

## **Wakefield Multi-Agency Guidance**

### **Working with People who Self-Neglect and / or Hoard**

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## **Context of the Guidance**

A failure to engage with individuals who are not looking after themselves (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's health and wellbeing. It can also impact on the individual's family and community.

Managing the balance between protecting the individual at risk from self-neglect against the 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.

Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. The Care Act 2014 statutory guidance includes self-neglect as a new type of abuse. Within this it states this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

The main powers available are the Mental Health and Mental Capacity act. The ability to use these coercive powers must always be considered and only when they are not available should professionals revert to this self-neglect guidance.

## **Aim of this Guidance**

The aim of this guidance is to prevent death and serious injury to self-neglecting individuals by ensuring:

- Individuals who are self-neglecting are empowered as far as possible to understand the implications of their actions
- A shared multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect
- Effective multi-agency working and practice
- Agencies and organisations uphold their duties of care

This is achieved through:

- Promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity, to be in control of, and as far as possible, to lead an independent life
- Aiding recognition of situations of self-neglect
- Increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individual's needs. This includes the extent and limitations of the 'duty of care' of professionals
- Promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role in order to avoid foreseeable harm

- Promoting a proportionate approach to risk assessment and management
- Clarifying different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes, and actions taken
- Promoting an appropriate level of motivation

## Key Principles

Key principles (from government policy on adult safeguarding) to guide operational practice across Wakefield:

- **Empowerment** – Presumption of person-led decisions and informed consent
- **Protection** – Support and representation for those in greatest need
- **Prevention** – it is better to take action before harm occurs
- **Proportionality** – Proportionate and least intrusive response appropriate with the risk presented
- **Partnership** – Local solutions through agencies working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding

A timely response is critical. Agencies will formally record (ideally within 24 hours) that the guidance is being applied.

Interventions need to take an empowering approach. Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and in ensuring their safety and protection.

## Scope

The guidance will be referred to where an adult is believed to be:

- Self-neglecting
- Hoarding
- Not engaging with a network of support
- There is either perceived, or actual risk of harm and
- Where the person is over 18 years of age
- And where the failure to engage or refusal of services places the individual at grave risk

**An individual may be considered as self-neglecting and therefore may be at risk of harm when they are:**

- Either unable, or unwilling to provide adequate care for themselves
- Unable to obtain necessary care to meet their needs

- Unable to make reasonable or informed decisions because of their state of mental health, or because they have a learning disability or an acquired brain injury
- Unable to protect themselves adequately against potential exploitation or abuse
- Refusing essential support without which their health and safety needs cannot be met, and the individual does not have the insight to recognise this

**An individual may be considered as hoarding and therefore may be at risk of harm, or harm to others when they are:**

- 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
- Severe “cluttering” of the individuals home so that it is no longer able to function as a viable living space
- Significant distress or impairment of work or social life

**Risk factors associated with self-neglect and hoarding:**

- Living in a very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards
- Portraying eccentric behaviour, lifestyles, such as obsessive hoarding
- Poor diet and nutrition e.g. evidenced by little or no fresh food in the fridge, or what is there being mouldy
- Declining or refusing prescribed medication and/or other community health support
- Refusing to allow access to health and/or social care staff in relation to personal hygiene and care
- Refusing to allow access to other organisations with an interest in the property. E.g. staff from utility companies
- Being unwilling to attend external appointments with professional staff, whether social care, health or other organisations
- Poor personal hygiene, poor healing/pressure ulcers long toe nails
- Isolation
- Failure to take prescribed medication

**Safeguarding Adults Protocol**

Pressure Ulcers and the interface with a Safeguarding Enquiry

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/675192/CSW\\_ulcer\\_protocol\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675192/CSW_ulcer_protocol_guidance.pdf)

This list is not definite or exhaustive.

Where the individual refuses to participate or to give access, information obtained from a range of other sources may 'hold the key' to achieving access or to determining area of risk.

The assessment will be informed by the views of carers and/or relatives as well as the views of individuals themselves, wherever possible and practical.

