

Northamptonshire Safeguarding Adults Board

NORTHAMPTONSHIRE SELF-NEGLECT PRACTICE GUIDANCE (INCLUDING HOARDING BEHAVIOUR)

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1. Introduction

This guidance has been adapted by partners of Northamptonshire Safeguarding Adults Board (NSAB) based on their working experience and drawing upon nationally researched best practice. It is intended to provide a framework when working with adults in Northamptonshire who self-neglect.

2. Self-neglect and why it matters

Self-neglect can be a very serious problem resulting in serious harm or death. These risks could affect both the adult and other people around them.

Self-neglect is a complex matter and can occur in many ways for many different reasons. There is no one agency responsible for responding to self-neglect, and nor is there one set of responses that will be appropriate or successful.

This guidance relates to adults, not children. Where a child (a person under 18) is identified in a household where there is a concern about an adult's self-neglect, they should be referred to the Northamptonshire MASH (Multi-Agency Safeguarding Hub) – 0300 126 7000 Option 1).

[If you need to report a concern about a child or young person online, you can access the information here.](#)

[Northamptonshire Safeguarding Children's Partnership procedures can be found here.](#)

[Northamptonshire Safeguarding Children's Partnership website can be found here.](#)

3. What is self-neglect?

There is no single definition of self-neglect, but it may be seen as an adults' inability or unwillingness to care for themselves or their immediate living environment. It may include behaviours or apparent choices that conflict with the values, attitudes and beliefs of others, and includes behaviour such as hoarding.

4. Self-neglect and Adult Safeguarding

The Care Act 2014 Statutory Guidance states that self-neglect may be an adult safeguarding issue, but that concerns about self-neglect should not *automatically* be dealt with under Safeguarding Adult Procedures. Therefore, decisions should be made on a case-by-case basis.

Very often, other supportive action, such as signposting to universal services or an assessment of care needs by the local authority may be more appropriate and should usually be attempted first.

Where the adult at risk of self-neglect lacks mental capacity and carrying out a needs social care needs assessment would be in the adult's best interests, the local authority is required to do so.

Where an adult at risk of self-neglect has mental capacity but refuses a social care needs assessment, the local authority must undertake an assessment so far as is possible and document this accordingly. In this circumstance, consideration should be given as to whether a multi-agency professionals' meeting should be held to agree a plan of action and determine if the adult could be supported further by commencing the Adult Risk Management (ARM) process (this may help with other contributing factors such as mental health or housing).

In some circumstances, self-neglect may be seen as presenting such a severe risk to the adult that a statutory section 42 Safeguarding Enquiry may be necessary. A decision on whether a response is required under section 42 will depend on the adult's ability to protect themselves by controlling their own behaviours, and there may come a point when they are no longer able to do this without external support.

5. Self-neglect - What you need to know

- Self-neglect takes many different forms and may be the result of complex physical, mental, psychological and environmental factors. It can affect both adults with and without the mental capacity to understand the consequences of the way they live their life.
- The adult may not recognise their self-neglect as a problem in the same way others do. They may disagree that anything needs to change, and reject offers of help, and they may also decide to disengage with services. In Northamptonshire, a published Safeguarding Adult Review (SAR) reference 024 Adult A, where self-neglect contributed to the circumstances that led to their death was published in December 2023. [You can access the anonymised SAR 024 executive learning briefing on the NSAB website.](#)
- The adult may feel they have little or no control over the circumstances they live in and feel deep shame for the way they or their home presents. Worrying about how professionals will react may cause the adult to avoid contact. Self-neglect can have a serious negative effect on the wellbeing and safety of other people as well as the adult. Self-neglect can also occur as a result of other adults preventing access to, not co-operating with or not engaging with services.
- It can be hard to understand why someone self-neglects or lives in a way so different from what others do, so it is important to be non-judgemental when working with a person who is self-neglecting.
- Workers often face ethical dilemmas between respecting the wishes and choices of the adult, and their duty of care towards the person and others around them.
- Because each adult's situation is different, what might have helped support one person with their self-neglect may not be effective with another, and no guidance can tell you what the right thing to do will be in every case.
- Early coordinated interventions from a range of partners, working together with the adult to assess needs and find solutions, can help prevent problems from developing to the point where statutory actions may be necessary.
- Self-neglect may need to be considered for people who sleep rough, and consideration should be given to the government guidance on Homelessness: duty to refer. [You can view duty to refer guidance on the Gov.uk website.](#) The guidance places a responsibility on specified public authorities to refer individuals who they think may be homeless or threatened with homelessness to local authority homelessness/housing options teams.

6. Self-neglect and Multiple Exclusion Homelessness

Self-neglect often affects people experiencing homelessness who have a background of severe and multiple disadvantages often resulting in frailty and poor health. Self-neglect is a complex area of practice, often involving mental health, housing, addiction and cognition issues.

Multiple exclusion homelessness (MEH) is a term which describes homeless people who have complex needs and multiple disadvantages. It recognises the experience of homelessness, and other facets of social exclusion, such as experience of institutions (prison, Local Authority care, mental health/psychiatric care), substance misuse, or street culture activities (begging, survival shoplifting, sex work)ⁱ. Research has found that 47% of people who were homeless had experienced all of these issues and that most had also experienced trauma or Adverse Childhood Experiences (ACEs).

Many people experiencing MEH (can include rough sleepers and those living in temporary accommodation) self-neglect to the point where this becomes a safeguarding issue. In this context, self-neglect is an extreme lack of self-care that threatens personal health and safety. This includes neglecting to care for one's personal hygiene, health and/or surroundings. It often involves a failure to seek help or access services to meet health and social care needs and an inability to manage one's personal affairs. This can also be linked to addictions and mental health, which can make it all the more challenging to tackle the issues without sustained, expert intervention.

Practitioners should refer to [Multiple Exclusion Homelessness – A Safeguarding Toolkit for Practitioners, Voices of Stoke¹](#), to support appropriate decision-making when working with adults experiencing MEH.

You may find the presentation ‘The Capacity to Act?’ and YouTube videos by Ellie Atkins, Senior Social Worker, Manchester City Council, helpful in supporting your practice. See Appendix 3 below.

7. Self-neglect and Hoarding

According to NHS England, a hoarding disorder is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value. Hoarding can cause problems if:

- The amount of clutter interferes with everyday living.
- The clutter is causing significant distress or negatively affecting the quality of a person’s life.

