

**IOM Safeguarding Board**  
**Multi Agency**  
**Self-Neglect Procedural**  
**Guidance**  
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### **Acknowledgements**

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# 1. Introduction and Status of this Guidance

This multi-agency guidance is intended for practitioners supporting adults who are at risk of harm as a result of self-neglect. The guidance should be read in conjunction with other relevant policy and procedures including:

- [Safeguarding Adult Procedures](#)
- Mental Capacity Act Statutory Guidance [Once enacted]
- Manx Care policy for capacity best interest decisions and deprivation of liberty (pending enactment of Capacity Act)
- Isle of Man Safeguarding Board [Information sharing guidance](#) for professionals working with children and adults at risk of abuse or neglect.

Within this guidance, the term 'self-neglect' encompasses behaviours of hoarding.

Self-neglect can be a complex area to respond to. Issues of capacity and lifestyle choice are often involved. Adults, professionals, and wider public may all have different views about what is an acceptable way of living, and what constitutes intolerable or acceptable levels of risk. Managing the balance between protecting adults from self-neglect and their right to self-determination is a challenge for professionals.

This guidance aims to support good practice, reduce risks arising from self-neglect and, wherever possible, prevent serious injury or death. The guidance sets out a pathway for multi-agency responses. It describes principles that apply at all stages of that pathway. The principles should work together to empower the adult as far as possible, while working to reduce risks to the adult and others.

The guidance begins with a 'quick guide' for the pathway. This is followed by more detailed guidance, with tools and reference guides to help practitioners deliver the best outcomes for adults who are self-neglecting.

## Status of this Guidance

The Isle of Man Safeguarding Board (IOMSB) is mandated through the [Safeguarding Act 2018](#) to develop policies and procedures for safeguarding and protecting vulnerable adults.<sup>1</sup> This multi-agency guidance for self-neglect, is issued by the IOMSB as part of this key statutory function.

The Safeguarding Act 2018 also establishes a duty of co-operation on relevant safeguarding bodies<sup>2</sup> in exercising the IOMSBs functions. This duty extends to adhering to this guidance.

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<sup>1</sup> [https://www.safeguardingboard.im/media/42ram1os/safeguardingact2018\\_4.pdf](https://www.safeguardingboard.im/media/42ram1os/safeguardingact2018_4.pdf)

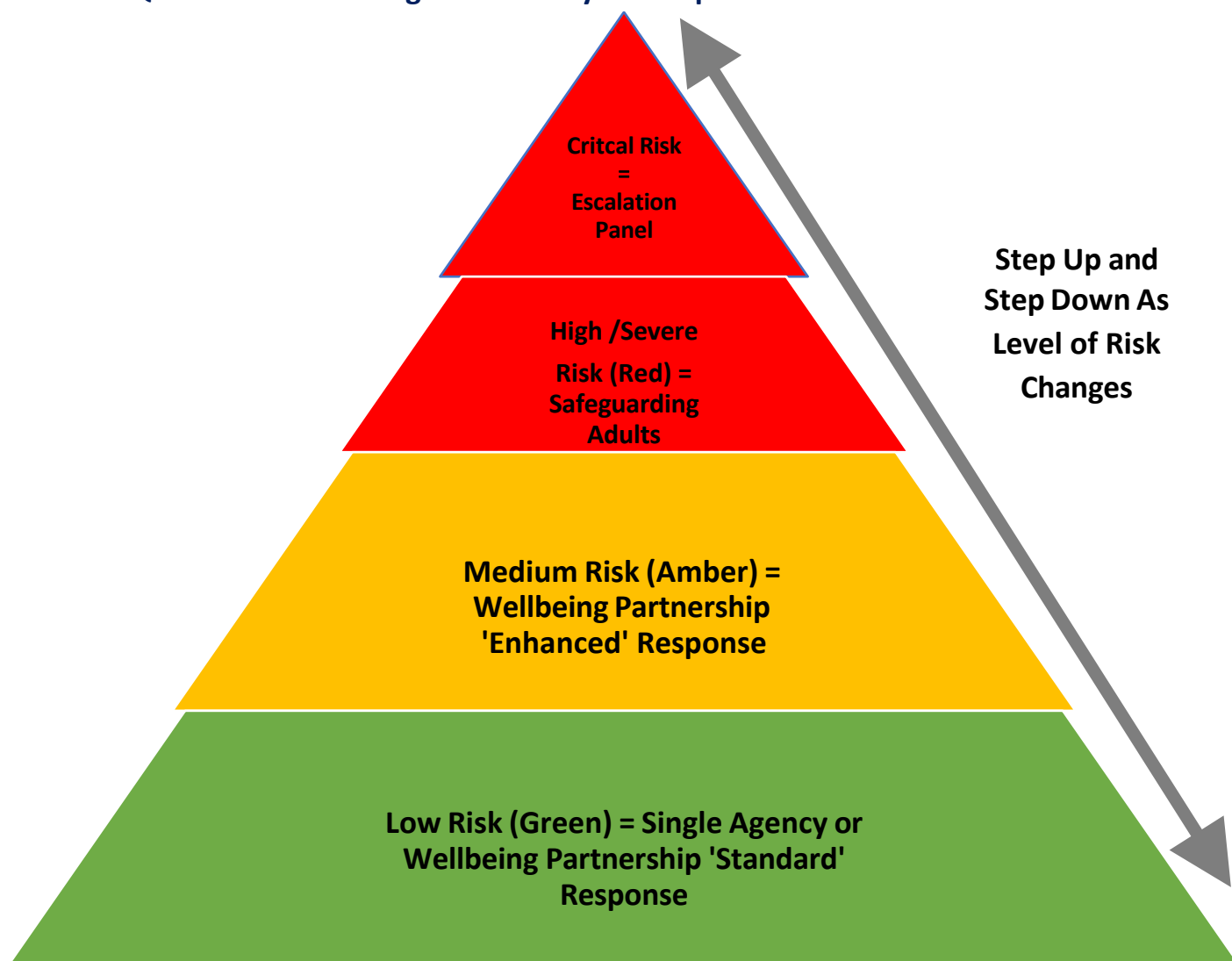
<sup>2</sup> The following are relevant safeguarding bodies for the purposes of this Act— (a) the Department of Education, Sport and Culture; 2 (b) the Department of Health and Social Care; (c) the Department of Home Affairs; (d) the Isle of Man Constabulary; (e) any body— (i) of a prescribed description; or (ii) providing services of a prescribed description for children or vulnerable adults.

## 2. Quick Guide: Pathways for Self-Neglect

### 2.1. Quick Guide: Principles that you should use to guide your practice [detail in section 5.1]


<b>Empowerment</b>	Respect and dignity for the adult, person-centred responses that value their individual qualities and build on their strengths. Uphold rights and maximise involvement, choice and control. Demonstrate 'Making Safeguarding Personal' <i>Clarity about mental capacity for relevant decisions</i>
<b>Prevention:</b>	Work to reduce risks from self-neglect at the earliest stage. Be professionally curious to understand reasons for behaviours
<b>Protection:</b>	Make robust and resilient assessment and responses to safeguard the adult and their local community
<b>Proportionality</b>	Proactive outreach, taking reasonable additional steps to engage, proportionate to risk. Apply the law in least restrictive way to mitigate risks.
<b>Partnership</b>	Multi-agency working at the earliest stage. Collaborative coordinated partnership working between the adult, agencies, Communities, and families (where appropriate).
<b>Accountability</b>	Professional accountability with defensible decisions and actions. Apply guidance and related procedures. Consult with accountable managers and safeguarding leads.

### 2.2. Quick Guide: Self-Neglect Pathway for Responses



## 2.3. Quick Guide: Indicators for Levels of Risk and Actions

Indicators and Actions		
Risk Level	Indicators	Action
	<p>*The self-neglect risk assessment tool provides more detail on indicators and can be used to aide decisions [<a href="#">Appendix 1</a>]</p>	<p>* Where adult does not consent, [<a href="#">Section 5.2.</a>]</p>
<p><b>Low Risk</b> <b>'Green'</b></p>	<p>Circumstances could include, <i>but are not exclusive to</i>:</p> <ul style="list-style-type: none"> <li>An adult is beginning to show signs and symptoms of self-neglect.</li> <li>Property neglected but all services/ appliances work.</li> <li>There is no / low risk or impact to self or others.</li> <li>Risks can be managed by current professional oversight or universal services.</li> <li>The person is not at risk of losing their place within the community.</li> <li>Some evidence of hoarding (appendix 3: level 1-3 on clutter scale)– no impact on health/safety.</li> <li>Not accepting any support but no impact on health / safety / wellbeing</li> <li>Self-neglect behaviours due to inability (rather than unwillingness) to care for oneself.</li> <li>Adult has some unwillingness to address self-neglect but some openness to engage in change.</li> </ul>	<p>Follow the Principles</p> <p>Manage as Single agency or refer to Wellbeing Multi Agency Partnership as 'standard' response.</p> <p>Western Wellbeing Partnership t: 01624 685846 e: <a href="mailto:westernwellbeingpartnership@gov.im">westernwellbeingpartnership@gov.im</a></p> <p>Southern Wellbeing Partnership t: 01624 686109 e: <a href="mailto:southernwellbeingpartnership@gov.im">southernwellbeingpartnership@gov.im</a></p> <p>Northern Wellbeing Partnership t: 01624 686432 e: <a href="mailto:northernwellbeingpartnership@gov.im">northernwellbeingpartnership@gov.im</a></p> <p>East Wellbeing Partnerships: <a href="mailto:WellbeingDouglasNorthEast@gov.im">WellbeingDouglasNorthEast@gov.im</a> <a href="mailto:WellbeingDouglasSouthEast@gov.im">WellbeingDouglasSouthEast@gov.im</a></p> <p>[E-referral form to come]</p>
<p><b>Medium Risk</b> <b>'Amber'</b></p>	<p>There is some harm or risk of harm but not significant. This can <i>include but may not be exclusive to</i>:</p> <ul style="list-style-type: none"> <li>Disengagement with professionals</li> <li>Indication of lack of insight</li> <li>Lack of essential amenities / food provision</li> <li>Evidence of hoarding (<a href="#">appendix 3: level 4-6 on clutter scale</a>)– impacting on health/safety.</li> <li>Increasing unsanitary conditions</li> <li>There is medium risk and some impact to self / others</li> <li>Non-compliance with medication – medium risk to health and wellbeing.</li> <li>Property neglected, impact on health / safety</li> </ul>	<p>Follow the Principles</p> <p>Consult with your Designated Safeguarding Lead or Safeguarding Adults Service to confirm that it is appropriate to manage the concerns at 'amber' level rather than to raise a Safeguarding Adult Alert.</p> <p>Managed through Wellbeing Partnership as 'Enhanced' response with multi-agency and multi-disciplinary response</p> <p>Western Wellbeing Partnership t: 01624 685846 e: <a href="mailto:westernwellbeingpartnership@gov.im">westernwellbeingpartnership@gov.im</a></p>

	<ul style="list-style-type: none"> <li>Where animals in property are impacting on the environment with risk to health</li> <li>Adult is resistant to change</li> </ul>	<p>Southern Wellbeing Partnership t: 01624 686109 e: <a href="mailto:southernwellbeingpartnership@gov.im">southernwellbeingpartnership@gov.im</a></p> <p>Northern Wellbeing Partnership t: 01624 686432 e: <a href="mailto:northernwellbeingpartnership@gov.im">northernwellbeingpartnership@gov.im</a></p> <p>East Wellbeing Partnerships: <a href="mailto:WellbeingDouglasNorthEast@gov.im">WellbeingDouglasNorthEast@gov.im</a> <a href="mailto:WellbeingDouglasSouthEast@gov.im">WellbeingDouglasSouthEast@gov.im</a></p> <p>[E-Referral Link to come]</p>
<p><b>High – Severe Risk ‘Red’</b></p>	<p>There is a risk of significant harm. This includes the most serious and challenging presenting circumstances, <i>including but not exclusive to</i>:</p> <ul style="list-style-type: none"> <li>Living in squalid or unsanitary conditions</li> <li>There is extensive structural deterioration /damage in the property causing risk to life.</li> <li>Refusal of health / medical treatment that will have a severe impact on health / wellbeing.</li> <li>High level of clutter / hoarding impacting on health and wellbeing, including fire hazard – (<a href="#">appendix 3: level 7 - 9 on clutter scale</a>)– with severe impact on health/safety.</li> <li>Behaviour poses risk to self and others.</li> <li>Appearance of malnourishment</li> <li>The individual is not accepting any support or any plans to improve the situation.</li> <li>Life is in danger without intervention.</li> </ul>	<p>Follow Principles</p> <p>Report to your Designated Safeguarding Lead or Line Manager within 24 hours.</p> <p>Managed through referral under Safeguarding Adult procedures.</p> <p><b>Contact Points Adult Safeguarding Team:</b></p> <p>Phone: (01624) 685969 office hours (01624) 650000 out of office hours</p> <p> Adult Raising a concern form.v2 doc</p> <p>Email to: <a href="mailto:ASTeam@gov.im">ASTeam@gov.im</a></p>
<p><b>Severe/ Critical risk ‘red/critical’</b></p>	<p>This is an escalation panel, providing advice and guidance to the practitioners involved.</p> <ul style="list-style-type: none"> <li>Circumstances of the adult is already known and is being managed within the self-neglect pathway.</li> <li>Indicators as per ‘red’ above <b>and</b></li> <li>Responses through the pathway have not been able to mitigate risks to the adults or others within the community.</li> </ul>	<p>Follow the Principles</p> <p>Refer to the Adults at High Risk Escalation Panel (AHREP)</p> <p>Referrals to this panel MUST be supported by your Designated Safeguarding Lead or Line Manager</p> <p>Email <a href="mailto:ASTeam@gov.im">ASTeam@gov.im</a></p>

Access the full IOM Multi-Agency Self Neglect Procedural Guidance for more detailed guidance.

