



London Borough
of Hounslow

Hoarding Protocol

Adult Social Care

August 2020- v. 2

Purpose:

- The purpose of this Hoarding Protocol is to reduce the risk to the individual and community through direct work, invoking relevant legislation where necessary. However, if the person advises they do not want any help or assistance, then as practitioners you must still consider whether anything should or could be done by assessing the risk to the individuals health and wellbeing and their capacity to make relevant decisions.

Scope

- This protocol sets out a framework for social care and other relevant agencies to work in partnership using an outcome focused, solution based model. The protocol offers clear guidance to staff working with hoarders

Responsibilities

- Responsibilities After following all guidance within this protocol, it may become apparent that you have considered every action within your statutory power to improve the situation without any or partial success and must then respect the individuals choice to continue as they are It is the responsibility of each practitioner working with individuals who hoard to adhere to this protocol.

Abbreviations

- OCD – Obsessive Compulsive Disorder
CMHT – Community Mental Health Team
MCA – Mental Capacity Act
HSC – Home safety Check
LA – Local Authority
EH – Environmental Health
RSPCA – Royal Society for the Prevention and Cruelty to Animals
NPVAS – Non-professional visual assessment
PPE – Personal Protective Equipment CCBC – Conwy County Borough Council EHO – Environmental Health Officer
SAR– Safeguarding Adults Reviews
MASH – Multi Agency Safeguarding Hub

Equalities

- The Equalities policy must be applied to ensure there is no discrimination on the basis of race and ethnicity, disability, age, gender, sexual orientation, religion and belief, Welsh Language or human rights.

Relevant documents

Care Act 2014

Mental Capacity Act 2005
Data Protection Act 1998
Public Interest Disclosure Act 1998
Public Health Act 1936
Public Health Act 1963
Prevention of Damage by Pests Act
Environmental Protection Act
Housing Act 1988
Housing Act 2004

Body of Policy/Procedure

- This protocol is for Social Care staff who may encounter individuals living in unsanitary and hoarded conditions. Hoarding is a serious concern to communities and to individuals, causing distress to the individual and those around them and putting both a risk of fire, falls, infection and infestation. Compulsive hoarding is highly complex and requires a collaborative and integrated approach. This protocol aims to ensure there is meaningful, co-ordinated multi-agency partnership working with people who hoard in order to reduce duplication for both the agencies and individuals. The protocol aims to facilitate positive and sustainable outcomes by involving the individuals in the process at all stages. The protocol includes reference to pieces of legislation that may be relevant to working with people who hoard.

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1: Introduction

- 1.1 This protocol sets out a framework for social care and other relevant agencies to work in partnership using an outcome focused, solution-based model. The protocol offers clear guidance to staff working with hoarders. This protocol has been developed in partnership with multi-agency partners
- 1.2 Compulsive hoarding is highly complex and requires a collaborative and integrated approach. This protocol aims to ensure there is meaningful, co-ordinated multiagency partnership working with people who hoard, in order to reduce duplication for both the agencies and citizens. The protocol aims to facilitate positive and sustainable outcomes for citizens, by involving them in the process at all stages.
- 1.3 The protocol includes reference to pieces of legislation that may be relevant to working with people who hoard.

2: Who Does the Protocol Apply To?

- 2.1 This protocol applies to all staff working in Social Care and the partner agencies who make up Hounslow Safeguarding Adults Partnership Board who have signed up to the protocol.

2.2 There is an expectation that everyone engages fully in partnership working to achieve the best outcome for the citizen, while meeting the requirements and duties of individual agencies.

3: Aims of Protocol

3.1. The aims of this protocol are to:

- Investigate and share information on the problems related to hoarding from different professional and community perspectives. Dealing with incidents in an evidence based, structured, systematic, co-ordinated and consistent way.
- Develop “informal” multi-agency solutions which maximise the use of existing services and resources and which may reduce the need for compulsory solutions.
- Ensure that when formal solutions are required, there is a process for planning solutions tailored to meet the needs of the citizen. Possible solutions include professional support and monitoring, property repairs and permanent and temporary re-housing
- To establish best practice and improve knowledge of legislation that relates to hoarding behaviour.

