

Multi-Agency Staff Guidance for Working with People who Self- Neglect

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1. Introduction

1.1 This document sets out guidance for practitioners working with people who seriously self-neglect.

1.2 This can be a difficult area for intervention as issues of mental capacity and lifestyle choice are often involved and include individual judgments about what is a socially acceptable way of living. Even in cases where it appears the risk to the individual may be high, there may be no clear legal grounds to intervene. Many decisions will hinge on whether the person concerned has the capacity to make an informed choice about how they are living and the risks to which they are exposed. Assessing capacity for an individual who is resistant to, or suspicious of, outside intervention, is fraught with challenges.

1.3 Self-neglect has featured in a significant proportion of Safeguarding Adult Reviews in England and Adult Practice Reviews in Wales where adults at risk have died as a result of apparent self-neglect. These Reviews illustrate the complexity of practice and the challenges that practitioners face in engaging with the person and achieving positive change. The frequency with which Safeguarding Boards have felt it necessary to inquire into the outcomes of cases of adults who self-neglect, and to develop procedures in response, suggests strongly that there is a need for public sector staff to have robust procedures to support them. Agencies should also be mindful of the criticisms levelled by Coroners' Courts when people known to be at risk of self-neglect are 'abandoned' by services following a superficial assessment of their capacity and their refusal of support services.

Multi-agency perspectives

1.4 This document is designed to be a guide that can be used by a variety of professionals from different agencies and should be read alongside the 'Multi-Agency Staff Protocol for the Management of Cases of Serious Self-Neglect' which offers a framework for the escalation of complex cases where the risks are high or critical and are not reducing with intervention.

1.5 Often it is family, neighbours or the wider community who draw attention to people who are self-neglecting, but housing, public utilities or emergency services may be the first agencies who discover that are people living in poor conditions.

Guidance

1.6 The document sets out the indicators of self-neglect. It stresses the importance of robust mental capacity assessment. Often people may have an initial presentation of making a capacitated choice when refusing help but more detailed assessment, if this can be achieved, may indicate the person's decision making or executive cognitive functioning is impaired. This may be particularly true of people developing dementia or with other mental health conditions, or those living with acquired brain injury whether that injury has been sustained through trauma or substance misuse.

1.7 It is important to balance people's right to make choices about how they live their lives with their protection, especially if they are vulnerable. Accurate assessment of risk and proportionality in intervention is key, alongside taking time to build rapport and trust with the person at risk.

1.8 The document also sets out the important role of multi-agency partnership working which can help to flesh out a fuller picture and to plan a way forward.

Self-Neglect and Safeguarding

1.9 Self-neglect is not defined as a category of neglect within Part 7 of the Social Services and Wellbeing (Wales) Act 2014 (SSWBA). The Wales Adult Safeguarding Procedures should be triggered when neglect (or abuse) of an adult at risk is suspected where the abuse of neglect is occurring because of the actions or omissions of another party.

1.10 People who seriously self-neglect are often at high risk of sustaining serious harm and fatalities are not uncommon. As with concerns of abuse and neglect of adults at risk at the hands of others, a multi-agency strategic approach to protection and risk mitigation is also crucial in cases of serious and complex self-neglect.

Legal implications

1.11 The document sets out some of the legal grounds for intervention and for information sharing. It covers responsibilities under the Mental Capacity Act 2005 and powers of the State to intervene, rooted in both health, social care and public health law. The document highlights that there is no one piece of legislation that provides a solution in all cases and that due diligence is needed when considering restricting a person's autonomy and freedom under Article 5 and right to private and family life under Article 8 of the Human Rights Act 1998. However, these rights are qualified rights and must be balanced against a public authority's duty to promote other Human Rights, including Article 2, Right to Life, and to take account of the wellbeing principle that runs throughout the Social Services and Well-Being (Wales) Act 2014 (SSWBA). Public health law also requires that statutory agencies take action to protect the wider public when there is risk of harm to them.

1.12 What is important is that any interference in Human Rights by the State must be in accordance with the law and be both necessary and proportionate. Further guidance on legal remedies is given in Appendix 5.

Self-neglect and Child Protection

1.13 It is vital to consider the welfare of any children who may be affected by issues of self-neglect by an adult. Under children's legislation there is a much clearer framework for intervention if a child appears to be suffering harm. Adult-focused services must work closely with children's services in such cases.

2. Definition of Self-neglect

2.1 Self-neglect involves any failure by an adult to take care of him or herself which causes, or is reasonably likely to cause, serious physical, mental or emotional harm, or

substantial loss of assets. Self-neglect may also involve living in squalid conditions and/or hoarding behaviour.

2.2 The presence of self-neglect should not lead to judgmental approaches to another person's standards of cleanliness or tidiness. All people will have differing values and comfort levels. Self-neglect concerns a person whose ability to manage their surroundings, their health or personal care, finances and/or basic daily living skills is so compromised that this is directly threatening their health and safety or the health and safety of others around them.

2.3 It is important to recognise that assessments of self-neglect and hoarding can be influenced by, personal, social and cultural values and professionals should always reflect on how their own values might affect their judgement. Professionals dealing with concerns about self-neglect and hoarding need to find the right balance between respecting a person's autonomy and meeting their duty to protect the person's wellbeing and the wider public. Assessment tools, together with professional judgment, can be used effectively to minimise the risk of individual unconscious bias and provide objective evidence of the degree of risk.

Indicators of self-neglect

2.4 Self-neglect is often defined across three domains – neglect of self, neglect of the environment and a refusal to accept help.

Neglect of self may include:

- Poor hygiene
- Dirty/inappropriate clothing
- Poor hair care
- Malnutrition / inadequate hydration
- Poor dental hygiene which may lead to tooth decay, gum disease and infection
- Medical / health needs unmet (e.g. diabetes – refusing insulin, treatment of leg ulcers)
- Alcohol / substance misuse
- Social isolation
- Situations where there is evidence that a child is suffering or is at risk of suffering significant harm due to self-neglect by an adult

Neglect of the environment may include:

- Unsanitary, untidy or dirty conditions which create a hazardous situation that could cause serious physical harm to the individual or others
- Hoarding
- Fire risk (e.g. smoker with limited mobility / hoarder)
- Poor maintenance of property
- Keeping lots of pets who are poorly cared for
- Presence of vermin
- Lack of heating
- No running water / sanitation
- Poor finance management (e.g. bills not being paid leading to utilities being cut off, unexplained money drawn from bank/savings account)

The above are often accompanied by a refusal to engage with services.

Causes of self-neglect

2.5 Causes may be many and varied. Self-neglect is often seen in older people for whom physical or mental decline means that the person is no longer able to meet all their personal or domestic care needs independently. In an ageing society, people may outlive their friends and relatives, and become increasingly isolated and lonely, which may contribute to depression and helplessness. Poverty and lack of mobility may exacerbate these and all these factors may contribute to the adult becoming unable to access health, care or maintain their home. Pride and a refusal to accept declining skills to self-care may also play a part in refusing support.

2.6 Mental illness, such as depression, psychosis, obsessive compulsive disorder or personality disorder, may also reduce a person's ability to self-care. People with a degree of learning disability who have 'slipped through the net' may also be vulnerable. People on the autistic spectrum or those with an acquired brain injury may also struggle to self-care and to manage their environment due to cognitive processing difficulties (finding it difficult to plan, initiate, sequence tasks, and problem solve) and may be fearful of intervention because of difficulties communicating and engaging with others. Making telephone calls can be difficult for people with mental health issues and for those who are on the autism spectrum. Offering a range of communication channels, including emails or texts, may help some individuals to accept support at an earlier point and minimise the impact of self-neglect. People who are dependent on substances may also self-neglect either because all their resources are directed at obtaining substances or their chronic degree of intoxication renders them incapable of caring for themselves.

2.7 Addressing the outcomes of such behaviours or difficulties is very important, and service providers can often find themselves involved should self-neglect become apparent with individuals who may come in direct contact with health, social care, housing and environmental services. However, it is important to recognise that self-neglect can be a transitory state and it is helpful to work with individuals to determine what the triggers may be. This is key to preventing the need for ongoing, repeated interventions from service providers in some cases. It may be that low mood or poor motivation linked to a depressive or psychotic episode or an episode of physical ill-health impact upon the individual's ability to carry out personal or home care tasks for a time. It may be that the individual has had no previous opportunity to acquire and rehearse the practical skills needed to maintain well-being or their home environment. Working with the individual to acquire those skills may help to resolve the situation and prevent further episodes.

2.8 In some instances, neglect occurs when an adult who is unable to self-care and who is dependent on a family carer does not receive the care they need and, in some cases, offers of assessment and support may be obstructed by the carer. In these cases, where there is reason to suspect that neglect is being caused by another person, a report should be made to the relevant Local Authority Safeguarding Team in the Bridgend or Cwm Taf Multi-Agency Safeguarding Hub (MASH).