**Where there are concerns that the adult’s neglectful circumstances are due to abuse/neglect by others, or through coercion and control (rather than self-neglect), a referral through Safeguarding Adult procedures is required.**

### 3. Definitions of Self-Neglect

There is no single definition of self-neglect. The definition adopted in this guidance is:

*“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”<sup>3</sup>*

For the purposes of this guidance, hoarding is included as a form of self-neglect and managed within the self-neglect pathway. [Appendix 2](#) provides additional guidance for working with hoarding.

### 4. Understanding Self-Neglect and Risks of Harm

Self-neglect can have a serious impact on the adult’s safety and wellbeing, including risk of death. The adult’s behaviours may also present risks to others within the household such as children, dependent adults, and animals. Self-neglect may also impact on local communities due to risks from unsafe buildings and infestations. Self-neglect may present in many forms. *Some* indicators and examples of harms, are as follows:

Table 1: Indicators of Self Neglect and Risks	
Indicator of Self-Neglect	Risks Arising to Adult or Others
Neglecting personal hygiene - malodorous, unkempt appearance, sores	Impacting upon psychological wellbeing e.g. dignity and self-esteem and physical health e.g. skin damage; sores
Neglecting home environment e.g. clutter; broken/unsafe utilities; blocked sanitation; disrepair to fabric of building; not disposing of refuse/bodily waste	Fire, heightened falls risk; infections; infestation Injury/death from dangerous building Impacting on psychological wellbeing – heightened risk of deliberate self-harm and suicide
Weight loss; lack of food in home; eating contaminated food;	Associated risks from malnutrition, infections and food poisoning
Lack of heating and adequate clothing	Associated risks to health and life e.g. pneumonia; asthma; hypothermia;
Failure to adhere to medical treatment/guidance	Deteriorating health to potentially fatal outcome e.g. non treatment of diabetes
Inability or unwillingness to manage one’s personal affairs	Financial destitution; homelessness; exploitation from others
Hoarding items/pets to an excessive/compulsive degree <a href="#">[Appendix 2]</a>	Fire; heightened falls risk; infections; infestation Impacting on psychological wellbeing – fear and anxiety; heightened risk of deliberate self-harm and suicide
Social withdrawal/isolation from family and friends, community networks	Impacting on psychological wellbeing, social inclusion, occupation/employment, poverty

<sup>3</sup> Gibbons, S., Lauder, W., & Ludwick, R. (2006). Self-Neglect: A proposed new NANDA diagnosis. *International Journal of Nursing Terminologies and Classifications*, 17(1), 10-18.



Lack of engagement/avoidance of services and agencies that may assist	Cumulative risks from sustained self-neglect on health and wellbeing; escalation of self-neglecting behaviour heightens risk
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The reasons that may lead an adult to self-neglect are multi-factorial. There may be a deep-rooted psychological basis including trauma. The adult may have other mental health needs such as dementia, obsessive compulsive disorder, depression, psychosis, acquired brain injury and substance or alcohol misuse. Self-neglect may occur with advancing age, physical health needs or due to environmental factors such as sub-standard housing, homelessness, social isolation and poverty. For some, there may be a lifestyle choice driven by personal philosophy or spirituality. For many people, the reasons for their self-neglect are a complex combination of these factors. Consequently, there is no easy, single response to adult's who are self-neglecting. Responses need to begin by trying to understand the reasons behind the adult's behaviours and their perspectives and wishes about their situation.

Some adults may not recognise their behaviours and lifestyle as self-neglecting. They may minimise the concerns of others and reject any offers of help. For other adults, they may have insight into their circumstances but feel overwhelmed and out of control. This may invoke a deep sense of shame and add to their low self-esteem. The adult may respond by resisting any involvement from services and shutting themselves away from friends and family. They may react angrily to what they view as interference. They may be fearful or ambivalent about accepting help or present with disguised engagement i.e. seeming to accept advice, or agree to access services, only to withdraw soon after.

Practitioners need to understand whether the behaviours arise from an unwillingness or an inability to care for oneself and one's environment, or a combination of both [See section 5.2] Research<sup>4</sup> has drawn together key areas of practice that are most successful when working with adult's who are self-neglecting.

<b>Table 2: Practice Factors Most Successful in Self Neglect</b>	
<b>Engaging</b>	Time to build rapport and a relationship of trust, through persistence, patience, and continuity of involvement
	Trying to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history
	Working at the individual's pace, but spotting moments of motivation that could facilitate change, even if the steps towards it were small
<b>Working with Risk</b>	Understanding the nature of the individual's mental capacity in respect of self-care decisions
	Having an in-depth understanding of legal mandates providing options for intervention
	Being honest, open and transparent about risks and options
<b>Working Across Agencies and Communities</b>	Creative and flexible interventions, including family members and community resources where appropriate
	Effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals.

<sup>4</sup> Social Care Institute for Excellence, Braye., S, Orr, D., and Preston-Shoot, M., (2015), *Self-neglect Policy and Practice: Research Messages for Managers*

Bringing these best practice factors together is not an easy task for any practitioner or single agency. Section 5 details the IOM pathway for self-neglect. This provides multi-agency responses to different levels of risk arising from self-neglect. The pathway is underpinned by principles that should be demonstrated in all responses.

## 5. Pathway Responses to Self-Neglect

### 5.1. Principles to Apply at all Stages of the Pathway

These principles work together to provide effective responses to self-neglect. All those involved should seek to demonstrate them.

#### 5.1.1. Empowerment

Make Safeguarding Personal. Show respect for the adult and promote their dignity. Be person-centred. Work to understand the adult's perspectives. Value their individual qualities and build on their strengths. Uphold their rights and maximise their involvement, choice and control. Understand their mental capacity relevant to self-neglect decisions. [see [section 5.2.](#)] If there is concern that the person has substantial difficulty participating in any aspect of the process, the involvement of an independent advocate or appropriate friend or family member must be considered for the individual. (Advocacy service is currently under development.)

#### 5.1.2. Prevention

Work to reduce risks from self-neglect at the earliest stage. Be professionally curious where you see emerging patterns of behaviours that may indicate self-neglect. Seek to understand the reasons behind the adult's behaviours.

#### 5.1.3. Protection

Assess risks to the adult and to others impacted by the self-neglect. [[Appendix 1: risk assessment](#)] Remember the value of face-to-face contact in making this assessment and seeing the person within their home environment. Understand the adult's views about their risks but take all factors into account including historic and current factors and views of other professionals and family/friends (where possible). Respond and refer on according to the IOMSB self-neglect pathway below. Develop with the adult and others, a robust support plan, with clear accountabilities and a lead to coordinate. Keep risks under review and step up /step down the pathway accordingly. Be creative in trying to find ways to engage the adult toward risk reduction.

#### 5.1.4. Proportionality

Be proactive in reaching out to the adult. Duty of care involves taking reasonable steps to reduce harm, proportionate to risk. Non engagement is not of itself, a reason to end involvement. Seek to work in the least restrictive way. Clarify what legal framework *could* be used to reduce risks, [[appendix 5](#)], and that there is a clear legal basis for any interventions without the adult's valid consent. [See [section 5.2.](#)]

#### 5.1.5. Partnership

Multi-agency working should be utilised at the earliest opportunity. Develop a collaborative approach between the adult, local communities, and agencies. Families and friends may offer valuable perspectives and may be assets in a support plan. Involve family/representatives with consent (unless grounds to act without consent [[section 5.2](#)]) Know what information can and should be shared [IOM Safeguarding Board Information sharing guidance](#). Coordinate a response with clear communication and lead responsibilities.

#### 5.1.6. Accountability

Seek supervision/consultation to provide guidance and endorsement of your actions. Reflection will strengthen professional curiosity and reduce risks of desensitisation. Apply your agency and IOMSB policies and procedures. Demonstrate your duty of care. Ensure decisions are defensible i.e. that the reasons for decisions, as well as the decision itself, have been thought through, recorded and can be explained, as can the actions (or inaction) that follows. Use evidence-based practice about what is known to be most successful.

## 5.2. Considering Mental Capacity and Working with Adults who are Declining Services

Table 3 Quick Summary
<ul style="list-style-type: none"> <li>• Work with the adult's consent wherever possible. Use professional skills to build a relationship and negotiate a way forward.</li> </ul>
<ul style="list-style-type: none"> <li>• Give the adult information to make an informed decision. Be honest about the likely consequences of self-neglecting behaviour and what services can offer.</li> </ul>
<ul style="list-style-type: none"> <li>• The adult's behaviour may call into question their mental capacity. Assess capacity where any doubt and in <i>all</i> cases where risks are at medium/high/severe levels.</li> </ul>
<ul style="list-style-type: none"> <li>• Where an adult <i>lacks</i> relevant mental capacity, make a best interest decision following prescribed best interest checklist.</li> </ul>
<ul style="list-style-type: none"> <li>• Where an adult <i>has</i> relevant mental capacity, continue to engage and negotiate change. Work with others who may be able to lever change.</li> </ul>
<ul style="list-style-type: none"> <li>• Understand what alternative legal powers <i>could</i> potentially be used (and their limitations) but always work in least restrictive way.</li> </ul>
<ul style="list-style-type: none"> <li>• Work with others and share information – follow the IOMSB Information Sharing Guidance. It is likely that concerns reaching medium/high/severe justify information sharing without consent if necessary.</li> </ul>
<ul style="list-style-type: none"> <li>• Seek guidance from your agency manager/safeguarding lead. Where necessary access specialist opinion.</li> </ul>
<ul style="list-style-type: none"> <li>• Ensure you record reasons for decisions and actions/inactions.</li> </ul>
<ul style="list-style-type: none"> <li>• Non-engagement or refusal to engage is not in itself a reason to end contact. Assess historic and current risk, and likely trajectory if non-engagement continues. Where medium/high/severe risks remain, a plan must be in place with clear accountabilities.</li> </ul>

Due to the risks associated with self-neglect, refusal of services should not simply be taken at face value.

Adults have a right to self-determine how they live their lives, including decisions around how they care for themselves and their living environment. However, those choices need to be made from an informed basis i.e the adult must have the mental capacity to understand risks involved in those decisions and to weigh the consequences of those risks. The adult must also have the ability to carry out their decisions (executive functioning). Decisions must be made freely without undue

influence or coercion. **Where there are concerns that the adult's neglectful circumstances are due to abuse/neglect by others, or through coercion undue influence (rather than self-neglect), a referral through Safeguarding Adult procedures is required.**

The adult's actions may also infringe on the rights and freedoms of other, for example children, adults with care needs, local communities, and animals in their care.

Practitioners have a duty of care to consider whether the adult has the mental capacity to understand the risks arising from the decisions they make; and the impact these have upon their own safety and wellbeing, or the safety and wellbeing of others. Applying the IOM Mental Capacity Act [Mental Capacity Guidance until this is enacted] is fundamental to working with self-neglect.



Policy for Capacity  
Best Interests Decisio

### 5.2.1. Maximise Decision Making and Informed Choice

Practitioners need to maximise decision making, supporting the adult to make informed choice. Adults need to have full information about the help that is available if they are to make an informed decision about accepting help or not. Practitioners should explore whether the adult is making a free "choice," taking into account potential contributory factors to the individual's situation which may shed light on their resistance. Understanding underlying factors such as fear of losing independence; phobias about treatment, or undue influence from others, all help in finding a way forward.

Practitioners also need to help the adult weigh the likely consequences of continued self-neglect. This may be in relation to their own wellbeing and safety, for example, untreated health condition or fire risks. It may also involve talking through the implications of other relevant areas of law, for example, risks to their tenancy; legal powers of Environmental Health; risks of removal of animals etc. [[Appendix 5: Potential legal interventions](#)]

If there is concern that the person has substantial difficulty participating in any aspect of the process, the involvement of an independent advocate or appropriate friend or family member must be considered for the individual. (Advocacy service is currently under development.)

### 5.2.2. Assess Capacity

The fact that an adult may be acting in a way others view as unwise, does not of itself mean the adult lacks mental capacity. Mental capacity should be assessed where there is any reason to doubt the adult has capacity to make the relevant decision. This applies where the individual concerned suffers from an impairment in the functioning of the brain or mind which is causing the person to be unable to make that decision. *There must be a clear link that the reason for any inability to make a decision is due to the impairment in the functioning of the brain or mind.*

Where the risks of harm amount to medium levels or high/severe levels, this is likely to cast sufficient doubt about the adult's capacity that a capacity assessment **must** be carried out (if only to rule out concerns about capacity). Remember that a capacity assessment needs to be time and decision specific. A capacity assessment should therefore be reconsidered and/or repeated as risk increases and in relation to the individual aspects of decisions for example, personal needs and hygiene, conditions and safety of home environment; activities of daily living; health care and treatment, financial affairs.

An adult may present well in a capacity assessment in relation to the decision, (decisional capacity). However, their impaired cognition may mean the adult lacks the higher-level cognitive processes (such as flexible thinking, planning and sequencing) to execute the decision they have put forward or agreed to. When this executive dysfunction is accompanied by an inability to recognise unsafe living conditions, self-neglect may be the result. If executive functioning difficulties are suspected, further cognitive / neuropsychological assessment may be useful.

The individual who assesses capacity will usually be the person who is most directly concerned with the adult at the time the decision needs to be made and would be making the decision on behalf of the adult where they lacked relevant capacity e.g., a nurse providing wound dressing. This individual is termed 'the decision maker'. Capacity assessments can be carried out with the support and expertise of others. Where there is disagreement as to an individual's capacity, discussions should take place between the relevant professionals to see if agreement can be reached. A joint visit may prove helpful. Family or carers may also be able to support as they may well have experience of the individual's background, understanding and behaviour patterns. However, ultimately it is the decision-maker who must take a view as to the individual's capacity. Should disagreement persist, legal advice should be sought.

