Redbridge Safeguarding Adults

REDBRIDGE SAFEGUARDING ADULTS BOARD (RSAB)

Multi-Agency Self-Neglect & Hoarding Protocol

3rd Edition
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1. Introduction

This multi-agency Protocol sets out a framework for the London Borough of Redbridge Adult Health and Social Care and partner agencies of the Redbridge Safeguarding Adults Board (SAB) to work together to manage cases involving individuals who are at high risk of significant harm due to self-neglect, hoarding and rough sleeping. The Protocol provides guidance and advice on the duties and responsibilities of relevant agencies, the pathways for support, as well as guidance on how to assess and escalate risks.

Self-neglect, hoarding and rough sleeping are often complex coping responses and should be viewed as such rather than mere refusal of support. For many, these behaviours represent an effort to preserve a sense of safety, stability, or control when life feels unpredictable or overwhelming. They may emerge as ways of dealing with loss, trauma, or a fear of intrusion and are best understood through compassionate curiosity rather than judgement. Recognising this helps professionals respond in a manner that builds trust, promotes autonomy, encourages engagement and provides support through trauma-informed approaches.

Although self-neglect, hoarding behaviours and rough sleeping usually manifest in adults, this guidance acknowledges that such behaviours can have a significant impact on other members, including children. The Protocol therefore places emphasis on the need for consideration to be given to whether the threshold for family-wide responses including referrals to Children's Social Care and young carers' support is met when professionals identify self-neglect, hoarding behaviours or rough sleeping patterns within the context of a whole family.

The Protocol should be referred to when an adult at risk is believed to be self-neglecting, presenting with hoarding behaviours or rough sleeping and should be read in conjunction with the London MA Adult Safeguarding Policy, Practice Guidance and Procedures, November 2025.

Self-neglect (including behaviours such as hoarding) is recognised in the Care and Support Statutory Guidance as a form of abuse/neglect for safeguarding adults' purposes.

A Section 42(2) safeguarding enquiry duty applies when all three of the following conditions are met under Section 42(1).

The local authority must make (or cause others to make) enquiries if it has reasonable cause to suspect an adult:

a) *Has needs for care and support (whether or not those needs are being met by the local authority);*
b) *Is experiencing, or is at risk of, abuse or neglect (this includes self-neglect); and*
c) *Because of those care and support needs, is unable to protect themselves from the abuse/neglect or the risk of it.*

2. Aims of the Protocol

The purpose and scope of this Protocol are underpinned by trauma-informed and person-centred approaches. It recognises that self-neglect, hoarding, and rough sleeping are rarely matters of simple choice but are often complex coping responses to trauma, loss, or overwhelming life experiences.

The Protocol seeks to ensure that all interventions are collaborative, compassionate, and proportionate, balancing risk reduction with dignity, autonomy, and psychological safety. Professionals across agencies are encouraged to work compassionate curiosity and persistence, focusing on engagement rather than emphasising compliance, and use reflective multi-agency forums to understand both the practical and emotional dimensions of risk.

The aims of the Protocol are:

- To assist frontline practitioners to support individuals who are at high risk of harm due to self-neglect, hoarding and rough sleeping

- To provide a multi-agency framework to support those in significantly high-risk situations with trauma-informed risk-mitigation strategies and

- To prevent serious injury or even death whilst promoting the health and well-being of adults at risk.

SECTION ONE: Policy

3. Key Principles to Guide Practice

It is recognised that behaviours often develop as coping mechanisms in response to distress, loss, fear, or trauma rather than deliberate refusal of support.

Interventions should demonstrate compassionate, proportionate responses, and recognise the individual's personal experience, their wishes, and readiness to engage.

Practitioners should remain compassionately curious about what drives behaviour and avoid interpreting and concluding non-engagement as unwillingness to engage or refusal (see further reference to S11 of the Care Act 2014 below).

A coordinated and persistent multi-agency approach which is grounded in empathy, encouragement and practical support should be employed. This is necessary to strengthen engagement, reduce isolation linked to self-neglect, hoarding behaviours and rough sleeping, and create the conditions for safe, sustainable progress towards resolution. The approaches below share a common aim of understanding what is happening for a person, but differ in emphasis, intent, and how curiosity and compassion are applied in practice.

Term	Primary Aim	Core Question	Safeguarding role
Professional Curiosity	Identify and reduce risk	'What are we missing?'	A safeguarding approach that actively questions, verifies, and explores concerns to ensure risk is fully understood and addressed.
Compassionate Enquiry	Understand lived experience	'What has happened to you?'	A trauma-informed way of asking questions that prioritises emotional safety and understanding lived experience.
Compassionate Curiosity	Balance safety and empathy	'Help me understand, so we can keep you safe?'	An approach that combines professional curiosity with compassion, enabling respectful challenge while maintaining trust and engagement.

Further resources relating to the above are available including RiP Strategic Briefing: Professional Curiosity in Safeguarding Adults, RiP Frontline Briefing: Embedding Trauma Informed Approaches and RSAB Trauma Informed Practice 7 Minute Briefing.

The six principles of safeguarding adults (below) should be applied through a trauma-informed lens, recognising that people's past experiences, losses, and relationships can strongly influence their current ability to engage, trust others, or make decisions. These principles run throughout this Protocol. They sit at the heart of day-to-day practice and should be reflected in our actions and recordings and should be applied in conjunction with Making Safeguarding Personal (MSP) – see LGA MSP Toolkit.

Empowerment – People being supported and encouraged to make their own decisions and informed consent. **Information-sharing and communication should happen in emotionally sensitive, transparent, and non-coercive ways, ensuring the person feels safe, respected, and included in decision-making.**
"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention – It is better to take action before harm occurs. **Early identification, empathetic enquiry, and consistent engagement can reduce escalation and prevent crises, particularly when trust has been damaged by previous experiences.**
"*I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."*

Proportionality – The least intrusive response appropriate to the risk presented. **Intervention supports rather than disempowers the individual through responses which balance risk management with respect for dignity, choice, and psychological safety.**
"I am sure that the professionals will work in my best interests, as I see them and they will only get involved as much as needed."

Protection – Support and representation for those in greatest need. **Interventions should be flexible, persistent, and responsive to individual needs, considering both immediate and long-term safety.**
"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnership – Local solutions through services working with their communities to **share insights and learning in order to** prevent, detect and report neglect and abuse. Agencies adopt a **multi-agency, collaborative approach that includes practical intervention as well as reflective discussions which explores underlying psychological and cognitive factors to improve understanding and response.**
"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."

Accountability – Accountability and transparency in delivering safeguarding. **Professionals and agencies are responsible for recording decisions, maintaining open communication, and promoting shared ownership of outcomes.**
"I understand the role of everyone involved in my life and so do they."

4. What is Self-Neglect?

The **Care Act 2014 Statutory Guidance** refers to self-neglect as covering a wide range of behaviours from neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding and rough sleeping.

> *"14.17 Self-neglect covers a wide range of behaviours; neglecting to care for one's personal hygiene, health or surroundings and includes behavior such as hoarding and rough sleeping. It is further described as the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community."*

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

Self-neglect occurs when a person is unable or finds it difficult to meet their basic needs for care, nutrition, shelter, hygiene, or safety. For some people, self-neglect may result from an inability to manage daily living tasks, while for others, it may represent a coping mechanism i.e., an effort to maintain control, safety, or identity when life feels unpredictable or overwhelming. For some, self-neglect reflects an attempt to cope or maintain control in overwhelming circumstances rather than a deliberate rejection of help. Behaviours should therefore not be interpreted as simple refusal or non-engagement, but should be understood as expressions of distress, mistrust, or exhaustion that require trauma-informed support.

Section 11 of The Care Act 2014 sets out what happens when an adult refuses a needs assessment (s.9) or when a carer refuses a carer's assessment (s.10). It details the exceptions to refusal which practitioners must be aware of. A Practice Tool is available RiP Working with people who self-neglect.

While some individuals may make lifestyle choices that appear unconventional, professionals must consider the underlying factors contributing to self-neglect.

Recognising the person's life history and meaning behind their behaviour is essential to developing a compassionate and proportionate response. In many cases, coordinated support through a Care Act "needs assessment" or Care Programme Approach (CPA) via appropriate mental health services can improve safety and wellbeing. However, there are occasions where the level of risk is significant, and the adult continues to experience serious harm despite repeated offers of support. In such cases, a multi-agency response is required to assess and manage risks collaboratively, drawing on processes such as multi-agency risk management frameworks or safeguarding adult's procedures.

Building safety and trust is often the first and most important step towards sustained engagement and meaningful change. Section 9 of The Care Act 2014 sets out the legal duty on a local authority to carry out a needs assessment where it appears an adult may have needs for care and support. Professionals should consider:

- The trigger for an assessment ("appearance of need"). If it appears to the local authority that an adult may have needs for care and support, the authority must assess whether the adult has needs and, if so, what they are.
- The duty to assess applies regardless of how high/low the needs appear, and how much money/assets the adult has.
- Assessment must be outcomes and wellbeing-focused

5. Recognising Self-Neglect

Factors that can increase risk include:

- Living alone and resulting social isolation
- Mental or emotional distress, including depression, anxiety, or trauma-related challenges
- Older age, frailty, or reduced mobility
- Cognitive impairment or diagnosis such as dementia
- Alcohol or substance misuse that affects functioning
- Physical disability that limits adults at risk's ability to self-care
- Fluctuating or impaired mental capacity
- Chronic or deteriorating health conditions
- History of instability, loss, or chaotic life experiences including occurrences such as domestic abuse
- Multiple or uncoordinated agency involvement, leading to disengagement or confusion
- Unsafe or cluttered living environments creating risks to self or others
- Strong emotional attachment to possessions or animals as sources of comfort or identity
- Keeping numerous pets beyond one's capacity to care for them
- Accumulating large quantities of items (e.g., papers, containers, food packaging, toys)
- Limited awareness or insight into the impact of behaviour on self or others, including children or other adults at risk
- Difficulty trusting or engaging with professionals due to previous experiences of trauma, stigma, or loss of control

Professionals should interpret these signs as possible indicators of distress or of the adult at risk being overwhelmed instead of concluding intentional neglect. They should therefore respond and provide support through persistent, trauma-informed engagement.

The above has been adapted from local and national self-neglect practice guidance and statutory definitions. Further information is available on the SCIE Self-Neglect Policy and Practice: Key Research Messages.

6. Hoarding

Hoarding refers to the acquisition and continued accumulation of possessions that hold personal meaning for the individual, even when the volume of items creates health, safety, or access risks as described by Frost & Gross[1]. It is recognised as a distinct mental health condition by the World Health Organisation (WHO) 2021, and may also occur alongside other conditions such as depression, anxiety, obsessive-compulsive disorder (OCD), and neurodiversity. It is important to note there are different types of hoarding; inanimate objects, animal hoarding and data hoarding, alongside reasons as to why people may hoard. More insights are offered in the ADASS good practice guidance relating to self-neglect and hoarding.

Signs of Hoarding-Related Behaviours

- *Difficulty discarding or parting with items, regardless of value*
- *Persistent accumulation leading to restricted living space or blocked access to essential areas (e.g., kitchen, bathroom, bedroom)*
- *Signs of emotional distress or anxiety when asked to discard items*
- *Belief that saved items are essential, will be useful, or hold sentimental importance*
- *Loss of daily function due to cluttered or unsafe conditions*
- *Impact on relationships, employment, or community participation*

NHS Choices provides the following information on hoarding.

