

# Safeguarding Adults with Hoarding Behaviour

The Safeguarding Adults Board - Bedford Borough  
Council & Central Bedfordshire Council



Bedfordshire  
Fire and Rescue Service



**BEDFORD**  
BOROUGH COUNCIL



Bedfordshire  
*Clinical Commissioning Group*



BEDFORDSHIRE POLICE



**East London**  
NHS Foundation Trust

**Central  
Bedfordshire**

Guidance for  
Practitioners  
and  
Managers

Version	Draft V4
Date	December 2019

## Table of Contents

<b>Introduction .....</b>	<b>4</b>
<b>Aims.....</b>	<b>4</b>
<b>Definition of Hoarding .....</b>	<b>5</b>
<b>Why someone may hoard .....</b>	<b>5</b>
Hoarding disorder .....	6
<b>Types of Hoarding .....</b>	<b>6</b>
Inanimate objects: .....	6
Animal hoarding: .....	6
Data hoarding:.....	7
<b>Consent &amp; Information sharing .....</b>	<b>7</b>
<b>Safeguarding and Hoarding .....</b>	<b>7</b>
When does the local safeguarding adult's policy and procedures apply?.....	7
What if the adult does not have care and support needs? .....	8
What if Children are at risk? .....	8
Using the safeguarding adults' procedures .....	8
Safeguarding Children .....	9
<b>Mental Capacity and Hoarding .....</b>	<b>10</b>
Mental Capacity Assessment .....	12
Assessed as having mental capacity .....	13
Assessed as lacking mental capacity .....	13
Disagreements.....	14
<b>Agencies Roles, Responsibilities and Authority.....</b>	<b>14</b>
Adult Social Services .....	14
Multi-agency Meetings and Action Planning .....	14
The Approach to Take .....	15
Hoarding Assessments .....	16
Clearances .....	16
Environmental Health Powers .....	18
<b>Fire Safety and Hoarding .....</b>	<b>20</b>
Unsafe cooking, heating, power use and smoking practices .....	21

The presence of an ‘excessive’ amount of combustible materials in the home.....	22
The presence of an ‘excessive’ amount of possessions in the home .....	23
What Can You Do to Help? .....	24
<b><i>The Police.....</i></b>	<b>25</b>
<b><i>‘Insight Characteristics’ Assessment.....</i></b>	<b>26</b>
<b><i>Hoarding Myths and Truths .....</i></b>	<b>27</b>
<b><i>Relevant Agencies table of Responses .....</i></b>	<b>29</b>
<b><i>Appendixes &amp;Tools .....</i></b>	<b>31</b>
APPENDIX I – Practitioners hoarding assessment .....	31
APPENDIX II Clutter Rating Scales .....	41
APPENDIX III - Clutter Image Rating - Bedroom .....	42
APPENDIX IV - Clutter Image Rating – Living Room.....	43
APPENDIX V - Clutter Image Rating - Kitchen.....	44
APPENDIX VI – Handy Tips for People who hoard.....	45
APPENDIX VII - Risk Assessment Tools .....	52
APPENDIX VIII - HOARDING RISK ASSESSMENT .....	56
APPENDIX IX - Guidance Questions to ask the person when assessing risk at their property:....	60
APPENDIX X - Risk Assessment checklist .....	61

## Introduction

This multi-agency protocol aims to support all practitioners and managers in all agencies across Central Bedfordshire and Bedford Borough Councils when they work with and support adults who hoard. The protocol will provide guidance and promote current best practice, encourage and support practitioners to be proactive in responding to the risks of hoarding and aims to encourage a multi-agency approach whilst applying the principles of 'Making Safeguarding Personal'<sup>1</sup>.

The Care Act 2014 (Statutory Guidance, Chapter 14)<sup>2</sup> recognises 'self-neglect' as a category of abuse and requires public agencies to act to mitigate the risks. The Care Act describes self-neglect as a wide range of behaviours, i.e. neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. An update to the Care Act guidance in March 2016 (DH, 2016)<sup>3</sup> gave further detail as to when self-neglect should be considered as part of the local safeguarding adults arrangements.

The development of this guidance was supported by each of the local authorities Safeguarding Adults Boards (Central Bedfordshire and Bedford Borough Council), ensuring that a consistent and effective approach can be developed locally, involving safeguarding partner agencies across the area.

The aim is to support practitioners to reduce the significant risks that hoarding can pose to the relevant person, their family and others. Safeguarding partner agencies are committed to work together to support adults at risk of harm and abuse, including people who may be at risk of harm through hoarding and to work with adults by offering support that is likely to lead to increased safety, well-being and reduction of risk of harm.

## Aims

- Define what hoarding is and when interventions from professionals may be needed based on a shared understanding of risk.
- Provide information about the role of each agency and how agencies can work together to prevent and reduce harm caused by hoarding,
- Provide guidance on what is best practice and how to best respond to safeguarding concerns relating to hoarding.
- To ensure that the principles of Making Safeguarding Personal are fully applied, and that practitioners and professionals engage with and involve the relevant person in plans and decisions to address and minimise risks whenever possible.

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<sup>1</sup> [www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp?gclid=EAIaIQobChMI18yjs\\_Hi3gIVAbTtCh2T\\_wwgEAAYASAAEgKR5vD\\_BwE](http://www.scie.org.uk/care-act-2014/safeguarding-adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal.asp?gclid=EAIaIQobChMI18yjs_Hi3gIVAbTtCh2T_wwgEAAYASAAEgKR5vD_BwE)

<sup>2</sup> [www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1)

<sup>3</sup> [www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-and-support-statutory-guidance-changes-in-march-2016](http://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-and-support-statutory-guidance-changes-in-march-2016)

- For professionals and agencies to be aware of legal remedies (not to be considered as a first resort) to address risks to the person or others.

## Definition of Hoarding

*“A hoarding disorder is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value.”<sup>4</sup>*

Hoarding is considered a significant problem if:

- the amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms.
- the clutter is causing significant distress or is negatively affecting the quality of life of the person or their family – for example, they become upset if someone tries to clear the clutter and their relationship suffers.

Hoarding disorders are challenging to both diagnose and treat because some people who hoard frequently do not see it as a problem or have little awareness of how it's affecting their life or the lives of others. Some may realise they have a problem but are reluctant to seek help because they feel extremely ashamed, humiliated or guilty about it.

It is therefore important to encourage a person who is hoarding to seek help, as their difficulties discarding objects can not only cause loneliness, environmental and mental emotional problems but may also pose a significant risk health, safety or fire risk. This risk may only affect the person themselves but often can affect others, neighbours and families.

## Why someone may hoard

The reasons why someone begins hoarding are not fully understood.

It can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear any amounts of clutter they have acquired, and people with learning disabilities or people developing dementia may be unable to categorise and dispose of items.

Mental health problems associated with hoarding can include:

- severe [depression](#)
- psychotic disorders, such as [schizophrenia](#)
- [obsessive compulsive disorder \(OCD\)](#)
- The 2019 International Classification of Diseases Codes included for the first time in 10-CM Diagnosis Code F42.3 a separate category of a 'Hoarding' code, as a distinct disorder “despite the long-held view that hoarding is a symptom of both obsessive-compulsive disorder and obsessive-compulsive personality

<sup>4</sup> [www.nhs.uk/conditions/hoarding-disorder/](http://www.nhs.uk/conditions/hoarding-disorder/)

disorder, increased evidence has emerged during the last 20 years suggesting that hoarding represents a distinct form of psychopathology.<sup>5</sup>

### Hoarding disorder

People affected by hoarding often are more likely to:

- Self-neglect or not engage with services or agencies
- Have suffered significant loss or trauma in the past
- Live alone
- be unmarried/single
- have had a deprived childhood, with either a lack of material objects or a poor relationship with other members of their family
- have a family history of hoarding
- have grown up in a cluttered home and never learned to prioritise and sort items

Many people who hoard have strongly held beliefs related to acquiring and discarding things, such as: "I may need this someday" or "If I buy this, it will make me happy". Others may be struggling to cope with a stressful life event, such as the [death of a loved one](#).

Attempts to discard things often bring up very strong emotions that can feel overwhelming, so the person hoarding often tends to put off or avoid making decisions about what can be thrown out.

Often, many of the things kept are of little or no monetary value and may be what most people would consider to be disposable or rubbish.

The person may keep the items for reasons that are not obvious to other people, such as for sentimental reasons, or feeling the objects appear beautiful or useful. Most people who hoard have a very strong emotional attachment to the objects making it very difficult to discard them.

### Types of Hoarding

There are three types of hoarding:

#### 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 clothing, newspapers, food, containers and papers, DVD's, CD's and books etc.

#### Animal hoarding:

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 may also be unable to take care of

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<sup>5</sup> [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1516-44462014000400028](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-44462014000400028)

themselves. Animal hoarding can lead to unsanitary and unhygienic conditions for both the animals and the human. Joint working with animal protection agencies is needed here.

#### Data hoarding:

Data hoarding is a newer type. There is little research on this matter, and it may not seem as significant as other types of hoarding, however people who do hoard data could still present with severe symptoms of hoarding. Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

### Consent & Information sharing

In principle consent should be obtained whenever possible in order to share information. If consent cannot be obtained or the person lacks mental capacity to consent, the right of a person to confidentiality must be carefully weighed against a professional's duty to prevent harm and abuse as well as consideration of the risk to the person and others. Therefore, practitioners may have sufficient reason to legitimately share information with other organisations in order to prevent harm and abuse, even without the consent of the relevant person. In the case that the relevant person lacks mental capacity the principles of the Mental Capacity Act must be applied in making decisions relating to safeguarding.

Decisions about which information is shared and with who, needs to be taken on a case by-case basis. Regardless of whether information is shared with or without the consent of the person, the information shared should be:

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

There is an expectation that each agency ensures compliance with the General Data Protection Regulations<sup>6</sup>. Meaning that personal and sensitive data is appropriately stored, shared, managed and destroyed.

### Safeguarding and Hoarding

#### When does the local safeguarding adult's policy and procedures apply?

The Care Act 2014, Section 42 requires for an enquiry to be initiated by the local authority when there is reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)—

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<sup>6</sup> [www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation](http://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation)

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against abuse or neglect or the risk of it.<sup>7</sup>

The Guidance is clear that decisions must be made on a case by case basis and consider the relevant person's ability to prevent harm to themselves.

Therefore, if hoarding is likely to lead to risk or significant risk of harm of an adult with care and support needs a safeguarding alert or referral must be considered using the local safeguarding procedures<sup>8</sup>.

#### What if the adult does not have care and support needs?

Not every adult who hoards can be defined as an adult at risk as described by the Care Act and therefore this may result in stated safeguarding criteria (a-c above) not being met and resulting in unresolved risks to the relevant person, their families and possibly neighbours and communities. Even in circumstances when safeguarding thresholds are not met, practitioners and professionals are encouraged to work together to identify how best to minimise risk and to work with the person.