Hoarding

2.9 Hoarding is the persistent difficulty in discarding or parting with possessions, regardless of their actual value. The behaviour usually has damaging effects –

emotional, physical, social, financial, and even legal – for a hoarder and family members. For those who hoard, the quantity of their collected items sets them apart from other people. Commonly hoarded items may be newspapers, magazines, paper and plastic bags, cardboard boxes, photographs, household supplies, food and clothing as well as collections of items that have got out of hand and take over the living space.

2.10 Indicators of a serious hoarding issue include where;

- The level of hoard poses a serious health risk to the person or neighbours
- There is a high risk of fire or infestations by insects or animals
- Hoarding is connected with other concerns of self-neglect, such as neglect of physical health, lack of adequate nutrition
- Hoarding may be linked to serious cognitive decline and lack of capacity to self-care and care for the environment
- Hoarding is threatening a person's tenancy and they are at risk of being made homeless through closure orders or possession orders.

2.11 Responses to hoarding may include:

- If the person has capacity to make decisions about seeking help, a referral, with their agreement, for psychological therapy or CBT would be indicated.
- Working with the person over time to support them in clearing their hoard. It may involve targeted work with the person on a plan to gradually clear the hoard and supporting them to do this.
- If the person lives in rented accommodation, they may need support in liaising with the landlord if they are threatened with eviction.
- The person may need support in liaising with environmental or pest control departments.
- With their agreement referral to the Fire Service for a preventative fire risk assessment.
- If the person lacks mental capacity to manage their environment, then they may need ongoing support with self-care and managing their domestic routine.
- Careful assessment of capacity and a thorough needs assessment are therefore important to establish how best and on what basis to intervene.
- When a person has capacity then it is important to work with them and to understand their wishes and feelings. If the person lacks capacity to make relevant decisions best interest decision making may be necessary whilst still taking into account the person's wishes as far as these can be ascertained.
- The agencies who may be best placed to support people who self-neglect may be one of the below or a combination of:
 - Mental health and/or Substance Misuse services
 - Dementia Support Services
 - Primary care and/or Community Nursing Services
 - Third sector services to provide advocacy and practical support
 - Supporting People staff or Housing tenancy-support officers
 - Environmental Health Services
 - Fire & Rescue Service
 - Adult social care assessment and Care & Support Planning under the Social Services and Well Being (Wales) Act 2014

2.12 A multi-agency planning meeting, initiated by any agency working with the person will be helpful to agree with the person a plan of support and who is best placed to provide this, or if the person lacks capacity, to agree the person's best interests.

Fire risk and options for professionals

2.13 People who self-neglect may well neglect other aspects of day to day life such as the maintenance of appliances. For example, a lack of regular checks by a trained engineer could lead to a boiler becoming unsafe. Everyday appliances such as a cooker/ stove may stop working. This may lead to more clandestine cooking practices and the use of camping type cooking materials or open flames. Such items pose a significant fire risk and the risk is magnified if associated with clutter and hoarding. Overloaded sockets and worn wires (where the external insulation is worn away exposing the live wires) are also fire hazards to be aware of. The use of candles is an increased fire risk. Many people use candles for decoration. For everyone, forgetting to extinguish them or not having sight of them (candle holders can burn through the surface that they are on) can lead to fires. However, if a client is using candles due to there being no light/ electricity in the property, then their use of candles is likely to be more frequent and consistent. This places them at greater risk.

2.14 People who hoard are at greater risk simply because there is more material in their homes to burn (known as "fire loading"). Secondly, properties where the resident hoards are often not fully accessible making it hard for plug points, appliances, wires, the boiler and other key points, to be checked regularly. Housing Associations or private landlords may take the decision to cut off electricity or gas supplies if the person refuses to allow routine maintenance or if hoarding prevents access. This may lead to further reliance on candles.

2.15 One of the most dangerous risk factors is smoking. This intensifies when the smoker discards cigarettes in an irresponsible manner or when falling asleep while smoking in bed or in an armchair. Those who combine smoking with alcohol or drug consumption are even more at risk as are those with mobility issues. Clutter may also prevent an escape from the property in the event of fire.

3. Guidance for professionals

Working with people who self-neglect

3.1 It has become increasingly evident that a short-term case management approach to people who self-neglect is unlikely to be successful. Case examples of successful work with people who self-neglect demonstrate the need for;

- relationship building,
- gaining trust,
- listening to people,
- assessing capacity at both a decision making and executive functioning level,
- taking account of the person's history and why they may have begun to self-neglect.

3.2 The concept of rapid through-put of cases and early closure must be varied when working with adults who self-neglect: managers and supervisors need to take this into account in terms of case load allocation.

3.3 It is also clear from research into adults who self-neglect that intervening at an early stage is more effective than waiting until the concerns have become more severe and entrenched. Therefore, too rigid an adherence to eligibility criteria in these cases may be counterproductive and lead to more intensive, intrusive and costly support being required later. Research evidences the importance of:

- A person-centred focus which attempts to establish a relationship of trust and cooperation that can facilitate greater acceptance of support
- Gaining insight into family background and work by professionals to explore the motivation and understanding behind decisions to decline services
- Not accepting superficial refusals of service, which leave professionals working reactively to each crisis rather than proactively engaging with repeated refusals of support
- Monitoring changing needs in order to be ready to respond when the individual did recognise the need for help and may be prepared to engage.
- Ensuring that capacity is assessed and recorded thoroughly on a decision specific basis and reassessing capacity over time.
- Developing legal literacy and recording the legal basis for decisions.

3.4 An analysis of recommendations from nineteen English Serious Case Reviews in which self-neglect featured made recommendations for:

‘a person-centred approach, which comprises: proactive rather than reactive engagement; attention to cultural, language and communication needs; and foregrounding service users’ wishes, views, experiences and needs. When faced with service refusal, there should be fuller exploration of what may appear a lifestyle choice and of the outcomes the person wishes to achieve. Contact should also be maintained, rather than the case closed, so that trust can be built and changes in motivation and in recognition of the need for help can be followed up..... [Professionals should] also consider the individual’s household, family and carers, with recommendations that carers must not be neglected in assessments and care planning, and that the dynamics between family members should be explored because they may underpin the self-neglect and profoundly influence a person’s decision-making.’

3.5 Professor Michael Preston–Shoot speaks of the ‘Care Frontational’ approach to people who self-neglect – challenging them sensitively to consider the implications of self-neglecting behaviour and what the results may be. It is also important to move from a position of ‘tell me’ to ‘show me’. This is because many people who self-neglect will often say the right things but may be unable to put their expressed intentions into practice. This moves the worker/ adult interaction from ‘tell me what you are going to eat today?’ to ‘show me how you will buy the food and cook it.’

3.6 In making referrals or following up on concerns, the aim is to gather information to inform an assessment of need which should include:

- Name, address and date of birth
- Details of GP, District Nurse/Health Visitor
- Whether there is outside agency involvement
- Details of family involvement / contacts
- Information about any social or family contacts
- Whether the adult lives alone
- Whether the individual knows a referral is being made and whether they have given consent
- The nature of the concern and person's views about this as far as this can be ascertained
- Whether there has been an on-going issue or sudden deterioration in the individual's wellbeing
- Whether there any children or other vulnerable adults at risk of harm as a consequence of the adult's behaviour

3.6 'How can we support people who self-neglect?' RiPFA (Research in Practice for Adults) 2015, identify 3 key stages:

1. 'Knowing' the individual, their unique history and the significance of their self-neglect complements the professional knowledge resources that practitioners bring to their work.
2. Such understanding is achieved through ways of 'being': personal and professional qualities of respect, empathy, honesty, patience, reliability and care – the ability to 'be present' alongside the person while trust is built.
3. Finally, 'doing' professional practice in a way that combines hands-on and hands-off approaches is important: seeking the tiny element of latitude for agreement, doing things - often practical things - that will make a small difference while negotiating for the bigger changes, and being clear about when enforced intervention becomes necessary.

Assessment of risk

3.8 A detailed and robust risk assessment is crucial in cases of serious self-neglect in order for the intensity and likelihood of adverse outcomes can be judged: the risk assessment should be multi-agency and collated by the agreed lead agency.

3.9 The risk assessment should include consideration of risks such as;

- Whether the person is refusing medical treatment/medication; is this life threatening?
- Whether there is adequate heating, sanitation, water in the home.
- Whether there are signs of the client being malnourished e.g. may be signs of begging for food or scavenging in bins or visibly thin.
- The condition of the environment – poor state of repair, vermin such as rats or flies or hoarding of pets.
- Whether there is evidence of hoarding
- Whether there are gas or electrical safety issues
- Whether there are serious concerns over level of personal or environment hygiene

- Whether the person may be suffering from untreated illness, injury or disease, may be physically unable to care for themselves or may be depressed.
- Whether the adult has serious problems with memory or decision making, signs of confusion or dementia rendering them unable to care for themselves
- Whether there are associated risks to children
- Seek to establish with the adult a history of their life to help understand their current situation including any major losses or traumas.

