a flat and/or where the material hoarded encourages infestations of mice or insects

- people with a hoarding problem can be socially isolated. They may not be used to dealing with people in their daily lives.
- be aware that hoarders are often reluctant to seek help and may even refuse it when offered.
- be objective and do not prejudge the underlying causes. Judging individuals may alienate them and make it harder for staff to work with them.
- do not devalue the importance of the items hoarded or touch without the individual's agreement, do not refer to them as "rubbish" as they are likely to have some personal value.
- hoarders often see their behaviour as normal. The action plan should be solution-focused and concentrate on tackling the problems hoarding causes – nuisance, and health and the safety of the person and others.
- do not use confrontational language when referring to the problem or the hoarder's possessions.
- animal welfare must be considered where a hoarder is keeping pets. Concerns should be raised with the SSPCA or another animal welfare organisation.
- the likelihood of hoarding reoccurring is quite high and should be regularly reviewed and monitored.

Any member of staff who has concerns that an individual may be hoarding, or there are concerns about the person's ability to self-care should contact social work to ensure there is a multi-agency partnership approach to the risks identified and that this includes children services where children are living or present in the household.

Key Facts

It is estimated that between 2% - 5% of the population hoard:

- this equates to 1.2 million households across the UK,
- it is estimated that only 5% of hoarders come to the attention of the statutory agencies,
- hoarding can cause significant damage to the physical makeup of properties and can lead to death – it is suggested that up to 25% of accidental domestic fire fatalities involve hoarded households,
- it is estimated that the average cost of a hoarding case from start to finish can be anything up to £60,000,
- 20% - 30% of OCD sufferers are hoarders (Chartered Institute of Environmental Health),
- often, people who hoard can stop landlords from meeting their statutory duties – i.e., Gas safety checks and other certification requirements for Social Landlords.

Health and Wellbeing Outcomes below underpin the protocol

Outcome 1: People are able to look after and improve their own health and wellbeing and live-in good health for longer.

Outcome 2: People, including those with disabilities or long-term conditions, or who are frail, live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

Outcome 5: Health and social care services contribute to reducing health inequalities.

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

Outcome 7: People using health and social care services are safe from harm.

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

Legislative Context

- [Adult Support and Protection \(Scotland\) Act 2007](#)
- [The Mental Health Care and Treatment \(Scotland\) Act 2003](#)
- [The Adults with Incapacity \(Scotland\) Act 2000](#)
- [Public Services Reform \(Scotland\) Act 2010](#)
- [The Human Rights Act 1998](#)
- [The Social Work \(Scotland\) Act 1968, Section 12](#)
- [The Data Protection Act 2018](#)
- [The General Data Protection Regulation \(GDPR\) 2019](#)

The Impact of Self-Neglect and Hoarding on Children and Young People

A child/children or young person living with a person who hoards may be affected in many aspects of their life. The child may not be able to have friends in their house which can affect them sustaining friendships, their self-esteem and confidence can be affected as they may see others have nicer houses, better clothes.

Children may live in an unsafe home with risk of fire and the way to escape is cluttered or blocked. Everyday activities such as washing, eating meals, having clean clothes, clean bottles, playing, studying, and sleeping may all be affected. There may be no clean dishes to cook or eat with, worksurfaces may have uneaten food on them, getting a good night's rest may be affected as they may have to sleep with others such as siblings or parents. Their room could be full, with no space to play or study. The house, clothing or themselves could smell unclean.

There may be pets in the house who are not toilet trained or their litter tray not cleaned out, the pets may not be treated for fleas or wormed and could mean a child has flea bites. The child could be at risk of diseases and infections that can pass from animals to humans usually through poo, food, water, or the litter tray for example a baby crawling through and or eating poo.

Children and young people may see no issues with this as it is their normal lived experience or they may experience tension and arguments particularly if cleaning, moving, or throwing out belongings that the person who hoards does not wish to be moved or thrown out. The child/young person's own mood, tiredness, cleanliness may also be indicators that there is concern for them and their home conditions, and the need for agencies to be alert to the needs of children and young people.

Quotes shared by children of hoarders

Taken from Children of Hoarders

Awareness, Understanding, and support for COH

Memory Lane – Children of Hoarders

Ovens used for storage, forgetting/not-knowing stuff in there, pre-heating the oven and having a “meltdown.” (But of course it was *your fault*, because you didn’t check inside the oven first)

On Christmas and birthdays...Being told when opening (trying to open) gifts with childhood wonderment: “Don’t rip the wrapping paper!” “Save it, it’s still good!!” “DON’T WRINKLE IT-I can reuse it!!” “DON’T WRECK IT!” “Save that bow!”

Lots and lots of cleaning supplies - hoarded and not used

Flea infestations that can’t be remedied because there are too many flea eggs/larvae hidden in the stuff!

Making a nice, tasty sandwich...take a bite...then you look at the sandwich in your hands and there is mould on the bread!

Wow, like a few people I wasn’t embarrassed. It is what it is... and still is at the moment.

Where there are concerns about a child or young person’s welfare or safety in relation to adult self-neglect or hoarding practitioners must follow their own agencies information sharing and referral procedures.

Working in a Person-Centred way

Working in a Person-Centred way with individuals who are at risk of Hoarding and Self-neglect requires us to involve the adult in the safeguarding issue.