#### What if Children are at risk?

Whenever children are at risk of harm through hoarding, local authorities should be alerted using local safeguarding children policies and procedures. Where children and adults are at risk a joined approach involving both children and adult services should be taken and involving other agencies (Fire and Rescue, Mediation etc.) as indicated.

#### Using the safeguarding adults' procedures

Non-health and social care professionals identifying a person with hoarding behaviour should link with of health/social care services. Supporting people who self-neglect is a multiagency responsibility. Adult Social Care (ASC) may not always be best placed to lead work with individuals; workers from other agencies may already have a good relationship or rapport built up. Depending on the situation, the person may also be eligible for other input from ASC, starting with a social care assessment. Workers should bear in mind that people who self-neglect may experience abuse and neglect from others. Workers should discuss with the person whether they would like to initiate safeguarding for other types of abuse they may be experiencing. If challenges are encountered with multi-agency working, safeguarding adults can be used as a forum to bring multiagency professionals together. It should be used in cases of self-neglect where multiagency working is not working well, for example, where it is agreed that other agencies need to be involved, and requests for involvement are not being

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<sup>7</sup> [www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted](http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted)

<sup>8</sup> [www.centralbedfordshire.gov.uk/Images/multi-agency-policy-practice-procedures-jan-2018\\_tcm3-19861.pdf](http://www.centralbedfordshire.gov.uk/Images/multi-agency-policy-practice-procedures-jan-2018_tcm3-19861.pdf)



responded or prioritised.

Where the risks of harm as a result of self-neglect/hoarding is already high, i.e. when it is recognised as presenting a significant risk to the health or wellbeing of the adult or any members of the family living with them, including children, and when the usual care, support and treatment options have been unsuccessful in reducing the risks, the issue should be referred to the safeguarding team for advice.

The evidence shows that work with people who self-neglect due to hoarding is more effective where practitioners:

- Build rapport and trust showing respect, empathy, persistence and continuity.
- Seek to understand the meaning and significance of the self-neglect/hoarding, taking account of the individual's life experience
- Work at the pace of the individual but know when to make the most of moments of motivation to secure changes.
- Keep constantly in view the question of the individual's mental capacity to make decisions.
- Communicate about risks and options with honesty and openness, particularly where coercive action is a possibility.
- Ensure options for interventions are rooted in sound understanding of legal powers and duties.
- Think flexibly about how family members and community resources can contribute to interventions, building on relationships and networks.
- Work proactively to engage and coordinate agencies with specialist expertise to contribute towards shared goals)<sup>9</sup>

The Care Act Guidance outlines Making Safeguarding Personal as the preferred approach to safeguarding adults work. Although work with people who are self-neglecting may not progress through adult safeguarding, this approach is still relevant. The guidance states;

*"Making Safeguarding Personal means it should be person-led, and outcomes focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety"*<sup>10</sup>

Underpinning the spirit of the Care Act 2014 is the need for involvement of the relevant person in the assessment, planning and decision making. Professionals should consider whether the adult has "significant difficulty" and requires support from advocacy services.

### Safeguarding Children

Safeguarding children is everybody's business and 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

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<sup>9</sup> Braye, Orr and Preston Shoot, 2015

<sup>10</sup> DH, 2016; 14.15

effective care. Growing up within a 'hoard' 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. Where a child is residing in a property with a parent/carer who hoards, the interests of the child are paramount and where there are concerns that the child is at risk of harm the child must be referred to Children's Social Care.

## Mental Capacity and Hoarding

Cases involving hoarding are complex and often pose dilemmas between promoting the individual's autonomy and rights and duty to safeguard adults and possibly others from risks of harm. The adult may not wish to engage with professionals and may not be accepting of offers of support, leaving practitioners (and often family and friends) with grave concerns for the adult's safety.

Mental capacity may be a key factor for consideration and an aspect in need of assessment when working with people who hoard. Significant attention to this will be vital and is likely to determine support options and approaches. In other words, it will often be the starting point of deciding what could and should be done by way of intervention.

The five statutory principles of the Mental Capacity Act (MCA) 2005 must be considered and applied in practice, whenever there is doubt about a person's capacity to make decision or they in fact lack mental capacity. The principles are the benchmark and must underpin all acts carried out and decisions taken in relation to the person ensuring that decisions made are in the persons best interests.

Principles 1 to 3 will support the process before or at the point of determining whether a person lacks capacity. Once a decision is made that capacity is lacking, principles 4 and 5 are used to support the decision-making process.

For all the  
people at all  
time:



Principle 1: A person must be assumed to have capacity unless it is established that he/she lacks capacity.



Principle 2: A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.



Principle 3: A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.

For people assessed as lacking mental capacity to make a particular decision, at the time it is required to be made:

For people  
assessed as  
lacking  
mental  
capacity



Principle 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/her best interests.



Principle 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.

It is important to know if and when an assessment of mental capacity is required:

When there are sufficient grounds to doubt a person's capacity to make a particular decision, an assessment should be carried out. The MCA Code of Practice states there may be cause for concern if a person '*repeatedly makes unwise decisions that put them at significant risk of harm or exploitation*'<sup>11</sup> or '*the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision*'<sup>12</sup>.

In this regard, it is important not to misuse the presumption of mental capacity (Principle 1), and or, that an unwise decision does not equate to incapacity (principle 3), as some kind of justification not to carry out a thorough and robust evidence-based capacity assessment.

It is important to remember that in cases of extreme hoarding behaviour, the very nature of the person's environment would raise doubt about the person's capacity to consent to proposed action/intervention, and this should therefore trigger a formal assessment of capacity. The higher the level of risk and concern, the more significant it becomes to investigate and record capacity and explore with the person their ability to understand and process the information (including the likely foreseeable consequences).

Where a person appears to have capacity to take a particular decision, practitioners should not simply 'walk away'. It is important that practitioners are confident in respectful challenge where a person's decisions or actions involve serious risk of harm to self or others. This means practitioners should not simply refer to notions of 'lifestyle

<sup>11</sup> The Mental Capacity Act Code of Practice, Paragraph 2.11

<sup>12</sup> The Mental Capacity Act Code of Practice, Paragraph 4.35

choice' or the presumption of capacity without a thorough exploration of mental capacity.

Complex situations should not be oversimplified. Often differences between a willingness to change their situation and not being able to change their situation are less distinctive than they might first appear. Practitioners must remain open to the possibility that a person's apparent choice may be masking difficulties in making the decision or indeed difficulties in carrying out decisions made.

### Mental Capacity Assessment

This policy will not explore in detail the assessment process of mental capacity; for additional information please consult the statute and codes of practices, as well as the Council's MCA 2005 policy and practice guidance.

Often professionals may have a good theoretical understanding of the MCA 2005, but may feel uncertain or anxious about carrying out an actual mental capacity assessment; particularly when it is complex, borderline or relates to fluctuating capacity. In such cases, additional line-management or legal advice and guidance might be appropriate. Ongoing engagement over a period of time before a true picture emerges may also be necessary. The assessment may require careful negotiation and relationship-building in order to engage the necessary dialogue. Liaising with other involved professionals and those closest to the person are also likely to be required. Advocacy support can be invaluable and may be provided by a Care Act Advocate or an Independent Mental Capacity Advocate.

Capacity assessments might need to be undertaken by a variety of professionals – depending upon the actual decision(s) in question. This is likely to require discussions between professionals and it is recommended that a multi-agency approach is adopted to ensure the person remains at the centre of decision-making. In cases of uncertainty or time having passed, or in changed circumstances, practitioners might also need to carry out repeat assessments.

Mental capacity is issue and time specific and does not apply to general concepts, such as 'hoarding' or 'self-neglect. It is important for professionals involved to be clear about the actual decision/options available to the person. This must include all the options available, not just those considered desirable by the professionals involved.

Before assessing a person's capacity, it is essential to provide the relevant person with all practicable steps to help them to make their own decision (Principle 2). Paragraph 4.16 of the MCA Code of Practice stresses the importance of not assessing a person's understanding before they have been given all relevant information and in a way that it appropriate to the person. Relevant information must include, as a minimum, details of:

- the nature of the decision (including options available)
- the reason why the decision is needed, and
- the likely effects of deciding one way or another or making no decision at all.

For decisions involving risk and concern it is especially important to guard against the 'protection imperative' unduly influencing the assessment. The aim is for an objective assessment of the person's functional ability – their decision-making process - not an assessment based primarily on the outcome or actual decision they are making.

#### Assessed as having mental capacity

Where a person's assessment confirms that they have mental capacity, in the related matter (or there is no doubt in the first place), it is advisable that practitioners **remain involved** where significant risks remain. Giving, for example, consideration to alternative ways to reduce or eliminate the concerns within the limitation of their consent.

Furthermore, support and assessment of capacity should not be offered as a one-time-offer - or an 'all or nothing' approach. In such cases support and capacity will often need to be revisited and reviewed routinely with the person.

If a person is assessed as having mental capacity this does not negate the need for action, particularly where the risk of harm is deemed to be serious or critical. Where practitioners or others foresee serious or critical harm to a person and they have mental capacity, duty of care extends to gathering all the necessary information to inform a thorough risk assessment and subsequent actions, even without the consent of the person. Whilst it may be determined that there are no legal powers to intervene, there will be evidence to demonstrate that risks and possible actions have been fully considered.

Whilst risks and concerns are monitored, there may also be a requirement to have consultation with the council's legal services. Therefore, it is important for practitioners in all organisations to establish and maintain close working relationships and make referrals into adult services and other services as required. If the person has capacity but cannot make or implement their own decision (freely) because of coercion, undue influence or constraint then an application might be appropriate to the High Court relying on its inherent jurisdiction.

#### Assessed as lacking mental capacity

When a person has been assessed as lacking mental capacity to make the required decisions there may be a need for decisions to be made on their behalf. The person who has to make the decision is known as the 'decision-maker' and where no one has alternative legal authority (such as Lasting Power of Attorney or Deputyship) normally this will be the professional responsible for that particular part of their care or service option.

This policy will not explore in detail the best interests decision-making process; for additional information, please consult the statute and codes of practice, as well as the Council's MCA 2005 policy and practice guidance.

All actions taken, or decisions made, on behalf a person who lacks capacity must be done in his/her best interests (Principle 4). This means that the focus must be on

making the right decision for the person concerned. A holistic approach should be taken and there should not be a disproportionate focus on personal safety. The Best Interests decision must take into account wider aspects of the person's welfare and wellbeing, such as, emotional welfare, relationships, belonging and happiness.

Any decisions made on the person's behalf must be least restrictive of their rights and freedoms whilst also seeking to effectively achieve the desired purpose (Principle 5). This might be particularly important when considering the careful balance between personal safety and rights to private and family life (Article 8, European Convention of Human Rights).