## **Self-neglect**

There is no single operational definition of self-neglect. The Department of Health (2016), defines it as, 'a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding'.

The Department of Health commissioned the universities of Sussex and Bedford to undertake [research into interventions with those that self-neglect](#) with recommendations on how staff can assist individuals to achieve positive outcomes.

Skills for Care provided a [framework for research into self-neglect](#) identifying three distinct areas that are characteristic of self-neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or wellbeing;
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g. health or fire risks caused by hoarding);
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. Self-neglect is an issue that affects people from all backgrounds.

## **Hoarding**

Hoarding does not automatically fall under adult safeguarding but it could be considered as safeguarding in the wider sense under the umbrella of prevention. Most people associate hoarding with the acquisition of items with an associated inability to discard things that have little or no value (in the opinions of others) to the point where it interferes with use of living space or activities of daily living.

Compulsive hoarding (more accurately described as 'hoarding disorder') is a pattern of behaviour characterised by the excessive acquisition of and inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress. Compulsive hoarders may be conscious of their

irrational behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse, animals. Many hoarders may be well-presented to the outside world, appearing to cope with other aspects of their life quite well, giving no indication of what is going on behind closed doors.

Most fire authorities have prevention strategies that consistently identify the level of hoarding and use the [International OCD Foundations clutter image rating](#). This can be invaluable in assessing risk, so including local Fire Services in any multi-agency response is vital in hoarding situations.

## **Response to Self-Neglect and Hoarding**

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single agency response with particular reference to housing providers. It is important to recognise that assessments of self-neglect and hoarding are grounded in and influenced by personal, social and cultural values and staff working with the adult should always reflect on how their own values might affect their judgement. Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention.

Crucial to all decision making is a robust risk assessment, preferably multi-agency that includes the views of the adult and their personal network. The risk assessment might cover:

- Capacity and consent;
- Indications of mental health issues;
- The level of risk to the adult's physical health;
- The level of risk to their overall wellbeing;
- Effects on other people's health and wellbeing;
- Serious risk of fire;
- Serious environmental risk e.g. destruction or partial destruction of accommodation.

A significant element of self-neglect and hoarding is the risk that these behaviours pose to others. This might include members of the public, family members or professionals. Partnerships may wish to invest in agreeing local self-neglect procedures.

The revised Statutory Guidance (March 2016) contains additional advice concerning self-neglect – suggesting that it:

*“May not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.”*

In such cases in order to balance an individual's autonomy and dignity, where harm is resulting from the self-neglect, it will be likely that action will be required whether or not the adult has care and support needs.

All steps should be taken to support an individual to understand any risks to them or others, and the safeguarding process, regardless of support needs. [Using different communication methods or changing the environment may support the individual to make an informed decision].

## **Definitions**

An adult at risk' (quoted from the Combined Area Multi-Agency Safeguarding Adults Policy & Procedures) is a person aged 18 or over who has needs for care and support (whether or not the local authority is meeting any of those care and support needs), and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The following definitions are relevant to these guidelines:

**'Harm'** (regardless of whether the impact of this is significant or not) is defined as:

- The impairment of development and/or an avoidable deterioration in physical or mental health
- The impairment of physical, emotional, social or behavioural development or the impairment of health and/or
- Conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion)

### **'Significant harm'**

The following would indicate that the effect of harm for the individual is likely to be significant:

- The individual's life could be or is under threat, for example due to neglect or physical abuse
- There is or could be a serious, chronic and/or long lasting impact on the individual's health/physical/emotional/psychological well-being
- The individual has little or no choice or control over vital aspects of their life, environment or financial affairs

### **'Significant risk'**

Where there are indicators that change is likely to occur in levels of risk in the short to medium term, appropriate action should be taken or planned.

