



Hoarding Protocol



Social Care

Approved by		Heads of Service		
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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.

This protocol should be read in conjunction with the North Wales Regional Self Neglect Protocol which can be found in the below link:

<https://www.northwalessafeguardingboard.wales/policies-and-procedures-adults/>

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.

The following professionals formed the Task & Finish group and represented their agency/department in developing this protocol:

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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
WARRN - Wales Applied Risk Research Network
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.

Related Documents:

Social Services and Well-being (Wales) 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 1949
Environmental Protection Act 1990
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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1.0. 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 multi-agency 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.

2.0. 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 the Regional 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.

3.0. 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.

4.0. 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 (Frost & Gross, 1993). Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- severe “cluttering” of the person's home so that it is no longer able to function as a viable living space;
- Significant distress or impairment of work or social life (Kelly 2010).

5.0. 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, in order to maintain their personal hygiene and appearance.
- **Poor insight:** a person who hoards will typically see nothing wrong with their behaviour and the impact it has on them and others.

6.0. 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 but not as yet identified in the 10th version of the International Classification of Diseases. However version 11 is due to be published in 2018 and it is expected to identify the diagnosis of Hoarding. However, hoarding can also be a symptom of other mental disorders and would require the risk assessor/care coordinator or client 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

Wet Hoarding

- Food and food containers
- Faeces and urine
- Animals

7.0. **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.

8.0. **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:

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

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 "decision-maker". 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.

9.0. Information Sharing

- 9.1. Under the Data Protection Act 1998, 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 “protecting adults at risk, and procedures to safeguard adults at risk of abuse”.

“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.

10.0. Fire Safety

10.1. Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit route. Appropriate professional fire safety advice must to be sought. Share information with appropriate emergency services by alerting them to hoarded properties. This will allow fire service staff attend and respond appropriately by conducting a Home Safety check with occupant & 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 North Wales Fire & Rescue Service 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.

11.0 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.

12.0 Safeguarding Children

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

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

13.0 Adult at Risk

13.1. This protocol accepts the guidance as supplied in the “protecting adults at risk, Social Services Wellbeing Act and procedures to safeguard adults at risk of abuse” An “adult at risk” may also be living with the hoarder in the property. There may be a safeguarding concern about that adult if they are at risk of harm due to the living circumstances. If in doubt, discuss the issue with a manager or local authority or raise a Safeguarding Adult alert.

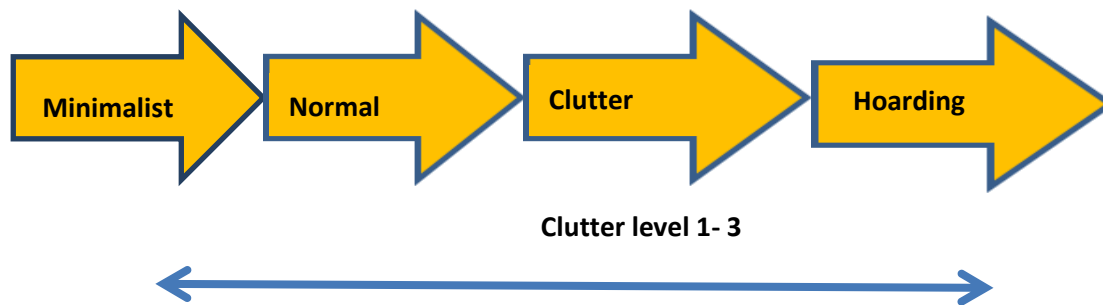
14.0 Multi-Agency Response

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

Continuum of Hoarding Behaviour



Please use the clutter image rating to assess what level the citizens hoarding problem is at:

Images 1-3 indicate level 1

Images 4-6 indicate level 2

Images 7-9 indicate level 3

Then refer to clutter assessment tool to guide which details the appropriate action you should take. Record all actions undertaken in agency's recording system, detailing conversations with other professionals, actions taken and action yet to be taken.

