SELF NEGLECT/HOARDING:

A TOOLKIT FOR PRACTITIONERS
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1. **Introduction**

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

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. 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.

The toolkit also includes reference to legislation that is relevant when working with people who hoard and/or self-neglect.

2. **Who should use this toolkit?**

This toolkit supports South Tyneside Safeguarding Adults Board’s Procedural Framework. There is an expectation all agencies of the Board 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. **The Care Act 2014, Hoarding and Self-Neglect**

The Care Act 2014 identifies self-neglect as a category of abuse that falls within adult safeguarding. It defines self-neglect as covering a wide range of behaviours such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. The fact that self-neglect is a distinct category of abuse in its own right under the Care Act 2014 means that all safeguarding adults duties and responsibilities apply.

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- 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.
Safeguarding duties have a legal impact in relation to organisations other than the local authority, for example the NHS and the Police. Safeguarding a person who hoards or self-neglects requires an enquiry into the reasons behind a person’s hoarding and self-neglect.

Agencies have a duty to share information with the Local Authority for safeguarding purposes. The Local Authorities has a duty to make enquiries, provide advice, guidance and signpost. The information within this toolkit is designed should be used in conjunction with South Tyneside Safeguarding Adults Board’s Procedural Framework for adult safeguarding.

### 4. Hoarding and Self Neglect - Safeguarding Aims and Objectives

<table>
<thead>
<tr>
<th>Aims</th>
<th>Objectives</th>
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<td>To stop abuse and neglect wherever possible</td>
<td>To prevent harm and reduce the risk of abuse / neglect to adults with care and support needs</td>
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<td>To promote an approach that concentrates on improving life for the adults concerned</td>
<td>To safeguard adults in a way that supports them in making choices and having control about how they want to live</td>
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<td>To recognise indicators of hoarding and self-neglect and provide preventative measures to help people to stay safe but stay in control.</td>
<td>To provide information and support in accessible ways so that people know how to raise a concern and report abuse or neglect</td>
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<td></td>
<td>To provide information and support in accessible ways so that people know how to raise a concern and report abuse or neglect</td>
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<td></td>
<td>To address what has caused the hoarding and / or self-neglect</td>
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5. Aims of the toolkit

The aims of this toolkit are to promote:

**Investigation, Enquiry and Information Sharing**
- To explore the problems associated with Hoarding and Self Neglect from different professional and community perspectives

**Co-ordinated responses and identify support mechanisms**
- To support a person who hoards or self-neglects in a structured and systematic way.
- To ensure consistent approaches that utilise the resources of all agencies to promote a person’s wellbeing
- To clarify agency responsibility in relation to Hoarding and self-neglect

**Reduced need for compulsory solutions**
- To support a person as soon as possible to promote wellbeing and prevent the need for compulsory clearance, legal responses or imposed sanctions

**Person Centred Solutions**
- To ensure that there is a process for planning solutions, tailored to meet the needs of the person
- To co-ordinate responses of professional support, monitoring, repairs, temporary or permanent re-housing

**Best Practice around the wellbeing of the person**
- To understand the underlying factors of Hoarding and Self Neglect
- To recognise sensitive and supportive approaches
- To improve knowledge of legal frameworks
- To ensure that the person has control of their own decision making and risks taken (Mental Capacity Act)
6. 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.
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\(^1\) 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

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\(^1\) Caldicott Information Governance Review 2013
7. Definition of Self Neglect and Hoarding

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

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
8.1 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.

8.2 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.

8.3 Safeguarding Children

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

Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue.

The needs of the child at risk must come first and any actions we take reflect this. Therefore, where children live in a property affected by hoarding, an alert should be made under South Tyneside Safeguarding Children’s Board’s procedures.

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2 http://www.southtyneside.gov.uk/article/14973/Worried-about-a-child
8.4 Other adults requiring safeguarding

There may be other adults who have care and support needs who live at a property affected by hoarding. South Tyneside Safeguarding Adults Board’s Procedural Framework should be followed at all times and referrals made as appropriate.

8.5 Professional Responsibility

Any professional working with customers 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.
9.0 Assessing the severity of Hoarding

The flow chart below sets out the process clearly. If in doubt, please ask your supervisor/manager for assistance.

