



# SELF NEGLECT

*When the most neglected room in your house is yourself*

## **Self-Neglect & Hoarding Toolkit.**

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## 1. Introduction

Managing the balance between protecting adults at risk from self-neglect and/or hoarding behaviour against their right to self-determination is a serious challenge for services. Working with people who are difficult to engage can be exceptionally time-consuming and stressful for all concerned. A failure to engage effectively with people who are not looking after themselves, whether they have capacity or not, can have serious implications for the health and well-being of the person concerned and can put neighbours, family and animals at risk of harm from fire, gas and water leaks and infestation.

Fundamental freedoms exist so that people are able to live their lives without interference unless it is necessary and proportionate to do so. Interference may be necessary and legitimate in safeguarding where required for the safety of individuals or others, or where the person lacks mental capacity for a decision as to what is in their best interest.

Self-neglect and compulsive hoarding are highly complex and require a collaborative and integrated approach. This toolkit aims to ensure that practitioners are equipped with methods of working with people in a manner that is meaningful and co-ordinated and that supports multi-agency partnership working. This toolkit aims to facilitate positive and sustainable outcomes for clients, by involving them in the process at all stages in accordance with the principle of personalisation and Making Safeguarding Personal (MSP).

The toolkit provides guidance, advice, process maps, assessments and methods of working that can be utilised and adapted by organisations to meet the needs of the individuals that they work with. All examples that are used for hoarding, for example, can be adapted for self-neglect too.

## 2. Who should use this toolkit?

This toolkit is intended to be person centred and solution focused, utilising outcome based models of practice to work with people who self-neglect and hoard. The toolkit is for multi-agency use and would be particularly useful for Housing providers, adult's and children's social care, health workers and other agencies working with those who may be at risk of hoarding or self-neglecting.

This toolkit supports Bexley Safeguarding Adults Board's expectation that all agencies will fully engage in partnership working to achieve the best outcome for people who hoard or self-neglect. All practitioners should therefore follow the guidance contained within this toolkit.

## 3. What is Self-Neglect?

The Care Act 2014 defines self-neglect as wide ranging, covering:

- Neglecting to care for one's person hygiene
- Neglecting to care for one's health
- Neglecting to care for one's surroundings

Self-neglect can be seen as a continuum of indicators which when combined may indicate the presence of self-neglect; the following list is not exhaustive and should be considered in conjunction with *all* information within this document:

- Where the person may have a history of mental illness which may manifest itself in behaviours of self-neglect and hoarding

- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Obsessive hoarding therefore creating hazards within the property for both themselves and other parties
- Poor diet and nutrition, for example, evidenced by little or no fresh food in the fridge, or what is there, being mouldy
- Persistent declining or refusing prescribed medication and / or other community healthcare support
- Continued refusing to allow access to health and / or social care staff in relation to personal hygiene and care, including the non-attendance and or registration with a General Practitioner
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services
- Repeated episodes of anti-social behaviour – either as a victim or perpetrator
- Being unwilling to attend external appointments with professional staff in social care, health or other organisations (such as housing)
- A significant lack of personal hygiene resulting in poor healing / sores / pressure ulcers, long toe nails leading to a risk of falls, unkempt hair, uncared for facial hair, and or body odour.

#### 4. What is Hoarding?

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

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

Self-neglect differs from other safeguarding concerns as there is no perpetrator of abuse, however, abuse cannot be ruled out as a reason for someone becoming self-neglectful.

An investigation into the reasons for self-neglect is required to determine whether any form of abuse has taken place. This is not always as easy as it may sound, as it requires the professionals, or a concerned person, to engage with the self-neglecting person, develop a rapport and build their trust enough to ask about their emotions and how they feel about themselves. Sometimes this can feel traumatic for the person and may take time and patience.

The key aspects to assess are:

- Physical Living Conditions
- Mental Health
- Financial issues
- Personal living conditions
- Physical Health
- Social Networks

- Personal endangerment
- Danger to others

## General Characteristics of Hoarding

### **Fear and anxiety:**

Compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

### **Long term behaviour pattern**

Possibly developed over many years, or decades, of “buy and drop”. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.

### **Excessive attachment to possessions**

People who hoard may hold an inappropriate emotional attachment to items.

### **Indecisiveness**

People who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.

### **Unrelenting standards**

People who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.

### **Socially isolated**

People who hoard will typically alienate family & friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office based appointments.

### **Large number of pets**

People who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”

### **Mentally competent**

People who hoard are typically able to make decisions that are not related to the hoarding.

### **Extreme clutter**

Hoarding behaviour may prevent several or all the rooms of a person property from being used for its intended purpose.

### **Churning**

Hoarding behaviour can involve moving items from one part a person’s property to another, without ever discarding anything.

### **Self-Care**

A person who hoards may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities, in order to maintain their personal hygiene and appearance.

### **Poor insight**

A person who hoards will typically see nothing wrong with their behaviour and the impact it has on them and others.

## What Is Hoarding Disorder?

Hoarding Disorder used to be considered a form of obsessive compulsive disorder but this has been a subject of much debate. Hoarding is now considered in some countries a standalone mental disorder and is included in the 5th edition of the DSM 2013.

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

Hoarding does not favour a particular gender, age, ethnicity, socio-economic status, educational / occupational history or tenure type.

Anything can be hoarded, in various areas including the resident's property, garden or communal areas.

Commonly hoarded items include but are not limited to:

- Clothes, bags, shoes, jewellery
- Newspapers, magazines or books
- Bills, receipts or letters
- Food and food containers
- Animals
- Medical equipment
- Collectibles such as toys, video, DVD, or CDs

## Types of Hoarding

There are three types of hoarding:

### **Type One: Inanimate objects**

This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.

### **Type Two: Animal Hoarding**

Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them.

In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. In addition, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

### **Type Three: Data Hoarding**

This is a new phenomenon of hoarding. There is little research on this matter and it may not seem as significant and inanimate and animal hoarding, however people that do hoard data could still present with the same issues that are symptomatic of other types of hoarding. Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper as well as a need to store copies of emails, and other information, in an electronic format.

Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified, regardless of the risk rating, clients need to be advised of the increased risk they are under and identify safe exit routes. Appropriate professional fire safety advice must be sought. Professionals should alert the emergency services to hoarded properties and share information with them.

## 5. The Care Act 2014 - Self-neglect and safeguarding

The Care Act 2014 has now clarified the relationship between self-neglect and safeguarding and made self-neglect a category of harm about which the Local Authority has a duty to make enquiries and to assess need with the promotion of well-being at the heart.

This means that every notification of harm due to self-neglect by an adult who may have care and support needs falls under the Local Authority duty to make enquiries. It may not mean that each case of self-neglect must be opened as a s42 enquiry but that each case must receive an appropriate response.

Hand in hand with making enquiries regarding concerns that an adult may be self-neglecting is the duty to assess any care and support needs that may become apparent. The Care Act guidance says that the assessment 'should not just be seen as a gateway to care and support, but should be a critical intervention in its own right, which can help people to understand their situation and the needs they have, to reduce or delay the onset of greater needs, and to access support when they require it'.

The Guidance goes on to say that 'Local authorities must undertake an assessment for any adult who appears to have any level of needs for care and support, regardless of whether or not the local authority thinks the individual has eligible needs. An assessment must seek to establish the total extent of needs before the local authority considers the person's eligibility for care and support and what types of care and support can help to meet those needs. This must include looking at the impact of the adult's needs on their wellbeing and whether meeting these needs will help the adult achieve their desired outcomes.

An individual may lack capacity to request an assessment or lack capacity to express their needs. The local authority must in these situations carry out supported decision making, supporting the adult to be as involved as possible in the assessment, and must carry out a capacity assessment and take "best interests" decisions. The requirements of the Mental Capacity Act and access to an Independent Mental Capacity Advocate apply for all those who may lack capacity.'

The Care Act Guidance says that an adult may refuse an assessment but : 'where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, any abuse or neglect'.

When an adult is at substantial risk of harm and is refusing to engage with services, legal interventions should always be considered. However unless risks are immediate and urgent, interventions through the court should not be the first remedy and other more persuasive options should be considered first and evidence of this would be expected by the courts. Practitioners or managers should always seek advice from the legal team if in any doubt about the best way forward or about thresholds for legal intervention.

Any instance where the self-neglect by adult impacts on a child in their care *must be considered under child protection procedures and referred to children's services.*

The focus of safeguarding enquiries in relation to self-neglect concerns should be on initial fact finding, combined with attempts to engage the individual and drawing on information

gathered from other professionals such as GP, other health providers, housing workers and from family and friends to establish as far as possible the level of likely harm.

In all instances situations of self-neglect must be subject to robust risk assessment and risk management with engagement from the necessary / relevant range of partner agencies. It will be important to develop a thresholds standard/agreed understanding of what constitutes a degree of harm significant enough to warrant ongoing action which includes as a last resort, consideration of legal remedies.

People who self-neglect may be reluctant to have contact with statutory social services due to fear about the possible impact on their life and freedoms or an inability to recognise the harm that they may be causing to themselves. It may be the voluntary sector or other partner agencies who are most able to engage with the person and in these cases a joint approach is essential.

## 6. Working with people who self-neglect

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 traditional social work values of 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.

The concept of 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.

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 on.

### Research evidences the importance of:

- Recommendations from a number of 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..... 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.'
- 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



superficially refusals of service, which leave professionals working reactively to each crisis rather than proactively engaging with repeated refusals of support

- Ensuring that capacity is assessed and recorded thoroughly on a decision specific basis and reassessing capacity over time.
- 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 say the right but may be unable to put this 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.’

## 7. Assessment of the degree of risk

It is the responsibility of all involved local authority workers to conduct and record a risk assessment and to review and share this when appropriate.

This should include information gathering:

- 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 eg 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 / obsessive compulsive disorder
- Whether there is a smell of gas.
- 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. If a child is at risk, refer to children’s services, How to contact the MASH Telephone: Daytime hours (Monday to Friday 9am to 5pm) 020 3045 5440. Out of hours (6pm to 8am Monday to Friday and weekends) 020 8303 7777 or 020 8303 7171.
- Seek to establish with the adult a history of their life to help understand their current situation including any major losses or traumas.

## 8. Mental Capacity

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves. The act has 5 statutory principles and these are the values which underpin the legal requirements of the act.

They are:

1. A person must be assumed to have capacity unless it is established that they lack capacity;
2. A person is not to be treated as unable to make a decision unless all practical steps have been taken without success;
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision;
4. An act done or decision made, under this act for or on behalf of a person who lacks capacity must be done, or made in his or her best interests;
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

When a person's hoarding behaviour poses a serious risk to their health and safety, intervention will be required. With the exception of statutory requirements, any intervention or action proposed must be with the customer's consent. In extreme cases of hoarding behaviour, the very nature of the environment *should* lead professionals to question whether the customer has capacity to consent to the proposed action or intervention and trigger a capacity assessment.

This is confirmed by The MCA code of practice which states that one of the reasons why people may question a person's capacity to make a specific decision is "the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision" (4.35 MCA Code of Practice, P. 52).

Arguably, extreme hoarding behaviour meets this criterion and an assessment should take place. Consideration must be given where there is dialogue or situations that suggest a person's capacity to make decision with regard to their place of residence or care provision may be in doubt.

