Edinburgh Adult Protection Committee

Inter-agency Self-Neglect & Hoarding Guidance

Edinburgh APC Mission Statement:

"To ensure adults in Edinburgh who need support and protection are safe and receive the highest quality, professional services from partner agencies involved in Adult Support and Protection"

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Edinburgh Adult Protection Committee would like to acknowledge that this guidance was informed by Fife Adult Support and Protection Committee's Self-neglect and Hoarding Guidance 2024

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1. Introduction

This guidance provides a clear, consistent and trauma-informed framework for responding to concerns about self-neglect and hoarding. It recognises self-neglect and hoarding as complex safeguarding issues and supports proportionate, rights-based practice balancing autonomy, risk enablement, persistence, professional curiosity and protection. The guidance has been developed for all multi-agency staff supporting adults with who are at risk of harm as a result of self-neglect and/or hoarding. Self-neglect can be difficult to assess, and it is important that our practice is collaborative, proactive, and informed by the evidence base. Managing the balance between the adults' right to self-determine and their right to be supported and protected is a challenge for professionals. Least restrictive intervention does not mean no intervention. Doing nothing is rarely a neutral act where risks are escalating. The adults understanding is crucial to determining what action may or may not be taken in situations of self-neglect and/or hoarding. All adults have a right to take risks and behave in a way that may be construed as self-neglectful if they have the capability and capacity to do so without interference from the state. Practitioners must begin with the presumption of capacity until determined otherwise. Capacity is decision specific, may fluctuate, and may be affected by executive functioning difficulties even where insight appears intact. This guidance aims to support practitioners in this complex area of practice.

The level of intervention will be determined by individual circumstances, and in some cases use of protective legislation will be required. It is important that all partner agencies understand and can identify the signs of self-neglect and offer or proactively assist with accessing and providing early and effective interventions. It is essential that we develop a multi-agency approach at both strategic and operational levels, including shared ownership, risk assessment and management.

This guidance applies to all partner agencies who may work alongside adults at risk of self-neglect or hoarding.

2. Definitions

Self-neglect

Whilst there is no standard definition of self-neglect, research has suggested that there are three recognised forms which include:

- Lack of self-care – this may involve neglecting personal hygiene, nutrition and hydration or health. This type of neglect would involve an assessment being made regarding what is an acceptable level of risk and what constitutes wellbeing.
- Lack of care of one's environment – this may result in unpleasant or dirty home conditions and an increased level of risk in the domestic environment such as health and safety and fire risks associated with hoarding. This may again be subjective and require a multi-agency assessment to determine whether the conditions within an individual's home environment are acceptable and/or safe.

- Refusal of Services that could alleviate these issues – this may include the refusal of care services, treatment, assessments or intervention, which could potentially improve self-care or care of one's environment.
- Self-neglect should not be assumed to be a lifestyle choice. Where harm or significant risk is present, professional curiosity and proportionate intervention are required.

Hoarding

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross 1993). Importantly, hoarding disorder is distinct from the art of collecting and is also different from people whose property is generally cluttered or messy. Hoarding does not favour a particular gender, age, ethnicity, social-economic status, educational/occupational history or tenure type. It also cannot simply be called a lifestyle choice. Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe "cluttering" of the person's home so that it is no longer able to function as a viable living space.
- Significant distress or impairment of work or social life (Kelly 2010).

Hoarding Disorder used to be understood as a form of obsessive-compulsive disorder (OCD). It is now considered a standalone mental disorder: "Hoarding disorder is characterised by excessive accumulation of and attachment to possessions regardless of their actual value. Items may be hoarded because of their emotional significance, perceived potential usefulness, or intrinsic value. Excessive acquisition is characterised by repetitive urges or behaviours related to buying, stealing or amassing items, including those that are free. Difficulty discarding is due to perceived need to save items and distress associated with discarding them. Hoarding behaviour is sufficiently severe to result in significant distress or significant in personal, family, social, educational, occupational or other important areas of functioning". There are three types of hoarding:

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

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

3) Data hoarding – This is new phenomenon of hoarding, with very little research on the matter, and it may not seem as significant as inanimate and / or animal hoarding. However, People that do hoard data present with the same issues that are symptomatic of other

types of hoarding. Data Hoarding can present with the hoarding of computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format. It is recognised that hoarding is a complex condition and that a variety of agencies will come into contact with the same person. It is also recognised that not all persons will receive support from statutory services such as Mental Health and will require a multi-agency response.

