

Adult Social Care Operations

Self Neglect and Hoarding Procedures

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Contents

| | |
|--|---|
| Purpose..... | 3 |
| Referral pathway | 3 |
| Adult Social Care Access routes..... | 4 |
| Practice Standard Guidance..... | 5 |
| 1. Risk Assessment | 5 |
| 2. Mental Capacity Assessment..... | 6 |
| 3. Assessment | 6 |
| 4. Multi-Agency Strategy Meeting..... | 7 |
| 5. High Risk Panel - Escalation..... | 7 |
| 6. Practitioner checklist to be used alongside assessments/risk assessments..... | 8 |
| 7. Ending active social care involvement..... | 9 |

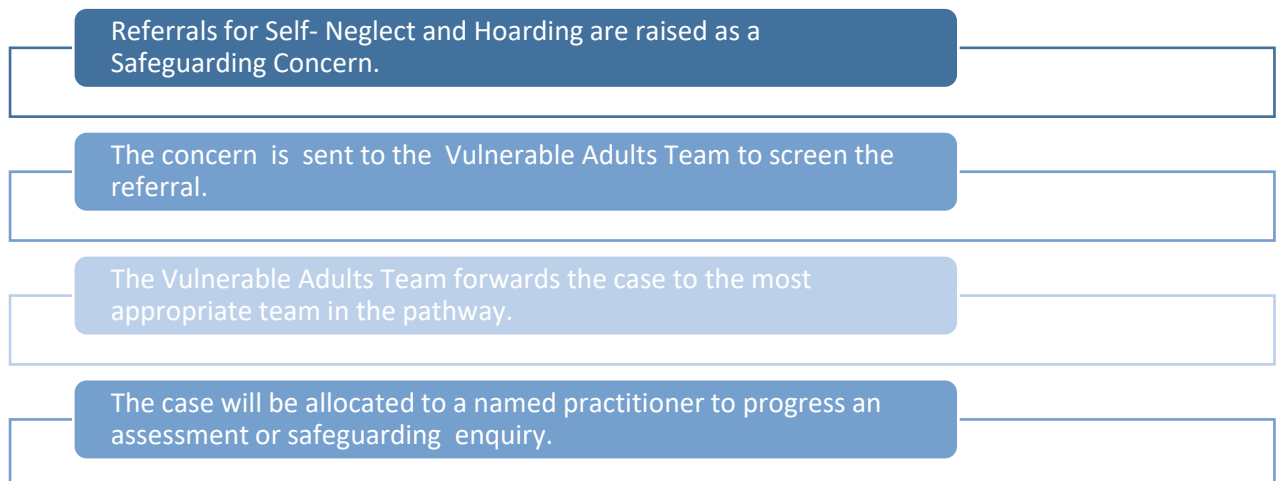
Adult Social Care Operational procedures for people with Self - Neglect and Hoarding needs

Purpose

The purpose of this document is to provide operational guidance to all London Borough of Newham Adult Social Care teams working with residents who have needs around self neglect and hoarding. It clarifies the referral pathway, highlights practice standards and provides guidance for practitioners and managers.

This operational guidance is for managers and practitioners in the ASC Access Team, Vulnerable Adult Team, Learning Disability Team, Preparing for Adulthood Team, Integrated Discharge Hub, ASC Mental Health Teams and Older People and Physical Disability Community Neighbourhood Teams. It should be read in conjunction with Newham ASC Safeguarding Adults Procedures.

Referral pathway



Referrals will come from a range of sources including from the person themselves, neighbours, family and friends or from other council colleagues, professionals and external agencies.

Concerns about people who hoard or self-neglect often carry high levels of public and professional anxiety. It is important therefore for adult social care team receiving the referral to acknowledge that the referral has been received and feedback the outcome of the referral as appropriate.

Adult Social Care Access routes

Adult Social Care has three access routes:

Access to Adult Social Care Tel: 0208 430 2000 option 2
Email: Accessto.AdultsSocialCareTeam@newham.gov.uk
Fax: 0208 430 1025

Mental Health Access and Assessment Team Tel: 020 3373 0733
Email: AdultMentalHealthAccess@newham.gov.uk

Integrated Discharge Hub 0207 363 8147

The Vulnerable Adults Team – (formerly known as MASH Multi-Agency Safeguarding Hub).

Referrals for people with Self-Neglect and Hoarding needs are dealt with as safeguarding concerns and they will be referred onto the **Vulnerable Adults Team**:
ASC MASH

The Vulnerable Adults (VA) Team will carry out the initial screening of the case to determine whether the person requires:

- A one off short intervention by the VA Team
- A section 9 Care Act assessment
- A section 42 safeguarding enquiry

1. When a person requires a safeguarding adults enquiry or care needs assessment the VA Team will forward the case via Azeus to the relevant team in ASC Mental Health, Learning Disability, Older People and Physical Disability Services to carry out the appropriate assessment and intervention.

2. If a practitioner identifies that an existing/allocated person in the pathway has needs relating to self-neglect and hoarding, the practitioner should discuss with their supervisor whether the case requires a safeguarding concern to the VA Team. This will be raised through Azeus.