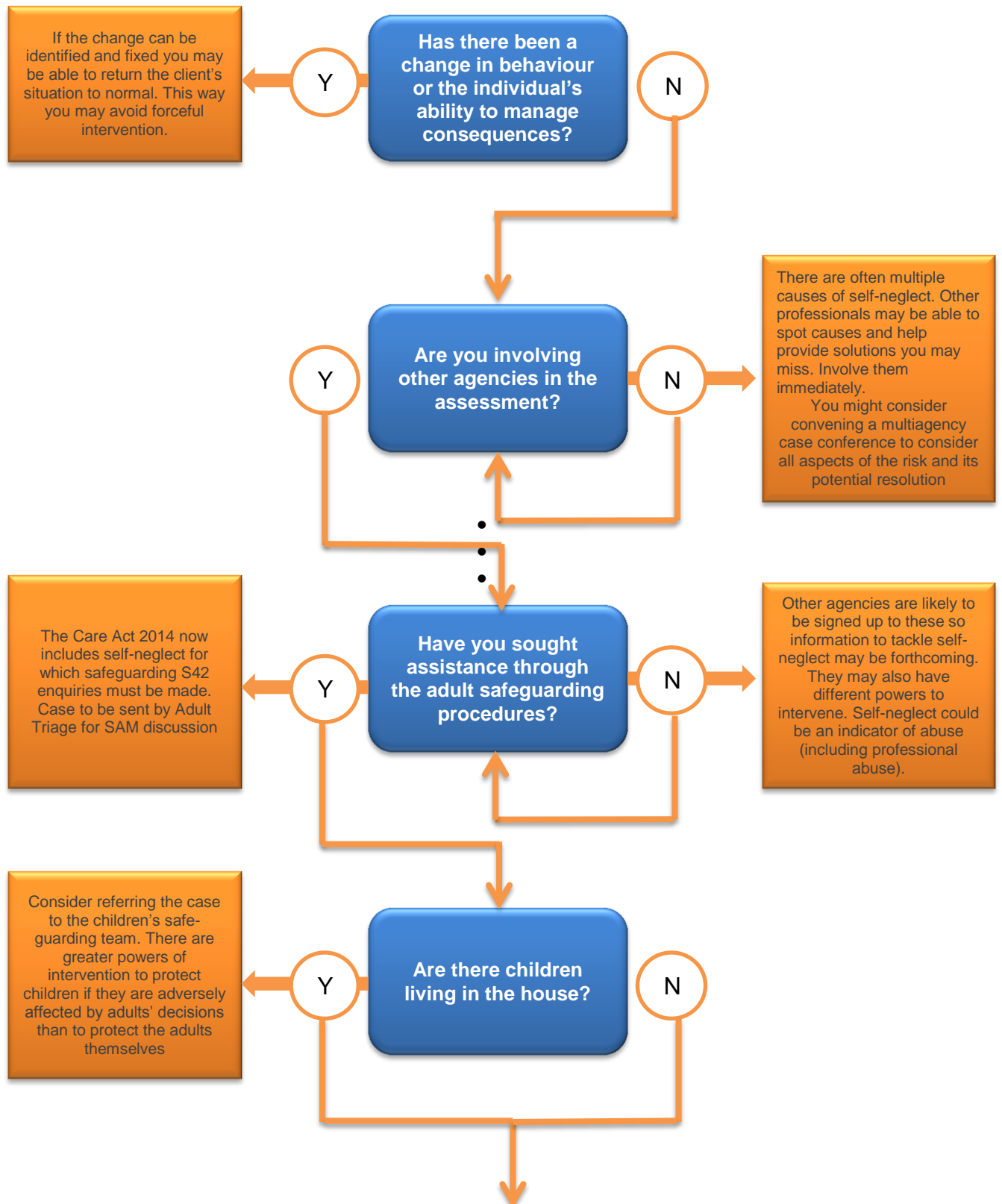
Any capacity assessment carried out in relation to self-neglect / hoarding behaviour must be time specific, and relate to a specific intervention or action. The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention or action, and is referred to as the 'decision-maker'. Although the decision-maker may need to seek support from other professionals in the multi- disciplinary team, they are responsible for making the final decision about a person's capacity.

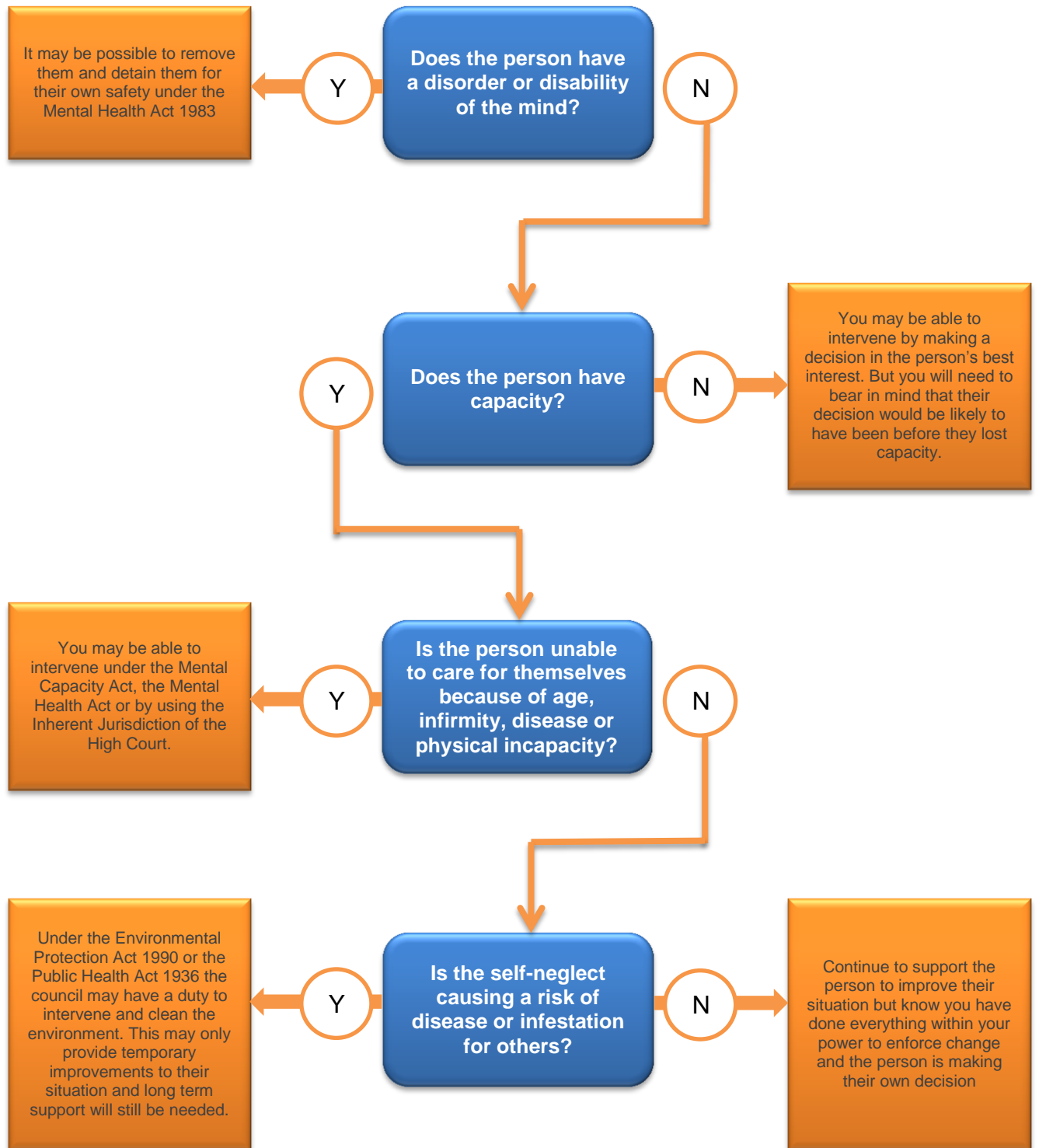
If the person lacks capacity to consent to the specific action or intervention, then the decision maker must demonstrate that they have met the requirements of the best-interests „checklist". Due to the complexity of such cases, there *must* be a best interests meeting, chaired by a team manager, to oversee the process.