### 5.2.3. Responses where the adult is assessed as lacking mental capacity for the relevant decisions.

Where the adult has been assessed as lacking capacity relating to their self-neglect, practitioners have a duty to make a Best Interest decision. This is also the basis on which decisions to share information will be made. The Best Interest decision is a prescribed process to follow when others are making a decision on the adult's behalf *where that adult lacks capacity for the relevant decision*. It is not simply a matter of what a professional may think will be best for the adult. The Best Interest decision *must* follow the Best Interest checklist, including being least restrictive, continuing to take into account the adult's past and present views and wishes, and consulting with others. The Best Interest Checklist can be found here



Policy for Capacity  
Best Interests Decisio

Due to the likely complexity of the adult's circumstances, the Best Interest decision should be made within a formal Best Interests Meeting, chaired by a manager or senior practitioner with relevant knowledge and skills. Involvement of an independent advocate (advocacy provision currently under development) or appropriate friend or family member should be considered where the adult has difficulty participating and having their views and wishes heard.

Decisions made under Best Interests must be recorded as such, with details of the consultation that took place and the reasons for the decision. The Best Interest's provisions under the IOM Mental Capacity Act allow some decisions and actions to be taken on the individual's behalf. However, they do not extend to measures which will impact on the person's human rights, for example:

- Removing the person from their property against their will
- Depriving someone of their liberty without additional legal authority
- Any other measures which are likely to cause significant distress and resistance by the adult
- Any action must be least restrictive of the adult's rights and freedoms and be in *their* Best Interest. The Mental Capacity Act gives no authority to restrict the adult's freedoms for the protection of others. Alternative legal authority must be gained for this purpose. [[Appendix 5: Potential legal powers](#)]

In particularly challenging and complex cases, it may be necessary to seek legal advice. *[note: until the Mental Capacity Act is implemented, practitioners should follow Mental Capacity Guidance but take legal advice where the adult or their representative is objecting to any measures and/or when decisions made under Common Law are likely to restrict the adult's freedoms]*

#### 5.2.4. Responses where the adult is assessed as having mental capacity for the relevant decisions.

Where an adult has mental capacity, the adult cannot be compelled to accept interventions without their consent except where an agency is exercising statutory duties or powers, for example, IOM Mental Health Act 1998 (amended 2006). [\[Appendix 5: Potential legal powers\]](#)

This does not negate the need for a response under the self-neglect pathway, particularly where the risk of harm is deemed to be medium, high or severe. *Lack of engagement is not of itself justification for ending involvement. The decision must take account of all circumstances of the case.* In all cases:

- Continue to work to try to engage the adult, using professional skills to build rapport.
- Continue to seek consent and negotiate areas the adult is prepared to address that may begin to reduce risks.
- Consider whether working through others, such as another professional or family member may be more successful.
- Make a professional judgement about grounds to consult and involve family members without the consent of the adult. Remember there is a difference between hearing views and concerns from family members, to disclosing information about the adult without their consent.
- Consider whether there are justifiable reasons for sharing information and forming a multi-agency response plan without consent. What is the foreseeable outcome for the adult or others affected if there is no involvement from services or others?
- Seek supervision from your manager/safeguarding lead.
- Use the IOMSB Information Guidance to inform your decisions.
- Record the reasons for your decisions in full.

Responses need to be proportionate to the presenting risks. Practitioners should consider grounds to share information without consent, on a 'need to know' basis in order to formulate a clearer assessment of risk. This judgement will need to be made on a case-by-case basis and in accordance with the [IOM Safeguarding Board Information sharing guidance](#) It may involve working in stages, i.e. sharing limited information to make an initial assessment and determine grounds to share more detailed information. Similar judgements apply to multi-agency meetings and developing a support plan without the consent of the adult. This may entail fine judgements about weighing duty of care/safeguarding responses with respecting other aspects of the adult's human rights such as privacy.

Sections 5.3 – 5.5. below, describes actions to consider, dependent upon whether the risks are low, medium, or high.

### 5.3. Low Risk of Harm

<b>Risk Level</b>	<b>Indicators</b> <i>*The self-neglect risk assessment tool provides more detail on indicators and can be used to aide decisions <a href="#">[appendix 1]</a></i>
	Circumstances could include, <i>but are not exclusive to:</i>



<b>Low Risk 'Green'</b>	<ul style="list-style-type: none"> <li>An adult is beginning to show signs and symptoms of self-neglect.</li> <li>Property neglected but all services/ appliances work.</li> <li>There is no / low risk or impact to self or others.</li> <li>Risks can be managed by current professional oversight or universal services.</li> <li>The person is not at risk of losing their place within the community.</li> <li>Some evidence of hoarding (<a href="#">appendix 3: level 1-3 on clutter scale</a>)– no impact on health/safety.</li> <li>Not accepting any support but no impact on health / safety / wellbeing</li> <li>Self-neglect behaviours due to inability (rather than unwillingness) to care for oneself.</li> <li>Adult has some unwillingness to address self-neglect but some openness to engage in change.</li> </ul>
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### 5.3.1. Responses for Low Risk (Green)

<ul style="list-style-type: none"> <li><b>Manage as single agency or</b></li> <li><b>Refer to Wellbeing Multi Agency Partnership as 'standard' response.</b></li> </ul>	<p>Western Wellbeing Partnership t: 01624 685846 e: <a href="mailto:westernwellbeingpartnership@gov.im">westernwellbeingpartnership@gov.im</a></p> <p>Southern Wellbeing Partnership t: 01624 686109 e: <a href="mailto:southernwellbeingpartnership@gov.im">southernwellbeingpartnership@gov.im</a></p> <p>Northern Wellbeing Partnership t: 01624 686432 e: <a href="mailto:northernwellbeingpartnership@gov.im">northernwellbeingpartnership@gov.im</a></p> <p>East Wellbeing Partnerships*: <a href="mailto:WellbeingDouglasNorthEast@gov.im">WellbeingDouglasNorthEast@gov.im</a> <a href="mailto:WellbeingDouglasSouthEast@gov.im">WellbeingDouglasSouthEast@gov.im</a></p> <p>[E-Referral Link to come]</p>
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In the majority of self-neglect cases, early intervention and preventative actions will negate the need for Safeguarding Adult's procedures to be used. This may be led by a single agency or through the Wellbeing Partnership multi-agency 'standard' response.

*\* Note: At time of writing, the East Wellbeing Partnerships were in process of development but there is an interim process in place to respond to self-neglect referrals.*

Valuable support can be provided by mobilising local community support networks and facilities provided by partner and voluntary organisations. However, where a third sector/community group is the body which identifies the concern, that service should refer into the Wellbeing Partnership to gain support and further advice through the partnership.

Where presenting risks of self-neglect have been identified as "low", the following actions should be considered by the most appropriate practitioner(s). An up-to-date assessment of the adult's needs should be obtained where applicable or where none exist, the need for appropriate assessments should be considered. Work with other agencies to provide:

#### **Information, advice, and signposting**

- Information / advice about risks and what options there are for reducing risks
- Promoting self-help (asking for help if needed, keeping appointments)
- Information / advice about health or care needs
- Financial information / advice
- Provision of /Signposting to assessment and services
- Social care assessment / care services (long-term or short-term Reablement)
- Health assessment / re-assessment / review
- Health treatment / intervention
- Fire Service Fire alarm fitted; sprinkler system fitted.
- Housing e.g. tenancy support /Change of accommodation.
- Local Area Coordinators

Where the adult (who has capacity), does not want to accept any services or support from others, their wishes should be respected. Information should be provided to the adult (and family/carer with the adult’s consent), as to how to access services.

Regular/sustained, low-level concerns can amount to an increased level of risk, requiring an enhanced level of assessment and response within the IOMSB self-neglect pathway i.e. referral to the Wellbeing Partnership for an Enhanced response, or to Safeguarding Adults services. Keep the adult’s circumstances under regular review: it may take time for an individual to be ready to accept some support. Access your agency’s supervision/management or safeguarding advisor to guide you.

Agencies should keep a written internal record of what happened and what action was taken, following your own internal process.

## 5.4. Medium Risk of Harm

Risk Level	Indicators <i>*The self-neglect risk assessment tool provides more detail on indicators and can be used to aide decisions [appendix 1]</i>
<b>Medium Risk 'Amber'</b>	<p>There is some harm or risk of harm but not significant. This can <i>include but may not be exclusive to:</i></p> <ul style="list-style-type: none"> <li>• Disengagement with professionals</li> <li>• Indication of lack of insight</li> <li>• Lack of essential amenities / food provision</li> <li>• Evidence of hoarding (appendix 3: level 4-6 on clutter scale)– impacting on health/safety.</li> <li>• Increasing unsanitary conditions</li> <li>• There is medium risk and some impact to self / others</li> <li>• Non-compliance with medication – medium risk to health and wellbeing.</li> <li>• Property neglected, impact on health / safety</li> <li>• Where animals in property are impacting on the environment with risk to health</li> <li>• Adult is resistant to change.</li> </ul>

### 5.4.1. Responses for Medium Risk (Amber)



<ul style="list-style-type: none"> <li>Refer to Wellbeing Multi Agency Partnership as 'enhanced' response.</li> </ul>	<p>t: 01624 685846 e: <a href="mailto:westernwellbeingpartnership@gov.im">westernwellbeingpartnership@gov.im</a></p> <p>Southern Wellbeing Partnership t: 01624 686109 e: <a href="mailto:southernwellbeingpartnership@gov.im">southernwellbeingpartnership@gov.im</a></p> <p>Northern Wellbeing Partnership t: 01624 686432 e: <a href="mailto:northernwellbeingpartnership@gov.im">northernwellbeingpartnership@gov.im</a></p> <p>East Wellbeing Partnerships*: <a href="mailto:WellbeingDouglasNorthEast@gov.im">WellbeingDouglasNorthEast@gov.im</a> <a href="mailto:WellbeingDouglasSouthEast@gov.im">WellbeingDouglasSouthEast@gov.im</a></p> <p>[E-Referral Link to come]</p>
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Consult with your Designated Safeguarding Lead or Safeguarding Adults Service to confirm that it is appropriate to manage the concerns at 'amber' level rather than to raise a Safeguarding Adult Alert.

Concerns at this level should be referred through to the relevant Wellbeing Partnership to provide an 'enhanced' multi-agency response through a Practitioners Meeting.

*\* Note: At time of writing, the East Wellbeing Partnerships were in process of development but there is an interim process in place to respond to self-neglect referrals.*

## Referral

- The referrer wherever possible, should seek to establish whether the adult has capacity to consent to information being shared at the Practitioners Meeting and the development of a support plan.
- The referrer wherever possible, should seek consent or act in best interest where the adult lacks relevant capacity.
- Where the adult has capacity but declines to consent, the referrer should consider whether concerns justify sharing information with the Chair without consent ([section 5.2.](#)), seeking guidance from their agency safeguarding lead. Remember, sharing information on a 'needs to know' basis may enable an initial assessment to determine grounds to share more detailed information.
- Where the decision is not to progress the referral without consent, record reasons for decisions and develop an alternative plan such as in 5.3.
- Where consent is given/or a decision to progress a referral without the adult's consent, complete the relevant referral, providing specific information about the adult's circumstances, nature of self-neglect /risks arising, and supporting information e.g. risk assessment [[Appendix 1](#)], clutter rating scale [[Appendix 3](#)]

## Multi-Agency Practitioners Meeting

- Evidence following the principles as set out in section 5.1 of this guidance.
- Each Wellbeing Partnership should have a nominated Safeguarding Adults Champion to offer additional expertise relating to Safeguarding and self-neglect. In addition, seek guidance from Adult Safeguarding Team/Adult Safeguarding Specialists where necessary.
- The Chair should discuss with the referrer and consider which agencies are involved or should be involved.
- Wherever possible, the adult should be involved in the meeting, with consideration given to the best way to enable their involvement. Similar consideration should be given to involving

- family/carers/representatives with consent of the adult or determining grounds to involve without consent.
- The Chair should determine grounds to share information/develop a plan with those attending the Practitioners meeting without consent ([section 5.2](#)) e.g. to enable information to be brought together and to complete an initial risk assessment. Who information is shared with and the extent of information should always be based on 'need to know'. *Remember the case should not be closed simply because the person refuses an assessment or to accept a plan to minimise the risks.* This decision must be based on all circumstances of the case, including levels of risk and likelihood of future harm if no intervention.
  - The meeting should bring together information to make a risk assessment of the adult and others impacted [[Appendix 1](#)], and a response plan to minimise the impact of the self-neglect – where possible developed with the adult and with relevant family/friends where appropriate.
  - Remember assessment needs to take account of history as well as current presentation and wherever possible, include a face-to-face assessment of the adult's home environment.
  - Working with the adult's consent and in the least restrictive way should always be the aim. However, practitioners need to work with knowledge of the relevant law that could be invoked where justifiable to reduce harm to the adult or others e.g. legislation relating to Safeguarding Children; Environmental Health; Animal Welfare ([Appendix 5](#))

### Outcomes form Practitioners Meeting

- A risk assessment and an action plan setting out roles and responsibilities of all parties, that is recorded, with clear, timed actions, contingency with - including plans and escalation process [[Appendix 1](#)]
- Appointment of a lead to coordinate the implementation of the support plan.
- A communication plan with the individual or other key people involved.
- Set a date for review, with contingency where risks escalate/de-escalate (including where the plan is not progressed) to step up/step down the pathway.

Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a Senior Manager from the lead agency.