3. The VA Team will carry out any initial screening of the safeguarding concern, document actions required and refer back to the allocated worker or on to the appropriate team to progress with the recommended intervention and engagement.

4. This referral path into VA Team will ensure that all self-neglect/hoarding referrals are captured and processed in a uniform way.

5. Allocated cases where adults have **low level risks** related to self - neglect and

hoarding will not routinely be referred to VA Team. The practitioner will discuss such cases with their supervisor and a decision will be made to how progress the case with the appropriate management directions and action plans in place.

Practice Standard Guidance

Practitioners must always carry out a home visit to discuss concerns with the individual **and** identify any risks.

Working with adults at risk from self-neglect and hoarding can be complex and involved. In such cases the practitioner will need to build a rapport with the person in order to engage with them successfully. This will require an investment of time and commitment to establish a relationship of trust over a number of visits.

1. Risk Assessment

Practitioners must complete the appropriate risk assessment. The purpose of the risk assessment is to understand the level of risk to the person and others based on the likelihood of harm and the consequences. A risk management plan should be recorded to highlight the actions required.

The practitioner's risk assessment will highlight potential hazards (causes of harm) for the person. It should explore the likelihood of harm, frequency and consequences. Risks should be clearly identifiable and documented as low, medium or high risk. A narrative should be recorded as to how the risks can be mitigated, reduced or not. A risk assessment should be used to develop a risk management plan and be shared with all responsible for its' management.

The generic risk matrix tool within the care assessment should be completed for people experiencing self-neglect or hoarding. Practitioners must clearly state the presenting risks and agreed risk management plan. It is important to note that if practitioners are unable to complete a Care Act 2014 assessment they can and should still raise a Standalone Risk Assessment form in Azeus.

Practitioners must also use the [Hoarding Practice Toolkit](#) ('Specialist Hoarding - Clutter Rating and Risk Assessment') where people have needs relating specifically to hoarding and this should be saved in the person's Azeus record as a Related Document. Please also refer to the [Bedbug Guidelines for Social Care Staff Who Conduct Home Visits](#).

In all instances risks should be incorporated into the review and the risk assessment revisited to ensure that any changes in the person's environment are captured and considered when planning future care. Cases should be discussed routinely in supervision, where consideration is given to escalating cases to a Section 42 Safeguarding enquiry, arranging a multi-agency planning meeting or referral to the High Risk Panel.

2. Mental Capacity Assessment

Practitioners working with adults who have self-neglect and hoarding needs must give consideration to the adult's ability to make a decision regarding their care, welfare, accommodation and finances. Practitioners should not rely on presumptions of capacity but evidence that they have assessed mental capacity (decision specific). If found to lack capacity a best interest decision should be made and recorded involving an IMCA if the adult has no family or relatives to be consulted.

Where there is a best-interest decision to be made relating to an adult's care and support practitioners should consult significant people involved in the adult's care. A referral to Independent Mental Capacity Assessor (IMCA) is required if there is no family/friend to advocate on adult's behalf or if family/friend is not acting in adult's best interest. IMCA can provide recommendations based on Adults' wishes and choices that should be considered while making a best interest decision.

3. Assessment

Practitioners must complete a care needs assessment if there is any appearance of need identified.

*The practitioner's Care Act assessment will consider the adult's care needs, strengths, abilities, health needs and emotional, social and mental wellbeing to determine the level of support required to meet their needs. There should be a plan drawn up to document any care and support needs; how these will be met and who is responsible for meeting the identified needs. Practitioners must also consider involvement of other specialist professionals in order to produce a holistic assessment of need. Practitioners **must** consider independent advocacy for a people who has substantial difficulty engaging in the assessment process.*

4. Multi-Agency Strategy Meeting

Practitioners must work in collaboration with partner agencies and organisations to assess and support the needs of the adult who is at risk from self-neglect and hoarding.

All relevant agencies must be invited to the strategy meeting e.g. Environmental Health, London Fire Brigade, Mental Health Trust, Community Health Services, Housing, TMO etc. This is to ensure a wide range of professional views are obtained and intelligence is shared, initial actions can be undertaken immediately, i.e. Fire safety assessment. An action plan must be agreed with assigned actions and timescales recorded.

