Self Neglect and Hoarding Protocol

DUMFRIES AND GALLOWAY
PUBLIC PROTECTION PARTNERSHIP

Table of Contents

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.

The adults 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 and behave in a way that may be construed as self-neglectful if they have the capability and ability to do so without interference from the state. Practitioners must begin with the presumption of capacity until determined otherwise, an assessment of a person's capacity must consider their ability. This guidance aims to support practitioners in this complex area of practice. (**Adult Support and Protection Code of Practice 2022**)

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 wellbeing of the person concerned and can put neighbours, family, and animals at risk of harm from fire, gas and water leaks and infestation.

Hoarding Disorder -

the hidden illness and the commonalities with self-neglect

Aims

The aim of the protocol is to support early recognition and prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:

- individuals are empowered as far as possible, to understand the implications of their actions.
- there is a shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect.
- there is effective multi-agency working and practice
- concerns receive appropriate prioritisation
- agencies and organisations uphold their duties of care
- there is a proportionate appropriate response to the level of risk to self and others.

What we want to achieve:

We will reduce the impact of self-neglect and hoarding for the person and the wider community and work with partnerships and partners to address the causes and facilitate positive outcomes. People who have or are at risk of self-neglect and/ or hoarding will have improved health and wellbeing and access to support.

How will we achieve this:

Is for all professionals to be supported to recognise and respond to individuals who as a result of their care and support needs may self-neglect, our interventions will be person-centred, responsive, sensitive and proportionate.

What we will do:

We will address and reduce the impact of self-neglect. The aim of the Toolkit is to support early recognition and prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:

What good looks like:

- A person-centred approach is used to support the right of the individual to be treated with respect and dignity, and, as far as possible, to lead an independent life.
- Staff will recognise strands of self-neglect and/ or hoarding including stigma, mental health and capacity.
- Staff will recognise self-neglect and/ or hoarding at an earlier stage and be confident to address this.
- We will have a reviewed approach in Dumfries and Galloway including how we review and restructure services to support people.
- We will provide successful interventions to help people who self-neglect and/ hoard and reduce risks.
- We will promote transparency, accountability, evidence of decision-making processes, actions taken and promote an appropriate level of intervention through a multi-agency approach.

Process map for self-neglect and hoarding is consistently applied.

It is best practice to carry out a review visit with the adult two to three months following completion of the plan.

What is self-neglect?

Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. [1]

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

Signs may include:

- An inability or unwillingness to manage one's personal affairs or perform essential tasks, such as dressing or feeding appropriately.
- Persistent inattention to personal hygiene, health, and surroundings.
- Lack of engagement with health and other services/ agencies who can offer appropriate support and improve quality of life.
- Poor physical health; Poor diet and nutrition leading to severe weight loss and associated health issues, including obesity and eating disorders.
- Inappropriate or inadequate clothing, including lack of necessary medical aids.
- Unsafe home environment, neglecting household maintenance with an impact on health, wellbeing, and public health issues.
- Hoarding and animal collecting

1 Self-neglect: Building an evidence base for adult social care - SCIE

Self-neglect differs from other safeguarding concerns as there is no 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. This is not always straightforward as 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 this can feel traumatic for the person and may take time and patience to effect change.

Consideration must be given to ASP processes should the person be at risk of harm. In these circumstances, refer to your own agency processes.

What is Hoarding?

Hoarding Disorder is a distinct mental health disorder and is described as a pattern of compulsive behaviour, involving accumulating numerous possessions that are not really needed[2]. 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. 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[3].

There are three main features of hoarding: acquisition/ acquiring; difficulty discarding and extensive clutter.

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. As well, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

2 **Diagnostic and Statistical Manual of Mental Disorders (DSM-V),** 2013
3 Kelly 2010

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.

Signs may include:

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

Risk Factors of Self-Neglect and Hoarding

SCIE (2024)[4] describe the following as key risk factors:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions
- traumatic life change
- increasing age

4 **SCIE: self-neglect at a glance**

Further Considerations

Staff identifying that an individual who self-neglects and/ or hoards should also bear in mind the following points:

- hoarding increases the risk of fire in a property and can impede the rescue services where materials block doors and windows
- 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.
- an individual may have a mobility problem which could impact on their ability to self-care and or leave the property in an emergency.

Any member of staff who has concerns that an individual may be self-neglecting and/ or 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.

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.