Indicators of significant risk could include:

- History of crisis incidents with life threatening consequence

- High risk to others
- High level of multi-agency referrals received
- Risk of domestic violence
- Fluctuating capacity, history of safeguarding concerns, exploitation
- Financial hardship, tenancy/home security risks
- Likely fire risk
- Unpredictable/chronic health conditions
- Significant substance misuse/self-harm
- Network presents high risk factors
- History of chaotic lifestyle,

## **Process for identifying and working with individuals who self-neglect and/or hoard**

### **1. Identify individual who self-neglects/and or hoards**

- Individual identified appears to be at significant risk, and
- Is not engaging with support, or
- A number of organisations are aware of the situation and feel risk has reached a significant point
- Contact Emergency Services if required
- Any other immediate actions required to minimise risk to individual or others

### **2. Advise lead coordinating agency/lead agency and engage other appropriate agencies**

#### **Who is the lead coordinating agency?**

- This is the agency best placed to coordinate this process at this point. This could be because:
- That agency is already involved with the individual
- That agency has a duty of care towards them because of their needs
- That agency holds significant information relating to the individual
- The individuals main needs appear to relate to the service provided by the agency
- In cases where it is not clear which agency should lead, the default position will be the local authority will take the lead role.

Staff will be particularly conscious that:

- It is likely that these individuals will not necessarily clearly meet the criteria for any one or a number of agencies or organisations and/or
- Organisations may have previous experience of attempting to engage with these individuals with limited success

Both the above should be identified as high risk indicators that will prompt action under this guidance.

### **3. Other agencies/organisations engage with the process**

Self-neglect work has been agreed as a multi-agency priority and there is an expectation that:

- All partner agencies will engage when this is requested by the lead agency as appropriate or required, and
- Where an agency is the lead agency, they take responsibility for coordinating multi-agency partnership working

### **Where partner agencies do not follow their responsibilities**

Where any partner agencies or professionals (lead or otherwise) believe other agencies are not taking on their responsibility appropriately, the concern will be escalated to the senior manager of that agency. This would ordinarily be the senior manager responsible for the operational team required to lead or engage the process.

### **4. Lead agency coordinates information gathering and determines most appropriate action to progress**

Information gathering at this stage to inform:

- Decision making regarding whether further multi-agency information sharing and planning is required; and
- Risk assessment and initial actions/agencies that may need to be involved

### **Principles for information gathering**

The central principle throughout this process will be to make every effort to maximise the engagement of the individual, and to gather information from all relevant sources.

Information gathering will aim to build understanding of:

- Any previous engagement and success factors for the individual
- Approaches that appeared to disengage the individual
- The individuals perspective; and
- Insight into the individuals wishes

### **Balancing individuals rights and agencies duties and responsibilities**

All individuals have the right to take risks and to live their life as they choose. These rights will be respected and weighed when considering duties and responsibilities towards them. They will not be overridden, other than where it is clear that the consequences would be seriously detrimental to their, or another person's health and well-being and where it is lawful to do so.

Staff will also consider the rights:

- To privacy and information sharing under the Data Protection Act, weighted against the level of risk; and
- Or others who may be affected

### **Effective information sharing and communication**

When working with individuals who may be reluctant to communicate, the risk for miscommunication between agencies is greater than usual. It is important to ensure that all relevant information is available to those who undertake any assessments.

Create a chronology that includes all relevant previous actions and organisations/individuals involved.

This is an important aspect of ensuring the information gathering and analysis process is effective.

#### **5. Consider appropriate process to respond to the risk**

There may be occasions when it is appropriate to follow another procedure to coordinate either all or some aspects of the issues identified.

When the individual's ability to make informed/relevant decisions appears to be questioned, the **Mental Capacity Act 2005** will be followed.

When it appears the person may be mentally unwell the **Mental Health Act 1983** processes will be followed.

In many circumstances where either of the above approaches are appropriate it is likely that the self-neglect guidance would be ended at this point. There needs to be a clear/fully recorded handover of responsibilities if this is the case.

Staff will consider making other relevant referrals such as:

- Adult safeguarding
- Criminal investigation
- Child protection
- Environmental health
- Community safety

This will deal with specific/different aspects of the concern. These areas of work are likely to be coordinated alongside the self-neglect guidance.

#### **6. Multi-agency meeting convened under self-neglect, hoarding guidance**

Where an adult has been identified as potentially self-neglecting and/or hoarding, is refusing support, and in doing so is placing themselves or others at grave risk of significant harm, agencies will discuss their concerns together.