**Note: The responsibility to carry out the agreed actions and reviews, rests with lead and individual parties involved in the support plan; it is not transferred to the Wellbeing Partnership Chair.**

## 5.5. High to Severe Risk of Harm

Risk Level	Indicators <i>*The self-neglect risk assessment tool provides more detail on indicators and can be used to aide decisions [<a href="#">appendix 1</a>]</i>
<b>High - Severe Risk 'Red'</b>	<p>There is a risk of significant harm. This includes the most serious and challenging presenting circumstances, <i>including but not exclusive to:</i></p> <ul style="list-style-type: none"> <li>• Living in squalid or unsanitary conditions</li> <li>• There is extensive structural deterioration /damage in the property causing risk to life.</li> <li>• Refusal of health / medical treatment that will have a severe impact on health / wellbeing.</li> <li>• High level of clutter / hoarding impacting on health and wellbeing, including fire hazard – (<a href="#">appendix 3: level 7 - 9 on clutter scale</a>) – with severe impact on health/safety.</li> <li>• Behaviour poses risk to self and others.</li> <li>• Appearance of malnourishment</li> </ul>

- The individual is not accepting any support or any plans to improve the situation.
- Life is in danger without intervention.

### 5.5.1. Responses for High - Severe Risk (Red)

<ul style="list-style-type: none"> <li>• <b>Managed under Safeguarding Adult procedures.</b></li> </ul>	<p><b>Contact Points Adult Safeguarding Team:</b></p> <p>Phone: (01624) 685969 office hours (01624) 650000 out of office hours</p> <p> Adult Raising a concern form.v2 doc</p> <p>Email to: <a href="mailto:ASTeam@gov.im">ASTeam@gov.im</a></p>
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Concerns at this level should be reported to your Designated Safeguarding Lead or Line Manager within 24 hours and referred through Safeguarding Adult procedures.

Where professionals foresee serious or critical harm to the adult or others, agencies need to continue to share information and to work together to assess/reassess risk, formulate a support plan and keep this under review. In most cases, there will be justification to do this without consent of the adult, in line with the [IOM Safeguarding Board Information sharing guidance](#) and [Inter-agency Safeguarding Adult Policy and Procedures](#)

#### Referral

- The referrer wherever possible, should seek to establish whether the adult has capacity to consent to a Safeguarding Adult referral.
- The referrer wherever possible, should seek consent or act in Best Interest where the adult lacks relevant consent.
- Where consent is not given, the referrer should consider whether concerns justify making a referral without consent ([section 5.2.](#)). In most cases, there will be justification to make a referral without consent. Consult your agency safeguarding lead.
- Where the decision is not to progress the referral without consent, record reasons for decisions and develop an alternative plan. **Simply closing a case where risks remain high is not an option.**

Where consent is given/or the decision is to progress a referral without the adult's consent, complete Raising a Concern Form providing specific information about the adult's circumstances, nature of self-neglect /risks arising, and supporting information e.g. clutter rating scale



Adult Raising a concern form.v2 doc

#### Referral Decision

The Safeguarding Adult practitioner will determine whether criteria for a Safeguarding Adult Enquiry are met i.e. that the adult is 'an adult at risk' i.e. is aged 18 years or over who

- i. has needs for care and support (whether or not the Isle of Man Government's threshold for services is met) *and*

- ii. They are experiencing, or at a risk of, abuse/neglect or self-neglect *and*
- iii. 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.

Decisions regarding whether a case should be managed as a Safeguarding Adult Enquiry must take account of:

- The nature and degree of risks. Where the adult's self-neglecting behaviour may lead to their death or serious/life threatening harm, the response should be managed as a Safeguarding Adult Enquiry.
- Interpretation of criteria must take account of the complex aetiology of self-neglect i.e. being 'unable' to protect, needs to recognise psychological barriers as well as reasons such as lacking mental capacity.
- Assessing care and support needs must take account of principles of wider health and wellbeing.

Other considerations:

- Where there are medium (amber) risks: consider the degree to which the adult is willing to engage with the care and support plan and the likely trajectory of risk.
- Where there are medium (amber) risks, consider if effective engagement by partner agencies in the support plan can be achieved without reliance on invoking duty of cooperation under the Safeguarding Act 2018.

### **Safeguarding Adult Enquiry**

A Safeguarding Adult Enquiry will follow Safeguarding Adult procedures. It should evidence following the principles as set out in [section 5.1](#) of this guidance.

Working with the adult's consent and in the least restrictive way should always be the aim. However, practitioners need to have knowledge of the relevant law that could be invoked where justifiable to reduce harm to the adult or others e.g. legislation relating to Safeguarding Children; Environmental Health; Animal Welfare. It may be determined that there are no legal powers to intervene, however it will be demonstrated that risks and possible actions have been fully considered on a multi-agency basis.

The Safeguarding response will include specific consideration of:

- The mental capacity of the adult at risk in relation to specific decisions
- How to maximise 'Making Safeguarding Personal' by involving the adult at risk (and/or their family/a representative as appropriate) throughout.
- Options for encouraging engagement with the adult at risk (e.g. which professional is best placed to successfully engage? Who would the adult respond most positively to?)
- A review of current arrangements for providing care and support and the need for assessment/reassessment or review.
- Whether there are any other people at risk (including children) and what action needs to be taken if this is case
- A well formulated risk assessment, bringing together information from across all agencies involved, adult/family perspectives, historic and current circumstances including a face-to-face assessment of the adult's home environment. ([Appendix 1](#))

### **Outcomes From Safeguarding Meeting**

- A risk assessment and Safeguarding plan setting out roles and responsibilities of all parties, that is recorded, with clear, timed actions, contingency with - including plans and escalation process [[Appendix 1](#)]
- Appointment of a lead to coordinate the implementation of the Safeguarding plan.

- A communication plan with the individual or other key people involved such as family members.
- Set a date for review, with contingency where risks escalate/de-escalate (including where the plan is not progressed) to step up/step down the pathway.
- Support plan for front-line staff delivering services to the individual.
- Decision on the need for escalation and notification to senior managers of the case

The Safeguarding Adult Enquiry may require others to lead aspects of the enquiry and to contribute to the Safeguarding plan, for example, through the Wellbeing Partnership. However, the Safeguarding Adult Service, remains accountable for ensuring the assessment, protection planning, and reviews meet the standards required by the Safeguarding Adult procedures until the Safeguarding Adult Enquiry is formally concluded.

As with all Safeguarding Adults' Enquiries, it is important that details of actions and decision-making are clearly recorded.

**No agency involved should end their involvement without a further multi-agency meeting and a review of the risk assessment and risk plan. Ensure reasons for decisions and actions/inactions are fully recorded.**

Where risks are critical and a multi-agency approach has not been effective, escalation to the 'Adults at High-Risk Escalation Panel' must be considered. [\[see section 5.6.\]](#)

## 5.6. Severe-Critical Risk and the 'Adults at High-Risk Escalation Panel'

Risk Level	Indicators <i>*The self-neglect risk assessment tool provides more detail on indicators and can be used to aide decisions <a href="#">[appendix 1]</a></i>
<b>Severe – Critical Risk 'Red/Critical'</b>	<ul style="list-style-type: none"> <li>• Circumstances of the adult is already known and is being managed within the self-neglect pathway.</li> <li>• Indicators as per high/severe 'red' above <b>and</b></li> <li>• Responses through the pathway have not been able to mitigate risks to the adults or others within the community.</li> <li>• Life is in danger without intervention.</li> </ul>

### 5.6.1. Responses for Severe - Critical Risk (Red-Critical)

<ul style="list-style-type: none"> <li>• <b>Adults at High Risk Escalation Panel</b></li> </ul>	Email ATeam@gov.im
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The 'Adult at High-Risk Escalation Panel' functions as an escalation process for cases at highest risk where the multi-agency interventions have failed to reduce risks. Referrals to this panel **MUST** be supported by your Designated Safeguarding Lead or Line Manager

The panel brings senior managers from relevant agencies together. The aims and objectives of the panel are:

- To provide support to practitioners along with constructive scrutiny and challenge to steps already taken by practitioners/agencies involved.
- To ensure that focus is maintained on the wellbeing/safety of the adult, others within the environment and members of the public.

- To assure relevant policies, procedures and legal process have been considered and followed.
- To evaluate whether reasonable and necessary steps have been taken to reduce risks of harm.
- To be solution focused in mitigating remaining risks, including sanctioning additional resources and use of creative approaches beyond the usual agency remit and procedures.
- To resolve blocks to effective partnership working where this is negatively impacting on plans to reduce risks to the adult or others.
- To sanction decisions to end involvement where all alternative measures have been explored.

Partner agencies will remain responsible for delivering services to the adult and any actions as agreed/directed by the panel. The panel members are not operationally involved although may provide management oversight. The Terms of Reference can be found [here](#).

## 5.7. Ending Involvement

Ideally work will be carried out with the adult, which will result in their situation being improved to a situation where it is deemed to be safe enough. This will be based on decisions made with the individuals themselves, their families / carers (if appropriate) and any agencies involved.

There may come a point at which all options have been exhausted, and no improvement has been established.

**Where risks to the adult are low (green)**, and there is single agency involvement, the lead practitioner should consult their supervisor/lead for safeguarding adults, prior to ending involvement. Agency records should reflect the concerns relating to self-neglect, levels of risk assessed, the adult's views and steps taken aimed at reducing risks. Where other agencies are involved, any agency that is intending to end their involvement, should communicate this intent to other agencies to ensure there is no additional information that may revise the assessment of risk.

**Where risks to the adult are medium (amber)**, any agency that is intending to end their involvement, must first consult with other agencies involved in the plan. Where the lead practitioner is considering ending the multi-agency plan, they must reconvene a Wellbeing Partnership Practitioners' meeting to enable discussion with other agencies involved including a shared view on current risks and whether there may be a need to step up on the Self Neglect Pathway through Safeguarding Adult Procedures. The lead practitioner must consult with their agency manager/safeguarding lead. It may also be appropriate to consult with the Safeguarding Adult Team. The decision to end the multi-agency plan must be made on a multi-agency basis.

Agency records should reflect the concerns relating to self-neglect, levels of risk assessed, the adult's views and steps taken aimed at reducing risks.

**Where risks to the adult are high - severe (red)** and Safeguarding Adult's procedures have been used, a decision to end involvement must be made on a multi-agency basis and will be based on a current risk assessment. No agency should end its involvement without there first being a multi-agency discussion.

The multi-agency discussion must consider whether escalation through a referral to the Adult at High-Risk Escalation Panel is merited. A shared decision will be recorded highlighting any monitoring that may be in place. It will also be clear what circumstances should trigger reassessment and re-referral.

Agency records should reflect the concerns relating to self-neglect, levels of risk assessed, the adult's views and steps taken aimed at reducing risks.



**Where risks to the adult are severe to critical (red/critical)** and it has not been possible to reduce risks, a referral to the Adults at High-Risk Panel must be made.

If a dispute arises between practitioners or agencies about a professional judgement that cannot be resolved at their level, this should be escalated appropriately within each agency to seek a resolution.

**Closure: Seeking Views From the Adult, their family/representatives**

*In all circumstances, prior to closure, the adult should be offered the opportunity to provide feedback on their outcomes including whether they found responses by agencies helpful. Where families/representatives have been involved, they should also be offered this opportunity. For cases that have been managed under the Wellbeing Partnership 'Enhanced', or Safeguarding Adult procedures, feedback should be sought using this form. The feedback will be used within the IOMSB as part of ongoing improvement work.*



Self-Neglect  
Feedback.pdf

## Appendix 1: Self Neglect Risk Assessment and Management Tool

The risk assessment and management tool may be utilised to aide risk assessment and planning but does not replace professional judgement. It can be used to support decision making and referral to the relevant part of the IOM Self Neglect pathway.

The risk assessment will need to consider all circumstances of the case, including the views of key parties – the adult; family/carers/representatives; practitioners/agencies involved. Seeing the adult within their home environment (wherever feasible), is necessary to make a full assessment of their circumstances.

**Section 1:** Gathers information about nature and severity of the harm to the adult or others (including children, other adults with vulnerabilities, and to public safety). The headings are:

- 1.1. Physical Wellbeing and Medication
- 1.2. Mental Health and Wellbeing
- 1.3. Managing and Maintaining Nutrition
- 1.4. Maintaining Personal Hygiene/Being Appropriately Clothed
- 1.5. Managing Toilet Needs
- 1.6. Maintaining a Habitable Home
- 1.7. Financial Benefits

**Section 2:** Gathers information about wider circumstances and the likelihood of harm occurring i.e. history, willingness/capability to address concerns; strengths and assets to reduce risks

**Section 3:** Risk Management Plan template

### Details of Practitioner/Agency Completing Assessment:

Date of Assessment	
Assessed by	

Organisation and Department	
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Date of Assessment	
Contact Details	

**Adult's Details:**

<b>Name:</b>		<b>Date of birth:</b>	
<b>Address including postcode:</b>		<b>Telephone number:</b>	

**Dependent Details – Think Family** *(please include any Children or Adults that depend on the adult)*

	<b>Name</b>	<b>Address</b> <i>(if different from adult's address)</i>	<b>Age / Date of Birth</b> <i>(if known and relevant)</i>
<b>Dependent 1</b>			
<b>Dependent 2</b>			
<b>Dependent 3</b>			
<b>Dependent 4</b>			
<b>Dependent 5</b>			

<b>Agencies known to be involved with the adult</b>	
<b>Name</b>	<b>Contact Details</b>

<b>Agencies known to be involved with the adult</b>	
<b>Name</b>	<b>Contact Details</b>

## Section 1: 1. Physical Wellbeing & Medication

Risk level	Indicating factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
<b>Low risk</b>	Sporadic acceptance of healthcare intervention - no identified impact on their health and wellbeing at this time		
	Sporadic taking of prescribed medication - no identified impact on their health and wellbeing at this time		
	The individual is not consistently eating and some evidence of dehydration/weight loss - no identified impact on their health and wellbeing at this time		
	Some evidence of infection/diarrhoea/vomiting/other - no identified impact on their health and wellbeing at this time		
	Some evidence of untreated skin conditions such as ulcers, skin sores etc - no identified impact on their health and wellbeing at this time		
<b>Any other risks identified</b>			
<b>Moderate risk</b>	Sporadic acceptance of healthcare intervention which is having a negative impact on their health and wellbeing		
	Sporadic taking of prescribed medication which is having a negative impact on their health and wellbeing		
	The individual is not consistently eating and some evidence of dehydration/weight loss which is having a negative impact on their health and wellbeing		
	Some evidence of infection/diarrhoea/vomiting/ which is having a negative impact on their health and wellbeing		
	Some evidence of untreated skin conditions such as ulcers, skin sores etc. which is having a negative impact on their health and wellbeing		
<b>Any other risks identified</b>			
<b>High risk</b>	The individual is declining healthcare intervention which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm E.g. evidence of open wounds and refusing to consent to treatment.		
	The individual is refusing to take prescribed medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm.		