A person with a hoarding disorder experiences distress at the thought of getting rid of the items, leading to excessive accumulation of items, regardless of actual value. The main difference between a hoarder and a collector is that people who hoard have strong emotional attachments to their objects which are in excess of their real value. It is estimated that between 2-5% of the population hoard, which equates to over 14,000 homes in Northamptonshire, and it’s estimated that only 5% of hoarders come to the attention of statutory agencies.

Hoarding does not discriminate or favour a particular gender, age, ethnicity, socio-economic status, educational/occupational history or tenure type. Typically, though, hoarding becomes more apparent in later life when adults have lived independently, and accumulation has happened over a number of years. Hoarding does not only occur within a home, but can spill out into other buildings, the outside space and communal areas.

7.1 Types of hoarding

Individuals can hoard a range of items, and commonly include:

- **Inanimate objects** - Clothes, newspapers, magazines, food, containers, bills, receipts and other papers, electrical items, collectable items such as toys, DVDs and CDs. Accumulations can relate to one type of object or a mixture.
- **Animal hoarding** - This is often accompanied with the inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and urine and infestation by parasites and insects.
- **Data Hoarding** - A relatively new phenomenon, this could present with the storage of data collection equipment such as computers, electronic storage devices or paper, an example may be the need to store copies of emails.

OCD-UK 2013² (obsessive compulsive disorder) identifies three factors which give an insight into how an individual may feel about accumulated items:

- **Prevention of harm** - when an individual struggles to throw things away, as they feel/think that bad things may happen if they do.
- **Deprivation hoarding** - when an individual feels as though they may need the things they hoard, or that they are too useful to throw away.
- **Emotional hoarding** - when hoarding becomes emotional, which can occur from trauma and or loss.

¹ The Voices of Stoke toolkit was developed in collaboration with Keele University, Kings College London and CASCAIDr and can be used as an aid to fact find working across homelessness or with adults experiencing other deep forms of exclusion where they have care and support need and are at risk.

² OCD UK is a registered charity working for children and adults affected by Obsessive-Compulsive Disorder since 2004. [Find out more information about OCD-UK \(ocduk.org\) here.](https://www.ocduk.org)

7.2 Hoarding and mental health

There is more to be done to understand hoarding, partly because those who hoard do not often want to discuss it and are not open to sharing their experiences and feelings with others. From the research that has taken place there are some very clear links between hoarding and mental health. Hoarding behaviours are often a manifestation of mental health issues which means that any intervention has to be understood through this lens. This is where difficulties and misunderstanding can start.

Hoarding disorder used to be considered as a form of OCD but research suggests there are some distinct differences and so Hoarding Disorder is now classed by the World Health Organisation (WHO) as a separate mental disorder in the “[International Statistical Classification of Diseases and Related Health Problems \(ICD11\)](#) and Diagnostic and Statistical Manual of Mental Disorders” (DSM-5) which is used as a diagnostic tool.

Hoarding or chronic disorganisation is also seen as a symptom of other mental health diagnosis such as depression or OCD and can co-present along with Post-Traumatic Stress Disorder (PTSD), attention deficit hyperactivity disorder (ADHD) and Autism. It is also often linked to bereavement or other kinds of loss.

20-30% of OCD sufferers are hoarders (The Chartered Institute of Environmental Health).

7.3 Hoarding - Deterioration and recognising risk

As hoarding accumulates and a property becomes more cluttered there is a reduction in functional space which can start to impact daily living. As this progresses, occupiers will find it harder to take proper care of themselves and also their home. This self-neglect, coupled with isolation and poor insight, results in a natural deterioration of physical and mental health and can result in serious harm or death.

For further information on how to recognise the signs of hoarding, the [Northamptonshire Hoarding Framework can be found on the NSAB website.](#)

8. Self-neglect and Adult Risk Management (ARM)

A multi-agency holistic approach is highly beneficial to identifying appropriate support to resolving the presenting issues of concern regarding self-neglect.

Where concerns are recognised, and a person has the capacity to make decisions for themselves but is unable to engage in the support being offered (and there remains the risk of ongoing significant harm to their health, safety or wellbeing), then consideration should be given to the benefits of convening an Adult Risk Management (ARM) meeting. An ARM will ensure all available powers and duties are considered with a group of professionals from different agencies.

The ARM process enables a multi-agency, proactive approach to help identify and respond to risks before reaching crisis point. It enables a collaborative, coordinated, multi-agency response to risk ensuring timely information sharing, holistic assessment of risk, and the development of multi-agency risk action plans.

If a person lacks capacity, a section 42 safeguarding investigation can progress in their best interests if the thresholds are met.

8.1 ARM criteria

In order to consider an individual for an ARM all four criteria should apply:

1. An individual must have the capacity to make decisions regarding the specific decision(s) that is causing concern.
2. The practitioner has no reason to doubt the individual has capacity and should state the reasons and provide proof, where applicable.
3. There is a risk of serious harm or death through severe self-neglect; fire; deteriorating health condition, declining to work with services, targeting by the local community, Hate Crime or Anti-Social Behaviour, sexual violence, or decline to engage with a single agency or other investigations for safeguarding.
4. There is a public safety interest or there are high level of concerns from partner agencies.

In order to thoroughly assess risk, all relevant information pertaining to the adult should be gathered and considered at this stage including: the adults own views; the views of family and friends (informal family carers); assessments for mental capacity and mental health etc., consideration of relevant legal measures and referral for section 9 Needs Assessment or section 42 Safeguarding Enquiry.

Agencies who have been invited to the initial multi-agency ARM meeting will complete their individual agency Self-Neglect Risk Assessment which will be discussed at the first meeting, so that a holistic picture can be shared. [Access the Northamptonshire Self-neglect Risk Assessment Tool to support practice.](#)

[Please refer to the ARM Guidance and Toolkit³.](#)

9. Working with the individual – building trusting relationships

Complex cases involving people with long term and entrenched behaviours require a relationship-based approach focused on building trust and rapport to help reduce harm. Building a trusting relationship with an individual requires persistence and consistency over time, even in the face of repeated rejection and challenging behaviours. Examples given by ‘lived experience experts’ showed that it was the tenacious efforts of a single worker which made the difference to them. It was this consistency that broke down barriers of service mistrust and led to engagement so that an assessment of need was carried out and support was accepted. An important contribution to any assessment of risk or self-neglect is the person being able to contribute their thoughts and feelings to the case evidence, thereby offering a person-centred approach.

It is also important to consider multi-agency partnership settings and which agency is best placed to work with the adult who is disengaging, to build good links and trust. Relationship building must inform protection/risk management plans or assessments - these relationships take time and risk management plans must reflect this.

