



# Multi-agency Hoarding Guidance 2022

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## **Introduction**

This document sets out a framework for collaborative multi-agency working across Hampshire and the Isle of Wight using a 'person centred solution' based model to support those demonstrating hoarding behaviours.

In August 2018 The World Health Organisation categorised for the first time, Hoarding as a stand alone medical disorder. It is hoped that this will raise awareness and support professionals to address the issues this behaviour may present.

Recognising risk of abuse and neglect is an essential component of safeguarding duties, but so too is ensuring an effective response that manages that risk in a manner that respects an adult's personal dignity, physical, mental and emotional wellbeing and the control they wish to exert over their own lives. Failure to do so can alienate the adult at risk and unwittingly increase the risk of harm if the adult then withdraws from necessary support.

When an adult with needs for care and support appears to be self neglecting and displaying hoarding behaviours, refusing care and support despite persistent welfare concerns or whose self-neglecting behaviours pose a risk to others, it can be difficult for practitioners or concerned carers, friends/family members to understand how various legal powers and duties should be applied to find an appropriate solution.

The purpose of this guidance is to support providers, practitioners, and other professionals to identify when to raise concerns regarding poor self care or lack of care for living conditions, identify agencies who can provide support and set out what they may expect by way of a response and encourage and support defensible decision making in accordance with our duty of care. This guidance should be read in conjunction with your own company Policy's and Procedures as well as the Hampshire and Isle of Wight 4LSAB Multi-Agency Safeguarding Policy:

[https://www.hampshiresab.org.uk/professionals-area/hampshire\\_4lsab\\_multiagency\\_safeguarding\\_adults\\_policy\\_guidance/](https://www.hampshiresab.org.uk/professionals-area/hampshire_4lsab_multiagency_safeguarding_adults_policy_guidance/)

## **1. The aims of the framework are to:**

Create a safer and healthier environment for the individual and others affected by the hoarding behaviour, e.g. the person, neighbours, family etc.

Deal with incidents of hoarding in a consistent evidence-based approach, with a structured multi-agency pathway which will maximise the use of existing services and resources and which may reduce the need for enforcement action.

Ensure that when interventions are required, that there is a clear process tailored to the individual, using a holistic approach. The intervention should include a combination of therapeutic and enforcement tools to reach the required outcome. This needs to include monitoring after resolution to prevent re-occurrence.

Ensure the individual with hoarding behaviour is fully engaged and consulted in the process and included in decisions, with concerns raised directly with them at the earliest opportunity. Include family and peer support to achieve this where possible as well as considering where an advocate should be commissioned.

Establish best practice and share case studies that relate to hoarding behaviour through the hoarding forum to improve knowledge of hoarding, successful interventions and changes in legislation.

The networking of staff to work in partnership in order to support where possible a successful outcome for all involved.

To have the expressed commitment for those signed up to the guidance to support and work with other agencies on specific cases where requests are made.

The prevention of consequential outcomes for the person, the landlord, health, housing and social care services are potentially:

- Improved fire safety for person, neighbours and fire services
- Prevention of tenancy enforcement action
- Prevention of financial and material consequences
- Prevention of homelessness
- Improved health, reduction in hospital admissions and prevention of loss of life
- Improved mental health and sense of wellbeing
- Improved social interaction with friends and family, reduction of isolation
- Increased capacity to provide a suitable home for children
- Prevention of vermin infestations and associated health problems
- Prevention of targeting of the person with ASB or other criminal offences.
- Improved property conditions and maintaining standards of stock property
- Improved safety for professionals
- Improved service due to multi-agency information sharing
- Early intervention for associated medical risks

## 2. Information Sharing Guidance

The 4LSAB Multi-agency Hoarding Guidance is underpinned by:

- The General Data Protection Regulation (GDPR) (Appendix A)
- 4LSAB Multi-Agency Guidance on Information Sharing:  
<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-MA-Information-Sharing-Guidance.pdf>

### **3. Definition of hoarding**

'Hoarding is the excessive collection and retention of any material to the point that living space is not able to be used for its intended purpose.'

The World Health Organisation say hoarding is characterised by an 'accumulation of possessions due to excessive acquisition of – or difficulty discarding – possessions, regardless of their actual value.

Hoarding disorder is a persistent difficulty in discarding or parting with possessions. A person with a hoarding disorder may experience distress at the thought of disposing of the items or simply be unable, either physically or through other health related factors, dispose of items despite an acknowledgment that changes need to be made. They will have an excessive accumulation of items, regardless of actual financial value.

Hoarding is considered a standalone mental health disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. However, hoarding can also be a symptom of other medical disorders; it is not a lifestyle choice. In any event, hoarding must always be treated as a sign of vulnerability and considered in this light.

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

Anything can be hoarded, including animals, in many different areas including the property, garden or communal areas. In certain circumstances additional storage may have been acquired such as rented garages, storage units, friends' sheds etc.

## 4. Types of hoarding

There are typically three types of hoarding:

**Compulsive / Generalist hoarding:** Clinical compulsive hoarding - This is the most common. This could consist of one type of object or collection of a mixture of objects, such as old clothes, newspapers, food, containers, human waste or papers. This will often manifest from an emotional attachment to inanimate items creating conflict in disposal.

**Bibliomania:** Books and written information – such as newspapers, magazines and articles, and to include DVDs and videos, and Data Hoarding. It 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.

**Animal hoarding:** Often accompanied with the inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by pests.

**Wet Hoarding:** This is very rare when people store bodily fluids. It is important to consider this on any risk assessment and take appropriate steps in line with your own organisation guidance around biohazards. Please note that this is often confused with squalor and self neglect cases. If someone is refusing to allow this to be cleared, then this would be wet hoarding.

In addition, the following maybe useful in considering the type of hoarding taking place:

**Instrumental saving pattern** – ‘What if I or someone else needs it’

**Sentimental saving** – ‘It means so much’

**Aesthetic saving** – ‘I love it’

### 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 who is hoarding can experience comfort in buying or saving things which may relieve the anxiety and fear they feel. Any attempt to discard the hoarded items can induce feelings varying from mild anxiety to a panic attack with sweats and palpitations.

Long-term behaviour pattern: possibly developed over many years where comfort is attained by buying, and a value attributed to the item through the process of purchasing, then experiencing anxiety at the idea of disposing such item.