3.10 When an adult refuse to engage and appears to be at serious risk of harm, a detailed and specific capacity assessment of both decision making and executive functioning skills is critical in helping to determine how best to intervene. Capacity assessment in these circumstances is not a one-off event but a series of repeated assessments to build an understanding of a person's ability to make informed decisions and to carry out these decisions. If the person refuses initial contact, it is important not to close the case whilst uncertainty remains about the level of risk and the person's capacity to make informed decisions about their circumstances and need for support.

Legal interventions

3.11 In all circumstances, working with people with should be carried out in a way that is least intrusive and restrictive and which maintains choice, control and dignity. However, failing to take action to support or protect people at risk of harm can also be negligent and indicates a failure to preserve their dignity and wellbeing. It is always preferable to gain a person's agreement and only to consider more restrictive measures through legal remedies when this has failed or if the situation is an emergency.

3.12 Further information about legal interventions are in Appendix 3.

Housing Support

3.13 Landlord Services and Housing Associations/ Registered Social Landlords can and do play an important role in supporting people who self-neglect and/or hoard. Tenancy Support Officers can help to build relationships with their tenants in an effort to support people who are in need to avoid them losing their tenancy and becoming homeless. Sometimes, a combination of offering support juxtaposed with clear messages about what can occur if people do not cooperate, such as court applications to regain possession of a property which results in the tenant losing their tenancy completely or the use of a temporary premises closure order to manage a property back into suitable repair can help to secure an adult's engagement.

4. Mental Capacity, Self-neglect and Hoarding

Assessing Capacity

4.1 The Mental Capacity Act 2005 states that a person is unable to make a decision for himself if they have a permanent or temporary impairment to the functioning of their mind or brain (diagnostic test) **and** they are unable—

- (a) to understand the information relevant to the decision or
- (b) to retain that information or

(c) to use or weigh that information as part of the process of making the decision, or
(d) to communicate his decision (whether by talking, using sign language or any other means).

4.2 A person is not to be regarded as unable to understand the information relevant to a decision if they are able to understand an explanation of it given to him in a way that is appropriate to their circumstances (using simple language, visual aids or any other means).

4.3 Establishing a person's capacity to make decisions with regard to their self-neglect and hoarding is often a challenging exercise for many professionals. The Mental Capacity Act is clear on the presumption of capacity and the rights of individuals to make decisions that might seem to be unwise or eccentric. However, where a person is seriously neglecting themselves to the extent of threat to life is engaged, it is necessary to consider whether the person's decision-making ability is impaired because of an underlying disturbance to the functioning of their mind or brain. Where the person is ambivalent or refusing the involvement of services, this is not easy but must be attempted. If, after all attempts, it is not possible to assess the person's decision-making ability, legal advice should be sought, as it may be necessary to make an application to the Court of Protection for a declaration of the person's mental capacity to make the relevant decisions.

4.4 The Mental Capacity Act (MCA) requirement to assume capacity is sometimes used by a practitioner, faced with a person who is self-neglecting and refusing to engage, to reach a superficial conclusion that the person has capacity; meanwhile the supporting evidence of degree of harm that is occurring, may indicate a need for a closer look. The MCA Code of Practice says that, if a person repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or makes a particular unwise decision that is obviously irrational or out of character, although this may not necessarily mean that the person lacks capacity, there might be a need for further investigation, taking into account the person's past decisions and choices. For example, have they developed a medical condition or disorder that is affecting their capacity to make particular decisions? Are they easily influenced by undue pressure? Or do they need more information to help them understand the consequences of the decision they are making?

4.5 In cases of self-neglect, it is essential that a person's capacity to make informed choices about their personal and domestic care is assessed carefully. Capacity is a complex attribute, involving not only the ability to understand the consequences of a decision but also the ability to execute the decision. Without more in-depth assessment of capacity, there is a risk that the absence of executive functioning may not be recognised, and the person may be deemed to be making a capacitated choice when, in reality, they are not able to carry through the necessary actions to keep themselves safe. With regard to people who hoard there may be underlying mental health disorders such as obsessive-compulsive disorder (OCD) which impact on their decision-making ability with respect to their hoard.

4.6 There is a concern too that capacity assessments may overlook the decision-specific nature of capacity, with the result that apparent capacity to make simple decisions is assumed in relation to more complex ones. The Social Care Institute for Excellence (SCIE) report 46 'Self-neglect and adult safeguarding: findings from

research' (<http://www.scie.org.uk/publications/reports/report46.pdf>) provides a detailed list of various literature and research about assessing capacity and the varying views as to whether a person may or may not be deemed to have capacity about the life choices they are making. The SCIE report suggests that '*capacity must entail both the ability to make a decision in full awareness of its consequences, and also the capacity to carry it out*'. This means that assessing a person's capacity to decide whether or not to allow a professional to enter their home in order to carry out an assessment should not be used to conclude also about the person's capacity to cook a meal, go shopping, plan ahead for health appointments, to manage financial arrangements including paying utility bills or rent and to organise washing and housekeeping. In some cases, a person's capacity to know that they need to do these things may be thwarted by the pain and exertion required to carry them out, by severe depression or by pride that prevents then acknowledging a need for help.

4.7 If, after detailed capacity assessment, it has been possible to assess that the adult is making a capacitated decision to refuse support, the risks of making this decision must be discussed with the individual to ensure that they are fully aware of the consequences of their decision. This should be recorded. In these circumstances, it is absolutely the person's right to refuse services, leaving legal intervention as the only option.

4.8 Someone who hoards may exhibit the following:

- ☐ Severe anxiety when attempting to discard items, obsessive thoughts and actions: fear of running out of an item or of needing it in the future; checking the rubbish for accidentally discarded objects
- ☐ finding it hard to throw anything away and just move items from one pile to another
- ☐ finding it hard to categorize or organize items
- ☐ having difficulties making decisions
- ☐ keeping or collecting items that are of no monetary value, such as junk mail and carrier bags, or items they intend to reuse or repair
- ☐ distress, such as feeling overwhelmed or embarrassed by possessions
- ☐ struggling to manage everyday tasks such as cooking, cleaning and paying bills
- ☐ becoming extremely attached to items, refusing to let anyone touch or borrow them
- ☐ functional impairments, including loss of living space, social isolation, family or marital discord, financial difficulties, health hazards.

4.9 Some studies suggest that hoarding often starts in the teenage years (as early as 13 or 14), where broken toys or school papers may be collected. The hoarding then becomes worse with age. It is estimated that around 2-5% of the UK adult population experiences symptoms of compulsive hoarding. Hoarding can lead to a reduced quality of life. The collection can lead to reduced living space and often limits private and family life, for example by making it impossible to invite friends back to the house and by fears of shame at the hoard. Extreme hoarding can lead to serious risks to life through the possibility of the hoard collapsing on the person and fire risk with lack of means of escape. The hoard may also prevent routine cleaning, leading to infestations by insect or animal life. Sometimes the hoard is so serious that rooms become unusable and this can include bathroom and kitchen. Fire risks increase when the person tries to cook surrounded by flammable materials. As well as posing a risk to the person who hoards, neighbours can also be placed at risk from fire and infestations. When the person with a hoarding disorder is part of a family, normal family life is often

disrupted and children can suffer harm from becoming socially isolated or having nowhere to store their own possessions or to do homework.

4.10 Hoarding has now been recognised as a mental disorder within the International Classification of Diseases. People who hoard have often suffered traumas or losses in their life which lead to anxiety, depression and obsessional / compulsive behaviours. The person develops and extreme emotional attachment to the hoard.

4.11 Many people who hoard will have capacity in terms of decision making about the hoard and will often be torn between wanting to have a better quality of life and inability psychologically and emotionally to let go of the hoard. In order to support a person with a hoarding disorder, patient encouragement may be needed combined with therapeutic interventions such as counselling. Some people who hoard may do so because they are experiencing cognitive decline through dementia or other disorder which prevents them from being able to manage and discard possessions. It is important to gain a history to establish whether the hoarding disorder is long-standing and linked to a psychological disorder or whether it is linked to loss of cognitive capacity or learning disability. The reason for the hoarding behaviour will help to inform the best ways to intervene.

4.12 The National Institute for Health and Care Excellence (NICE) recommends that a period of cognitive behavioural therapy (CBT) is considered for adults who have significant problems with hoarding. Regular sessions of CBT over a long period of time are usually necessary and should include some home-based sessions, working directly on the clutter. This requires motivation, commitment and patience, as it can take many months to achieve the treatment goal. The goal is to improve the person's decision-making and organisational skills, help them overcome urges to save, and ultimately clear the clutter, room by room. The therapist does not throw anything away but helps guide and encourage the person to do so. The therapist can also help the person develop decision-making strategies, while identifying and challenging underlying beliefs that contribute to the hoarding problem. The person gradually becomes better at throwing things away, learning that nothing terrible happens when they do so, and becomes better at organising items they insist on keeping. They may also be encouraged to keep a daily log of what they have purchased to monitor incoming clutter. In some cases, support from decluttering and clearance services can help but this is rarely successful in the long term unless it is carried out sensitively with the cooperation and agreement of the person who hoards. If not, it can simply add to the trauma and intensify the need to start collecting again.