10. Working with the individual – adopting a trauma-informed approach

Practitioners are reminded to look beyond an individual’s immediate presentation to consider trauma informed approaches based on an understanding of what has happened to that person. Consider if people are unwilling to engage, or they are unable to? Adopting a trauma informed approach reduces blame, so consider changing the narrative from ‘what’s wrong with you,’ to ‘what has happened to you.’

By combining the power of positive interventions (assertive relationship building, harm reduction and motivational interventions) with the effective and careful use of legal powers, practitioners can help people experiencing multiple exclusion homelessness, to be safer, healthier, and stand a better chance of achieving positive longer-term outcomes.

Seeing behaviour through a ‘trauma lens’ allows us to understand potential links between current difficulties and past experiences. Re-traumatisation can occur when a current experience triggers a similar emotional, psychological and/or physiological response as an original, traumatic experience. Re-traumatisation may occur when professionals make decisions on behalf of a person as trauma responses may be triggered when practitioners do not understand how their interactions and potential imbalance of power remind a person of a past trauma.

In November 2022, the Office of Health Improvement and Disparities published a [working definition of trauma-informed practice](#).

[Research in Practice have useful learning resources on trauma that can be accessed here.](#)

Adverse Childhood Experiences (ACEs) are traumatic events that affect children while growing up, such as suffering child maltreatment or living in a household affected by domestic violence, substance misuse or mental illness. A short animation produced for Public Health Wales and Blackburn with Darwen Local Authority was developed to raise awareness of ACEs, and their potential to damage health across the life course and the roles that different agencies can play in preventing ACEs and supporting those affected by them. [The animation on Adverse Childhood Experiences \(ACEs\) – YouTube can be accessed here.](#)

³ Note: The ARM process is under review as of December 2023, and any changes to the toolkit will be available when the review is complete.

11. Responses to service refusal and non-engagement

The most frequent concern raised by professionals when working with people who self-neglect (and who may also be experiencing MEH), is the challenge when adults are unwilling to engage (or unable to) or they won't accept the support and services being offered.

Agencies are reminded that there will be people experiencing multiple, complex issues who may refuse support several times when it is offered before they feel able to trust agencies to accept it, or actively consider accepting support. It is vital that services across the system do not view this behaviour, which may be the result of entrenched problems and the experience of trauma as a lifestyle choice, as a disinterest to seeking support.

Agencies should acknowledge the complexity of some situations and that some people may be willing to engage but aren't able to at that time. It is even more important that this is not used to inform service disengagement, in place of continuing efforts to build a relationship with the individual to address their support needs. Agencies need to consider how they can build relationships with the person, build trust and encourage the person to accept support. Understanding what is important to that person and supporting them to work towards this is vital and may take some time.

This is particularly relevant in the context of people who may be rough sleeping or otherwise leading chaotic lives. Rough sleepers may have multiple needs that have no relation to housing need, but without beginning to address them, will prevent those individuals from accepting offers of accommodation. It is only through a commitment to partnership working in purposeful and meaningful way, that we can collectively ensure we are doing all we can for those people for whom traditional service pathways may have failed or may not be appropriate for them.

11. Northamptonshire Approach to Self-neglect

NSAB believes that the challenges that self-neglect presents are best addressed through following three key principles:

Key Principle 1 - Robust partnership working from the earliest practical stage

- Early coordinated interventions from a range of partners, working together with the adult to assess needs and find solutions should be tried first, where this is possible.
- The partner agency that first identifies a concern about self-neglect should take the initial responsibility to bring together appropriate partners to discuss these concerns and identify the lead agency from that point (please refer to the Northamptonshire Self-neglect Pathway on page 9). Where there is high risk and the adult has capacity, an Adult Risk Management (ARM) meeting should be convened.
- The adult at risk should be invited to, and supported to take a full in any planning meeting or ARM.
- In some cases, a point may be reached where reporting concerns about self-neglect for a section 42 Safeguarding Enquiry led by one of the local authorities may be necessary.
- Where self-neglect is a concern, a risk assessment should be routinely completed before an agency closes a case due to the adult not cooperating, engaging or keeping appointments.
- Where there is multi-agency concern about an adult's self-neglect, no agency should close its involvement without a multi-agency discussion.
- If a dispute arises between agency practitioners about a professional judgement that cannot be resolved at their level, this should be escalated appropriately within each agency to seek a resolution. You can refer to the [NSAB Northamptonshire Escalation Policy](#).

Key Principle 2 - Interventions should draw upon knowledge of the kinds of approaches that tend to work best

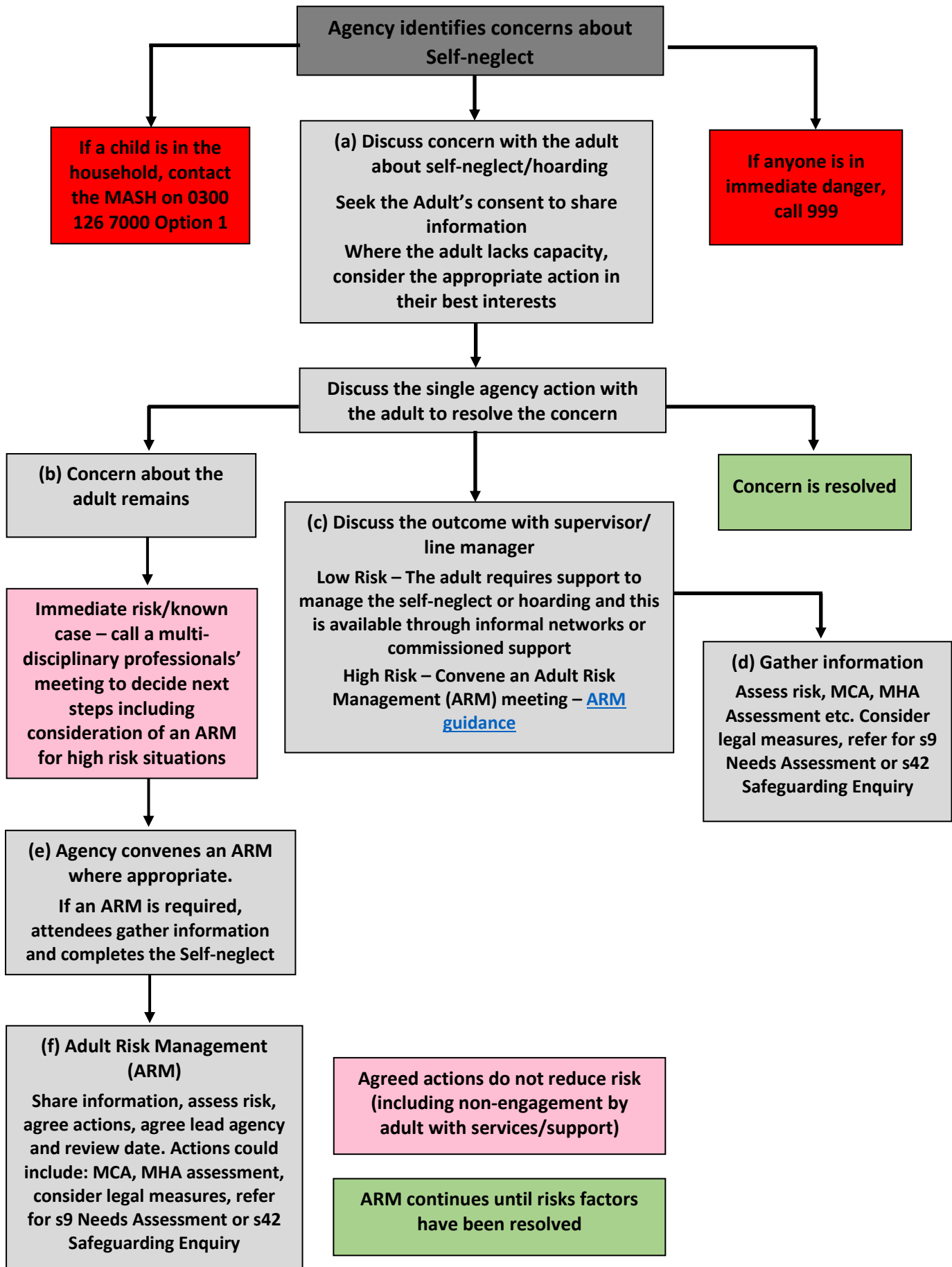
- Research has shown that some things tend to work better than others, and this guidance tells you what these are. Please refer to Section 11 on Practice Guidance.