### Disagreements

Where there is uncertainty, or disagreements or disputes as to what may be in the persons' best interest, and this cannot be resolved, there may be a need to ask the Court of Protection to consider the matter. Legal advice is recommended in such cases.

## Agencies Roles, Responsibilities and Authority

### Adult Social Services

Adult Social Services may have multiple duties and responsibilities:

- Safeguarding Adults: Undertake an Enquiry when abuse or neglect has occurred or is alleged.

### Multi-agency Meetings and Action Planning

- Cases involving hoarding and self-neglect are complex and often pose dilemmas between promoting individual autonomy and wanting to protect people from harm. As a result, professionals often lack clarity on assessment and intervention.
- Friends, relatives and supportive neighbours may be helpful in negotiating changes in behaviour, supporting the person to make the changes and monitoring the situation and raising issues.
- Given the complex and diverse nature of hoarding, responses by a range of organisations are likely to be more effective than a single agency response. It is therefore recommended that a multi-agency approach is adopted with all agencies being involved in the assessment of risk. Assessment of risk is dynamic and must always be in consultation with the person. Positive risk management needs to be supported by contingency planning; this should include warning signs that indicate risks are increasing and action that must be taken.
- Multi-agency meetings will identify the lead agency, be documented and agree an action plan which contains goals and timescales. All parties involved will agree their role. The action plan needs to be informed by the person with the hoarding behaviour, taking into account their views about how changes can realistically be achieved, and risks reduced.
- Ideally the person will be present at the meeting. The plan will take account of the time needed to build trust to maximise the likelihood of success. The action



plan should be signed by the individual to indicate their agreement to it and their willingness to accept support and engage with the relevant agencies. The idea is to work in a sensitive way with the person to enable them to engage in agreeing a realistic plan. If the person will not engage then the professionals concerned will need to agree a plan which will continue to try to engage the person and which in cases of significant health and safety risk could include enforcement of actions without the person's agreement, but this would be an action of last resort. The plan will include a realistic pace of change/reduction in the number of hoarded items. The priority must always be a balancing of risks to health and safety in relation and the wellbeing of the person and their neighbours, so these risks must be dealt with as a matter of priority, whilst avoiding negative impacts on the person's well-being.

- Priority risks are for example: combustible items piled up near the central heating boiler, items blocking exit routes, routes to the toilet and washing facilities and essential appliances such as the cooker, items covering electrical sockets and switches.
- The lead agency is responsible for checking progress with the person against the plan and, as necessary, arranging reviews with the multi-agency group and ideally with the person present, where further actions can be agreed to make progress.
- Note that the forms of intervention may differ between tenanted and privately-owned properties. Social landlords have employees that are responsible for housing management, including working with residents with anti-social (this would include hoarding) behaviour. Social care and support organisations may be involved in delivering support or personal care to people who are renting their home or who own their own home. Any responsible housing officers or landlords themselves should be involvement in monitoring the hoarding issue and encourage the person to modify this behaviour.

### The Approach to Take

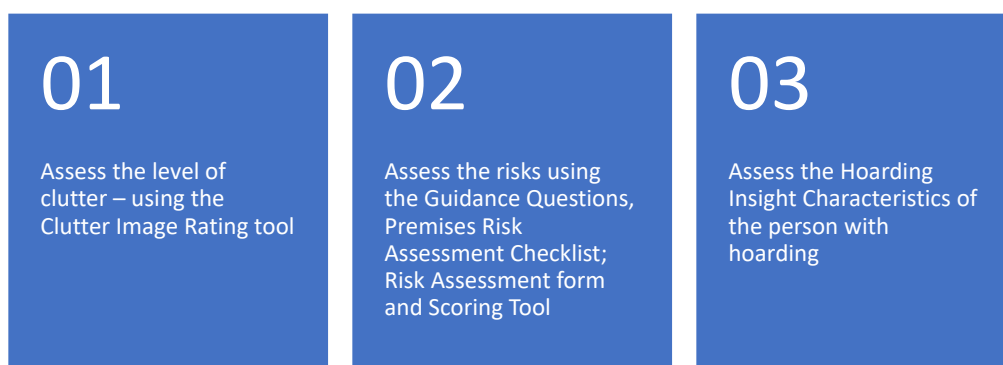
- Bearing in mind the complexity of hoarding behaviour, it is important that the approach taken to tackle the issues that the behaviour raises are proportionate and compliant with statute and best practice.
- The person with hoarding behaviour may well not respond favourably to a simple clearance of their property. Such action is likely to be extremely upsetting for them and will almost certainly exacerbate any emotional distress and increase any mental health or emotional needs.
- Clearing items forcibly is unlikely to be a solution in the longer term. The way forward is by providing sensitive support and working with the person to make positive changes. Other agencies may also need to be involved (see section 10 about multi-agency meetings and action planning).
- Every hoarding situation will be different, although there may be similarities. Staff need to consider the particular circumstances and individual views of the person with hoarding behaviour, to develop a personalised and supportive approach to resolving the situation. Such an approach is most likely to achieve a positive outcome.

Hoarding can often require long term intervention to effectively support the person to achieve change.

### Hoarding Assessments

Three assessments are recommended to be undertaken to provide a holistic view as follows:

## Hoarding – The Three Recommended Assessments:



Depending on the results of these assessments the following steps are recommended:

For Clutter Image Rating score 1-3:

- Provide advice to the person about risks and safety, ask for fire safety advice from Bedfordshire Fire and Rescue Service.
- Encourage the person to self-refer to agencies for assistance.
- Ideally complete an action plan based on the results of the Clutter Image Rating, risk and hoarding insight characteristics assessments.

For Clutter Image Rating score 4-9:

- Instigate a multi-agency meeting with the relevant agencies present. The main agencies and the types of action they may take are listed in Appendix 4 Relevant Agencies and Responses.
- Complete an action plan based on the results of the CIR, risk and hoarding insight characteristics assessments. The action plan, and when it will be reviewed, will be agreed at the multi-agency meeting and a next meeting date will be arranged.

### Clearances



Enforced clearance of items against the will of the person will only be undertaken when these four points are satisfied:

- (a) other approaches have been exhausted
- (b) the risks caused by the hoarding warrant clearance
- (c) the agreement of the multi-agency group has been obtained
- (d) it is proportionate to the risk.

By 'proportionate' we mean the areas of highest fire risk may be the only areas that need to be cleared, and not the whole house. For the rest of the property it may be just enough to clear sufficient areas to enable the person to access all of the rooms and their facilities.

The action plan should note the relevant agency that will work with the person with hoarding and provide support during any clearance process, at the same time encouraging the person to tackle some of it on their own. It is important to encourage the person to engage with actions to clear the property in a way that they can 'own', working if possible with family, friends and voluntary agencies. Finding out what will motivate the person to participate in the clearance is important.

There are a few simple tips that will support the person and that can be adapted to suit their needs and preferences, for example:

- Start the clearance in one important area first, for example around the cooker, or heating source.
- Apply the 'fifteen-minute rule' – set the timer for 15 minutes to clear clutter. Once this has been completed encourage the individual to do something they like to do and then return to undertake another fifteen minutes later the same day.
- Keep a Clutter Free Success Diary or chart –note every success, bag of clutter that leaves the property, e.g. 10 bin liners of clothes to the charity shop, 2 bags of medicines to the doctor's surgery, 1 bag of books to a charity shop.

Clearances that require a third party to come in to facilitate the work are likely to need to be paid for by the person. The person can source and employ a contractor themselves, or the Council may arrange for a company to do the job and recharge the person. If enforcement action is needed to carry out a clearance, it will be recharged to the person.

Enforced clearance is a last resort and is often not a longer-term solution. (because it is highly likely that hoarding behaviour will continue regardless),

Therefore, following a clearance the multi-agency group must identify how ongoing/regular support will be provided in an endeavour to prevent the re-accumulation of hoarded items.

## Environmental Health Powers

This section outlines legal routes that might be taken to resolve a hoarding issue. The agencies using this hoarding guidance see legal enforcement action as a last resort, only to be utilized when all other efforts have been exhausted.

### Public Health Act 1936, Section 79: Power to require removal of noxious matter by occupier of premises

The Local Authority (LA) will always try and work with a householder to identify a way to reduce or eliminate hoarding, however in cases where the resident is not willing to co-operate the LA can serve notice on the owner or occupier to “remove accumulations of noxious matter”. Noxious is not defined, but usually is “harmful, unwholesome”. No appeal is available. If not complied with within 24 hours, the LA can do works in default and recover expenses.

### Public Health Act 1936, 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)

Filth is a euphemism for excrement, animal or human. Due to case law the definition of “prejudicial to health” is limited and means “likely to cause a threat of disease”. It does not include the likelihood of personal injury. Nuisance has its common law meaning of something which materially interferes with the use of another’s land.

The LA serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within 24 hours or more. If not complied with, Environmental Health (EH) can carry out works in default and charge. No appeal is available against the notice, but an appeal can be made against the cost and reasonableness of the works on the notice.

### Public Health Act 1936, Section 84: Cleansing or destruction of filthy or verminous articles.

For any article that is so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous, the LA can serve notice and remove, cleanse, purify, disinfect or destroy any such article at the LA’s expense.

### Environmental Protection Act 1990, Section 80: Dealing with Statutory Nuisances (SNs)

SNs are defined in section 79 of the Act and include 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 I 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 LA serves an Abatement Notice made under section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.

Prevention of Damage by Pests Act 1949, Section 4: Power of LA to require action to prevent or treat rats and mice

Notice may be served on the owner or occupier of land/premises where rats and/ or mice are or may be present due to the conditions at the time or there maybe materials in the property that would cause rats and mice to be attracted to the land. The notice may be served on the owner or 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 LA may carry out works in default and charge for these. This power tends to be used for clearing gardens.

Environmental Health Assessment Tool Guidelines. These guidelines may be used to help assess whether it is possible to engage Environmental Health:

## Should Environment Health be involved?

1	Given Environmental Health have a duty to serve a legal notice(s) under some circumstances, would formal intervention by Environmental Health be helpful at this stage?
2a	Are there pests (particularly rats and mice) at the property including the garden?
2b	Are there materials at the property likely to attract rats or mice i.e. food left over night or items they could next in?
2c	Does the property have a strong odour that materially affects neighbouring properties?
2d	Is the property filthy? (human or animal excrement)
2e	Is the property rented and in disrepair? Could works be done amongst the 'clutter'?
2f	Is the property in disrepair and affecting neighbouring properties i.e. damp, drainage, structural damage?

If the answer to question 1 is yes and there are one or more 'yes' answers to questions number as 2, the case can be referred to Environmental Health.

Note that the thresholds at which different Environmental Health Teams across the county/country apply their powers may differ. It may be that although a case is referred to Environmental Health action might not be taken. When there is no complainant, action may not be taken.