Step One

Use the Clutter Image Rating Scale on the following pages to assess the level the customer’s hoarding problem is at:

Images 1-3 indicate level 1
Images 4-6 indicate level 2
Images 7-9 indicate level 3

Step Two

Use the Clutter Assessment Tool to decide which the appropriate action you should take. Record all actions undertaken in your agency’s case recording system.
Clutter Image Rating Scale - Bedroom

Please select the photo that most accurately reflects the amount of clutter in the room.
Please select the photo that most accurately reflects the amount of clutter in the room.
Clutter Image Rating Scale – Kitchen

Please select the photo that most accurately reflects the amount of clutter in the room.
## Clutter Assessment Tool

Consider each of the following aspects of the property:

| 1. Property structure services & garden area | • Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space.  
• Does the property have a smoke alarm?  
• Visual Assessment (non-professional) of the condition of the services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action.  
• Are the services connected?  
• Assess the garden. Size, access and condition. |
| 2. Household Functions | • Assess the current functionality of the rooms and the safety for their proposed use. E.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it.  
• Select the appropriate rating on the clutter scale.  
• Estimate the % of floor space covered by clutter  
• Estimate the height of the clutter in each room |
| 3. Health & Safety | • Assess the level of sanitation in the property.  
• Are the floors clean?  
• Are the work surfaces clean?  
• Are you aware of any odours in the property?  
• Is there rotting food?  
• Does the resident use candles?  
• Did you witness a higher than expected number of flies?  
• Are household members struggling with personal care?  
• Is there random or chaotic writing on the walls on the property?  
• Are there unreasonable amounts of medication collected? Prescribed or over the counter?  
• Is the resident aware of any fire risk associated to the clutter in the property? |
| 4. Safeguarding of Children & Family members | • Do any rooms rate 7 or above on the clutter rating scale?  
• Does the household contain young people or children? |
| 5. Animals and Pests | • Are there any pets at the property?  
• Are the pets well cared for; are you concerned about their health?  
• Is there evidence of any infestation? E.g. bed bugs, rats, mice, etc.  
• Are animals being hoarded at the property?  
• Are outside areas seen by the resident as a wildlife area?  
• Does the resident leave food out in the garden for animals? |
| 6. Personal Protective Equipment (PPE) | • Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please detail  
• Following your assessment do you recommend the resident is visited in pairs? Please detail |
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<th><strong>Level 1</strong></th>
<th><strong>Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.</strong></th>
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<tr>
<td><strong>Clutter image rating 1 - 3</strong></td>
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| **1. Property structure, services & garden area** | - All entrances and exits, stairways, roof space and windows accessible.  
- Smoke alarms fitted and functional or referrals made to fire brigade to visit and install.  
- All services functional and maintained in good working order.  
- Garden is accessible, tidy and maintained |
| **2. Household Functions** | - No excessive clutter, all rooms can be safely used for their intended purpose.  
- All rooms are rated 0-3 on the Clutter Rating Scale  
- No additional unused household appliances appear in unusual locations around the property  
- Property is maintained within terms of any lease or tenancy agreements where appropriate.  
- Property is not at risk of action by Environmental Health |
| **3. Health and Safety** | - Property is clean with no odours, (pet or other)  
- No rotting food  
- No concerning use of candles  
- No concern over flies  
- Residents managing personal care  
- No writing on the walls  
- Quantities of medication are within appropriate limits, in date and stored appropriately. |
| **4. Safeguarding of Children & Family members** | - No Concerns for household members |
| **5. Animals and Pests** | - Any pets at the property are well cared for  
- No pests or infestations at the property |
| **6. Personal Protective Equipment (PPE)** | - No PPE required  
- No visit in pairs required |
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<th><strong>Level 1</strong></th>
<th><strong>ACTIONS</strong></th>
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| **Referring Agency** | • Discuss concerns with resident  
• Raise a request to the Fire Brigade to provide fire safety advice  
• Refer for support assessment if appropriate.  
• Refer to GP if appropriate |
| **Environmental Health** | • No Action |
| **Social Landlords** | • Provide details on debt advice if appropriate to circumstances  
• Refer to GP if appropriate  
• Refer for support assessment if appropriate.  
• Provide details of support streams open to the resident via charities and self-help groups.  
• Provide details on debt advice if appropriate to circumstances  
• Ensure residents are maintaining all tenancy conditions |
| **Practitioners** | • Complete Hoarding Assessment  
• Make appropriate referrals for support  
• Refer to social landlord if the client is their tenant or leaseholder |
<p>| <strong>Emergency Services</strong> | • Ensure information is shared with statutory agencies &amp; feedback is provided to referring agency on completion of home visits. |
| <strong>Animal Welfare</strong> | • No action unless advice requested |
| <strong>Safeguarding Adults</strong> | • No action unless other concerns of abuse are noted |</p>
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<th>Level 2</th>
<th>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property</th>
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| Clutter Image Rating 4-6 | 1. Property structure services and garden area  
- Only major exit is blocked  
- Only one of the services is not fully functional  
- Concern that services are not well maintained  
- Smoke alarms are not installed or not functioning  
- Garden is not accessible due to clutter, or is not maintained  
- Evidence of indoor items stored outside  
- Evidence of light structural damage including damp  
- Interior doors missing or blocked open  