- Respectful and timely engagement
- Spotting motivation and being there at the right time
- Encouraging a person-centred approach, not intrusive, directive, or ‘pushy’
- Building a relationship is important – demonstrate your compassion, reliability, empathy, patience, honesty, and preparedness to work at their pace
- Someone who goes the extra mile, is reliable, compassionate, and understanding
- Understand their life history and current circumstances and how this connects to self-neglect; loss; grief; harm; depression; and/or cognitive impairment
- Be creative using a flexible approach, negotiate the level of intervention the person can tolerate and aim to contain rather than remove risk. Negotiating for and with service users, coordinate with them, reassure them and others, containing anxiety of others, be the bridge and maintain contact
- ‘Being with’ the person when clearing/cleaning is taking place including promoting choice where possible
- Support what is relevant to the service user’s own perception of needs
- Understand the legal responsibilities and tools available
- What can others offer? – fire service, safe drinking programmes, aids and adaptations can be offered.

The Process

The process to be followed illustrated in the **Process Map** included at **Appendix 1** provides a pathway for the key stages from the trigger point where hoarding is first identified, through to deciding a course of action and monitoring the outcome.

Central to the process, is a person led approach that recognises that hoarding and self-neglect require an asset-based approach for positive outcomes

Following the initial visit and assessment an action plan should be developed that is proportionate, and tailored to the individual, considering the following factors:

- the individual's mental or physical condition and their ability to self-care, care for dependent children, or carry out remedial action in relation to the hoarding
- the severity of the condition of the property
- the risk of serious harm or accident as a result of the condition of the property
- available resources to support the individual
- the need to involve the individual to ensure their views are considered alongside their circle of support to ensure the least restrictive
- intervention takes place to achieve the most benefit to the individual

A proforma for the **Action Plan** is included at **Appendix 4** and should be used to develop individual action plans. This should be agreed with the individual, and all actions delivered using a staged approach to ensure the best outcomes, unless there are serious health and safety risks identified. An example could be clearing a room to re-establish cooking and washing facilities and perhaps storing items in an assigned room where there is a reluctance to initially discard. It may be useful to use photographic prompts to help the individual assess the level of hoarding and use these to demonstrate progress as they work through the action plan.



Developing the Action Plan

Using the Assessment Tool Guidelines, included at Appendix 5, actions should be tailored to meet the assessed circumstances of the individual(s). The guidance assesses hoarding on 3 levels depending on the degree of clutter:

Level 1 (Green) Rating 1 – 3

Images 1 – 3 indicate Level 1. - The property is considered standard, and no specialist assistance required unless the individual needs help with home care or housing support. In these circumstances the plan should comprise of practical actions for the individual which could include recycling of unwanted items, getting help with the garden, additional waste bins and/or signposting to other agencies, e.g. Welfare Rights.

Level 2 (Amber) Rating 4 – 6

Images 4 – 6 indicate Level 2. - Emerging and actual issues with the property are identified and the individual needs some assistance to address these. It is a requirement at this level for a referral to be made to care and support agencies, ideally with the individual(s) consent.

Level 3 (Red) Rating 7 – 9

Images 7 – 9 indicate Level 3. - Very real issues exist within and outwith the property. In these circumstances, a 24-hour safeguarding alert must be raised with adult/child protection.

The individual should be given a copy of the action plan that includes what is expected of them and by when and signed by the individual/s (unless there is a genuine reason why they cannot). The process should be fully explained so that they are clear as to what to expect.

Action plans are recommended to be completed within a 12-month period, but this will depend on the scale of hoarding. After that time a significant improvement should be seen. If this is not the case, and with the support of other agencies, the individual may be considered for some form of enforcement action which should always be the last resort.

Ongoing concerns

Where there are concerns that the adult support and or protective plan is not working a further multi-agency case conference should be convened.

Support and Referral Pathway

Where the individual is already engaging with a support service, we should continue with this and factor this into the action plan. This is important where individuals have established a relationship, and there is a degree of mistrust of new services. The priority for new referrals is to ensure the individual and their family and friends are involved in the decision-making process. Where a person has a circle of support in place, we should encourage their assistance whilst ensuring consent, confidentiality and GDPR principles are upheld.

Concern about an adult or child - call 030 33 33 3001 and ask for the Single Access Point or socialworkaccessteam@dumgal.gov.uk

Call Out of Hours on 01387 273660
or email SocialWorkOutofHours@dumgal.gov.uk

Social Work Services

Social Work as lead agency across public protection have a duty to ensure the most vulnerable adults and children in our community are safeguarded and provided with information, support, and advice to meet their needs in line with legislation. This is carried out most effectively within a multi-agency shared collaborative approach as no one agency has all the answers.

[The Adult Support and Protection \(Scotland\) Act 2007](#) defines an Adult at risk as:

Adults (16 and over - Section 53) who –

- a are unable to safeguard their own well-being, property, rights, or other interests
- b are at risk of harm; and
- c 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 at risk of harm is defined in the Adult Support and Protection Act (Scotland) Act 2007 as:

- 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

All children and young people have the right to be protected and kept safe from harm and all social work practitioners, whether working directly with children, young people and their families or not, have a responsibility to help children and young people live safely.

Child protection procedures are under-pinned by the principles outlined in the United Nations Convention on the Rights of the Child [UNCRC Summary](#) and those contained within the [Children \(Scotland\) Act 1995](#).

These principles are:

- children have a right to be protected from all forms of abuse, neglect, and exploitation
- children should be listened to, and their views considered in decisions affecting them
- agencies should work together in providing services to meet the needs of children
- parents should normally be responsible for the upbringing of their children and should share that responsibility.

Social work services have duties and responsibilities to protect vulnerable children, young people, and adults. As such, we are involved in making complex decisions about the welfare of service users, in situations in which there are degrees of risk. However, managing risk in the lives of service users does not mean eliminating all risk. It means ensuring there is a balance between the protective factors in place, and encouraging independence, whilst reducing the risk of harm.

Many people who hoard have strongly held beliefs related to acquiring and discarding things, such as: "I may need this someday" or "If I buy this, it will make me happy". Others may be struggling to cope with a stressful life event, such as the death of a loved one.