Key Principle 3 - Agencies should place the adult at the centre of plans to support them

- An adult affected by self-neglect has a right to choice and control over their life to the greatest extent possible, and the principles of person-centred care and support should apply in any intervention with them. **Remember: “No decisions about me without me.”**
- Any assessment undertaken and support offered should be strengths based. The adult’s own strengths and abilities should be the basis of any assessment and plan. The adult should be invited to and supported to take part in any planning or ARM meeting.
- All workers have a duty of care to consider whether an adult at risk has the mental capacity to understand the risks caused by the decisions they make, and the impact these have upon their safety and wellbeing or the safety and wellbeing of others.
- When an adult lacks the mental capacity to make a decision, the principles of the Mental Capacity Act must be applied. Please refer to Section 12. on the Mental Capacity Act.
- The consent of the adult to share information with others should always be sought. If not obtained; and there is a belief that the adult may be at risk of neglect, then a decision over whether to share information and with whom must be made. Please refer to Section 13 regarding Information Sharing.
- However, whilst it is preferable to work with the consent of the adult, a balance must be struck between negotiated and imposed interventions.
- Sometimes an agency’s legal duties will require it to impose an approach upon an adult in order to protect others. Please refer to section 14 regarding legal duties.
- The Care Act’s Six Principles of Safeguarding (Empowerment, Prevention, Protection, Proportionality, Partnership and Accountability) must be applied with adults who self-neglect, as with all safeguarding concerns

The Northamptonshire Self-neglect and Hoarding Pathway can be found on the next page and should be used when you have concerns about a person’s self-neglecting behaviours.

12. Northamptonshire Self-neglect and Hoarding Pathway



12.1 Northamptonshire Self-Neglect and Hoarding Pathway – Explanatory Notes

When a child is identified to be in a household where there is a concern about an adult's self-neglect or hoarding, then the child should be referred to the Northamptonshire MASH (Multi-Agency Safeguarding Hub) – 0300 126 7000 Option 1. In an emergency, call 999.

- a. If you have a concern about an adult, then unless it is not safe to do so, you should speak to them to get their views about your concern and the risks you think they face.
- b. If you remain concerned, when deciding what to do next, you should consider the following:
 - i. What the person wants as an outcome.
 - ii. Whether there is evidence of mental illness.
 - iii. Are there concerns about the person's mental capacity? If you suspect the person lacks capacity to understand, you must follow the principles of the Mental Capacity Act.
 - iv. The level of risk to the adult or to others, and who else may need to be informed.
 - v. If the adult refuses support, consider if this is a sign of coercion by someone else (e.g. cuckooing /Domestic abuse/Modern Slavery), and whether you need to act without their consent.
- c. Discuss the concern and next steps with your supervisor/line manager, unless this would cause a delay that places the person at greater risk.
 - i. Since each adult's experience of self-neglect or hoarding is different, the actions to support them are likely to be diverse. Where an adult has care and support needs, referral to North or West Northamptonshire Councils for a social care needs assessment should in most cases be considered before considering making an adult safeguarding referral.
 - ii. Where the case is deemed to be high risk, the Adult Risk Management (ARM) should be commenced. The ARM provides professionals from all agencies with a framework to facilitate effective multi-agency working with individuals aged 16 and above, who are deemed to have capacity for a specific decision that may result in serious harm, or death, through severe self-neglect, risk taking behaviour or not being accepting of services offered.

13. Practice Guidance

13.1 The Challenge of Self-neglect and hoarding

Self-neglect is challenging for practitioners because:

- Every case is different, influenced by a complex mix of personal, mental, physical, social and environmental factors.
- The high risk it poses, both to the adults and sometimes to others (e.g. fire risk).
- The possibility that any outside intervention may not be welcomed by the individual, making engagement difficult.
- The complexities of assessing mental capacity.
- Ethical dilemmas between respecting the adult's autonomy and right to make choices and agencies fulfilling their duty of care.
- Limited resources that can lead to short-term, task-focused involvement rather than developing long-term relationships with adults.
- The need for coordinated interventions from a range of agencies and the difficulties involved in achieving this.

13.2 Building a relationship with the adult

Because of these challenges and because all cases are different there is no one set approach that always works. A supportive approach based on building a trusting relationship with the adult has been shown to be more likely to achieve a positive outcome.

Supportive intervention relies on multi-agency co-ordination and risk management and should involve:

The adult

A trusted person/carer

All other agencies involved with the adult

At the heart of good self-neglect practice is a complex interaction between knowing, being and doing.

