



Doncaster Multi-agency Policy Self-Neglect and / or Hoarding

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Glossary of Terms

DSAB – Doncaster Safeguarding Adults Board

DSCB - Doncaster Safeguarding Children’s Board

SSDP - Safer Stronger Doncaster Partnership

AMHP - Approved Mental Health Professionals

DOLS – Deprivation of Liberty Safeguards

EHS - Environmental Health Service

MCA – Mental Capacity Act

SAH – Safeguarding Adults Hub

SLH - St Leger Homes Ltd

SYFR – South Yorkshire Fire and Rescue

SYP – South Yorkshire Police

VPP – Vulnerable Persons Panel

YAS – Yorkshire Ambulance Service

Acknowledgement

The DSAB would like to thank the Sutton Safeguarding Adults Board and Norfolk Safeguarding Board for their support in developing this multi-agency Self-Neglect and Hoarding Policy. In addition the comprehensive range of agencies who have engaged in the development of this policy and related procedure to ensure it is right for Doncaster.

1. Introduction

Policy Statement

The Care Act 2014 sets out the requirements for partners to cooperate in cases where the wellbeing of individual is threatened by self-neglect. Partners of this policy will therefore positively and proactively respond to requests for cooperation from other partners. This Policy applies to people who lack the mental capacity, and those people assumed to have capacity and deemed to be making unwise choices.

- 1.1 This Policy is endorsed and produced by the Doncaster Safeguarding Adults Board (DSAB), Doncaster Safeguarding Children's Board (DSCB) and Safer Stronger Doncaster Partnership (SSDP) within the context of the duties set out at paragraph 14.2 of the Care Act 2014 Care and Support Statutory Guidance and Working Together to Safeguard Children 2015.
- 1.2 This Policy should be referred to where an adult is deemed to be at risk due to self-neglecting or hoarding. The safeguarding partnership is intended to cover all statutory, voluntary and independent sectors that would come into contact with an adult who may be at risk of self-neglect or hoarding.
- 1.3 An adult who self-neglects or hoards may be the cause of ongoing concern to a number of organisations i.e. adult social care, fire services, housing services, health services etc. Chaotic and complex lifestyles including homelessness, drug and alcohol misuse, mental ill health may also impact negatively upon an individual's ability to care for themselves and put them at greater risk of self-neglect and at risk of abuse by others, especially when they refuse to engage with support services.
- 1.4 Whilst self-neglect or hoarding is predominately seen amongst vulnerable single people, it does also affect families and it can therefore have much wider and detrimental impact on putting children at risk. This Strategy and Guidance Document should also be read in conjunction with the Neglect Strategy for Doncaster Safeguarding Children Board.
- 1.5 This policy should be read alongside the Doncaster Multi-agency Procedure for Self-Neglect or Hoarding.

2. Purpose

The purpose of this Policy is to;

- set out a framework to coordinate the responses of multiple agencies to people who self-neglect or hoard by maximising the use of existing services and resources
- create a safer and healthier environment for the individual and others affected by self-neglect and / or hoarding behaviour

3. Principles

The following are the principles on which this policy is based:

- The most effective approach to self-neglect and/ or hoarding is to use consensual and relationship-based approaches.
- Self-neglect and hoarding will be approached in the least restrictive and proportionate manner unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention
- The rights of individuals under the Human Rights Act (1998) will be supported and consensual interventions will be made unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention.
- Given the subjective nature of clutter, disarray and the value of possessions and life-styles, it is necessary to use an objective rating scale to assist communication and understanding of the level and impact of hoarding
- Risk of harm should always be considered in terms of harm to the individual and to other people, for instance; neighbours, professionals, visitors
- Because of the heterogeneous nature of hoarding and self-neglect, it is necessary to coordinate interventions across multiple organisations when concerns of risk of harm arise and a lead organisation has to be identified
- Leading and coordinating does not mean taking responsibility for carrying out the necessary work and interventions.
- High risk is present where there are multiple organisations involved, but their actions are not coordinated and there is no clear oversight and direction or;
where a person who self-neglects and / or hoards is of concern to numerous different organisations but does not meet their eligibility criteria.