Excessive attachment to possessions: people who hoard may hold an inappropriate emotional attachment to items.

Indecisiveness: people who hoard may struggle with the decision to discard items that are no longer necessary, including rubbish. This can cause a distraction from the real issue by deflecting and raising other concerns eg pest control.

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 and friends and may be embarrassed to have visitors. They may refuse home visits from professionals and not engage well with any agency due to feelings of shame.

Large number of pets: people who hoard may have a large number of animals that can be a source of complaints by neighbours due to insanitary conditions that the large number of animals creates.

Churning: hoarding behaviour can involve moving items from one part of the property to another, without ever discarding them.

Self-care: a person who hoards may appear unkempt and dishevelled, due to lack of access to bathroom or washing facilities in their home. However, some people who hoard will use public facilities in order to maintain their personal hygiene and appearance.

A person who hoards may see nothing wrong with their behaviour and have little insight on the impact it has on them and others.

Please refer to the clutter image rating Appendix E. Developed by Isle of Wight Adults Services Team. There are other clutter image ratings including the widely used one developed by The International OCD Foundation and was originally a study by Frost RO. Steketee G, Tolin DF, Renaud S. Development and validation of the Clutter Image Rating. Journal of Psychopathology and Behavioural Assessment 2008; 32: 401-417

[Clutter Image Ratings - Hoarding Disorders UK](#)

## **Hoarding and Alcohol**

Recent Safeguarding Adult Reviews have indicated that there is often a relationship between Hoarding and someone who abuses alcohol. Someone who is disorganised, failing to tend to their home, increasing clutter, and continuing to collect objects without taking the time to consider whether it's necessary may result in them abusing alcohol. The stress of keeping new possessions or the feeling of hopelessness experienced by people with a hoarding disorder may make substance abuse appear as an emotional escape. When working with such individuals building a trusting relationship and providing information is key.

The National Institute for Health and Care Excellence has produced guidance for professionals working with people who misuse alcohol.

Alcohol Change UK have produced a guide that provides an accessible introduction to three pieces of legislation that can be applied to chronic, highly vulnerable, dependent drinkers so as to improve outcomes for them, their families and their communities.

[How to use legal powers to safeguard highly vulnerable dependent drinkers | Alcohol Change UK](#)

## **5. Legislation relevant to hoarding behaviours**

- Human Rights Act 1998
- Care Act 2014
- National Health Service Act 2006
- Mental Capacity Act 2005
- Inherent Jurisdiction of the High Court
- Mental Health Act 1983
- Public Health Act 1936, Environmental Protection Act 1990
- Police and Criminal Evidence Act 1984
- Rights of Entry (Gas and Electricity Boards) Act 1986
- Animal Welfare Act 2006
- Prevention of Damage by Pests Act 1949
- Housing Act 2004
- Refuse Disposal (Amenity) Act 1978
- Coroners and Justice Act 2009
- Common Law – Gross negligence manslaughter
- Wilful Neglect (Mental Capacity Act 2005, s44)
- Building Act 1984
- Public Health (Control of Disease) Act 1984
- Crime and Disorder Act 1998

### **Codes of Practice**

- Mental Capacity Act 2005<sup>23</sup>
- Mental Health Act 1983 (revised 2007)<sup>24</sup>
- Office of the Public Guardian (Mental Capacity Act)<sup>25</sup>
- Department of Health (Mental Capacity Act Deprivation of Liberty Safeguards)<sup>26</sup>
- Policy Documents
- Multi-agency Policy, Procedures and Guidance (Southampton, Hampshire, Isle of Wight and Portsmouth)

## The Care Act 2014

The Care Act 2014 builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people.

The Care Act introduced three new indicators of abuse and neglect to Adult Safeguarding. The most relevant to this framework is self-neglect. The guidance states; this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. In practice, this means that when an adult at risk who is hoarding has care and support needs, their case may require a safeguarding enquiry.

The following six key principles underpin all adult safeguarding work:

1. **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent
2. **Prevention:** it is better to take action before harm occurs
3. **Proportionality:** the least intrusive response appropriate to the risk presented
4. **Protection:** support and representation for those in greatest need
5. **Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
6. **Accountability:** accountability and transparency in safeguarding practice

Partner agencies therefore have a vital role in the early recognition and prevention of self neglect and hoarding. They have a responsibility to recognise and act upon the risk factors associated with self neglect. Early intervention is the most effective means to manage cases where self-neglect/hoarding is suspected or there are concerns regarding a vulnerable person's disengagement despite persistent welfare concerns. Experience has demonstrated that delaying intervention regarding a person's circumstances has become severe, is more costly, both in terms of the person's wellbeing and public resources.

When assessing whether each case meets the criteria for a Safeguarding referral, please refer to 4LSAB Safeguarding Concerns guidance:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-Safeguarding-Concerns-Guidance-Oct-2020-1.pdf>

The initial intervention from Adult Social Care may be to offer an individual an assessment of their care and support needs; this may avoid the need to enter formal Safeguarding procedures. An initial response should take into account the underlying MSP principles, but it should be understood that it is not necessary to obtain consent to share information or conduct enquiries where there is a significant risk of harm or where the behaviours pose a risk of harm to others.

It should be noted that self-neglect/hoarding may not prompt a section 42 enquiry. A judgement should be made on a case by case basis. A decision on whether to respond is required under safeguarding and will depend on the adult's ability to protect themselves by

controlling their own behaviour. There may come a point when they are unable to do this without external support.

The multi-agency Risk Management Framework included at Appendix C to this guidance (and available at the following link) provides an effective tool for responding to cases of self neglect and persistent welfare concerns where a section 42 enquiry is not being undertaken. The Framework is accompanied by a set of short guides and templates to support agencies to lead and participate in the MARM process.

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-MARM-Multi-Agency-Risk-Management-Framework-June-2020-1>

## **Mental Capacity 2005**

When working with people with hoarding behaviour it is important to remember that capacity is assumed unless it has been formally assessed otherwise by a person qualified to make that decision. The Mental Capacity Act (MCA) 2005 provides a statutory framework for people who lack the capacity to make decisions by themselves.

The Act has five statutory principles, and these are legal requirements of the Act:

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

The core principles of the MCA 2005 clearly identify that professionals should always start from an assumption of capacity. Doubts about a person's capacity may arise because of their behaviour, circumstances or concerns raised by a third party.