Hoarding-related behaviours are a significant problem when:

- Functional impact/home no longer usable as intended - rooms cannot be used for purpose (kitchen/bathroom inaccessible, rooms not accessible).
- Distress and/or quality of life impact - the clutter causes distress or negatively affects the person/family's quality of life.
- Limited insight /difficulty recognising impact (important for engagement) Guidance frequently notes people may not see hoarding as a problem or may have limited awareness/insight, which affects engagement and risk management.
- Hoarding-related behaviours are linked to conditions such as mental health conditions such as obsessive-compulsive disorder (OCD), anxiety, or depression emotional response that often requires multi-agency understanding and sensitive intervention. These behaviours may provide a sense of safety, identity, or control following trauma, bereavement, or significant life changes. Understanding this context helps professionals avoid judgement and support gradual, collaborative change.

[1] The Hoarding of Possessions, Frost, R. and Gross, R., *Behaviour Research and Therapy*, Volume 31, Issue 4, pp 366-381, 1993

Differences between hoarding and collecting

A key difference is the person's emotional connection to their belongings. Someone experiencing hoarding may achieve a strong sense of comfort, reassurance, or meaning from the items they keep, even when those items seem to have little practical value. Collectors organise their items in a way that is intentional and accessible. The preservation of living space in collectors suggests a higher capacity for item categorisation and management compared to the disorganized accumulation seen in hoarding behaviours.

***Example:** A person who collects newspaper reviews may cut out and label the articles they enjoy. An individual who is experiencing hoarding might keep newspapers because they feel important or might be useful one day, resulting in large stacks that are hard to sort through or read. Both experiences reflect personal meaning and connection, but the impact on day-to-day life is different.*

Further information on the psychological perspective on hoarding is available from The British Psychological Society.

General Characteristics of Hoarding

People with hoarding-related behaviours often show a combination of the following - characteristics, - they are responses shaped by life experiences, emotional needs, and coping strategies.

- ***Fear, anxiety, and comfort-seeking:** Keeping items may bring a sense of safety or stability, especially after loss, trauma, or periods of uncertainty. Parting with items may feel overwhelming or distressing. the person may fear that they will not be able to cope; this can lead to the person engaging in avoidance behaviours and putting off decision-making*

- ***Long-term patterns:** Hoarding tendencies may build slowly over many years, becoming more noticeable as the emotional need to save items continues. Accumulation of objects and possessions is more active (and often the result of compulsive acquisition patterns and enhanced emotional attachments)*

- ***Strong attachment to possessions**: Items may carry deep emotional meaning, memories, or a sense of potential usefulness. Strong attachment to items interferes with the ability to discard.*

- ***Difficulty making decisions about belongings:** The thought of discarding items including those others may view as unnecessary can feel emotionally heavy or risky. Emotional regulation is a core challenge in hoarding, as the decision-making process for discarding items often generates significant distress.*

- ***High personal expectations:** Some individuals may hold themselves (and sometimes others) to very high standards, even while finding practical organisation or daily tasks challenging. Personality traits can include perfectionism and dependency*

- ***Social withdrawal or reduced engagement:*** *Research indicates that social withdrawal and loneliness are common comorbidities of hoarding disorder. People may avoid visitors or home-based appointments due to feelings of embarrassment, fear of being misunderstood, or anxiety about how others may react.*

- ***Caring for animals:*** *Animals can also be hoarded, with some individuals keeping animals out of compassion or a desire to help, which can become difficult to manage without support. The Hoarding of Animals Research Consortium (HARC, 2013) have established a diagnostic criteria*

- ***Decision-making ability:*** *Most persons who present with hoarding behaviours remain fully able to make decisions about other areas of life. Their experience of hoarding does not necessarily reflect a lack of mental capacity, but distress elicited by decision-making and the disposal of possessions can be evident.*

- ***Loss of usable space:*** *Rooms may become difficult to use for their intended purpose due to the quantity belongings stored within them. WHO state 'results in living spaces becoming cluttered to the point that their use or safety is compromised'*

  Churning: *This is a term used to describe moving things from one place to another. Despite appearing to sort through belongings, the person's actions often result in very little actual disposal*

- ***Impact on self-care:*** *Some individuals may find it difficult to attend their personal care due to the home environment I.e., If the person is unable to access hot water or a bathroom or simply the sink, while others may use outside facilities to manage their hygiene and appearance.*

- ***Limited awareness of risks****: An individual may not recognise the impact of their hoarding behaviour on themselves or others i.e., fire, eviction, falls, crush. This often reflects how emotionally overwhelming or complex the situation is rather than the absence of a caring attitude (SCIE).*

7. Rough Sleeping and Homelessness

Definition

Rough sleeping refers to situations where an adult is without settled accommodation and sleeps in a place which is not designed for habitation, such as on the streets, in parks, vehicles, sheds, or other open spaces. It is often both a cause and a consequence of self-neglect, poor physical or mental health, and social exclusion and should be recognised within the wider self-neglect and hoarding framework. (See: Homelessness Reduction Act 2017)

The circumstances of adults who rough sleep may reflect a combination of trauma, abuse, and loss of trust in services. These individuals are at heightened risk of abuse, neglect, exploitation, and premature death. Adults who rough sleep may also display signs of

self-neglect (e.g., neglect of personal hygiene, health or surroundings) or hoarding of items/imported belongings in unsafe spaces.

Rough sleeping frequently overlaps with multiple safeguarding risks including exploitation, substance misuse, complex mental health issues, fire or environmental hazard, and deteriorating physical ill-health. Some individuals may have accommodation but experience periods of rough sleeping due to factors such as mental health distress, experiences of antisocial behaviour, exploitation (including cuckooing), resulting in them feeling unsafe within their own home. These circumstances should be explored sensitively, recognised as protective responses to perceived risk, and understood as indicators of unmet need, rather than deliberate choice to rough sleep.

Concerns can be raised about an individual who is rough sleeping on the Borough's website, which also provides links to different resources. The links below are to additional information, insights and resources:

- Crisis – Experiences and impacts of sleeping rough
- Crime and Policing Act 2026 Factsheet - Cuckooing
- NICE Guidance NG214 – Integrated health and social care for people experiencing homelessness
- Duty to refer - Homelessness

Key Indicators of Rough Sleeping

Practitioners should consider rough sleeping concerns in one or more of the following instances:

- *Reports or is seen to be sleeping or staying in non-conventional accommodation or makes frequent "night-only" use of shelters or vehicles*
- *Significant deterioration in health, hygiene or nutrition; no warm, safe or stable place to sleep*
- *Regular engagement with outreach/homelessness services, drop-in centres or emergency services and presenting with no sustained housing solution*
- *Accumulation of belongings, equipment or makeshift furniture in unsafe or informal sleeping locations that create fire, trip or environmental risks*
- *Refusal or disengagement from Housing, Health, Social Care or other support offers*
- *complex presenting behaviours (e.g., substance misuse, trauma history, hoarding behaviour) causing the individual to remain transient.*

No Recourse to Public Funds (NRPF)

Some individuals may be subject to “no recourse to public funds (NRPF)” due to their immigration status, they will not be able to claim most benefits, tax credits or housing assistance that are paid by the state. This includes many asylum seekers and people with restricted leave to remain. NRPF does not prevent access to health services, emergency care, or social care assessments, nor the s42 duty which is triggered by need/risk - not immigration status. Practitioners should seek appropriate specialist advice if immigration status affects entitlement or engagement. Responses to rough sleeping must - coordinated through early risk identification, multi-agency, compassionate, trauma-informed, and person-centred approaches bridging gaps in homelessness, housing, community safety and adult safeguarding services. Government guidance is available on public funds and practice guidance on NRPF from the NRPF Network.

8. Equality and Inclusion

Individuals who present as self-neglecting, with hoarding tendencies and those who rough sleep may face discrimination, marginalisation or barriers linked to their identity, circumstances or protected characteristics. These experiences can influence how they access services, how risks present, and how trusting of services they are impacting on their interactions with professionals and access to services which offer support.

The Equality Act 2010 protects individuals from discrimination based on age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Professionals should consider how these characteristics and the intersecting impact of trauma, poverty, cultural background, communication needs or neurodiversity may affect a person's access to support or ability to engage. Understanding and addressing inequality is therefore central to effective multi-agency practice.

9. Trauma-Informed Responses

Effective approaches to supporting individuals who present as self-neglecting, those presenting with hoarding behaviours and those who are rough sleeping rely on sensitive, trauma-informed and coordinated multi-agency practice. It is vital to recognise the overlap between self-neglect, hoarding and rough sleeping, as individuals may move between these experiences or present with a combination of them. These individuals may have also experienced trauma, loss, homelessness, discrimination or long periods of instability. Reasonable adjustments should be made, an understanding of cultural and identity-based needs, using interpreters where required, supporting communication preferences, and recognising the impact of stigma or past negative experiences with services.-Professionals should approach each individual with compassionate curiosity, every interaction should build trust, reduce shame, and support the person to feel safe, understood, and empowered to make decisions at their own pace.

Promoting dignity, inclusion and equity not only enhances engagement, but also strengthens safety planning and long-term outcomes. All agencies share the responsibility for reducing inequalities by:

- Sensitively exploring whether discrimination, exclusion or unmet needs are shaping the person's situation or coping strategies
- Offering accessible, culturally responsive and identity-affirming services
- Taking steps to understand the person's lived experience and supporting autonomy
- Recognising strengths within cultural, community or faith networks
- Addressing barriers linked to disability, communication or social exclusion
- Ensuring responses are respectful, equitable and non-judgemental

See the six principles of safeguarding adults.

10. Fire Safety

Hoarded materials can easily catch alight if they come into contact with heat sources such as overloaded extension leads, the kitchen hob or naked flames like candles or cigarettes. Because of the number of possessions, exit routes can become blocked, making safe evacuation more difficult, fires will also spread much faster. Fire can also spread to neighbouring properties if the level of hoarding is severe - It also poses a high risk to fire fighters when attending the scene.

Fire and Rescue Services have duties under fire safety legislation to prevent and reduce risks within homes. In hoarding or cluttered environments, these professionals can play a vital supportive role by offering practical advice, risk reduction strategies, and reassurance.

The sharing of information is extremely important for operational firefighter crew safety. The London Fire Brigade (LFB) 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 their area. The multi-agency approach to sharing information about hoarding enables compliance with the Act and strengthens the operational risk assessment when dealing with incidents and fires where hoarding is present. Information is available from the LFB for those caring for someone with a hoarding disorder.

11. Mental Capacity

The Mental Capacity Act, 2005 provides a statutory framework for people who lack capacity to make decisions for themselves. Mental Capacity Assessments are decision and time specific. The person proposing the intervention must consider, and if necessary, assess the individual's capacity for that decision. The principles of the Act 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/she makes an unwise decision
- An act done, or decision made must be made in the person's best interests
- Before the act is done, or the decision made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action

A formal mental health diagnosis is not required for the Mental Capacity Act (MCA) to apply. What is required is evidence (on the balance of probabilities) that the person is unable to make the specific decision at the material time because of an impairment of, or disturbance in, the functioning of the mind or brain. Because the Act refers to an impairment or disturbance, not a "diagnosed condition," capacity should be assessed when there is reasonable concern that decision-making is impaired, even if the cause is unclear at that point.