## Fire Safety and Hoarding

In 2014 the Chief Fire Officers Association (CFOA) published some statistics on hoarding. Their research revealed that whilst only 1% to 3% of UK households were believed to be occupied by people who hoard. 25% to 30% of fire deaths in the UK were occurring in households occupied by people who hoard.

On receipt of a referral Bedfordshire Fire and Rescue Service (BFRS) will seek to visit the hoarder(s) and complete a home fire safety assessment and share this when needed with any other relevant agencies (e.g. Social Services, Local Authority, Housing Association etc.). The home fire safety assessment will provide advice and guidance on how to reduce the risk of a fire starting and how to improve the chances of the occupant(s) making a prompt and safe escape in the event of a fire. The referral process is described at the end of this document.

Whilst it is acknowledged that every person that hoards is different there are certain increased risk factors that need to be considered in respect of hoarding and most of the areas described below will be present to some degree or another in a 'hoard' (a household where hoarding is an issue). The increased risks can be divided into four distinct categories as below:

- Unsafe cooking, heating, power use and smoking practices in close proximity of an 'excessive' amount of combustible materials significantly increase the risk of an accidental fire starting.
- The presence of an 'excessive' amount of combustible materials in the home significantly increases the risk of an accidental fire quickly becoming established and spreading rapidly through the home.
- The presence of an 'excessive' amount of possessions impede the ability of the occupant(s) to make a safe and prompt escape in the event of a fire and also impede the ability of fire fighters to promptly enter and move through the home to locate and rescue the occupant(s) and/or to locate and deal with the fire.
- People who hoard often have mental health issues and physical disabilities.

### Unsafe cooking, heating, power use and smoking practices

Cooking accidents account for over half of all accidental dwelling fires in Bedfordshire and across the UK as a whole. Most accidental cooking fires occur whilst cooking on the hob. A clean hob that is clear of any combustible materials whilst being used to cook reduces the risk of an accidental cooking fire occurring. In many households of people who hoard clutter and cleanliness is an issue. Where the hob is regularly used to cook and not cleaned the build-up of fat/grease will increase the risk of an accidental cooking fire. In many of these households there will be a variety of combustible materials on the work surfaces in the kitchen and this will include the work surfaces next to the hob. The presence of these combustible materials close to the heat source significantly increases the risk of an accidental cooking fire.

In some households' possessions have accumulated to the extent that the cooker is either inaccessible or can no longer be used to cook food because it is used for storage instead. In such cases the occupant(s) use alternative heat sources for cooking which often include higher risk methods such as portable electric hobs, disposable barbeques and camping stoves. The alternative cooking methods are often deployed in confined spaces and in close proximity to an 'excessive' amount of combustible materials, thus greatly increasing the risk of an accidental fire occurring. The use of some of the alternative cooking methods can also generate carbon monoxide which creates additional risks for the occupant(s) of the home.

Closely associated with the increased fire risks caused by alternative cooking methods are the increased fire risks caused by alternative heating methods. In many households of people who hoard, possessions are stacked up around the rooms in the home. The build-up of possessions in front of radiators blocks the heat they radiate, thus rendering them ineffective. In periods of cold weather, the occupant(s) have to use alternative heat sources such as portable electric bar heaters, paraffin heaters, camping stoves and (often unguarded) open fires. The use of alternative heat sources in confined spaces and in close proximity to 'excessive' amounts of combustible materials significantly increases the risk of an accidental fire occurring. The use of some of the alternative heating methods can also generate carbon monoxide which creates additional risks for the occupant(s) of the home.

Extension leads and 'cube' adaptors enable more than one electrical appliance to be plugged in and draw power through one electrical wall socket. As each appliance is turned on more power is drawn through the one electrical wall socket which can lead to it being overloaded to the point that it gets so hot it catches fire or it sets fire to combustible items that are in contact or in close proximity to it. In many households of people who hoard, possessions are piled up around the rooms in the home, thus making many of the electrical wall sockets inaccessible. The occupant(s) often only have one or two available electrical wall sockets with which to power all the electrical appliances in the home. As a result, they use extension leads and 'cube' adaptors to plug all their electrical appliances into a limited number of electrical wall sockets in the home, thus increasing the risk of overloading those electrical wall sockets and causing an accidental fire.

In extreme cases the gas and/or electricity has been cut off and the occupant(s) of the house have to use alternative heat sources for cooking and warmth such as the disposable barbeques, camping stoves, paraffin heaters and open fires as described above. They also have to use alternative light sources, the most common of which are candles. The naked flame of a candle is a high-risk source of ignition and the use of candles in confined spaces and in close proximity to 'excessive' amounts of combustible materials such as curtains, fabrics, newspapers etc. significantly increases the risk of an accidental fire occurring.

Most smoking accidents occur when the smoker is tired, especially if they are tired due to the consumption of alcohol or medication that makes them drowsy. This is when they are most likely to fall asleep and drop the smouldering cigarette onto something combustible such as their clothing, bedding or the fabric of the seat they have fallen asleep in, thus causing a fire. Smoking accidents are the single biggest cause of fire deaths in homes in the UK. Smoking, especially whilst tired, in confined spaces and in close proximity to 'excessive' amounts of combustible materials significantly increases the risk of an accidental fire occurring.



There are many case examples one of this relating to the late Mrs WWF.

Read the Safeguarding Adults Review here:

[https://www.richmond.gov.uk/media/16627/sar\\_report\\_mrs\\_wwf\\_july\\_2017.pdf](https://www.richmond.gov.uk/media/16627/sar_report_mrs_wwf_july_2017.pdf)

### The presence of an 'excessive' amount of combustible materials in the home

Every household has combustible materials that will provide fuel for a fire. Books, papers, newspapers, magazines, cardboard boxes, fabrics and clothing are combustible possessions that are often present in significant quantities in hoarded households. The presence of 'excessive' amounts of combustible materials such as those described above throughout a home provides an abundant and readily available supply of fuel that will enable any fire that starts to quickly become established and spread rapidly. Closed internal doors restrict the spread of smoke and fire throughout a home but in many households of people who hoard, the internal doors cannot be closed due to the presence of a variety of possessions piled up in the doorways. As a result, any fire that starts in a hoarded household quickly becomes established and

spreads rapidly. This significantly reduces the time the occupant(s) have to make a safe escape. Unfortunately, the presence of an 'excessive' amount of possessions in the home also impedes their ability to quickly make a safe escape and as a result many do not get out in time, hence 25% to 30% of fire deaths in the UK occurring in households occupied by people who hoard. The increased risks caused by the presence of an 'excessive' amount of possessions in the home are described in the following section.

### The presence of an 'excessive' amount of possessions in the home

The presence of 'possessions' on the floor creates slip, trip and fall hazards that impede the ability of the occupant(s) to make a prompt and safe escape. They may be able to see and negotiate the trip, slip and fall hazards in daylight or at night when the lights are on but if an electrical fault causes a fire in the hours of darkness and all the lights are out they will be in the dark with smoke in their eyes, thus effectively being blind. In those circumstances they will not be able to see and negotiate the trip, slip and fall hazards and will lose valuable escape time stumbling and falling over in the dark. That lost time often makes the difference between them getting out in time or being overcome with smoke and dying inside the house.

Insecure stacks of 'possessions' such as books, magazines and newspapers that are piled high against the walls in rooms and corridors in the hoarded household can weigh a considerable amount. If the occupant(s) stumble and grab hold of an insecure pile of 'possessions' in an effort to regain their balance whilst trying to escape from a fire they risk dragging the insecure stack of 'possessions' down on top of them which could injure or trap them and prevent them getting out in time.

Once the occupant(s) reach an exit point they need to be able to open it quickly and leave. The presence of 'possessions' blocking their exit points further impedes the ability of the occupant(s) to get out in time.

The presence of trip, slip and fall hazards on the floors, insecure stacks of 'possessions' in rooms and corridors, the presence of 'possessions' blocking entry points and routes through the household of people who hoard also impede the ability of fire fighters to promptly enter and move through the household to find and rescue the occupant(s) and/or to deal with the fire.

In addition, the presence of stacks of 'possessions' such as books, magazines and newspapers that are piled high against the walls in corridors can significantly reduce the available space that can be used by fire fighters to move through the household.

A fire fighter in full kit with breathing apparatus may not be able to get through the narrow spaces between the stacks of 'possessions' that are piled high against the walls in corridors. There is also a risk that a fire fighter may trip, slip or fall and become trapped/wedged in between the stacks of 'possessions' that are piled high against the walls in corridors. If this was to occur the fire fighter would no longer be able to make any positive contribution to searching for and rescuing the occupant(s) or to dealing with the fire. It may even be the case that the other fire fighters would have to stop searching for the occupant(s) or dealing with the fire in order to rescue their colleague.



In extreme cases the weight of 'possessions' stored in upstairs rooms and the loft can generate a significant loading on the supporting structures and this can cause the floors to give way. This risk is increased in the event of a fire as the fire will weaken supporting timber structures such as joists and floorboards. Many of the 'possessions' in households of people who hoard are often not only combustible but also absorbent. This means that any water introduced by the fire service in order to extinguish the fire will be soaked up by the 'possessions' which will increase their weight. The combination of the fire weakening the timber support structures and the water increasing the weight of the 'possessions' those structures are supporting can lead to structural collapse which can crush or trap anyone inside the home at the time.

### What Can You Do to Help?

If you become aware of a hoarder please make a referral to the Community Safety team at Bedfordshire Fire and Rescue Services via their secure e-mail address as below:



[communitysafety.team@bedsfire.cjsm.net](mailto:communitysafety.team@bedsfire.cjsm.net)

A member of the Community Safety Team will try and visit the hoarder in order to complete a home fire safety assessment. The home fire safety assessment will look at the potential for an accidental fire to occur in the household and to make an assessment on the potential outcome for the occupant(s) should such a fire occur. The home fire safety assessment will make reference to the 'Clutter Rating Index' when assessing the level of 'clutter' in the home. To find out more about the 'Clutter Rating Index' please use the link as below:

<https://hoardingdisordersuk.org/research-and-resources/clutter-image-ratings/>

The occupant(s) will be given advice and guidance on what they can do to reduce the risk of an accidental fire occurring and to improve their chances of making a prompt and safe escape should such a fire occur. They will also be given advice and guidance on how to make themselves as safe as possible in the house if they experience a fire and are unable to get out. If they do not have adequate fire detection cover additional smoke alarms and/or carbon monoxide detectors will be installed for them. BFRS will provide the referring agency with a written report on the outcomes of the home fire safety assessment. If the person/people who hoard are not already subject of a safeguarding referral or do not have an allocated social worker who is coordinating a care plan for them the Community Safety Team Officer completing the home fire safety assessment will consider submitting a safeguarding referral on the hoarder(s) behalf.