Duty of Care

The principle of a **duty of care** is embedded in Scots Law (Common Law). This does not stem from statute, but it is laid down in judicial decisions based upon the decisions of courts rather than references to statute determined by parliament.

“It is generally held that, under Common Law, it is reasonable to take necessary action to safeguard a person to prevent him / her coming to harm” (Unison Handbook on Duty of Care).

This includes the sharing and reporting of proportionate and necessary information of an adult who is known or believed to be an adult at risk of harm with or without the consent of the adult. Good practice dictates that you discuss your concerns with the adult and/or their legal proxy such as power of attorney/ welfare guardian/ financial guardian/named person (Mental Health Care & Treatment Act 2003) and tell them why information is being shared, unless it is detrimental to the adult's wellbeing or interferes with criminal investigation or other judicial process:

- adopt a common-sense approach;
- use your professional judgement, knowledge, and skills;
- seek help and support in doing so – speak to your Line Manager / Supervisor or if your concern is one of safety follow the West of Scotland Inter- agency Adult Support and Protection Procedures ratified at PPC 2019 and/or Dumfries and Galloway Inter-Agency Child Protection Procedures and Supporting Guidance August 2018;
- share what you consider to be necessary, appropriate, and proportionate information about your concern – on a need-to-know basis only
- always share your concern with the adult and/or their proxy
- consider the alternatives and/or implications of not sharing information
- always record your decision and the reasons for it
- follow your agency's policies and procedures and your professional guidelines.

Confidentiality

Confidentiality is not an absolute right – never promise that; - confidentiality does not prevent you from sharing a concern about an adult – it actually empowers you to do so; be aware of the constraints and limitations of confidentiality.

Information Sharing

This protocol is underpinned by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). All agencies have a responsibility to share information where there is an identified risk to a person and / or to others.

Where there is a belief / or evidence of self-neglect and / or hoarding consideration must be given to interventions within the following protective legislative frameworks: Adult Support and Protection (Scotland) Act 2007; Mental Health Care and Treatment (Scotland) Act 2003; Adults with Incapacity (Scotland) Act 2000.

Consent with regards to information-sharing

- Do not seek consent in situations where you are likely to share information in any case
- Consent should only be sought when the individual has a real choice over whether the information should be shared
- Consent should be informed and explicit – the adult must also be informed that consent can be revoked at any time
- Consent when provided must always be recorded
- Doing nothing is not an option – do not delay unnecessarily, act quickly

Ask yourself the following five key questions – if you do not know the answer then gather information to find out:

- What is getting in the way of this adult's/child's well-being?
- Do I have all the information I need to support the adult/child?
- What can I do now to support this adult/child?
- What can my agency do to support this adult/child? and;
- What additional help /support, if any, may be needed from other partners for example health?

Psychology

There is increasing evidence for psychological treatment for hoarding, working across multi-agencies and all staff involvement in the care and treatment for someone with a hoarding difficulty. All staff require access to a psychologically informed understanding of the person who hoards. There is a potential for shared team formulations of clients that hoard to facilitate the development of a shared language of care and encourage coherence and consistency of any multi-agency intervention (*A Psychological Perspective on Hoarding, British Psychological Society, 2013*). A referral for psychological assessment should be considered **as early as possible** in any multi-agency approach to addressing a hoarding issue.

Community Mental Health Team (CMHT)

Discussion with an individual's GP prior to a decision to refer to Community Mental Health Services is highly recommended. This assists in the implementation of any treatment interventions that should be delivered within the Primary Care context and allows for consideration of referral on to the most appropriate Team within the Community Mental Health Service.

Individuals diagnosed with a severe and enduring mental illness (EMI) will be accepted by the CMHT. Individuals who do not have an EMI will be referred to the Primary Care Mental Health Team and/or supported from the third sector specialist providers for example, Support in Mind.

Scottish Fire & Rescue Service

A referral should also be made to the Scottish Fire and Rescue Service (SFRS) for a 'Home Safety Check' to be undertaken where it is believed that an individual could be vulnerable to risk of fire. They can also provide fire safety advice regarding the prevention of fire in the home. Contact the SFRS by following the web address, <https://www.firescotland.gov.uk> and complete the online form to request fire prevention advice.

Hoarding is considered a serious issue for fire service personnel when tackling fires in domestic premises. If the property affected by hoarding is flatted, the risk increases further not only for the fire service personnel but also for others living within the block.

There is a greater risk of fire starting where the hoarding of combustible materials is stored close to, or in contact with heat sources. Emergency access is likely to be impeded and the way out may be restricted, slowing down escape. Poor underfoot conditions increase the risks of slips and trips, and disorientation becomes an issue for fire fighters where normal landmarks and features within a property are no longer obvious.

In a fire situation, high fire loading (the amount and weight of combustible material) increases the severity of the fire and increases the risk to firefighters and the risk of it spreading to neighbouring properties. There is also an increased risk of structural damage.

A referral to SFRS will allow appropriate advice around fire prevention, this service;

- is free
- concentrates on prevention, detection, and escape
- advises on specialist alarms for the hearing impaired

The SFRS can securely hold information linked to an address which can be shared with attending crews should a 999-call come in for that address.

Welfare Rights –Scottish Welfare Fund

The cost of deep cleans can be funded through a Scottish Welfare Fund where an individual is eligible. There is a limited amount of money and only situations of greatest need will be eligible for financial assistance.

The Fund is "discretionary" this means that there is no right to a grant. Decisions are made based on personal circumstances and everyone's circumstances are different. Grant awards may differ from person to person. If successful, this grant does not have to be paid back.