- **Knowing** - Understanding the person, their history and the significance of their self-neglect, along with all the knowledge of resources that underpin professional practice.
- **Being** - Showing personal and professional qualities of respect, empathy, honesty and reliability, care, being present, staying alongside and keeping company.
- **Doing** - Balancing hands-off and hands-on approaches, seeking the tiny element of latitude for agreement, doing things that will make a small difference while negotiating for the bigger things, and deciding with others when enforced intervention becomes necessary.

13.3 Knowing (understanding the individual's experience of self-neglect and why they are or have been hoarding)

You are unlikely to be able to build a trusting relationship and achieve a positive outcome unless you can gain an understanding of the adult's experience of self-neglect from their point of view.

Here are some points to consider to help you find out:

- Consider the person's view of the self-neglect - Is the self-neglect important to the person in some way?
- Have you considered if the person has mental capacity in relation to specific decisions about self-care and/or acceptance of care and support?
- Is the self-neglect a recent change or a long-standing pattern?
- Does the person have a history of being abused? Were they abused as a child? Were they known to children's services or the justice system?
- Has there been a recent significant life event such as bereavement?
- What strengths does the person have – what is she/he managing well and how might this be built on? What motivation for change does the person have?
- Are there links between the self-neglect and health (including mental health) or disability?
- Are there care and support needs that are not being met?
- Is alcohol consumption or substance misuse related to the self-neglect? Consider how the person's life history, family or social relations are interconnected with the self-neglect?
- Does the self-neglect play an important role as a coping mechanism? If so, is there anything else in the person's life that might play this role instead?
- Are there any concerns for others in the property, i.e., other residents including children or animals?
- Who owns the property?

13.4 Being (consider your own reactions when interacting with a person who self-neglects, and the impact this could have)

Did you realise that when you enter a hoarded or neglected home you will have a very strong reaction, but you won't know you are having it as it happens subconsciously? You need to understand this in advance to prepare yourself because the adult may see this reaction, and this could damage your chances of building a positive working relationship.

When we enter any enclosed space, we look for symmetry because symmetry is memorable. We need to remember the layout because if we feel threatened, we need to know how to escape. In hoarded properties there often is no escape route, and this can fuel your feelings of claustrophobia, discomfort or the desire to clear the property. This feeling can have a very negative effect on you and might influence how you perceive the person you are working with, which will influence how you work with that person. You may also have a strong physical reaction to strong smells that may be present.

What you can do about your strong reaction

If you know this normal reaction is going to happen, you can prepare yourself for this and think of strategies to help overcome it. For example, try imagining the environment is not cluttered and focusing your sight upon the person's face. Noting your own feelings is helpful in reports and helps to build an understanding of the reactions of others that may have compounded a sense of isolation or helplessness about the individual's circumstances. The effect of strong smells can be reduced by carrying a strong counter acting smell e.g., using a cold remedy or having a mint.

13.5 Doing (the things that tend to work best)

No one approach works every time, but there are things that have been shown to be successful:

The approach	Examples of what this might mean in practice
Building rapport	Taking the time to get to know the person and refusing to be shocked but being honest and authentic.
Moving from rapport to relationship	Avoiding knee-jerk responses to self-neglect, and talking through with the person their strengths, interests, history and stories.
Finding the right tone	Being honest while also being non-judgemental, and expressing concern about self-neglect, while separating the person from the behaviour.
Going at the individual's pace	Moving slowly and not forcing things and showing concern and interest through continued involvement over time.
Agreeing a plan	Making clear what is going to happen, and planning might start by way of agreeing a weekly visit and developing from there.
Finding something that motivates the individual	Linking to the person's interests (e.g., if the person is hoarding because they hate waste, link them into recycling initiatives).
Starting with practicalities	Providing small practical help at the outset may help build trust.
Bartering	Linking practical help to another element of agreement (for example, 'If I can replace your heater, would you go to see the doctor?').
Focusing on what can be agreed	Finding something to be the basis of initial agreement, which can be built on later.
Keeping company	Being available and spending time to build up trust.
Straight talking - Finding the right person	Being honest about potential consequences. Working with someone who is well placed to get the person's engagement, such as another professional/member of the person's network.
External levers (legal frameworks)	Recognising and working with the possibility of enforcement action (see legal frameworks in Appendix 1 below).

14. Mental Capacity Act 2005

14.1 Decision making

The Mental Capacity Act states all workers have a duty of care to consider whether an adult who self-neglects has the mental capacity to understand the risks of the decisions they make, and the impact these decisions may have upon their safety and wellbeing, and the safety and wellbeing of others.

14.2 The five principles of the Mental Capacity Act

THE EMPOWERING PRINCIPLES

1. **Presumption of capacity** – You must presume that the person you are working with has capacity for the particular decision unless you have evidence to the contrary. Assumptions about capacity should not be made on the basis of appearance, age or disability. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. **Maximise decision making ability** – A person must not to be treated as being unable to make a decision unless all practicable steps to help them to do so have been taken without success. Examples may include the use of interpreters, supporting people to communicate in their own language, using pictures or using a speech and language specialist.
3. **Unwise decisions** – If a person appears to be making unwise decisions, this is *not* evidence of a lack of capacity, just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.

THE PROTECTING PRINCIPLES (where the person lacks capacity)

4. **Best interests** – an act or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests.
5. **Less restrictive option** – anything done for, or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Remember the 5 principles of the Mental Capacity Act: 1, 2 and 3 are all about me, 4 and 5 are when I don't have capacity.

When an adult has been assessed as lacking capacity (see below for how to do this) then the **least restrictive** and **best interest** principles should be applied. There is a two part 'test' of capacity staff need to apply in any decision regarding capacity. **Remember**, you are testing about the specific decision that needs to be made.

Stage 1: The first part of a test for capacity is to identify the presence of an 'impairment or disturbance in the functioning of the mind or brain' which impacts on the decision-making process at the time the decision needs to be made. This is a judgement based upon genuine concern and you do not need a doctor to do this. In more formal assessments of capacity a medical opinion may need to be sought.

Stage 2: The second stage of the test is to apply the following:

- Can the adult **understand** the decision that needs to be made and why it needs to be made?
- Can the adult **retain** the information sufficiently to show a consistency in their choice?
- Can the adult **weigh up and balance** the pros and cons of the decision, e.g., the likely consequences of making the decision or not making a decision?
- Can the adult **communicate** their decision (with or without support depending on their communication needs)?

If the person is thought to have an impairment of the mind (stage 1) and is unable to do any of the above (stage 2) they are deemed to lack the capacity to make that particular decision.