The home fire safety assessment will also look at potential risks to fire fighters who may have to enter the home in the event of a fire or other emergency in order to rescue



to occupant(s) and/or to deal with the emergency. Those risks will be subject of a separate report that will be sent to the relevant BFRS Station Commander.

BFRS can only complete the home fire safety assessment with the consent of the occupant(s). BFRS does not have any legislative power to enter somebody's home to conduct a home fire safety assessment without their consent. If the home is owned/managed by someone other than the occupants(s) such as the Local Authority or a Housing Association the owner/manager can apply to the Civil Court to get an order giving them power to enter with BFRS in order to enable BFRS to conduct a home fire safety assessment.

### The Police

The Police may be called to properties where there are hoarding issues for a variety of reasons. These reasons may include but are not limited to concern for welfare of the person(s) occupying the property, domestic incident, child protection concern, anti-social behaviour issues; reports of theft/burglaries or other crimes at the premises.

Police action will depend on the concerns that they have for the person(s) and their risk assessment of the situation and may include the following:

Where there is concern for a person's mental health, consideration will be given to contacting their GP and/or an AMHP (Approved Mental Health Practitioner). Where the concern is immediate then the person should be encouraged and supported to attend their GP or the nearest Accident and Emergency provision, assistance from the Ambulance Service being sought to support these actions. Where the person is in their own home (this includes the garden), Police Officers have no powers to detain them under the Mental Health Act 1983, and case law stipulates that the Mental Capacity Act 2005 is not intended to be used to remove a person from their own home for the purposes of obtaining an assessment under the Mental Health Act.

Where there are concerns for a person's physical health, the Ambulance Service should be contacted for support and transfer to hospital if appropriate. This may include use of powers to force entry under s17 of the Police and Criminal Evidence Act 1984 (PACE) to protect life if necessary. Police Officers may support Ambulance staff to remove the person under s5 of the Mental Capacity Act 2005 if appropriate.

Where there are concerns in respect of safeguarding, such as child or vulnerable adult neglect or abuse of any persons within the property that don't require immediate action, an Athena Non-Crime Adult / Child Protection investigation must be created which the police IMU will pass to the Public Protection Hub with PVP Enquiry log entries documenting the concerns and actions taken to safeguard. The Public Protection Unit Hub will then make relevant referrals having completed a THRIVE (threat, harm, risk, investigation, vulnerability, engagement) assessment on the investigation report to MASH/Adult Safeguarding Alert.

Where immediate action is required officers may need to obtain advice from their supervisors in respect of the best course of action. Consideration for placing children under Police Protection should be made where there is an imminent risk of significant harm.

Similarly, where there is an immediate risk of significant harm to an adult (at risk/adult with care and support needs) consideration should be given to the application of the Mental Capacity Act or seeking a Mental Health Act assessment in the person's home. Police officers may contact Mental Health Street Triage for advice if on duty but must, where practicable, seek advice from a mental health professional before making a decision to enforce powers of detention under the Mental Health Act.

Dependant on the concerns as stated in both above examples, this information will be allocated to the relevant Police team to deal with by way of a criminal or other police investigation.

Where a person's behaviour or hoarding activities constitute anti-social behaviour, then officers should follow the Bedfordshire Police Anti-Social Behaviours policy, which may include discussing the issues at the local Multi-Agency problem-solving/risk management meeting to agree the best course of action.

Where the person has reported theft from the property or a burglary, this will be dealt with in line with current guidance to Police Officers, although ascertaining what has been stolen and obtaining evidence to support an investigation may be hampered by the conditions both within and outside the premises of a person with hoarding behaviour.

The Police will support other agencies when taking enforcement action based on the risk, threat and harm posed by the person's general behaviour and their anticipated behaviour in response to any enforcement action.

Officer will be expected to consider recording any evidence, including the scene and the condition of any victims and suspects, on Body Worn Video. This should be done in accordance with Bedfordshire Police Body Worn Video Policy.

Where the officer has concerned that colleagues may need to be aware of in future, the officer will be expected to place a SIG marker of the person's address.

### **'Insight Characteristics' Assessment**

Use the guide below to describe the person's attitude towards their hoarding. This is useful for describing the issue to other relevant agencies and will be helpful to know when creating an appropriate action plan.

#### **Good or fair insight:**

**The person recognises that hoarding-related beliefs and s (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The person recognises these as their own.**

#### **Poor insight:**

**The person is mostly convinced that hoarding-related beliefs and s (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic**

despite evidence to the contrary. The person might recognise a storage problem but has little self-recognition or acceptance of their own hoarding.

**Absent (delusional) insight:**

The person is convinced that hoarding-related beliefs and s (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The person is completely accepting of their living environment despite the various risks to safety and health.

**Detached with assigned blame:**

The person has been away from their property for an extended period. The person has formed a detachment from the hoarded property and is now convinced a 'third party' is to blame for the condition of the property, for example a burglary has taken place, or it is the result of squatters or other household members.

Hoarding Myths and Truths

(Source: Chief Fire Officers Association CFOA)

**Myth: Removing clutter and property will remove the issue of hoarding.**

**Truth:** Large scale removals without the person with hoarding behaviour's permission do not work. Instead this is likely to have a long-term negative impact on their mental health. The short-term, quick fix approach also does not deal with core issues. Large scale clean-ups, even with the person's permission may not work.

**Myth: Fires in hoarding properties will behave in the same way as they do anywhere else.**

**Truth:** Fires were contained to the room of origin in 90% of all residential fires. In hoarding homes, however, that percentage dropped to 40%, indicating that hoarded materials promote the spread of fire through a dwelling.

**Myth: Hoarding only takes place in certain types of property.**

**Truth:** Hoarding can be found in all property types. Hoarding in high rise premises pose very particular risks to the community and to fire fighters. Hoarding in privately owned residences creates some specific issues with regards to the application of legislation.

**Myth: People with hoarding issues can't see all the stuff and dirt, they don't mind it.**

**Truth:** People with hoarding behaviours can see the clutter but are able to mostly mentally block it out. This has been called clutter blindness. When a person does begin to recognise the problems, this can be a sign they are ready for change and help.

**Myth: There is nothing we can do about it.**

**Truth:** With the proper support, help and guidance, hoarding problems can be resolved.

**Myth: People with hoarding issues love their belongings more than their family.**

**Truth:** People with hoarding behaviours have a strong attachment to belongings for a range of reasons. This attachment is likely to be stronger than the average persons. The difficulty discarding is as a result of these complex issues but does not reflect that the person's love for those in their family is lesser. Simply that it is too difficult a process for the person to deal with.

**Myth: People with hoarding issues are just dirty and lazy. It's a 'life-style' choice.**

**Truth:** Usually just the opposite is true. In fact, people with hoarding behaviours have often undergone a traumatic experience and/or had a huge period of instability in their lives. Incorrect interventions can often cause further trauma because the relationship with the belongings acts as a coping mechanism, discarding this haphazardly often results in retriggering of the trauma and/or escalation of the behaviours.

**Myth: All people with hoarding issues have Obsessive Compulsive Disorder (OCD).**

**Truth:** Hoarding Disorder has been classified by the American Diagnostic Statistical Manual (DSM) and is published in the International Classification of Diseases (ICD). A unique classification was seen to be necessary because interventions which have succeeded in OCD were not as effective treating hoarding behaviours.

**Myth: People only hoard things at home.**

**Truth:** Communal areas, gardens, storage spaces, friend's/neighbour's homes and vehicles can also be used. There is legislation in place, in regard to all but storage spaces, which would mean that belongings which created unacceptable clutter could be in breach of a range of laws. Hoarding in offices and other business premises is not uncommon and can lead to blocked escape routes and increased risk of a fire.

**Myth: Evicting people with hoarding issues teaches them a lesson and stops them hoarding again.**

**Truth:** Being evicted is a traumatic experience and can create such anxiety for a person with hoarding issues that their tendency to hoard can increase. This too does not deal with the core issues. As such, it can be seen as simply shifting the problem.

**Myth: People with hoarding issues don't like to talk about it.**

**Truth:** There are currently support groups across the UK, although more support is needed.

**Myth:** All people with hoarding issues live in squalid conditions or own numerous pets or both.

**Truth:** Most people with hoarding issues do not live in unhygienic conditions, nor are they animal hoarders.

**Myth:** Every room in a hoarder's home is packed full of stuff.

**Truth:** People with hoarding tendencies may have part of their home which are less cluttered or live with people who aren't hoarders and who do what they can to keep parts of a home tidy.

**Myth:** People with hoarding tendencies are uneducated and have lower levels of intelligence.

**Truth:** Hoarding is found within all populations.

**Myth:** Everyone with lots of clutter is a hoarder.

**Truth:** Just because someone owns lots of stuff or lives in a cluttered home, doesn't necessarily mean they're a hoarder.

#### Relevant Agencies table of Responses

Agency	Possible Responses
Fire Service	<ul style="list-style-type: none"><li>• Install interlinked smoke alarms in each accessible room Gives Fire safety advice on particularly on</li><li>• Electrical, kitchen, candles, electric blankets, fires and heaters</li></ul>
Environmental Health	<ul style="list-style-type: none"><li>• Note separate checklist for whether Environmental Health may become involved (see section 13 above).</li><li>• Will consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004</li><li>• Will consider 'Works in Default' if notices not complied with by occupier</li></ul>
Social Landlord	<ul style="list-style-type: none"><li>• Visit person to inspect the property and assess support needs</li><li>• Referral to local Floating Support Service to assist in the restoration of services to the property where appropriate.</li></ul>

Agency	Possible Responses
	<ul style="list-style-type: none"> <li>• Ensure person is maintaining tenancy conditions</li> <li>• Enforce tenancy conditions relating to tenant responsibilities</li> <li>• If person refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988</li> </ul>
<b>Private landlord</b>	<ul style="list-style-type: none"> <li>• Inform Housing Advice Team at the City/District Council if a private landlord has a tenant who displays hoarding behaviour and is not aware of it.</li> <li>• Housing advice teams have the knowledge and ability to challenge any unlawful evictions that might result from hoarding.</li> </ul>
<b>Voluntary agencies</b>	<ul style="list-style-type: none"> <li>• Offer debt advice</li> <li>• Support for person with hoarding</li> <li>• Gardening services</li> <li>• Advocacy</li> </ul>
<b>GP</b>	<ul style="list-style-type: none"> <li>• Visits the person</li> <li>• Carries out assessment and refer to appropriate mental health teams – consider mental health crisis concordat when applicable</li> <li>• Offers medical advice and refer to any other medical professionals as applicable</li> <li>• Prevents harm through monitoring of health</li> </ul>
<b>Police</b>	<ul style="list-style-type: none"> <li>• Complete and submit MASH 101 form or protocol referral form</li> <li>• Consider criminality</li> <li>• Prevent crime</li> <li>• Apply the Mental Health Act when indicated</li> </ul>
<b>Ambulance service</b>	<ul style="list-style-type: none"> <li>• Complete and submit MASH 101 form or protocol referral form</li> <li>• Take any emergency responses as applicable</li> </ul>
<b>Animal Welfare RSPCA</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property</li> <li>• Educate person regarding animal welfare if appropriate Provide advice / assistance with re-homing animals or consider removal of animals to a safe environment.</li> </ul>