3.1 People retain the right to make unwise decisions

Personalisation in safeguarding requires effective use of the Mental Capacity Act 2005. Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons. It is important to remember that everyone has their own values, beliefs and preferences, which may not be the same as yours. You cannot treat people as lacking capacity because they hold different values, beliefs or preferences from your own.

<http://www.scie.org.uk/publications/elearning/adultsafeguarding/resource>

4. Definitions

The following definitions are relevant to this Policy and the Doncaster Multi-agency Procedure for Self-neglect and Hoarding.

4.1 Definition of Self-Neglect

There is no single operational definition of self-neglect however, the Care Act 2014 makes clear that it comes within the statutory definition of abuse or neglect,

if the individual concerned has care and support needs and is unable to protect him or herself.

The Care and Support Statutory Guidance, 2016 states that self-neglect may not always 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 are 3 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 well-being;
- 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.

4.2 Signs of Self-Neglect?

This could manifest itself in unkempt personal appearance or no longer taking any interest in personal appearance and general hygiene, not wearing appropriate clothing for weather conditions, significant refusal to eat (without apparent illness), not taking medication, non-compliant with care, disinterest in financial affairs, hoarding items and pets, offensive odours, pest infestation, etc. This list is not exhaustive.

4.3 Hoarding Disorder

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 and 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.

Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members.

When clinically significant enough to impair functioning, hoarding can prevent typical uses of space, enough so that it can limit activities such as cooking, cleaning, moving through the house and sleeping. It could also potentially put the adult and others at risk of causing fires.

4.4 Signs of Hoarding

Conditions of extreme clutter, especially where necessary objects in the household, like bathroom facilities, food storage, oven, heating sources, and entry and exits are blocked.

Inability to throw things away that may seem like, or actually is, rubbish. Often times there are empty food containers, or papers stacked up in the living space.

It is important to recognise that there are numerous factors that might lead to or exacerbate self-neglect and/ or hoarding. These include sensory deprivation/loss (i.e., loss of hearing or sight) and physical disability etc. Hoarding can also become a comfort for someone, especially during times of lack, discomfort, or upset. In these cases, relief of or support with these problems may result in an alleviation of self-neglect and hoarding.

5. Mental Capacity

The Mental Capacity Act (2005) provides a statutory framework for people who lack capacity to make decisions for themselves. The Act has 5 statutory principles and these are the values which underpin the legal requirements of the act. They are:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practical steps have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done or decision made, under this act for or on behalf of a person who lacks capacity must be done, or made in his or her best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

5.1 Decisional capacity

Decisional Capacity is the ability to make a decision in full awareness of its consequences and is the component that is assessed under the Mental Capacity Act (2005). A person has capacity in relation to a specific decision if they:

- understand the information relevant to the decision
- can retain the information, even if only for short periods
- can use or weigh the information relevant in the decision-making process, including seeing both sides of the argument and being able to make a decision one way or the other can communicate their decision by talking, using sign language or another form of communication understood by others.

5.2 Executive capacity

Executive capacity is the ability to implement, and to adapt the implementation, of the decision. It is possible for someone to be assessed to have decisional capacity but to lack executive capacity and this clearly poses a significant problem in practice. The evidence suggests that executive capacity also needs to be assessed, although there is (at time of writing) no formally approved, either in theory, practice or legislation, way of doing this.

The evidence also suggests that cognitive functioning and mental capacity are distinct from each other and the use of a global cognitive functioning test such as the MMSE (Mini-Mental State Examination) will not predict risk of harm as effectively and accurately as specific tests of ability will do. The use of an “articulate- demonstrate” model, in which the person is first asked questions (as part of an assessment under the Mental Capacity Act (2005)) and then asked to show how they would actually implement their decision, or specific components of this decision, may be helpful. In the case of self-neglect and / or hoarding this might include showing how they would get a drink or get out quickly if there was a fire or might involve obtaining reports from others who might have witnessed these actions.