2. Household Functions  
- Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose.  
- Clutter is causing congestion between the rooms and entrances.  
- Room(s) score between 4-5 on the clutter scale.  
- Inconsistent levels of housekeeping throughout the property  
- Some household appliances are not functioning properly and there may be additional units in unusual places.  
- Property is not maintained within terms of lease or tenancy agreement where applicable.  
- Evidence of outdoor items being stored inside  

3. Health and Safety  
- Kitchen and bathroom are not kept clean  
- Offensive odour in the property  
- Resident is not maintaining safe cooking environment  
- Some concern with the quantity of medication, or its storage or expiry dates.  
- No rotting food  
- No concerning use of candles  
- Resident trying to manage personal care but struggling  
- No writing on the walls  

4. Safeguarding of Children and Family members  
- Hoarding on clutter scale 4 -7 doesn’t automatically constitute a Safeguarding Alert.  
- Please note all additional concerns for householders  
- Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.  

5. Animals and Pests  
- Pets at the property are not well cared for  
- Resident is not unable to control the animals  
- Animal's living area is not maintained and smells  
- Animals appear to be under nourished or over fed  
- Sound of mice heard at the property.  
- Spider webs in house  
- Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)  

6. Personal Protective Equipment (PPE)  
- Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.  
- PPE required.  

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<th>Level 2</th>
<th>ACTIONS</th>
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<tr>
<td><strong>In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or RECURRENCE</strong></td>
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</table>

| Referring Agency | - Refer to landlord if resident is a tenant  
|                  | - Refer to Environmental Health if resident is a freeholder  
|                  | - Raise an request to the Fire Brigade to provide fire prevention advice  
|                  | - Provide details of garden services  
|                  | - Refer for support assessment  
|                  | - Referral to GP  
|                  | - Referral to debt advice if appropriate  
|                  | - Refer to Animal welfare if there are animals at the property.  
|                  | - Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.  

| Environmental Health | - Refer to Environmental Health with details of client, landlord (if relevant) referrer’s details and overview of problems  
|                      | - At time of inspection, Environmental Health Officer decides on appropriate course of action  
|                      | - Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004  
|                      | - Consider Works in Default if notices not complied by occupier  

| Social Landlord | - Visit resident to inspect the property & assess support needs  
|                | - Referral to Floating Support to assist in the restoration of services to the property where appropriate.  
|                | - Ensure residents are maintaining all tenancy conditions  
|                | - Enforce tenancy conditions relating to residents responsibilities  
|                | - Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.  

| Practitioners | - Refer to “Guidance for Hoarding Guidance Questions to Ask”  
|               | - Complete Practitioners Assessment Tool  
|               | - Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.  

| Emergency Services | - Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.  
|                    | - Provide feedback to referring agency on completion of home visits.  

| Animal Welfare | - Visit property to undertake a wellbeing check on animals at the property.  
|               | - Educate client regarding animal welfare if appropriate  
|               | - Provide advice / assistance with re-homing animals  

| Safeguarding Adults | - No action unless other concerns of abuse are noted.  
|                     | - If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.  

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.