Role of the individual

Regardless of role, responsibility or organisation, protecting adults and safeguarding people from harm is everyone's responsibility.

Where there are concerns about an at risk of harm practitioners must follow their own agency's adult support and protection referral processes.

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 agency's child protection procedures.

"..under Common Law, it is reasonable to take necessary action to safeguard a person to prevent him/ her coming to harm"[5]

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 proportionate and necessary information where there is an identified risk to a person and/ or to others.

Good practice

- Adopt a common-sense approach
- Use your professional judgement, knowledge, and skills
- Seek help and support from your Line Manager/ Supervisor if your concern is one of safety
- 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 unless it is detrimental to the adult's wellbeing or interferes with criminal investigation or other judicial process

5 Unison Handbook on Duty of Care

- 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.

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

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.

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.

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 the Specific Decision-Making Tool

Before any enforcement action is taken, referrers should consider whether the individual has capacity in the context of the current identified risks in relation to welfare and or finance. If capacity in the specific context has not already been assessed and there are concerns this should be progressed as a matter of urgency. Please note that individuals who self-neglect and or where capacity around a specific aspect of their welfare or finances 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. ADD link to tool

It is best practice to seek the adults consent for assessment of their capacity to make specific decisions. However, practitioners should not delay seeking an assessment where this is not possible and where risk supersedes consent. (link to section 8)

Adult Support and Protection procedures must also be considered. **https://www.rightdecisions.scot.nhs.uk/dgrefhelp-nhs-dumfries-galloway/public-protection/adult-protection-protocols/specific-decision-making-tool-capacity-assessment/.**

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
- 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
- Involve family

Trauma-Informed Practice

A **trauma-informed approach** to self-neglect focuses on how practitioners build partnerships with people in suspected or substantiated abuse or neglect/ high risk situations. The approach is also a very adaptable and can be used as an effective tool for practitioners to use within managerial and/ or clinical supervision.

The principles of a trauma-informed approach include collaborating with people, offering people choice, fostering people's empowerment, developing trust and making people feel safe. This is a compassionate approach that is particularly helpful when trying to engage with people who are in high-risk situations where there are barriers to engagement and concerns regards self-neglect and abuse. As well as helping those who are at risk this approach can be adapted to support practitioners and services on a wider perspective e.g. when developing processes and policies to providing managerial and clinical supervision which can ultimately lead to a more creative, effective and resilient service.

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.

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

Call Out of Hours on 030 33 33 3001 or email SocialWorkOutofHours@dumgal.gov.uk

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

Adults (16 and over - Section 53) who –

1. are unable to safeguard their own well-being, property, rights, or other interests;
2. are at risk of harm; and
3. 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.

Health

Psychology

There is increasing evidence for psychological treatment for hoarding, working across multi-agencies and all staff involved 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 referral for psychological assessment should be considered as early as possible in any multi-agency approach to addressing a hoarding issue. Psychological intervention can include consultation, multi-agency formulation and treatment planning and individual therapy (where appropriate). Psychological intervention should remain part of a multi agency approach and should not be considered as a stand alone intervention.

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 (SMI) will be accepted by the CMHT. Individuals who do not have an SMI may be referred to the Primary Care Mental Health Team and/ or supported from the third sector specialist providers, for example, Change Mental Health.

Scottish Fire and 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.

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 self-neglect and or hoarding is first identified, through to deciding a course of action and monitoring the outcome.

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 dependant 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 5** 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.

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.

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 and Protection Information for Providers on reporting concerns about an adult – Adult Protection 1 (AP1) protocol (see **Appendix 6**) 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 the local **Adult Support and Protection Multi-Agency Guidance**.

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 to accessteam@dumgal.gov.uk.

All Health and 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 and 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.

Third Sector and Support 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

Any health or social care professional involved in an individual's care can contact the Psychology department to discuss a referral. Direct referrals without prior discussion will not be accepted.

As noted above, psychological intervention will remain part of the multi agency approach and should not be considered as a standalone intervention.

Referrals made for individuals under ASP may be prioritised, where possible.