3.Why do people self-neglect and / or hoard?

Traumatic events have been defined as: “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening” (SAMHSA, 2014, p7). Trauma, including complex trauma, bereavement, social isolcation and adverse life experiences are recognised contributors. Responses must therefore be trauma-informed, relational and persistent rather than crisis-driven or compliance-focused. There are two types of Trauma:

1) Type 1 Trauma – these events are usually single incident events such as rapes, assaults or serious accidents.

2) Type 2 Trauma or “Complex Trauma” – this form of trauma and abuse is usually experienced interpersonally, persists over time and is difficult to escape from. Complex trauma is often experienced in the context of close relationships (e.g. Childhood Adverse Experience or domestic abuse) and can also be experienced in childhood or adulthood. Each person who lives through trauma is unique and will not respond in the same way. This depends on many different factors including what their life and relationships were like before the trauma(s) occurred, how they were responded to during and after the trauma, their personality, strengths and resources, their other life experiences and cultural context in which they live their lives. Research highlights that traumatic life events and early material deprivation have been identified as potential environmental risk factors for the development of pathological hoarding behaviour (Danielle Landau et al March 2011).

Poor Mental Health

It is also important to note that hoarding can also be a symptom of other mental disorders for example: dementia, depression, psychotic disorder. A range of contributing factors There can be a number of intertwining causes of self-neglect and / or hoarding. These may contribute to or escalate self-neglect and/or hoarding and can include:

- Age related changes, in physical and / or mental health.
- Bereavement / traumatic event.
- Severe and enduring mental illness.
- Alcohol or substance misuse.
- Social isolation.
- Fear and anxiety.

Hoarding

Identifying and Assessing Hoarding

As stated in the introduction, hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross 1993). Importantly, hoarding disorder is distinct from the art of collecting and it is also different from people whose property is generally cluttered or messy. Hoarding does not favour a particular gender, age, ethnicity, social-economic status, educational / occupational history or tenure type.

General Characteristics of Hoarding

- Fear and anxiety: Compulsive Hoarding may have started as a learnt behaviour following a significant event such as a bereavement. For example, the person hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack.
- Long-term behaviour pattern: Possibly developed over many years, or decades, of “buy and drop”. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.
- Excessive attachment to possessions: People who hoard may hold an inappropriate emotional attachment to items.
- Indecisiveness: People who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.
- Unrelenting standards: People who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- Socially isolated: People who hoard will typically alienate family and friends and may be self-confessed “rescuer of strays”.
- People who hoard may demonstrate capacity in some domains while experiencing significant impairment in decision-making specifically related to possessions, risk and safety.
- Extreme clutter: Hoarding behaviour may prevent several or all rooms of a person’s property from being used for its intended purpose.
- Churning: Hoarding behaviour can involve moving items from one part of a person’s property to another, without ever discarding anything.
- Self-care: A person who hoards may appear unkempt, dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities in order to maintain their personal hygiene or appearance.
- Insight characteristics: A person who hoards typically see nothing wrong with their behaviour and the impact it has on them and others.
- Good or fair insight: The client recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The client recognises these behaviours in themselves.

- Poor insight: The client is mostly convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The Client might recognise a storage problem but has little self-recognition or acceptance of their own hoarding behaviour.
- Absent (delusional) insight: The client is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client is completely accepting of their living environment despite it being hoarded and possibly a risk to health.
- Detached with assigned blame: The client has been away from their property for an extended period. The client has formed a detachment from the hoarded property and is now convinced a 3rd party is to blame for the condition of the property. For example, a burglary has taken place, squatters or other household members.

Assessing Hoarding

Identifying and classifying hoarding behaviour can be subjective, as what it means to have a cluttered home can vary from person to person, the layout of each home is different and clutter may be stored at different levels within a room. Psychologists specialising in the treatment of hoarding have developed the Clutter Image rating Scale (CIRS) to enable objectivity when assessing the level of hoarding by providing a visual assessment tool.

4. Information Sharing

This protocol is underpinned by the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). Information sharing does not require consent where there is a risk of serious harm to the adult or others. Information shared must be relevant, proportionate and clearly recorded, including the rationale for sharing or not sharing information. Good recording should include:

- The adults' views
- Assessment of capacity and insight
- Risk analysis
- Legal framework considered and rationale
- Multi-agency decisions and dissenting views

All agencies have a responsibility to share information where there is an identified risk to a person and/or to others. Where there is suspicion and/or evidence of self-neglect and/or hoarding consideration must be given to interventions within the following legislative frameworks: Adult Support and Protection (Scotland) Act 2007; Mental Health Care and Treatment (Scotland) Act 2003; Adults with Incapacity (Scotland) Act 2000.