When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention may be required. With the exception of statutory requirements, the intervention or action proposed must be a proportional response.

Although the person may be considered to have poor mental health this does not mean that they have issues with capacity.

Capacity can fluctuate and when someone's capacity is being assessed, there is a test which in brief which is as follows:

- Does the person have an impairment of the mind or brain or is there some sort of disturbance affecting the way their mind or brain works (whether the impairment or disturbance is temporary or permanent)?
- If so, does the impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Consequently, a person can have mental capacity to carry out certain acts or make certain decisions but lack capacity for others.

## **Executive Capacity**

The Mental Capacity Act states that to have mental capacity for a specific decision at a specific time, a person must be able to understand the information relevant to the decision (including the reasonably foreseeable consequences of making or not making the decision at all); and retain that information (long enough to make the decision); and use or weigh that information (as part of the process of making the decision); and communicate the decision (whether by talking, using sign language or any other means).

Executive Capacity is about the ability to use or weigh information. The Code of Practice (para 4.21) notes: 'For someone to have capacity, they must have the ability to weigh up information and use it to arrive at a decision. A person must accept the information and take it into account.

A person may appear to be able to weigh facts while sitting in an interview setting but if they do not transfer those facts to real life situations in everyday life (executing the plan) they may lack mental capacity.

[Mental Capacity Act Code of Practice - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

[One-Minute-Guide-to-the-Mental-Capacity-Act-2005.pdf \(hampshiresab.org.uk\)](http://hampshiresab.org.uk)

Section 67 of the Care Act imposes a duty on the local authority to arrange an independent advocate to facilitate an individual's involvement in their assessment, care planning, review and any safeguarding enquiry or SAR where they have 'substantial difficulty' participating.

'Substantial difficulty' is explained by reference to the 4 stage test of decision making under s.3 MCA [see s67(4) CA and pg. 6.33 guidance]. The duty to appoint an independent advocate falls away if the local authority is satisfied that an appropriate person, who is not professionally engaged in the care or treatment for that individual, is available and willing to support the adult. In addition, the person consents to the appropriate person acting or, where they lack capacity, it is considered in their best interests for that person to act. If the person is believed to lack capacity to agree to support or execute agreed actions because of impairment to the mind or brain, then there is a duty to appoint an independent advocate under s35 MCA.

The advocate or appropriate person must take an active role, assisting the adult to understand their rights and challenge decisions they believe are inconsistent with local authority's duties to promote wellbeing. Where the person lacks capacity on the specific decision then the advocate or appropriate person advises the local authority to identify the person's 'best interest' under s4 Mental Capacity Act 2005.

<https://www.hampshiresab.org.uk/wp-content/uploads/One-Minute-Guide-to-Advocacy-1.pdf>

## **Public Health Act 1936 and Environmental Protection Act 1990**

### **12.2 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:

- (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.

### **Town and Country Planning Act 1990 Section 215: Power to require proper maintenance of land**

- (1) If it appears to the local planning authority that the amenity of a part of their area, or of an adjoining area, is adversely affected by the condition of land in their area, they may serve on the owner and occupier of the land a notice under this section.
- (2) The notice shall require such steps for remedying the condition of the land as may be specified in the notice to be taken within such period as may be so specified.
- (3) Subject to the following provisions of this Chapter, the notice shall take effect at the end of such period as may be specified in the notice.
- (4) That period shall not be less than 28 days after the service of the notice.

For further guidance and information please refer to the Chartered Institute of Environmental Health Officers Professional Practice Note: Hoarding and How to Approach it:

<https://www.cieh.org/media/1248/hoarding-and-how-to-approach-it-guidance-for-environmental-health-officers-and-others.pdf>

## 6. Fire safety

Hoarding can be a fire hazard and many occupants are at greater risk of death or serious injury from fires in these homes. Often, blocked exits prevent escape from the home. In addition, many people who are hoarding are injured when they trip over things or when materials fall on them. Responding firefighters can be put at risk due to obstructed exits, falling objects, and excessive fire loading that can lead to structural collapse. Hoarding makes fighting fires and searching for occupants far more difficult.

Also, those living adjacent to a hoarder can be quickly affected when a fire occurs, due to increased smoke and fire conditions.

A multi-agency approach to sharing Information about Hoarding enables Hampshire and Isle of Wight Fire and Rescue Service (HIWFRS) to enforce relevant legislation and to be compliant with the provisions within the Fire and Rescue Services Act 2004. This information sharing also strengthens the operational risk assessment when dealing with Incidents and fires where hoarding is present. HIWFRS will facilitate special measures when a hoarding case is discovered to mitigate the risks described above.

HIWFRS are committed to reducing the risk of death or serious injury to anyone living, working or visiting our communities. As a Service they undertake Safe and Well visits, carried out by their Community Safety Officers and operational crews. This visit is intended to provide advice and equipment to reduce the risk of fire, enable the occupier to be alerted to any fire, then quickly and safely respond and evacuate. Any agency can send a referral to HIWFRS for a Safe and Well visit to be carried out for a vulnerable person, to make them safer from fire. A referral can be made by following the below link:

[Safe and Well visit referral - Hampshire & Isle of Wight Fire & Rescue Service, Official website of Hampshire & Isle of Wight Fire & Rescue Service \(hantsfire.gov.uk\)](https://www.hantsfire.gov.uk)

In the event where an individual has not consented for HIWFRS to complete a Safe and Well visit and conditions within a property are identified to be at level 6 or above (in accordance to Appendix E -Clutter Rating Index), practitioners are encouraged to continue with making a referral to HIWFRS. This will enable HIWFRS to apply a 'flag' against the address of which will better prepare responding crews to any risks they are likely to encounter at the property. The 'flag' will be a temporary arrangement and subject to regular review until such time the presented risks have been reduced and are being appropriately managed.

To further support the identification and management of fire risks please refer to the 4LSAB Multi Agency Fire Safety Framework

<https://www.hampshiresab.org.uk/wp-content/uploads/Multi-Agency-Fire-Safety-Framework-May-2021.pdf>

Hampshire and Isle of Wight Fire and Rescue Service are required to be compliant with the Fire Services Act, 2004, Regulation 7.2d to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in their area. The multi-agency approach to sharing Information about Hoarding enables compliance with the Act and also strengthens the operational risk assessment when dealing with Incidents and fires where hoarding is present.