14.3 Whose role is it to assess mental capacity?

The Mental Capacity Act Code of Practice states the person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the decision at the time the decision needs to be made. Decision-making covers a very wide range of circumstances and can be 'simple' to complex in nature. In the area of self-neglect, a wide range of staff may be in a position to consider the capacity of an adult to make decisions about issues affecting their lives, e.g., housing officers, fire fighters, police officers, substance misuse workers, support workers, health care workers (including doctors/nurses), and social care workers (including social workers). *This list is not exhaustive.*

Where an adult is thought to lack capacity to make a particularly significant decision (a complex decision such as where to live, what choice of treatment to accept/refuse or where substantial risk is present) advice from a professional with relevant experience should be sought. This will usually include a health and/or a social worker.

In situations where an assessment concludes the adult lacks capacity, the decision has to be taken by others (in the adult's best interests). If the adult who is lacking capacity has nobody to represent them, an Independent Mental Capacity Advocate (IMCA) would be required. The lead professional should arrange this when necessary (it is a **statutory** duty to do so).

For further information on the advocacy services commissioned by the local authorities, please visit the relevant council website for information on advocacy which can be accessed below:

[Advocacy | North Northamptonshire Council \(northnorthants.gov.uk\)](http://northnorthants.gov.uk)

[Advocacy | West Northamptonshire Council \(westnorthants.gov.uk\)](http://westnorthants.gov.uk)

For more information on mental capacity, [access the Mental Capacity Act 2005 \(MCA\) Code of Practice](#).

15. Information Sharing

15.1 General

Sharing information is essential to safeguard adults who may be at risk of abuse or neglect. Almost all Safeguarding Adult Reviews (SARs) across the country identify that there is a failure to share information between agencies and is a significant contributory factor when things have gone wrong. The duty to share information can be as important as the duty to protect confidentiality. Workers should therefore have the confidence to share information in the best interests of the people they support, within their own organisational policy guidelines and local protocols. The Safeguarding Adults Board request information from partner organisations under s45 of the Care Act 2014.

15.2 Consent

Information should always be shared with consent wherever possible, but a person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary in the public interest, is required by law, is necessary to protect personal safety, or where there are other legal reasons to do so. In some instances, the individual will not have the capacity to consent to disclosure of personal information relating to them. Where this is the case any disclosure of information needs to be considered against the conditions set out in the Data Protection Act and must be in their Best Interests in line with the Mental Capacity Act.

15.3 Information sharing protocol

Decisions about what information is shared and with whom should be taken on a case-by-case basis. Whether or not information is shared, with or without the adult's consent, the information should be:

- Necessary for the purpose for which is being shared.
- Shared only with those who have a need for it.
- Accurate and up to date.
- Shared accurately, securely and in a timely fashion.

[Refer to the Northamptonshire Information Sharing Protocol⁴.](#)

⁴ Note: The Northamptonshire Information Sharing Protocol (ISP) is being updated as of January 2024 and will be available on the NSAB when complete.

Legal Frameworks

Whilst it is preferable to work with the consent of the adult, a balance has to be struck between negotiated and imposed interventions.

Sometimes an agency's legal duties will require it to impose an approach upon an adult (e.g., environmental health enforcement action to protect others), and there are a range of powers and duties that can or must be used in specific circumstances, and by a variety of agencies.

Sometimes the possibility of imposed enforcement or other legal action being taken can serve, along with negotiated approaches to provide motivation to the adult to take action themselves, to bring about change.

POSSIBLE LEGAL INTERVENTIONS		
AGENCY	LEGAL POWER AND ACTION	CIRCUMSTANCES REQUIRING INTERVENTION
Individual Wellbeing	The Care Act 2014 - Promoting Individual Wellbeing - Section 1 See section 1.2 for local authority responsibilities.	This chapter provides guidance on section 1 of the Care Act 2014: <ul style="list-style-type: none"> • Definition of wellbeing. • Promoting wellbeing. • Wellbeing throughout the Care Act.
Environmental Health	Power of entry/Warrant - Section 287 Public Health Act 1936 Gain entry for examination/ execution of necessary work required under Public Health Act. Police attendance required for forced entry.	Non-engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders). In practice this is used as a last resort unless there is a risk to public health and or a statutory nuisance (Environmental Protection Act 1990). However, all steps need to be taken to try to gain entry into the premises and a warrant will only be sought after a number of attempts/ and or risk is imminent.
Environmental Health	Enforcement Notice - Section 83 Public Health Act 1936 Power to cleanse premises which are filthy or verminous. Notice requires person served to comply. Failure to do so can lead to council clearing out a property which is filthy/verminous and recovering expenses that were reasonably incurred.	Filthy or unwholesome condition of premises). Works undertaken to remove those items which are filthy or verminous where there is a public health risk to the occupier or neighbouring properties. (All tenure including Leaseholders/ Freeholders/Empty properties). This process can be traumatic for the occupier and should only be considered in exceptional circumstances when all other informal and supportive efforts have been exhausted.

Environmental Health	<p>Cleansing or destruction of filthy or verminous articles - Section 84 Public Health Act 1936</p> <p>Power to cleanse filthy or verminous articles within a dwelling – No provision to recover costs.</p>	<p>Typically used where a small number of filthy or verminous items are to be removed from one room of a property.</p> <p>Where a large number of items or several rooms are in filthy or verminous condition S.83 (Notice) is used instead (see above)</p>
Environmental Health	<p>Prevention of Damage by Pests Act 1949 - Section 4</p>	<p>The local authority has a duty to ensure that all land within its area is free from rats and mice. This is used where land is open to air, for example large amounts of rubbish in a garden which may attract pests.</p>
Environmental Health	<p>Environmental Protection Act 1990 - Section 79(1)</p> <p>LA power to require abatement of a statutory nuisance which includes:</p> <ul style="list-style-type: none"> i. any accumulation or deposit which is prejudicial to health or a nuisance. ii. any animal kept in such a place or manner as to be prejudicial to health or a nuisance. <p>Power of entry and recovery of costs.</p>	<p>A nuisance is something which affects a person(s) at another property.</p> <p>Prejudicial to health means injurious or likely to cause injury to health.</p>
Northamptonshire Police	<p>Power of Entry - Section 17 of Police and Criminal Evidence Act</p> <p>Person inside the property is not responding to outside contact and there is evidence of danger.</p>	<p>Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb.</p>
Northamptonshire Police, Housing Providers	<p>Anti-Social Behaviour, Crime and Policing Act 2014 and statutory guidance (Home Office 2014)</p>	<p>Powers exist to address self-neglectful behaviour that constitutes severe nuisance and annoyance to others.</p>
Northants Fire and Rescue Service	<p>Powers of Entry - Article 27(1) of the Regulatory Reform (Fire Safety) Order 2005</p>	<p>If any issues encroach on common areas of a premises that Northants Fire & Rescue Service (NFRS) believes comes under the Fire Safety Order, by virtue of the Order NFRS can act by inspecting the premises.</p>
Housing Providers	<p>Anti-Social Behaviour, Crime and Policing Act and statutory guidance (Home Office 2014)</p> <p>Civil injunction</p> <p>A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in antisocial behaviour, and the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in anti-social behaviour. For the court to grant an injunction, it must be satisfied both that anti-social behaviour (ASB) has occurred/is threatened AND that it is just and convenient to grant the injunction.</p>	<p>Civil injunction</p> <p>Conduct by the tenant which: (i) has caused, or is likely to cause, harassment, alarm or distress to any person, or is capable of causing nuisance or annoyance to a person in relation to the tenant's occupation of residential premises; or is capable of causing housing related nuisance or annoyance to any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or a local authority. There are also powers within the Act to give the Court the ability to require the tenant to take certain actions. The aim of these "positive requirements" is to encourage the tenant to cooperate with a support service to address the underlying issues related to their behaviour.</p>