The Mental Capacity Act (4) states "any question whether a person lacks capacity within the meaning of this Act must be decided on the balance of probabilities". SCIE provide guidance for practitioners via the SCIE Mental Capacity Act Directory.

Executive Dysfunction

Executive functioning is 'the ability' and it involves higher-level cognitive skills and the ability to apply them in the decision-making moment. Executive dysfunction is 'the problem with those abilities' which may mean someone can explain a decision but cannot put it into effect in real-world situations.

Professionals should be aware that executive dysfunction may affect a person's ability to plan, organise, initiate or sustain actions, even where they are assessed as having mental capacity to make the decision. In the context of self-neglect, hoarding or rough sleeping, this may result in difficulties following through with agreed actions or managing risks, rather than a lack of willingness to engage. Practitioners should consider what practical, relational or environmental support may help bridge this gap, in line with the principles of the MCA.

When an adult at risk is self-neglecting and/or hoarding, and the behaviours pose a serious risk to their health and safety, interventions from professionals may be required using a multi-agency approach. The MCA provides protection from liability for actions taken as long as actions taken are in the individual's best interests as per the terms of the Act. The seriousness of any decision made, and actions undertaken increase the need for very clear documentation as well as the need to alert others to the situation. A decision to intervene in the person's best interests may require follow-up through adult safeguarding procedures.

For further information, refer to the SCIE Best Interests Guidance, MCA Code of Practice and RSAB MCA 7 Minute Briefing.

Advocacy

Adults who are experiencing self-neglect or hoarding may face difficulties in understanding information, expressing their views, or making decisions about their care and support. Advocacy ensures that their voice is heard and that their rights are respected. Advocacy also supports the application of the six safeguarding principles: empowerment, prevention, proportionality, protection, partnership, and accountability. Professionals must ensure that advocacy is offered in a timely and proportionate manner. They must also ensure that the adult's voice is central to risk management, care planning, and safeguarding decisions. Advocacy should therefore be considered at the earliest point where self-neglect or hoarding is identified.

Informal Advocacy

This is provided by family members, friends, or carers who support the adult in expressing their wishes and understanding information. Professionals should consider informal advocacy alongside formal advocacy, particularly where there may be a conflict of interest or where the adult lacks capacity.

Formal Advocacy

Formal advocacy involves independent support from trained advocates and is required in certain circumstances. For adults who lack capacity and have no family or friends to support decision-making, an IMCA should be appointed.

When to Use Advocacy Support

Section 67 of the Care Act 2014 requires local authorities to arrange for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or a safeguarding adult review and who would otherwise have substantial difficulty engaging in the safeguarding proceedings.

Advocacy is particularly important when decisions carry a risk of significant harm or involve safeguarding concerns. Supporting guidance can be found in the Care and Support Statutory Guidance (Department of Health and Social Care, July 2025, Mental Capacity Act 2005 Code of Practice and on the RSAB website - Advocacy in Safeguarding. The commissioned advocacy service in Redbridge is provided by Voiceability.

12. Local Guidance & Principles of effective Multi-Agency Practice

The process outlined in this section of the Protocol is designed to support collaborative, proportionate, and trauma-informed responses to self-neglect, hoarding, and rough sleeping. It recognises that sustainable change rarely occurs through single-agency action or short-term intervention. Instead, it relies on consistent, relationship-based practice that encourages engagement, reduces risk, and respects the individual's autonomy, dignity, and lived experience. Professional relationships should build trust, engage the adult's voice, understand their priorities, whilst actively reducing immediate risks (e.g., fire, evacuation access, medical deterioration). Professionals are encouraged to approach each situation with compassionate curiosity, patience, and empathy, acknowledging that progress may be gradual and non-linear.

A multi-agency and escalatory approach is required to support adults at risk. Effective multi-agency coordination including reflective discussion and joint decision-making is key to balancing protection with empowerment and ensuring that support remains both practical and psychologically safe for the person concerned.

In many cases, a holistic assessment of need and a well-coordinated package of care can help the individual to stabilise their circumstances. The Care Management Approach may also be suitable for people experiencing self-neglect who are living with mental health needs. Often, the situations of greatest concern involve individuals who are finding it difficult to engage with support, frequently due to trauma, mistrust, past negative experiences with services, or feeling overwhelmed. These patterns should not be interpreted as deliberate refusal, but as an indication that the person may require more persistent, sensitive and flexible engagement.

Dealing with Emergencies or Serious Incidents in Adults Social Care

The Local Authority have guidance in relation to dealing with emergencies or serious incidents in adults social care which can be viewed on the Redbridge Safeguarding Adult Board (RSAB) website.

Initial Contact

Any professional who encounters an adult who is rough sleeping with safeguarding indicators should record the concern, complete the relevant safeguarding referral, and alert the LBR Adult Safeguarding Hub and Homelessness/Housing Outreach services (see LBR Ask us for homeless help). To promote consistent, timely safeguarding responses, all agencies should work together to complete a comprehensive screening of the adult's circumstances, enabling risks to be identified, assessed and responded to through coordinated, trauma-informed practice.

For risks associated with adults who are rough sleeping, the Government Guidance Ending Rough Sleeping Risk Assessment Tool (ERSAT), December 2025, provides a practical guide to identifying those most at risk housing insecurity, risks associated with rough sleeping, and barriers to sustaining accommodation. It supports consistent information gathering, timely referral to housing and support services, and coordinated multi-agency responses where safeguarding, mental health or other complex needs are present.

Safeguarding Concerns

Self-neglect, hoarding and rough sleeping can become safeguarding concerns. Local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered; although the criteria at paragraph 14.2 will need to be met before the issue is considered as a safeguarding concern, the Section 42 duty applies where all three criteria in paragraph 14.2 are met: care and support needs, risk of abuse or neglect, and an inability to protect themselves as a result of those needs. The Act states local authorities require '*reasonable cause to suspect'* abuse or neglect may be taking place. Care Act 2014 Statutory Guidance 14.2.

If it is reported or there is a belief that the adult at risk may have care and support needs, the Local Authority must be consulted to determine whether a Section 42 enquiry is indicated. A timely, proportionate assessment of needs and risks will be undertaken by a Local Authority Social Worker, informed by the individual's views and, where appropriate, the views of family members, carers or representatives. Where there are concerns about the person's ability to understand or weigh information about the associated risks, a Mental Capacity Act assessment must be completed as per section above.

A prompt decision should be made about whether the situation can be supported through care management procedures or whether safeguarding processes continue. The Care Act requires that each concern is considered case by case, and not all self-neglect will lead to a Section 42 enquiry.

Assessment & Coordination

When a safeguarding concern is identified or reported, a Safeguarding Concern Form must be completed within 24 hours to enable prompt risk-reduction action. A strategy discussion with partner agencies should follow to agree who will lead on information-gathering and

coordination. If Section 42 criteria are not met, other supportive pathways may be more suitable to promote the person's wellbeing.

All professionals and agencies should work in full partnership to support the person's safety, wellbeing, and autonomy. Engagement should be person-centred, respectful, and empowering, drawing on the strengths, goals, and priorities of the adult – see below. Information should be shared sensitively and proportionately to promote safety, in line with the Care Act 2014, safeguarding and Caldicott principles and local information-sharing agreements. Staff across agencies should participate actively in multi-agency meetings, reflective discussions e.g., Community Multi-agency Risk Assessment (CMARAC), Multi-Agency Risk Management Panel (MARP), Complex Case Discussion Meeting (CCDM), and safeguarding enquiries to avoid duplication, gaps or contradictory messages. We should support voluntary and community sector involvement where appropriate, recognising that trusted relationships may develop more easily through community-based work. It an individual's responsibility to maintain accurate, clear and respectful records that reflect the person's perspective as well as professional analysis and risk decisions.

Risk Management

Risk assessment and risk management should be continuous and dynamic, with agencies working together to provide regular monitoring and proactive, supportive contact wherever appropriate. The risk assessment must consider sleeping location, exposure to weather, fire risk, substance use, hygiene and accumulation of belongings, and the interface with capacity or self-neglect/hoarding behaviours.

A multi-agency meeting under the Multi-agency Risk Management (MARM) Framework, (for example via the CMARAC, or other relevant MARP) should be convened in instances where there are high levels of risk or the adult at risk or professionals have not been successful in gaining the individual's involvement. Where domestic abuse concerns are identified and there are high-risk concerns escalation to the Multi-agency Risk Assessment Conference (MARAC) should be prioritised. Where there are concerns that the adult at risk may present risks to others as well as themselves, where appropriate, safeguarding responses should be coordinated alongside the Mult-agency Public Protection Arrangements such as Multi-Agency Public Protection Arrangements (MAPPA). The multi-agency meeting should support with identifying a lead agency, develop a shared risk-management plan, it will assign tasks across services such as Housing, Adult Social Care, Health, Community Safety Partnership, Volunteers and other outreach teams.

More information on a comprehensive approach to assessing risk and engagement, informing proportionate action, ensuring safe and coordinated care (including when refused), and supporting clear escalation and defensible decision-making is available in the ADASS multi-agency good practice guide. Where concerns relate to medication management, physical health, or treatment needs, relevant health practitioners including GPs, hospital services, community nursing teams, and mental health professionals should be consulted. This is necessary to understand the individual's concrete situation and identity any associated risks and support needs.

If the adult at risk appears to be malnourished, dehydrated, or physically unwell, consideration should be given to whether additional health input or hospital review may be required. Safeguarding concerns relating to incidents attributed practice within health settings in the community, must be shared with the Adult Safeguarding Lead within the Redbridge Integrated Care Board. Cases relating to incidents in acute care settings must be reported to the Safeguarding Lead within these settings. Concerns relating to pressure ulcers require involvement of the local Tissue Viability Service. Government guidance is available in the Safeguarding Adults Protocol: pressure ulcers and raising a safeguarding concern.

Suicide

There are circumstances where the risk of suicide may be recognised as a safeguarding concern. The Local Government Association (LGA) states:

Responses should be person centred, engaging with individual circumstances, and including the reasons for the suicidal ideation and the presenting risks. Blanket policies ruling out a safeguarding concerns pathway for addressing situations involving risk of suicide are not appropriate.

It continues 'The Care and Support Statutory Guidance (DHSC, 2020,14.16) is clear that the list of types of abuse/neglect in the Guidance is not exhaustive and in 14.17 that '*local authorities should not limit their view of what constitutes abuse or neglect, as they can take many forms and the circumstances of the individual case should always be considered'.* Consideration of Section 42(1a) may follow and be part of the conversation with the adult.

The advice continues '*An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support'*. (DHSC Care and Support Statutory Guidance 2025)

Suicide risk or self-harm does not, by itself, determine the Safeguarding pathway. Consideration must be given as to whether the adult's situation meets the Care Act S42 criteria (care and support needs plus risk of abuse/neglect plus unable to protect themselves) and whether self-neglect is contributing to the risk.

Where thresholds for safeguarding are not met, we should adhere to our duties under the Care Act Section 2 in relation to suicide prevention and best practices. The safety of the adult should be paramount: If a real and immediate risk of serious harm/risk to life has been identified contact 999 to request police intervention or an ambulance if an emergency medical need has been identified.

The LGA have published guidance on understanding what constitutes a safeguarding concern. Reference should also be made to the London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures.