4: Definition of Hoarding

4.1 Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning. Pathological or compulsive hoarding is a specific type of behaviour characterised by:

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

5: General Characteristics of Hoarding

- **Fear and anxiety:** compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings

varying from mild anxiety to a full panic attack with sweats and palpitations

- **Long term behaviour pattern:** possibly developed over many years, or decades, of “buy and drop”. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.
- **Excessive attachment to possessions:** People who hoard may hold an inappropriate emotional attachment to items.
- **Indecisiveness:** people who hoard struggle with the decision to discard items that are no longer necessary, including rubbish
- **Unrelenting standards:** People who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- **Socially isolated:** people who hoard will typically alienate family & friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office-based appointments.
- **Large number of pets:** people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”.
- **Mental Capacity:** People who hoard are typically able to make decisions that are not related to the hoarding. Capacity must be presumed unless proven otherwise. Those who hoard may also have capacity to decide to hoard despite the risks.
- **Extreme clutter:** hoarding behaviour may prevent several or all the rooms of a person property from being used for its intended purpose.
- **Churning:** hoarding behaviour can involve moving items from one part a person’s property to another, without ever discarding anything.
- **Self-Care:** a person who hoards may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities, to maintain their personal hygiene and appearance.
- **Poor insight:** a person who hoards will typically see nothing wrong with their behaviour and the impact it has on them and others.

6: What Is Hoarding Disorder?

6.1 Hoarding Disorder used to be considered a form of obsessive-compulsive disorder (OCD). However, hoarding is now considered a standalone mental disorder. Hoarding can also be a symptom of other mental disorders and would require the risk assessor/care coordinator or resident to request a GP

referral to the Community Mental Health Team (CMHT). This would enable an assessment for hoarding or other diagnosis and therefore access to possible therapeutic approaches. Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

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

6.3 Anything can be hoarded, in various areas including the resident's property, garden or communal areas. However, commonly hoarded items include but are not limited to two categories:

- Dry Hoarding
- Clothes
- Newspapers, magazines, books or photographs
- Bills, receipts or letters
- Plastic bags and boxes
- Medical equipment
- Collectibles such as toys, video, DVD, or CDs
- Food and food containers
- Faeces and urine
- Animals

7: Types of Hoarding

7.1 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 old clothes, newspapers, food, containers or papers.
- **Animal Hoarding:** Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. As well, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.
- **Data Hoarding:** This is a new phenomenon of hoarding. There is little research on this matter, and it may not seem as significant and inanimate and animal hoarding, however people that do hoard data could still present with same issues that are symptomatic 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.

8: Mental Capacity

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

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practical steps have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done or decision made, under this act for or on behalf of a person who lacks capacity must be done or made in his or her best interests.
- 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.

8.2 When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. With the exception of statutory requirements, any intervention or action proposed must be with the citizens' consent. In extreme cases of hoarding behaviour, the very nature of the environment should lead professionals to question whether the citizen has capacity to consent to the proposed action or intervention and trigger a capacity assessment. This is confirmed by The MCA code of practice which states that one of the reasons why people may question a person's capacity to make a specific decision is "the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision" (4.35 MCA Code of Practice, P. 52). Arguably, extreme hoarding behaviour meets this criterion.

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

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

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

9: Information Sharing

9.1 Under the Data Protection Act 2018 we all have the responsibility to ensure that personal information is processed lawfully and fairly. All citizens have a right to view any information held about them. Practitioners should consider this when they are recording information about that person.

9.2 All agencies need to ensure that where we do decide it is appropriate to share information about hoarded properties with local fire brigades, we are doing this on a need to know basis. All information should be transferred in a secure format.

9.3 For the purpose of this protocol we will refer to the information sharing statement as written in the "Information will be shared within and between organisations in line with the principles set out below."

- Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.
- The citizen's wishes should always be considered, however, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved.
- Information given to an individual member of staff belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult at risk.
- An organisation should obtain the adult at risk's written consent to share information and should routinely explain what information may be shared with other people or organisations.
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm.
- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.