Risk level	Indicating factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
	Evidence of significant dehydration/weight loss which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm.		
	Evidence of infection/diarrhoea/vomiting/other which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Evidence of untreated skin conditions such as ulcers, skin sores etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
<b>Any other risks identified</b>			

## Section 1: 2. Mental Health/Wellbeing

Risk level	Indicating factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
<b>Low risk</b>	Some concerns regarding mental health - no identified impact on their health and wellbeing at this time		
	Attendance at health/other appointments is sporadic - no identified impact on their health and wellbeing at this time		
	Sporadic engagement with support services - no identified impact on their health and wellbeing at this time		
	Not consistently taking medication – no identified impact on health and wellbeing at this time		
	Self-neglect/hoarding behaviours resulting in despair/despondency/being overwhelmed but with no risk of self-harm or suicide		
<b>Any other risks identified</b>			
<b>Moderate risk</b>	Some concerns regarding mental health which is having a negative impact on their health and wellbeing		
	Attendance at health/other appointments is sporadic which is having a negative impact on their health and wellbeing		
	Sporadic engagement with support services which is having a negative impact on their health and wellbeing		
	Not consistently taking medication which is having a negative impact on their health and wellbeing		
	Self-neglect/hoarding behaviours resulting in despair/despondency/being overwhelmed with low risk of self-harm or suicide		
<b>Any other risks identified</b>			
<b>High risk</b>	Concerns regarding mental health which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		

Risk level	Indicating factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
	Attendance at health/other appointments is sporadic which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Sporadic engagement with support services which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Not consistently taking medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Self-neglect/hoarding behaviours resulting in despair/despondency/being overwhelmed with medium-high risk of self-harm or suicide		
	Other Risk of Mental Health Crisis		
Any other risks identified			

## Section 1: 3. Managing and Maintaining Nutrition

Risk level	Indicating factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
<b>Low risk</b>	The individual has some awareness of nutritional needs - no identified impact on their health and wellbeing. at this time		
	Some evidence of weight loss/weight gain (consider health related issues). No identified impact on their health and wellbeing at this time		
	Kitchen space is becoming cluttered and evidence that the person is not able to keep the environment clean. No identified impact on their health and wellbeing at this time		
	No usable appliances such as fridge freezer, cooker, microwave, kettle, toaster etc. No identified impact on their health and wellbeing at this time		
	Food sometimes isn't a priority compared to Alcohol or drugs which results in missing meals and or not having food available.		
<b>Any other risks identified</b>			
<b>Moderate risk</b>	The individual has some awareness of nutritional needs, can access some food but this can be inconsistent which is having a negative impact on their health and wellbeing		
	Some evidence of weight loss/weight gain (consider health related issues) which is having a negative impact on their health and wellbeing		
	Kitchen space is becoming cluttered and evidence that the person is not able to keep the environment clean which is having a negative impact on their health and wellbeing		
	No usable appliances such as fridge freezer, cooker, microwave, kettle, toaster etc. which is having a negative impact on their health and wellbeing		
	Food regularly isn't a priority compared to Alcohol or drugs which results in missing meals and or not having food available.		

<b>Any other risks identified</b>			
<b>High risk</b>	Evidence that food and drink is not a priority which is leading to concerns such as dehydration/malnutrition/significant weight loss etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	No evidence of food in the property or evidence of mouldy and out of date food items which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Kitchen area is not usable due to unsanitary conditions or clutter which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	The individual is not able to use appliances (or no useable appliances) such as fridge freezer, cooker, microwave, kettle and toaster independently and refuses support which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Food is rarely a priority compared to Alcohol or drugs which results in missing meals and or not having food available.		
<b>Any other risks identified</b>			



## Section 1: 4. Maintaining Personal Hygiene/Being Appropriately Clothed

Risk level	Indicating factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
<b>Low risk</b>	Is unable to maintain regular personal hygiene - no identified impact on their health and wellbeing at this time		
	The individual is wearing inappropriate clothing for the weather - no identified impact on their health and wellbeing at this time		
<b>Any other risks identified</b>			
<b>Moderate risk</b>	Is unable to maintain regular personal hygiene which is having a negative impact on their health and wellbeing		
	The individual is wearing inappropriate clothing for the weather which is having a negative impact on their health and wellbeing		
	Limited number of clothes available to change them according to the weather and or wash them.		
<b>Any other risks identified</b>			
<b>High risk</b>	Consistently fails to maintain personal hygiene which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Wearing clothes inappropriate for the weather which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	No change of clothes available to change them according to the weather and or wash them.		
<b>Any other risks identified</b>			

## Section 1: 5. Managing Toilet Needs

Risk level	Indicating factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
<b>Low risk</b>	Maintaining toileting needs is sporadic some evidence of faecal matter and urine - no identified impact on their health and wellbeing at this time		
	Slight evidence of skin breakdown - no identified impact on their health and wellbeing at this time		
	Some identified risk to people providing support or services as a result of individual's ability to meet toileting needs – no identified impact on their health and wellbeing at this time		
	No usable and or accessible bath/bathroom appliances - no identified impact on their health and wellbeing at this time		
<b>Any other risks identified</b>			
<b>Moderate risk</b>	Maintaining toileting needs is sporadic some evidence of faecal matter and urine which is having a negative impact on their health and wellbeing		
	Evidence of skin breakdown which is having a negative impact on their health and wellbeing		
	Evidence of faecal matter and urine which is having a negative impact on the health and wellbeing of others including people providing support or services		
	No usable and or accessible bath/bathroom appliances which is having a negative impact on the health and wellbeing of others including people providing support or services		

Risk level	Indicating factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
<b>Any other risks identified</b>			
<b>High risk</b>	Maintaining toileting needs is sporadic some evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Evidence of skin breakdown which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	Evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
	No usable and or accessible bath/bathroom appliances which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm		
<b>Any other risks identified</b>			

## Section 1: 6. Maintaining a Habitable Home

Risk Level	Indicating Factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
<b>Low risk</b>	Some evidence of neglecting household maintenance with no identified impact on health, wellbeing and safety at this time		
	Amenities such as heating, electricity and water may show signs of needing some maintenance or repair, no identified impact on their health and wellbeing at this time		
	Evidence of hoarding - <i>refer to Hoarding Framework for further guidance</i>		
	Not consistently allowing access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services etc. with no identified impact on their health and wellbeing at this time		
	Some evidence that animals within the property are not being fully cared for, no identified impact on the individual's health and wellbeing at this time. (Contact RSPCA for advice)		
	Risk of being made homeless.		
<b>Any other risks identified</b>			
<b>Moderate Risk</b>	Evidence of neglecting household maintenance and therefore creating hazards which is having a negative impact on their health and wellbeing		
	Amenities such as heating, electricity and water need maintaining which is having a negative impact on the health and wellbeing of the individual and others including people providing support or services		
	Evidence of hoarding - <a href="#"><i>refer to Hoarding Framework for further guidance</i></a>		

Risk Level	Indicating Factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
High risk	Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services etc., which is having a negative impact on their health and wellbeing		
	Some evidence of infestations such as rats, vermin, flies, maggots etc. which is having a negative impact on their health and wellbeing (Contact <a href="#">Environmental Health</a> )		
	Failure to meet animal(s) needs which is having an impact on the individual's health and wellbeing (Contact RSPCA for advice 0300 1234999)		
	Homeless but using services / hostels to prevent from sleeping rough.		
Any other risks identified			
High risk	No essential amenities which is compromising and impacting on their health and wellbeing and result in significant or life-threatening harm.		
	Evidence of hoarding which prevents safe use of any amenities within the home which could compromise and impact on health and wellbeing and result in significant or life-threatening harm.		
	Evidence of infestations such as rats, vermin, flies, maggots etc. which could compromise and impact on the individual's health and wellbeing and result in significant or life-threatening harm (Contact <a href="#">Environmental Health</a> )		
	Possible risk of fire which could compromise and impact on the health and wellbeing of the individual or another person visiting, (including people providing support or services), or neighbours, and result in significant or life-threatening harm. Contact <a href="#">Fire and Rescue</a> who will visit the person and offer support, information and appropriate interventions. Liaise with Housing provider where social Housing.		
	Failure to meet animal(s) needs which is compromising and impacting on the individual's health and wellbeing and result in significant or life-threatening harm (Contact RSPCA)		

Risk Level	Indicating Factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
	Living areas are not usable due to unsanitary conditions or clutter which is compromising and impacting on the individual's health and wellbeing and result in significant or life-threatening harm.		
	Neglecting household maintenance to the extent that the property becomes dangerous e.g. unsafe gas, electric, water or structural damage (unsafe floorboards, roof etc.) which is compromising and impacting on the health and wellbeing of the individual or another person visiting, (including people providing support or services). The extent of which may result in significant or life-threatening harm.		
	Homeless, sleeping rough and impacting on their safety.		
<b>Any other risks identified</b>			

## Section 1: 7. Financial/Benefits

Risk Level	Indicating Factors	X if applies	Detail: comment/rationale for assessment? Who is at risk?
<b>Low risk</b>	Finding it hard to cope with finances, may require support but not impacting on wellbeing.		
	Requires support in identifying and applying for any benefits that they may be entitled to.		
<b>Any other risks identified</b>			
<b>Moderate risk</b>	Finding it increasingly hard to cope with finances, requires support as it is impacting on wellbeing.		
	Requires support in identifying and applying for any benefits that they may be entitled to.		
	Makes unwise financial decisions but not impacting significantly.		
<b>Any other risks identified</b>			
<b>High risk</b>	Unable to cope with finances, requires support as it is having a significant impacting on their wellbeing.		
	No current income and at extreme risk of exploitation.		
	Makes unwise financial decisions and impacting significantly on ability to pay bills and buy food.		
<b>Any other risks identified</b>			

## Section 1 Summary: Nature and Degree of Risk

Please mark an 'x' below to indicate the highest level of risk recorded:

	No indicators higher than low risk
	No indicators higher than moderate risk
	ANY of the indicators are of HIGH RISK

## Section 2: Likelihood of Harm & Wider Considerations

Considerations of all circumstances of the case	
<b>Views of the adult about their circumstances</b>	<i>How do they view their situation? What if anything would they wish to change? What do they want help with?</i>
<b>Adult's capacity,</b>	<i>Comment on the adult's mental capacity in relation to the relevant aspect(s) of risk.</i>
<b>Adult's capability and willingness in relation to risk reduction</b>	<i>Where the adult has mental capacity, are they able and/or willing to make changes to reduce risks?</i>
<b>Consent</b>	<i>Where the adult has capacity, have they consented to i) information being shared between relevant agencies and ii) agencies developing with them, a plan of support to reduce risks?</i>
<b>Adverse influence by others</b>	<i>For example: omissions of care/coercion and control by those within the adult's environment that may be impacting on their behaviours and ability to make informed decisions.</i>
<b>Historic concerns of self-neglect</b>	<i>Comment on historic concerns and responses to accepting or declining services and likely trajectory where no change in behaviours occurs</i>
<b>Needs and risks relating to any disabilities.</b>	<i>Comment on areas such as physical health conditions, sensory impairments; mental health needs, learning disability, neurological conditions and related risks, e.g. falls; deliberate self-harm/suicidal ideation</i>
<b>Substance misuse and alcohol</b>	<i>History or current problematic substance or alcohol use</i>
<b>Social &amp; Environmental Circumstances</b>	<i>For example, concerns about local community; anti-social behaviour, Risk of homelessness; financial security, occupation</i>



<b>Caring Responsibilities</b>	<i>Is the adult dependent on others for care or do they provide care for others?</i>
<b>Views of family/friends or carers</b>	<i>Where appropriate to involve</i>
<b>Views of other agencies involved</b>	
<b>Risk Mitigation: Strengths, Capabilities and Assets</b>	<i>What are the strengths and assets of the adult? Consider potential/actual involvement of family/carer/local communities and whether this would reduce risks? Are there positive relationships/involvement with community services and agencies?</i>
<b>Additional comments/information</b>	

### Section 3: Risk Management Plan

#### Pathway decision

	<b>Risks are low and should be managed at single or multi-agency 'standard' response</b>
	<b>Risks are medium and should be managed at Wellbeing Partnership 'enhanced' response</b>
	<b>Risks are high to severe and should be managed through Safeguarding Adult procedures</b>
	<b>Risks are critical and need to be escalated to the Adults at High-Risk Escalation Panel</b>

<b>Date of Decision</b>	
<b>Name and Designation</b>	

**Action Plan for [name of adult]**

<b>Date of Plan</b>		
<b>Risk and Action to be taken</b>	<b>By Who?</b>	<b>Deadline</b>
<b>Lead Agency and Nominated Lead Practitioner</b>		
<b>Communication Plan Between Agencies Involved</b>		
<b>Date for Review</b>		
<b>Triggers to call an earlier review</b>		

### Section 3: Review Risk Management Plan

Review of Action Plan for [name of adult] from [date of last planning meeting]		
<b>Date of this review</b>		
<b>Action that was due to be taken</b>	<b>Progress on action and risk reduction</b>	
<b>Review of pathway decision: Is there a need to step up/step down the pathway?</b>		
<b>Is there reason to end involvement? Detail reasons</b>		
<b>Revised Actions</b>	<b>By Who</b>	<b>Deadline</b>
<b>Lead Agency and Nominated Lead Practitioner</b>		
<b>Communication Plan Between Agencies Involved</b>		
<b>Date for Review</b>		
<b>Triggers to call an earlier review</b>		

## Appendix 2: Guidance for Working with Adults Who Hoard

Compulsive hoarding is highly complex and requires a collaborative and integrated approach. This toolkit aims to ensure that practitioners are equipped with methods of working with people in a manner that is meaningful, and through applying all the key principles that are the foundation to the IOM self-neglect pathway.