<table>
<thead>
<tr>
<th>Level 3</th>
<th>Clutter image rating 7 - 9</th>
</tr>
</thead>
</table>
| 1. Property structure, services & garden area | • Limited access to the property due to extreme clutter  
  • Evidence may be seen of extreme clutter seen at windows  
  • Evidence may be seen of extreme clutter outside the property  
  • Garden not accessible and extensively overgrown  
  • Services not connected or not functioning properly  
  • Smoke alarms not fitted or not functioning  
  • Property lacks ventilation due to clutter  
  • Evidence of structural damage or outstanding repairs including damp  
  • Interior doors missing or blocked open  
  • Evidence of indoor items stored outside |
| 2. Household Functions | • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.  
  • Room(s) scores 7 - 9 on the clutter image scale  
  • Rooms not used for intended purposes or very limited  
  • Beds inaccessible or unusable due to clutter or infestation  
  • Entrances, hallways and stairs blocked or difficult to pass  
  • Toilets, sinks not functioning or not in use  
  • Resident at risk due to living environment  
  • Household appliances are not functioning or inaccessible  
  • Resident has no safe cooking environment  
  • Resident is using candles  
  • Evidence of outdoor clutter being stored indoors.  
  • No evidence of housekeeping being undertaken  
  • Broken household items not discarded e.g. broken glass or plates  
  • Concern for declining mental health  
  • Property is not maintained within terms of lease or tenancy agreement where applicable  
  • Property is at risk of notice being served by Environmental Health |
| 3. Health and Safety | • Human urine and or excrement may be present  
  • Excessive odour in the property, may also be evident from the outside  
  • Rotting food may be present  
  • Evidence may be seen of unclean, unused and or buried plates & dishes.  
  • Broken household items not discarded e.g. broken glass or plates  
  • Inappropriate quantities or storage of medication.  
  • Pungent odour can be smelt inside the property and possibly from outside.  
  • Concern with the integrity of the electrics  
  • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.  
  • Concern for declining mental health |
<table>
<thead>
<tr>
<th>4. Safeguarding of Children &amp; Family members</th>
<th>• Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. Please note all additional concerns for householders</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Animals and Pests</td>
<td>• Animals at the property at risk due the level of clutter in the property</td>
</tr>
<tr>
<td></td>
<td>• Resident may not able to control the animals at the property</td>
</tr>
<tr>
<td></td>
<td>• Animal’s living area is not maintained and smells</td>
</tr>
<tr>
<td></td>
<td>• Animals appear to be under nourished or over fed</td>
</tr>
<tr>
<td></td>
<td>• Hoarding of animals at the property</td>
</tr>
<tr>
<td></td>
<td>• Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Visible rodent infestation</td>
</tr>
<tr>
<td>6. Personal Protective Equipment (PPE)</td>
<td>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</td>
</tr>
<tr>
<td></td>
<td>• Visit in pairs required</td>
</tr>
<tr>
<td><strong>Level 3</strong></td>
<td><strong>ACTIONS</strong></td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| **Referring Agency** | • Conduct a multi-agency meeting  
• Raise a request to the Fire Brigade within 24 hours to provide fire risk assessment and prevention advice. |
| **Environmental Health** | • Refer to Environmental Health with details of client, landlord (if relevant) referrer’s details and overview of problems  
• At time of inspection, EHO decides on appropriate course of action  
• Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004  
• Consider Works in Default if notices not complied by occupier |
| **Landlord** | • Visit resident to inspect the property & assess support needs  
• Attend multi agency Safeguarding meeting  
• Enforce tenancy conditions relating to residents responsibilities  
• If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988 |
| **Practitioners** | • Refer to “Hoarding - Questions for practitioners” below  
• Complete Practitioners Assessment Tool  
• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| **Emergency Services** | • Attend multi agency meetings on request  
• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.  
• Provide feedback to referring agency on completion of home visits. |
| **Animal Welfare** | • Visit property to undertake a wellbeing check on animals at the property.  
• Remove animals to a safe environment  
• Educate client regarding animal welfare if appropriate  
• Take legal action for animal cruelty if appropriate  
• Provide advice / assistance with re-homing animals |
| **Safeguarding Adults** | • Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse when identified |
| **Safeguarding Children** | • Refer to children to children’s services as within 24 hours |
10 Hoarding - 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 (see Appendix 1) 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 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 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?
11 Guidance for Practitioners

Hoardng Insight characteristics

Use this guide as a baseline to describe the client’s attitude towards their hoarding. Provide additional information in your referrals and reports to enable a tailored approach that is relevant to your client.

**Good or fair insight:**
The client recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The client recognises that they exhibit these behaviours.

**Poor insight**
The client is mostly convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client might recognise a storage problem but has little self-recognition or acceptance of their own hoarding behaviour.

**Absent (delusional) insight**
The client is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client is completely accepting of their living environment despite it being hoarded and possibly a risk to health.