- Staff reporting concerns at work (“whistleblowing”) are entitled to protection under the Public Interest Disclosure Act 1998.

9.4 The decisions about what information is shared and with who will be taken on a case by-case basis. Whether information is shared and with or without the adult at risk’s consent, the information shared should be:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it.
- be accurate and up to date.
- be shared in a timely fashion.
- be shared accurately.
- be shared securely.

10: Fire Safety

Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified regardless of the risk rating, residents need to be advised of the increased risk and identify a safe exit route.

Appropriate professional fire safety advice must be sought. Share information with appropriate emergency services by alerting them to hoarded properties. This will allow fire service staff to attend and respond appropriately by conducting a Home Safety Check (HSC) with the resident & install additional smoke detection if required; and tagging of the address with fire service control based on a concern for safety, alerting attending crews of hazards. Once properties are cleared, the information must be updated. A Home Safety Check undertaken by London Fire Brigade (LFB) may be appropriate.

Although ideal, there is no legal “right” that the fire service can attend and undertake a HSC, only an obligation towards their commitment to prevention and duty of care for all.

11: Environmental Health Powers

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 solution to a hoarded property, 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 not defined, but usually is “harmful, unwholesome”. If not complied with in 24 hours, The LA can do works in default and recover expenses.

Section 83: Cleansing of filthy or verminous premises where any premises, tent, van, shed, ship or boat is either; a) filthy or unwholesome so as to be prejudicial to health; or b) verminous (relating to rats, mice other pests including insects, their eggs and larvae) 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 against notice but an appeal can be made against the cost and reasonableness of the works on the notice.

Section 84: Cleansing or destruction of filthy or verminous articles 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 their expense.

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 owner or occupier of land/ premises where rats and/ or mice are or may be present due to the conditions at the time. The notice may be served on the owner 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.

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
- (c) fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance
- (e) any accumulation or deposit which is prejudicial to health or a nuisance
- (f) any animal kept in such a place or manner as to be prejudicial to health or a nuisance

The 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. There may be instances where in exceptional circumstances, where the risk is so high that the Environmental Section would enter a property and then proceed to have a meeting at a later date to ensure services/support are engaged to assist the citizen.

12: Safeguarding

Safeguarding Children:

12.1 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 effective care. Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue. Where a child is residing in a property with a parent/carer who hoards, the interests of the child are paramount; where there are concerns that the child is at risk of significant harm the child must be referred to Children's Social Care; and where it is identified that there are support needs, a referral may be made to early help. GP's, Health Visitors and Teachers are a few examples of professionals who are most likely to come into contact with a child growing up in a hoarded house.

12.2 The needs of the child at risk must come first and any actions we take reflect this. Please click here for the [Hounslow Child Protection Procedures](#) which provide guidance. The Safeguarding Children Board in Hounslow also provide information regarding accessing Early Help and Intervention for children and young people.

Safeguarding Adults:

12.3 Safeguarding adults incidents that are low risk may be managed outside of safeguarding adults formal procedures. The law about safeguarding vulnerable adults has now been given a statutory footing by the Care Act 2014, which requires local authorities to establish a Safeguarding Adults Board (SAB) to protect adults in their areas where they have reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- a. Has needs for care and support (whether or not the authority is meeting 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 him/herself against the abuse or neglect or the risk of it.

A sub group of the SAB is the High Risk Panel (HRP). The HRP is intended to facilitate multi-agency coordination where an obstacle to effective joint working has arisen, or where all options to manage or remove the risk have been exhausted.

12.4 Local authorities have a duty to make or cause to be made whatever enquiries they think necessary to enable the local authority to decide whether any action should be taken in the adult's case, and if so by whom. Greater detail about these procedures and requirements can be found in Chapter 14 of the Care and Support Statutory Guidance which replaced the "No Secrets" Guidance on Adult Safeguarding on 01 April 2015.

12.5. The updated Care Act guidance 2016 identified that not all cases of self-neglect need to go to a S42 enquiry – perhaps the situation is not

impacting on the person's wellbeing, does not impact on others, or is not a result of abuse or neglect.