4.13 At the end of treatment, the person may not have cleared all their clutter but they will have gained a better understanding of the problem. They will have a plan to help them continue to build on their successes and avoid slipping back into their old ways. However, if the hoarding behaviour is due to cognitive decline or learning disability, psychological therapy may not be beneficial; instead the person may need ongoing practical help to maintain their home.

Initial contact

4.14 Concerns regarding people who self-neglect may be raised by any number of different sources, including concerned family members or neighbours who may raise an alert via the Council. Voluntary organisations, such as Age UK, or churches and

faith groups, who are already supporting a person may also become aware of self-neglect concerns. Other statutory agencies may also raise alerts, such as the Ambulance, Police, Fire Service or health providers including GP's, mental health services, addiction services and hospital staff. Housing providers are also often key holders of important information about people who self-neglect and may be the first to pick up on serious concerns about a tenant.

Advocacy and support

4.15 The SSWBA requires that a Local Authority must arrange, where appropriate, for an independent advocate to represent and support an adult from their first point of contact with the adult social care service in order to enable the adult to participate as fully as possible in the care and support assessment and planning process. People who self-neglect or hoard may not agree to engage with an advocate any more than they may agree to engage with any other professional. However, the need for advocacy should be considered and kept in mind. This is especially true if the person's situation may lead to sanctions, for example if the landlord is seeking a possession order due to the unsafe state of the property.

4.16 In cases of suspected self-neglect, the first course of action should be to work alongside a person to empower them to change their situation. However, people who neglect themselves are often suspicious of authority and gaining trust and consent to care can take time. There may be times when legal action is necessary, when all attempts at working together with the person have failed and the risks are not sustainable.

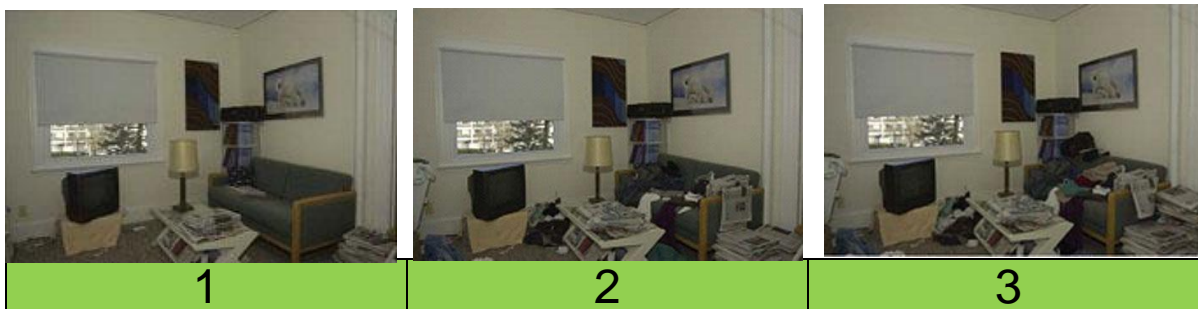
Appendix 1: Clutter Rating Scale

Adapted from Frost, RO, Steketee G, Tolin DF, Renaud S. Development and validation of the Clutter Image Rating. Journal of Psychopathology and Behavioral Assessment. 2008;32:401–417

Level 1



1	2	3
Low level clutter – Develop a rapport with the person concerned. Consider the person's ability to understand the tenancy agreement. Support person to engage with topics of interest and meet with others who have similar interest in local community - develop relationships.		



Level 1 <i>Clutter image rating 1 - 3</i>	Household environment is considered standard. No specialised assistance is needed.
1. Property structure, services & garden area	<ul style="list-style-type: none"> • All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Garden is accessible, tidy and maintained
2. Household Functions	<ul style="list-style-type: none"> • No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 0-3 on the Clutter Rating Scale • No additional unused household appliances appear in unusual locations around the property • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health.

3. Health and Safety	<ul style="list-style-type: none"> • Property is clean with no odours, (pet or other) • No rotting food • No concerning use of candles • No concern over flies • Residents managing personal care • No writing on the walls • Quantities of medication are within appropriate limits, in date and stored appropriately.
4. Animals and Pests	<ul style="list-style-type: none"> • Any pets at the property are well cared for • No pests or infestations at the property
5. Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • No PPE required • No visit in pairs required.

Level 2



4	5	6
<p>Moderate clutter – Identify most suitable person to engage with the person. Enquiries to consider why and when this began, capacity of person to make each relevant decision including capacity to understand tenancy agreement. Multi-agency response may be headed by the most suitable agency. Risk assessment required and work with the person concerned at their pace. Do not discuss removing any goods until rapport developed and full assessment of the person's needs, values and wishes conducted.</p>		



4	5	6
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Level 2 <i>Clutter Image Rating 4 – 6</i>	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
1. Property structure, services & garden area	<ul style="list-style-type: none"> • Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open
2. Household Functions	<ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) score between 4-5 on the clutter scale. • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside
3. Health and Safety	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food • No concerning use of candles • Resident trying to manage personal care but struggling • No writing on the walls

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

Level 3



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High level clutter – Where there is a risk to the persons physical and mental wellbeing, a full multi-agency meeting held to plan the assessment and intervention process.



7

8

9



<p>Level 3</p> <p>Clutter image rating 7 - 9</p>	<p>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 referral due to the significant risk to health of the householders, surrounding properties and residents.</p>
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1. Property structure, services & garden area	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp • Interior doors missing or blocked open • Evidence of indoor items stored outside
2. Household Functions	<ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment • Resident is using candles • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement where applicable • Property is at risk of notice being served by Environmental Health
3. Health and Safety	<ul style="list-style-type: none"> • Human urine and or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health
4. Animals and Pests	<ul style="list-style-type: none"> • Animals at the property at risk due the level of clutter in the property • Resident may not able to control the animals at the property

	<ul style="list-style-type: none"> • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Hoarding of animals at the property • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation
5. Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • PPE required.

1. Guidance Questions for Practitioners

Listed below are examples of questions to ask where you are concerned about someone's safety in their own home, where you suspect a risk of self- neglect and hoarding?

The information gained from these questions will inform a Hoarding Assessment and provide the information needed to alert other agencies. Many people with a hoarding problem will be embarrassed about their surroundings, so adapt the question to suit your people.

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

- What do you do with your dirty washing?
- Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?
- How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
- Are there any broken windows in your home? Any repairs that need to be done?
- Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?
- Do you struggle with discarding things or to what extent do you have difficulty discarding, recycling, selling or giving away

Appendix 2: Risk Indicator Checklist - Self-Neglect &/or Hoarding

FACTORS	GUIDANCE			
1.The vulnerability of the person	Less vulnerable	More vulnerable		<ul style="list-style-type: none"> Does the person have mental capacity to make decisions with regard to care and support/accommodation etc? Does the person have a diagnosed mental disorder? Does the person have an alcohol or substance dependency? Does the person have any informal support network? Does the person accept support services? Does the person understand the challenges they are facing?
2.Types of seriousness of Hoarding	Low risk	Moderate	High/Critical	<ul style="list-style-type: none"> Refer to the table overleaf. Types & Seriousness of the issues. Look at the relevant categories and use your knowledge of the person and your professional judgement to gauge the seriousness of the concern. Consistent low-risk judgements could potentially be addressed by a single agency. <p>This tool does not replace professional judgement and does not aim to set a rigid threshold for intervention but seeks to provide a framework to support professional decision-making.</p>
Self-Neglect				
Hoarding Property				
Hoarding Household Functions				
Hoarding Health & Safety				
3. Level of Self-Neglect/Hoarding	Low Risk	Moderate Risk	High Risk	<p>Determine if the hoarding /self-neglect is:</p> <ul style="list-style-type: none"> A Fire Risk Impacting on the person's wellbeing (Care Act 2014 definition)? Preventing access to emergency services? Affecting the person's ability to cook, clean and general hygiene? Creating limited access to main areas of the house? Is the person at increased risk of falls?
4.Background to self-neglect/Hoarding	Low Impact		Seriously affected	<ul style="list-style-type: none"> Does the person have a disability that means that they cannot care for themselves? Does the person have mental health issues and to what extent? Has this been a long-standing problem? Does the person engage with services, support and guidance offered? Are there social isolation issues?
5.Impact on Others	No-one else affected	Others indirectly affected	Others directly affected	<p>Others may be affected by the self-neglect or hoarding. Determine if:</p> <ul style="list-style-type: none"> Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding /self-neglect? Does the hoarding /self-neglect prevent the person from seeing family and friends? Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of Abuse or Neglect by another party	No suspicion of abuse or neglect by another party	Some indicators present	Reasonable suspicion exists	<p>Determine if there is reason to suspect:</p> <ul style="list-style-type: none"> That the self-neglect/hoarding is an indicator that the person may be being abused or neglected by someone else That a crime may be taking place That the person is being targeted for abuse or exploitation from local people <p>If any of the above apply, seek advice from MASH Adult Safeguarding Teams. Complete Safeguarding Report.</p>
7.Legal Frameworks	No current legal issues	Some legal issues but not currently impacting	Serious legal issues	<p>Try to determine whether:</p> <ul style="list-style-type: none"> The person is at risk of eviction, fines, non-payment issues There is an environmental risk that requires action- Public health issues There are safeguarding and animal welfare issues Fire risks that are a danger to others