For more information or to apply: <https://www.dumgal.gov.uk/scottishwelfarefund>

Legal and other Remedies

Legal action will only be considered as a last resort in all cases, and then only after all other available support and action has been exhausted. Professionals should ensure that the Individual is receiving or has been offered the appropriate support, and that any legal action is proportionate to achieving the most desired outcome.

Capacity and other complicating factors

Before any enforcement action is taken, referrers should consider whether the individual has capacity. If capacity has not already been assessed and there are concerns this should be progressed as a matter of urgency. Please note that individuals who have mental health difficulties and or where capacity is uncertain may not be able to make safe decisions or understand the consequences of poor choices which affect their own and other people's wellbeing.

All partners and agencies involved in any self-neglect and hoarding work should highlight whether an individual may have a mobility problem which could impact on their ability to self-care and or leave the property in an emergency.

Record Keeping

It is vital in all situations that accurate records are kept of all actions taken regarding self-neglect and hoarding cases, this includes (but not limited to):

- attempts to contact the individual (telephone calls and visits)
- details of the condition of the property (including photographic evidence*)
- referrals and signposting to other services
- action plans developed with the individual(s)
- letters sent
- any decisions and agreements made involving the person

*Photographic evidence should only be undertaken by agencies who have the legal authority to do so. It is important in all hoarding cases that consent from the person should be elicited to take photographs and assurance made that these will be stored along with other relevant documents and marked with the date and time taken. Ideally, photographs should be taken at each visit to allow the individual to see the progress made and to reduce the risk of harm.

Public Protection is everybody's business

If a person is in immediate danger, call Police Scotland on 999 to request urgent assistance or advice on 101.



Referral Pathways

Social Work

Adult Support & Protection Information for Providers on reporting concerns about an adult – Adult Protection 1 (AP1) protocol (see appendix 7) is for agencies and providers reporting concerns about an adult when harm, mistreatment, neglect, or self-neglect is suspected or alleged. It is aligned to and should be read in conjunction with the West of Scotland Inter-agency Adult Support and Protection Guidance which can be accessed on Dumfries and Galloway's Public Protection website www.dgppp.org.uk.

The protocol gives a step-by-step guide to reporting concerns. The priority is the safety and protection of adults at risk, and it is the responsibility of all staff to act on and report any suspicions or evidence of harm.

Where risks have been identified for children or young people residing at or regularly visiting the property, then a referral should be made to single access point on – 030 33 33 3001 – this should be followed up by a written referral within 24 hours.

All Health & Social Care staff are responsible for identifying individuals where self-neglect and/or hoarding may be occurring and reporting this to the relevant organisations. If it is a Private Rented and or Owner-Occupied property, the same process should be followed.

Housing Associations

Housing officers are responsible for identifying tenancies where hoarding may be occurring and should ascertain if a person is known to Dumfries and Galloway Health and Social Care Partnership (HSCP). All providers will report concerns through their own agency procedures to Social Work using the agreed pathway.

Scottish Fire & Rescue Service

SFRS staff are responsible for identifying properties where self-neglect and hoarding may be occurring and should ascertain if a person is known to Dumfries and Galloway Health and Social Care Partnership (HSCP) and refer to social services using the agreed pathway.

Providers

All providers are responsible for identifying individuals where self-neglect and hoarding may be occurring and should ascertain if a person is known to services. If concerned about an adult or child, providers should refer to social work using the agreed pathway

Psychological services

Referral Pathway:

- for age 18-65 is via the GP
- for adolescents aged 16-18 it may be either Adult Mental Health or the Child Psychology team dependent on individual circumstances; via the GP(Adult Mental Health) or GP/Social Services (child team).
- for older adults - usually 65 but will consider 60+ if retired and there are later life factors, we will accept direct referrals via social services.

We would ask that in all cases an email or telephone discussion is undertaken with the appropriate team in the first instance to establish the appropriateness of the referral and to confirm referral processes.

Adult Mental Health (AMH)- (18-65) - Dr Audrey Young, Consultant Clinical Psychologist, Head of AMH Audrey.young2@nhs.net

Older Adults (age 65+) - Dr Fionnuala Edgar, Senior Clinical Psychologist fedgar1@nhs.net

Child Psychology (16-18) - Dr Alice Walker, Consultant Clinical Psychologist alice.walker17@nhs.net

Contact List

Scottish Fire & Rescue Service – Home Fire Safety Visit Tel 0800 0731 999

Email SFRS@firescotland.gov.uk

Website <https://www.firescotland.gov.uk/your-safety/at-home/home-fire-safety-visit/>

Scottish Association for Mental Health (SAMH) Tel: 0141 530 1000

Email: enquire@samh.org.uk

Scottish Society for Protection of Cruelty to Animals

Tel: 03000 999 999

Home Group

Housing Manager - 03450414663

OOH contact details – 03450414663

DGHP

Customer Service Centre for all enquiries – 0800 011 3447

or customerservice@dghp.org.uk

Loreburn Housing Association

Head of Housing

01387 321335 / 07523519059

glynisM@loreburn.org.uk

Cunninghame Housing Association

Housing Services Manager (01294) 606026/ 07909978995

kagnew@chaltd.org

Websites

www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue197863.pdf

www.childrenofhoarders.com

www.hoardinguk.org

www.hoardingdisordersuk.org

<https://www.dumgal.gov.uk/scottishwelfarefund>

<https://khub.net/group/adultsupportandprotectionpractitionersforumsotland/group-library>