- **Definition of Hoarding**

Hoarding is defined as the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). Pathological or compulsive hoarding is a specific type of behaviour characterised by:

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

- **Understanding Hoarding**

Hoarding disorder is listed within International Classification of Diseases ICD-11, under the classification of obsessive compulsive and related disorders. Hoarding Disorder used to be considered a form of obsessive-compulsive disorder (OCD). However clinical research suggests hoarding has a distinct psychopathology. Hoarding can also be a symptom of other mental disorders.

Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. Hoarding is not simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

Hoarding does not favour a particular gender, age, ethnicity, socio-economic status, educational / occupational history or tenure type. Anything can be hoarded, in various areas including the resident's property, garden or communal areas.

### **Inanimate Objects**

This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers. Data hoarding is a relatively new phenomenon. Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

### **Animal Hoarding**

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

The following characteristics may be present:

- **Fear and anxiety:** compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.
- **Long term behaviour pattern:** possibly developed over many years, or decades, of “buy and drop”. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.
- **Excessive attachment to possessions:** People who hoard may hold an inappropriate emotional attachment to items.
- **Indecisiveness:** people who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.
- **Unrelenting standards:** People who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- **Socially isolated:** people who hoard will typically alienate family & friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office based appointments.
- **Large number of pets:** people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self confessed “rescuer of strays”
- **Mentally competent:** People who hoard are typically able to make decisions that are not related to the hoarding.
- **Extreme clutter:** hoarding behaviour may prevent several or all the rooms of a property from being used for its intended purpose.
- **Churning:** hoarding behaviour can involve moving items from one part a person’s property to another, without ever discarding anything.
- **Self-Care:** a person who hoards may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities, in order to maintain their personal hygiene and appearance.
- **Poor insight:** a person who hoards will typically see nothing wrong with their behaviour and the impact it has on them and others.

- **Risks**

Behaviours of hoarding may place the adult and those around them at risk of severe harm and risk to life. The environment may increase risks of falls, inability to access sanitation, present environmental health risks arising from infestations.

There may be significant fire hazards as a result of hoarding, particularly where other hazards exist such as smoking, alcohol or substance misuse, limited mobility, unsafe sources of heating. Certain health treatments or provisions increase fire risk due to flammability, including oxygen, emollients, incontinence pads and airflow mattresses.

The impact of hoarding on mental health should not be underestimated. Hoarding may impact on the adult’s day-to day life, their ability to socialise with others and their occupational functioning. Adults may feel completely overwhelmed. The heightened anxiety, low self-worth, loss of control can exacerbate or be precipitating factors for other mental disorders such as depression and psychosis. Research has highlighted the heightened risk of suicide and the need for thorough assessment of suicidality. (Archer etal 2019)

Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue. The needs of the child at risk must come first and any actions reflect this. Where children live in the property are at risk you can raise a Safeguarding Children referral. [IOM Safeguarding Board Children's Safeguarding Procedures](#)

## ● Responses

- Apply the principles and pathway outlined in the self-neglect guidance **and**
- Use the clutter rating scale (Appendix 3) to help you define the nature and degree of concern and actions BUT, ensure this is managed sensitively when discussing with the adult
- Think Fire Safety: Advise the adult of the increased risk and identify a safe exit route. Seek professional fire safety advice. Share information with appropriate emergency services by alerting them to hoarded properties. This will allow IOM Fire and Rescue Service to respond appropriately and work with the adult toward fire prevention.
- Try to ascertain information whilst being as sensitive as possible. Examples of questions
  - 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 do you move safely around your home? (where floor is uneven or covered or there are exposed wires, damp, rot or other hazards)
  - Has a fire ever started by accident? Is the property at risk from fire?
  - Do you have a working smoke alarm? Do you have any ailments or conditions that would prevent you hearing or responding to it?
  - Is there hot water, lighting and heating in the property? Do these services work properly?
  - Do you have any problems keeping your home warm?
  - When did you last go out in the garden? Do you feel safe to go outside?
  - Are you able to use the bathroom and toilet ok? Have a wash, bath, shower etc.?
  - Where do you sleep?
  - Are there any obvious major repairs that need carrying out at the property?
  - Are you happy for us to share your information with other professionals who may be able to help you?

## Do and Don'ts

### DON'T

- **Use judgmental language.** No-one is likely to be receptive to negative comments about the state of their home or their character (e.g. "What a mess!") Imagine your own response if someone came into your home and spoke in this manner, especially if you already felt ashamed.
- **Use words that devalue or negatively judge possessions.** People who hoard are often aware that others do not view their possessions and homes as they do. They often react strongly to words that reference their possessions negatively, like "trash", "garbage" and "junk".
- **Let your non-verbal expression say what you're thinking.** Individuals with compulsive hoarding are likely to notice non-verbal messages that convey judgment, like grimaces.
- **Make suggestions about the person's belongings.** Even well-intentioned suggestions about discarding items are usually not well received by those with hoarding behaviours.
- **Try to persuade or argue with the person.** Efforts to persuade individuals to make a change in their home or behaviour often have the opposite effect – the object becomes more precious
- **Touch the person's belongings without explicit permission.** Those who hoard often have strong feelings and beliefs about their possessions and often find it upsetting when another person touches their things. Only touch the person's belongings with their explicit permission.
-

## DO

- **Imagine yourself in the hoarding client's shoes.** How would you want others to talk to you to help you manage your anger, frustration, resentment, and embarrassment?
- **Match the person's language.** Listen for the individual's manner of referring to his/her possessions (e.g. "my things", "my collections") and use the same language.
- **Use encouraging language.** In communicating with people who hoard about the consequences of hoarding, use language that reduces defensiveness and increases motivation to solve the problem (e.g. "I see that you have a pathway from your front door to your living room. That's great that you've kept things out of the way so that you don't slip or fall. I can see that you can walk through here pretty well by turning sideways. The thing is that somebody else might need to come into your home, like a fire fighter or an emergency responder, would have a pretty difficult time getting through here. They have equipment they're usually carrying and fire fighters have protective clothes that are bulky. It's important to have a pathway that is wide enough so that they could get through to help you or anyone else who needed it.")
- **Highlight strengths.** All people have strengths, positive aspects of themselves, their behaviour, or even their homes. A visitor's ability to notice these strengths helps forge a good relationship and paves the way for resolving the hoarding problem (e.g. "I see that you can easily access your bathroom sink and shower," "What a beautiful painting!", "I can see how much you care about your cat.")
- **Focus the intervention initially on safety and organisation of possessions and later work on discarding.** Discussion of the fate of the person's possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation.



## Appendix 3: Environmental Assessment - Clutter Image Rating

### Clutter Image Rating (CIR) – Bedroom

Please use the clutter image rating to assess what level the adult's clutter or hoarding problem is at:

Images 1-3 indicate level 1

Images 4-6 indicate level 2

Images 7-9 indicate level 3

This toolkit should be read in conjunction with IOM Self-Neglect Guidance and Guidance for Working with People who Hoard. Remember to use the tool with sensitivity for the adult, dignity and respect.



**1**



**2**



**3**



**4**



**5**



**6**



**7**



**8**



**9**



# Clutter Image Rating (CIR) – Lounge



**1**



**2**



**3**



**4**



**5**



**6**



**7**



**8**



**9**

# Clutter Image Rating (CIR) – Kitchen



**1**



**2**



**3**



**4**



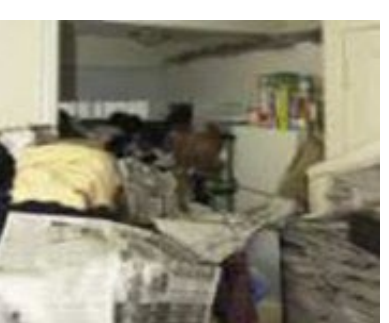
**5**



**6**



**7**



**8**



**9**

## 2. Assessment Tool Guidelines

Following completion of the CIR you should then refer to clutter assessment tool below as a guide for details of the appropriate action you should take. Record all actions undertaken in your agency's recording system, detailing conversations with other professionals, actions taken and action yet to be taken.

<b>1. Property, structure, service &amp; garden area</b>	<ul style="list-style-type: none"> <li>• Assess the access to all entrances and exists for the property (note impact on any communal entrances &amp; exists). Include access to roof space.</li> <li>• Does the property have a smoke alarm?</li> <li>• Visual assessment (non-professional) of the condition of services within property e.g. plumbing, electrics, gas, air conditioning, heating</li> <li>• Are services connected?</li> <li>• Assess the garden, size, access condition.</li> </ul>
<b>2. Household functions</b>	<ul style="list-style-type: none"> <li>• Assess the current functionality of the rooms and the safety for the proposed use. Can the kitchen be safely used for cooking or does the level of clutter within the room prevent it?</li> </ul> <p>Select the appropriate rating on the clutter scale.</p> <ul style="list-style-type: none"> <li>• Please estimate the % of floor space covered by clutter.</li> <li>• Please estimate the height of the clutter in each room.</li> <li>• Lack of essential food, clothing or shelter.</li> </ul>
<b>3. Health and safety</b>	<ul style="list-style-type: none"> <li>• Assess the level of sanitation in the property.</li> <li>• Are the floors clean?</li> <li>• Are the work surfaces clean?</li> <li>• Are you aware of any odours in the property?</li> <li>• Is there rotting food?</li> <li>• Does the resident use candles?</li> <li>• Did you witness a higher than expected number of flies?</li> <li>• Are household members struggling with personal care?</li> <li>• Is there random or chaotic writing on the walls on the property?</li> <li>• Are there unreasonable amounts of medication collected? Prescribed or over the counter.</li> <li>• Is the resident aware of any fire risk associated to the clutter in the property?</li> </ul>
<b>4. Health and social</b>	<ul style="list-style-type: none"> <li>• Personal hygiene and appearance</li> <li>• Are there any health needs of the individual?</li> <li>• Are there any health needs of any other family members or people living in the property?</li> <li>• Are there any social care needs of the individual?</li> <li>• Are there any social care needs of any other people living in the property?</li> <li>• Is the person responsible for the care of any others?</li> <li>• Does the person engage with health and/or social care services?</li> <li>• Are they taking medication (or unable/unwilling to take prescribed medication)?</li> <li>• Malnutrition and/or dehydration.</li> </ul>

<b>5. Safeguard children &amp; family members</b>	<ul style="list-style-type: none"> <li>• Do any rooms rate 7 or above on the clutter rating scale?</li> <li>• Does the household contain young people or children?</li> <li>• Does the household contain adults who have care and support needs?</li> </ul>
<b>6. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Are there any pets at the property?</li> <li>• Are the pets well cared for, are you concerned about their health?</li> <li>• Is there evidence of any infestations (mice, rats, bed bugs etc.)</li> <li>• Are animals being hoarded at the property?</li> <li>• Are outside areas being seen by the resident as a wildlife area?</li> <li>• Does the resident leave food out in the garden to feed wildlife (foxes etc.)?</li> </ul>
<b>7. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please provide detail.</li> <li>• Following your assessment do you recommend the resident is visited in pairs? Please provide detail.</li> </ul>

## LEVEL 1 - Assessment

<b>Level 1 (images 1-3)</b>	Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.
<b>1. Property, structure, service &amp; garden area</b>	<ul style="list-style-type: none"> <li>• All entrances and exits, stairways, roof space and windows accessible.</li> <li>• Smoke alarms fitted and functional or referrals made to fire brigade to visit and install.</li> <li>• All services functional and maintained in good working order.</li> <li>• Garden is accessible, tidy and maintained.</li> </ul>
<b>2. Household functions</b>	<ul style="list-style-type: none"> <li>• No excessive clutter, all rooms can be safely used for their intended purpose.</li> <li>• All rooms are rated 0-3 on the Clutter Rating Scale.</li> <li>• No additional unused household appliances appear in unusual locations around the property.</li> <li>• Property is maintained within terms of any lease or tenancy agreements where appropriate.</li> <li>• Property is not at risk of action by Environmental Health.</li> </ul>
<b>3. Health and safety</b>	<ul style="list-style-type: none"> <li>• Property is clean with no odours, (pet or other).</li> <li>• No rotting food.</li> <li>• No concerning use of candles.</li> <li>• No concern over flies.</li> <li>• Residents managing personal care.</li> <li>• No writing on the walls.</li> <li>• Quantities of medication are within appropriate limits, in date and stored appropriately.</li> </ul>

<b>4. Health and social</b>	<ul style="list-style-type: none"> <li>• No undue concerns over personal hygiene/appearance.</li> <li>• Person has no care and support needs.</li> <li>• If they have care and support needs these are being adequately addressed.</li> <li>• Engaging with Health and social services.</li> <li>• No concerns over malnutrition.</li> </ul>
<b>5. Safeguard children &amp; family members</b>	<ul style="list-style-type: none"> <li>• No concerns for household members.</li> </ul>
<b>6. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Any pets at the property are well cared for.</li> <li>• No pests or infestations at the property.</li> </ul>
<b>7. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• No PPE required.</li> <li>• No visit in pairs required.</li> </ul>