## 7. Safeguarding children and adults

Hoarding will affect the whole family and it's vitally important the whole family is considered in these circumstances. Please refer to the 4LSCB and 4LSAB Family Approach linked below to contextualise these scenarios in relation to the whole family.

[4LSCB-and-4-LSAB-Proposal-A-Family-Approach-V11January-2019-1-1.pdf \(iowsab.org.uk\)](#)

**Safeguarding Children** refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. Growing up in a hoarding property can put a child at risk by affecting their development and, in some cases, leading to the neglect of a child, which is a safeguarding issue.

The needs of the child at risk must come first and any actions we take must reflect this. Where children live in the property, a Safeguarding Children concern must always be raised.

There is the potential that offences of child neglect may be ongoing and referrals through should be considered for these to be assessed:

### **IN AN EMERGENCY CONTACT THE POLICE BY DIALING 999**

#### **Southampton:**

Telephone (office hours): 023 8083 3336

Out of hours: 023 8023 3344

#### **Hampshire:**

Phone 0300 555 1384 during office hours 8.30am to 5pm Monday to Thursday, 8.30am to 4.30pm on Friday

Phone 0300 555 1373 at all other times to contact the Out of Hours service

#### **IOW:**

Isle of Wight Children's Services: 0300 300 0117 (24 hours).

#### **Portsmouth:**

Phone 023 9268 8793 (office hours)

At all other times, phone the out-of-hours service on 0300 555 1373

**Safeguarding Adults** means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent, and stop, both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

When concerns are highlighted refer to your own Safeguarding Policy and consider using the Hampshire, Southampton, Portsmouth and IOW Safeguarding Adults Board (4LSAB) Multi-agency risk management framework Appendix C.

Safeguarding is 'everybody business' as in line with the Care Act 2014. It is therefore key that any agency involved provides guidance and support to the individual that they are working with, as they are seen at that time as the most appropriate agency involved. This would ensure the person has relevant information to keep themselves safe and make informed choices. All agencies have that responsibility, the Care Act promotes multi-agency working.

In making decisions about raising a safeguarding concern consideration needs to be given to whether the adult may have care and support needs. 'Care and support' is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have. An adult with care and support needs may be:

- An older person.\*
- A person with a physical disability, a learning difficulty or a sensory impairment.
- Someone with mental health needs, including dementia or a personality disorder.
- A person with a long-term condition.
- Someone who misuses substances or alcohol to the extent that it affects their ability to manage day to day living.

\*The position of the Board is that 'an older person' should not be taken to mean that age alone means a person has care and support needs, but is a recognition that older people may be at higher risk of some conditions that can lead to care and support needs developing.

When considering if someone has an inability to protect oneself in the context of hoarding or self-neglect: An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Contacts to raise a concern about an adult who is believed to have care and support needs and is at risk of or experiencing abuse or neglect (including self-neglect):

### **IN AN EMERGENCY CONTACT THE POLICE BY DIALING 999**

#### **Southampton:**

Health and Social Care - 023 8083 3003

#### **Hampshire:**

Adult Health and Care - 0300 555 1386

Agencies can also contact the Hampshire Safeguarding Advice line on 01962 847214 this is managed by the Hampshire MASH team who can provide further advice and guidance. This line is for advice only and referrals are not accepted via this number.

**IOW:**

Adult Social Care - 01983 814980

**Portsmouth:**

Adult Safeguarding - 023 9268 0810.

The person can be referred in for either further signposting or assessment of needs or if person is a subject of abuse, a Safeguarding concern can be raised.

If it is deemed that the safeguarding concern meets threshold for section 42 duties according to The Care Act 2014, this will be sent to the appropriate community team for further coordination and establishing individual's views and wishes, according to legal obligation of Making Safeguarding Personal.

An 'adult at risk' may also be living with a person who is hoarding in a property. There may be a safeguarding concern about the adult if they are at risk of harm due to the way the person who is hoarding is choosing to live in the property. If in doubt, discuss the issue with a manager or contact the local authorities' safeguarding team.

Further information can be found in The Safeguarding Concerns Guidance and accompanying protocols which are not replacing professional judgement but will act more as a benchmark to assess concerns and help determine which concerns meet the criteria required for a safeguarding concern.

4LSAB Safeguarding Concerns Guidance:

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-Safeguarding-Concerns-Guidance-Oct-2020-1.pdf>

## **8. Multi-agency response**

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 individuals that have recognised hoarding behaviours will receive support from agencies in line with their qualifying criteria.

Any professional working with individuals who may have, or appear to have, hoarding behaviours should ensure they complete an assessment of the situation and use the Clutter Image Rating in the Hoarding Tool Kit to decide what steps to take.

Example:

Where someone has a high volume of items within a room and this impacts on their ability to exit safely. Where there is an increased risk to fire crews entering or exiting the property or where additional heat sources are identified.

Often the response can be to advise the relevant agencies involved to co-ordinate the Multi-agency risk management framework. This guidance is designed to support cases relating to adults where there is a high level of risk but the circumstances may sit outside of the statutory adult safeguarding framework but for which a multi-agency approach would be beneficial. This should be read in conjunction with the Hampshire and Isle of Wight 4LSAB Multi-agency safeguarding policy and guidance:

<http://www.hampshiresab.org.uk/>

Evidence of animal hoarding at any level should be reported to the RSPCA as well as other relevant agencies.

[Report Cruelty | RSPCA](#)

## **Transition**

Transition between services can create the risk of loss of continuity and information, putting individuals at risk. Project planning must always factor in and mitigate risk to those that are using services. Individual transitions also present risk, as a person moves through different services whilst in crisis, efforts must be made to ensure their risk information goes with them. The s42 duty applies to people who are self-neglecting and as such provides access to the duty to co-operate, share information, as well as the duty to commission advocacy and would usually apply in most cases. Activities undertaken under the s42 duty should ensure that information is not lost, that people work according to the six principles of adult safeguarding, and that activities are well led and coordinated.

If after information gathering, the Local Authority decide that the person does not meet the criteria for s42, then it may then be decided that alternative pathways or multi-agency meetings are appropriate, under the MARM Framework.