for Self-neglect and Hoarding Practitioner and Strategic briefing

Paul Comley

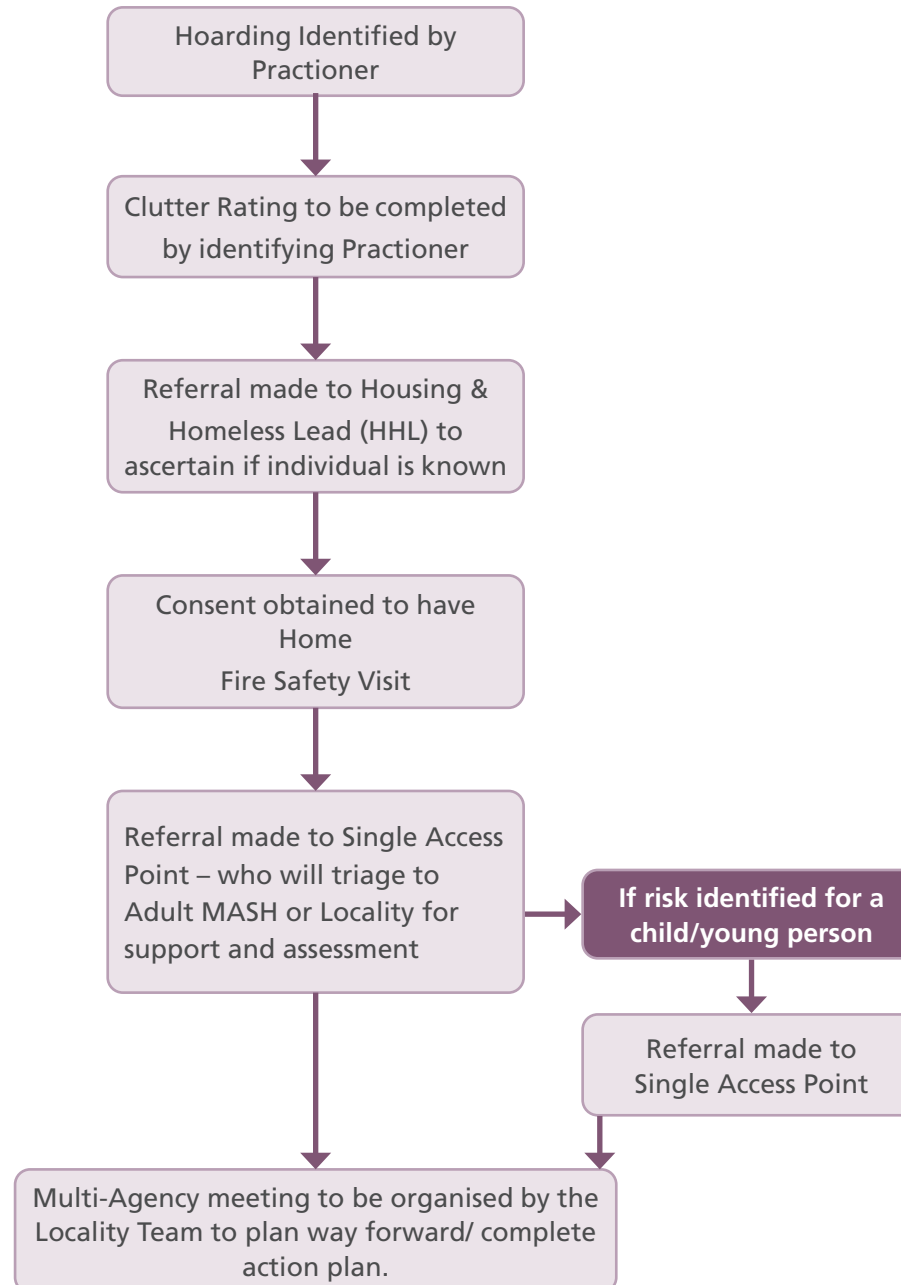
<https://www.youtube.com/watch?v=tNFifKESV5c> Compulsive Hoarding
Presentation by Dr Fionnuala Edgar

www.dgppp.org.uk Dumfries & Galloway Public Protection Partnership
website

APPENDICES

- Appendix 1** Hoarding Process Map
- Appendix 2** Hoarding Checklist
- Appendix 3** Clutter Image Rating Scale
- Appendix 4** Action Plan
- Appendix 5** Assessment Tool Guidelines
- Appendix 6** Referral to GP
- Appendix 7** Adult Support & Protection reporting concerns to Social Work AP1
- Appendix 8** Photographs of before and after multi agency intervention

Appendix 1
Process Map for
Self-Neglect and or Hoarding



Appendix 2 - Hoarding Checklist

| Back round | |
|-------------------------|---------------------|
| Individual name(s): | |
| Address: | |
| age(s) | gender: |
| Type of Tenancy: | Start date: |
| Property type: | Number of bedrooms: |
| Housing Officer: | |
| Date report received: | Reported by: |
| Reason for report: | |
| Vulnerabilities/alerts: | |
| Contacts Made: | |

Officers should use the following checklist to determine whether the condition of the property or garden meets the threshold to be categorised as hoarding.

In doing so, consideration should be given to whether rooms can be used for their purpose and if there are any health and safety concerns.

Checks on the property

| Room | Can the room be used for its purpose? | | Are there any health and safety concerns? | | Clutter rating 1 - 3 | | |
|-------------------------------|---------------------------------------|----|---|----|----------------------|---|---|
| | Yes | No | Yes | No | 1 | 2 | 3 |
| Kitchen | | | | | | | |
| Bathroom | | | | | | | |
| Separate w.c (if appropriate) | | | | | | | |
| Lounge | | | | | | | |
| Bedroom 1 | | | | | | | |
| Bedroom 2 | | | | | | | |
| Bedroom 3 | | | | | | | |
| Dining room (if appropriate) | | | | | | | |

| Room | Can the room be used for its purpose? | | Are there any health and safety concerns? | | Clutter rating 1 - 3 | | |
|--|---------------------------------------|----|---|----|----------------------|---|---|
| | Yes | No | Yes | No | 1 | 2 | 3 |
| Access from the front door | | | | | | | |
| Access from the back door | | | | | | | |
| Stairs (if appropriate) | | | | | | | |
| Loft space (only where specific concerns have been raised) | | | | | | | |
| Garden | | | | | | | |
| Shed/ outhouse | | | | | | | |

Additional information

Any imminent fire risks? Consider: flammable materials, working smoke alarms, any evidence of previous fire/smoke damage e.g. candles

Are there pet/pest control issues?