5. Legislative Framework

This Protocol reflects legislation and national policy context. The following legislation may be relevant:

Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) Act 2007 (ASP Act) places a duty on the Local Authority where it knows or believes:

1) That the person is an adult at risk

2) That it might need to intervene in order to protect the person's well-being, property or financial affairs.

Adults at risk are adults who are:

(a) Unable to safeguard their own well-being, property, rights or other interests

(b) At risk of harm, and

(c) Affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

An adult is at risk of harm if:

1) Another person's conduct is causing (or is likely to cause) the adult to be harmed

2) The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm, self-neglect.

In general terms behaviours that constitute "harm" to a person can be physical, sexual, psychological, and financial or a combination of these. The harm can be accidental or intentional, as a result of self-neglect or neglect by a carer. It can be caused by self-harm and/or attempted suicide.

Ability to Safeguard

Assessing whether an adult does not have the ability to safeguard themselves can be complex. Generally, the term 'unable to safeguard' can be defined as: "lacking the skill, means or opportunity to do something". Therefore, a distinction should be drawn between someone who lacks these skills and is unable to safeguard and one who is deemed to have the skill, means or opportunity to keep themselves safe but chooses not to do so.

Problematic Drug Use and Alcohol Consumption

Vulnerability or a lack of ability to safeguard, which is due to temporary problematic drug use, would not by itself result in an individual being considered an adult at risk of harm. However, the ongoing problematic use of drugs or alcohol may take place alongside (and on occasions contribute to) a physical or mental illness, mental illness, mental disorder or a condition such as alcohol related brain damage. If this is the case an adult may be considered an "adult at risk". It must be stressed, however that the co-existing illness,

disability or frailty, which would trigger adult protection considerations, rather than substance use itself (Adult Support and Protection [Scotland] Act 2007 Code of Practice 2014).

Duty to Inquire

Section 4 of the ASP Act requires the local authority to make inquiries into adult's wellbeing, property or financial affairs if it knows or believes that the person adult might be at risk and they may need to intervene to protect the person's well-being, property or financial affairs.

Investigation

Section 7 of the ASP Act permits a Council Officer to enter any place to carry out a visit. Warrant for Entry under the Act can be obtained if, during an investigation a Council Officer is refused entry, or is likely to be refused entry, or is unable to enter the premises for some other reason. This will allow them to enter the premises and allow a Police officer who accompanies the Council Officer to do anything, using reasonable force where necessary, which the Police officer considers to be reasonably required in order to fulfil the object of the visit. The warrant expires 72 hours after it has been granted.

ASP Act allows a council officer to apply to the court for three types of orders, if required, to complete their investigation or to provide measures of protection to the adult. The protection orders that can be sought are:

- Assessment Order (section 11) this order allows the adult to be taken to a place where they can be interviewed or examined by a specified health professional. The purpose of the assessment is to allow the Council Officer to establish that the adult is an adult at risk of harm who requires measures to be put in place to prevent them from harm. When applying for an assessment order you must also apply for a warrant for entry.

- Removal Order (section 14) this order allows the Council Officer to remove the adult to a specified place within 72 hours of the order being granted and for the Council to take such reasonable steps as it thinks fit for the purpose of protecting the moved person from harm. Only the council can apply for a removal order. When applying for a removal order you must also apply for a warrant for entry.

- Banning Order (Section19) Council Officers and other interested parties, including the adult at risk themselves, can apply for a Banning Order. The order would ban the subject of the banning order from being in a specified place. Banning orders can have powers of arrest attached to them.

Adults with Incapacity Act 2000 (AWI Act)

The AWI Act could be helpful to practitioners seeking to determine whether there are grounds for intervention into the adult's affairs. It is important that practitioners respect and understand that assessing a person's capacity to make decisions must be specific to the area of concern (i.e. do not assume that capacity is all encompassing for example a person 9 | P a g e may have the capacity to decide where they want to live but may lack the

capacity to manage their financial affairs). Practitioners may find the Decisions Specific Screening Tool a helpful tool in the assessment of the person's ability to make decisions. Once an adult's incapacity to make decisions has been established, the AWI Act makes provision for an application to be made to the court for a Guardianship Order or Intervention Order. This process takes time and cannot be seen as an emergency measure to safeguard the adult's welfare. The decision to make an application should be taken following a discussion with the Adult and relevant others. It is a legal requirement that two independent medical assessments confirm the Adult's Incapacity. Practitioners should consult the Mental Health Officer team for guidance on the use of the AWI Act.