Practice experience and research shows that sharing strategic approaches across agencies involved assists in informing an agreed action plan. This is often best done at a formal multi-agency case planning meeting. The risk(s) of non-intervention can be assessed and understood by all involved.

A multi-agency planning meeting with a clear agenda for discussion will be convened within **five working days** from the initial concern of **'significant risk' being raised**.

### **Principles for multi-agency planning meeting**

- The lead agency is responsible for convening this meeting and making arrangements such as venue and minute taking
- The lead agency will make arrangements to involve the individual concerned. Whenever possible the individual should be fully involved, and attend the meeting. However, it is acknowledged that in the majority of situations where this process has progressed to this point it is likely that the ability to engage, involve and communicate with the individual may be limited.

At the multi-agency meeting a decision will be made as to how best to include the individual in the future. If they do not wish to attend, it will be clearly agreed how to feed their views into the meeting. Any decisions taken will clearly be recorded and communicated back to the individual.

The multi-agency meeting will be formally chaired and recorded so that responsibilities thereafter for implementing action plans are clearly accepted and understood by named individuals.

**Note: The relationship professionals have with the individual will be an important vehicle for achieving change. Terminology used and the approach taken will be critical in building trust and a level of acceptance.**

Learning shows the importance of bringing a fresh perspective by also including appropriately skilled and experienced people who have not been previously involved in working with this individual or familiar with the information.

- The multi-agency meeting will be formally chaired and recorded so that the responsibilities for implementing action plans are clearly accepted and understood by named individuals.
- It is important that all relevant professionals attend such meetings to fully understand the legal duties, resolve ethical dilemmas and to establish individual responsibility within plans made
- A fully coordinated response will be essential to achieving a satisfactory outcome and ensure there is clear understanding of the agreed way forward
- Where there is disagreement this should be discussed until agreement is reached and if necessary line management consulted in order to resolve the situation

- Participants need to come prepared with required information

Each agency approached will take responsibility for making any contacts or taking any actions considered before the planning meeting.

### **Purpose of the multi-agency planning meeting**

To review:

- The individuals view and wishes as far as known
- Information actions and current risks
- The ongoing lead professional/agency who will coordinate this work, and
- Coordinate information sharing and evaluation of relevant information to inform the most effective approaches

### **Reasons for convening a meeting**

- Work has not reduced the level of risk. Significant risk remains
- It has not been possible to coordinate a multi-agency approach through work undertaken until this point
- The level of risk requires formal information sharing and recording of the agreed multi-agency plan

### **Timescales**

For achieving actions set at multi-agency meetings will be specified within the formal written record of the meeting. This will include timescales for completing any outstanding or more specialist assessment.

### **Each individual's situation is unique**

Professional judgement will dictate the significance of different issues and approaches included, along with how and when these may most effectively be considered and applied.

### **This guidance is not a substitute for staff seeking legal advice**

Legal advice will need to be obtained and a legal representative should be invited to the multi-agency planning meetings to hear the circumstances of the case and discuss relevant legal options that will:

- Protect the person's rights
- Meet professional duty of care; and
- Which may lead to resolving the situation

### **Outcome of the multi-agency meeting**

- Updated support plan and risk assessment

- Actions – including contingency plans and escalations process
- Monitoring and review arrangements
- Communication with individual/offer key people involved; and
- Agreement regarding the ongoing lead agency

Appropriate written communication will be forwarded to the individual concerned, irrespective of the level of their involvement to date. This communication will include:

- A written record setting out what support has been offered/ or is available and why
- The written record will include reasons if the individual refused to accept any intervention
- The correspondence will make clear that should the individual change their mind about the need for support, then contacting the relevant agency at any time in the future will trigger a re-assessment
- Careful consideration will be given as to how this written record will be given, and where possible explained, to the individual

### **Comprehensive assessment's including of risk**

Following the formal multi-agency planning meeting, assessment material will be brought together in one place and each professional involved will have an understanding of the links between their own involvement and that of others. The impact of various care needs have on the individuals functioning also needs to be understood and shared.