Types and Seriousness	Examples of concerns that might be managed by a single agency approach.	The examples below are likely to require a multi-agency, co-ordinated approach. If any professional perceives that the person is in immediate danger, 999 should be called.	
LEVEL OF RISK	MINIMAL RISK	MODERATE RISK	HIGH/CRITICAL RISK
Self-Neglect	<ul style="list-style-type: none"> Person is accepting of support and services (beware disguised compliance) Health care needs are being addressed Person is not losing weight There are no carer issues Person has access to social and community activities Person is able to manage daily living activities Personal hygiene is good 	<ul style="list-style-type: none"> Access to support services is limited Health care and attendance at appointments is sporadic Person is losing or of low weight Person's mental health and wellbeing are being affected Person has limited social interaction Carers are not present Person has limited access to social and community activities Person's ability to manage daily living skills is compromised Personal hygiene is becoming an issue 	<ul style="list-style-type: none"> The person refuses to engage with services Health care is poor and there is deterioration in health Weight is reducing and the person is noticeably under-weight Wellbeing is affected on a daily basis; the person's mood is low and they may be expressing thoughts of self-harm or suicide. Substance misuse (alcohol, illicit or prescription drugs) is an additional complicating factor Person is isolated with little or no support from family/friends Person does not engage in social or community activities The person cannot manage daily living activities Hygiene and personal care is poor and may be causing health conditions (e.g. scabies, pressure sores, untreated wounds, infections) Aids and adaptations are refused or not accessed Repairs are refused
Hoarding Property	<ul style="list-style-type: none"> All entrances and exits, stairways, roof space and windows accessible. Smoke alarms fitted and functional or referrals made to fire service to visit and install. All services functional and maintained in good working order. Garden is accessible, tidy and maintained 	<ul style="list-style-type: none"> Only one major exit is blocked Only one of the services is not fully functional Concern that services are not well maintained Smoke alarms are not installed or not functioning Garden is not accessible due to clutter, or is not Maintained Evidence of indoor items stored outside Evidence of light structural damage including damp Interior doors missing or blocked open 	<ul style="list-style-type: none"> Limited access to the property due to extreme clutter Evidence may be seen of extreme clutter seen at windows Evidence may be seen of extreme clutter outside the property Garden not accessible and extensively overgrown Services not connected or not functioning properly Smoke alarms not fitted or not functioning Property lacks ventilation due to clutter Evidence of structural damage or outstanding repairs including damp Interior doors missing or blocked Evidence of indoor items stored outside
Hoarding - Household Function	<ul style="list-style-type: none"> No excessive clutter, all rooms can be safely used for their intended purpose All rooms are rated 0-3 on the clutter Rating scale 	<ul style="list-style-type: none"> Clutter is causing congestion in the living spaces and is impacting on the use of rooms for their intended function 	<ul style="list-style-type: none"> Clutter is obstructing the living spaces and is preventing the use of rooms for their intended purpose Room scores 7-9 on the Clutter Rating Scale and not used for their intended purpose Beds inaccessible or unusable due to clutter or infestation

	<ul style="list-style-type: none"> No additional unused household appliances appear in unusual locations around the property Property is maintained within terms of any lease/tenancy agreements where appropriate Property is not at risk of action by Environmental Health 	<ul style="list-style-type: none"> Clutter is causing congestion between the rooms and entrances Room scoring is between 4-5 on the Clutter Rating Scale Inconsistent levels of housekeeping throughout the property Some household appliances are not functioning properly and there may be additional units in unusual places Property is not maintained within the terms of the lease or tenancy agreement where applicable Evidence of outdoor items stored outside 	<ul style="list-style-type: none"> Entrances, hallways and stairs blocked or difficult to pass Toilets, sinks not functioning or not used Resident at risk due to living environment Household appliances are not functioning or inaccessible and no safe cooking environment Resident is using candles Electrical wiring appears unsafe or gas supply is turned off No evidence of housekeeping being undertaken Evidence of outdoor clutter being stored indoors Broken household items not discarded e.g. broken plates or glass Concern for deteriorating mental health and wellbeing Notice of seeking possession or eviction proceedings in progress Environmental health enforcement action being considered or in progress
Hoarding Health & Safety	<ul style="list-style-type: none"> Property is clean with no odours No rotting food No concerning use of candles No concern over flies Resident is managing personal care No writing on the walls Quantities of medication are within appropriate limits, in date & stored appropriately Personal protective equipment is not required 	<ul style="list-style-type: none"> Kitchen & bathroom are not kept clean Offensive odour in the property Resident is not maintaining safe cooking environment Some concern about the quantity of medication or its storage or expiry dates No rotting food No concerning use of candles Resident trying to manage personal care but struggling No writing on the walls Light insect infestation (bed bugs, animal fleas, cockroaches, ants etc) Personal protective equipment required (gloves, boots, face mask, hand sanitiser, insect repellent) 	<ul style="list-style-type: none"> Human urine and or excrement may be present Excessive odour in the property, may also be evident from the outside Rotting food may be present Evidence may be seen of unclean, unused and or buried plates & dishes. Broken household items not discarded e.g. broken glass or plates Pungent odour can be smelt inside the property or from outside Inappropriate quantities or storage of medication Concern with the integrity of the electrics Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics Concern for declining mental health Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish etc) Visible rodent infestation
Hoarding - Safeguarding of children, family members, animals	<ul style="list-style-type: none"> No Concerns for household members 	<ul style="list-style-type: none"> Children or vulnerable adults living in the property - will require reporting to MASH Animals in the property who appear to be unwell, malnourished or with skin conditions - may require reporting to RSPCA 	<ul style="list-style-type: none"> Hoarding on clutter scale of 7-9 Children or adults at risk living in the property - will require reporting to MASH Animals in the property who appear to be very unwell, malnourished or with skin conditions - will require reporting to RSPCA

RESPONSIBILITY	CAN BE MANAGED VIA SINGLE AGENCY BUT ANY WORKERS ENGAGE WITH THE PERSON AND WORK COLLABORATIVELY ON ALL ISSUES	<p>IF MODERATE RISK IS IDENTIFIED IN ANY DOMAIN, THE FOLLOWING ACTIONS WILL BE REQUIRED</p> <p>HOUSING OFFICER (IF SOCIAL HOUSING LANDLORD) OR SOCIAL WORKER ARRANGES A MULTI-AGENCY MEETING TO SHARE INFORMATION AND DEVELOP A CO-ORDINATED INTERVENTION PLAN WHICH IS REVIEWED AT REGULAR AGREED INTERVALS. A LEAD AGENCY AND LEAD PROFESSIONAL ARE IDENTIFIED.</p>	<p>IF ANY HIGH/CRITICAL RISK IS IDENTIFIED IN ANY DOMAIN, THE FOLLOWING ACTIONS WILL BE REQUIRED.</p> <p>REFERRAL TO SELF-NEGLECT PARTNERSHIP PANEL IS MADE BY THE LEAD AGENCY OR ANY AGENCY/PROFESSIONAL INVOLVED WITH THE PERSON.</p>

Appendix 3: Legislation

1. Social Services & Well-Being (Wales) Act 2014

The Local Authority has a duty under Part 2 of the Act to provide an Information, Advice and Assistance service, under Part 3 to assess an individual's needs for care and support where this appears to be necessary and under Part 4 to meet eligible needs. Needs will be eligible if;

- they arise from the adult's physical or mental ill-health, age, disability, dependence on alcohol or drugs or other similar circumstances and
- as a result the adult is not able to meet their needs, either alone, or with support of willing others, or with assistance of services in the community.

Relevant needs will be related to the individual's;

- Ability to carry out self-care or domestic routines
- Ability to communicate
- Need for protection from abuse or neglect
- Need for involvement in work, education, learning or in leisure activities
- Need for maintenance or development of family or other significant personal relationships
- Need for the development and maintenance of social relationships and involvement in the community
- Need to fulfil caring responsibilities for a child

These duties also apply to carers generally.

Under Section 126 of the Act, a local authority has a duty to make enquiries itself or cause others to make enquiries in cases where it has reasonable cause to suspect that an adult:

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

Neglect is defined as 'failure to access medical care or services, negligence in the face of risk-taking, failure to give prescribed medication, failure to assist in personal hygiene or the provision of food, shelter, clothing; emotional neglect'. Essentially, to fall within Adult Safeguarding, neglect must be of one person by another, who is responsible for providing care or treatment.

Part 3 and 4 of the Act place a duty on local authorities to assess whether a person has needs for care and support and, if their needs cannot be met in any other way, to provide a care and support plan, which may in turn result in services being provided to meet needs.