Bedroom

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



1



2



3



4



5



6



7



8



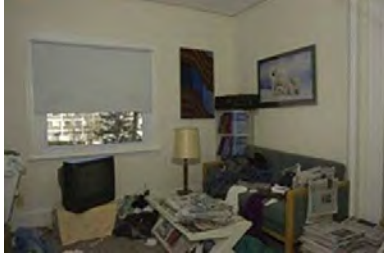
9

Lounge

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



1



2



3



4



5



6



7



8



9

Kitchen

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



1

2

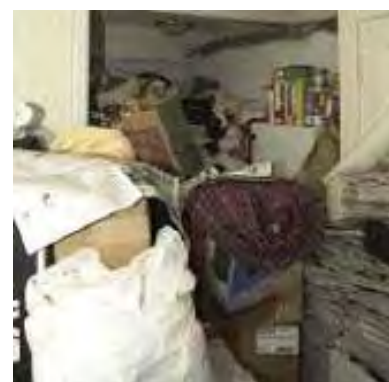
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16. Assessment Tool Guidelines

1. Property structure, services & garden area	<ul style="list-style-type: none"> • Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space. • Does the property have a smoke alarm? • Visual Assessment (non-professional) of the condition of the services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action. • Are the services connected? • Assess the garden, size, access and condition.
2. Household Functions	<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
3. Health and Safety	<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 on the property? • Are there unreasonable amounts of medication collected? Prescribed or over the counter? • Is the resident aware of any fire risk associated to the clutter in the property?
4. Safeguard of Children & Family members	<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?
5. Animals and Pests	<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 Personal Protective Equipment (PPE) at future visits? Please detail • Following your assessment do you recommend the resident is visited in pairs? • Please detail

<p>Level 1</p> <p><i>Clutter image rating 1 - 3</i></p>	<p>Household environment is considered standard.</p> <p>No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.</p>
<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Garden is accessible, tidy and maintained
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 0-3 on the Clutter Rating Scale • No additional unused household appliances appear in unusual locations around the property • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health.
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Property is clean with no odours, (pet or other) • No rotting food • No concerning use of candles • No concern over flies • Residents managing personal care • No writing on the walls • Quantities of medication are within appropriate limits, in date and stored appropriately.
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> • No Concerns for household members
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Any pets at the property are well cared for • No pests or infestations at the property
<p>6. Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> • No PPE required • No visit in pairs required.

Level 1	Actions
Referring Agency	<ul style="list-style-type: none"> • Discuss concerns with resident • Raise a request to the Fire Brigade to provide fire safety advice • Refer for support assessment if appropriate. • Refer to GP if appropriate • Refer to Social Services, Conwy County Borough Council (CCBC) if appropriate of citizen who is or will potentially become a hoarder for assistance and/or intervention.
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 referrals for support • Refer to social landlord if the client 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.
Multi Agency Safeguarding Hub (MASH)	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted.

<p>Level 2</p> <p><i>Clutter Image Rating 4 – 6</i></p>	<p>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.</p>
<p>1. Property structure, services & garden area</p>	<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 • 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 and Safety</p>	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food • No concerning use of candles • Resident trying to manage personal care but struggling • No writing on the walls
<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. Animals and Pests</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 under nourished or over fed • Sound of mice heard at the property. • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)
<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.

Level 2	Actions In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCURRENCE
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 an request to the Fire Brigade to provide fire prevention advice • Provide details of garden services • Refer for support assessment • Referral to GP • Referral to debt advice if appropriate • Refer to Animal welfare if there are animals at the property. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Refer to Social Services, CCBC if appropriate, of citizen who is or will potentially become a hoarder for assistance and/or intervention
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health on 01492 574713 or 575220 or regulatory.services@conwy.gov.uk with details of client, landlord (if relevant) referrer's details and overview of problems • At time of inspection, Environmental Health Officer (EHO) decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Public Health Act 1963 (section 79 noxious matter or section 83/84 cleansing of premises or cleansing/destruction of articles • Prevention of Damage By Pests Act 1949 Consider Works in Default if notices not complied by occupier
Social Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • 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 a 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 client 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

<p>Level 3</p> <p>Clutter image rating 7 - 9</p>	<p>Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p>
<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp • Interior doors missing or blocked open • Evidence of indoor items stored outside
<p>2. Household Functions</p>	<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, 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
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Human urine and or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> • Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Animals at the property at risk due the level of clutter in the property • Resident may not able to control the animals at the property • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Hoarding of animals at the property

	<ul style="list-style-type: none"> • 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

Actions	Level 3
Referring Agency	<ul style="list-style-type: none"> • Raise Safeguarding Alert within 24 hours • Raise a request to the Fire Brigade within 24 hours to provide fire prevention advice. • Refer to Social Services, CCBC if appropriate of citizen who is or will potentially become a hoarder for assistance and/or intervention
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health on 01492 574713 or 575220 or regulatory.services@conwy.gov.uk with details of client, landlord (if relevant) referrer's details and overview of problems • At time of inspection, EHO decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied by occupier
Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Attend multi-agency Safeguarding meeting • Enforce tenancy conditions relating to residents responsibilities • If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988
Practitioners	<ul style="list-style-type: none"> • Refer to "Hoarding Guidance Questions for practitioners" • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Attend Safeguarding multi-agency meetings on request • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	<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 client 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.
MASH	<ul style="list-style-type: none"> • Refer to Children Mash if children or young people present within 24 hours

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 citizens.