5.3 When a person’s self-neglect or hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. Any proposed intervention or action must be with the person’s consent, except in circumstances where a local authority or agency exercises their statutory duties or powers. In extreme cases of self-neglect or hoarding behaviour, the very nature of the environment should lead professionals to question whether the adult has capacity to consent to the proposed action or intervention and trigger an assessment of that person’s mental capacity. This is confirmed by The MCA Code of Practice which states that one of the reasons why people may question a person’s capacity to make a specific decision is *‘the person’s behaviour or circumstances cause doubt as to whether they have capacity to make a decision’* (4.35 MCA Code of Practice, p52). Arguably, extreme self-neglect or hoarding behaviour meets this criterion.

5.4 Assessments of mental capacity must be recorded using the MCA1, 2 and 3 forms as appropriate. In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (COP) to make the best interests decision.

6. Fire Safety

Hoarding increases the risk of a fire occurring which exaggerates serious risk i.e. smoke build up, structural damage to property and extreme temperatures. This makes it more difficult for people living within the property to evacuate safely. Where an affected property is identified, regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit route.

Fire can spread to neighbouring properties if the level of hoarding is severe or if flammable items such as gas containers are being stored. It also poses a high risk to fire fighters when attending the scene. The sharing of information is extremely important for operational fire-fighter crew safety. South Yorkshire Fire and Rescue (SYFR) is required to be compliant with the Fire Services Act 2004, Regulation 7.2d to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in the area. The multi-agency approach to sharing information enables compliance with this Act and also strengthens the operational risk assessment when dealing with incidents and fires where self-neglect or hoarding is present.

7. Key Agencies roles, responsibilities and powers

Given the complex and diverse nature of self-neglect or hoarding, responses by a range of organisations are likely to be more effective than single agency responses. Sharing information between organisations will usually require the person's consent and each organisation may have to consider when it is appropriate to share information without the person's consent, for example, if there is a public or vital interest. There is an expectation that all relevant agencies engage in full partnership working to achieve the best outcomes for the adult at risk. The following roles, responsibilities and statutory powers are outlined to provide a range of options available to organisations across the multi-agency partnership to respond to cases of self-neglect or hoarding.

7.1 Environmental Health Service (EHS)

Currently this agency has a range of powers to intervene where a property is in a condition that is prejudicial to health, or where the premises is materially affecting a neighbouring premises. These powers do not rely on a presumption that the individual affected by such intervention lacks capacity. It is anticipated that EHS will have a crucial role under this policy as a frontline agency in raising alerts and early identification of such cases. In addition, where properties are verminous or pose a statutory nuisance, EHS will take a leading role in case managing the necessary investigations and determining the most effective means of intervention.

However, where the individual is residing in conditions that pose a threat only to their own welfare the powers available to the EHS may have limited or no effect. In cases involving persistent hoarders the powers may only temporarily address and/or contain the problem.

Under Part 1 of the Housing Act 2004

Housing departments have powers to take enforcement action where there is any risk of harm to the health or safety of an actual or potential occupier and can require access to residential premises in their district to assess if such a hazard

exists. Where there is evidence that there is imminent risk of serious harm to the health and safety of the occupier the local authority has emergency powers to serve a;

- Remedial Action Notice or an Emergency Prohibition Notice prohibiting the use of the property.
- Deferred Action Notice and take emergency remedial action.

There is no requirement that the property is owned by the local authority, nor is the capacity of the occupier relevant to the exercise of those powers. However the use of these powers in isolation will have limited effect on those who have persistent behaviours. The Housing Act powers cannot be used to remove hoarded items or any health and safety problem that is the result of the owner's actions.

7.2 Landlords

Landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. Where the tenant is responsible for the disrepair the landlord has a right of action, including ultimately seeking possession of the premises. The role of the landlord and powers afforded to them suggests they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within the strategy discussions.