Specialist input may be required to clarify certain aspects of the individuals functioning and risk. This will be arranged and the key findings considered. Key components of the comprehensive assessment of neglect will include the following elements:

1. A detailed social and medical history
2. Activities of daily living
3. Instrumental activities of daily living (e.g. ability to use the phone, shopping, food preparation, housekeeping, laundry, mode of transport, responsibility for own medication, ability to handle finances)
4. Environmental assessment
5. Cognitive assessment
6. A description of the self-neglect
7. A historical perspective of the situation
8. A physical examination – undertaken by a nurse or a medical practitioner
9. The individual's own narrative on their situation and needs
10. The willingness of the individual to accept support; and
11. The views of the family members healthcare professionals and other people in the individuals network

<p><b>Note: Record fully when and where the individual has been assessed as having mental capacity to understand the consequences of their actions.</b></p>
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**Outcomes determined following a multi-agency meeting and assessment of risk:**

- **Risk addressed** – ongoing monitoring agreements; or
- **Risk remains** – due to individual continuing to place themselves at significant risk, and contingency measures not having addressed this – escalation and agreed ongoing monitoring and review arrangements. Legal advisors will be involved. Escalation to senior managers with clearly outlined outcomes and areas of focus that this is designed to address.

If risk remains due to refusal by professionals/third parties to engage resulting in neglect of the individual, consideration will be given to raising a safeguarding concern on the grounds of neglect where professionals and third parties (with established responsibility for an adults care) either:

- Do not engage with multi-agency planning
- Seek to terminate their involvement prematurely (and this will pose a risk/harm to the individual)

**Significant risk remains – Multi-agency review meeting**

Having established an alternative/holistic support plan this will be reintroduced to the individual by the person/agency most likely to succeed. If the support plan is still rejected the meeting will reconvene to discuss a review plan.

**Note: the case will not be closed because the person is refusing to accept the support plan. Legal advice will be taken if required.**

The review is an opportunity to revisit the original assessment, particularly in relation to:

- Risk assessment; and
- Known or potential rates of improvement or deterioration in:
  - The individual
  - Their environment, or
  - In the capabilities of their support system

**Decision specific mental capacity assessments** will have been reviewed and are shared at the meeting. Discussion will need to focus on contingency planning based on risk.

It may be decided to continue providing opportunities to the individual to accept support and to monitor the situation. Clear timescales will be set for providing opportunities and for monitoring.

Where possible, indicators that risks may be increasing will be identified that will trigger agreed responses from agencies, organisations or people involved in a proactive and timely way.

There will be multi-agency agreement to the timescales set according to the circumstances of the case.

The chair of the multi-agency review will ensure clarity is brought to timescales for implementing contingency plans, so that where there is a legal and professional remedy to do so, risk is responded to and harm prevented.

All relevant professionals will attend the multi-agency review so that:

- Information is shared
- Contingency planning is fully discussed; and
- Inter-agency ownership of the plan is achieved

A co-ordinated and planned response is essential to the achievement of success where a complexity of care needs impacts upon the person and upon professional responsibilities.

**It is important to ensure an objective and a fresh perspective is maintained as far as is possible throughout the process.**

Consider the following approaches:

- Including people with relevant skills and experience who have not previously been involved
- Ensure chronologies are up to date with multi-agency information and analysed as part of reviewed risk assessments and support planning; and
- Whether escalation of some or all of the issues to more senior officers may assist or provide any benefit

A further meeting date will be set at each multi-agency review until there is agreement the situation has become stable and the risk of harm reduced to an agreed acceptable level.

Where agencies are unable to implement support or reduce risk significantly, the reasons for this will be fully recorded and maintained on the individual's file, with a full record of the efforts and actions taken.

The individual, carer or advocate will be fully informed of the services offered and the reasons why the services were not implemented. The risks must be shared with the person to ensure that they are fully aware of the consequences of their decisions.

Respect for the wishes of the person does not mean passive compliance – the consequences of continuing risk should be explained and explored with the person.

There is a need to make clear that the person can contact the relevant agency at any time in the future for services.