Is hoarding spilling over into the garden/ communal areas?

Is there an overuse of electric extension cables?

Any apparent repair issues to address?
e.g. mould growth, leaks electrical etc.

Do the occupants smoke?

Do the occupants have known alcohol or substance misuse issues?

What type of heating is in the property?

Does the individual use portable heaters?

Is the individual(s) receiving housing support or known to any external agency e.g.
Wellbeing?

Name of Housing
Officer completing
the form:

Date:

Appendix 3 - Clutter Image Rating Scale – Kitchen

Please select the photo that most accurately reflects the amount of clutter in the room



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale – Bedroom

Please select the photo that most accurately reflects the amount of clutter in the room



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale – Lounge

Please select the photo that most accurately reflects the amount of clutter in the room



1



2



3



4



5



6



7



8



9

Appendix 4 - Hoarding Action Plan

To involve and be agreed with the individual

| | | | | | |
|----------------------|--|----------------------------|----------|--------|-----------------|
| Individual details | | | | | |
| Name: | | Address: | | Tel No | |
| Housing Association: | | | | | |
| Housing Officer: | | | | | |
| Agreed actions | | Target date for completion | By whom? | | Progress update |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Referrals to support/ other agencies

| Agency | Yes | No | Date | Agency | Yes | No | Date |
|-----------------|-----|----|------|--------------------------------|-----|----|------|
| Drug & Alcohol | | | | Scottish Fire & Rescue Service | | | |
| Mental Health | | | | Environmental Services | | | |
| Psychology | | | | Adult Support & Protection | | | |
| GP | | | | Child Protection | | | |
| Other - Specify | | | | Animal Welfare | | | |

Consent to information sharing

I consent to agencies obtaining and sharing information as part of the multi-agency work to help and secure my safety and that of my family/ neighbours. If there are child protection or animal welfare concerns, information will be shared regardless of whether this form is signed.

I also consent to following the actions in this Action Plan.

Signed _____

Print Name _____

Date _____

Appendix 5 - Assessment Tool Guidelines

Level 1 Characteristics

| Level 1 Clutter Image Rating 1 -3 | Household environment is considered standard. No specialised assistance needed. Appropriate referrals can be made if the individual requires some assistance with home care or housing support subject to age and circumstances |
|---|--|
| 1. Property structure, services and garden area | <ul style="list-style-type: none">• All entrances and exits, stairways, roof space and windows accessible• Smoke alarms fitted and functional otherwise refer to Repairs Call Centre.• All services functional and in good working order• Garden is accessible, tidy and maintained. |
| 2. Household function | <ul style="list-style-type: none">• No excessive clutter, all rooms can be safely used for their intended purpose• All rooms rated 0 – 3 on the Clutter Rating Scale• No additional unused household appliances appear in the property• Property is maintained to the council's standards |
| 3. Health and Safety | <ul style="list-style-type: none">• Property is clean with no odours (pet or other)• No rotting food• No concerns about candles• No concerns about flies• Individual(s) manages personal care/may require some assistance for health reasons |
| 4. Safeguard of Children and Family members | <ul style="list-style-type: none">• No concerns for household members |
| 5. Animals and Pests | <ul style="list-style-type: none">• Any pets are well cared for.• No pests or infestations at the property |
| 6. Personal Protective Equipment (PPE) | <ul style="list-style-type: none">• No PPE required |

Level 1: Multi Agency Actions

| Level 1 | Actions |
|--|---|
| 1. Housing | <ul style="list-style-type: none">• Discuss concerns with the individual(s) and develop an Action Plan• Provide advice and assistance if required with gardening, refuse services e.g. garden maintenance scheme, extra recycling bins, uplift of unwanted items• Identify any care /support needs and refer to Adult Care for a care and support assessment if appropriate and agreed by the individual (if not already a client)• Issue a request to Scottish Fire and Rescue for a Home Safety Check and to provide fire safety advice• Income maximisation check and referral to Welfare Rights if appropriate |
| 2. Animal Welfare | <ul style="list-style-type: none">• No action unless advice requested |
| 3. Safeguard of Children & Family Members | <ul style="list-style-type: none">• No action unless concerns raised. |
| 4. Scottish Fire and Rescue | <ul style="list-style-type: none">• Carry out home visit and share outcome with Housing |

Level Two Characteristics

| Level 2 Clutter Image Rating 4 - 6 | Household environment requires assistance to resolve the clutter and the maintenance issues in the property. |
|---|--|
| 1. Property structure, services and garden area | <ul style="list-style-type: none"> • Only major exit is blocked • Concerns that services are not well maintained • Smoke alarms are not installed or not working • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open |
| 2. Household function | <ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose • Clutter is causing congestion between the rooms and entrances • Room(s) score between 4 – 6 on the clutter scale • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places • Property is not maintained to the council's standards • Evidence of outdoor items being stored inside |
| 3. Health and Safety | <ul style="list-style-type: none"> • Kitchen and bathroom are difficult to utilise and access • Offensive odour in the property • Individual is not maintaining a safe cooking environment • Some concern with the quantity of medication, or it's storage/expiry dates • Individual trying to manage personal care but struggling • Individual has good fire safety awareness with little risk of ignition • No risk to structure of the property |
| 4. Safeguard of Children & Family Members | <ul style="list-style-type: none"> • Properties with adults/children with care and support needs should be referred to Adult/Child protection |
| 5. Personal Protective Equipment (PPE) | <ul style="list-style-type: none"> • Is PPE required? • Latex gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent |

Level Two: Multi Agency Actions

| Level 2 | Actions In addition to the action below listed, these cases need to be monitored regularly due to the risk of escalation |
|---|---|
| 1. Housing | <ul style="list-style-type: none"> • Issue a request to Scottish Fire and Rescue Service for a Home Safety Check and to assess for monitored smoke alarms/assistive technology • Provide advice and assistance with gardening, refuse services e.g. garden maintenance scheme, extra recycling bins, uplift of unwanted items • Referral to Adult/Child protection/GP if consent given • Referral to GP/Wellbeing Support Services if not already known. • Income maximisation check and referral to Welfare Rights if appropriate • Referral to SSPCA if animals at the property • Hold a multi-agency meeting and adopt a collaborative approach .Share relevant information with necessary statutory services/agencies to ensure a sustainable solution |
| 2. Scottish Fire and Rescue Service | <ul style="list-style-type: none"> • Carry out a Home Safety Check and assess for monitored smoke alarms/assistive technology |
| 3. Animal Welfare | <ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on the animals • Educate individual regarding animal welfare if appropriate • Provide advice/assistance with rehoming animals |
| 4. Safeguard of Children & Family members | <ul style="list-style-type: none"> • Investigations into concerns raised about adult/child protection |
| 5. Personal Protective Equipment (PPE) | <ul style="list-style-type: none"> • Latex gloves, boots or needle stick safe shoes, face mask, hand sanitiser, insect repellent |

Level Three Characteristics

| Level 3 Clutter Image Rating 7 - 9 | Household environment will require intervention with a collaborative multi-agency approach, and the involvement of a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. |
|---|---|
| 1. Property structure, services and garden area | <ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Extreme clutter may be seen at windows • Extreme clutter may be seen outside the property • Garden not accessible and extensively overgrown • Services not connected or functioning properly • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp • Interior doors missing or blocked open • Evidence of indoor items stored outside |
| 2. Household functions | <ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose • Room(s) scores 7 – 9 on the clutter image scale. • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Individual at risk due to living environment • Household appliances not functioning or inaccessible • Individual has no safe cooking environment • Individual is using candles • Evidence of outdoor clutter being stored indoors • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass • Property is not maintained to the Council's standard |

| Level 3 Clutter Image Rating 7 - 9 | Household environment will require intervention with a collaborative multi-agency approach, and the involvement of a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. |
|---|---|
| 3. Health and Safety | <ul style="list-style-type: none"> • Human urine and excrement may be present • Excessive odour in the property may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and /or buried plates & dishes • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities of medication • Concern with the integrity of the electrics • Inappropriate use of electrical extension cables or evidence of unqualified works to electrics • Concern for declining mental health |
| 4. Safeguard of Children & Family members | Concerns about impact of hoarding on children and vulnerable adults |
| 5. Animals and Pests | <ul style="list-style-type: none"> • Animals at the property at risk due to the level of clutter in the property • Individual may not be able to control the animals • Animals living area is not maintained and smells • Animals appear to be under nourished or over fed • Hoarding of animals at the property • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish etc.) • Visible rodent infestation |
| 6. Personal Protective Equipment (PPE) | Latex gloves, boots or needle stick safe shoes, face mask, hand sanitiser, insect repellent Joint visits if required |

Level Three: Multi Agency Actions

| Actions | Level 3 |
|---|---|
| 1. Housing | <ul style="list-style-type: none"> • Raise Safeguarding alert (within 48 hours) with Adult/Child Protection if hoarding is having an adverse impact on others and there is a risk to health, safety and wellbeing. No consent is required. • Issue an urgent request to Scottish Fire and Rescue for a home visit (within 48 hours) to provide a Home Safety Check and risk assessment. • Call an urgent multi-agency (within 7 working days) meeting to discuss hoarding situation and risks presented. Write to GP if consent given • Consider legal/management action • Income maximisation check and urgent referral to Welfare Rights |
| 2. Scottish Fire & Rescue | <ul style="list-style-type: none"> • Carry out a home visit (within 48 hours) to provide a Home Safety Check and risk assessment and provide feedback to Housing on completion of home visit |
| 3. Safeguard of Children & Family members | <ul style="list-style-type: none"> • 24-hour crisis response to referrals for urgent investigation and intervention. • Attendance at multi-agency case conference |
| 4. Animal Welfare | <ul style="list-style-type: none"> • Urgent (ideally 48 hour)visit to property to undertake wellbeing check on animals • Remove animals to safe environment • Educate individual about animal welfare • Take legal action for animal cruelty if appropriate • Provide advice/assistance with rehoming animals |

Appendix 6- Referral to GP

Information

Dear Dr ...

Individual's Name, Individual's Address

I am contacting you to raise some concerns regarding X who is a xxxx. X suffers from hoarding tendencies.

In May 2013, Hoarding Disorder was included in DSM-5 and therefore, Dumfries and Galloway Health & Social Care Partnership has developed a Hoarding Protocol and Procedure. This involves a multi-agency approach.

People who have a problem with hoarding usually suffer from co-existing mental health problems, especially depression and anxiety, but help to overcome hoarding needs to be treated as a specific problem.

Hoarding is a chronic condition and needs several long-term support interventions. There are several interventions that have been shown to help with hoarding, e.g. referral to Community Mental Health Team, psychology, Cognitive Behavioural Therapy, assistance from a Hoarding Specialist.

Evidence from the agencies/services with whom X is currently working shows that X displays the following behaviours.....

I would ask you to consider a referral to CMHT, psychology or counselling for X. This would allow a psychological assessment of both the issues caused by hoarding, and other health problems X might be experiencing.