Mental Health Care and Treatment (Scotland) Act 2003 (MHCT Act)

The MHCT Act is a significant piece of legislation that sits alongside the AWI Act and ASP legislation. The MHCT Act defines Mental Disorder as any "mental illness", "personality disorder" or "learning disability", however caused or manifested. The MHCT Act makes explicit that a person cannot be considered mentally disordered by reason only of dependence on, or use of alcohol or drugs, or acting as no prudent person would. It is most likely that the first application of the MHCT Act that practitioners might consider relates to a "Duty to Inquire".

Section 33 of the MHCT Act places a duty upon the local authority to inquire into the situation of a person who appears to have a mental disorder who is living in the community. The duty to inquire is triggered where the person is suspected of being at risk of neglect or ill treatment: where the person is living alone or without care and where their property may be at risk of suffering loss or damage because of their mental disorder. Within Edinburgh, this Duty to Inquire could be undertaken by a Mental Health Officer (MHO) or Social Work staff in both the Contact Centre or in area team settings where it appears this is more relevant than Adult Support and Protection legislation. A number of actions may result from this. Where the adult refuses the MHO entry, and where it is thought that entry to premises, access to medical records or a medical examination is necessary, the MHO should seek a warrant under section 35 of the MHCT Act. A section 35 warrant would enable access to the adult's property and medical examination. It does not authorise the removal of the person from the property. Where it is thought the person requires to be moved to a place of safety, an order under section 293 of the MHCT Act should be applied for alongside the warrants. This lasts for up to 7 days. It is possible that the Duty to Inquire could be followed by further interventions under the MHA.

A Short Term Detention Order (STDO) authorises a person's admission to hospital for the purpose of assessment and treatment for a mental disorder. A STDO lasts for 28 days. In some circumstances, a STDO could be followed by a Compulsory Treatment Order (CTO) under the MHCT Act. A CTO makes provision for a person's care and treatment to be provided on a compulsory basis. A CTO can be based upon treatment in hospital or in the community and can last for up to 6 months. All interventions under the legislative frameworks listed MHCT Act require collaborative working and shared decision making with specialist medical professionals. Advice, information and guidance on the compulsory 10 | P a g e measures within the MHCT Act can be provided by the authority's Mental Health Officer team.

The ASP, MHCT and AWI Act are principles based. Practitioners must be able to evidence that their decisions and actions are based upon the following principles: Any intervention must benefit the Adult, and such benefit cannot be achieved without the intervention.

1) Any intervention must be the least restrictive option in relation to the freedom of the Adult. It is important to bear in mind that the least restrictive option is not necessarily to take no action.

2) Any intervention must take into account the past and present wishes of the Adult.

3) Any intervention must be undertaken in consultation with relevant others. This might include the views of the nearest relative and primary carer, any existing Guardian or Welfare Power of Attorney, any other person appearing to have an interest in the Adult's welfare.

4) Any intervention must encourage the Adult to exercise any skills that they might have. Where inquiries are being undertaken and intervention is being considered due to a person's hoarding behaviour, information from relevant others (Scottish Fire and Rescue Service, NHS Fife, housing, environmental health, voluntary sector, family/friends) is crucial in determining the least restrictive and most helpful response for the person.

Housing (Local Authority)

The psychological stress of living in a property in which hoarding exists, may be further exacerbated by the practical implications. For example, it would not be uncommon for rent and bills to be left unpaid, as mail remains unopened. The result is increasing vulnerability to eviction. Tenancy Agreements and Housing Legislation require local authority housing to be kept in a "reasonable state of cleanliness" and for the condition of the house or common parts not to have "deteriorated because of the fault of you, your sub-tenant or somebody in your household". If the Local Authority finds this to be the case, through Section 14 of the Housing (Scotland) Act 2001, Schedule 2, an individual can be evicted. Where it can be shown that the tenant does not have capacity and damage to the property was not purposeful, as is expected with all cases of hoarding, it is essential that housing professionals take a multi-agency approach. This involves seeking to meaningfully engage with the tenant and exploring all alternative avenues other than eviction. Housing Professionals such as Housing Officers and Property Maintenance Teams are in a key position to be able to identify early indicators of hoarding behaviour, support the individual to access help, and avoid eviction. Each housing situation will vary depending on the type of tenure. Tenants who are in social rented accommodation will have an allocated housing officer in the associated Local Authority or Housing Association who should be consulted. For owner-occupiers or tenants in the Private Rented Sector, housing support will be a lot more complex. Within Local Authorities Housing Options or Homelessness Teams, the Prevention team should be consulted for owner-occupiers and private rented sector tenants.