7.3 St Leger Homes Ltd

St Leger Homes Ltd is an Arms-Length Management Organisation which manages the Council's housing stock and Homelessness Service, and consequently is one of the largest registered social landlords in Doncaster. St Leger Homes is committed to ensuring people can live their life in safety without being mistreated, hurt or exploited by others. But some people's situations may make them more vulnerable and less able to protect themselves from harm or mistreatment. St Leger Homes will be a key partner with other services in the identification and support of people who self-neglect or hoard.

People are often more vulnerable as they get older, or because they have a mental health problem, a disability, a sensory impairment or some form of illness. To support the tenants St Leger Homes Area Housing Managers are the first point of contact, with experience in dealing with self-neglect, hoarding, mental health issues and other vulnerabilities, including working in a multi-agency manner.

To support their work and to focus on high level risks, St Leger Homes has a Tenancy Support Team. The Tenancy Support Officers provide support on a one to one basis including help with any financial matters. These resources should be considered as ways to engage and support people who self-neglect or hoard.

7.4 Housing Options (Homelessness Service)

Housing Options provide a statutory homelessness service in Doncaster. Where homelessness is a risk as a result of self-neglect or hoarding behaviour, they offer pro-active advice and assistance to individuals and professionals involved in

their care to minimise any risk of homelessness. Early involvement from this team, particularly when considering alternative temporary or permanent accommodation options, is therefore essential.

7.5 Adult Social Care

Adult Social Care are the lead agency regarding eligibility for care and support services and safeguarding adults under the Care Act 2014. In addition the local authority also has a duty to consider whether the adult requires an independent advocate to represent and support the adult in a safeguarding enquiry.

In the majority of cases, the community care assessment, review and risk assessment procedures will be the best route to provide an appropriate intervention in situations of self-neglect or hoarding. Often, the cases which give rise to the most concern are those where an adult at risk refuses help and services and is seen to be at grave risk as a result.

Where a vulnerable adult is at risk of harm, but has mental capacity, then involvement with them does not stop. Efforts should be made to engage the person in the management of risks and to form a relationship with them to do this.

Where a vulnerable adult is at risk of harm, but unable to agree to have their needs met because they lack capacity to make the relevant decisions then care should be provided in line with 'best interest' principles (s4 MCA). Interventions must be carefully considered and specialist advice sought so as to ensure that any actions do not trigger deterioration in their health or wellbeing. If, however, a move into state arranged care is required and the person has no suitable representative an Independent Mental Capacity Advocate should be instructed to assist and advocate on their behalf. Similarly if any proposed care package might amount to a deprivation of the individual's liberty consideration must be given to whether it would be necessary to obtain authorisation under the DoLS procedure or an order from the Court of Protection.

Under this policy where an individual is **already in receipt of adult social care**, known to the service or appears eligible for adult social care support the relevant Social Work Advanced Practitioner / Team Manager will ensure an allocated worker is assigned to complete necessary assessments, including of the individual's capacity, community care or health needs. The allocated worker will then lead the Self-neglect / Hoarding meeting and act as lead in coordinating any plan for intervention.

7.6 Doncaster Community Services

Doncaster Council commissions and hosts a range of services which aim to engage and support vulnerable people to help them retain their independence and prevent them from being reliant on statutory services.

- Health and Wellbeing Service
- Stronger Families Team
- Complex Lives Team
- Independent and Voluntary Sector

These services are flexible to meet the diverse and complex needs of individuals across a range of identified needs. Consideration should be given to the services provided by these teams for people who may be at risk of self-neglecting or hoarding.

7.7 DMBC Safeguarding Adults Personal Assets Team

The Safeguarding Adults Personal Assets Team organise, co-ordinate and carry out the Council's Statutory duties under section 47 of the Care Act 2014 of Protection of Property and boarding of animals.