2. Mental Capacity Act 2005

This Act established important principles including:

Principle 1: Self-determination and informed consent. There is a presumption that adults will make their own decisions and that support, assistance, services and sometimes major intervention for an individual will be on the basis of that person's valid consent.

Principle 2: Proportionality and least restrictive intervention. Assistance and intervention should be based on a principle of proportionality and least intrusiveness. That is, the extent, nature and degree of a response should be commensurate with the extent, nature and degree of the risks in question.

A person must be assumed to have capacity unless it is established that he lacks capacity. A person is unable to make a decision for himself if he is unable:

- To understand the information relevant to the decision
- To retain that information
- To use or weigh that information as part of the process of making the decision or
- To communicate his decision whether by talking, using sign language or any other means.

An inability to satisfy any one of these four conditions would render the person incapable of making the decision in question.

Under section 2 of the Mental Capacity Act 2007, the decision maker must:

- a) Consider whether it is likely that the person will at some time have capacity in relation to the matter in question.
- b) Permit and encourage the person to participate as fully as possible in any act done for him and any decision affecting him.
- c) Consider the person's past and present wishes and feelings [and, in particular, any relevant written statement made by him when he had capacity.]
- d) Consider the beliefs and values that would be likely to influence his decision if he had capacity, and the other factors that he would likely to consider if he were able to do so.
- e) Take into account, if it is practicable and appropriate to consult them, the views of
 - i. anyone named by the person as someone to be consulted on the matter in question or in matters of that kind.
 - ii. anyone engaged in caring for the person or interested in his welfare.
 - iii. any donee of a Lasting Power of Attorney granted by the person
 - iv. any deputy appointed for the person by the court.

The Court of Protection can make an order under Section 16(2) of the MCA relating to a person who lacks capacity's welfare, which makes the decision on that person's behalf to allow a third party (including local authority practitioners) access to that person. Failure to comply with an order of the Court of Protection could be a contempt of Court.

The Court can attach a penal notice to the order, warning that failure to comply could result in imprisonment or a fine.

Mental Capacity Act Code of Practice

The Mental Capacity Act Codes of Practice covers issues such as:

- Who should assess capacity?
- Whether the person has made an advance decision or given authority to someone else to make this decision.
- How to determine "Best Interest" and when to call a Best Interest meeting.
- The role and function of the Independent Mental Capacity Advocate.

- The role of the Court of Protection.
- The Deprivation of Liberty Safeguards (DoLS) (in the DoLS Code of Practice).

When assessing someone who self-neglects it is important to remember that when a person makes a decision which is unwise, inappropriate or places themselves at risk, this does not necessarily mean that they lack capacity to make that decision. Poor decision making alone does not constitute lack of capacity. The assessment of capacity must be based on the person's ability to make a decision in relation to the relevant matter. In case of self-neglect where a person is repeatedly making decisions that place him/herself at risk of serious harm and could result in preventable suffering or damage, an assessment of capacity should be undertaken.

If the person is assessed as lacking mental capacity to make a decision, then any decisions made on the person's behalf must be made in their best interests. The action taken should consider:

- The wishes, feelings, values and benefits of the person who has been assessed as lacking mental capacity.
- The views of family members, parents, carers and other people interested in the welfare of the person lacking capacity, if it is practical and appropriate.
- The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney.
- The views of any Deputy appointed by the Court of Protection to make decisions on the person's behalf.

3. Gaining access to an adult who may be at risk of harm:

The following legal powers may be relevant, depending on the circumstances:

- If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare: the Court of Protection has wide-ranging powers to make decisions in the person's best interests. The Court could, for instance, order that the person allows access to their home to certain professionals/agencies, receives certain services or could include their removal from their home to another place, such as a care setting.
- If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely, the inherent jurisdiction of the High Court enables the Court to make an order, in any circumstances not governed by specific legislation or rules, which the Court considers appropriate (for example, to remove the person from their home to a care setting or, in extreme circumstances, to require the person to submit to medical treatment).
- If an adult is believed to be experiencing abuse or neglect and access to him/her is being prevented for whatever reason and all attempts to gain access to the person have failed, a Local Authority Authorised Officer can apply to the Magistrates' Court for an Adult Protection & Support Order, which would require access to be given and a private conversation to take place between the adult at risk and the Authorised Officer. The purpose of the Order is to establish whether the person is making decisions freely and whether they require support and/or protection. It does not allow removal of the person from their address.
- If there is concern about a person believed to be suffering from a mental disorder, Section 115 of the MHA provides the power for an Approved Mental Health Professional (approved by a local authority under the MHA) to enter and inspect any

premises (other than a hospital) in which a person with a mental disorder is living, on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care. Section 115 does not allow the use of force to enter the premises.

- If a person is believed to have a mental disorder, and there is suspected neglect or abuse or, living alone, the person appears to be unable to care for him/herself, under Section 135(1) of the MHA, a Magistrates' Court has the power, on application from an Approved Mental Health Professional, to allow the police to enter premises, using force if necessary and if thought fit, to remove a person to a place of safety for up to 24 hours whilst appropriate arrangements are made for the person.
- There is a common law power for the police to prevent, and deal with, a breach of the peace. Although breach of the peace is not an indictable offence the police can enter and arrest a person to prevent a breach of the peace even in a private dwelling.
- If there is risk to life and limb, Section 17(1)(e) of PACE gives the police the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. (This represents an emergency situation and it is for the police to exercise the power - they cannot be instructed to do so by any professional or agency).

4. Inherent jurisdiction of the High Court

'Inherent jurisdiction' is a term used to describe the power of the High Court to hear any case which comes before it unless legislation or a rule has limited that power or granted jurisdiction to some other court or tribunal to hear the case. This means that the High Court has the power to hear a broad range of cases including those in relation to the welfare of adults, so long as the case is not already governed by procedures set out in rules or legislation. It is 'common law' developed by the High Court to control the procedures before it and to stop any injustices arising from it being prevented from hearing any case.

This procedure cannot usually be used in relation to people who lack capacity, because such cases are dealt with by the Court of Protection under the procedures established by the MCA. However, inherent jurisdiction may still be relevant to an adult lacking capacity if the matter and intervention required are not covered by the MCA; for example, when making a declaration of non-recognition of a marriage. It could, in exceptional circumstances, be necessary for a local authority to make an application to the High Court to ask the Court to exercise its inherent jurisdiction to protect an adult with mental capacity.

5. Mental Health Act 1983

Assessment under the Mental Health Act may be indicated in cases of self-neglect where the person is suffering from a mental disorder, as the person may require hospital admission for assessment and treatment, if the statutory criteria are met. Admission to hospital for assessment for up to 28 days under Section 2 of the Mental Health Act 1983 requires recommendations from 2 medical practitioners and an application by an Approved Mental Health Professional.

Section 135 Mental Health Act

Provides the authority for an Approved Mental Health Professional to seek a warrant authorising a Police Officer to enter premises (using reasonable force, if necessary) if it is believed that someone is suffering from a mental disorder, is being ill-treated or neglected or

kept otherwise than under proper control anywhere within the jurisdiction of the court, or being unable to care for himself and is living alone in any such place. This allows a Police Officer with a Doctor and Approved Mental Health Professional to enter the premises and remove the person to a place of safety for a period of up to 24 hours with a view to an application being made under Part II of the Act, or other arrangements for their treatment or care. A place of safety may include a suitable registered care home.

Section 7 of the 2007 Mental Health Act – Guardianship

Application for guardianship is made by an approved Mental Health Professional or the person's nearest relative (as defined under the Act). Two Doctors must confirm that:

- The patient is suffering from a mental disorder of a nature or degree that warrants reception into guardianship and;
- It is necessary in the interests of the patient's welfare or for the protection of others.

The guardian must be a local social services authority, or person approved by the social services authority, for the area in which the proposed guardian lives.

Guardianship requires the:

- Patient to live at a place specified by the guardian
- Patient to attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment) and that a doctor, social worker or other person specified by the guardian can see the patient at home.
- Patient to allow access to certain specified professionals or agencies to any place where the person is residing

6. Environmental Health Legislation

Local authorities with environmental health responsibilities have powers to deal with public health problems, including as a last resort powers of entry to a dwelling. These powers are sometimes relevant to vulnerable adults who may be subject to extreme self-neglect or neglect from other people, and where the consequence is that a public health issue has been created.

Public Health Act 1936

Under the Public Health Act 1936 section 83, Local Authorities have a duty to give notice to the owner or occupier of a dwelling to take certain steps to clean, disinfect a dwelling and destroy vermin. The duty is triggered if the local authority believes the filthy and unwholesome state of the premises is prejudicial to health, or if the premises are verminous. As a last resort the council has a power of entry to premises, using force if necessary. An order can be obtained from a Magistrates' Court (Public Health Act 1936, Section 287).