Agency	Possible Responses
	<ul style="list-style-type: none"> <li>Take legal action for animal cruelty if appropriate</li> </ul>
<b>Safeguarding Adults at risk and Safeguarding Children and young people under 16 years</b>	<ul style="list-style-type: none"> <li>In the case of concerns about abuse or neglect, make a safeguarding referral as appropriate to the applicable adult or children safeguarding team</li> </ul>
<b>Home Improvement Agencies\ adaptations services</b>	<ul style="list-style-type: none"> <li>Visit occupier to assess suitability of accommodation\identified need for adaptations or repairs Assess housing options (including potential relocation)</li> <li>Work with occupier or other agencies on a strategy to assist in clearance (as appropriate) to enable agreed works to be planned and completed</li> <li>Administer and oversee construction and fixed housing equipment projects agreed with the client (or responsible adult\agency)</li> </ul>
<b>Psychological Wellbeing Service</b>	Programme details can be found at:

## Appendixes & Tools

### APPENDIX I – Practitioners hoarding assessment



**Please note when entering a house where hoarding behaviour is suspected or known, you need to understand the risks which you may face. It is advised to wear thick, protective footwear as you may be exposed to many hazardous objects within the residence. Two practitioners should conduct the assessment.**

Date of home assessment	
Adults/young person's name	
Adults/ young person's date of birth	
Address (incl. postcode)	
Adults contact details	

Type of dwelling				
Freeholder	Yes	Tenant – Name & address of landlord		
Household members		Name	Relationship	DOB & age
Pets & other animals – indicate what pets and any concerns				
Agencies currently involved – with contact details List historic agencies which may have had contact with the family				
Non agency support currently in place				
Adults attitude towards hoarding				

- NOTE: This assessment should be completed using the information you have gained using the Practitioners Guidance Questions. Complete this review away from the adult's property and in conjunction with the Multi Agency Hoarding Guidance Assessment Tool. Text boxes will expand to allow further text. This information should then be sent to social care with the safeguarding referral/alert.

Please indicate if present at the property							
Structural damage to property		Insect or rodent infestation		Large number of animals		Clutter outside	
Rotten food		Animal waste/faeces in house		Concerns over the cleanliness of the property		Visible human faeces	
Concern of self-neglect		Concerned for children at the property		Concerned for other adults at the property			
Using the Clutter Image scale please score each of the rooms below							
Bedroom 1		Other		Separate toilet			



Bedroom 2		Kitchen		Lounge	
Bedroom 3		Bathroom		Dining Room	
<p>Also consider hallways, stairs and landings, garage, outbuildings, front garden, back garden, side access</p> <p>Please refer to the Multi Agency Hoarding guidance. 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.)</p>					
<p>Please refer to the Multi Agency Hoarding Guidance Tool, based on the information provided above, what level is your case graded?</p>					
Level 1- Green		Level 2 - Orange		Level 3 - RED	
Name of the practitioner undertaking assessment & job title					
Name of Organisation					
Contact details (Telephone and email address)					
Next action to be taken					
List agencies referred to with dates & contact names					
Additional: Adults views or attitude					

### Assessment tool guidelines

<b>1. Property structure, services &amp; garden area</b>	<ul style="list-style-type: none"> <li>Assess the access to all entrances and exits for the property. (Note impact on any communal entrances &amp; exits). Include access to roof space.</li> <li>Does the property have a smoke alarm?</li> <li>Visual assessment (non-professional) of the condition of the services within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action.</li> <li>Are the services connected?</li> <li>Assess the garden. Size, access and condition.</li> </ul>
<b>2. Household functions</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Select the appropriate rating on the clutter scale.</li> <li>Please estimate the % of floor space covered by clutter.</li> <li>Please estimate the height of the clutter in each room.</li> </ul>
<b>3. Public health and safety</b>	<ul style="list-style-type: none"> <li>Assess the level of sanitation in the property.</li> <li>What are the floors like?</li> <li>What are the work surfaces like?</li> <li>Are you aware of any odours in the property?</li> <li>Is there rotting food?</li> <li>Does the adult use candles?</li> <li>Did you witness a higher than expected number of flies?</li> </ul>

	<ul style="list-style-type: none"> <li>• Are household members struggling with personal care?</li> <li>• Is there random or chaotic writing on the walls on the property?</li> <li>• Are there unreasonable amounts of medication collected? Prescribed or over the counter?</li> <li>• Is the adult aware of any fire risk associated to the clutter in the property?</li> </ul>
<b>4. Safeguarding children &amp; family members</b>	<ul style="list-style-type: none"> <li>• Do any rooms rate 7 or above on the clutter rating scale?</li> <li>• Does the household contain young people or children?</li> <li>• Does the household contact elderly or disabled adults?</li> </ul>
<b>5. Animals and pests</b>	<ul style="list-style-type: none"> <li>• Are there any pets at the property?</li> <li>• Are the pets well cared for; are you concerned about their health?</li> <li>• Is there evidence of any infestation? E.g. bed bugs, rats, mice, etc.</li> <li>• Are animals being hoarded at the property?</li> <li>• Are outside areas seen by the adult as a wildlife area?</li> <li>• Does the adult leave food out in the garden to feed foxes etc.</li> <li>• Are animals cared for in preference to other household members?</li> </ul>
<b>6. Personal protective equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please detail.</li> <li>• Following your assessment do you recommend the adult is visited in pairs? Please detail.</li> </ul>

<b>Level 1</b> <i>Clutter image rating 1 - 3</i>	Household environment is considered standard. No safeguarding referral is needed. If the adult would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to circumstances.
<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 Essex Fire and Rescue service 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>• Adult is 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 children &amp; family members</b>	<ul style="list-style-type: none"> <li>• No Concerns</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>

	<ul style="list-style-type: none"> <li>• No concern for the number of pets 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 adult.</li> <li>• Raise a request to the Fire Service 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 adult via charities and self-help groups.</li> <li>• Provide details on debt advice if appropriate to circumstances.</li> <li>• Ensure adults 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 adult 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>Safeguarding children and young people</b>	<ul style="list-style-type: none"> <li>• No action unless any other risk of harm is identified</li> </ul>
<b>RSPCA/ 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</b>  <b>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 &amp; 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.</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) score 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>• Adult 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>• Adult trying to manage personal care but struggling.</li> <li>• No writing on the walls.</li> </ul>
<b>4. Safeguarding children &amp; 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, young people or adult is 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>• Adult 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>• Any evidence of mice, rats at the property.</li> <li>• Spider webs in house.</li> <li>• Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc).</li> <li>• Are animals cared for in preference to other household members?</li> </ul>
<b>5. 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>

Level 2	<b>Actions</b>  <b>In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCURRENCE</b>
<b>Referring agency</b>	<ul style="list-style-type: none"> <li>• Refer to landlord if adult is a tenant. Raise a request to the Essex Fire and Rescue Service 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 RSPCA/ animal welfare if there are animals at the property..</li> <li>• Refer to environmental health with details of adult, landlord (if relevant) referrer's details and overview of problems.</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>• 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 adult to inspect the property &amp; assess support needs.</li> <li>• Referral to your local housing support assist in the restoration of services to the property where appropriate.</li> <li>• Ensure adults are maintaining all tenancy conditions.</li> <li>• Enforce tenancy conditions relating to adults' 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 Hoarding 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>RSPCA/ 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 adult regarding animal welfare if appropriate</li> <li>• Provide advice / assistance with re-homing animals</li> </ul>
<b>Safeguarding children &amp; 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> <li>• For children, consider completion of a CAF or Early Help Assessment to access early help or intervention services</li> </ul>

<b>Level 3</b>  Clutter image rating 7 - 9	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 adults. Adults are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.
<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 through 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>• No gas, electric or water is working at the property.</li> <li>• Toilets sinks not functioning or not in use.</li> <li>• Adult at risk due to living environment.</li> <li>• Household appliances are not functioning or inaccessible.</li> <li>• Adult has no safe cooking environment.</li> <li>• Adult 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> <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>4. Safeguarding children &amp; family members</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 7-9 constitutes a safeguarding alert regarding the adult and a Safeguarding Referral for children and young people where appropriate.</li> <li>• Please note all additional concerns for children and other family members.</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>• Adult 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>

Actions	Level 3
<b>Referring agency</b>	<ul style="list-style-type: none"> <li>• Contact police and children's services to request a welfare check where children or adults are at risk of harm</li> <li>• Raise Safeguarding <b>Alert within 24 hours</b></li> <li>• Raise a request to Essex Fire and Rescue Service within 24 hours to provide fire prevention advice.</li> <li>• Attend safeguarding multi agency meetings on request</li> </ul>
<b>Environmental health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of adult, 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> <li>• Attend safeguarding multi agency meetings on request.</li> </ul>
<b>Landlord</b>	<ul style="list-style-type: none"> <li>• Visit adult to inspect the property &amp; assess support needs.</li> <li>• Attend multi agency Safeguarding meeting.</li> <li>• Enforce tenancy conditions relating to adults' responsibilities.</li> <li>• If adult 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 Guidance Questions for practitioners".</li> <li>• Complete Practitioners Hoarding Assessment Tool.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Attend safeguarding multi agency meetings on request.</li> </ul>
<b>Emergency services</b>	<ul style="list-style-type: none"> <li>• Attend safeguarding 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>RSPCA/ 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 adult 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> <li>• Attend safeguarding multi agency meetings on request.</li> </ul>
<b>Safeguarding children &amp; adults</b>	<ul style="list-style-type: none"> <li>• Children – Safeguarding referral should be made following the SET Child Protection Procedures</li> <li>• Adults - Safeguarding alert should be made using the SETSAF form and following procedures set out in the SET Adult Safeguarding procedures.</li> </ul>



## APPENDIX II Clutter Rating Scales

Use the clutter image rating (CIR) below to assess what level the person's hoarding behaviour is at. The flow chart summarizes the process to be followed. If in doubt, please ask your supervisor/manager for assistance.