In particularly challenging and complex cases, it may be necessary for the local authority to refer to the Court of Protection to make the best interests decision. Any referral to the Court of Protection should be discussed with legal services and the relevant service manager.

## 9. How Can I Intervene in a Case of Self Neglect?

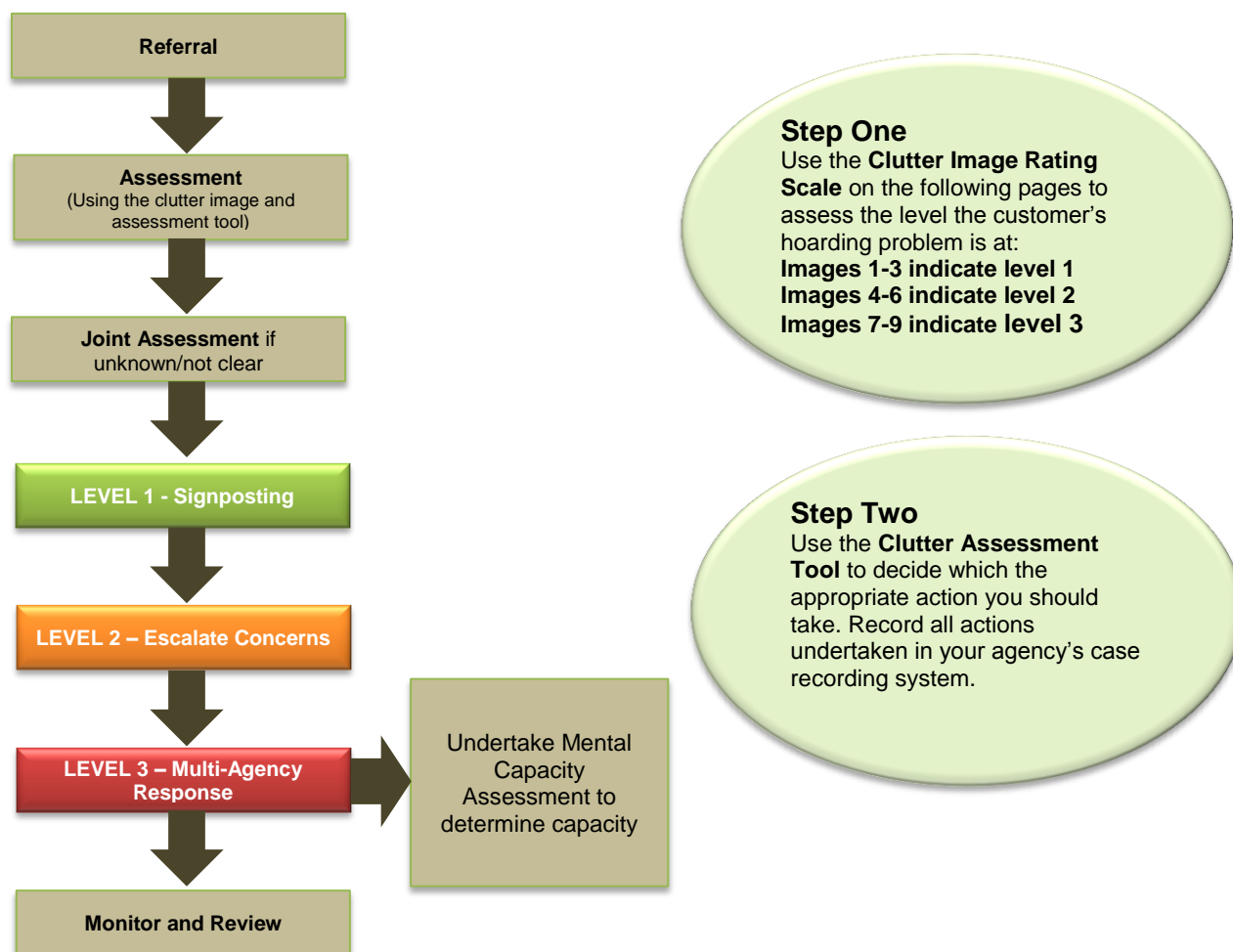
In cases of suspected self-neglect, social work principles dictate that the first course of action should be to work alongside a person to empower them to change their situation. However, people who neglect themselves are often suspicious of authority and gaining trust and consent to care can take time. There may be times when extreme action is called for.





## 10. Assessing the severity of Hoarding

The flow chart below sets out the overarching process clearly but if in doubt, please asks your supervisor/manager for assistance.



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

Images 1- 3 Level 1

Images 4- 6 Level 2

Images 7- 9 Level 3

Then refer to the clutter assessment tool to guide which details the appropriate action you should take. Record all actions undertaken in the agency's recording system, detailing conversations with other professionals, actions taken and action yet to be taken.

## 11. Fire Risk and Options for Professionals

Clients who self-neglect may well neglect other aspects of day to day life such as the maintenance of appliances. For example, a lack of frequent 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.

The use of candles is an increased fire risk. The client may be 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.