Review & Monitoring

Cases should be regularly reviewed, especially where the adult at risk continues to rough sleep, is at high risk and - struggles to engage with services. This includes ongoing monitoring and review by all relevant agencies. Any decisions to close - cases should only occur when risk is reduced, e.g., *the adult has an agreed housing solution and a plan for ongoing oversight is in place.* Activities - should include links to tenancy support, review of safeguarding, support and treatment plans, informal networks or community support and site visits where necessary. This will help with evidencing progress and identifying where changes are needed.

Psychological and Therapeutic Approaches

Psychological and emotional safety should be considered alongside physical safety, recognising that people may require time, patience and steady relational support to feel able to engage or accept help. In some cases, therapeutic interventions such as psychological therapy, community mental health support, or specialist hoarding therapy may be offered as part of a wider plan of care and should be considered alongside support and mitigation strategies. Practitioners should consider whether the person's experiences of trauma, loss, cognitive difficulties or executive functioning challenges affect their ability to process information, make decisions or maintain routines. Support should therefore be paced, relational and flexible. SCIE advises "*The most effective approaches are ones which allow a worker to get alongside the adult and work with their wishes as far as possible to build a relationships of trust"* (see SCIE Self-Neglect at a glance).

When psychological needs contribute to escalating risk, mental health services should be consulted early through appropriate referral pathways. All agencies involved in supporting the person are encouraged to access supervision, reflective practice or specialist consultation where needed. This promotes consistent, compassionate and effective multi-agency responses.

Think Family Approach

All agencies working with adults - should consider the wider family and household context as part of any safeguarding or welfare assessment. Professionals are encouraged to consider the impact the person's behaviour has on other family members (including children and informal carers) These circumstances may have significant emotional, physical, and psychological effects on family members, including children, partners, carers, and older relatives. Self-neglect, hoarding, and unsafe living conditions can create environmental risks such as fire hazards, falls, infestations, or reduced access to essential facilities which will impact on all who live there.

"Considering the person's needs within the context in which they live helps recognise what's important to them as part of a family unit, as well as individually, and builds on the collective strengths of the family and their support network". (LGA The Care Act and whole family approaches)

A Think Family approach looks beyond the individual to consider everyone in their household and support network, helping practitioners build a fuller picture of risk, need and

protective factors and use that understanding to agree actions that improve outcomes for the family. The Think Family framework supports early identification of risk, recognition of intergenerational impact, and a coordinated approach to promoting the wellbeing of all household members as identified in The Care Act 2014 domains of wellbeing which include '*protection from abuse and neglect'.*

Further information and guidance is available via:

- RSAB Think Family 7 Minute Briefing
- HM Government Working Together to Safeguard Children 2026
- Redbridge SCP Working Together in Redbridge: Supporting families and keeping children safe, June 2026
- RSCP and RSAB Joint Working Protocols

Safeguarding Adult Reviews (SARs)

A Safeguarding Adult Review (SAR) is a multi-agency process that considers, whether or not serious harm experienced by an adult, or group of adults at risk of abuse or neglect, could have been predicted or prevented. The process identifies learning that enables agencies working with adults at risk to improve services and prevent abuse and neglect in the future. Under the Care Act 2014 (Section 44), Safeguarding Adults Boards (SABs) are responsible for commissioning SARs.

Practice in cases of self-neglect and hoarding requires timely information sharing, comprehensive risk assessment, and regular direct contact to review changing needs and risks. Effective responses depend on clear links to safeguarding adults' procedures, coordinated multi-agency working, and professional curiosity regarding the individual's circumstances, history, and any underlying factors contributing to their presentation.

Practitioners must apply relevant legal frameworks, including the Mental Capacity Act 2005, to support lawful and proportionate decision-making. Where an adult declines assessment or support, this must be considered alongside capacity, the implications of refusal clearly explained and recorded, and opportunities for engagement reviewed on an ongoing basis. Supervision, reflective practice, and clear guidance are essential to support consistent and defensible decision-making.

Local information and guidance on SARs, including published reports, is available on the Redbridge Safeguarding Adult Board website.

13. Roles and Responsibilities

Responding to self-neglect, hoarding and rough sleeping requires sustained, coordinated multi-agency working, recognising that no single agency can address these issues in isolation. Effective practice depends on partner agencies working together, each contributing their professional expertise, statutory responsibilities and relational practice to support people's safety, wellbeing and autonomy.

Again, we should recall our duties to assess under Section 9 of the Care Act, for any adult who appears to have needs for care and support, regardless of whether those needs are likely to meet eligibility criteria. The assessment must be appropriate and proportionate, and should focus on what the person's needs are, how they impact on wellbeing, and the outcomes the person wants to achieve, involving the adult (and where appropriate their carer or someone they nominate) so they can participate meaningfully in the process.

Agencies should act promptly and proportionately when concerns arise, taking early action to prevent escalation of risk while maintaining a person-centred, relationship-based approach. Practice should be curious, empathetic and respectful, recognising that people may experience significant emotional, cognitive, social or practical barriers to engagement and that trust often develops gradually over time. Social Care Institute for Excellence (SCIE) (2024) 'Self-neglect at a glance'. Taken from SCIE Assessment of Needs.

SECTION TWO: Legislative Framework

14 Supporting Legislation and Statutory Guidance

When working with adults who have care and support needs, practice should be proportionate and respectful, using the least restrictive approach that still promotes the person's rights, independence and dignity. At the same time, inaction can leave someone exposed to avoidable harm and may undermine their wellbeing. Wherever possible, practitioners should work collaboratively and seek the adult's agreement, turning to more restrictive options or legal routes only where engagement has not been possible, risks remain unmanageable, or urgent circumstances require immediate action.

Practitioners must be confident in applying the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983/2007 and understand when to draw on the Court of Protection, the Office of the Public Guardian and (where relevant) the High Court's inherent jurisdiction (IJ) (see below section on IJ). They promote the view that self-neglect and hoarding are often expressions of distress, overwhelm, or attempts to feel safe, and that supportive, compassionate partnerships are essential in helping individuals move toward safer and more stable circumstances.

Human Rights Act 1998

Everyone has the right to respect for his private and family life, his home and his correspondence. Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law. The Human Rights Act 1998 protects a person's right to:

Article 1 - The right to Protection of Property

Article 3 - The right to dignity

Article 5 - The Right to Liberty and Security.

Article 8 - Right to respect for Private and Family Life

Article 14 - The right to non-discrimination

There shall be no interference by a public authority with the exercise of this right except such is permitted by the law i.e.,

- Is for a lawful purpose;
- Is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or the protection of the rights and freedoms of others and is proportionate.

Any intervention must balance the duty to reduce risk with respect for the person's autonomy, cultural identity, values, and preferences. Trauma-informed practice supports

practitioners to intervene in ways that protect rights while avoiding coercive or discriminatory approaches.

The Care Act 2014

Under Section 42 of the Care Act, a local authority has a duty to make enquiries itself or cause others to make enquiries in cases where it has reasonable cause to suspect that an adult:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

A safeguarding enquiry does not always lead to a formal 'safeguarding investigation' (for example by the police or a regulator). Outcomes may instead focus on practical steps to reduce risk and improve safety, such as arranging or reviewing care and support for the adult and, where relevant, support for their carer. The Care Act also emphasises the Making Safeguarding Personal agenda to ensure that voice, views, and desired outcomes of the person requiring support are heard and remain central throughout and intervention.

In England, the Care Act framework does not give local authorities an automatic right of entry to a person's home. Where access is essential and cannot be achieved through agreement, local authorities may need to use existing legal routes and/or request police support, depending on the circumstances. See Dealing with Emergencies or Serious Incidents in Adult Social Care and SCIE Right of Entry Guidance.

Housing Act 2004

Local authorities have duties under the Housing Act 2004 to ensure that housing conditions are safe and not harmful to health. Where hoarding, unsafe environments, or fire risks are present, Environmental Health and Housing teams should play a key supportive role. The Housing Act 2004, and related tenancy frameworks, can help identify hazards within the home and support landlords and local authorities to keep properties safe. Such powers are intended to protect people, not penalise them, and can often be used creatively alongside support from Housing teams to prevent eviction, reduce risk, and maintain tenancy stability.

Public Health and Environmental Health Legislation

Where an individual's home environment poses significant risks including instances where severe clutter, fire hazards, or hygiene concerns are present, intervention under the Public Health Acts and the Environmental Protection Act may be relevant.

Public Health Act 1936 Section 79: Power to Require Removal of Noxious Matter by Occupier of Premises

The Local Authority will always seek to work supportively and collaboratively with the resident to explore safe and respectful solutions where a home environment has become

significantly cluttered or presents health concerns in accordance with the Public Health Act 1936. In situations where risks remain high and supportive engagement has not been effective or possible; the Local Authority may serve a notice requiring the removal of "accumulations of noxious matter". Although the term noxious is not specifically defined in legislation, it generally refers to materials that are harmful or detrimental to health.

There is no statutory right of appeal against this notice. If the required actions are not completed within 24 hours, the Local Authority may arrange for the work to be undertaken and recover associated costs. This power is used proportionately and only when necessary to reduce significant risk.

Section 83: Cleansing of Filthy or Verminous Premises

This section of the Act may be applied where a property, temporary dwelling, or structure is assessed as:

a) So unclean or unsafe that it may be harmful to health, or

b) Affected by vermin, including rats, mice, insects, or their eggs or larvae.

Where these concerns are present, the Local Authority may serve a notice requiring essential cleaning or treatment, such as clearing items that pose health risks or cleansing contaminated surfaces. Residents are given a reasonable timeframe (typically at least 24 hours) to complete the work.

If this is not achievable, Environmental Health Services may carry out the work and recover costs. While there is no appeal against the notice itself, individuals may appeal the reasonableness or cost of the required works. The emphasis should be placed on ensuring a safe, healthy environment while offering compassionate and practical support to the resident.

Section 84: Cleansing or Destruction of Filthy or Verminous Articles

Where specific items are assessed as unsafe, verminous, or posing significant health risks, the Local Authority may serve notice to remove and cleanse, disinfect, or in some cases, destroy the item. These actions are taken with sensitivity and respect, ensuring that the person's views, wishes and emotional attachment to belongings are considered wherever possible.

Prevention of Damage by Pests Act 1949

Section 4: Power of Local Authority to Require Action to Prevent or Treat Rats and Mice

Under the Prevention of Damage by Pests Act 1949 a notice may be served on the owner or occupier of the property where conditions at the premises may attract or harbour rats or mice. The notice will outline reasonable steps and a timeframe for carrying out treatment, removing materials that provide food or shelter for pests, or completing structural repairs. Such actions are taken only when necessary to protect health and safety, and the Local

Authority will seek to work with the resident in a supportive and understanding way to reduce risks.

Environmental Protection Act 1990

Section 80: Dealing with Statutory Nuisances (SNs)

Statutory Nuisances are defined in Section 79 of the Environmental Protection Act 1990 and relate to conditions at a property that:

- Are prejudicial to health or
- Cause a nuisance to others in the vicinity.

Common examples relevant to self-neglect, hoarding or rough sleeping include:

- Section 79(1)(a): Premises in a condition that is harmful to health or a nuisance
- Section 79(1)(c): Fumes or gases emitted from premises that are harmful to health or a nuisance
- Section 79(1)(e): Accumulations or deposits that are harmful to health or a nuisance
- Section 79(1)(f): Animals kept in a way that is harmful to health or a nuisance

Where these risks exist, the Local Authority may issue an Abatement Notice requiring action to reduce or remove the risk. Notices are served with care and proportionality, recognising the emotional, psychological, and practical challenges that may contribute to harmful environments.