First point of contact by professional with the resident:

### **Conduct Risk Assessment**

Assessment using CIR - Clutter Image Rating use photographs as guidance to identify level of clutter

#### **CIR 1-3 = Low Risk**

Offer advice, sign post to other agencies

Arrange fire safety check with Bedfordshire Fire and Rescue Service

Enlist person's supporters to help modify issue and prevent escalating

Consider arranging an inter-agency meeting to follow up to prevent worsening

#### **CIR 4-6 = Medium Risk and CIR 7-9 = High Risk**

Convene multi-agency meeting- with action plan as the outcome

Lead agency and roles of each party identified

Ascertain via MASH which partners already involved

Consider GP and mental health assessment

Monitor and review

Lead agency for the case checks progress and triggers further multi-agency meeting(s) if issues start up again or escalate

Images 1-3 indicate Low risk – self referral

Images 4-6 indicate Medium risk Multi-agency meeting

Images 7-9 indicate High risk Alert 24hrs and Multi-agency meeting

### APPENDIX III - Clutter Image Rating - Bedroom

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



1



2



3



4



5



6



7



8



9

#### APPENDIX IV - Clutter Image Rating – Living Room

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



1



2



3



4



5



6



7



8



9

## APPENDIX V - Clutter Image Rating - Kitchen

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



1



2



3



4



5



6



7



8



9

## APPENDIX VI – Handy Tips for People who hoard

When you are dealing with your hoarding issues here are some basic guidelines that would be helpful for you.

### Time

Time is precious. We have demands on our time which often conflict with our needs and those of others. It is important to remember to make time for yourself, it is about honouring yourself. It is not selfish to think about putting yourself first. We often put others first and do not consider our own personal needs and what is important for us. Remember, the time you give yourself does not have to be huge. You can begin by allowing yourself half an hour each day to work on your issues. As you progress you will find that you may prefer to allow yourself more time. Making time for yourself will also help you to start managing your day better.

#### Tips for making time

- Write down all the things that you do each day for a week
- Draw up a schedule for all your routine activities, e.g. work, sleep, shopping, leave the gaps clear.
- Identify a period of time that you can commit to on a regular basis for dealing with your hoarding
- Keep to the schedule, in the same way we always keep to our schedule to go to work. Keeping to the schedule will ensure that you will be consistent with doing your tasks
- Record each day you have done it; this helps reinforce and remind you that you have made the time to deal with your issues. It will also help you have the consistency in undertaking the work you have planned to do.

#### Obstacles

Obstacles are common, look out for them as they can be traps and prevent us from doing what we need to do:

- I am too tired
- I don't have the time
- there is too much to do

When you face an obstacle ask yourself how is this helping me in dealing with my problem? Break the task into smaller segments to make it more manageable.

"I don't have anyone to report to about what I have done"

"It is not important"

Tell a friend you are going to do an important job; you don't need to discuss the details and you will need to report back that you have completed the task. Being accountable to someone will motivate you to make the time.

Photograph your home



Take photographs of your home before you start. It will be a record of what your environment looked like before you started. The photographs can be an important way to record the progress you make.

### Tips

- Take the photographs from the perspective that covers the biggest area
- Take the photographs from the same location each time to ensure consistency and prevent you from distorting your progress
- Take weekly photographs of the area you are working on to monitor changes and as a record of your progress

### Obstacles

“I’m concerned about having the photograph developed and someone seeing them”

Most cameras and smartphones take digital images that can be downloaded and stored on a computer or a disk. These images are yours and no one can forcefully ask to see them.

“Someone might see them.”

These photographs are yours and if you have them on your digital camera or smartphone you can control who has access to them.

“I don’t have a computer or the knowledge to use a computer”

If you don’t have a computer or the knowledge to use a computer, then access to the photographs can appear limiting, but the photographs can be stored on your camera or phone. If you have a friend that you trust you could ask your friend to help you move them to a computer. Most libraries have computers that can be accessed for use.

“I don’t want to look at them”

It is understandable that initially you may not wish to look at the photographs but do still take them - you don’t have to look at them. In time, you may find that you would like to see what your environment looked like and compare the past and the present. Identifying an area to work on

Before you begin you will need to identify an area that you are going to concentrate on. It is within our nature when clearing to move from one area to the next. As you are going to be dealing with the clutter, you need to identify an area where you are going to start.

### Tips

Locate an area that is important to you to begin with, for example your bedroom as it is important for you to have a clear bed to sleep on, or your kitchen as it is important to have somewhere to cook your meals in. Once you have located a significant area,

select a section within that area that you are going to work in. Work consistently in this section before moving on to another area. By maintaining your focus on this area, you will find that as it clears, you will notice the difference, and this will in turn motivate you to keep working on your hoarding issues.

## Obstacles

“I am finding that as I work on the identified area, I keep doing other things or move to another area instead”

There may be a number of reasons for this; it may appear to be too difficult; you may feel overwhelmed or like you cannot cope, maybe other areas appear to be easier or more interesting. To deal with this obstacle, keep your clearing session short and focused. Plan to do it before doing something pleasurable or fun, e.g. before going out, having dinner, etc. Step back and review what you have achieved so far to help remind yourself of what you have achieved.

“I am not doing enough; my room will never be clear of all the things I have in there”

Recognise that you are working in one area in a systematic way, and you are gradually going to work on the whole area. Think of it as if you are doing a jigsaw puzzle and slowly but surely the puzzle will be complete. Keep a record of how much you have done

It is always helpful to keep a record of what you have thrown out; the detail of what has been discarded is not important, but the quantity can be, e.g. how many bags have you used, or how much space has been cleared? It is normal to have good and bad days; on bad days it is often easy to feel despondent. When we feel this way, we tend to forget what we have achieved so far. Keeping a record will remind you how much you have done and how far you have come.

## Tip

Keep a record on a daily basis, preferably as you go. Don't leave it until the next day, you will forget how much you have done and doubt yourself.

## Obstacles

“I can't be bothered to write it down”

Take photographs of the bags you are going to throw away.

Keeping a record does not have to be a complex task. Marking the number of bags thrown out on your schedule or calendar for the specific date is an easy way to record what you have been able to do.

Be creative. You can use colour dots where each colour represents a specific number, for example, a black dot may represent one bag, or a red dot may represent five bags that have been taken out of your environment.

Doing things which are not part of your normal routine could cause you to feel uncomfortable and anxious. Learn to stay with the discomfort and move on, and it will pass. The more we react or try to get rid of the uncomfortable feelings, the stronger they will get as you are making them more significant. By letting them be, they will pass, and you will be able to recognise your ability to cope with uncomfortable feelings.

### Tip

Recognise and accept the way you are feeling. Accept it as it is normal to feel uncomfortable and anxious whilst you are doing things that you would not normally do. Be in the moment and engage in whatever you are doing. Stop thinking about your thoughts and questioning your feelings and be part of what is happening around you. Put on some music or the television in the background or have a friend be with you whilst you are sorting and clearing things out.

### Obstacles

“It is too uncomfortable; I can’t cope with it”

Accept the way you are feeling, don’t fight it and it will pass. The more you try to get rid of it, the more significant it becomes. Recall and recognise the other times when you have felt like this and survived it.

“It will never go away”

The more you engage with the feeling, the longer it will last. By having a dialogue with the feeling, you are making it more significant and pronounced and this will lead to it becoming more uncomfortable. Think of the times when it has been hot and there was nothing you could do about it and how over time you tolerate the heat.

### Eliciting Support

It can be helpful to elicit support from family and friends. Sometimes just being aware that you have family and friends you can talk to may be adequate. Sometimes, having their physical presence when you are dealing with your clutter can be of great value. Family and friends can provide support in many ways from providing emotional support to actually physically helping with getting rid of things.

### Tips

Speak to your family and friends and let them know what you would like from them. Let them know what support you need and how would you like them to provide that for you. Be clear and set some ground rules that would make it easier for you, e.g. “I just need you to be with me not doing any of the clearing” I need you to help me take these bags to the tip or to the charity shop.

### Obstacles

“They will judge me”



This is a common fear that people experience, that others will judge them for the fact that their home is cluttered and untidy. In our experience, when people have explained their situation to their family and friends, they have usually been supportive.

“I feel shame”

Shame is another common emotion experienced. Remind yourself that you have not done anything wrong but are just trying to sort out your home and your life. People understand that sometimes others have problems.

The fact you recognise that you have a problem and you are dealing it is often seen as a commendable act and people will respect you for being honest and dealing with a difficult problem.

“They will get rid of my things without my involvement”

Explain to them what is it that you want them to do, e.g. to be around to provide emotional support, to help with the sorting out, etc. Usually people do respect what you ask of them.

### **Putting things into practice**

As you introduce new ways of dealing with your hoarding issues, it will feel unfamiliar and threatening as some of the exercises will involve you doing things differently from how you are used to doing them.

#### **Tip**

Take the risk by trying to deal with things differently. Taking risks is healthy and will help you to make changes that you feel are necessary.

We learn from our experiences.

#### **Obstacles**

“I do not feel I can do it; it is not something I have done before”

Don't allow feelings to rule on what you can or can't do. Instead, go through the experience of trying it, as it will enable you to make an informed decision about whether you can or cannot do it. Ask yourself about some of the things that you do now, have they come from experiences?

Look at how your experience of trying something new can help you to learn and deal with your issues.

“It feels too threatening”

Ask yourself what is threatening, and how is it threatening? Is it just the idea of trying something new or different? Ask yourself, what is the worst that could happen? Be creative!

Sometimes things do not work out as planned. When that is the case, be creative and substitute with something else that is similar. Be flexible, nothing is written in stone as to how it should be done.

Each exercise is a guide, if you find you cannot do it as discussed then be flexible and improvise to do something similar.

#### Tip

There are many ways to do each task. There is no right or wrong way. Each of us has preferences and we like doing things in a certain way. Be bold, be creative and try doing it differently, in a way that is not familiar.

#### Obstacles

“I usually put my things in a black bag before I take it out. I have run out of black bags”

Use carrier bags instead, it makes no difference. Bags are just to contain the items. The colour or type of bag makes little difference.

“I can only work on my clothes”

Don't be fixated on only one type of item. Expand outwards by looking at what else is similar to clothes. Try instead to work on your towels or sheets instead of your clothes. Celebrate each inch that you regain

Recognise and celebrate each inch of your home that you regain and each activity you engage in. It is not easy but start by seeing the colour in your home. The clutter has blocked out the light, the floor, walls and furnishing leaving your home dark and dull.

#### Tip

With each area that you complete, look at it, stand in it, feel it and celebrate what you have regained. It may be uncomfortable at first as it may feel empty but recognise what you have got back. Invite family and friends in and show them what you have achieved. Mark the area with something colourful to remind you what you have got back.

Look at the photographs that you took before and compare to how it is now. Print them if you can and notice the differences.

#### Obstacles

“I have not done enough; it is too slow”

Remind yourself that it has taken some time for your home to become like this and it will take time to get it to where you want it to be. Taking small steps is the beginning.

As you get more confident, you will be more able to deal with larger spaces and work through them. An inch is better than nothing. These are some of the components of your journey that you will need to consider. These basics are important as they will help you work in a systematic way to deal with your hoarding issues. Having the basic structure will help you to deal with some of the obstacles that you will experience on the route to reclaiming your space and your life.