[One-Minute-Guide-on-the-4LSAB-MARM-Framework.pdf \(hampshiresab.org.uk\)](#)

It is important that practitioners, Managers and Service Managers consider how they work together to mitigate risk in these cases. Wherever possible, a multiagency meeting to plan the transition should take place between the services with whom the individual is moving from/to.

It is understood that transition to adulthood can be a particularly vulnerable and challenging time for young people and this can be harder for those young people experiencing vulnerabilities and on-going risk. To support with these cases the 4LSAB and 4LSCP have developed a Multi-Agency Framework for Managing Risk and Safeguarding People Moving into Adulthood. This Framework is based on 'Bridging the Gap', a transitional safeguarding briefing setting out the importance of transitional safeguarding within adult social work.

[Bridging the gap: Transitional Safeguarding and the role of social work with adults \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

## 9. The hoarding journey – what to consider

Firstly, consider your own organisations procedures and guidance when addressing hoarding behaviour, these should have more detail about specifics relating to your role.

Completing a risk assessment can support this process, attached to this document is an example produced by Hoarding UK. This does not replace your own organisations risk assessment where one is in place. Appendix D

**Professional Curiosity** - When assessing the situation, it's important to remain 'Professionally Curious' this means not taking everything at face value but considering other factors. It includes the skills of looking, listening, asking direct questions, having challenging conversations, being prepared to build a full picture. This approach is key to understanding risks of abuse or neglect that maybe additional to the obvious hoarding within the property. Going prepared into these situations will always help when building clarity of a situation and support keeping the individual or family at the centre of the decisions made.

A one-minute guide on Professional Curiosity to support with adopting a professionally curious approach can be found here:

[SSAB-Professional-Curiosity-and-Challenge-OMG.pdf \(southamptonlsab.org.uk\)](https://southamptonlsab.org.uk/SSAB-Professional-Curiosity-and-Challenge-OMG.pdf)

**Trauma Informed Approach** - Trauma can impact on a person's ability to form trusting relationships, feel safe within services or to recognise a situation that may be causing them harm. Trauma-Informed Practice is a strengths-based approach, which seeks to understand and respond to the impact of trauma on people's lives. The approach emphasises physical, psychological, and emotional safety for everyone and aims to empower individuals to re-establish control of their lives.

Consider the following when supporting someone with hoarding disorder:

- Seeing people's behaviour as a symptom of the problem, not the problem itself.
- Approaching the individual(s) and their families with empathy.
- Building trusting relationships with and empowering the individual and their families.
- Be aware of, and work to reduce the difference in power between you as a professional and the individual concerned, which can result in a feeling of vulnerability on their behalf.
- Being gender and culturally sensitive.
- Promote the continuation of existing positive relationships between the individual, their family as well as their wider social network

Recognising someone with a hoarding disorder means you need to determine if a person has good, fair or poor insight. Consider also if they have absent (delusional) insight or detached insight with assigned blame (i.e. it's someone else's fault).

Things to consider:

- Hoarding assessment
- Fire risk and environmental impact – person centred fire risk assessment and Safe and Well referral
- Section 42/47 Safeguarding referral
- Personal risks and care needs assessment
- Assistive technology
- Self-neglect safeguarding

- Mental Capacity
- Advocacy
- Multi-agency response
- Action plan
- Care and support
- Funding and resources
- Mental capacity
- Enforcement
- Monitoring
- Contact with GP, Social Prescribers
- Additional and Associated risks e.g. inappropriate medication storage
- Managing a hoarding case can be very costly in staff time, specialist support, court costs and ultimately clearing the property. Consider funding strategies for Managing cost implications.
- Protection of property – please refer to your own organisational guidance on this

#### Hints and Tips - supporting someone in decluttering/cleaning

- Never touch their possessions without permission.
- Set regular times, consistency is key.
- Don't be afraid to think outside of the box, maybe meet away from the property at first to build trust.
- Never remove their possessions without permission unless this has been agreed in writing.
- Don't clear and de-clutter for them and never without their agreement. Work jointly with customer if appropriate.
- Don't expect a quick change – it takes a long time to change the environment and behaviours that cause hoarding.
- Ensure tasks are reasonable and achievable for the customer, this could be as small as clearing one square foot to start with.
- Focus on escape routes first.
- Set actions jointly with the customer.
- Encourage and empower customers to actively declutter and clean when appropriate.
- Celebrate their successes however small – recognise, acknowledge and praise positive change.
- Consider support to get rid of possessions – skip hire, friends and family, Professional agencies.

#### What to do:

- Gather as much information as is reasonable to support your understanding of the case.
- Don't judge the person focus on the situation.
- Rational arguments may not help such as challenging the person to find a specific object.
- Use Motivational Interview tools such as 'rolling with resistance' allowing the person to express how they feel.
- Try to empathise and see the situation through the person's eyes.
- Be congruent, honest about your position and part to play in what may now happen and the goals you need to achieve, time scales and consequences.
- Find out if there are people to help, such as friends/family.

- Know what help is available – go with the knowledge of who can support the situation.

## 11. Appendix

**Appendix A.** The General Data Protection Regulation (GDPR)

<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

**Appendix C.** Multi-agency risk management framework

<https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-MARM-Multi-Agency-Risk-Management-Framework-June-2020-1>