In case of ongoing significant risk arrangements should be made for monitoring and, where appropriate, making proactive contact to ensure the person's needs, risks and rights are fully considered in the event of any changed circumstances.

### **Record keeping**

The case record will include a summary record of the defensible decisions and efforts and actions taken by all agencies involved.

This must include:

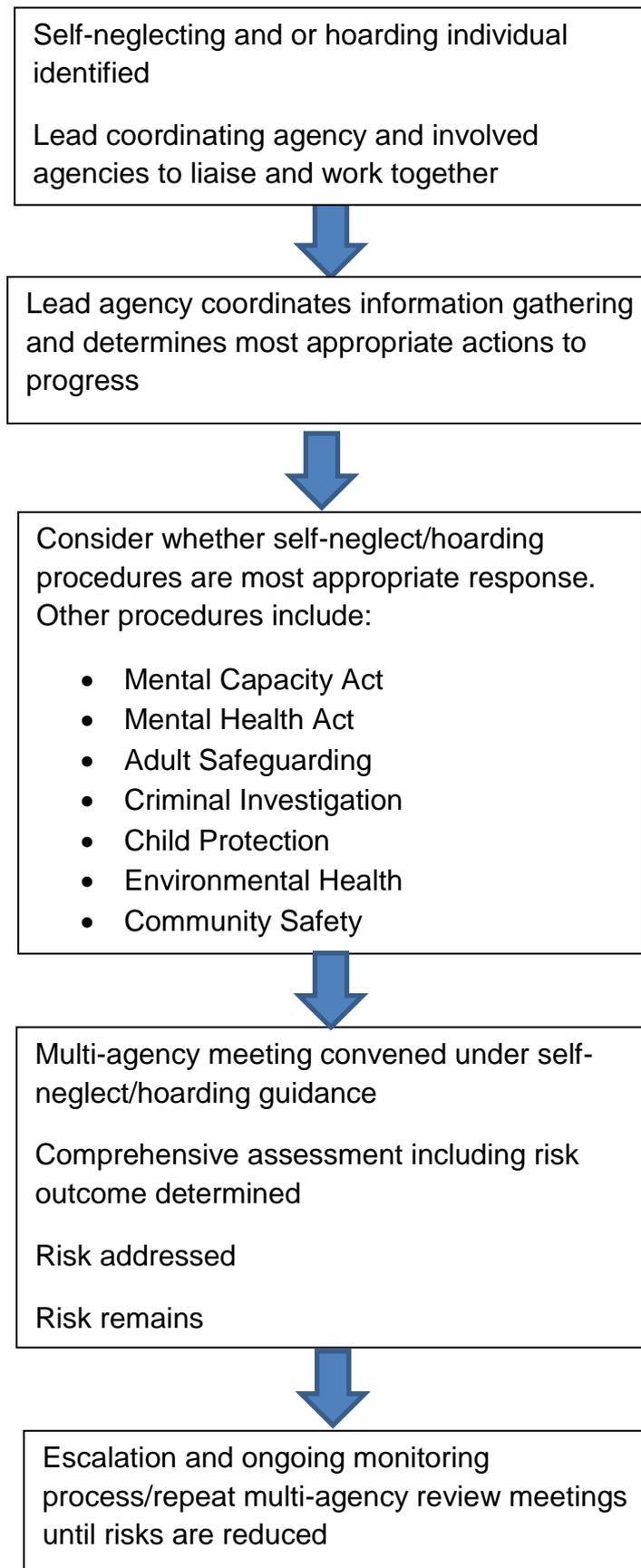
- The goals or objectives which are sought to be achieved
- All key decisions made and the rationale for these decisions

The legal framework agencies are working within including the consideration of all legal powers available.

Individual agencies will also need to keep their own records of their specific involvement.

Accurate records will be maintained that demonstrate adherence to this procedure, and locally agreed case recording policy and procedures.

## Flowchart



## Appendix 1

### Multi-Agency self-neglect and hoarding risk assessment guidance tool

This document is for guidance purposes and to be used to prompt discussion with the customer and aide multi-agency professional planning and decision making. The document can be used at referral stage and also as an ongoing risk assessment tool.