Environmental Health Environmental Health Enforcement Power Options

Environmental Protection Act 1990 (EPA), Section 79 and 80 – Statutory Nuisance – The definition of a Statutory Nuisance is contained within Section 79 (1) of the EPA 1990. It is likely that a property where there is self-neglect and / or hoarding issues would fall within one of the following categories:

- Any premises in such a state as to be prejudicial to health or a nuisance.
- Fumes or gases emitted from premises so as to be prejudicial to health or a nuisance.
- Any accumulation or deposit which is prejudicial to health or a nuisance.
- •Any animal kept in such a place or manner as to be prejudicial to health or a nuisance.

Where the Local Authority is satisfied that a statutory nuisance exists, or is likely to occur or recur, it must serve an abatement notice on the person responsible for the nuisance or if that person cannot be found, on the owner or occupier of the premises. An abatement notice requires the abatement of the nuisance or prohibiting or restricting its occurrence or recurrence and where necessary the carrying out of such works and other steps necessary to abate the nuisance. A reasonable timescale will also be given to comply with the notice. If the notice is not complied with then the Local Authority may take the necessary steps to abate the nuisance and recover reasonable expenses incurred in doing so. Non-compliance with an abatement notice is also a matter which can be report to the Procurator Fiscal.

- Housing (Scotland) Act 2006, Section 30 – Work Notice –A local authority can serve a work notice on the owner of any house which it considers to be sub-standard (fails to meet the Tolerable Standard and / or is in a state of serious disrepair). The notice sets out the work which the Local Authority thinks is necessary to bring the house up to, or keep it in, a reasonable state of repair including meeting the Tolerable Standard. If the notice is not complied with the Local Authority can undertake the required works in default and recover costs by placing a Repayment Charge upon the property if the owner does not pay.

- Prevention of Damage by Pests Act 1949, Section 4 – Power of Local Authority to require action – A notice may be served on an owner or occupier of land and / or premises where rats and / or mice are, or may be present due to the condition of the property and / or land. A reasonable period of time is given to undertake works including treatment, removal of materials that may feed or provide harbourage and undertake structural works. The Local Authority may undertake works if default of the notice is not complied with.

6. Aim of Protocol

The aims of this protocol are to:

- Investigate and share information on the problems related to hoarding and self-neglect from different professionals and community perspectives. This will enable to Partnership to deal with incidents in an evidence based, structured, systematic, co-ordinated and consistent way.

- Develop multi-agency solutions which maximise the use of existing services and resources and which may reduce the need for compulsory solutions.
- Ensure that when formal solutions are required, there is a process for planning solutions which is person-centred. Possible solutions include professional support and monitoring, property repairs and permanent and temporary re-housing.
- To establish best practice and improve knowledge of legislation that relates to hoarding behaviour.

7. Multi-agency Self-neglect and Hoarding Procedure

Making a referral to Social Care Direct:

Where there is a concern that a person may be experiencing self-neglect and/or hoarding, a referral should be made to Social Work Services via Social Care Direct. Agencies should consider the level of concern and risk when making this referral and use the multi-agency Report of Harm for when making an Adult Support and Protection referral. Agencies should also be recording these concerns within their own file recording system.

Referral details:

Adult Support and Protection Referrals:

Send in a Report of Harm to Social Care Direct using the multi-agency reporting form or telephone Social Care Direct and be clear that you are making an Adult Protection referral.

Edinburgh HSCP Social Work Service: Social Care Direct 0131 200 2324 and email socialcaredirect@edinburgh.gov.uk

Adult Concern

Edinburgh HSCP Social Work Service: Social Care Direct 0131 200 2324 and email socialcaredirect@edinburgh.gov.uk

If the concern is of a serious nature (Fire Risk to the person and/or neighbours) then the referrer must also refer to the Scottish Fire and Rescue Service for a fire safety visit.