**Appendix D.** Glossary of legal powers

**Appendix E.** Clutter image rating

**Appendix F.** Hoarding UK Risk Assessment

## Appendix D. Glossary of legal powers

AGENCY/SERVICES	LEGAL POWER AND ACTION	CIRCUMSTANCES REQUIRING INTERVENTION
<p><b>Environmental Health</b></p>	<p><b>Section 83 Public Health Act 1936 Filthy /Unwholesome premises which are prejudicial to health or verminous.</b></p> <p><b>Service of Notice requiring clearance/cleansing/pest control treatment. No appeal.</b></p> <p><b>Council has powers to enter premises by warrant if reasonable access not given after giving notice. This will be to assess the conditions or carry out works in default. Possible prosecution and Council can recover expenses for works in default.</b></p>	<p>Where hoarded materials result in filthy, unwholesome or vermin infested premises. This is often where there is a lack of engagement or co-operation of occupier.</p> <p>There must be likelihood of adverse health effect to occupant or rodents or insects present. There may also be complaints from neighbours which must be investigated by the Council.</p>
<p><b>Environmental Health</b></p>	<p><b>Section 79/80 Environmental Protection Act 1990 Statutory Nuisances Service of Abatement Notice requiring action to remove nuisance and/or prevent a recurrence.</b></p> <p><b>Appeal against notice possible.</b></p> <p><b>Warrant powers similar to above.</b></p> <p><b>Possible prosecution and Council can recover expenses for works in default.</b></p> <p><b>Injunctive proceedings may be taken.</b></p>	<p>Council has a legal duty to investigate complaints of statutory nuisance and must take action if nuisance proven.</p> <p>The premises must be in such a state that they are prejudicial to healthy or a nuisance to neighbours. This may be from condition of the premises, accumulations, deposits or even animals kept in unsanitary conditions.</p> <p>Intervention often prompted by complaints from neighbours.</p> <p>For exceptional situations where widespread nuisance to neighbours continues after intervention and usually after service of notice.</p>

AGENCY/SERVICES	LEGAL POWER AND ACTION	CIRCUMSTANCES REQUIRING INTERVENTION
Environmental Health	<p><b>Housing Act 2004</b>  <b>Housing hazards such as Domestic Hygiene, Pests and Vermin, Excess Cold, Fire.</b></p> <p><b>Service of Improvement or Awareness Notice usually on owner of premises requiring removal of hazards. Council can charge for costs incurred serving notices.</b>  <b>Appeal provisions. Possible prosecution and Council can recover expenses for works in default</b></p>	<p>Relates to possible health and safety affects on occupier. Hoarding can lead to fire hazards from accumulated materials.</p> <p>Due to hoarding, there may be a lack of repair/maintenance of property leading to other health effects on occupier such as lack of heating (excess cold) or washing/sanitary facilities.</p>
Environmental Health	<p><b>Prevention of Damage by Pests Act 1949 (section 4)</b></p> <p><b>Service of Notice to keep land free from rats or mice</b>  <b>No warrant powers</b>  <b>Possible prosecution and Council can recover expenses for works in default</b></p>	<p>Powers usually used for accumulations of rubbish or items attracting/ harbouring rodents on private land. This is usually used for external parts of property e.g. gardens.</p>
Environmental Health	<p><b>Refuse Disposal (Amenity) Act 1978</b>  <b>Anything abandoned in the open air</b>  <b>Town and Country Planning Act 1990</b>  <b>Anything adversely affecting the amenity (pleasantness / quality) of the area</b>  <b>Environmental Protection Act 1990</b>  <b>Litter clearance notices</b></p>	<p>Collectively known as “amenity powers” – anything affecting the enjoyment of the amenity.</p>
Police	<p><b>Power of Entry (S17 of Police and Criminal Evidence Act)</b></p> <p><b>Person inside the property is not responding to outside contact and there is evidence of danger.</b></p>	<p>Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb.</p>

AGENCY/SERVICES	LEGAL POWER AND ACTION	CIRCUMSTANCES REQUIRING INTERVENTION
<p><b>Fire and Rescue</b></p>	<p><b>Enforcement of the Regulatory Reform (Fire Safety) Order 2005</b></p> <p><b>The Fire Service can attend and carry out a Safe and Well visit, working with the occupier to reduce the risk in their home and establish means for raising the alarm in case of fire, and establishing safe escape routes for the occupier(s).</b></p> <p><b>Under exceptional circumstances and only where the hoarding causes a risk to other occupiers will the Fire and Rescue Service consider a prohibition or restriction under Article 31 of the Fire Safety Order. An example would be a ground floor dwelling within a block of flats.</b></p>	<p>Any hoarder in need of fire safety advice for their dwelling or place of residence would be entitled to a Safe and Well visit.</p> <p>Only when all other, directly applicable legislation has been exhausted, would the Fire and Rescue Service consider an Article 31 Notice.</p>
<p><b>Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA</b></p>	<p><b>Animal Welfare Act 2006 Offences (Improvement notice)</b></p> <p><b>Education for owner a preferred initial step, Improvement notice issued and monitored, If not complied can lead to a fine or imprisonment</b></p>	<p>Cases of Animal mistreatment/neglect.</p> <p>The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met.</p> <p>See also:  <a href="http://www.defra.gov.uk/wildlife-pets/">http://www.defra.gov.uk/wildlife-pets/</a>.</p>
<p><b>Local Authority/ Adult Social Care</b></p>	<p><b>S.46 of the Care Act 2014 Abolition of local authority's power to remove persons in need of care</b></p> <p><b>Section 47 of the National Assistance Act 1948 (which gives a local authority power to remove a person in need of care from home) ceases to apply to persons in England.</b></p>	<p>The Local Authority no longer have the power to remove a person from their home /place they are staying.</p> <p><a href="https://www.legislation.gov.uk/ukpga/2014/23/section/46">https://www.legislation.gov.uk/ukpga/2014/23/section/46</a></p>

AGENCY/SERVICES	LEGAL POWER AND ACTION	CIRCUMSTANCES REQUIRING INTERVENTION
<p><b>Mental Health Services</b></p>	<p><b>Mental Health Act 1983 Section 135(1)</b></p> <p><b>Provides for a police officer to enter a private premises, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor.</b></p> <p><b>In general practice an AMHP would apply for the 135(1) warrant at the appropriate Magistrates Court.</b></p> <p><b>Section 135(1) permits removal to a place of safety for up to 72 hours with a view to the making of an application under the provisions of the Mental Health Act or other arrangements for the persons care or treatment.</b></p> <p><b>NB. Place of Safety is usually the mental health unit, but can be the Emergency Department of a general hospital, or anywhere willing to act as such.</b></p>	<p>Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person:</p> <ul style="list-style-type: none"> <li>• Is suffering from mental disorder, and is being</li> <li>• Ill-treated, or</li> <li>• Neglected, or</li> <li>• Being kept other than under proper control, or</li> <li>• If living alone is unable to care for self</li> </ul> <p>And that the action is a proportionate response to the risks involved.</p>

