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1. Self-neglect is usually a lifestyle choice? True or False?

**False:** Dismissing self-neglect as a ‘lifestyle choice’ is unacceptable. Research shows that self-neglect results from a complex interaction between physical, psychological, emotional and social factors in the person’s life. Self-neglect is more often a response to trauma and adverse experiences - a coping mechanism to manage fear and insecurity, which then itself produces shame, isolation and further distress.

1. If someone who is self-neglecting has mental capacity and refuses to engage in intervention, there is nothing that can be done to impose a solution. True or False?

**False:** Mental capacity assessment is pivotal to determining interventions. If the person lacks capacity in relation to their personal care or living conditions, healthcare or care and support, the Mental Capacity Act 2005 sets out the requirement for those decisions to be made by others, acting in the person’s best interests. Wishes, feelings, beliefs and values must still be taken into account. If the person has been assessed as having capacity and negotiated solutions have not been possible, interventions can be imposed under legislation relating to housing, public health or anti-social behaviour on the grounds that the self-neglect is posing risk, detriment, nuisance or annoyance to others. In some circumstances, application can be made to the High Court to take protective measures using its inherent jurisdiction.

1. Only a doctor can assess mental capacity? True or False?

**False:** A range of people can assess capacity, depending on how well they know the person and what the decision is that needs to be made.

1. People who hoard are lazy, dirty and choose to live the way they do? True or False?

**False:** Stereotyping people with a hoarding condition as lazy is an unfair stigma. Hoarding is not about laziness, or not being bothered, it is about being isolated, anxious and depressed. People who hoard may have a cognitive impairment affecting their ability to make decisions. The term hoarding most often refers to the accumulation of objectives and clutter rather than dirt. Rather than being stigmatised, what people really need is compassion, empathy and support.

1. Hoarding is the same as collecting? True or False?

**False:** Whilst hoarding and collecting may involve the accumulation of objects they are very distinct behaviours. Collectors typically have a specific focus and involves a certain level of organisation, they organise their collections and derive pleasure and satisfaction from their collections. In contrast, hoarding involves excessive acquisition and inability to organise or discard possessions, leading to cluttered space.

1. Hoarding can be easily cured by getting rid of possessions. True or False?

**False:** Hoarding disorder is a complex mental health condition, by simply removing possessions without addressing the underlying psychological factors and providing ongoing support is unlikely to lead to change. Clearing up someone’s space will not provide a magic cure.

1. Hoarding only affects older people? True or False?

**False:** Hoarding disorder can occur in individuals of all ages, from children to older people. Research has shown that it can manifest in childhood or adolescence and continues into adulthood.

1. Self-neglect and hoarding became a domain of abuse within the Care Act 2014. True or False?

**True:** However, self-neglect and hoarding differs from other domains of abuse, in that there is no other person inflicting self-neglect on the individual in an abusive way, therefore there is no person alleged to be putting the person at risk of abuse or neglect. Although it is important to look beyond

1. A safeguarding concern should be raised to the local authority where there is reasonable cause to suspect that the adult has care and support needs, is experiencing or at risk of abuse or neglect and due to their care and support needs are unable to protect themselves from the experience or the risk of the abuse or neglect? True or False?

**False:** A safeguarding concern should be raised to the local authority where there is reasonable cause to suspect that the adult has care and support needs and is experiencing or at risk of abuse or neglect.

10. The MARM (Multi-Agency Risk Management) Framework provides a response, which can be led by any agency, in relation to an adult with capacity who circumstances fall outside of the Section 42 Care Act duty, where the level of risk the adult is experiencing is high? True or False?

**True:** Where the adult’s circumstances do not meet the Sections 42 Care Act duty, but their circumstances present as high risk and the adult has capacity to make decisions, then a multi-agency involvement a MARM approach could be an appropriate approach to work with the adult and partner agencies in the longer-term management of the risks. Where there has been a Section 42 enquiry and the enquiry has established that the risks continue to be high and the adult has capacity, then following the enquiry the MARM approach could be an appropriate approach to continue to work with partner agencies in the longer-term management of the risks and such a responses may be useful when working with adult who self-neglect and hoard.