5. High Risk Panel - Escalation

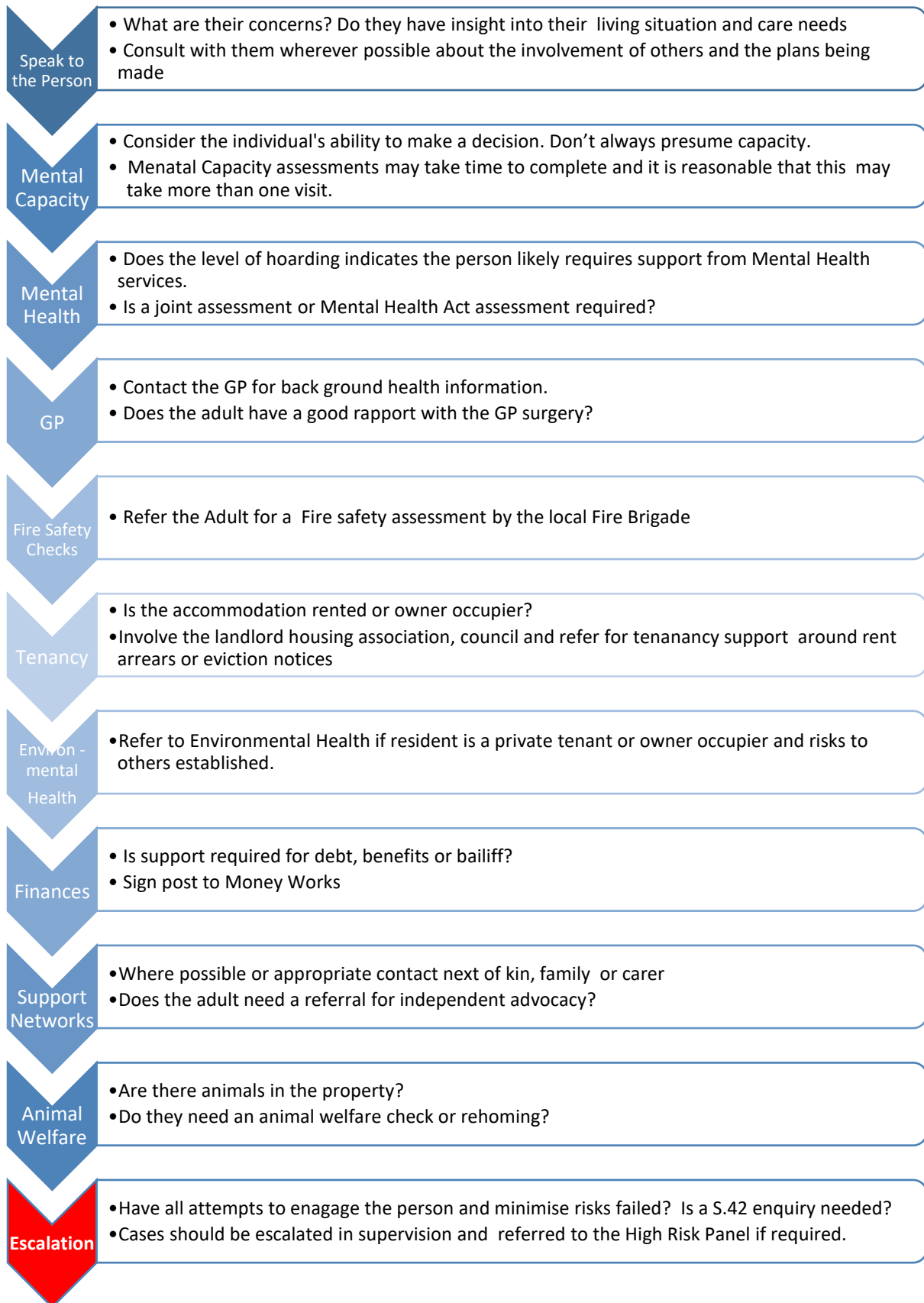
Practitioners should refer to the High Risk Panel where an adult's self-neglecting and hoarding behaviours have put them or others at risk of significant harm, and safeguarding plans or care and support plans have been unable to mitigate the risk of significant harm.

Practitioners may be working with an adult who remains high risk, very complex and / or refuses all engagement and intervention in spite of the practitioner's best efforts to support and engage the individual. In such cases the adult should be referred to the High Risk Panel. This multi-agency panel is designed to complement and enhance the practitioner's on-going work with the adult at moderate to high risk. The panel aim is to ensure options have been explored to manage the risk with all agencies.

For more information on Newham's High Risk Panel click below

<https://www.newham.gov.uk/downloads/file/1963/newham-high-risk-panel-terms-of-reference>

6. Practitioner checklist to be used alongside assessments/risk assessments



7. Ending active social care involvement

Casework with people who self-neglect or hoard is likely to require investment in time and sometimes the adult may refuse to engage with professionals. Such cases require a concerted effort over a prolonged period of time to build a rapport with the adult. Practitioners and professionals should endeavour to work together in partnership with individuals in a personalised way to meet their care needs and minimise risks.

However, it is accepted that in some circumstances despite all attempts to mitigate risks, the concerns about the person remain, but no further social work interventions can ameliorate the care situation or physical environment without a more assertive or legal intervention. It is also the case that it may not be appropriate for some people will not need to continue being managed under s.42 safeguarding, but due to their needs and ongoing risks associated with their hoarding behaviour need to be supported via case work and review. It is important that where this decision is made the Safeguarding s.42 enquiry is closed as required, outlining the ongoing plan to support the individual that is to be put in place.

Practitioners should always discuss their cases and concerns in supervision with their manager to reflect on their intervention and ensure that the risk assessment is reviewed and updated. Where the person refuses to engage or declines services and significant risks to their health and well-being remain as a result, the case should be presented to the **Newham High Risk Panel**. This will help consider and direct next steps regarding ending active involvement of operational staff. This may include approving multi-agency arrangements for monitoring and agreeing proactive contact with the adult in the near future to ensure their needs can be reassessed in the event of any change of circumstances.