Clients 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 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.

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 arm chair. 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.

### **Actions to be considered:**

Include fire risk in the risk assessment for the adult.

Ensure that those working with the adult are aware so that they can monitor pertinent developments (e.g. a new cigarette burn on the carpet) Seek whenever possible the client's consent to a home fire safety check from the London Fire Brigade (LFB). The referral can be made online by going to the Home Fire Safety Check section of the website. One of the things that the LFB can do is to fit free smoke detectors.

[www.london-fire.gov.uk/HomeFireSafetyVisit.asp](http://www.london-fire.gov.uk/HomeFireSafetyVisit.asp)

Secondly, work can be done to help clear the property to reduce the amount of potentially flammable material.

Lastly, all reasonable referrals for repairs and maintenance engineers must be made in order to help the client be compliant with legislation such as having a regular boiler service. A range of equipment exists around fire prevention. Commonly used pieces of equipment included personal misters, monitored smoke alarms, alarms for those with sensory impairments and fire retardant sprays to provide fire prevention for bedding and carpets. Any risk assessment for an adult who is self-neglecting or hoarding should include fire risk assessment.

## **12. Information Sharing**

The Care Act 2014 states that information sharing should be consistent with the principles set out in the Caldicott Review published in 2013 ensuring that:

**Information is only shared on a ‘need to know’ basis and when it is in the interests of the adult.**

Key points to note are:

- Confidentiality must not be confused with secrecy;
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override this requirement;

- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk;
- Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing and wherever possible the Caldicott Guardian should be involved.
- Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework
- Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

Decisions about what information is shared and with whom will be taken on a case by-case basis. Whether information is shared, with or without the adult at risk's consent, the information should be:

- Necessary for the purpose for which it is being shared.
- Shared only with those who have a need for it.
- Accurate and up to date.
- Shared in a timely fashion.
- Shared accurately.
- Recorded proportionately demonstrating why a course of action was chosen – I did this because..... I ruled this out because..... I chose this because.....
- Shared securely

Risk to others	Crime	Public interest	Coerced or controlled	MHA	Person centred	Capacity	Advocacy	Multi-agency	Defensive decisions
Is there a risk to others – <b>Share (No Consent required).</b>	Is there a reasonable suspicion of a crime – <b>Share (No Consent required).</b>	Is it in the public interest to share information – <b>Share (No Consent required).</b>	Could the person be choosing a course of action because they have been coerced or controlled – <b>Share (No Consent required).</b>	Does the person potentially have Mental Health problems – affecting their choices?	What are the persons required outcomes, wishes and expectations?	What capacity assessments are required?	Does the person require an Advocate?	Who needs to be involved?	Have you recorded this effectively? Defensible decision making follows 'because'. I chose this course of action because.....I ruled this out because.....
<b>Your Legal Duties</b>									
Protecting the Public			Protecting those who cannot consent		Supporting and protecting the individual				Protecting ourselves

## 13. Advocacy and support

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. It is essential to ensure all efforts are made to ensure the person suspected of self-neglecting and or hoarding is consulted with and included in discussions, with concerns raised directly with them at the earliest opportunity.

If there is concern that the person is in need of additional support to ensure they understand the concerns raised, the involvement of an appropriate advocate must be considered where it is deemed necessary to do so. This may be a friend or family member, or a representative from a voluntary agency such as Age UK or CRUSE of Advocacy for All (Independent Mental Capacity Advocacy). Where the individual declines to participate or engage with agencies or provide access, information obtained from a range of other sources may 'hold the key' to achieving access into the property or to determining areas / levels of risk.

## 14. Employees

For employees dealing with cases of self-neglect and or hoarding this can be a stressful time.

All agencies should have robust support mechanisms and policies in place, to ensure the health and safety of its employees. This should include practice supervision, peer support, lone working systems and where appropriate access to health and welfare advisory support services.

To enable employees to be effective in dealing with cases of self-neglect and hoarding, employees should also have access to a range of learning and development opportunities either offered by their own organisation, or by a multi-agency approach.

All organisations should raise the awareness and understanding of staff who work with people who self-neglect to offer flexible, person centred and creative approaches and are supported to nurture self-care.

## 15. Multi-disciplinary involvement

A multi-agency approach may be needed to explore options for encouraging engagement. Various professionals may have information about the adult and some may have been better able to establish a relationship with them. A multi-agency network meeting enables information to be shared and decisions to be made about how best to intervene. The meeting should consider level and aspects of risk and ways in which agencies can contribute to managing the risk alongside the service user.

It is important to record the information shared and the decisions made, together with the agreed actions.

Any professional working with adults who may have, or appear to have, a hoarding condition should ensure they:

- Complete the 'Practitioners Assessment' included in this toolkit
- Refer to the Hoarding and Self Neglect Assessment Tool below; and
- Use the Clutter Image Rating Toolkit below to help decide what steps to take.



Evidence of animal hoarding at any level should be reported to the RSPCA.

A multi-agency network meeting enables information to be shared and decisions to be made about how best to intervene. The meeting should consider level and aspects of risk and ways in which agencies can contribute to managing the risk alongside the service user. It is important to record the information shared and the decisions made, together with the agreed actions.

If necessary, consider involving a legal adviser/ calling a legal planning meeting.

As far as possible always inform the adult of any planned meetings, explain why the meeting is necessary and invite them to attend.

In this meeting explore:

- Does the individual have capacity to make an informed decision about the risks they are running and whether or not they need support?
- How should capacity be assessed?
- Who should carry out the assessment?
- Explore the risks/ likely harm of non-intervention. Document all decision making and record whether or not the professionals present feel that the circumstances require consideration under safeguarding protocols.
- Are there children at risk?
- Are there any other vulnerable adults at risk?

Managing the balance between choice, control and duty of care is a complex process. If the multiagency network finds that all agreed actions have failed to reduce the risk of harm to a manageable level, the case should be referred to the Croydon Vulnerability and Risk Management Panel. Again this should be with the consent of the adult if this can be obtained or without their consent if there is a public interest and duty of care due to very substantial risks of harm.

## **16. Legal interventions**

In all circumstances, working with people with care and support needs 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 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.