Safeguarding Animals:

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

13: Multi- Agency Response

13.1 Early intervention means getting involved early or as soon as possible to tackle any emerging issues by providing the right support at the right time. In most cases, this is achieved by services working together and may take the form of a multi-agency meeting involving the individual.

13.2 It is recognised that hoarding is a complex condition and that a variety of agencies will come into contact with the same person. It is also recognised that not all citizens will receive support from statutory services such as Mental Health. Any professional working with service users who may have or appear to have a hoarding condition should ensure they complete the Practitioners Assessment and use the clutter image rating tool kit to decide what steps to take.

13.3 Hoarding is a complex condition and requires a multiagency response. Any professional working with an individual who may have or appear to have a hoarding condition should ensure they complete the Hoarding Referral Form and use the clutter image rating to inform decision making. Organisations should gather as much information as they can prior to making any referral. A completed referral form should be sent to hoardingteam@hounslow.gov.uk

Appendix 1: Hounslow High Risk Panel:

The panel will consider case presentations and will support partner agencies to work together with the aim to reduce and manage risks. Suitable cases include those of greatest concern to the agency, which are particularly complex and have reached a “sticking point” through single-agency action.

The panel will discuss the cases presented to them with a view to determining next steps. The panel’s role is to challenge, advise and support the ‘presenting agency’ as well as identifying multi-agency solutions and action plans. The panel may assist with the coordination of cases where there are multi-agency barriers.

Ownership of cases and responsibility for taking forward actions remains solely with the practitioner/panel representative from the presenting agency. It is assumed that each case will not need to return to panel. Cases may be re-referred at a later date if needed.

A learning log of effective resolutions and other systemic learning, along with a record of the panel outcomes, will be maintained. The panel reps will be expected to share best practice or legal changes (especially within their specified field) with the rest of the panel.

The panel has no specific budgetary or official decision-making power.

Referral and management of panel meetings:

- Referrals will be submitted at least 6 working days (8 calendar days) prior to each panel by email to highriskpanel@hounslow.gov.uk Please note that e-mail should be sent from a secure e-mail account ending in hounslow.gcsx.gov.uk, NHS.net or met.pnn.police.uk.
- The referral will be made on the form shown in [here](#) and be submitted with the most recent assessment and risk management plan completed by the agency.
- The panel chair will have the final say on which cases will be heard at each panel and any urgent cases which may have come to light outside of the above process. Hounslow’s Safeguarding Adults Board Partnership
- Agenda, papers and identifiable information will be sent to panel representatives 5 working days prior to the panel.
- Records of the meeting will be kept by Hounslow Adult Safeguarding Service and actions in individual cases will be saved in the Adult Social Care information system (LAS). Meetings will be held on a monthly basis.

Meetings will be scheduled for a year in advance. In the event no referrals are received five working days in advance of the panel, the meeting will be cancelled. In exceptional circumstances additional meetings may be arranged at the discretion of the chair.

To access full information and documentation for Hounslow Safeguarding Adults Board please click [here](#).

Appendix 2: Clutter Image Rating Tool

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



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 3:

Assessment Tool guidelines:

<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • Assess the access to all entrances and exists for the property. (Note impact on any communal entrances & exits). Include access to roof space. • Does the property have a smoke alarm? • Visual assessment (non-professional) of the condition of the services (NPWAS) within the property e.g. plumbing, electric, gas, air conditioning, heating. This will help inform your next course of action. • Are the services connected? • Assess the garden size, access and condition.
<p>2. Household functions</p>	<ul style="list-style-type: none"> • Assess the current functionality of the rooms and the safety for their proposed use. E.g. can the kitchen be safely used for cooking, or does the level of clutter within the room prevent it? • Select the appropriate rating on the clutter scale. • Please estimate the % of floor space covered by clutter. • Please estimate the height of the clutter in each room.
<p>3. Health & Safety</p>	<ul style="list-style-type: none"> • Assess the level of sanitation in the property. Are the floors clean? • Are the work surfaces clean? • Are you aware of any odours in the property? • Is there rotting food? • Does the resident use candles? • Did you witness a higher than expected number of flies? • Are household members struggling with personal care? • Is there random or chaotic writing on the walls of the property? • Are there unreasonable amounts of medication collected? Prescribed or over the counter? • Is the resident aware of any fire risk associated to the clutter in the property?
<p>4. Safeguard of children & family members</p>	<ul style="list-style-type: none"> • Do any rooms rate 7 or above on the clutter rating scale? • Does the household contain young people or children?
<p>5. Animals & pests</p>	<ul style="list-style-type: none"> • Are there any pets at the property? • Are the pets well cared for; are you concerned about their health? • Is there evidence of any infestation? E.g. bed bugs, rats, mice etc. • Are animals being hoarded at the property? • Are outside areas seen by the resident as a wildlife area? • Does the resident leave food out in the garden to feed foxes, etc?