AGENCY/SERVICES	LEGAL POWER AND ACTION	CIRCUMSTANCES REQUIRING INTERVENTION
<p><b>Mental Health Services</b></p>	<p><b>Section 4 of the Mental Health Act 1983. Admission for assessment in cases of emergency.</b></p> <p><b>In any case of ‘urgent necessity’.</b></p> <p><b>The criteria for detention mirror Section 2 (below) but Section 4 may be used in cases of emergency where it has not been possible to secure an assessment by a second doctor.</b></p> <p><b>This section expires after 72 hours unless a second medical recommendation is received within this time period.</b></p>	<p>In any case of ‘urgent necessity’ an application may be made by an AMHP or Nearest Relative and founded on one medical recommendation made by, if practicable, a doctor with previous knowledge of the person or a Section 12 approved doctor.</p>
<p><b>Mental health Services</b></p>	<p><b>Section 2 of the Mental Health Act 1983.</b></p> <p><b>Admission to hospital for assessment. Application can be made by an AMHP or Nearest Relative based on 2 medical recommendations in the prescribed form by 2 independent doctors.</b></p> <p><b>The person may be detained for a period of up to 28 days.</b></p>	<p>The following grounds must be met:</p> <p>The person is suffering from a mental disorder of a nature or degree which warrants the detention of that person in hospital for assessment (or assessment followed by treatment).</p> <p>That the person ought to be detained in the interests of his/her own health or safety or with the view to the protection of others.</p>



**Housing Enforcement for Landlords – the Housing Act 1988 (amended by the Housing Act 1996)**

<b>Grounds for seeking possession, which may relate to Hoarding Conditions</b>	<b>The Housing Act 1988 (amended by the Housing Act 1996)</b>
<p><b>Ground 12</b> <b>Breach of Tenancy</b></p>	<p>Any obligation of the tenancy (other than one related to the payment of rent) has been broken or not performed.</p> <p>It is, of course for the Court to decide in each case whether possession should be granted (and, if so, whether the possession order should be suspended) but it is much likelier to grant possession if the breach is still in progress.</p>
<p><b>Ground 13</b> <b>Deterioration of premises</b></p>	<p>The condition of the dwelling-house or any of the common parts has deteriorated owing to acts of waste by, or the neglect or default of, the tenant or any person residing in the dwelling-house and, in the case of an act of waste by, or the neglect or default of, a person lodging with the tenant or a sub-tenant of his, the tenant has not taken such steps as he ought reasonably to have taken for the removal of the lodger or sub-tenant.</p>
<p><b>Ground 14</b> <b>Nuisance</b></p>	<p>The tenant or a person residing in or visiting the dwelling-house:</p> <ul style="list-style-type: none"> <li>(a) Has been guilty of conduct causing or likely to cause a nuisance or annoyance to a person residing, visiting or otherwise engaging in a lawful activity in the locality, or</li> <li>(b) Has been convicted, or             <ul style="list-style-type: none"> <li>(i) Using the dwelling-house or allowing it to be used for immoral or illegal purposes, or</li> <li>(ii) An arrestable offence committed in, or in the locality of, the dwelling-house.</li> </ul> </li> </ul>

<p><b>Landlord Related Housing Support for Hoarding</b></p>	<p>Social landlords must also be mindful of any potential Human Rights Act defence under Article 8 (right to private and family life, home and correspondence). Again this hangs on proportionality and the court will only have to consider whether the making of a possession order is proportionate if the defence is raised by the occupier and it crosses the high threshold of being seriously arguable. This will be more relevant with possession claims based on mandatory grounds – such as Section 21 notices. With discretionary grounds, the court will assess the proportionality of the eviction as part of its judicial function looking at what is reasonable in all the circumstances.</p>
<p><b>Landlord</b></p>	<p><b>Acceptable Behaviour Contracts</b></p> <p>Will need the agreement and co-operation of the tenant and it may also be possible to enlist the assistance of family and friends to ensure that the purpose of the ABC is understood and complied with. A term of the ABC may be to allow officers or support of a third person giving routine access to the property;</p>
<p><b>Landlord</b></p>	<p><b>Injunctions</b></p> <p>An injunction can be an effective remedy as it should either force the tenant to deal with the problem or may allow the landlord to enter the property and resolve the issues. However, if there is a real possibility that the tenant will lack the capacity to understand or comply with an injunction then it will not be granted. There must be solid evidence to support an application for an injunction; also please note if an injunction order is breached, the court will view it as contempt of court and the punishment for this is either a fine or imprisonment. It is unlikely to result in any order permitting the landlord to force entry to the property and resolve the hoard. It is however good evidence to show a court that you have tried a lesser remedy than seeking a possession order to resolve the situation.</p>

<b>Landlord</b>	<b>Possession proceedings</b>	<p>Such proceedings can be complicated by defence arguments relating to capacity and The Equality Act 2010 so these matters must have been dealt with prior to issue. The case will be decided on the question of reasonableness and it is essential that a landlord's policies and procedures have been complied with so as to demonstrate that a possession order is necessary and a proportionate response to the hoarding behaviours displayed and is a measure of the last resort/no lesser remedy is likely to resolve the issue.</p> <p>** The threshold will be crossed in only a small number of cases and the question is whether the making of a possession order is a proportionate means of achieving a legitimate aim. As such, to show this, evidence of the risk to the residents/neighbours health, safety and wellbeing will be paramount.</p>
<b>Environmental Health (Local Authority Power Only)</b>	<b>Local Authority statutory powers</b>	<p>Enforcement using the Local Authority's statutory powers under the Public Health Act 1936 and Environment Protection Act 1990 which are concerned with health and amenity. Potentially the court can grant a power to force access to the property.</p>
<b>Mental Health Services</b>	<b>Court of Protection for tenants who lack mental capacity</b>	<p>In cases where the tenant is found to lack capacity, the Court of Protection could (not always – sometimes this would take too long to process) be used instead of possession proceedings. The Court of Protection has extensive decision-making powers on behalf of vulnerable individuals which includes personal welfare matters. There is case law to demonstrate that this can be a very effective with the potential for an order to be effective for a unlimited amount of time i.e. a tenant is decanted every 6 months to allow the landlord to remove hoarded goods and clean a property so as to deal with fire hazards, smells, pests etc. The test that the Court of Protection applies is whether a proposed decision or course of action is in the person's 'best interests' in all the circumstances. The Court of Protection will expect evidence from most parties involved in the care and wellbeing of the resident to support the application and give evidence of the same.</p>

<b>Social Care (Local Authority Power Only)</b>	<b>Safeguarding and Self Neglect</b>	Safeguarding Enquiry Care Needs Assessment Multi-Agency Proportionate Response
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## **Appendix E. Clutter image rating**

The Clutter image rating tool can support practitioners to assess an individual's case. This version was developed by Isle of Wight Adult services.