Section 84 indicates that the occupier of a premises can also be required to disinfect or destroy any unsanitary articles. If the occupier fails to comply with cleansing requirements for the premises or articles, the Local Authority has the power to carry out the work itself and make a reasonable charge. The person is also liable to a fine. If a person, or their clothing, is verminous, the Local Authority can remove him or her (with their consent or with a court order) for cleansing under Section 85 for cleansing (Public Health Act 1936, Sections 83–86).

Environmental Protection Act 1990

The Local Authority has a duty to investigate statutory nuisances, such as noise, smoke, odour, dust and light nuisance, as set out in s79 of the Act.

Where satisfied a statutory nuisance exists the Local Authority must serve an abatement notice imposing requirements. The act also contains powers of entry to premises which are obtained via a warrant from a Magistrates Court.

7. Crime & Policing Act 2014 (section 76-93) Part 4, Chapter 3 of the ASB Premises Closures

A closure order can be issued if the court is satisfied:

- that a person has engaged, or (if the order is not made) is likely to engage, in disorderly, offensive or criminal behaviour on the premises; or
- that the use of the premises has resulted, or (if the order is not made) is likely to result, in serious nuisance to members of the public; or
- that there has been, or (if the order is not made) is likely to be, disorder near those premises associated with the use of those premises, and that the order is necessary to prevent the behaviour, nuisance or disorder from continuing, recurring or occurring.

8. Landlord & Tenant Act 1985, Case Law and the Tenancy Agreement

Access can be permitted in one of two ways:

- the tenant can give permission
- where the law confers a right of access (Housing Act 1985, case law or tenancy agreement)

If the tenant does not give permission, the landlord can enter the property without notice by any necessary means if there is an emergency such as a fire or water burst. For other repairs or maintenance, the landlord cannot force entry. Notice must be given to the tenant. If the tenant will not allow access, legal proceedings must be instigated to give access. This would be to enable inspections and repairs/ maintenance works to be carried out.

If there is a breach in the tenancy around poor property condition, tenancy enforcement action can be taken which could result in the tenant losing their home.

9. Human Rights Act 1998

Article 8- Right to respect for private and family life

This states that everyone has the right to respect for his private and family life, his home and correspondence and that there shall be no interference by a public authority with the exercise of this right except in certain circumstances. Any intervention must accord with the law and be for a range of reasons which include public safety and the protection of health or for the protection of the rights and freedoms of others. However Article 8 is a qualified right and has to be balanced against other laws designed to protect the individual and/or those around them.

Article 2 – Right to life

Article 2 is one of the most fundamental provisions in the European Convention on Human Rights. The state must never arbitrarily take someone's life and must also safeguard the lives

of those in its care. In addition, the state must carry out an effective investigation when an individual dies following the state's failure to protect the right to life, or the use of force by government officials.

Article 3 – Right to freedom from inhuman and degrading treatment

Article 3 is also an absolute right. No-one should be subjected to treatment that causes intense physical or mental suffering or to treatment that is humiliating and undignified.

Article 5 - Right to liberty and security of the person

This states that no one should be deprived of his liberty other than in accordance with the procedure prescribed by law or in a number of specified circumstances. One of the provisions relates to 'lawful detention for the prevention of the spreading of infectious diseases, of service users of unsound mind, alcoholics, drug addicts or vagrants' (5) (l) (e)

Appendix 4: Glossary of Relevant Services

Cwm Taf Multi-Agency Safeguarding Hub (MASH)

All suspected abuse or neglect perpetrated by another person or persons on an adult with care and support needs should be reported to MASH, which is a partnership of RCT & Merthyr Tydfil CBC's Adult & Children's Safeguarding Teams, Education, Cwm Taf University Health Board Safeguarding specialist nurses, South Wales Police Public Protection staff, the National Probation Service and the Community Rehabilitation Company.

Cwm Taf MASH: 01443 743730

Bridgend Multi-Agency Safeguarding Hub (MASH)

The MASH is a partnership between BCBC Adult and Children's Safeguarding Teams, Children's Services Information Advice and Assistance and Early Help Team, Education, Cwm Taf University Health Board Safeguarding specialist nurses, South Wales Police Public Protection staff and Community Drug and Alcohol Team. All suspected abuse or neglect perpetrated by another person or persons on an adult at risk needs to be reported to the MASH

01656 642320 (children at risk)

01656 642477 (adults at risk)

Advocacy Support

RCT & Merthyr Tydfil

Dewis (under 50s and people living with a learning disability): 01443 827930

Age Connects Morgannwg: 01443 490650

Alzheimer's Society: 01685 353919

Merthyr & the Valleys Mind: 01685 707480

Bridgend

The 'Bridgend Voice and Choice' hub has been set up as a first port of call for anyone who needs an 'advocate' to represent their opinions and stand up for their rights.

A dedicated helpline has been created which can be called by the public on 0808 801 0330. The helpline is available from Monday to Friday, 9am – 5pm.

Rhondda Cynon Taf, Bridgend & Merthyr Tydfil County Borough Councils

Adult Social Care

All Councils offer Information, Advice, Assistance, Care and Support in line with the Social Services and Well-being (Wales) Act, 2014 to adults over the age of 18 years and their carers. A sample of some the services available are listed below:

Signposting
Reablement occupational and physiotherapy services specialising in physical and memory issues.
Support at home services to implement reablement plans or provide ongoing domiciliary care & support
Aids/adaptations
Assessments of Care & Support Needs
Independent Living Services
Day-time opportunities
Advice/support around money management, housing issues, social isolation
Carer support
Sitting services
Professional social work
Residential care

Support is tailored to the individual's needs to enable them to achieve their personal outcomes and promote their physical and emotional well-being.

RCT First Response Service: 01443 425003
Bridgend First contact Team: 01656 642279
Email: contactassessmentreviewteam@bridgend.gov.uk
Merthyr Tydfil Initial Support Service: 01685 725000

Environmental Health Services

The Pollution and Public Health Teams investigate complaints of filthy and verminous premises from a variety of sources e.g. neighbours, external agencies or a concerned family member.

RCT Environmental Services: 01443 425001
Bridgend: Phone 0300 123 6696
Merthyr Tydfil: 01685 725000

RSPCA

- National Helpline to report animals in distress or animal cruelty: 0300 1234 999

Anti-Social Behaviour and Hate Crime Teams

RCT: 01443 425001
Bridgend: 01656 306069

Merthyr Tydfil: 01685 725000

Drug and Alcohol Services

Drug & Alcohol Services have a single point of access service for Cwm Taf to specialist statutory and third sector substance misuse service providing assessment, treatment, care & support for people dependent on substances (drugs and alcohol).

Referral process – Self or Professional

Telephone via **DASPA** 0300 333 0000 or online <http://daspa.org.uk>

Walk in assessment sessions are available at all Cwm Taf University Health Board's Community Drug & Alcohol Team (CDAT) locality clinics - details on when to attend will be given when making referral.

Bridgend

The Community Drug and Alcohol Team provides a service for people experiencing problems with substance misuse. We offer an accessible specialist service, based upon a harm reduction approach which includes working towards abstinence where appropriate; providing care programmes that are developed individually with each person.

Phone: 01656 667717 (option 2)

Community Mental Health Teams (CMHT)

Community Mental Health Teams provide intervention to individuals from the age of 18 years - 65 years (although there are instances where the teams maybe involved for ages 17 and over 65 years) who have complex mental health needs requiring skilled interventions which exceed what the primary care service can offer (GP services). The teams are based in Rhondda, Cynon, Taf Ely, Bridgend and Merthyr. The teams include a mix of workers, including psychiatrists, psychologists, social workers, community psychiatric nurses, occupational therapists and support workers. CMHTs provide assessments, care planning, monitoring and reviewing of care plans as the central part of the role of the teams, although duty, crisis and Mental Health Act work is also carried out regularly via the teams.

The CMHTs provide a duty system Mon- Fri in office hours

Cynon - 01443 715100

Taf - 01443 486856

Rhondda - 01443 424350

Bridgend South – 01656 763000

Bridgend North – 01656 754278

Merthyr - 01685 351100

The duty officers have a wide range of knowledge on services and can provide advice, information and signposting.

Cwm Taf Morgannwg University Health Board also provide Crisis Assessment and Home Treatment (CRHT) services.

Royal Glamorgan Hospital CRHT (covering Taf & Rhondda): 01443 443443

Princess of Wales Hospital (covering Bridgend): 01656 752449

Prince Charles Hospital CRHT (covering Merthyr & Cynon): 01685 721721

Older People's Mental Health Teams

The Older Persons Mental Health Team consists of Community Psychiatric Nurses, Consultant Psychiatrists, Speech and Language Therapists, Dieticians, Psychologists and Occupational Therapists. They either link in with the relevant Social Care team in each Local authority or have an integrated team that includes social work professionals.

The team work with people with mental health needs over the age of 65 or of any age with dementia. They also link in with Memory Clinic.

The hours of work are 9am to 5pm.

Taff – 01443 444595

Rhondda – 01443 443033

Merthyr – 01685 351122

Cynon – 01443 715100

Bridgend – 01656 763000

The team provide assessments, care planning, monitoring and reviewing of care plans as well as also providing specialist support to social care teams. The focus of the service is to provide support in the community and reduce the likelihood of deterioration or relapse, to support carers, as well as service users, and reduce the need for admission to hospital.