The following scale is not exhaustive but allows the professionals to consider the observed living conditions of the customer.

The Signs of Safety assessment and planning document which follows can be used to support further consideration of required next steps.

The score is for assessment purposes only and may be re-visited at any time to measure progress and prompt discussion with the customer and other professionals.

**WHEN USING THE RISK SCORE BELOW CONSIDER WHETHER THE PERSON HAS THE MENTAL CAPACITY TO UNDERSTAND THE RISK ASSOCIATED WITH THEIR LIVING CONDITIONS. ALSO CONSIDER WHETHER THE PERSON HAS CAPACITY TO EXECUTE CHANGES TO REDUCE THE RISK.**

Physical well-being and self-care			
Eating and drinking			
1	2	3	4
Aware of nutritional needs and provides excellent/good quality food and drink	Quality of food and or drink inconsistent through lack of knowledge or effort	Quality of food and /or drink is consistently poor through lack of effort, consistent support required to improve and quality. Poor food safety. May be experiencing health related issues.	Quality and frequency of food and/or drink consistently not a priority despite support leading to health issues of concern such as dehydration, malnutrition, infection, diarrhoea, vomiting and/or significant weight loss
Washing/bathing			
1	2	3	4
Clean, bathed and groomed regularly with clean, weather appropriate clothing	Irregular bathing and occasional weather inappropriate clothing	Occasionally bathed but seldom groomed. Clothing often dirty and/or unsuitable to weather conditions. Concern that this may be having an impact on health of low level	Seldom/never bathed or clean, concern regarding odour. Dirty and/or poor condition of clothing. Maybe wholly unsuitable to weather conditions. Poor health of significant concern such as skin infections, sores, abscesses. Likely to be

		concern which is responsive to treatment in the community.	unmanageable within community settings.
<b>Medical needs</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Medical advice sought proactively for all health matters	Seeks advice from professionals on matters of genuine and immediate concern. Occasionally fails to keep appointments	Only seeks advice when illness becomes moderately severe. Fails to keep some medical appointments and takes only partial medical advice	Only seeks help when illness becomes critical (emergencies) this can also be ignored. Clear disregard for own welfare and/or fails to consistently take medication leading to physical ill health and frequent hospital admissions Significant mental ill health may also be of concern
<b>Living conditions</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Home is well maintained and useable. Essential and additional amenities- heating, power, water, useable shower/bath, cooker and fridge.	All essential amenities - heating, power, water, useable shower/bath, cooker and fridge. Some repairs needed or able to self-repair	Lack of some essential amenities or lack of access to essential amenities due to hoarding. In disrepair – unable and/or unamendable repair	Little or no essential amenities or hoarding prevent safe use of any amenities within the home. Dangerous, disrepair – significant risk to well-being of person and/or others
<b>Home and garden cleanliness</b>			
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Takes pride in appearance of home and garden which is clean and tidy (ref clutter score pic 1)	Cleanliness is not of concern However, level of untidiness may be having some impact on well-being but manageable (ref clutter score pic 2-3)	Unclean and/or cluttered home and/or garden Dirty (bad odour) Some infestations Animal/human waste Food waste These are having a moderate impact on person's health and well-being and with support could be managed (ref clutter score pic 4-6)	Hoarding within unclean environment of home and garden Dirty (bad odour) Some infestations Animal/human waste Food waste These are significantly impacting on person's health and well-being – consider whether there is any impact on animals or children in the property also (ref clutter score 7-9)