<p>Housing Providers</p>	<p><u>Anti-social Behaviour, Crime and Policing Act and statutory guidance (Home Office 2014) – Section 80 - Premises closure order</u></p> <p>A local authority can apply to a Magistrates’ Court for a premises closure order.</p> <p><u>Housing Act 1985 (secure tenancies) or Housing Act 1988 (assured tenancies)</u></p> <p>The landlord has the right of entry to the property having provided at least 24 hours’ notice to: inspect the premises and their state of Repair.</p> <p>Possession Action</p> <p>Schedule 2 of the Housing Act 1985 (for secure tenancies):</p> <p>Ground 1: breach of tenancy</p> <p>Ground 2: anti-social behaviour</p> <p>Ground 3: waste/neglect of the property</p> <p>Ground 4: deterioration of furniture</p> <p>Section 84A: mandatory ground for possession for breach of anti-social behaviour injunction</p> <p>Schedule 2 of the Housing Act 1988 (for assured tenancies):</p> <p>Ground 7A: mandatory ground for possession for breach of anti-social behaviour injunction</p> <p>Ground 12: breach of tenancy</p> <p>Ground 13: waste/neglect of property</p> <p>Ground 14: anti-social behaviour</p> <p>Ground 15: deterioration of furniture</p> <p>Demotion order</p> <p>A county court can make a demotion order, converting a secure tenancy into a demoted tenancy for a period of 12 months.</p>	<p>Premises closure order</p> <p>The magistrates’ court may make an order if satisfied that:</p> <ol style="list-style-type: none"> The occupant has caused disorderly, offensive or criminal behaviour on the premises, or the use of the premises is likely to result in serious nuisance to the public, or there has been disorder near the premises because of the way the premises have been used. An order is necessary to prevent the occurrence of such behaviour, disorder or nuisance. <p>As a last resort in severe cases and having already tried other options first to enable tenancy sustainment, a landlord can take action for possession of the property for breach of tenancy agreement, where a tenant fails to comply with the obligation to maintain the property and its environment to a reasonable standard.</p> <p>Demotion order</p> <p>The court can make a demotion order if satisfied that the tenant has engaged in anti-social behaviour, and it is reasonable to make a demotion order.</p>
<p>Housing Providers</p>	<p><u>The Housing Act 2004</u></p> <p>Allows enforcement action where either a category 1 or 2 hazard exists in any dwelling or land posing a risk of harm to the health or safety to actual or potential occupiers. Powers include serving a hazard awareness notice, an improvement notice, a prohibition order or – in the case of a category 1 hazard - taking emergency remedial action.</p>	

Local Authorities (Adult Social Services)	<u>Care Act 2014 - Section 9 - Needs Assessment</u>	<p>Needs or carers assessments must be carried out where it appears to a local authority that they are necessary. The assessment should be appropriate, proportionate, and person-centred and should ensure a focus on the duty to promote wellbeing.</p> <p>Where the adult at risk of self-neglect lacks mental capacity and carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so.</p> <p>Where an adult at risk of self-neglect has mental capacity but refuses a needs assessment, the local authority must undertake an assessment so far as possible and document this. It should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind and asks them to do so.</p> <p>Once an assessment has been made there is a duty on local authorities to produce care and support plans and to offer a personal budget. This should focus on keeping people directly involved. The Act also sets out a duty to review.</p> <p>Care and Support plans to ensure that they continue to meet the needs of the person.</p>
Local Authorities (Adult Social Services)	<u>Care Act 2014 - Section 42 - Adult Safeguarding Enquiry</u> Self-neglect is included in definitions of abuse and neglect, thus linking self-neglect to statutory safeguarding duties.	<p>Where a local authority (LA) has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):</p> <ol style="list-style-type: none"> Has needs for care and support (whether or not the authority is meeting any of those needs), and Is experiencing, or is at risk of, abuse or neglect, and As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. <p>The LA must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.</p>
	The statutory guidance states "It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support."	If the adult has substantial difficulty in participating in their enquiry and they have no one else to support them with this, then the Local Authority must provide them with an independent advocate.