Requests can be made to the team to carry out a protection of property visit with a person's signed consent, if they have capacity. This consent allows the team to enter the property for the purpose of carrying out an inventory, removing portable valuables and important documents (i.e. passports, bank books, wills), securing any pets and securing the property (this may include having windows boarded up or repaired, locks changed etc).

If a person is assessed as not having the capacity to consent it will be necessary for a social worker/assessment officer to confirm this. This will then allow the team to carry out the Council's statutory duty to protect the property of persons who are unable to do this for themselves.

7.8 Doncaster Children's Services Trust

Section 11 of the Children's Act 2004 places duties on a range of organisations and individuals to ensure their functions and services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

In all safeguarding adult work, staff working with the adult at risk should establish whether there are children in the family and whether checks should be made on children and young people who are part of the same household, irrespective of whether they are dependent on care either from the adult at risk, or the person alleged to have caused harm.

Section 17 of the Children Act 1989

A child in need, is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.

Section 47 of the Children Act 1989

If there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

Where there is a child / young person under the age of eighteen years old living with a parent or carer who hoards / clutters then they are at a **higher risk** of suffering neglect, emotional issues and isolation. If the risk is deemed to cause significant harm to the child then a referral to Doncaster Children's Services

Trust, Referral and Response Team should be made within 24 hours of the risk being identified.

Working together to Safeguard Children 2015

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

This Early Help Service can offer additional support services to not only the parent / carer but also ensures the child has a voice, they will encourage, befriend and assist.

Where there is an identified need for the adult and a child is residing in the home a referral to Doncaster Children's Service Trust, Parenting and Family Support Services (PAFSS) should be made **within 7 working days**. Parent consent is required for this referral.

It would be a recommendation that should the parent / carers not consent to this referral this should be offered every six weeks up to twelve weeks. If there is no evidence after twelve weeks and there have not been any improvements for the child/young person then a referral to Doncaster Children's Services Trust, Social Care should be made.

If there is a clear Safeguarding issue that supersedes the offer of Early Help at any point and the child / young person is considered to be at significant risk of harm, the referral to Referral and Response should take place and within the 24 hour timescale.

7.9 Mental Health Services

The Mental Health Team will have a crucial role within any investigation under this policy not least because, for many individuals, self-neglect or hoarding are often the manifestations of an underlying mental health condition. The following statutory Powers are available under the Mental Health Act 1983 ['MHA'];

- Section 115
Under Section 115 of the Mental Health Act 1983 (Powers of entry and inspection) an approved mental health professional (AMHP) may at all reasonable times enter and inspect any premises (other than a hospital) in which a mentally disordered person is living – if the professional has reasonable cause to believe that the person is not receiving proper care. This power can only be used after the approved professional, if asked, has produced a duly authenticated document showing that he or she is such a professional.

Section 115 does not allow for forced entry, the use of force to override the owner's refusal to give permission to enter, or for force to be used to

talk to a person alone in the dwelling. However, obstruction without reasonable cause by a third party of the approved professional acting under Section 115 could constitute an offence under Section 129 of the Act. If entry is still refused, the AMHP may consider whether an application for a warrant (authorising the Police) under Section 135 is justified.

- Section 135(1)

This section of the Act is relevant as it is one way of gaining access to a person reasonably suspected of being ill-treated or neglected. In addition, the 'reasonable cause to suspect' condition is mirrored in Section 42 of the Care Act ('making enquiries').

It provides the authority to seek a warrant authorising a Police Officer to enter premises if it is believed that someone is suffering from a mental disorder, is being ill-treated or neglected or kept otherwise than under proper control anywhere within the jurisdiction of the court, or being unable to care for himself and is living alone in any such place.

This allows the Police Officer with a Doctor and Approved Mental Health Professional to enter the premises and remove the person to a place of safety for a period of up to 72 hours with a view to an application being made under part II of the Act, or other arrangements for their treatment or care. A place of safety may include a suitable registered care home.