**Detached with assigned blame**
The client has been away from their property for an extended period. The client has formed a detachment from the hoarded property and is now convinced that a third party is to blame for the condition of the property. For example a burglary has taken place, squatters, or other household members.
Appendix 1

Practitioner’s Hoarding Assessment

This assessment should be completed using the information you have gained using the Practitioner’s Guidance Questions. Complete this review away from the client’s property.

<table>
<thead>
<tr>
<th>Date of Home Assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Client’s Name</td>
<td></td>
</tr>
<tr>
<td>Client’s Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Client’s Contact Details</td>
<td></td>
</tr>
<tr>
<td>Type of Dwelling</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Freeholder</th>
<th>Yes/No</th>
<th>Tenant – Name &amp; Address of Landlord</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Name</td>
<td>Relationship</td>
</tr>
<tr>
<td>Household Members</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Pets - Indicate what pets and any concerns |  |

| Agencies Currently Involved |  |

| Non – Agency Support Currently in Place |  |

| Client’s Attitude Toward Hoarding |  |
### Please Indicate if Present at the Property

<table>
<thead>
<tr>
<th>Structural Damage to Property</th>
<th>Insect or Rodent Infestation</th>
<th>Large number of Animals</th>
<th>Clutter Outside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotten Food</td>
<td>Animal Waste in House</td>
<td>Concerns over the Cleanliness of the Property</td>
<td>Visible Human Faeces/Urine</td>
</tr>
<tr>
<td>Concerns of Self Neglect</td>
<td>Concern for any children at the property</td>
<td>Concern for other adults at the Property</td>
<td></td>
</tr>
</tbody>
</table>

### Using the Clutter Image Scale Please Score Each of the Rooms Below

<table>
<thead>
<tr>
<th>Bedroom 1</th>
<th>Bedroom 4</th>
<th>Separate Toilet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bedroom 2</td>
<td>Kitchen</td>
<td>Lounge</td>
</tr>
<tr>
<td>Bedroom 3</td>
<td>Bathroom</td>
<td>Dining Room</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Level 1 – Green</th>
<th>Level 2 – Orange</th>
<th>Level 3 – Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the practitioner undertaking assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Action to be Taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List Agencies Referred to with Dates and Contact Names</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We have an obligation to ensure the safety of others. This may mean that planning is not just about the individual with whom we are working and therefore may have limitations or restrictions on their choice. Some examples of this may be where there is a fire risk, safeguarding concerns for children or other vulnerable adults, where there is reasonable suspicion of a crime, risks to animals, public health issues. We must record referrals that we have made to ensure the safety of others. In addition to this the person may not have choice when their mental wellbeing is significantly affected and they require detention under the Mental Health Act for their own safety and wellbeing of others. After all other considerations have been made we must differentiate between the persons own autonomous decision making where they have the capacity and ability to make a decision, even if we consider this to be an unwise decision and that where we must assess capacity and make Best Interest decisions under the Mental Capacity Act. If a person has capacity and is considered to be making an unwise decision, this does not mean that we should disengage with the person. We should record information and advice given, attempts at assessment and dates for review. The following form enables us to record in a way that is defensible.
## Self-Neglect and Hoarding Threshold Tool

### Types and Seriousness

Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g Health/ GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the second column need to be reported – Use professional judgement

The examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger of a crime or abuse to an individual evident, call 999 straight away and make a safeguarding referral. Please see Self Neglect Hoarding journey to determine intervention process.

### Level of Risk

<table>
<thead>
<tr>
<th>Minimal Risk</th>
<th>Moderate</th>
<th>High/ Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Neglect</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Person is accepting support and services</td>
<td>• Access to support services is limited</td>
<td>• The person refuses to engage with necessary services</td>
</tr>
<tr>
<td>• Health care is being addressed</td>
<td>• Health care and attendance at appointments is sporadic</td>
<td>• Health care is poor and there is deterioration in health</td>
</tr>
<tr>
<td>• Person is not losing weight</td>
<td>• Person is of low weight</td>
<td>• Weight is reducing</td>
</tr>
<tr>
<td>• Person accessing services to improve wellbeing</td>
<td>• Persons wellbeing is partially affected</td>
<td>• Wellbeing is affected on a daily basis</td>
</tr>
<tr>
<td>• There are no carer issues</td>
<td>• Person has limited social interaction</td>
<td>• Person is isolated from family and friends</td>
</tr>
<tr>
<td>• Person has access to social and community activities</td>
<td>• Carers are not present</td>
<td>• Care is prevented or refused</td>
</tr>
<tr>
<td>• Personal hygiene is good</td>
<td>• Person has limited access to social or community activities</td>
<td>• The person does not engage with social or community activities</td>
</tr>
<tr>
<td></td>
<td>• Persons ability to contribute toward daily living activities is affected</td>
<td>• Hygiene is poor and causing skin problems</td>
</tr>
<tr>
<td></td>
<td>• Personal hygiene is becoming an issue</td>
<td>• Aids and adaptations refused or not accessed</td>
</tr>
</tbody>
</table>