Town and Country Planning Act 1990

Section 215: Proper Maintenance of Land

The Town and Country Planning Act 1990 states that:

(1) Where the condition of land or property is significantly affecting the appearance or amenity of the surrounding area, the Local Planning Authority may serve a Section 215 Notice.

(2) The notice will set out the steps required to improve the condition of the land and give a reasonable timeframe for completing the work.

(3) The notice comes into effect after the specified period.

(4) This period must be at least 28 days after service of the notice.

This power is used sensitively and proportionately, balancing the person's circumstances with the wider community's wellbeing.

Anti-Social Behaviour, Crime and Policing Act 2014

The Anti-social Behaviour, Crime and Policing Act 2014 provides a range of tools to help agencies address behaviour that is causing harm, distress or risk within communities. These powers are not designed to punish people experiencing vulnerability, and should only be

used when supportive, trauma-informed approaches have been explored and risks cannot be mitigated in other ways.

The Act includes:

- The Community Trigger and Community Remedy, giving residents a greater say in responses to persistent anti-social behaviour
- Tools for managing dangerous dogs, gang-related firearms activity, and serious community harm
- Strengthened protections for victims of forced marriage and those at risk of sexual harm

The Statutory Guidance emphasises that the Act must be applied with proportionality, ensuring that adults experiencing self-neglect, hoarding or rough sleeping are supported rather than further marginalised.

Anti-Social Behaviour Act 2003
This legislation provides police and partner agencies with powers to respond to serious anti-social behaviour, particularly where drug-related activity or intimidation significantly impacts community safety.

Domestic Abuse Act 2021

The Domestic Abuse Act 2021 strengthens protections for individuals experiencing domestic abuse, including coercive control, economic abuse and controlling behaviour. In the context of self-neglect, hoarding or rough sleeping, practitioners should remain alert to the possibility that an individual's circumstances may be shaped by abuse, fear or exploitation within intimate or family relationships. Responses should consider safety planning, multi-agency collaboration and referral to specialist domestic abuse services. Practitioners should apply a 'think family' approach and consider whether others within the household may also be at risk. In relation to children, see HM Government Working Together to Safeguard Children 2026.

Homelessness Reduction Act 2017

Under the Homelessness Reduction Act 2017 Local authorities must work proactively with individuals who are homeless or at risk of homelessness, offering early, person-centred and practical support. Partnership working between agencies including Housing, Adult Social Care, Health, and the voluntary sector is essential to ensuring support is coordinated, trauma-informed, and empowering.

Renters' Rights Act 2025

The Renters' Rights Act 2025 introduces significant reforms to the private rented sector that can support adults who are self-neglecting, rough sleeping, or hoarding. The Act strengthens tenant protections, promotes safer and more stable housing, and provides clearer routes to address poor housing conditions.

The Act abolishes Section 21 'no-fault' evictions, giving tenants confidence that raising concerns about housing conditions or requesting reasonable adjustments will not result in sudden loss of their home.

From 1 May 2026, most assured tenancies became periodic tenancies, and landlords will need specific grounds to regain possession. This increased stability can support long-term

engagement with services and risk management planning for adults who are self-neglecting or hoarding.

Practitioners should incorporate awareness of the Renters' Rights Act into holistic assessments and support planning which includes:

- Discussing housing rights clearly and sensitively with the adult, recognising that legal protections may help reduce fear and uncertainty.
- Supporting adults to document concerns about property conditions, such as taking photos or keeping notes, to assist with raising issues with landlords, local authorities, or the Landlord Ombudsman.
- Collaborating with housing colleagues early, particularly where hazards or non-compliance may impact health and wellbeing, to ensure enforcement and improvement plans are pursued in a way that respects the adult's autonomy.
- Considering the impact of increased housing stability on long-term engagement with services and safeguarding planning, especially for adults for whom past housing insecurity has been a barrier to support.

For more information, view the Government's Renters' Rights Act 2025: Implementation Roadmap.

Mental Health Act 1983 (as amended 2007)

Some persons who are self-neglecting, those presenting with hoarding behaviours or rough sleeping may be living with mental health conditions that require specialist assessment or intervention. Under the Mental Health Act 1983 where compulsory measures are considered when absolutely necessary, practitioners should continue efforts to maintain compassionate communication, engage the person in planning, and preserve autonomy wherever possible. It may be necessary to arrange admission to hospital or implement guardianship arrangements for adults at risk who are not involved in criminal proceedings to ensure presenting risks are mitigated. Use of the Act should be proportionate and considered alongside least restrictive options and trauma-informed engagement.

Section 2 – Admission for Assessment and Treatment (Section 2 MHA 1983)

Section 2 allows a person to be supported in hospital for up to 28 days so that a full and compassionate assessment of their mental health needs can take place. This period enables professionals to explore what may be affecting the person's wellbeing and identify treatments or support that may enhance their safety, stability and recovery.

Application for Admission

An Approved Mental Health Professional (AMHP) or the person's nearest relative may apply if they have seen the person within the previous 14 days. Two doctors, one of whom must be Section 12–approved must agree that:

a) The person appears to be experiencing a mental disorder requiring hospital assessment; and

b) Hospital admission is necessary for the person's health or safety, or to protect others, where community-based alternatives are not sufficient.

Professionals must explain the purpose of assessment in clear and sensitive language, recognising that people may feel overwhelmed or fearful at this stage.

Discharge from Section 2

A person may be discharged by:

- The Responsible Clinician
- Hospital managers
- The nearest relative (with 72 hours' written notice, unless a barring report is issued)
- The Mental Health Tribunal (application permitted within 14 days)

Throughout detention, the person should have access to advocacy and clear information about their rights and should be involved, as much as possible, in decisions about their care.

Section 3 – Admission for Treatment (Section 3 MHA 1983)

Section 3 provides a framework for a longer period of treatment and therapeutic support when a person's mental health needs cannot be met safely or effectively in the community. The aim is always to provide appropriate treatment in a supported environment while keeping the period of compulsory care as short as possible.

Application and Criteria

An AMHP or nearest relative of the adult at risk may apply for their admission. Two medical recommendations are required, confirming that:

(a) The person is experiencing a mental disorder requiring hospital treatment;
(b) Hospital care is necessary for the person's health or safety, or the safety of others; and
(c) Appropriate treatment is available.

If the nearest relative of the adult at risk is unable to act in this role, or if doing so would create conflict or additional risks, the Court may appoint an alternative person under Section 29 MHA, ensuring decisions remain centred on the person's rights and wellbeing.

Duration and Renewal:

- Up to 6 months initially
- Renewable for another 6 months and then annually, where the criteria continue to be met

Renewal may also be appropriate where the adult at risk is unable to care for themselves or may be at risk of harm or exploitation without continued hospital-based support.

Discharge

An adult at risk may be discharged by:

- The Responsible Clinician
- Hospital managers
- The nearest relative of the adult at risk (with 72 hours' notice)
- The Mental Health Tribunal (once each detention period)

Care planning should remain collaborative and trauma-informed, ensuring the person's cultural identity, history, relationships and preferences are meaningfully included.

Community Treatment Orders (CTOs) and Recall

CTOs can support people to continue their recovery in the community while maintaining regular contact with mental health services. They may be relevant when difficulties with self-care or safety are closely linked to a deterioration in mental health. A person may be recalled to hospital under section 3 of the Mental Health Act, if their mental health deteriorates to a level where hospital-based treatment becomes necessary for their health, safety, or the protection of others, and this need cannot be met within the community.

CTOs and recall should always be:

- Used only when statutory criteria are clearly met,
- Discussed within a multi-agency risk management framework, and
- Approached with sensitivity, transparency and a clear focus on rights, dignity and emotional safety.

These orders must never be used as a response to self-neglect alone, or as a substitute for supportive, relationship-based, least-restrictive interventions.

Section 7 Guardianship

Guardianship offers a community-based legal framework that supports an adult at risk to live as independently as possible while ensuring essential needs are met safely.

A guardianship application may be considered when:

(a) The adult at risk is experiencing a mental disorder where guardianship may help meet their needs; and

(b) Guardianship is necessary for the adult at risk's welfare or to protect others.

An AMHP or nearest relative of the adult at risk may apply, supported by two medical recommendations. Where the nearest relative cannot undertake this role safely or appropriately, the Court may appoint an alternative person under Section 29 of the Mental Health Act. The guardian, often the local authority, works with the person to promote independence, safety, and wellbeing, using the least restrictive approach. Use of Guardianship should sit within a broader care plan arranged with clear multi-agency involvement and be subject to regular reviews.

Section 135 – Warrant to Search for and Support a Person

Where there is significant concern that an adult at risk may be at immediate risk due to suspected ill-treatment, neglect, or inability to care for themselves, an AMHP may apply to a Magistrate for a warrant under Section 135. This authorises the police, working alongside professionals, to enter a property in a careful and least-intrusive manner, so that the person can be supported to move to a place of safety for up to 72 hours. This enables a Mental Health Act assessment and ensures the person receives the right care and support. All actions taken under Section 135 must be explained clearly and compassionately, recognising the potential for distress and the importance of trauma-sensitive practice.

Powers of Entry

A number of professionals across agencies may have specific powers of entry when there are serious concerns for an adult at risk's safety or wellbeing. These powers should always be exercised in the least intrusive, most sensitive and transparent way possible, and are

used only when other approaches have not been successful or are not appropriate due to identified risk. The specific powers and safeguards depend on the legislation being used.

Entry should always be:

- Clearly explained,
- Undertaken in the least intrusive manner possible,
- Guided by respect, sensitivity and trauma-informed practice,
- Used only where necessary to protect the safety of the adult at risk and others or fulfil statutory responsibilities.

Professionals who may hold powers of entry include (but are not limited to):

- Local Authority Adult Social Care officers (e.g., under s.47 Care Act duties, or via warrants such as s.135 MHA)
- Approved Mental Health Professionals (AMHPs)
- Police officers (e.g., under s.17 Police Criminal Evidence Act (PACE), s.136 MHA, or accompanying an AMHP under s.135 MHA)
- Environmental Health Officers (where conditions present health hazards)
- Fire and Rescue Service personnel (where fire risk creates immediate danger)
- Housing officers (under specific tenancy or housing safety enforcement powers)
- Court-appointed professionals acting under a Court Order (e.g., deputies or those enforcing safeguarding-related orders)

When entry is required, professionals should explain what is happening to the adult at risk. Professionals should also offer reassurance and take every opportunity to maintain the adult at risk's dignity, reduce distress, and support their emotional safety. See Appendix 8 for Dealing with Emergencies or Serious Incidents in Adult Social Care

Section 136 – Removal to a Place of Safety (Public Place)

Section 136 of the Mental Health Act allows the Police to support the adult at risk who is in a public place and appears to be experiencing a mental health crisis, and who may be at immediate risk of harm, or posing unintentional risk to others. This power enables the police to take the adult at risk to a place of safety so that a Mental Health Act assessment can be carried out by health and social care professionals.

The purpose of Section 136 is not enforcement, but to ensure the person receives timely assessment, care and protection in an environment where their needs can be understood safely.