<p>Animal Welfare agencies e.g., RSPCA, Dogs Trust and other animal rescue services</p> <p>Environmental Health/Dog Warden/ Enforcement Officers</p>	<p><u>Animal Welfare Act 2006</u></p> <p>Improvements to animal welfare, effected through education and support or enforcement in severe cases. Escalation process:</p> <ul style="list-style-type: none"> • Verbal advice • Support and re-visits • Encourage voluntary rehoming of animals • Provision of neutering vouchers to reduce overbreeding and hoarding issues and / or assistance with transport to vets • Issue of Improvement Notices • Removal of animals if animal is suffering • Prosecution, in extreme cases (fine/ban on keeping animals/imprisonment) 	<p>Cases of Animal mistreatment/ neglect.</p> <p>The Act makes it not only against the law to be cruel to an animal, but states that a person must ensure that the welfare needs of their animals are met.</p> <p>Individuals have a duty to meet the welfare needs of their animals.</p> <p>Advice and education may be followed by formal warnings and prosecution. Cruelty to animals is a criminal offence See also: www.gov.uk/guidance/animal-welfare-legislation-protecting-pets</p>
<p>Mental Health Services, Local Authorities (Adult Social Services), Northamptonshire Police</p>	<p><u>Mental Health Act 1983 - Section 135(1)</u></p> <p>Provides for a police officer to enter a private premises, if need be, by force, to search for and, if thought fit, remove a person to a place of safety if certain grounds are met. An Approved Mental Health Professional (AMHP) and a doctor must accompany the police officer. N.B. Place of Safety is usually the mental health unit but can be the Emergency Department of a general hospital, or anywhere willing to act as such.</p>	<p>Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being:</p> <ul style="list-style-type: none"> • Ill-treated. • Neglected. • Being kept other than under proper control, or • If living alone is unable to care for self, and that the action is a proportionate response to the risks involved.
<p>All</p>	<p><u>Mental Capacity Act 2005</u></p> <p>A decision can be made about what is in the best interests of a mentally incapacitated person by an appropriate decision-maker under the MCA. It is important to follow the principles of the Act, ensure any actions considered are taken in the persons' best interests and have given due consideration to the least restrictive options available.</p>	<p>Where a person - lacks capacity to make decisions and is at high risk of serious harm as a result.</p>
<p>All</p>	<p><u>Inherent jurisdiction of the High Court – 39 Essex Chambers</u></p> <p>The High Court has powers to intervene in extreme cases of self-neglect when adults have capacity, although the presumption is always to protect the individual's human rights. Legal advice should be sought before taking this option.</p>	<p>In extreme cases of self-neglect, where an adult with capacity is at risk of serious harm or death and refuses all offers of support or interventions or is unduly influenced by someone else, taking the case to the High Court for a decision could be considered.</p>

Directory of Local Resources

PARTNER AGENCY	PROVISION	CONTACT DETAILS
Adult Safeguarding - Local Authorities	To discuss/raise concerns for an adult.	In an emergency, call 999 You can report a concern online by accessing the NSAB website here or by contacting the relevant Local Authority below: North Northamptonshire Council Tel: 0300 126 3000 West Northamptonshire Council Tel: 0300 126 7000 Out of hours - Tel: 01604 626938
Children First Northamptonshire Multi-Agency Safeguarding Hub (MASH)	To discuss/raise concerns for a child or family.	In an emergency, call 999 Tel: 0300 126 7000 Out of hours - Tel: 01604 626938 You can report a concern online by accessing the Northamptonshire Children's Trust here.
Northamptonshire Police	Emergency response to crime or harm.	In an emergency call 999. Non-emergency, call 101
East Midlands Ambulance Service NHS Trust	Ambulance/Emergency Services.	In an emergency, call 999 You can access the East Midlands Ambulance Service website here
Environmental Health	Investigates complaints relating to filthy or verminous premises. Where appropriate, to serve legal notice upon the owner/occupier to cleanse filthy or verminous premises.	Contact the relevant Northamptonshire Council for information on environmental health. North Northamptonshire Council Tel: 0300 126 3000 West Northamptonshire Council Tel: 0300 126 7000 The local authority website details can be accessed below: Environment North Northamptonshire Council (northnorthants.gov.uk) Environmental health West Northamptonshire Council (westnorthants.gov.uk)

Northamptonshire Fire & Rescue Service	Information on fire safety including home safety visits.	In an emergency, call 999. You can access Northamptonshire Fire & Rescue Service website here
Northamptonshire NHS Foundation Trust	Provides a wide range of inpatient, community and specialist mental health services. Services include rehabilitation, home treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and mental health wellbeing services.	You can find Northamptonshire NHS Healthcare Foundation Trust – Mental Health website section here You can find the main Northamptonshire NHS Healthcare Foundation Trust website here
Age UK Northamptonshire	Information/Advice and support to people aged 50+.	Tel: 01604 611200 You can find the Age UK Northamptonshire website here
Cinnamon Trust	A national network of community service volunteers providing practical help for pet owners such as walking the dog for a housebound owner. A national fostering service is also provided for pets whose owners face a spell in hospital. Volunteers take pets into their own homes until the owner and pet can be reunited. Long term care for pets whose owners have died or moved to residential accommodation which will not accept pets is also provided.	Tel: 01736 757 900 The Cinnamon Trust website can be found here
Healthwatch North and West Northamptonshire	Healthwatch works to help local people get the best out of their local health and social care services, whether it is improving them today or helping to shape them for tomorrow.	Tel: 0300 002 0010 Healthwatch North and West Northamptonshire's website can be accessed here
Mind Northamptonshire	Provision for person-centred mental health support to enable people to be in control of their lives.	Tel: 0300 123 393 (national info line) You can find the Northamptonshire Mind Mental Health Support website here
PDSA – Animal Charity	Care for the pets of people in need by providing free vet services to their sick and injured animals and promoting responsible pet ownership.	The national PDSA website can be found here
RSPCA	Report concerns about the welfare of an animal	Tel: 01604 881317 Tel: 0300 1234 999 to report animal cruelty You can access RSPCA Northamptonshire Branch website here
Voices of Stoke	A safeguarding toolkit to support multiple exclusion homelessness.	Multiple Exclusion Homelessness – A Safeguarding Toolkit for Practitioners – Voices of Stoke

Helpful Resources

[Advocacy | North Northamptonshire Council \(northnorthants.gov.uk\)](http://northnorthants.gov.uk)

[Advocacy | West Northamptonshire Council \(westnorthants.gov.uk\)](http://westnorthants.gov.uk)

[Homelessness: duty to refer - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Multiple Exclusion Homelessness – A Safeguarding Toolkit for Practitioners, Voices of Stoke](#)

[The Capacity to Act? Opening the door for people with hidden disabilities and differences \(kcl.ac.uk\)](http://kcl.ac.uk)

[Ellie Atkins: Episode 1 What you need to know, to end rough sleeping - YouTube](#)

[Ellie Atkins Episode 2 - Why You Need To Know About Executive Functioning - YouTube](#)

[Ellie Atkins Episode 3 What We Need To Do To End Rough Sleeping - YouTube](#)

[Learning resources & events on trauma | Research in Practice](#)

[Mental Capacity Act 2005 \(MCA\) Code of Practice](#)

[OCD-UK \(ocduk.org\)](http://ocduk.org)

[Northamptonshire Safeguarding adults Board website resources](#)

[Northamptonshire Safeguarding Children's Partnership procedures](#)

[Northamptonshire Safeguarding Children's Partnership website](#)

[What is trauma? - Mind](#)

[Working definition of trauma-informed practice - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[Working with people who self-neglect pt web.pdf | Research in Practice](#)