I hope that you will be able to assist. I would be happy to discuss this request and the circumstances with this individual in more detail if you wish to make contact.

Yours sincerely

X.....

Appendix 7

Dumfries & Galloway Adult Support & Protection

Information for Providers on reporting concerns about an adult

If a person is in immediate danger, then a direct 999 call must be made to request urgent assistance or advice

This protocol is for providers reporting concerns about an adult when harm, mistreatment or neglect is suspected or alleged. It is aligned to and should be read in conjunction with the West of Scotland Inter-agency Adult Support and Protection Guidance which can be accessed on Dumfries and Galloway's Public Protection website www.dgppp.org.uk.

The protocol gives a step by step guide to reporting concerns. The priority is the safety and protection of adults at risk and it is the responsibility of all staff to act on and report any suspicions or evidence of harm.

A step by step checklist of what you should do when you are concerned that an adult may be at risk of harm, mistreatment or neglect is set out below. A diagram to illustrate this is included at Appendix 1.

All providers will have a process to record all alerts which may indicate a change in a service user's behaviour or environment which may impact on health and well-being of both service user and/or Carer. Providers will also have arrangements in place to monitor alerts being submitted liaising with other relevant professionals, including social work as appropriate to seek assistance.

Concerns move from this internal reporting and monitoring process when there is evidence that someone may be at risk of harm, neglect or mistreatment or when a range of lower level concerns suggest an emerging pattern of change or accumulation of risk.

Providers should operate a robust internal management oversight process to monitor alerts identified by care staff and this is the process through which supervisory staff identify possible concerns which need to be referred to social work. This may include high risk, accumulating risks, high levels of complexity and or an adult support and protection concern. Whilst not all concerns referred to social work will constitute Adult Support Protection; one form has been developed to cover both concerns and ASP referrals to ensure a consistency of approach. This allows social work to have oversight of all concerns which will support decision making in terms of how best to intervene and protect.

If you are the person who witnesses, suspects or is made aware that someone is at risk of harm you should:

1. Check whether they are in immediate danger or in need of immediate assistance and you should contact the police and or appropriate emergency service.
2. If the person is not in immediate danger you should ask them to tell you what happened or raise your concerns if these are observed. It is important that you don't probe with too many questions. You should listen to what they need to tell you encouraging and supporting as required. You also need to be aware that they may not want to discuss the issues or may minimise these. This does not affect your responsibility to report.
3. You should if possible, let the person know that you need to tell someone else so that you can get them help and ensure that the harm, mistreatment and or neglect is stopped. The person may not want you to report the issues and you need to explain that you have a duty of care to ensure they are safeguarded from harm. Again, if you are unable to have this conversation this should not prevent you from reporting the concern. It is for specially trained professionals to determine what and if something needs to be followed up.
4. You should write down what you have heard or observed as soon as possible.
5. You should contact your immediate line manager to report the concern and, in their absence, you should contact another manager within your service. If this is not possible, for whatever reason, you should call Single Access Point on 030 33 33 3001. Single Access Point will take the details of your concern and liaise as required with the Multi-agency Safeguarding Hub (MASH).

If you are the manager who receives a concern from one of your staff, you should:

Within the same working day call Single Access Point on 030 33 33 3001 and tell them you need to report a concern about an adult. Single Access Point will take the details and liaise with the MASH. It will assist this process if you can complete and have to hand the information required to complete the AP1 form. You should note the name of the person you speak with in the Single Access Point team. Single Access Point will request an AP1 form, as the follow up to your phone call in writing and this should be forwarded within 24 hours.

6. The Single Access Point will undertake the initial triage to determine whether to forward your concern to either the MASH or the relevant locality team.
7. If you need to refer a concern out with normal working hours 9 – 5 Monday to Friday, you should ring the social work out of hours team on 01387 273660 who will take the details of the concern and action as appropriate. You should follow this up with a completed AP1 form within 24 hours to be sent as instructed by the Out of Hours Team.
8. The Single Access Point or the MASH may contact you if they require further information.
9. You should check that the staff member raising the concern is supported and can discuss the impact this has had on them.

If you are concerned about an individual but not sure whether this needs to be reported, you can seek advice from the Single Access Point who will then direct you as appropriate to either the MASH or the Duty Social Worker. If they are not available, the call advisor will take your details and request a call back.

Reporting Concerns

Check whether they are in immediate danger or in need of immediate assistance and you should immediately contact the police and or appropriate emergency service.

If the person is not in immediate danger you should ask them to tell you what happened

You should record what you have been told or what you observe as soon as possible

Contact your line manager and give them details of the concern

You should complete any internal alert/reporting form

The absence of your immediate manager should not delay the reporting of the concern

If a concern has been reported in normal working hours 9am – 5pm Monday to Friday, you should call the Contact Centre on:

0303 333 3001 and tell them you need to report a concern about an adult. You should send the AP1 referral form to : SocialWorkOutofHours@dumgal.gov.uk

Complete the AP1 form

You should note the name of the person you speak to at the Access team.

The completed AP1 form should be forwarded as soon as possible within 24 hours.

You should ensure details of the concern and response are recorded in your own case recording system

The Access team will forward the concern to either the MASH or the relevant locality team.

Receipt of referral will be sent within 24 hours

Feedback will be provided within 5 working days

If you haven't received feedback or have further concerns or information to share, you should contact the Single Access Point

If you need to refer a concern out with normal working hours 9am – 5pm Monday to Friday, you should ring the social work out of hours team on 01387 273660 who will take the details of the concern and action as appropriate.

As above you should forward the AP1 as soon as possible to socialworkoutofhours@dumgal.gov.uk

Appendix 8 - Before



After