Key principles:

- The intervention should be as calm, respectful and non-intrusive as possible, recognising the distress a public mental health crisis may involve.
- Police should, wherever possible, work in partnership with mental health professionals, including street triage teams where available.
- An adult at risk person may be held for up to 24 hours (extendable to 36 hours if necessary), solely for the purposes of completing the assessment.
- The adult at risk must be taken to the least restrictive and most appropriate place of safety, typically a health-based setting rather than a police station.

Professionals should explain each step clearly, offer reassurance, and seek to reduce fear, shame or confusion. People should be supported to participate in decisions wherever possible and be informed of their rights, including access to advocacy.

Information Sharing Legislation

Effective safeguarding relies on thoughtful, proportionate, and lawful information sharing. The Data Protection Act 2018 and UK General Data Protection Regulation (GDPR) allow sharing of information where it is necessary to protect life, prevent serious harm, or support safeguarding processes provided this is done transparently and respectfully.

The London Multi-Agency Safeguarding Adults Policy, Practice Guidance and Procedures, 2025 (see page 10) support lawful, proportionate and timely sharing of information between partner agencies where there are concerns about self-neglect, hoarding or rough sleeping. Effective information sharing is essential to safeguarding, risk management and coordinated multi-agency responses, while also respecting individuals' rights, dignity and autonomy.

Wherever possible, individuals should be informed about how and why information is being shared, and their views should be sought and taken into account. However, practitioners should be clear that information may be shared without consent where there is a legal duty, a safeguarding concern, or an overriding need to prevent serious harm or protect life. Decisions should be guided by the principles of necessity, proportionality, relevance and transparency, and clearly recorded.

When sharing information, practitioners should consider:

- whether the information is necessary to reduce risk or prevent harm;
- The person's wishes, consent and mental capacity where relevant;
- Whether a multi-agency discussion (e.g. MARM) is required; and
- The need to record the decision and rationale**.**

For more guidance on information sharing view SCIE Safeguarding Adults: sharing information.

Additional Legislation and Policy Frameworks

In some circumstances, professionals may need to draw on a wider range of legislation and policy frameworks to support an adult who is experiencing self-neglect, hoarding, or rough sleeping. These additional powers exist to help protect individuals from serious harm, uphold their rights, and ensure that support is provided in ways that are safe, lawful, and proportionate.

Deprivation of Liberty Safeguards (DoLS) and Court of Protection Authorisations

The Deprivation of Liberty Safeguards (DoLS) and Court of Protection (CoP) authorisations exist to ensure that any necessary restrictions on a person's movement or care arrangements are lawful, proportionate, and in their best interests. These safeguards are especially important where the person lacks capacity to understand the risks they face or to make decisions about their care environment. In community settings, where DoLS does not apply, the Court of Protection can authorise a Community Deprivation of Liberty (Community DoL) when needed to prevent serious harm. Such interventions are used only after all other supportive, relationship-based approaches have been explored. For more information, view SCIE Deprivation of Liberty Safeguards (DoLS) at a glance.

Inherent Jurisdiction of the High Court

Where there is no statutory route, the High Court's inherent jurisdiction may be considered when an adult has capacity but is unable to act freely because of coercion, undue influence, or overwhelming circumstances that impair their autonomy. This is a serious and protective legal mechanism used only when all less restrictive options have been exhausted.

The London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures states '*The effective practice standard for multi-agency practice is evidencing the consideration of all legal options, including human rights responsibilities, powers and duties with respect to meeting care and support needs, mental capacity and referral to the High Court's inherent jurisdiction.'* They must therefore be applied sensitively, proportionately, and with the individual's safety and trauma history in mind.

Where these areas have been fully explored through multi-agency discussion and concerns remain, it may be necessary to seek legal advice in line with local procedures and processes.

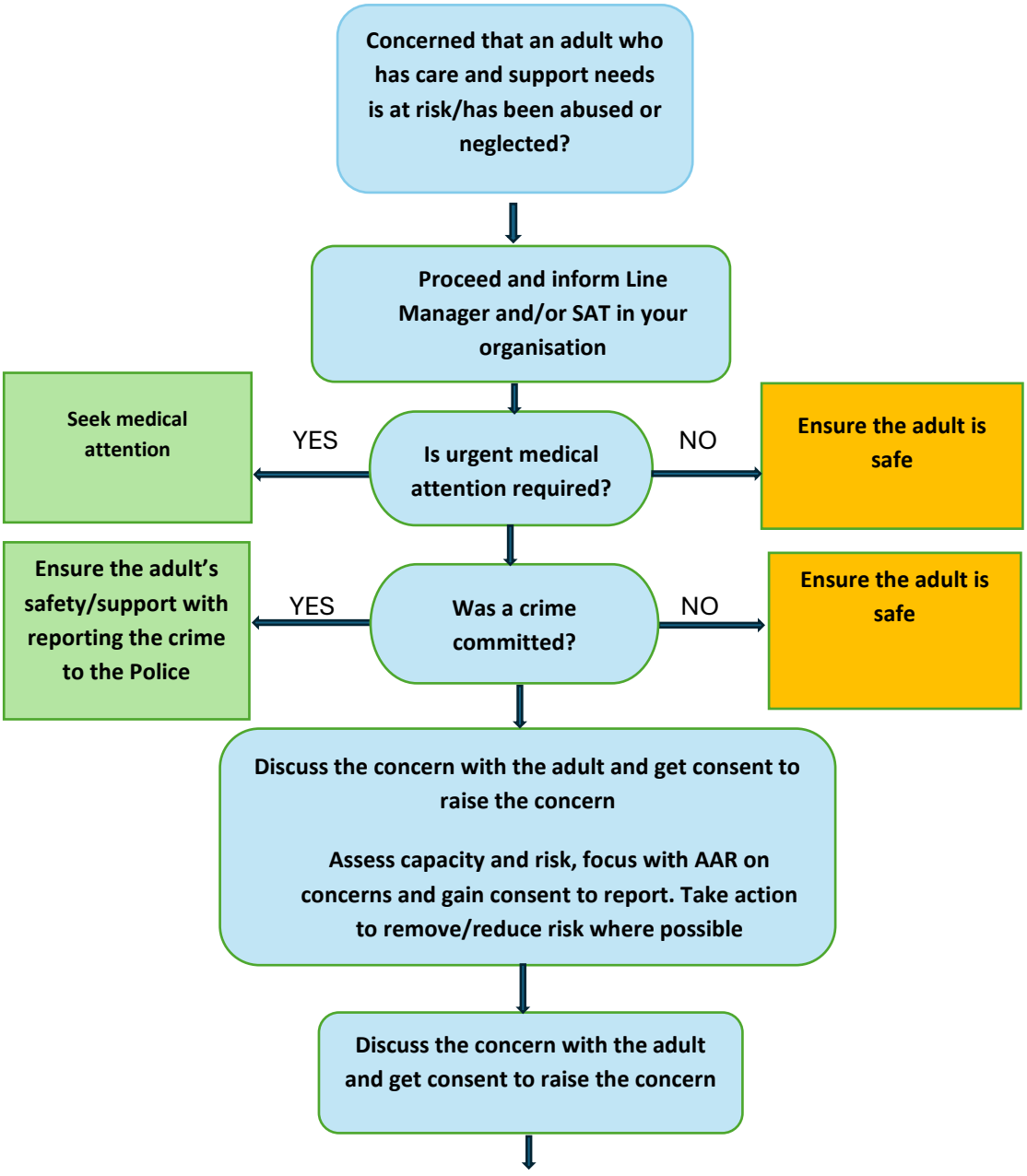
For more information, see the London Multi-Agency Adult Safeguarding Policy, Practice Guidance and Procedures 2025 and RiP Practice Guidance Inherent Jurisdiction of the High Court.

Practitioners should be aware of available commissioned pathways and seek early advice from relevant teams, as timely access to practical and relational support can reduce distress, minimise risk, and prevent escalation to crisis or enforcement-based intervention. Commissioned providers are expected to work in partnership with statutory agencies, adopt trauma-informed practice, and promote dignity, empowerment and choice. Support planning and risk mitigation should involve relevant partners and stakeholders during risk assessment, planning, risk management and review stages of any intervention.

Local Council processes in relation to application to the Quality Assurance Meeting should be followed where commissioned pathways are required.