Social workers should have a good understanding of the relevant legislation and should first and foremost work with the Care Act 2014, the Mental Capacity Act 2005 and Mental Health Act 1983 and 2007.

Practitioners also need to understand the powers of the Court of Protection, the Office of the Public Guardian and the Inherent Jurisdiction of the High Court.

## Care Act 2014

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

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

A safeguarding enquiry may not necessarily result in what is typically considered to be a 'safeguarding response', such as an investigation by the police or a health and social care regulator, but it could result in other action to protect the adult concerned, such as providing a care and support package for either or both the adult and their carer.

Under the Care Act, there is no express legal power of entry or right of unimpeded access to the adult. However, where necessary, local authorities can apply to the courts or seek assistance from the police to gain access in certain circumstances under existing powers.

### **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 the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.
- 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 (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules.
- If there is concern about a mentally disordered person: 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.
- If a person is believed to have a mental disorder, and there is suspected neglect or abuse: 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 if there is reasonable cause to suspect that they are suffering from a mental disorder and

- (a) have been, or are being, ill-treated, neglected or not kept under proper control, or
- (b) are living alone and unable to care for themselves.

## Power of the police to enter and arrest a person for an indictable offence: Section 17(1)(b) of PACE.

Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace.

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).

## Mental Capacity Act 2005

This act established important principles including:

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

Under section 2 of the Mental capacity Act 2007 under **Best Interest** 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 in to 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.

## Environmental Health Powers

### Public Health Act 1936

#### **Section 79: Power to require removal of noxious matter by occupier of premises**

The local authority will always try and work with a householder to identify a solution to a hoarded property, however in cases where the resident is not willing to co-operate the local authority can serve a notice on the owner or occupier under the Act requiring them to "*remove accumulations of noxious matter*". Noxious is not defined in legislation, but usually means anything harmful or unwholesome. No appeal is available. If the notice is not complied with, the local authority can do works in default and recover expenses.

#### **Section 83: Cleansing of filthy or verminous premises**

Where any premises, tent, van, shed, ship or boat is either;

- a) Filthy or unwholesome so as to be prejudicial to health; or
  - b) Verminous (relating to rats, mice other pests including insects, their eggs and larvae)
- the local authority can serve a notice requiring the clearance of materials and objects that are filthy, the cleansing of surfaces, carpets etc. If the notice is not complied with, Environmental Health (EH) can carry out works in default and charge for this work. There is no appeal against the notice but an appeal can be made against the cost and reasonableness of the works involved.

#### **Section 84: Cleansing or destruction of filthy or verminous articles**

Applies to any article that is 'so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous'. The local authority can serve a notice and remove, cleanse, purify, disinfect or destroy any such article at their expense.

### Prevention of Damage by Pests Act 1949

#### **Section 4: Power of local authority to require action to prevent or treat Rats and Mice**

A notice may be served on an owner or occupier of land/ premises where rats and/ or mice are or may be present due to the conditions at the time. The notice may be served on the owner/occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works. The local authority may carry out works in default and charge for these.

## Environmental Protection Act 1990

### Section 80: Dealing with Statutory Nuisance

Statutory nuisance is defined in section 79 of the Act and includes any act or omission at premises that prevents the normal activities and use of another premises, including the following:

- Section 79 (1) (a) any premises in such a state as to be prejudicial to health or a nuisance
  - (c) Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance
  - (e) Any accumulation or deposit which is prejudicial to health or a nuisance
  - (f) ) Any animal kept in such a place or manner as to be prejudicial to health or a nuisance
- The local authority may serve an Abatement Notice made under section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.

## Housing Legislation

The housing health and safety rating system (HHSRS) is a risk based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. It was introduced under the Housing Act 2004 and applies to residential properties in England and Wales.

The HHSRS assess 29 categories of housing hazard. Each hazards has a weighting which determines whether the property is rated as having category 1 (serious) or category 2 (other) hazards. The local authority must take action to address category 1 hazards and has some discretion in whether any action is taken for category 2 hazards.

Housing providers (the landlord) deal with any concerns relating to self-neglect and or hoarding raised, which may be through contractors, in a sensitive manner. The housing officer (HO) would arrange a visit to inspect the condition of the property and action will be taken as appropriate.

It is standard practice for the HO to ask a tenant if they would like support to deal with a range of issues and they will make the necessary referrals if consent is given.

The HO will usually set small actions for the tenant to complete and then revisit to monitor on a regular basis. Whilst the tenant continues to engage with the housing provider and improve the condition of the property then the HO will continue to visit, but if they cease to engage or do not take steps to improve the condition then a referral may be made without consent to adult social care or other agencies.

The decision to take this course of action will often be made having referred the case to housing management following a thorough review of the case with colleagues in the Anti-Social Behaviour and Tenancy Enforcement Team (ABATE) and Environmental Health. Only when the housing provider has exhausted all avenues to get the tenant to engage and take responsibility for clearing the property themselves would they consider enforcement action and is considered a last resort.

Housing providers have a range of enforcement that they can take and this is summarised below:

- **Schedule 2 of the Housing Act 1985** sets out the grounds for possession of properties let under secure tenancies. These grounds include:
  - Ground 1** – rent lawfully due from a tenant has not been paid or an obligation of the tenancy has been broken or not performed. This would include breach of clauses within a tenancy agreement which relates to tenants keeping the parts of the home that we are not responsible for to a reasonable standard and which may also state they must

maintain their home to a standard of hygiene and good order so as not to damage the fabric of the building, cause a nuisance or annoyance to neighbours or create a hazard for our staff or contractors.

**Ground 4** – allows the landlord to seek possession if the tenant has allowed the condition of the property to deteriorate owing to acts of waste, or neglect, or default. Housing providers could use either of these grounds to seek possession of a property due to hoarding. Under these grounds the court must decide if it is reasonable to grant an order for possession which can be challenging if the tenant has mental health issues or other vulnerabilities.

**Provisions of the Housing Act 1996** allow housing providers to take possession action of properties let under introductory tenancies. These should be more straight forward as the housing provider needs to prove a breach of any clause of the tenancy agreement. The court does not have to consider whether it is reasonable to grant possession but should merely consider whether the landlord has followed the correct process i.e.; served the correct notices and given the tenant the opportunity to appeal the service of any notice. However, in practice many District Judges do consider any vulnerability the tenant may have when considering an application of this type.