Contact details:

- Adult Mental Health (AMH)- (18-65) - Dr Audrey Young, Consultant Clinical Psychologist, Head of AMH
- Older Adults (age 65+) - Dr Fionnuala Edgar Consultant Clinical Psychologist
- Adolescents (16-18) - Dr Mary Smeddle

dg.psychology.general@nhs.scot

Telephone: (01387) 244495

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

Social Care (Self-Directed Support) (Scotland) Act 2013

Contact List

- **Scottish Fire and Rescue Service**
  Home Fire Safety Visit Tel 0800 0731 999 / Email **@firescotland.gov.uk**
  Website **https://www.firescotland.gov.uk/your safety/for-householders/home-fire-safety-visit.aspx**
- **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 (Choose - Option 5)
- **Home Group**
  Housing Manager – 03450414663
  OOH contact details – 03450414663
- **Wheatley Homes South**
  Customer Service Centre for all enquiries – 0800 011 3447
  or **talk@wheatleyhomes-south.com**
- **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

Useful Links

Useful links and resources can be found on the Public Protection website.
Resources for Professionals - Adult Support and Protection - Public Protection

Need to add link to local CP and Girfec procedures

Appendices

Appendix 1 – Process Map

Appendix 2 – Self Neglect Assessment Tool

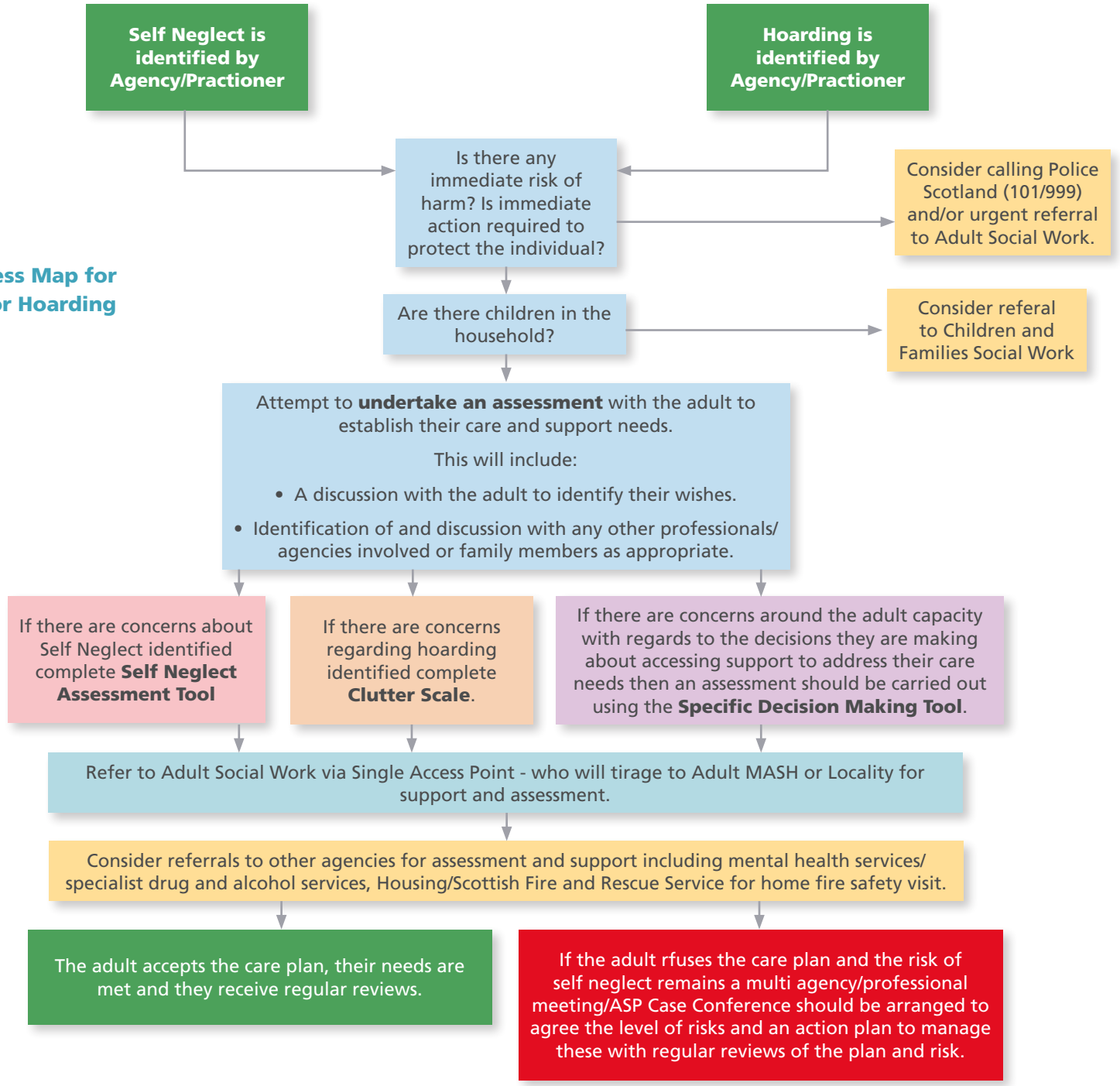
Appendix 3 – Hoarding Checklist

Appendix 4 – Clutter Image Rating Scale

Appendix 5 – Action Plan

Appendix 6 – Adult Support and Protection reporting concerns to Social Work AP1

Appendix 1 – Process Map for Self-Neglect and/ or Hoarding



Appendix 2: Multi Agency Self-Neglect Assessment Tool

Author:	Kim Irving in collaboration with Self Neglect Priority Steering Group
Approved by:	Julie White Chair on behalf of the Self Neglect Steering Group
Sign off Date:	August 2025
Ownership:	PPC
Review Date:	October 2027

Please Note

This checklist does not replace any other assessment tools.

This checklist is appropriate for practioners in all agencies.

Not very part of this checklist will be appropriate in all cases.

As with all tools professional judgment should be applied in relation to your expertise, knowledge, experience and ethical standards in making decisions or undertaking assessments in relation to self-neglect.

Key aspects of professional judgment include:

1. **Experience:** Drawing on past knowledge and experiences to guide decisions.
2. **Critical Thinking:** Analysing information and considering different perspectives before making decisions.
3. **Ethical Considerations:** Ensuring that decisions align with ethical standards and values, especially when the decisions involve people's well-being, safety and protection.
4. **Expertise:** Utilising specialised knowledge and relevant training in relation to self-neglect.
5. **Context:** Understanding the specific context of a situation, as this can affect the appropriateness of different options.
6. **Risk Management:** Assessing the potential risks and outcomes of different decisions, often under uncertainty
7. **Professional judgment** is crucial when assessing self-neglect, where decisions can significantly impact individuals, organisations, and communities.

Guide to RAG ratings:

Rating Scale 0-3

0 Not applicable