SECTION THREE: Multi-Agency Procedures

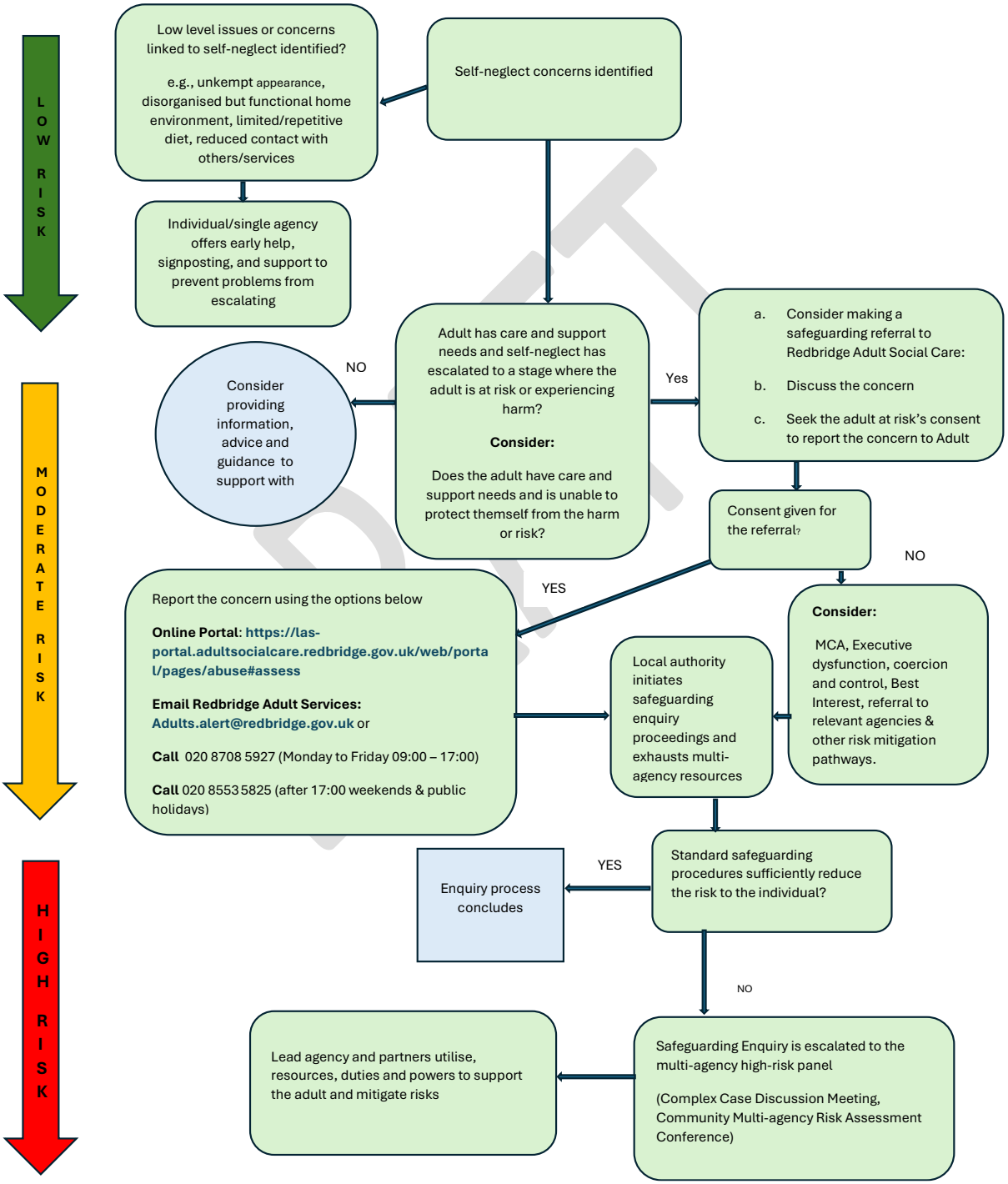
15. Safeguarding Referral Flowchart



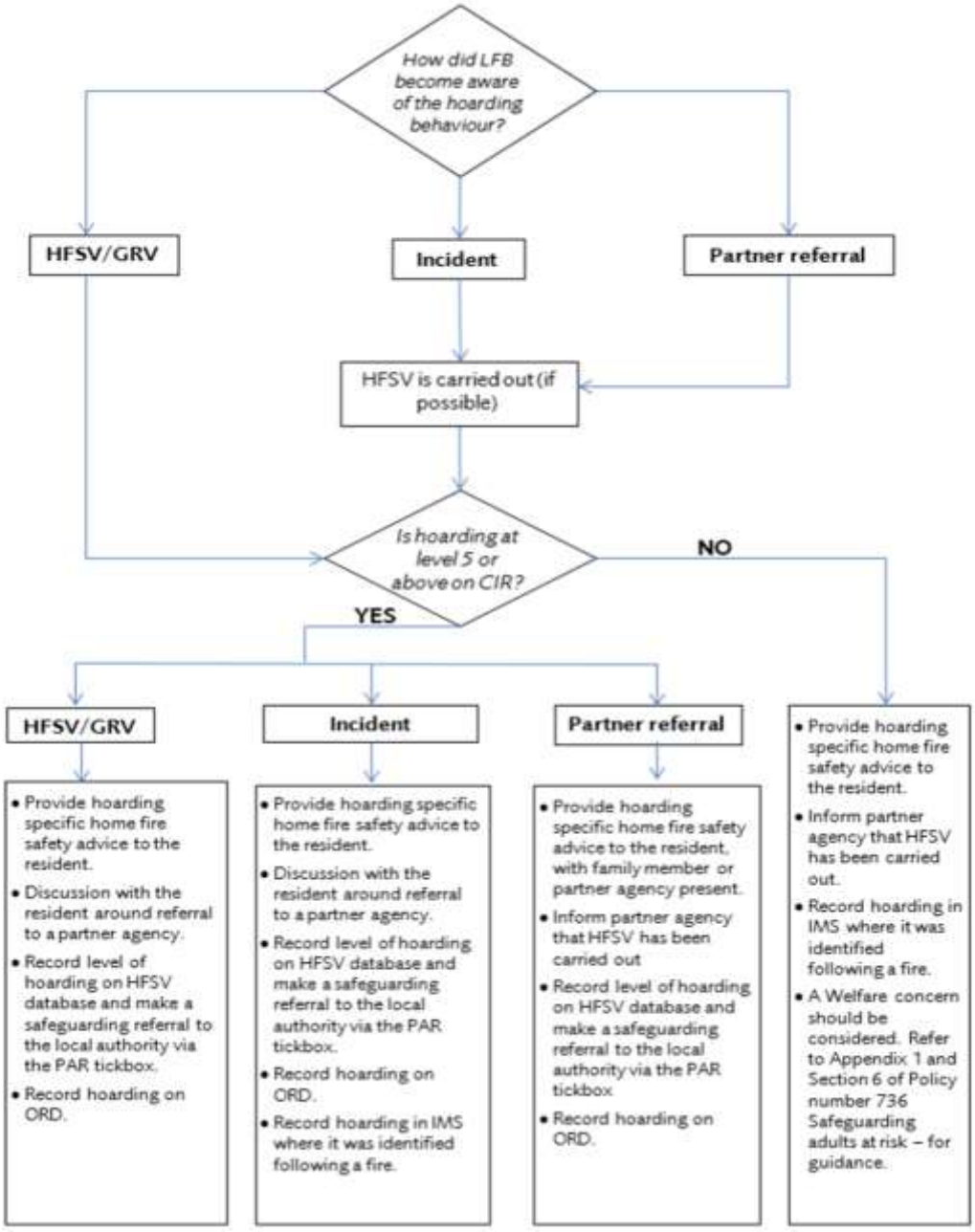
16. Self-Neglect Pathway Flowchart

REDBRIDGE

SELF-NEGLECT PATHWAY FLOWCHART



17. London Fire Brigade Housing Policy Flowchart



SECTION 4: Toolkit

18. Key Contacts

Police Metropolitan Police Service (MPS) East Area (EA) Basic Command Unit (BCU)	Telephone: • 999 (Emergency) • 101 (Non-emergency) MPS – Report a crime on-line (non-emergency)
London Ambulance Service (LAS)	Telephone: • 999 (Emergency)
LB Redbridge Adult Social Care and Health	Telephone: • 020 8708 7333 (Office hours) • 020 8553 5825 (Emergency – out of hours – after 17:00, weekends, and public holidays) E-mail: adults.alert@redbridge.gov.uk Complete an on-line referral form.
LB Redbridge Children's Social Care	Telephone: • 020 8708 3885 (Office hours) • 020 8708 5897 (Emergencies – evenings, weekends and public holidays) Referrals and requests for information etc. relating to children by professionals should be made via the on-line referral form.
London Fire Brigade (LFB)	Telephone: • 999 (Emergency) For non-urgent support, complete a contact form: Contact | London Fire Brigade Or call 020 8555 1200 (Monday to Friday, 08:30 – 17:00) Website: • Information relating to home fire safety, including home fire checker
LB Redbridge Housing Service	020 8554 5000 Website: Housing Services and Contact Information Homeless Helpline: 0208 708 4002 (for use in immediate crisis) Further information and support relating to homelessness.
NELFT Adult Mental Health	Adult Mental Health Crisis Line (24/7) – dial 111 and select Option 2 or request support on-line.
LB Redbridge Environmental Health	020 8554 5000 E-mail: Customer.cc@redbridge.gov.uk Website: Environmental Health Information
Age UK Advice	0208 220 6000 (Monday to Friday, 10:00 – 14:00) Website: Age UK – Redbridge, Barking & Dagenham & Havering

	Email: advice@ageukrbh.org.uk
VIA – Drug and Alcohol Services	Website: Service Information Telephone: 0300 303 4612 Email: redbridge@viaorg.uk
Redbridge Multi-agency Risk Assessment Conference (MARAC)	MARAC@redbridge.gov.uk
Redbridge Reach Out Service	Reachout@redbridge.gov.uk Telephone: 0800 145 6410
RSPCA London East Branch	• 07958 578151 • To report cruelty or an animal in distress 0300 1234 999 • rspcalondoneast@gmail.com • Report a Concern (on-line)
Mind	0300 123 3393 Infoline (09:00 – 18:00, Monday to Friday, excluding public holidays) info@mind.org.uk Website: www.mind.org.uk

19. Links and Useful Resources

London Multi-Agency Safeguarding Adults Policy, Procedures and Guidance 2025	https://london-adass.org.uk/wp-content/uploads/2025/11/London-Multi-Agency-Adult-Safeguarding-Policy-Practice-Guidance-and-Procedures-November-2025.pdf
Hoarding Support Information, support and advice for hoarders and their families	Telephone: • 0203 239 1600 (Monday – Friday, 10:00 – 17:00) Email: Info@hoardingUK.org Website: https://hoarding.support/ Social media: X @HelpForHoarders Facebook @help.for.hoarders
OCD UK Information and support about obsessive compulsive disorder	Contact form: https://www.ocduk.org/ocduk-contact/ Helpline: 01332 588112 (10:00 – 14:00) Website: www.ocduk.org/hoarding Social Media: Facebook /OCD-UK Instagram @ocdukcharity Threads @ocdukcharity TikTok @ocdukcharity Blue Sky @ocdukcharity.bsky.social
Hoarding UK Information and support for hoarders and agencies, including local support groups	Contact form: https://hoardinguk.org/contact/ Website: www.hoardinguk.org Social Media: Facebook https://www.facebook.com/hoardingukcharity Blue Sky https://bsky.app/profile/hoardinguk.bsky.social Instagram

	https://www.instagram.com/hoardinguk/
UK Hoarding Partnership A diverse group of professionals that share good practice, resources and support other professionals working with hoarding.	Website: https://hosting2.northumbria.ac.uk/ukhp/ E-mail: nick.neave@northumbria.ac.uk
Cloud's End CIC Resources to help those impacted by hoarding.	E-mail: help@cloudsend.org.uk Contact Form: https://cloudsend.org.uk/contact-us/ Website: www.cloudsend.org.uk Facebook: https://www.facebook.com/CloudsEndCIC Instagram: https://www.instagram.com/cloudsendcic/ X: https://x.com/cloudsendcic
London Fire Brigade Information and guidance on hoarding	https://www.london-fire.gov.uk/safety/carers-and-support-workers/hoarding-disorder/
SCIE Self-Neglect at a Glance	https://www.scie.org.uk/self-neglect/at-a-glance/
Reach Out Domestic Violence Service	Reach Out Domestic Abuse Service
Redbridge Complex Case Discussion Meeting	HASS Cranbrook & Loxford Cluster: HASSCranbrook.Loxford@redbridge.gov.uk HASS Fairlop: HASSFairlop@redbridge.gov.uk HASS Seven Kings: HASSSevenKings@redbridge.gov.uk HASS Wanstead & Woodford: HASSWanstead&Woodford@redbridge.gov.uk
Redbridge Community Mult-Agency Risk Assessment Conference (MARAC)	Redbridge Community MARAC - Perpetrator Referral Form Redbridge Community MARAC - Victim Referral Form
Redbridge Mult-Agency Risk Assessment Conference (MARAC)	MARAC (Multi-Agency Risk Assessment Conference) for Domestic Abuse
Redbridge Safeguarding Adult Board (RSAB) **NB:** the Redbridge Safeguarding Adult Board does not commission services nor manage cases. Referrals, enquiries and complaints should	020 8708 5282 or 07775399017 E-mail: RSAB@redbridge.gov.uk Website: www.redbridgesab.org.uk RSAB 7 Minute Briefing – Self Neglect

be sent directly to the Local Authority.	
Resources	
Malnutrition Universal Screening Tool	Malnutrition Universal Screening Tool
Non-Engagement Toolkit	SAB Manager Network Non-Engagement Toolkit and Briefing Note
Escalation and Resolution Policy	RSAB Escalation and Resolution Policy, 3rd Edition, July 2026

Section 5: Appendices

Appendix 1

Clutter Image Tool and Rating Scale

Clutter Rating (Refer to guidelines below)	Tick appropriate section and insert which relevant picture number best describes the environment
1. Low Risk	
2. Medium Risk	
3. High Risk	
State clearly actions taken:	

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.


1


2


3


4


5


6


7


8


9

Clutter Rating (Refer to guidelines below)	Tick appropriate section and insert which relevant picture number best describes the environment
1. Low Risk	
2. Medium Risk	
3. High Risk	
State clearly actions taken:	

Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.