## APPENDIX VII - Risk Assessment Tools

For guidance on how to determine the Risk score, please see the Risk Assessment Tool below

The generic Risk Assessment Form and Risk Scoring tool is attached in this appendix. Please use the Guidance Questions and the Premises Risk Assessment Checklist here to help to complete the Risk Assessment form and to work out the scoring.

Determine the Likelihood (L) – what is the likelihood of harm occurring?

<b>Likelihood Score</b>	<b>Description</b>
<b>Rare (1)</b>	This will probably never occur (once every few years)
<b>Unlikely (2)</b>	Do not expect this to occur (once in a year)
<b>Possible (3)</b>	May occur occasionally (one or two times a year)
<b>Likely (4)</b>	Will probably occur, but not a persistent issue (one two times a quarter)
<b>Almost Certain (5)</b>	Will undoubtedly occur frequently (daily/weekly occurrence)

		Domain	
		Harm to Person	Harm to Service/Organisation
Consequences Score and Definition	No Harm (1)	No harm/negligible (e.g. bruise/graze) No time off work	Loss of service <8 hours Financial loss <£1000 No publicity
	Minor (2)	Minor Treatment required (e.g. First Aid) Time off work <7 days	Loss of service >8 hours Financial loss £1000 - £5000 Media Enquiries
	Moderate (3)	Short term harm (e.g. fracture/serious burn) Time off work >7 days  RIDDOR reportable (specific injury, lost time incident, disease)  Reportable safeguarding incident	Loss of service > 1 day Financial loss £5,000-£10,000 Local media coverage RIDDOR reportable (dangerous occurrence) Reportable incident to external regulator (e.g. CQC, HCA, OFSTED)
	Severe (4)	Long term/permanent harm: Permanent lessening of bodily function (e.g. loss limb)	Loss of service > 1 week Financial loss £10,000-£100,000 National media coverage <3 days Service closed by regulator
	Catastrophic (5)	Death as a direct result of the incident	Permanent loss of service Financial loss >£100,000 National media coverage >3days Prosecution

		Consequence				
		No Harm (1)	Minor (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Likelihood	Rare (1)	1	2	3	4	5
	Unlikely (2)	2	4	6	8	10
	Possible (3)	3	6	9	12	15
	Likely (4)	4	8	12	16	20
	Almost Certain (5)	5	10	15	20	25

The Risk Score (RS) indicates the level of risk

**1-6 = green**

**7-15 = amber**

**16-20 = red**

Example: If a risk was unlikely/severe, the risk score would be:

Unlikely (2) x Severe (4) = 8

This example would be an **amber** risk

Risk ID	What are the Hazards?	Who is affected?	Likelihood (L) 1-5	Consequence (C) 1-5	Overall Risk Score (LxC) 1- 25	Risk Rating (Red, Amber or Green)	Existing Control Measures in place	Actions needed (by whom)	Review date due

Date of visit and risk assessment	
Name of person whose property is visited and their date of birth	

Address and contact details	
Type of dwelling e.g. freeholder or leaseholder, tenant (include name of landlord)	
Names of household members and dates of birth	
Pets – number and type	
Agencies currently involved - statutory and non-statutory	
Name and signature of person carrying out the Risk Assessment and date	
Their employer/organisation name and contact details	
Signature of person whose premises are the subject of the risk assessment and date	

## APPENDIX VIII - HOARDING RISK ASSESSMENT

CONFIDENTIAL

Name of adult	
LA/NHS number	

Where significant risk has been identified, this form should be attached to full assessments and care plans (in accordance with guidance on sharing of information and confidentiality). Because this form is likely to contain sensitive information or information from third parties it must not be shared with the adult without prior agreement of those third parties and the team manager unless it has been completed with the adult. For Mental Health service users, use the CPA/Risk Assessment documentation provided by the NHS Trust.

Categories of Risk Identified: *Please tick all appropriate categories*

Category	Yes	No	Category	Yes	No
Aggression / Violence			Self-harm		
Exploitation (of others)			Self-neglect		
Risk to children (refer to cross-division Child Protection Policy)			Adult (refer to Safeguarding Adults Policy)		
Carer breakdown			Homelessness		
Extreme social isolation					
Other ( <i>please specify</i> )					

If Yes to any of the above, continue Risk Assessment:

Current Factors which suggest there is apparent risk; On what is this assessment based (e.g. history; reports from others; report from adult, carer or other source); Severity of risk (low; medium, high, emergency); Consider - alcohol or drug misuse; Threats to harm self or others; Reports of actual harm towards self or others in the past; Possible symptoms of mental illness such as excessively suspicious or paranoid ideas; Unexplained anger or other emotional or behavioural disturbance; Criminal record or self-reported forensic history; Is there a history of unpredictable or impulsive acts?; If violence is indicated have weapons been used?; If aggression - is this verbal?; Has there been a damage to property?; Is there any evidence of racist abuse - is adult the perpetrator or a victim?



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29

Who is at risk - has any particular individual been identified or is the adult the only person at risk?
How immediate is the risk - is it part of an ongoing pattern / a "one off" past event / a
Are there any "early warning" signs or "triggers" to risk. Is there a predictable pattern or any factors that are known to increase / reduce risk - please provide details.
Are there any special safety factors that others working with the adult should be aware of (e.g. should they only be visited in pairs or not seen alone in the office or referred to

**Outcome**  
Risk Management Plan  
required?

Yes ☐

No ☐

Review Date \_\_\_\_\_

**Signature and Date**  
If “No” – Signature of  
\_\_\_\_\_

Agreed by Manager

## Risk Management

To be completed in all situations where a significant risk has been identified.

Action plan to reduce/ minimise the risk and who will be responsible for maintaining the plan
Contingency Plan - what action should be taken if the Action Plan breaks down?
Emergency Plan- What action should be taken in a crisis situation, with particular reference to out-of-hours responses

Assessors Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Agreed by Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Review Date: \_\_\_\_\_

## APPENDIX IX - Guidance Questions to ask the person when assessing risk at their property:

You may need to adapt questions to suit the person and sensitivity of the situation.

- How do you get in and out of your property?
- How safe do you feel living here?
- Does anyone else live here?
- Do you have regular visitors? children/grandchildren
- How is there health?
- Are they taking any medicines? what for?
- Any mobility issues? Any mobility aids they should be using but can't because of access issues?
- 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 from happening again?
- (Where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards): How do move safely around your home?
- Has a fire ever started by accident? How did it start? What happened?
- 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? How safe do you feel to go out there? If not, why not?
- Are you worried about other people getting in to your garden to try and break-in? How worried are you? 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? Whereabouts? Have they eaten any of your food? Have you seen them upstairs?
- Can you prepare food, cook and wash up in your kitchen? How do you manage?
- 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? Do you wash, bath or shower?
- Where do you sleep? Can you show me where you sleep? Can I see your upstairs rooms? (If there are any): Are the stairs safe to walk up?
- What do you do with your dirty washing?
- 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?
- Do you find it difficult to use some of your rooms because of the number of possessions you have? If so, which rooms?
- How do you feel about discarding things? How difficult or easy is it to discard thing, or recycle, sell, give away?

#### APPENDIX X - Risk Assessment checklist

Premises Risk Assessment Checklist		Tick and notes
<b>1. Fire Service</b>	<ul style="list-style-type: none"> <li>• Are there working smoke alarms? How many and where?</li> <li>• Is the cooking area clean and free from clutter?</li> <li>• Is the area around the fire/heater free from clutter?</li> <li>• Are candles being used?</li> <li>• Evidence of inappropriate use and/or overloading of electrical extension cables?</li> <li>• Are exit routes, hallways and stairs blocked or difficult to pass due to the clutter?</li> </ul>	
<b>2. Property structure, services and garden area</b>	<ul style="list-style-type: none"> <li>• Limited access to the property due to extreme clutter</li> <li>• Garden not accessible and extensively overgrown</li> <li>• Services not connected or not functioning properly</li> <li>• Concern with the integrity of the electrics</li> <li>• Property lacks ventilation due to clutter</li> <li>• Unsafe storage with risk of toppling or breakage causing personal injury</li> <li>• Evidence of structural damage or outstanding repairs, or damp, with risk of excessive loads on the upstairs floors or loft space</li> </ul>	

	<ul style="list-style-type: none"> <li>• Interior doors missing or blocked open</li> <li>• Evidence of indoor items stored outside</li> <li>• Evidence of outdoor items being stored inside</li> </ul> <p>Property is not maintained within terms of lease or tenancy agreement where applicable</p>	
<b>3. Household Functions</b>	<ul style="list-style-type: none"> <li>• Clutter is preventing the use of rooms for their intended purpose Inconsistent levels of housekeeping throughout the property.</li> <li>• Room(s) scores 4 - 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 Toilets, sinks not functioning or not in use</li> <li>• Household appliances are not functioning or inaccessible</li> <li>• Broken household items not discarded e.g. broken glass or plates</li> <li>• Evidence of outdoor clutter being stored indoors</li> <li>• Concern for declining mental health Person at risk due to living environment</li> </ul>	
<b>4. Health and Safety</b>	<ul style="list-style-type: none"> <li>• Kitchen and bathroom are not kept clean, human urine and or excrement may be present</li> <li>• Evidence of insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)</li> <li>• Evidence may be seen of unclean, unused and or buried plates, dishes, pots and pans etc.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Inappropriate quantities or storage of medication.</li> <li>• Concern for declining mental health</li> </ul>	
<b>5.Safeguarding of Children &amp; Family members</b>	<ul style="list-style-type: none"> <li>• Family members also living at the property</li> <li>• Hoarding scale 4-9 requires a Safeguarding referral to the adult and children teams as appropriate</li> </ul>	
<b>6. Animals</b>	<ul style="list-style-type: none"> <li>• Pets at the property are not well cared for</li> <li>• Animals at the property at risk due the level of clutter in the property</li> <li>• Person is not unable to control the animals</li> <li>• Animal living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed</li> </ul>	
<b>7. Environmental Health</b>  <b>Environmental Health has a duty to serve a legal notice(s) under some circumstances.</b>  <b>If the answer to Q1 is 'yes' and there are one or more answers 'yes' to Q2, then refer to Environmental Health</b>	<p>Q1. Would formal intervention by Environmental Health be helpful at this stage?</p> <p>Q2. Are there:</p> <ul style="list-style-type: none"> <li>• Materials at the property likely to attract rats or mice i.e. food left over night or items they could nest in?</li> <li>• Spider webs in property</li> <li>• Does the property have a strong odour that materially affects neighbouring properties?</li> <li>• Is the property filthy? (human or animal excrement)</li> <li>• Is the property rented and in disrepair? Could works be done in the 'clutter'?</li> <li>• Is the property in disrepair and affecting neighbouring properties i.e. damp, drainage, structural damage?</li> </ul>	