Housing providers also have the option to apply for an injunction which would force the tenant to bring the condition of the property up to a reasonable standard. They would work closely with environmental health teams who have the power to serve notices under the Environmental Protection Act 1990 which will allow the landlord to enter a property to clear it and re-charge the tenant the cost of doing so.

## 17. Safeguarding Children

Safeguarding Children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring they are growing up in circumstances consistent with the provision of safe and effective care.

If there are children or young people in the home, practitioners should consider whether the clutter/cleanliness is such that the child/children may be subject to harm.

If so, or if in doubt, you should contact the Children's Services Multi-Agency Safeguarding Hub (MASH - telephone: Daytime hours (Monday to Friday 9am to 5pm) 020 3045 5440. Out of hours (6pm to 8am Monday to Friday and weekends) 020 8303 7777 or 020 8303 717) to discuss your concerns.

If a child is caring for an adult in any way they be a Young Carer. If this is the case contact Children's Services to ensure the child/young person is properly supported.

## 18. Other adults requiring safeguarding

There may be other adults who have care and support needs who live at a property affected by hoarding. The London Multi-Agency Safeguarding Policy & Procedures (2015) should be followed at all times and referrals made as appropriate via London Borough of Bexley, 0208 303 7777.

## Appendix 1: Clutter Image Rating Scale (CIRS)<sup>2</sup>

The purpose of this tool is to gauge the impact of hoarding on the person with the hoarding behaviour.

### Clutter Image Rating Scale: Part 1 of 3 – Kitchen

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



1



2



3



4



5



6



7



8



9

## Clutter Image Rating Scale: Part 2 of 3 – Bedroom

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



1



2



3



4



5



6



7



8



9



## Clutter Image Rating Scale: Part 3 of 3 – Living room

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



1



2



3



4



5



6



7



8



9

<b>Level 1</b> <b>Clutter image rating 1 - 3</b>	<b>Household environment is considered standard.</b> <b>No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.</b>
<b>1. Property structure, services &amp; garden area</b>	<ul style="list-style-type: none"> <li>• All entrances and exits, stairways, roof space and windows accessible.</li> <li>• Smoke alarms fitted and functional or referrals made to fire brigade to visit and install.</li> <li>• All services functional and maintained in good working order.</li> <li>• Garden is accessible, tidy and maintained</li> </ul>
<b>2. Household Functions</b>	<ul style="list-style-type: none"> <li>• No excessive clutter, all rooms can be safely used for their intended purpose.</li> <li>• All rooms are rated 0-3 on the Clutter Rating Scale</li> <li>• No additional unused household appliances appear in unusual locations around the property</li> <li>• Property is maintained within terms of any lease or tenancy agreements where appropriate.</li> <li>• Property is not at risk of action by Environmental Health</li> </ul>
<b>3. Health and Safety</b>	<ul style="list-style-type: none"> <li>• Property is clean with no odours, (pet or other)</li> <li>• No rotting food</li> <li>• No concerning use of candles</li> <li>• No concern over flies</li> <li>• Residents managing personal care</li> <li>• No writing on the walls</li> <li>• Quantities of medication are within appropriate limits, in date and stored appropriately.</li> </ul>
<b>4. Safeguarding of Children &amp; Family members</b>	<ul style="list-style-type: none"> <li>• No Concerns for household members</li> </ul>
<b>5. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Any pets at the property are well cared for</li> <li>• No pests or infestations at the property</li> </ul>
<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• No PPE required</li> <li>• No visit in pairs required</li> </ul>
<b>Level 1</b>	<b>ACTIONS</b>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Discuss concerns with resident</li> <li>• Raise a request to the Fire Brigade to provide fire safety advice</li> <li>• Refer for support assessment if appropriate.</li> <li>• Refer to GP if appropriate</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• No Action</li> </ul>
<b>Social Landlords</b>	<ul style="list-style-type: none"> <li>• Provide details on debt advice if appropriate to circumstances</li> <li>• Refer to GP if appropriate</li> <li>• Refer for support assessment if appropriate.</li> <li>• Provide details of support streams open to the resident via charities and self-help groups.</li> <li>• Provide details on debt advice if appropriate to circumstances</li> <li>• Ensure residents are maintaining all tenancy conditions</li> </ul>

<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Complete Hoarding Assessment</li> <li>• Make appropriate referrals for support</li> <li>• Refer to social landlord if the client is their tenant or leaseholder</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Ensure information is shared with statutory agencies &amp; feedback is provided to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• No action unless advice requested</li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• No action unless other concerns of abuse are noted</li> </ul>

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

<b>5. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Pets at the property are not well cared for</li> <li>• Resident is not unable to control the animals</li> <li>• Animal's living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed</li> <li>• Sound of mice heard at the property.</li> <li>• Spider webs in house</li> <li>• Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)</li> </ul>
<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>• PPE required.</li> </ul>
<b>Level 2</b>	
<b>ACTIONS</b>	
<b>In addition to actions listed below these cases need to be monitored regularly in due to RISK OF ESCALATION or RECURRENCE</b>	
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Refer to landlord if resident is a tenant</li> <li>• Refer to Environmental Health is resident is a freeholder</li> <li>• Raise an request to the Fire Brigade to provide fire prevention advice</li> <li>• Provide details of garden services</li> <li>• Refer for support assessment</li> <li>• Referral to GP</li> <li>• Referral to debt advice if appropriate</li> <li>• Refer to Animal welfare if there are animals at the property.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems</li> <li>• At time of inspection, Environmental Health Officer decides on appropriate course of action</li> <li>• Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</li> <li>• Consider Works in Default if notices not complied by occupier</li> </ul>
<b>Social Landlord</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs</li> <li>• Referral to Floating Support to assist in the restoration of services to the property where appropriate.</li> <li>• Ensure residents are maintaining all tenancy conditions</li> <li>• Enforce tenancy conditions relating to residents responsibilities</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to "Guidance for Hoarding Guidance Questions to Ask"</li> <li>• Complete Practitioners Assessment Tool</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Educate client regarding animal welfare if appropriate</li> <li>• Provide advice / assistance with re-homing animals</li> </ul>