1


2


3


4


5


6


7


8


9

Clutter Rating (Refer to guidelines below)	Tick appropriate section and insert which relevant picture number best describes the environment
1. Low Risk	
2. Medium Risk	
3. High Risk	
State clearly actions taken:	

Appendix 2

Guidance Questions for Practitioners

Listed below are examples of questions you can ask if you are concerned about someone's safety in their own home and you suspect there may be risks linked to self-neglect and/or hoarding.

The information gathered from these questions should be used to inform the Practitioner's Hoarding Assessment and to provide the details needed to alert and share information with other agencies, where appropriate.

Many people who experience hoarding difficulties may feel embarrassed or anxious about their home environment. Please approach the conversation with empathy and respect, and adapt the wording, order, and pace of the questions to suit the individual and their circumstances.

How do you get in and out of your property, do you feel safe living here?	
Have you ever had an accident, slipped, tripped up or fallen? How did it happen?	
How have you made your home safer to prevent this (above) from happening again?	
How do move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)	
Has a fire ever started by accident?	
How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?	
Do you ever use candles or an open flame to heat and light here or cook with camping gas?	
Do you smoke inside?	
Do you use drugs or alcohol?	
How do you manage to keep yourself warm? Especially in winter?	
When did you last go out in your garden? Do you feel safe to go out there?	
Are you worried about other people getting into your garden to try and break-in? Has this ever happened?	
Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?	
Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?	
Can you prepare food, cook and wash up in your kitchen?	

Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?	
How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?	
Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)	
What do you do with your dirty washing?	
Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?	
How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?	
Are there any broken windows in your home? Any repairs that need to be done?	
Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?	
Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?	

Appendix 3

Assessment Tool Guidelines

Level 1 Actions

Level 1 Clutter Image Rating 1 - 3	Household environment is considered to be of a satisfactory standard. No specialised assistance is required. The resident is able to request for assistance and have no objection to referrals being made to appropriate or relevant agencies.
1. Property structure, services & garden area	• All entrances and exits, stairways, roof space and windows are accessible. Note any impact on communal entrances and exits • Smoke alarms fitted and functional. Referrals can be made to London Fire Brigade to visit and install if criteria met. • All services are functional and maintained in good working order. • A visual and non-professional assessment of plumbing, electrics, gas, heating confirms no obvious problems • Garden is accessible, tidy and maintained.
2. Household Functions	• No excessive clutter noted and all rooms can be safely used for their intended purpose. For example, the kitchen can be used safely for cooking • All rooms are rated 0-3 on the Clutter Rating Scale. • No additional unused household appliances appear in unusual locations around the property. • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health.
3. Health and Safety	• Property is clean with no odours, (pet or other). • No signs of rotting food. • No concerning use of candles. • No concern over flies. • Residents managing personal care. • No writing on the walls. • Quantities of medication are within appropriate limits, in date and stored appropriately.
4. Safeguard of Children & Family members	No concerns for household members.
5. Animals and Pests	• Any pets at the property are well cared for. • No pests or infestations at the property.
6. Personal Protective Equipment (PPE)	• No PPE required. • No visit in pairs required.

Level 1: Multi Agency Actions

Referring Agency	• Discuss concerns with the Individual. • Raise a request to London Fire Brigade (LFB) for a Home Safety Check and to provide fire safety advice. • Refer to Redbridge Adult Social Care for a care and support assessment. • Refer to GP if appropriate.
Environmental Health	• No action.
Social Landlords	• Provide details on debt advice if appropriate to circumstances. • Refer to GP if appropriate. • Refer to Redbridge Adult Social Care for a care and support assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Ensure residents are maintaining all tenancy conditions. • Refer for tenancy support if appropriate. • Ensure that all utilities are maintained and serviceable.
Practitioners	• Complete Hoarding Assessment Form. • Make appropriate referrals for support to other agencies. • Refer to social landlord if the client is their tenant or leaseholder.
Emergency Services	• **London Fire Brigade (LFB)** - Carry out a Home Safety Check if it fulfils Service criteria and share with statutory agencies. • **Metropolitan Police Service (MPS)** and **London Ambulance Service (LAS)** • Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.
Animal Welfare	• No action unless advice requested.
Safeguarding of Adults and Children	• Properties with children deemed at risk refer to Multi-Agency Safeguarding Hub (MASH) if children or young people present within 24 hours 020 8708 3885 (Emergency Duty Team for out of hours referrals – 020 8708 5897) or by submitting a referral via the on-line portal. • Adults presenting care and support needs should be referred to Redbridge Adult Social Care via the on-line portal or Adults.alert@redbridge.gov.uk

Level 2 Actions

Level 2 Clutter Image Rating 4 – 6	**Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.**
1. Property structure, services & garden area	• Only major exit is blocked. • Concern that services are not well maintained. • Smoke alarms are not installed or not functioning. • Garden is not accessible due to clutter or is not maintained. • Evidence of indoor items stored outside. • Evidence of light structural damage including damp. • Interior doors missing or blocked open.
2. Household Functions	• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) scores within 4-6 on the clutter scale. • Inconsistent levels of housekeeping throughout the property. • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside.
3. Health and Safety	• Kitchen and bathroom are difficult to utilise and access. • Offensive odour in the property. • Resident is not maintaining safe cooking environment. • Some concern with the quantity of medication, or its storage or expiry dates. • Has good fire safety awareness with little or no risk of ignition. • Resident trying to manage personal care but struggling. • No risk to the structure of the property.
4.Safeguard of Children & Family members	• Hoarding on clutter scale 4 -7. Consider a Safeguarding Assessment. • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders.
5. Animals and Pests	• Pets at the property are not well cared for • Resident is not unable to control the animals • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Sound of mice heard at the property. • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, ants etc.)
6. Personal Protective Equipment (PPE)	• Latex gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • PPE is required

Level Two: Multi-Agency Actions

Level 2	Actions **In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCURRENCE**
Referring Agency	• Refer to landlord if resident is a tenant. • Refer to Environmental Health if resident is a freeholder. • Raise a request to the London Fire Brigade to provide a home Safety Check with a consideration for monitored smoke alarms/ assistive technology. • Provide details of garden services. • Refer to Social Care for a care and support assessment. • Referral to GP. • Referral to debt advice if appropriate. • Refer to animal welfare if there are animals at the property. • Ensure information sharing with all necessary statutory agencies.
Environmental Health	• Carry out an inspection of the property utilising the referral form. • At the time of inspection, Environmental Health Officer decides on appropriate course of action. • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004. • Consider Works in Default if notices not complied by occupier.
Social Landlord	• Visit resident to inspect the property & assess support needs. • Refer internally to assist in the restoration of services to the property where appropriate. • Ensure residents are maintaining all tenancy conditions. • Enforce tenancy conditions relating to residents' responsibilities. • Ensure information sharing with all necessary statutory agencies.
Practitioners	• Carry out an assessment of the property utilising the referral form. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	• London Fire Brigade (LFB) carry out a Home Safety Check, share risk information with statutory agencies and consider assistive technology. • Metropolitan Police Service (MPS) and London Ambulance Service (LAS) to ensure information is shared with statutory agencies and feedback is provided to referring agency on completion of home visits via the referral form.
Animal Welfare	• Visit property to undertake a wellbeing check on animals at the property. • Educate client regarding animal welfare if appropriate. • Provide advice / assistance with re-homing animals.
Safeguarding Adults and Children	• Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point.

Level Three Actions

Level 3 Clutter image rating 7 - 9	**Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.**
1. Property structure, services & garden area	• Limited access to the property due to extreme clutter. • Extreme clutter may be seen at windows. • Extreme clutter may be seen outside the property. • Garden not accessible and extensively overgrown. • Services not connected or not functioning properly. • Smoke alarms not fitted or not functioning. • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp. • Interior doors missing or blocked open. • Evidence of indoor items stored outside.
2. Household Functions	• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale. Rooms are not used for intended purposes or very limited. • Beds inaccessible or unusable due to clutter or infestation. • Entrances, hallways and stairs blocked or difficult to pass. • Toilets, sinks not functioning or not in use. • Resident at risk due to living environment. • Household appliances are not functioning or inaccessible. • Resident has no safe cooking environment. • Resident is using candles. • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken. • Broken household items not discarded e.g. broken glass or plates. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Property is at risk of notice being served by Environmental Health.
3. Health and Safety	• Human urine and excrement may be present. • Excessive odour in the property may also be evident from the outside. • Rotting food may be present. • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics.

	• Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health.
4. Safeguard of Children & Family members	• Hoarding on clutter scale 7 – 9 constitutes a Safeguarding Alert. • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders.
5. Animals and Pests	• Animals at the property at risk due the level of clutter in the property. • Resident may not able to control the animals at the property. • Animals' living area is not maintained and smells. • Animals appear to be under nourished or over fed • . Hoarding of animals at the property. • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.). • Visible rodent infestation.
6. Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Visit in pairs required.

Level Three: Multi-Agency Actions

Referring Agency	• Raise Safeguarding **Concern within 24 hours if there are care and support needs.** • If the individual does not meet the safeguarding thresholds for a referral, consider contacting Redbridge Adult Social Care regarding possible care and support needs assessment. • Raise a request to London Fire Brigade (LFB) within 24 hours to provide a Home Safety Check. • Refer to Environmental Health.
Environmental Health	• Refer to Environmental Health on 020 8554 5000 or email on customer.cc@redbridge.gov.uk • Carry out an inspection. • At time of inspection, Environmental Health Officer (EHO) decides on appropriate course of action. • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004. • Consider Works in Default if notices not complied by occupier.
Landlord	• Visit resident to inspect the property and assess support needs. • Attend multi agency hoarding meeting or VPP/CPP. • Enforce tenancy conditions relating to residents' responsibilities.
Practitioners	• Refer to "Hoarding Guidance Questions for practitioners". • Complete Practitioners Assessment Tool. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	• London Fire Brigade (LFB) - Carry out a Home Safety check, share risk information with Statutory agencies and consider assistive technology. • Metropolitan Police Service (MPS) and London Ambulance Service (LAS) Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits via the referral form. • Attend Safeguarding Adults multi agency meetings. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	• Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment. • Educate client regarding animal welfare if appropriate. • Take legal action for animal cruelty if appropriate. • Provide advice and/or assistance with re-homing animals.
Safeguarding Adults	• Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse.
Child Protection	• Refer to Multi-Agency Safeguarding Hub (MASH) if children or young people present within 24 hours 020 8708 3885 (Emergency Duty Team for out of hours referrals – 020 8708 5897) or by submitting an on-line referral.

Links to Additional Appendices

The following Word templates can be downloaded from completion from the Redbridge Safeguarding Adult Board (RSAB) website information page on self-neglect and hoarding:

- **Appendix 4:** Complex Case Reporting Template - LBR-CCDM-Referral-Template.docx

- **Appendix 5:** RSAB Multi-Agency Risk Assessment and Management Template (RAMT) RSAB-Multi-Agency-Risk-Assessment-and-Management-Template-RAMT.docx

- **Appendix 6:** RSAB Homelessness Screening Template (Community) - RSAB-Homelessness-Screening-Template-Community.docx

- **Appendix 7:** Hospital Homelessness Screening & Early Discharge Support Template - Hospital-Homelessness-Screening-Discharge-Template.docx

- **Appendix 8**: Dealing with Emergencies or Serious Incidents in Adult Social Care - Dealing-with-Emergencies-or-Serious-Incidents-in-Adults-Social-Care-2022