Contact number/email for SFRS call 0800 0731 999

Social Care Direct actions:

Social Care Direct customer service adviser should record basic details of the referral on the data base. This information should include:

- The date, time and source of referral.
- The individual reporting the concerns should be asked to provide his / her name, telephone number, description of the nature of his / her involvement.
- Adult Protection Referral or Adult Concern. The nature of their concern – self-neglect / hoarding.
- If so do they currently receive services (Carer, support worker, District Nurse, Community Psychiatric Nurse and Community Learning Disability Nurse).
- Has this been reported to anyone else – GP, SFRS? If so when
- Where the adult is not allocated to a case or team, the referral should be progressed to Social Care Direct Response Team.
- Where that adult is allocated to a Locality Social Work Team or social work practitioner, the referral should be progressed to the allocated team.

When received by Social Work Team (SCD or Locality):

Where a referral is received in relation to self-neglect and/or hoarding, consideration should be given to the most appropriate and proportionate legal framework to protect and support the adult: Adult Support and Protection (Scotland) Act 2007, Mental Health Care and Treatment (Scotland) Act 2003 and Adults With Incapacity (Scotland) Act 2000. Where this legislation is applicable, following the usual procedure e.g. ASP procedures.

Where it is established that:

a) The adult does not meet the 3 point criteria
b) none of the three protective legislations apply,

the following protocol can be implemented and should be used alongside Edinburgh APC's Adult Case Conference (non ASP) Protocol. The Adult Case Conference Protocol was introduced in January 2026 to authorise and guide relevant statutory agencies to convene a Case Conference in circumstance where an adult is deemed to be at risk or poses risk to others and **DOES NOT MEET** the three-point criteria that defines an adult at risk of harm (as described in Legislative framework section).

- Identify and share relevant and proportionate information regarding the nature of the concerns and the risk to the individual and any other person with appropriate multi-agency partners. The views of all relevant professionals must be sought and considered (e.g. housing, environmental health, NHS, Scottish Fire and Rescue Service).

- Assess whether any immediate protective action is required should there be an imminent risk of harm e.g. urgent first safety visit, Police should be contacted if there is evidence of risk to the individual from others.

- Consider if a welfare visit to the individual for fuller assessment of the concerns is required.

- Conduct and agree an initial risk assessment and an initial risk management plan.

- Consideration should be given to speaking to the person alone.

- The above information should be clearly recorded on the relevant data base.

Visits

Best practice would be for visits to be undertaken by two professionals from a statutory agency. This can consist of Social Work, NHS, GP, Housing or Scottish Fire and Rescue Service. Visits should include the following:

- Face to face contact with the individual alone or with support, to ascertain the views of the individual, consideration must be given to the individual's presentation and indications of poor personal hygiene taken into account.

- Consideration must be given to anyone else at risk as a result of the individuals self-neglect /hoarding. This may include children or other adults requiring care and support needs.

- Consideration should be given to gathering the views of significant others. Best practice would be to obtain consent from the adult. Where there is concern of a fire risk or public health risk then information must be shared with the appropriate agencies.

- A record of the visit including the adults view should be obtained and recorded in case notes on SWIFT/AIS.

- The adult's home environment should be visited, where relevant and a professional assessment as to its suitability made. If this is not immediately possible (e.g. the individual is in hospital) the reasons should be clearly recorded in the case notes on SWIFT/AIS.

- Where there are concerns of hoarding an assessment using the Clutter Image Rating Scale must be undertaken.

- A referral to the Scottish Society for the Prevention of Cruelty to Animals (SSPCA) should be made where there are neglected and / or multiple animals. Tel: 03000 999 999. In visiting these settings, care should be taken about personal safety.

If there are indications that resistance, including the threat of verbal or physical violence may be encountered during the visit, steps should be taken to ensure that staff are protected and supported in planning and executing the visit. Please refer to your agency's Policy on:

- Lone Working and,

- Work related Violence Policy.

The person should be listened to, opinions respected, and they should be kept fully informed of the progress. A balanced view between the need to intervene and the needs and rights of any individual should be maintained. Be persistent because of the nature of self-neglect/hoarding, the likelihood is that the person may refuse services or support when this is first offered. Professionals may need to repeatedly try to work with a person to reduce risks. Non-engagement at first contact should not result in no further action being taken. Professional curiosity should be applied throughout engagement with the adult.