### Hoarding Property

| | | |
| | **Access to support services is limited** | **Limited access to the property due to extreme clutter** |
| | **Health care and attendance at appointments is sporadic** | **Evidence may be seen of extreme clutter seen at windows** |
| | **Person is of low weight** | **Evidence may be seen of extreme clutter outside the property** |
| | **Persons wellbeing is partially affected** | **Garden not accessible and extensively overgrown** |
| | **Person has limited social interaction** | **Services not connected or not functioning properly** |
| | **Carers are not present** | **Smoke alarms not fitted or not functioning** |
| | **Person has limited access to social or community activities** | **Property lacks ventilation due to clutter** |
| | **Persons ability to contribute toward daily living activities is affected** | **Evidence of structural damage or outstanding repairs including damp** |
| | **Personal hygiene is becoming an issue** | **Interior doors missing or blocked open** |

### Hoarding-Household Functions

| | | |
| | **Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose.** | **Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.** |
| | **Clutter is causing congestion between the rooms and entrances** | **Room(s) scores 7-9 on the clutter image scale and not used for intended purpose** |
| | **Room(s) score between 4-5 on the clutter** | **Beds inaccessible or unusable due to clutter or** |
| Property | Inconsistent levels of housekeeping throughout the property  
Some household appliances are not functioning properly and there may be additional units in unusual places  
Property is not maintained within terms of lease or tenancy agreement where applicable  
Evidence of outdoor items being stored inside |
| Property is maintained within terms of any lease or tenancy agreements where appropriate  
Property is not at risk of action by Environmental Health |
| Property is not at risk of action by Environmental Health  
Inconsistent levels of housekeeping throughout the property  
Some household appliances are not functioning properly and there may be additional units in unusual places  
Property is not maintained within terms of lease or tenancy agreement where applicable  
Evidence of outdoor items being stored inside |

### Hoarding – Health and Safety

- Property is clean with no odours, (pet or other)
- No rotted food
- No concerning use of candles
- No concerns over flies
- Residents managing personal care
- No writing on the walls
- Quantities of medication are within appropriate limits, in date and stored appropriately
- Personal protective equipment is not required

- Kitchen and bathroom are not kept clean
- Offensive odour in the property
- Resident is not maintaining safe cooking environment
- Some concern with the quantity of medication, or its storage or expiry dates
- No rotted food
- No concerning use of candles
- Resident trying to manage personal care but struggling
- No writing on the walls
- Light insect infestation (bed bugs, lice, fleas, cockroaches, ants etc)
- Latex gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent
- Personal Protective Equipment required

- Human urine and or excrement may be present
- Excessive odour in the property, may also be present from the outside
- Rotting food may be present
- Evidence may be seem of unclean, unused and or buried plates and dishes
- Broken household items discarded e.g broken glass or plates
- Inappropriate quantities or storage of medication
- Pungent odour can be smelt inside the property and possibly from outside
- Concern with the integrity of the electrics
- Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics
- Concern for declining mental health
- Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish etc)
- Visible rodent infestation

### Hoarding – Safeguarding of Children, family members and / or animals

- No concerns for household members

- Hoarding on clutter scale 4-7 doesn’t automatically constitute a Safeguarding Alert
- Please note all additional concerns for householders
- Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert

- Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert
- Please note all additional concerns for householders
| RESPONSIBILITY | All workers to engage with the person, develop a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop/repair relationships, access to health care and counselling, improve wellbeing – Preventative measures | Workers to follow the process above (Journey of Support) and use resources in the toolkit. Consult with Local Authority for advice and guidance. Inform Social Worker or Nurse if involved with person | Referral to Social Services to follow process above (Journey of Support) and use resources in the toolkit |