Home safety			
1	2	3	4
<p>Essential safety features, secure doors and windows</p> <p>Safe gas and electrical appliances, smoke alarms, CO2 alarms</p> <p>Home escape plan pertinent to needs of the person</p> <p>Additional appliances/assistive technology pertinent to needs of the person</p>	<p>All doors and windows in use and accessible</p> <p>Possible fire risk - Lacking/insufficient essential safety features, DIY that is not safe, overloaded electrical sockets</p> <p>Lacking an escape plan</p>	<p>Limited access to windows and doors</p> <p>Increased fire risk -</p> <p>No essential safety features.</p> <p>Some possible hazards of escape/fire due to disrepair and/or clutter</p> <p>Evidence of smoking</p> <p>Flammable items stored in the home, consider stocked piled continence aids, paraffin based medications, irresponsible use of oxygen</p> <p>No escape plan</p> <p>Person is unable to sleep in a bed and must sleep in an alternative place due to clutter or hygiene.</p> <p>Risk of entry by intruders –</p> <p>Problems keeping a dwelling secure against unauthorised entry due to disrepair, and the maintenance of defensible space.</p>	<p>Access/exit via one route only or unable to exit unaided due to mobility</p> <p>No essential safety features</p> <p>Significant fire risk -</p> <p>Definite hazard of escape/fire from disrepair or clutter-exposed electric wires and sockets, unsafe electronic items</p> <p>Evidence of cigarette burns to clothes or bedding</p> <p>Evidence of small fires or burns</p> <p>Unsafe storage or use of flammable liquids or gases</p> <p>Excessive damp or mould overgrowth</p> <p>Excess cold in winter with no functioning heating system or hot water.</p> <p>Person is unable to sleep in a bed and is forced to sleep in uncomfortable and/or insanitary conditions</p>
Own views of safety in home and environment			
1	2	3	4
<p>Fully aware of personal safety issues - trips, slips and falls</p>	<p>Variable awareness and perception of personal safety issues, accepting of advice</p>	<p>Oblivious to personal safety issues and/or reluctant to accept advice due to lack of motivation or understanding</p>	<p>Unconcerned about personal safety issues</p> <p>Lacks motivation or understanding to address concerns</p>

## Clutter Image Rating Scale

Please select the photo that most accurately reflects the amount of clutter in the room. The following images may be used for guidance and early assessment purposes.

More information and free downloads including bedroom and living room clutter images can be found at: <http://www.helpforhoarders.co.uk/>



1



2



3



4



5



6



7



8



9

## Signs of Safety and Wellbeing Assessment and Planning

The Signs of Safety and Wellbeing Principles places the front-line practitioner as the arbiter of whether intervention works.

Relationships with the customer and other professionals are fundamental to ensuring the elements within the Signs of Safety and Wellbeing approach are meaningful and the customers views are placed at the centre of any decisions and/or actions taken.

Using the three domains below will assist risk based discussions in alignment with the desired outcomes of the customer whilst recognising professional concerns.

1. What are we worried about?	2. What's working well?	3. What needs to happen/safety goals?
<p><b>Indicators of risk of harm:</b>  <b>Action/Behaviour:</b></p> <ul style="list-style-type: none"> <li>• <b>Severity</b> – How bad is the harm?</li> <li>• <b>Incidence</b> – How long has the concern existed?</li> <li>• <b>Impact</b> – what is the immediate impact of the concern?</li> </ul> <p><b>Danger Statement/s:</b></p> <ul style="list-style-type: none"> <li>• Who is worried and why?</li> </ul> <p><b>Complicating Factor/s:</b></p> <ul style="list-style-type: none"> <li>• What have you seen and heard</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>• do you know that makes addressing the worries for the future more difficult to sort out?</li> </ul>	<p><b>Strengths:</b>  <b>Action/Behaviour:</b></p> <ul style="list-style-type: none"> <li>• Who is doing what that reduces the worries and how do we know?</li> <li>• What were the first, best and last times these actions/behaviours happened?</li> <li>• Impact – what difference has this made?</li> </ul> <p><b>Existing Safety:</b></p> <ul style="list-style-type: none"> <li>• What strengths have been demonstrated as protection</li> <li>• Over time relative to the future danger and equate to safety</li> </ul>	<p><b>Agency Safety Goal/s:</b>  <b>Action/Behaviour:</b></p> <ul style="list-style-type: none"> <li>• Who must see who doing what and for how long to be satisfied that the person will be safe?</li> </ul> <p><b>Customer Safety Goals:</b></p> <ul style="list-style-type: none"> <li>• What does the customer want generally and regarding safety?</li> </ul> <p><b>Next Steps:</b></p> <p><b>ACTION:</b>  Who must do what and when as a next step towards reaching the goal/</p>