Further the powers available under the MHA to detain an individual for compulsory treatment are limited in cases of hoarding because currently expert opinion believes the most effective treatment is that provided consensually. However, it may be useful in cases of self-neglect or where it is required to treat the manifestations or symptoms of hoarding.

Finally Mental Health services may also be included within discussions/ meetings to advise on access to secondary psychological treatment options and to secure access for the individual.

7.10 Police

As with AMHPs the Police have powers of entry and so may prove pivotal in gaining access to conduct assessments if all else fails through the following;

- Section 17 (1) (a) of the Police and Criminal Evident Act 1984, the police have power to enter without a warrant if required to save life or limb; or prevent serious damage to property; or recapture a person who is unlawfully at large while liable to be detained.
- Section 127 MHA or Section 44 MCA - where a third party seeks to obstruct assessment or frustrate lawful intervention by statutory services the Police may have additional powers of arrest for offences, but again it is recognised that these powers will be used only in exceptional circumstances.

Under the common law, the doctrine of necessity would provide a defence if force is used to gain entry to private property to apprehend a dangerous mentally disordered person in cases of serious harm to themselves or others within the community. Therefore, the reasonableness of time will presumably depend upon the urgency of the situation.

7.11 Primary Health Services (GPs, Community Services)

In some cases of chronic or persistent self-neglect or hoarding, where individuals are reluctant to engage with social care services they may remain compliant with primary healthcare services and will access their GP, district nursing service etc. Alternatively, failure to keep health appointments or to comply with medication may also be an indicator of self-neglect. As well as raising alerts and providing information, primary health services can also be very effective in forming a relationship with a person who self-neglects or hoards and in addressing any of the underlying conditions.

Primary health services should also monitor those people who are engaged with their service and show signs of self-neglect or hoarding but who do not pose a risk of significant harm to themselves or others or where there is no statutory nuisance.

7.12 Acute Services

Often Acute Health Services are the alerters for raising the alarm over cases of self-neglect being the responders to emergency and / or secondary care requirements. It is therefore vitally important that where concerns are identified around self-neglect or hoarding that this policy is instigated by these services.

7.13 South Yorkshire Fire and Rescue (SYFR)

SYFR is best placed to work with individuals to assess and address any unacceptable fire risk and to develop strategies to minimise significant harm caused by potential fire risks. SYFR will also raise alerts when called to addresses repeatedly or where homes have significant damage because of a fire and the individual continues to reside at that address. The role of the SYFR under the policy would be one of raising alerts, carrying out fire safety visits, carrying out fire risk assessments and offering advice to individuals assuring them of the necessity of fire prevention and protection.

7.14 Ambulance Services

The Ambulance Service are alerters for raising the alarm, in cases of self-neglect or hoarding Yorkshire Ambulance Service will make a referral to Adult Social Care, who thereafter will instigate this policy.

7.15 Utility Companies

Utility companies have an important role in the identification of self-neglect or hoarding since they will visit people's homes to read meters or to carry out inspections. Engagement of utility companies is therefore important so that reports of self-neglect or hoarding can be received and action taken on dangerous appliances.

7.16 Domiciliary Care Providers

Care agencies are commissioned by the Doncaster Metropolitan Borough Council to provide support to people in their own homes and are also commissioned directly by people who fund their own care. They have a role in both identifying people who self-neglect or hoard and in working with them.

7.17 Independent and Voluntary Sector

The independent and voluntary sector often work with some of the most complex and vulnerable people and are often the agencies which are actively engaged with the adult.

There are a vast range of independent and voluntary sector organisations, local groups and activities based in the Doncaster community that have been commissioned to provide both housing and non-housing support services to help keep people well, safe and connected. These can be found via the Your Life Doncaster website accessible through the following links; <https://www.yourlifedoncaster.co.uk/> or alternatively within the supporting People Directory; <http://www.doncaster.gov.uk/services/adult-social-care/supporting-people>

8. Information Sharing and Consent

Information governance should not be used as a barrier to sharing information in order to protect people from harm, where imminent risk is identified action must be taken and appropriate information sharing should be undertaken. Practitioners should always **seek** the consent of the adult at the heart of the concern before taking action or sharing information. However there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it but the best interests of the individual or others at risk of harm demand action. In these cases Mental Capacity Act guidance should be followed.