1 Referral /support from Universal Services and or Primary Care should be considered

2 Referral to specialist services and or social Work should be considered

3 ASP (AP1) referral to Adult Social Work Single Access Point (SAP)

Name:	
Address:	
Telephone Number:	

Practitioner Name:	
Job title:	
Email Address and Telephone Number	

1. Health and Medication			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken**
Health needs generally met by universal services. Most appointments kept or rearranged as needed	Inconsistent self-management of physical health e.g. inconsistent concordance with medication evidence of dehydration/weight loss/obesity infection/diarrhoea/ vomiting/or new skin conditions such as ulcers, skin sores	Poor self-management of physical health resulting in significant or life-threatening harm e.g. refusing to consent to treatment Non concordance with prescribed medication / awaiting Level C medication package	

2. Personal Hygiene			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken**
Appears able to self- manage personal care and hygiene Personal Hygiene appears to be self- managed. No evidence/ elf report of skin breakdown. No identified risk to people providing support or services.	Appears unable to maintain and manage some aspects of personal care and hygiene including clothing. e.g. wearing inappropriate clothing for the weather and/or Limited number of clothes available to change or allow washing which has the potential to impact on health and well being	Consistently fails to maintain personal hygiene, wearing same / inappropriate clothes/ unable / unwilling to wash them, and/or unmanaged continence causing risk of pressure ulcers, skin integrity, infection, sepsis and/or untreated oral health issues and presence of infection and /or, gryphotic toe/ fingernails causing pain.	

3. Substance Use			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken** **Consider referral to addiction services.**
There is no objective evidence or subjective reports of substance use* at time of assessment. May have a history of substance use but: • is concordant with prescribed medication in relation to substance use e.g. methadone, buprenorphine, disulfiram, • is engaging with prescribing service.	Evidence of current substance use such as: appearing under the influence, drug screen/breathalyser results (noted as part of clinical care plan). Maybe having an impact on: ability to undertake tasks e.g. care giving roles, sustaining employment, self-care, health and well-being, relationships with family and wider community. There may be non-concordance with substance related prescribing and decreased engagement with prescribing service noted.	Substance use is markedly evident and is having a significant and pervasive impact causing a loss of control in most or all of the person's life such as: • the person's self-care, • health and well-being with the potential risk of long-lasting health damage or death. • Relationship in the same household (particularly considering impact on any children) as well as in the wider social circle and local community, • criminal activity leading to contact with Police and Justice services, • Financial hardship • Loss or neglect of property.	