Single Agency Chronology
Where a case progresses beyond the initial stages of information sharing, a single agency chronology of significant events should be commenced. The chronology will reflect both positive and negative events, in the order they occur in the individuals' life. It can provide an early indication of emerging patterns of behaviour and escalation of risk. The chronology helps to better understand the individual's needs and risks, which informs planning and intervening. Chronologies should be based on evidence and not assumption. Edinburgh uses Pan-Lothian Chronology templates available online via IRISS.org.uk or on the councils Orb under Adult Protection.

Clutter Image Rating Scale and Hoarding Assessment
In cases where hoarding is a concern, use the clutter image rating to assess the level of hoarding and refer to the clutter assessment tool to guide which details the appropriate action you should take. This should be completed in advance of the Hoarding Multi-agency Meeting and reviewed and updated thereafter with any new information.

Where an Adult Case Conference (non-ASP) should be considered
A multi-agency Adult Case Conference should be considered following clutter image rating scale and hoarding assessment. Triggers for multi-agency escalation include:

- escalating environmental or fire risk
- repeated non-engagement
- impact on others
- deterioration despite intervention

The Adult Case Conference meeting where hoarding/self-neglect is to be considered should be held in keeping with the needs of the individual. The urgency and complexity of the case will determine the timescale but it should be no later than 28 calendar days after the initial referral. The chairperson should be of sufficient authority to make decisions and where practicable have a working knowledge of the Adult Support and Protection (Scotland) Act 2007, Mental Health Care and Treatment (Scotland) Act 2003 and the Adults with Incapacity (Scotland) 2000. The Chairperson is responsible for explicitly recording why protective legislation is or is not being used and for challenging drift or optimism bias.

Consideration should always be given to inviting the following:

- The individual and a significant other (paid /unpaid carer)

- Carer or relative
- Any other Proxy (Power of Attorney, Welfare / Financial Guardian) and / or independent Guardian
- Social Worker
- Mental Health Officer
- General Practitioner
- Other Significant Health Professional
- Scottish Fire and Rescue Service
- Housing Officer / Housing Agency
- Environmental Health
- Children and Families social work staff and Education Professionals – where relevant
- Police (in circumstances where the person may be being targeted in the community)
- Scottish Society Prevention of Cruelty to Animals (SSPCA)

Where relevant all professionals concerned should be included in this meeting. It should be normal practice for the person and a significant other to be involved unless there is justification not to.

The following template can be used as an invite:

Dear

INVITATION TO NON-ASP ADULT CASE CONFERENCE CONCERNING:…

A Case Conference is to be held, regarding the above-named person, on……. at…….to which you are invited.

You have been identified as someone who may provide a useful contribution in relation to the above mentioned, it would therefore be of great value if you could attend this conference.

Should you be unable to attend personally, having your written comments regarding the contact with the person or family to date, and your assessment of the present situation would assist the conference. It would be helpful if you could notify me of your availability to attend, whether you are sending a representative, or intend to submit a report.

Please note that only the recipient of this invitation or their representative has been invited to the adult case conference, and any other parties who wish to attend must consult with the meeting organiser who will request permission from the above named person

Please complete and return the attached slip within seven working days.

A list of those invited is also attached.

Yours sincerely

The Case Conference should:

- Give full consideration to overall information and risk assessment including the risks to self, risk to others and risk to workers. The meeting should also review whether any intervention within the protective legislative frameworks of ASP / MHCT / AWI are approportionate and necessary to support and reduce the risks to the individual and others.

- Consider what are the strengths of the person and / or family / friends and what are the risks to the wellbeing, property rights and other interests of the individual.

- What are the specific risks to the individual?

- What are the specific risks to others including public health?

- In all cases consideration is to be given to completion of a chronology prior to the Adult Case Conference.

- In all cases undertake a Hoarding Assessment and Complex Risk Assessment (Appendix 2 &4) These should be completed prior to the Adult Case Conference.

- Consider appointing a core group with an identified lead professional at the Case Conference. The first meeting of the core group should be no later than 2 weeks after the multi-agency meeting and should occur on a 2 weekly basis.

Self-neglect / Hoarding Multi-agency Review meeting

Where required, a review meeting should be held in line with the non-ASP Adult Case Conference Protocol in order to monitor progress. The timescale of the review must be held within a maximum of 3 months of the first non-ASP Adult Case Conference. The purpose of the Review Case Conference is to:

- Consider whether agreed actions across partner agencies have been fulfilled and if any remedial action may be required, in circumstances where there are shortfalls.

- Review any requirement for protective legislation to be enacted.

- Summarise supports provided, outcomes to date and ongoing risks / concerns.