<b>Level 1 (images 1-3)</b>	Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Discuss concerns with resident.</li> <li>• Raise a request to the Fire Brigade to provide fire safety advice.</li> <li>• Refer for support assessment if appropriate.</li> <li>• Refer to GP if appropriate.</li> </ul>
<b>Environment Health</b>	<ul style="list-style-type: none"> <li>• No action</li> </ul>
<b>Social Landlords</b>	<ul style="list-style-type: none"> <li>• Provide details on debt advice if appropriate to circumstances.</li> <li>• Refer to GP if appropriate.</li> <li>• Refer for support assessment if appropriate.</li> <li>• Provide details of support streams open to the resident via charities and self-help groups.</li> <li>• Ensure residents are maintaining all tenancy conditions.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Complete Hoarding Assessment.</li> <li>• Make appropriate referrals for support.</li> <li>• Refer to social landlord if the client is their tenant or leaseholder.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Ensure information is shared with statutory agencies and feedback is provided to referring agency on completion of home visit.</li> </ul>
<b>Animal welfare</b>	<ul style="list-style-type: none"> <li>• No action unless advice requested.</li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• No action unless other concerns of abuse are noted.</li> </ul>



## LEVEL 2 - Assessment

<b>Level 2</b>  <b>(image 4-6)</b>	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
<b>1. Property, structure, service &amp; garden area</b>	<ul style="list-style-type: none"> <li>• Only major exit is blocked.</li> <li>• Only one of the services is not fully functional.</li> <li>• Concern that services are not well maintained.</li> <li>• Smoke alarms are not installed or not functioning.</li> <li>• Garden is not accessible due to clutter or is not maintained.</li> <li>• Evidence of indoor items stored outside.</li> <li>• Evidence of light structural damage including damp.</li> <li>• Interior doors missing or blocked open.</li> </ul>
<b>2. Household functions</b>	<ul style="list-style-type: none"> <li>• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose.</li> <li>• Clutter is causing congestion between the rooms and entrances.</li> <li>• Room(s) score between 4-5 on the clutter scale.</li> <li>• Inconsistent levels of housekeeping throughout the property</li> <li>• Some household appliances are not functioning properly and there may be additional units in unusual places.</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable.</li> <li>• Evidence of outdoor items being stored inside.</li> </ul>
<b>3. Health and safety</b>	<ul style="list-style-type: none"> <li>• Kitchen and bathroom are not kept clean.</li> <li>• Offensive odour in the property.</li> <li>• Resident is not maintaining safe cooking environment.</li> <li>• Some concern with the quantity of medication, or its storage or expiry dates.</li> <li>• No rotting food.</li> <li>• No concerning use of candles.</li> <li>• Resident trying to manage personal care but struggling.</li> <li>• No writing on the walls.</li> </ul>
<b>4. Health and social</b>	<ul style="list-style-type: none"> <li>• Concerns over personal hygiene/appearance.</li> <li>• Some health and care needs.</li> <li>• No services involved, or some services involved but no regular engagement.</li> <li>• Some concerns over malnutrition/dehydration.</li> </ul>
<b>5. Safeguard children &amp; family members</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding concern/referral.</li> <li>• Please note all additional concerns for householders.</li> <li>• Properties with children or vulnerable residents with additional care or support needs may trigger a safeguarding referral under a different risk.</li> </ul>

<b>6. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Pets at the property are not well cared for.</li> <li>• Resident is not unable to control the animals.</li> <li>• Animals living area is not maintained and smells.</li> <li>• Animals appear to be under nourished or over fed.</li> <li>• Sound of mice heard at the property.</li> <li>• Spider webs in house.</li> <li>• Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc)</li> </ul>
<b>7. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand</li> <li>• sanitizer, insect repellent.</li> <li>• PPE required.</li> </ul>

<b>Level 2 (image 4-6)</b>	<b>Actions Responses coordinated through Wellbeing Partnership 'Enhanced' – [add in referral points]</b>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Refer to landlord if resident is a tenant.</li> <li>• Refer to Environmental Health if resident is a freeholder.</li> <li>• Raise a request to the Fire and Rescue Service to provide fire prevention advice.</li> <li>• Provide details of garden services.</li> <li>• Refer for support assessment.</li> <li>• Referral to GP.</li> <li>• Referral to debt advice if appropriate.</li> <li>• Refer to Animal Welfare if there are animals at the property.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Environment Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of client, at time of inspection, Environmental Health Officer decides on appropriate course of action</li> <li>• Consider serving notices under Environmental Health or Animal Welfare legislation.</li> <li>• Consider Works in Default if notices not complied by occupier.</li> </ul>
<b>Social Landlords</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs.</li> <li>• Referral to assist in the restoration of services to the property where appropriate.</li> <li>• Ensure residents are maintaining all tenancy conditions.</li> <li>• Enforce tenancy conditions relating to residents responsibilities.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to Hoarding Guidance; Questions to Ask</li> <li>• Complete Practitioners Assessment</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>

<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>
<b>Animal welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Educate client regarding animal welfare if appropriate.</li> <li>• Provide advice / assistance with re-homing animals.</li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• No action unless other concerns of abuse are noted.</li> <li>• If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and further enquiries may be necessary.</li> </ul>

### LEVEL 3 - Assessment

<b>Level 3 (images 7-9)</b>	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 concern/referral 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.
<b>1. Property, structure, service &amp; garden area</b>	<ul style="list-style-type: none"> <li>• Limited access to the property due to extreme clutter.</li> <li>• Evidence may be seen of extreme clutter seen at windows.</li> <li>• Evidence may be seen of extreme clutter outside the property.</li> <li>• Garden not accessible and extensively overgrown.</li> <li>• Services not connected or not functioning properly.</li> <li>• Smoke alarms not fitted or not functioning.</li> <li>• Property lacks ventilation due to clutter.</li> <li>• Evidence of structural damage or outstanding repairs including damp.</li> <li>• Interior doors missing or blocked open.</li> <li>• Evidence of indoor items stored outside.</li> </ul>
<b>2. Household functions</b>	<ul style="list-style-type: none"> <li>• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.</li> <li>• Room(s) scores 7 - 9 on the clutter image scale.</li> <li>• Rooms not used for intended purposes or very limited.</li> <li>• Beds inaccessible or unusable due to clutter or infestation.</li> <li>• Entrances, hallways and stairs blocked or difficult to pass.</li> <li>• Toilets, sinks not functioning or not in use.</li> <li>• Resident at risk due to living environment.</li> <li>• Household appliances are not functioning or inaccessible.</li> <li>• Resident has no safe cooking environment.</li> <li>• Resident is using candles.</li> <li>• Evidence of outdoor clutter being stored indoors.</li> <li>• No evidence of housekeeping being undertaken.</li> <li>• Broken household items not discarded e.g. broken glass or plates.</li> <li>• Concern for declining mental health.</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable.</li> <li>• Property is at risk of notice being served by Environmental Health.</li> </ul>




<b>3. Health and safety</b>	<ul style="list-style-type: none"> <li>• Human urine and or excrement may be present.</li> <li>• Excessive odour in the property, may also be evident from the outside.</li> <li>• Rotting food may be present.</li> <li>• Evidence may be seen of unclean, unused and or buried plates &amp; dishes.</li> <li>• Broken household items not discarded e.g. broken glass or plates.</li> <li>• Inappropriate quantities or storage of medication.</li> <li>• Pungent odour can be smelt inside the property and possibly from outside.</li> <li>• Concern with the integrity of the electrics.</li> <li>• Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.</li> <li>• Concern for declining mental health.</li> </ul>
<b>4. Health and social</b>	<ul style="list-style-type: none"> <li>• Serious concerns over personal hygiene/appearance.</li> <li>• Significant health needs that are not being addressed.</li> <li>• Care needs that are not being addressed.</li> <li>• No involvement for health/care services or non- compliance.</li> <li>• Serious concerns over malnutrition/dehydration.</li> <li>• Lack of essential food, clothing or shelter.</li> <li>• Significant concerns around self-harm.</li> </ul>
<b>5. Safeguard children &amp; family members</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 7-9 constitutes [Appendix 3] a Safeguarding concern/referral.</li> <li>• Please note all additional concerns for householders.</li> <li>• Caring responsibility for a child or adult at risk with care and support needs</li> </ul>
<b>6. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Animals at the property at risk due the level of clutter in the property.</li> <li>• Resident may not able to control the animals at the property.</li> <li>• Animals living area is not maintained and smells.</li> <li>• Animals appear to be under nourished or over fed.</li> <li>• Hoarding of animals at the property.</li> <li>• Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> <li>• Visible rodent infestation.</li> </ul>
<b>7. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Latex gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>• Visit in pairs if required.</li> </ul>

<b>Level 3 (images 7-9)</b>	<b>Actions Referral through Safeguarding Adult Procedures [add in referral points]</b>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Raise Safeguarding concern/referral within 24 hours.</li> <li>• Raise a request to the Fire and Rescue Services within 24 hours to provide fire prevention advice.</li> </ul>
<b>Environment Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of the adult, landlord (if relevant) referrers details and overview of problems</li> <li>• At time of inspection, EH decides on appropriate course of action.</li> <li>• Consider serving notices under Environmental Health legislation.</li> <li>• Consider Works in Default if notices not complied by occupier.</li> </ul>
<b>Social Landlords</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs.</li> <li>• Attend multi-agency Safeguarding meeting.</li> <li>• Enforce tenancy conditions relating to residents responsibilities.</li> <li>• If resident refuses to engage consider grounds to serve Notice of Seeking Possession.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to Hoarding Guidance; Questions to ask</li> <li>• Complete Practitioners Assessment</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Attend Safeguarding multi-agency meetings on request.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits</li> </ul>
<b>Animal welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Remove animals to a safe environment.</li> <li>• Educate client regarding animal welfare if appropriate.</li> <li>• Take legal action for animal cruelty if appropriate.</li> <li>• Provide advice / assistance with re-homing animals.</li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• Safeguarding concern/referral should progress to referral for multi-agency approach and further investigation of any concerns of abuse.</li> </ul>
<b>Safeguarding Children</b>	<ul style="list-style-type: none"> <li>• Refer to Children's Safeguarding Mash if children or young people present within 24 hours.</li> </ul>

## Appendix 4: Compendium of Services

Note this is an overview of some of the services that may support people in circumstances of self-neglect. Content is not exhaustive and service contact details may change.

Service	Service Offer Relevant to Self-Neglect	Contact Points
<b>Manx Care – Health and Social Care</b>		
Adult Social Care – Adult Services Access Team	Providing support, help and advice to adults with physical or learning disabilities and to other vulnerable adults and older people through a combination of social work support, guidance and signposting.	Telephone:+44 1624 686179 <a href="mailto:adultreferrals.dsc@gov.im">adultreferrals.dsc@gov.im</a>
Adult Safeguarding Team		+44 1624 685969 during office hours +44 1624 650000 out of office hours
Health Safeguarding Specialist Advisors	Adult Health Safeguarding Specialist Nurses/Professionals – advice and support on Safeguarding matters (including self-neglect) for health services	+44 01624 642893/470995 and +44 01624 -656008
Wellbeing Partnerships	Coordinating Integrated care through statutory and community-based organisations working together. <i>NB Wellbeing partnerships in East are currently being developed</i>	<a href="https://www.gov.im/about-the-government/statutory-boards/manx-care/integrated-care/western-wellbeing-partnership/">https://www.gov.im/about-the-government/statutory-boards/manx-care/integrated-care/western-wellbeing-partnership/</a>
	Western Wellbeing Partnership for people registered with the Peel Group Practice Western Wellbeing Centre Derby Road, Peel IM5 1HP	t: 01624 685846 e: <a href="mailto:westernwellbeingpartnership@gov.im">westernwellbeingpartnership@gov.im</a>
	Southern Wellbeing Partnership for people registered with Southern Group Practice, Castletown Medical Centre and Ballasalla Medical Centre Southern Wellbeing Centre Thie Rosien, Station Road, Port Erin IM9 6BP	t: 01624 686109 e: <a href="mailto:southernwellbeingpartnership@gov.im">southernwellbeingpartnership@gov.im</a>
	Northern Wellbeing Partnership* for people registered with Ramsey Group Practice Dalmeny House, Cumberland Road, Ramsey IM8 3RH	t: 01624 686432 e: <a href="mailto:northernwellbeingpartnership@gov.im">northernwellbeingpartnership@gov.im</a>
Local Area Coordinators	works alongside people and families of any age or ability: help access relevant information, advice and support at the right time <ul style="list-style-type: none"> <li>• help people identify and develop their strengths, skills, talents and abilities;</li> <li>• assist people in building, developing and using personal and local networks;</li> <li>• help people stay in control of your life;</li> <li>• support people to become more connected, resilient and more actively involved in their community.</li> </ul>	Castletown, Santon, Malew Contact t: 01624 205055 <a href="mailto:Lorraine.mcguinness@gov.im">Lorraine.mcguinness@gov.im</a> Port Erin, Port St Mary, Rushen and Arbory t: 01624 205044 <a href="mailto:Trish.whyley@gov.im">Trish.whyley@gov.im</a>
Primary Care	For list of GP Practices and contact points: <a href="https://www.gov.im/categories/health-and-wellbeing/doctors/">https://www.gov.im/categories/health-and-wellbeing/doctors/</a>	
Nobles Hospital	General Enquiries List of useful Numbers: <a href="https://www.gov.im/categories/health-and-wellbeing/hospitals-and-emergency-treatment/nobles-hospital/useful-numbers/">https://www.gov.im/categories/health-and-wellbeing/hospitals-and-emergency-treatment/nobles-hospital/useful-numbers/</a>	Telephone:+44 1624 650000
	Complex Discharge/Transfer of Care Coordinator	Telephone:+44 1624 651048
Ambulance	Emergency	999
	General contact	01624 642266
Community Health	Therapies: <ul style="list-style-type: none"> <li>• Nutrition and Dietetics</li> </ul>	Via GP/Wellbeing Partnerships