4. Mental Health			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken (if score is 2 or 3 an advice request should be made to Community Mental Health)**
No mental health concerns or low concerns that are managed well by universal service engagement and symptoms have minimal impact on wellbeing or functioning.	Mental health presentation is variable, intermittent engagement with services/treatment. Mental health impacts on ability to function.	Disengagement and/or chaotic engagement with services inc non concordance with treatment/ protection plan and/or Inpatient admission due to deterioration in mental health.	

5. Making Decisions	
If you have a concern about an individual's ability to make a decision and who you feel is at risk of significant harm - please complete the **Specific Decision-Making Tool SDMT FINAL Version .docx** This tool is designed for members of professional teams working with adults where there is a query in relation to an individual's capacity for decision making. It is designed to support such professionals in considering, and then agreeing, whether a formal assessment of capacity should be sought.	**Risk Level / Action Taken** **Low/Med** **Med/High** **High/Very High**
If you have answered YES consistently to Q1-Q7, and NO to Q8, in the specific decision-making tool the adult is considered on the balance of probability, to have the capacity to make this particular decision at this time. However, consideration should still be given to Adult Support and Protection legislation and/or other supports as appropriate. If you have answered NOT SURE or NO a request a formal capacity assessment should be made as per the referral A or B as appropriate.	

6. Safety			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken**
Some awareness and management of home and/ or online safety issues	Aware of important safety issues but may need advice from professionals or their support networks to address them. ie online fraud, financial harm, home safety such as fire alarms, risks of hoarding explained etc	Lacks awareness and perception except for immediate danger and or unwilling or unable to identify and or manage significant risks in the home or online, such as safeguarding home and belongings, bank details	

7. Home Environment			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken**
Able to maintain household with minimal support and has appropriate heating, fixtures and fittings, hot water and bath/ shower facilities	Support required from external agencies / own support network to ensure home is safe due to self-neglect and hoarding behaviours . Consider applying Clutter Scale	Significant risk due to self-neglect and or hoarding. Intervention from Scottish Fire and Rescue, Police and or environmental health due to levels of neglect and or hoarding Includes risk of homelessness/ eviction	

8. Managing Finances			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken**
Access to salary/pension or benefits and can manage these independently	Access to salary or benefits but some concerns regarding ability to manage without additional support	Significant concerns regarding financial status including lack of appropriate benefits debts or other issues which funds are prioritised for, and or at risk of financial exploitation / harm	

9. Carers/ Support			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken**
Supported by formal and/ or informal carers, which is self-managed, and the person and carers are aware of potential risks	Supported by own networks and or external agencies, but engagement and risk assessments vary /or limited or no support; and isolation is cause for concern	Limited or no Support from informal carers is and or person refuses help or support and/or no carer support currently in place when need has been established causing significant concern	

10. Social Isolation / Loneliness			
(1) Low Risk	**(2) Medium Risk**	**(3) High Risk**	**Risk level and Action Taken**
Maintains own well being and welfare	Social isolation and lack of engagement/ access to community support causing some concern	Significant risk of harm identified due to loneliness and isolation/ and/ or at risk of exploitation such as sexual, financial etc	

Screening Analysis / Outcomes	
Area and Level of Concern (0-3)	**Summary and Analysis**
1. Health and Medication	
2. Personal Hygiene	
3. Substance Use	
4.Mental Health	
5. Making decisions	
6. Safety	
7. Home Environment	
8. Managing Finances	
9. Carers / Support	
10. Social isolation / Loneliness	
Total : - /30	

Other comments

Please note if/when you have a 'high/ 'score of 3) for any areas and are referring to social work recommendations must be clearly outlined within the referral click here to **Make an AP1 referral** to social work

Appendix 3 – Hoarding Checklist

1. 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

2. 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

3. 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

4. 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.

5. 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.

6. 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.

Background	
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 4 - 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 5 - 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 and Alcohol				Scottish Fire and Rescue Service			
Mental Health				Environmental Services			
Psychology				Adult Support and 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 6 – Information for Providers on Reporting Concerns About an Adult to Social Work

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 to 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.

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, contact the Single Access Point

If you need to refer a concern out with normal working hours of 9am to 5pm Monday to Friday, ring the social work out of hours team on 030 33 33 3001 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**