In some cases, where an adult refuses consent, information can still lawfully be shared if it is in the public interest to do so. This may include protecting someone from serious harm or preventing crime and disorder. The key factors in deciding whether or not to share confidential information are:

- **Necessity** – sharing is likely to make an effective contribution to preventing the risk, and;
- **Proportionality** – the public interest in sharing outweighs the interest in maintaining confidentiality.

If there is any doubt about whether to share information, advice should be obtained from your organisations Information Governance Lead. Things to consider are:

- Adequate recording if consent was obtained and if not why not
- What information was shared and with whom and how the request was received and recorded, and how the decision was made to share the information
- If third party information is involved if consent was obtained and if not which exemptions applied

- All agencies involved must follow the appropriate statutes and guidance.

Under the Data Protection Act 1998, organisations have the responsibility to ensure that personal information is processed lawfully and fairly. All adults have a right to view any information held about them. Practitioners should consider this when they are recording information about the adult.

All agencies need to ensure that when it is decided it is appropriate to share information about hoarded properties with local fire services, and that this is being done on a need to know basis. All information should be transferred in a secure format.

Where the self-neglect or hoarding behaviour of the adult places a child at risk then this information **must** be shared with Doncaster Children's Services Trust as appropriate.

Refer to the HM Government Information Sharing Guidance for more information.

Websites for further reading and support services

Buttle UK - <http://www.buttleuk.org/>

Buttle UK, formerly known as The Frank Buttle Trust, is the largest UK charity providing grant aid solely to individual children and young people in desperate need.

Cloud's End CIC www.cloudsend.org.uk

Resources to help hoarders and housing associations dealing with hoarding

Doncaster Metropolitan Borough Council website accessible through the following links; <https://www.yourlifedoncaster.co.uk/>

or alternatively within the supporting People Directory;

<http://www.doncaster.gov.uk/services/adult-social-care/supporting-people>

Doncaster Safeguarding Children's

<http://doncasterscb.proceduresonline.com/> Working Together to Safeguard Children online procedures

Doncaster Safeguarding Adults Board,

<http://www.doncaster.gov.uk/services/adult-social-care/safeguarding-adults-policy-and-procedures>, South Yorkshire Procedures for Safeguarding Adults

Glasspool - <http://www.glasspool.org.uk/>

The Glasspool Trust is one of the few national charities making grants to individuals which has no restrictions on the type of beneficiary.

Their aim is to provide timely, life-enhancing support to people in need; short-term involvement for long-term impact.

Help for Hoarders www.helpforhoarders.co.uk

Information support and advice for hoarders and their families. Including and an online support forum,

Hoarding UK www.hoardinguk.org

Information and support for hoarders and agencies, including local support groups

OCD UK www.ocduk.org/hoarding

Information and support about Obsessive Compulsive Disorder, which includes hoarding

SCIE: Adult safeguarding - Self neglect

<https://www.scie.org.uk/adults/safeguarding/selfneglect/>

The Association of Professional De-Clutterers and Organisers (UK)

www.apdo-uk.co.uk

Provide support, networking and promotion for members of the Professional Organising & Decluttering industry, and information and services for their clients.

The Vicars Relief Fund - <https://smitf.flexigrant.com/>

The VRF is a homelessness prevention fund. We offer a rapid response service by awarding small but essential grants to help alleviate housing difficulties for vulnerable people in their time of need. We aim to respond to all applications within five working days of them being submitted.

Turn 2 Us - <https://www.turn2us.org.uk/>

Turn2us helps people in financial need gain access to welfare benefits, charitable grants and other financial help – online, by phone and face to face through our partner organisations.