Cwm Taf Morgannwg Primary Care services

Primary Care provides general health care to people throughout their lifespan. All citizens should be registered with a General Practitioner, who is the first point of contact for non-emergency health care services. Many primary care practices offer a range of services directly but are also able to refer individuals onto secondary or specialist health care services.

District Nursing Service

Cwm Taf Morgannwg University Health Board provides a District Nursing Service that is committed to the principles of holistic nursing care. Underpinning this, the service aims to offer the highest level of clinical excellence and advanced practice whilst being needs-led and responsive to patients. The service aims to support service users to manage their own conditions and to provide nursing interventions and treatments for those in need, thereby avoiding unnecessary admission or readmission to hospital whenever possible.

Hours of operation: the District Nursing Service operates 24 hours a day / 7 days per week / 365 days per year.

The District Nursing Service utilises an open referral system, accepted from any source, provided there is evidence of appropriate clinical need. Each referral will be triaged by a member of the District Nursing Team to ensure it contains sufficient information and an identifiable nursing need. Where possible, consent will be gained from patients prior to referral. Referrals will only be considered for one or more of the following criteria:

- patients who are medically housebound whether through acute or chronic ill health;
- patients who require the nursing expertise of the District Nursing Team;
- patients requiring care that cannot be appropriately carried out within an alternate setting or clinic environment.

Sufficient information and/or documents, for example, relevant care plans or medication charts must be provided from referring health professionals in order for the referral to be accepted.

All referrals for RCT and Merthyr must be telephoned through to the Single Point of Access Communications Hub at Ty Elai on **01443 444069**.
Bridgend **01656 753922**

South Wales Police PCSOs (Police Community Support Officers)

SWP are able to provide vulnerable adult support in terms of visits/ engagement opportunities with PCSOs to vulnerable people in our communities. Local PCSOs and community link police officers can be located via the South Wales Police website at <https://www.south-wales.police.uk/en/my-area/>

As an added measure (and in a small number of cases), Police can place warning markers on people who are vulnerable. The warning markers can be used to provide attending officers with additional information en route to the incident.

Should a police response be required, anyone can ring 999 for any immediate threat or risk to life and 101 for a non-emergency response.

South Wales Fire & Rescue Service (SWFRS)

The Fire & Rescue service respond to emergencies, but also accept referrals for Home Fire Safety Check Visits for the most vulnerable to fire in our communities. The education and installation of risk reduction product has seen a reduction in accidental dwelling fires during that time period.

Station Personnel and community safety staff visit domestic properties to provide home safety advice and supply and install a range of risk reduction equipment free of charge. These checks are the cornerstone of the proactive risk reduction role the Service has adopted and is evolving in its drive to reduce the deaths and injuries that are caused by accidental fires and make individuals in the community safer.

As a result of the implementation of the Wellbeing of Future Generations Act (Wales) 2015 and the Social Services and Wellbeing (Wales) Act 2014, SWFRS will now carry out a Safe and Well Visit, incorporating a slip, trips and falls assessment, carbon monoxide awareness, home security and smoking cessation into the visit where risk is identified.

Referral process - by email to par@southwales-fire.gov.uk

Housing Associations

The areas of work where housing associations can become involved with are:

- Tenancy enforcement where there is a breach of tenancy which can be around property condition or not allowing access to carry out repairs
- Tenancy support to work with tenants who self-neglect including specific work around hoarding

- Carrying out repairs to properties to ensure that they are safe
- Carrying out regular safety checks on such as gas and electrical fittings and within blocks of flats and sheltered schemes additional fire safety inspections
- Carrying out regular estate inspections including communal areas and gardens

Housing Associations in Cwm Taf Morgannwg

Cynon Taf Community Housing Group	Navigation Park, Abercynon, Mountain Ash CF45 4SN 0345 260 2633
Rhondda Housing Association	9 Compton Rd, Tonypandy, Rhondda CF40 1BE 01443 424200
Wales & West Housing	Archway House, 77 Parc Ty Glas, Llanishen, Cardiff CF14 5DU 0800 052 2526 or 02920 415300
Newydd Housing Association	Ty Cadarn, 5 Village Way, Tongwynlais, Cardiff CF15 7NE 0303 040 1998
Trivallis	Ty Pennant, Mill Street, Pontypridd CF37 2SW 03000 030 888
Hafod Housing Association	St Hilary Court, Copthorne Way, Cardiff, CF5 6ES 0800 024 8968
Merthyr Valleys Homes	Merthyr Valleys Homes 22 Lansbury Road Gellideg Merthyr Tydfil CF48 1HA 01685 727772
Merthyr Housing Association	11/12 Lower High Street, Merthyr Tydfil, CF47 8EB 01685 352800
Valley to Coast Housing	Tremains Business Park Tremains Road Bridgend 0300 123 2100
Green Meadows	Coity Road Bridgend CF31 1LT 07801 121294

Bridgend Wales and West	4 Court Road Bridgend CF31 1BN 01656 650638
Hafod Housing Association	Glanogwr House Glanogwr Road Bridgend CF31 3PE 01656 767785

Homelessness

Housing Solutions, RCT 01443 495188

Bridgend Housing Solutions: 01656 642729

Housing Solutions, Merthyr 01685 725000

Supporting People

Supporting People Team
Merthyr Tydfil CBC
Room 304A
Civic Centre
Castle Street
Merthyr CF47 8AN

Phone 01685 724690

Email: SupportingPeople@merthyr.gov.uk

Bridgend Supporting People Team
Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB

Phone 01656 642081

Email supporting.people@bridgend.gov.uk

RCT Supporting People Team,
Ty Elai, Dinas Isaf East, Williamstown, Tonypany
Rhondda Cynon Taf, CF40 1NY

Phone: 01443 425005

Email: supportingpeopleteam@rctcbc.gov.uk

WHAT IS SUPPORTING PEOPLE?

The Supporting People programme funds, monitors and develops supported housing and housing related support services for vulnerable people.

The services are aimed at enabling people who need help to develop independent living skills or maintain independence in the community. This includes help with preventing or solving problems that might lead to homelessness, residential care, hospital admissions or offending.

WHAT IS HOUSING RELATED SUPPORT?

Housing Related Support can help people gain the skills needed to be able to maintain or develop the capacity to live independently and contribute positively to the community. Support can be provided within Supported or Emergency accommodation or at their own home. Support should empower people to be independent.

Support can be provided to assist with multiple issues including:

- Signposting and assistance to link to other agencies, drug and alcohol services, education, training, employment and health services
- Settle and maintain your home, including managing a tenancy
- Budget, manage finances, and maximise income
- Develop practical living skills
- Rebuild/develop links with social networks/family and reduce social isolation
- Increase your personal safety and security
- Advice on housing issues, resettlement, arrears, eviction etc.

WHO DO SUPPORTING PEOPLE SERVICES SUPPORT?

Support is available to those who do not have their own accommodation but require Supported or Emergency accommodation. It is also available to those who have their own homes or tenancies. The projects are not suitable for those who will not be able to live independently.

Support can also be provided to those who want their own homes but need to develop the skills needed to manage a tenancy.

The individual needs to be vulnerable and within the following categories:

- People who are homeless/potentially homeless
- Ex-offenders
- People with a physical disability
- People experiencing domestic abuse
- People with a drug and/or alcohol issues
- Older people
- Young people
- People with chronic illnesses
- People with learning difficulties
- People with mental health issues
- Refugees
- Vulnerable families

WHAT DOESN'T SUPPORTING PEOPLE DO?

Supporting people doesn't fund the following

- Housing management
- Specialist counselling
- Day care
- Personal care
- Support in a care home
- Outreach work with rough sleepers
- Drop in centres
- Health care

- Providing medication
- Detoxification programmes
- Therapeutic interventions
- Mediation services.

Cwm Taf Care & Repair

Cwm Taf Care & Repair is a subsidiary of Cynon Taf Community Housing Group to enable older and disabled people owner occupiers, throughout Cwm Taf to remain at their home in greater comfort, warmth and security. The service offers a;

- Free home visiting service
- Free Healthy homes check to your property
- Help to reduce risk of falls
- Aids and Adaptations
- Grant / Benevolent funding assistance
- Energy Efficiency assistance
- Handyperson services
- Safety & Security assistance
- Free Fire Safety Check
- Benefits Entitlement Checks

The service accepts self-referrals and referrals from professionals on 0300 1113333

Bridgend Care & Repair

We provide a 'holistic' service which means that we try to support clients not just in relation to specific works, but also in relation to any other work, assistance or intervention which the client would benefit from. This can include signposting to other organisations who can assist in areas that we are unable to.

Services include assisting you to improve, repair or adapt your home and are available to individuals aged 60 or over, or of any age with a disability. Some services may be chargeable dependent on eligibility.

Avon Court
Bridgend Industrial Estate
Bridgend
CF31 3SR
01656 646755