	<ul style="list-style-type: none"> <li>• Occupational Therapy</li> <li>• Physiotherapy</li> <li>• Speech and Language Therapy</li> </ul>	
	Community (District) Nursing	<a href="#">Access to and Referral Criteria - Adult Community Nursing Services (gov.im)</a>
	Long term Conditions Nurse	<a href="#">Access to and Referral Criteria - Adult Community Nursing Services (gov.im)</a>
	Vulnerable Adults Health Visitor	<a href="#">Access to and Referral Criteria - Adult Community Nursing Services (gov.im)</a>
	Neurology Service – neurology nurse specialist	+44 1624 650421
Mental Health	Community Mental Health Service	Telephone:+44 1624 686313
	Community Wellbeing Service: Counselling and therapies	Telephone:+44 1624 642540
	Crisis Response and Home Treatment	Telephone:+44 1624 642860
	Drug and Alcohol Team	Telephone:+44 1624 617889
	Older Persons Mental Health and Memory Clinic	Telephone:+44 1624 642879
Learning Disabilities	<p>Adult Learning Disability Services are available to support adults with a learning disability to live the life they want and reach their full potential</p> <ul style="list-style-type: none"> <li>• Day Services</li> <li>• Supported Employment</li> <li>• Community Based Activities</li> <li>• Community homes providing round the clock support in a residential setting</li> <li>• Residential Respite</li> <li>• Supported Living Services</li> </ul>	Via Adult Services Access Team on +44 1624 686179.
Independent Living Service	Specialist information and impartial advice about equipment to help adults stay independent. A resource centre providing information on local organisations, charities and support groups	Telephone: 01624 642561
Children's Social Care	Welfare and safeguarding concerns relating to children	+44 01624 686179 during office hours +44 1624 631212 out of office hours
<b>Other Statutory and Government Services</b>		
IOM Constabulary	Emergency	999
	Report it <a href="https://iompolice.im/report-it/">https://iompolice.im/report-it/</a>	+44 01624 631212
Fire and Rescue	Emergency	999
	General enquiries	+44 1624 647300 or +44 1624 647303
Environmental Health	Statutory responsibilities for Environmental Health including pest control services	Telephone:+44 1624 685894 Email: <a href="mailto:ehenquiries@gov.im">ehenquiries@gov.im</a>
Housing	<p>Manages IOM Government housing stock and tenancy related issues</p> <p>Monitors compliance by all Housing Authorities</p> <p>Financial assistance to vulnerable people on low incomes in acquiring specialist equipment and adaptations to their homes</p>	+44 1624 685955 Email: <a href="mailto:housing@gov.im">housing@gov.im</a>
<b>Community Organisations and Faith Groups</b>		
Data Base of Community Organisations		
 <p>CIRCA Database of community organisati</p>		

## Appendix 5: Legal Framework

Legislation	Criteria, powers and duties as relevant to self-neglect.
Human Rights Act	Duty on all to consider, weigh and uphold. Particularly relevant: Article 2 Right to Life Article 3 Prohibition of torture - No one shall be subjected to torture or to inhuman or degrading treatment or punishment. Article 5 Liberty and security Article 8 respect for private and family life Article 14 prohibition of discrimination
IOM Capacity Act [once enacted]	Duty to make a Best Interest decision on behalf of the adult but only applies where the individual concerned suffers from impairment in the functioning of the brain or mind that is causing them to be unable to make the relevant decision for themselves.
Mental Health Act 1998 (as amended 2006)	Applies where an adult has a mental disorder of a nature or degree, warranting the relevant section in the interests of their health, their safety or for the protection of others <ul style="list-style-type: none"> <li>• Admission for Assessment – Sec 2 MHA 1998</li> <li>• Admission for Treatment – Sec 3 MHA 1998</li> <li>• Guardianship – Sec 7 MHA 1998</li> <li>• Removal of a person to a Place of Safety( with view to assessment under the Act)- Sec 132 MHA 1998</li> <li>• Warrant to Search for and Remove Patients (power of entry with view to assessment under the Act) – Sec 131 MHA 1998</li> <li>• Obstruction – Sec 125 MHA 1998</li> </ul>
Public Health Act 1990	Environmental Health have powers under multiple parts of the Act. These include: <b>Part I</b> - allows EHOs to deal with a list of statutory nuisances on behalf of local authorities and noise nuisance on behalf of the Department (the investigation of all allegations of nuisance was suspended 8 <sup>th</sup> December 2022) <b>Part III</b> Gives the EHOs powers to deal with infestations of rats and mice on behalf of DEFA. An extended version of powers of entry from Local Government Act 1985 applies. <b>Part V</b> – Section 80 allows for EHOs to arrange for the removal of people to a place where they can be cleansed of vermin. Section 81 deals with the cleansing of filthy or verminous premises on behalf of the local authority. Section 82 deals with the removal of noxious matters on behalf of the local authority Section 83 deals with the cleaning of common courts, stairwells etc. on behalf of the local authority. Section 86 deals with nuisances in connection with moveable dwellings <b>Part IV</b> describes the investigatory powers, including the powers of entry, to conduct a public health inspections. This includes powers of entry into dwelling houses.
Safeguarding Act 2018	Duty on relevant persons and safeguarding bodies to safeguard and promote the welfare of children and protect vulnerable adults. Duty of cooperation between the Safeguarding Board and relevant safeguarding bodies to cooperate in exercising its functions to safeguard children and protect vulnerable adults.

Children and Young Persons Act 2001	Range of duties and powers relating to the care and supervision and to the protection of children. <a href="#">Children and Young Persons Act 2001</a>
Environmental Health	<b>Housing Act 1955</b> – EHOs inspect the conditions of houses on behalf of local authorities to ensure they are fit to live in. Section 72 Powers for entry and inspection etc. <b>The Housing (Miscellaneous Provisions) Act 2011</b> and <b>Housing (Standards) Regulations 2017</b> (read in conjunction with the <b>Housing Registration Regulations 2013</b> and <b>Housing (Definition of Flat or House in Multiple Occupation) Order 2013</b> ) give EHOs powers to enforce standards in flats and houses in multiple occupation. Powers of entry in LGA1985.  <b>Sewerage Act 1999</b> gives EHOs powers to deal with defective private sewers, drains and treatment plant etc. on behalf of the local authorities. Powers of entry LGA 1985.  <b>Building Control Act 1991</b> – allows EHOs to deal with dangerous buildings and structures on behalf of local authorities (except Douglas and Onchan). Powers of entry LGA 1985.
Police power of entry	Power Entry to Arrest Sec 20 Police Powers & Procedures 1998 Power of Entry & Search Sec 21 PPP 1998
Criminal Justice Act 2001	Includes orders and sentencing for Anti-Social Behaviour
Fire Precautions (Houses in Multiple Occupation and Flats) Regulations 2016	Allows the Fire Service to enforce fire safety standards within flats e.g. if a landlord was not meeting the required standards set out in the regulations. The regulations also allow the Fire Service to place a prohibition notice on a flat if there are contraventions to the regulations.
Animal Health Act 1996 Cruelty To animals Act 1997	Enforcement powers relating to animal welfare
Housing -Landlord Powers	Power to evict. Must give notice to quit in line with the <b>Landlord and Tenant (Miscellaneous Provisions) Act 1976</b> before proceeding to court for possession order. See <a href="#">guidance</a> from OFT
IOM Data Protection Act 2018	Data Protection Act and the General Data Protection Regulations have permissive provisions: 'Safeguarding of children and individuals at risk' is a condition that allows practitioners to share information without consent. Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being.
Justice Reform Act 2021	This legislation provides for regulations to be made regarding information sharing with the Department of Home Affairs where disclosure is necessary or expedient: 1. for the purpose of public safety; 2. for the purpose of preventing or reducing crime, disorder or anti-social behaviour; 3. for the purpose of safeguarding the welfare of a particular person; or 4. otherwise in the public interest
High Court Act 1991	The term 'inherent jurisdiction' describes a power of a High Court to make orders and grant injunctions in particular circumstances. Any person or body with legal

Court Inherent Jurisdiction	<p>standing can bring an application to the court. It applies where there is no power to intervene in a statute. For example,</p> <ol style="list-style-type: none"><li data-bbox="475 163 1422 226">I. Where a capacious adult's decisions are subject to undue influence, they are a vulnerable adult and at risk of abuse.</li><li data-bbox="475 232 1442 360">II. An adult lacking capacity for the relevant decision is consistently objecting to the Best Interest care plan and resisting intervention for a significant life changing decision e.g., removing the adult from their home.</li><li data-bbox="475 367 1442 430">III. An adult who lacks capacity is declining services – plan of care would lead to high levels of restriction amounting to deprivation of liberty.</li></ol> <p>Legal advice should be sought if considering applying to the Court to invoke their Inherent Jurisdiction.</p>
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## Appendix 6: Links to Relevant Policy and Procedures

### [Isle of Man Safeguarding Board multi-agency policies and procedures](#)

IOM Safeguarding Board: Information sharing guidance for professionals working with children and adults at risk of abuse or neglect. [IOM Safeguarding Board Information sharing guidance](#)

Manx Care Policy for Capacity, Best Interest Decisions and Deprivation of Liberty



Policy for Capacity  
Best Interests Decisio

IOM Safeguarding Board Children's Safeguarding Procedures [IOM Safeguarding Board Children's Safeguarding Procedures](#)

IOM Government Safeguarding Together Guidance for Collective Working to Safeguard Children and Vulnerable Adults in the Isle of Man <https://www.safeguardingboard.im/media/frhbjy3i/iom-safeguarding-together.pdf>



## Isle of Man Fire & Rescue Service Home Fire Risk Assessment



Section 1: Personal Details (Occupier)			
Full Name:			
Address:			
	Postcode:		
Contact No.:		Email:	

Age Range: (please circle)	18 & Under	19-29	30-39	40-49
	50-59	60-65	Over 65	

Living Circumstances (please circle)	Living alone	Living with other adults
	Living with other adults & children	Not disclosed

Property Type	Detached	Semi-Detached	Terraced
	Bungalow	Flat	Other (please specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> )

For more details on how we process your data please refer to the Department of Home Affairs privacy notice available here: <https://www.gov.im/about-the-government/departments/home-affairs/home-affairs-privacy-notice/>

**Section 2: If you answer YES to any of the following questions (or NO to question 6) a member of the Fire Safety Department will contact you to arrange a Home Safety Visit**

**1. Do any occupants have dementia, cognitive impairment or any other memory issues?**

YES / NO

If YES, please specify:

**2. Does anybody living in the home have any form of physical disability?**

YES / NO

If YES, please specify:

**3. Is there any evidence of hoarding or clutter within the property?**

YES / NO

If YES, please refer to the hoarding scale and complete a safeguarding referral for any premises rated as 6 or above

**4. Are any of the occupants at risk of deliberate fire setting?**

YES / NO

**5. Has there been a fire in the home within the last 3 years?**

YES / NO

**6. Is there working smoke detection in the property?**

YES / NO

**If YES, are the occupant(s) able to test the detectors?**

YES / NO

**If NO, can the detectors be tested by someone else?**

YES / NO

**Is there a working smoke detector on every floor of the property?**

YES / NO

**Is there a working heat detector in the kitchen?**

YES / NO

\*Please note that the IOMFRS are unable to provide heat detectors

**Is there a working carbon monoxide detector in the property?**

YES / NO

\*Please note that the IOMFRS are unable to provide carbon monoxide detectors

### Section 3: IOMFRS Home Fire Safety Checklist

to be completed with the occupant where possible / appropriate to do so

Question	Y / N	Advice
Does anyone smoke in the property?		Keep matches/lighters away from children, put out properly and dispose of safely, don't smoke in bed, use a suitable ashtray. Furniture/bedding can be purchased which meets fires resistant standards.
Does anyone use candles?		Never leave unattended, use correct holders, only use in a safe place – not near curtains, card, paper etc, take extra care when wearing loose clothing. Consider LED candles.
Are there any electrical issues in the property?		Replace damaged equipment and wires, do not over load plug sockets, use extension leads safely (do not daisy chain extension leads), do not leave appliances left on unless designed to be left on. If using an electric blanket ensure it is not used whilst sleeping and consider replacing if over 3 years old.
Does the occupier have an escape plan in place?		Talk through escape plan, have door/window keys easily accessible, ensure exit routes are clear and all residents are aware of plan.
Alcohol / Medication		Warn that these can seriously inhibit the occupier's ability to escape a fire and increases the risk of a fire occurring.
Chimney Safety		Chimneys must be kept clean to prevent fires and structural damage to property. Chimneys should be swept regularly: Smokeless fuels/Oils/Gas/Bituminous Coal – should be swept once a year. Wood – Every 3 months when in use
Are portable heaters used?		Portable heaters shouldn't be used for drying clothes, switch heaters off if you are going to leave them unattended. Keep at least 1 metre away from furniture and other flammable items.
Can the occupant(s) exit the property safely?		Is the occupant able to exit safely and by themselves, are they aware of their escape plan and is the escape route clear.
Is there a night time routine?		Electrics should be switched off (unless designed to remain on), doors should be closed – especially the kitchen door, the escape route should be made clear, candles should be extinguished, ashtrays should be emptied and any heaters /fire should be turned off or extinguished.
Do the occupant(s) know what to do in the event of an emergency?		How to call the fire service, what number to dial, what to say and ensure phone access is available.

### Section 4: Personal Details (Assessor)

Full Name:			
Occupation:			
Name and Address of Employer:			
	Postcode:		
Contact No.:		Email:	

### Section 5: Additional Information

**1. Has the advice / information been understood by the occupier?**

YES / NO

**2. Do you have any additional concerns?**

YES / NO