**Level 1 (numbers 1 – 3)** household environment is considered standard and no specialised assistance is needed. If the resident would like assistance at this stage or feels they are declining towards a higher clutter scale, appropriate referrals maybe considered.

**Level 2 (numbers 4 - 6)** Household environment requires professional assistance to resolve the clutter and any maintenance issues that may have occurred. This support may need to continue with follow up appointments to ensure escalation hasn't taken place. Referrals to agencies or services maybe required at this stage depending on the nature of the hoarding behaviour.

**Level 3 (numbers 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 implication of their hoarding behaviour and the risks it possesses.

**Bathroom – Green Risk**

**Scale 1**



**Scale 2**



**Scale 3**



**Bedroom – Green Risk**

**Scale 1**



**Scale 2**



**Scale 3**



**Kitchen – Green Risk**

**Scale 1**



**Scale 2**



**Scale 3**



**Living Room – Green Risk**

**Scale 1**



**Scale 2**



**Scale 3**



**Fire Risk Plugs**



**Appliances**



**Inappropriate use**



**Bathroom – Amber Risk**

**Scale 4**



**Scale 5**



**Scale 6**



**Bedroom – Amber Risk**

**Scale 4**



**Scale 5**



**Scale 6**



**Kitchen – Amber Risk**

**Scale 4**



**Scale 5**



**Scale 6**



**Living Room – Amber Risk**

**Scale 4**



**Scale 5**



**Scale 6**



**Plug**



**Plug**



**Blanket**



**Bathroom – Red Risk**  
Scale 7



Scale 8



Scale 9



**Bedroom – Red Risk**  
Scale 7



Scale 8



Scale 9



**Kitchen – Red Risk**  
Scale 7



Scale 8



Scale 9



**Living Room – Red Risk**  
Scale 7



Scale 8



Scale 9



Plug



Appendix F:



*Hoarding Risk Assessment Tool*

Date:

Assessment Number:

Resident			
Name:			
Address:			
DOB:		Age:	
Telephone:			

Household Members:	
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Pets / Animals:	
-----------------	--

Other Agencies Involved:	
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Property Details			
Owner / Occupier:			
Landlord:			
Contact Details:			
Type:	Flat <input type="checkbox"/>	Maisonette <input type="checkbox"/>	House <input type="checkbox"/>
	Sheltered Accommodation <input type="checkbox"/>	Bed Sit <input type="checkbox"/>	Bungalow <input type="checkbox"/>
On what floor is the front door:			
On what floor is the bathroom:			
On what floor is the W.C:			
How many steps to the front door:			
How many steps inside the property:			
How many rooms in the property:			

Adapted from London Borough of Hammersmith & Fulham

**Description of Hoarding Problem** (Presence of human or animal waste, rodents or insects, rotting food; combustibles, blocked exits etc)

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**Clutter Rating Index-Support Overview**

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Room:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Room:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Room:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
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Room:

**Clutter Rating Index-Person's Overview**

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Room:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
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Room:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Room:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

Room:

**Condition of the Dwelling** (to be completed at the property)

*Please indicate whether the following appliances/utilities are in working order*

	Yes	No	Unknown		Yes	No	Unknown
Stove/Oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fridge/Freezer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathroom Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer/Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler/Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shower/Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate the extent of each of the following problematic living conditions*

	None	Mild	Moderate	Severe
Structural damage to house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotten food in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect or rodent infestation in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large number of animals in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal waste in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clutter outside of the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. human faeces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please indicate the extent to which each of the following safety problems exist*

	Not at all	Somewhat	Very much	Description
Does any part of the house pose a fire hazard? (e.g. unsafe electrical cords, flammable object next to heat sources like boiler, radiator, stove).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How difficult would it be for emergency personnel to move equipment through the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the exits from the home blocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Are any of your stairwells unsafe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a danger of falling due to the clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Please indicate the extent to which clutter interferes with the ability of the client to do each of the following activities.*

	N/A	Can Do	Can Do with Difficulty	Unable to Do	Comments
Prepare food (cut up food, cook, it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use kitchen sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eat at table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Move around inside the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit home quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use toilet (getting to the toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use bath/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use bathroom sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Answer door quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit in your sofas and chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep in your bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Find important things (e.g. bills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Care for animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Client Assessment** (to include e.g. mental health issues; dementia; substance misuse; disability issues / equipment; mental capacity)

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**Family / Social Support / Network**

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**Financial Situation / Ability / Willingness to pay for Services**

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**Hoarding Interview (Questions to ask the client)**

**1) Because of the clutter or number of possessions, how difficult is it for you to use the rooms in your home?**

Not at all difficult <input type="checkbox"/>	Mildly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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**2) To what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?**

No difficulty <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Extreme difficult <input type="checkbox"/>
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**3) To what extent do you currently have a problem with collecting free things or buying more things than you need or can use or can afford?**

No problem <input type="checkbox"/>	Mild problem <input type="checkbox"/>	Moderate problem <input type="checkbox"/>	Severe problem <input type="checkbox"/>
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**4) To what extent do you experience emotional distress because of clutter, difficulty discarding or problems with buying or acquiring things?**

No distress <input type="checkbox"/>	Mild distress <input type="checkbox"/>	Moderate distress <input type="checkbox"/>	Severe distress <input type="checkbox"/>
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**5) To what extent does the clutter, problems discarding, or problems with buying or acquiring things impair or interfere with your life (daily routine, job/school, social activities, family activities, financial difficulties)?**

Not at all <input type="checkbox"/>	Mildly <input type="checkbox"/>	Moderately <input type="checkbox"/>	Severely <input type="checkbox"/>
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**Summary**

<b>Level of risk</b>	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
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*(Based on assessment of condition of the dwelling)*

<b>Level of insight</b>	None <input type="checkbox"/>	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Aware <input type="checkbox"/>
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*(Level of insight should be determined by comparing responses to the Hoarding Interview to the observed conditions of the dwelling)*

**Complicating factors**

Complicating factors
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**Recommendations:**