- 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 be 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?

Guidance for Practitioners

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.

19. Practitioners Hoarding Assessment

This assessment should be completed using the information you have gained using the Practitioners Guidance Questions

Complete this review away from the clients' property and in conjunction with the Multi Agency Hoarding Protocol Assessment Tool. (Text boxes will expand to allow further text)

Date of Home Assessment				
Clients Name				
Clients Date of Birth				
Address				
Clients contact details				
Type of dwelling				
Freeholder	Yes	Tenant – Name & address of landlord		
Household Members	Name		Relationship	DOB
Pets – indicate what pets and any concerns				
Agencies currently involved – with contact details				
Non agency support currently in place				
Clients 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	
Concern of self-neglect		Concerned for children at the property		Concerned for other adults at the property			
Using the Clutter Image scale please score the each of the rooms below							
Bedroom 1		Bedroom 4		Separate toilet			
Bedroom 2		Kitchen		Lounge			
Bedroom 3		Bathroom		Dining Room			
Please refer to the Multi Agency Hoarding Protocol. 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 practitioner undertaking assessment							
Name of Organisation							
Contact details							
Next action to be taken							
List agencies referred to with dates & contact names							

APPENDIX 1.

FOR USE FOR LEVEL 3

HOARDING
Multi-Agency Meeting

<p>Name:</p>
<p>Held at:</p>

- 1. WELCOME, INTRODUCTIONS AND APOLOGIES**
- 2. THE PURPOSE OF THE MEETING**
- 3. BACKGROUND INFORMATION INCLUDING ISSUES / CONCERNS**
- 4. GENERAL DISCUSSION; WHAT HAS BEEN DONE ALREADY AND BY WHO**
 - Clutter Image and scale tool to be used and discussed
- 5. ACTION PLAN**
- 6. AOB**
- 7. DATE OF NEXT MEETING IF REQUIRED**

APPENDIX 2.

COMPLEX RISK ASSESSMENT

CONFIDENTIAL

Name of Service user	
Paris number	

To be attached to full assessments and care plans sent to providers in situations where significant risk has been identified (in accordance with guidance on sharing of information and confidentiality).

Because this form is likely to contain sensitive information or information from third parties it must not be shared with the user without prior agreement of those third parties and the team manager unless it has been completed with the user.

For Mental Health service users, please refer to the Care and Treatment Plan and Wales Applied Risk Research Network (WARRN) Risk Assessment.

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

Category	Yes	No	Category	Yes	No
Aggression / Violence			Self-harm		
Exploitation (of others)			Self-neglect		
Risk to children (refer to cross-division Child Protection Policy)			Vulnerable adult (refer to Vulnerable Adults Policy)		
Carer breakdown			Homelessness		
Extreme social isolation					

Other *(please specify)*

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

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

Who is at Risk? - has any particular individual been identified or is the user the only person at risk?

How immediate is the risk - is it part of an ongoing pattern / a "one off" past event / a current risk?

Are there any “early warning” signs or “triggers” to risk. Is there a predictable pattern or any factors that are known to increase / reduce risk - please provide details

Are there any special safety factors that others working with the user should be aware of (e.g. should they only be visited in pairs or not seen alone in the office or referred to another specialist service)

Outcome

Risk Management Plan required?

Yes

No

Review Date

If “No” – Signature of Assessor _____ Date _____

Agreed by Manager _____ Date _____

Risk Management

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

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

Assessors Signature: _____ Date: _____

Agreed by Team Manager _____ Date: _____

Review Date: _____

Risk History CONFIDENTIAL

Record of incidents of risk behaviours including violence or aggression or episodes of self harm or known criminal activity. State whether actual or threatened, in date order. New episodes must be recorded. Because this form is likely to contain sensitive information or information from third parties it must not be shared with the user without prior agreement of those third parties and the team manager.

Date of Incident	Record of Incident - Give as full an account as is possible, including source of information, Whether this has been verified and outcome of incident.	Assessors Signature + date	Managers Signature + date