- Confirm the current situation, review and update the Multi-agency Hoarding Assessment.

- Review and update the complex risk assessment / risk management plans to reflect any changes.

- Review, analysis and update the chronology.

- Review any risk management plans and service provision, to reflect any changes required.

- Consider, in discussion with or reference to the views of the adult or their proxy, the extent to which the supports in place and the action taken have served to reduce the risks to and concerns about the person and note the beneficial outcomes of these measures.
- Consider the extent to which the Self-neglect and Hoarding Multi-agency protocol remain relevant to the adult's current circumstances and note the reasons for this being or not being the case. Make recommendations regarding any requirements for ongoing assessment, planning and / or supports, in conjunction with the person and/or their proxy

8. Prevention and Intervention

Widespread evidence identified early intervention and preventative actions as being key elements in preventing a continuation of self-neglect. These include:

- The need for robust guidance to assist practitioners in this complex area of practice.
- The importance of early information sharing, in relation to previous and continuing concerns.
- The importance of face to face reviews.

- Assessment and investigation process need to identify who carers are and / or significant other and how much care and support they are providing.

- The importance of a thorough chronology.

- The importance of thorough and robust risk assessment and planning.

- The importance of collaboration between agencies in following a set procedure where each agency's role is clearly defined. Increased understanding of the legislative options available to intervene to support and protect a person who is self-neglecting, including the Mental Health Care and Treatment (Scotland) Act 2003 and Adults with Incapacity (Scotland) Act 2000.

- Where individual refuses services, it is important to consider the adult's insight into the presenting circumstances and that they understand the consequences of their decision making and that this is recorded in the adults case notes. · The need for practitioners and managers to reflect upon cases through the supervision process and training.

- Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. For example, an individual may be unable to leave the home safely in an emergency.

- Hoarding is a fire risk and appropriate fire safety advice must be sought. The Scottish Fire and Rescue Service offers free Home Fire Safety Visits to all households and works closely with local authorities to promote safety and offer support in cases of hoarding.

Conclusion – Holding Risk with Compassion

Supporting adults who self-neglect or hoard requires persistence, empathy and collective responsibility. Respecting autonomy does not mean withdrawing support. The duty to protect sits alongside the duty to respect rights, and both must be actively held.

Appendix 1: Clutter Scale





1	2	3





4	5	6





7	8	9

1) Property structure, services and garden area	
2) Household functions	
3) Health and safety	
4) Safeguard of children family members	
5) Animals and pests **6) Personal protective equipment (PPE)**	

Appendix 2-Practitioner's Hoarding Assessment

This assessment should be completed using the information you have gained using the Clutter Image Rating Scale and related Assessment Tool Guidelines. Complete this review away from the clients' property.

Date of Home Assessment				
Clients Name				
Clients Date of Birth				
Address				
Clients contact details				
Type of dwelling				
Freeholder	Yes/No	**Tenant – Name and address of landlord**		
Household members		**Name**	**Relationship**	**DOB**
Pets – indicate what pets and any concerns				
Agencies currently involved – with contact details				
Non agency support currently in place				
Clients attitude towards hoarding				

Please indicate if present at the property							
Structural damage to property		**Insect or rodent infestation**		**Large number of animals**		**Clutter outside**	
Rotten food		**Animal waste in house**		**Concerns over the cleanliness of the property**		**Visible human faeces**	

Concern of self-neglect		Concerned for children at the property		Concerned for other adults at the property			
Using the Clutter Image Scale please score each of the rooms below							
Bedroom 1		Bedroom 2		Bedroom 3			
Bedroom 4		Kitchen		Lounge			
Bathroom 1		Bathroom 2		Dining room			
Please refer to the Multi-agency Protocol on Self-neglect and Hoarding. Provide a description of the hoarding problem: presence of human or animal waste, rodents or insects, rotting food, are utilities operational, structural damage, problems with blocked exits, are there combustibles, is there a fire risk? Etc							
Please refer to the Multi-agency Protocol on Self-neglect and Hoarding, based on the information provided above, what level is your case graded?							
Level 1 – Green		Level 2 – Orange		Level 3 - Red			
Name of practitioner undertaking assessment							
Name of organisation							
Contact details							
Next action to be taken							
List agencies referred to with dates and contact names							

Appendix 3: Adult Case Conference Guidance (non-ASP)

Download the Adult Case Conference Guidance.

Appendix 4 – Adult Case Conference (NON – ASP) Flow Chart

The following flow-chart sets out the expected process.