6. Personal protective equipment (PPE)	<ul style="list-style-type: none"> • Following your assessment, do you recommend the use of PPE at future visits? Please detail. • Following your assessment, do you recommend the resident is visited in pairs? Please detail.
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Level 1	Actions
Referring Agency	<ul style="list-style-type: none"> • Discuss concerns with resident. • Raise a request with the Fire Brigade to provide fire safety advice. • Refer for support assessment if appropriate. • Refer to GP if appropriate.
Environmental Health	<ul style="list-style-type: none"> • No action.
Social Landlords	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances. • Refer to GP if appropriate. • Refer for support assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Provide details on debt advice if appropriate to circumstances. • Ensure residents are maintaining all tenancy conditions.
Practitioners	<ul style="list-style-type: none"> • Complete hoarding assessment. • Make appropriate refers for support. • Refer to social landlord if the resident is their tenant or leaseholder.
Emergency Services	<ul style="list-style-type: none"> • Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • No action unless advice requested
Safeguarding Adults	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted
MASH	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted

Level 2 <i>Clutter Image Rating 4-6</i>	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
1. Property structure, services &	<ul style="list-style-type: none"> • Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained

<p>garden area</p>	<ul style="list-style-type: none"> • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open
<p>2. Household functions</p>	<ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose • Clutter is causing congestion between the rooms and entrances • Room(s) score between 4-5 on the clutter scale • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places • Property is not maintained within terms of lease or tenancy agreement where applicable • Evidence of outdoor items being stored inside
<p>3. Health & safety</p>	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining a safe cooking environment • Some concern with the quantity of medication, or its storage or its expiry dates • No rotting food • No concerning use of candles • Resident is trying to manage personal care but is struggling • No writing on the walls
<p>4. Safeguard of children & family members</p>	<ul style="list-style-type: none"> • Hoarding on clutter scale 4-7 doesn't automatically constitute a Safeguarding Alert • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk
<p>5. Animal & pets</p>	<ul style="list-style-type: none"> • Pets at the property are not well cared for • Resident is not unable to control the animals • Animal's living area is not maintained and smells • Animals appear to be undernourished or over fed • Sound of mice heard in the property • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)
<p>6. Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> • Latex gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent • PPE required
<p>Level 2</p>	<p>Actions</p>

	In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or RECURRENCE
Referring Agency	<ul style="list-style-type: none"> • Refer to landlord if resident is a tenant • Refer to Environmental Health if resident is a freeholder • Raise a request to the Fire Brigade to provide fire prevention advice • Provide details of garden services • Refer for support assessment • Refer to GP • Referral to debt advice if appropriate • Refer to Animal Welfare if there are animals at the property • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable solution
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health with details of resident, landlord (if relevant), referrer's details and overview of problems • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004 • Consider works in default if notices not complied by occupier
Social Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property and assess support needs • Referral to Floating Support to assist in the restoration of services to the property where appropriate • Ensure residents are maintaining all tenancy conditions • Enforce tenancy conditions relating to residents responsibilities • Ensure information sharing with all agencies involved, to ensure a collaborative approach and a sustainable resolution
Practitioners	<ul style="list-style-type: none"> • Refer to 'Guidance for Hoarding Guidance Questions to Ask' • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and sustainable resolution
Emergency Services	<ul style="list-style-type: none"> • Ensure information sharing with all agencies involved, to ensure a collaborative approach and a sustainable resolution • Provide feedback to referring agency on completion of home visits
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property • Educate resident regarding animal welfare if appropriate • Provide advice/ assistance with re-homing animals
Safeguarding Adults	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted • If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary

MASH	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted

Level 3 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 residents. Residents are often unaware of the implications of their hoarding actions and oblivious to the risk it poses.
1. Property structure, services & garden area	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Evidence of extreme clutter may be seen at windows • Evidence of extreme clutter may be seen outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms are not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs, including damp • Interior doors missing or blocked open • Evidence of indoor items stores outside
2. Household functions	<ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose • Room(s) scores 7-9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets and/ or sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment • Resident is using candles • Evidence of outdoor clutter being stored indoors • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement where applicable • Property is at risk of notice being served by Environmental Health
3. Health & Safety	<ul style="list-style-type: none"> • Human urine and excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present

	<ul style="list-style-type: none"> • Evidence may be seen of unclean, unused and or buried plates and dishes • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication • Pungent odour can be smelt inside the properties and possibly from outside • Concern with the integrity of the electronics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electricians • Concern for declining mental health
4. Safeguarding of children & family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert • Please note all additional concerns for householders
5. Animals and pets	<ul style="list-style-type: none"> • Animals at the property are at risk due to the level of clutter in the property • Residents may not be able to control the animals at the property • Animal's living area is not maintained and smells • Animals appear to be undernourished or over fed • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc) • Visible rodent infestation
6. Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Latex gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent • Visit in pairs required
Level 3	Actions
Referring Agency	<ul style="list-style-type: none"> • Conduct a multi-agency meeting • Raise a request to the Fire Brigade within 24 hours to provide fire prevention advice
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health with details of resident, landlord (if relevant), referrer's details and overview of problems • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004 • Consider works in default if notices not complied by occupier
Social Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property and assess support needs • Attend multi-agency safeguarding meeting • Enforce tenancy conditions relating to resident's responsibilities • If resident refuses to engage, serve Notice of Seeking Possession under ground 13 to Schedule 2 of the Housing Act 1988

Practitioners	<ul style="list-style-type: none"> • Refer to 'Guidance for Hoarding Guidance Questions for practitioners' • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and sustainable resolution
Emergency Services	<ul style="list-style-type: none"> • Attend multi agency meetings in request • Ensure information sharing with all agencies involved, to ensure a collaborative approach and a sustainable resolution • Provide feedback to referring agency on completion of home visits
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property • Remove animals to a safe environment • Educate resident regarding animal welfare if appropriate • Take legal action for animal cruelty if appropriate • Provide advice/ assistance with re-homing animals
Safeguarding Adults	<ul style="list-style-type: none"> • Safeguarding Alert should progress to referral for multi agency approach and further investigation of any concerns of abuse, when identified
Safeguarding Children	<ul style="list-style-type: none"> • Refer to children's services within 24 hours

Appendix 4: Guidance Questions for Practitioners

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

The information gained from these questions will inform a Hoarding Assessment see appendix and provide the information needed to alert other agencies. Most clients with a hoarding problem will be embarrassed about their surroundings so adapt the question to suit your customers.

- How do you get in and out of your property, do you feel safe living here?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen?
- How have you made your home safer to prevent this (above) from happening again?
- How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)?
- Has a fire ever started by accident?
- How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
- Do you ever use candles or an open flame to heat and light here or cook with camping gas?
- How do you manage to keep yourself warm? Especially in winter?
- When did you last go out in your garden? Do you feel safe to go out there?
- Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and been nesting anywhere?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have a look in it? How do you keep things cold in the hot weather?
- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?
- Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)
- What do you do with your dirty washing?
- Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?
- How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
- Are there any broken windows in your home? Any repairs that need to be done?
- Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?
- Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

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 5: Practitioner's Hoarding Assessment

The assessment should be completed using the information you have gained using the Practitioners Guidance Questions. Complete this review away from the resident's property and in conjunction with the Multi Agency Hoarding Protocol Assessment Tool. Text Boxes will expand to allow further text.

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					

