



Hoarding Referral Form

Hounslow

1. Nature of Referrals

The Hoarding Service will consider cases under the following criteria:

- a. Hoarding that has reached level 5 or above of the clutter rating scale

Priority will be given to referrals where:

- Threat of eviction/enforcement officers involved.
- Risks to other residents in neighbouring area or tower block/flats.
- Increased fire risk because of resident or anyone in the home being a smoker or use or storage of other flammables in the home.
- Resident having physical or mental health impairments significantly impacting on their general wellbeing or mobility to move about their home.
- Case has been presented and discussed at the high-risk panel.
- Safeguarding concerns to resident themselves or anyone else.

2. Referral pathway

The referral to the hoarding team will be made on the form below (Appendix 3), using Appendix 1 and 2 for guidance.

The completed referral form should be submitted to
hoardingteam@hounslow.gov.uk

A member of the hoarding team will be in touch within 5 working days, to confirm if the case will be allocated to a Hoarding Welfare Support Officer.

Additional discussions may need to take place before a final decision is made.

Appendix 1 –Clutter Image Scale










The 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 |

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

| | | |
|---|---|--|
|  |  |  |
| 1 | 2 | 3 |
|  |  |  |
| 4 | 5 | 6 |
|  |  |  |
| 7 | 8 | 9 |

The 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 2

Hoarding Insight characteristics

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

Good or fair insight:

The client recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The client recognises these behaviours in themselves.

Poor insight

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

Absent (delusional) insight

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

Detached with assigned blame

The client has been away from their property for an extended period. The client has formed a detachment from the hoarded property and is now convinced a 3rd party is to blame for the condition of the property. For example a burglary has taken place, squatters or other household members.

Appendix 3 – Hoarding Referral form

The referral form should be completed using the information you have gained using Appendixes 1 and 2 and submitted to hoardingteam@hounslow.gov.uk

| | | | | |
|--|---------|---|--------------|-----|
| Date of Home Assessment | | | | |
| Resident's Name | | | | |
| Resident's Date of Birth | | | | |
| Address | | | | |
| Resident's contact details | | | | |
| Type of Dwelling | | | | |
| Privately owned? | Yes/ No | Tenure – Name & Address of Landlord/ Housing Association/ Local Authority, etc. | | |
| Household Members | | Name | Relationship | DOB |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Pets – Indicate what pets and any concerns | | | | |
| Agencies Currently Involved | | | | |
| Non-Agency Support Currently in Place | | | | |
| Resident's Attitude Towards Hoarding | | | | |

| 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 in house | | Concerns over the cleanliness of the property | | Visible human faeces | |
| Concerns of self neglect | | Concerned for the children at the property | | Concerned for other adults at the property | | Blocked exits | |
| Combustibles | | | | | | | |

| Using the Clutter Image Scale please score each of the rooms below | | | | | |
|--|--|------------------|--|-----------------|--|
| Bedroom 1 | | Bedroom 4 | | Separate toilet | |
| Bedroom 2 | | Kitchen | | Lounge | |
| Bedroom 3 | | Bathroom | | Dining Room | |
| Hallway | | | | | |
| Please refer to the Multi Agency Hoarding Protocol Tool. 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.) | | | | | |
| Please refer to the Multi Agency Hoarding Protocol Tool, based on the information provided above, what level is your case graded? | | | | | |
| Level 1 – Green | | Level 2 – Orange | | Level 3 - Red | |
| Name of the referrer | | | | | |
| Name of organisation | | | | | |
| Contact details | | | | | |
| Date of Referral | | | | | |
| Next action to be taken | | | | | |
| List agencies referred to with dates & contact names | | | | | |

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