<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• No action unless other concerns of abuse are noted.</li> <li>• If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.</li> </ul>
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<b>Level 3 Clutter image rating 7 - 9</b>	<b>Household environment will require intervention with a collaborative multi agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</b>
<b>1. Property structure, services &amp; garden area</b>	<ul style="list-style-type: none"> <li>• Limited access to the property due to extreme clutter</li> <li>• Evidence may be seen of extreme clutter seen at windows</li> <li>• Evidence may be seen of extreme clutter outside the property</li> <li>• Garden not accessible and extensively overgrown</li> <li>• Services not connected or not functioning properly</li> <li>• Smoke alarms not fitted or not functioning</li> <li>• Property lacks ventilation due to clutter</li> <li>• Evidence of structural damage or outstanding repairs including damp</li> <li>• Interior doors missing or blocked open</li> <li>• Evidence of indoor items stored outside</li> </ul>
<b>2. Household Functions</b>	<ul style="list-style-type: none"> <li>• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.</li> <li>• Room(s) scores 7 - 9 on the clutter image scale</li> <li>• Rooms not used for intended purposes or very limited</li> <li>• Beds inaccessible or unusable due to clutter or infestation</li> <li>• Entrances, hallways and stairs blocked or difficult to pass</li> <li>• Toilets, sinks not functioning or not in use</li> <li>• Resident at risk due to living environment</li> <li>• Household appliances are not functioning or inaccessible</li> <li>• Resident has no safe cooking environment</li> <li>• Resident is using candles</li> <li>• Evidence of outdoor clutter being stored indoors.</li> <li>• No evidence of housekeeping being undertaken</li> <li>• Broken household items not discarded e.g. broken glass or plates</li> <li>• Concern for declining mental health</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable</li> <li>• Property is at risk of notice being served by Environmental Health</li> </ul>
<b>3. Health and Safety</b>	<ul style="list-style-type: none"> <li>• Human urine and or excrement may be present</li> <li>• Excessive odour in the property, may also be evident from the outside</li> <li>• Rotting food may be present</li> <li>• Evidence may be seen of unclean, unused and or buried plates &amp; dishes.</li> <li>• Broken household items not discarded e.g. broken glass or plates</li> <li>• Inappropriate quantities or storage of medication.</li> <li>• Pungent odour can be smelt inside the property and possibly from outside.</li> </ul>

	<ul style="list-style-type: none"> <li>• Concern with the integrity of the electrics</li> <li>• Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.</li> <li>• Concern for declining mental health</li> </ul>
<b>1. Safeguarding of Children &amp; Family members</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. Please note all additional concerns for householders</li> </ul>
<b>5. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Animals at the property at risk due the level of clutter in the property</li> <li>• Resident may not able to control the animals at the property</li> <li>• Animal's living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed</li> <li>• Hoarding of animals at the property</li> <li>• Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> <li>• Visible rodent infestation</li> </ul>
<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>• Visit in pairs required</li> </ul>
<b>Level 3</b>	<b>ACTIONS</b>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Conduct a multi-agency meeting</li> <li>• Raise a request to the Fire Brigade within 24 hours to provide fire risk assessment and prevention advice.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems</li> <li>• At time of inspection, EHO decides on appropriate course of action</li> <li>• Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</li> <li>• Consider Works in Default if notices not complied by occupier</li> </ul>
<b>Landlord</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs</li> <li>• Attend multi agency Safeguarding meeting</li> <li>• Enforce tenancy conditions relating to residents responsibilities</li> <li>• If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to "Hoarding - Questions for practitioners" below</li> <li>• Complete Practitioners Assessment Tool</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Attend multi agency meetings on request</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>

<b>Animal Welfare</b>	<ul style="list-style-type: none"><li>• Visit property to undertake a wellbeing check on animals at the property.</li><li>• Remove animals to a safe environment</li><li>• Educate client regarding animal welfare if appropriate</li><li>• Take legal action for animal cruelty if appropriate</li><li>• Provide advice / assistance with re-homing animals</li></ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"><li>• Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse when identified</li></ul>
<b>Safeguarding Children</b>	<ul style="list-style-type: none"><li>• Refer to children to children's services as within 24 hours</li></ul>

## Appendix 2: Guidance Questions for Practitioners

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

The information gained from these questions should be used to inform a **Practitioner's Hoarding Assessment** and provide the information needed to alert other agencies. Most clients with a hoarding problem will be embarrassed about their surroundings. You should be sympathetic to this and adapt the questions below to suit your client(s)

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



## Appendix 3: Practitioner's Hoarding Assessment

Practitioner's Hoarding Assessment			
Date of Home Assessment			
Client's Name			
Client's Date of Birth			
Address			
Client's Contact Details			
Type of Dwelling			
Freeholder	Yes/No		Tenant – Name & Address of Landlord
Household Members	Name	Relationship	DOB
Pets - Indicate what pets and any concerns			
Agencies Currently Involved			
Non – Agency Support Currently in Place			
Client's Attitude Toward Hoarding			
Structural Damage to Property	Insect or Rodent Infestation	Large number of Animals	Clutter Outside
Rotten Food	Animal Waste in House	Concerns over the Cleanliness of the Property	Visible Human Faeces/Urine
Concerns of Self Neglect	Concern for any children at the property		Concern for other adults at the Property
<b>Using the Clutter Image Scale Please Score Each of the Rooms Below</b>			
Bedroom 1	Bedroom 4	Separate Toilet	
Bedroom 2	Kitchen	Lounge	
Bedroom 3	Bathroom	Dining Room	
Provide a Description of the Hoarding Problem: (presence of human or animal waste, rodents or insects, rotting food, are utilities operational, structural damage, problems with blocked exits are there combustibles, is there a fire risk? etc)			
Based on the information provided above, how is your case graded?			
<b>Level 1 – Green</b>	<b>Level 2 – Orange</b>		<b>Level 3 – Red</b>
Name of the practitioner undertaking assessment			
Name of Organisation			
Contact Details			
Next Action to be Taken			
List Agencies Referred to with Dates and Contact Names			

