



2016








Sutton Multi Agency Self Neglect and Hoarding Policy and Protocol

This Protocol has been approved by the Sutton Safeguarding Adults Board for use by all partner organisations.

The Protocol was officially launched on the 17th of March 2015. This Protocol has been reviewed in May 2016 to ensure it is compliant with the Care Act 2014 and the London Multi Agency Adult Safeguarding Policy and Procedures.

This Protocol was reviewed in June 2016 and will be reviewed by the Sutton Safeguarding Adults Board yearly.

The agencies involved in writing the Protocol are :

-  London Fire Brigade
-  London Borough of Sutton - Adult Social Services, Housing and Health
-  South West London and St George's Mental Health Trust
-  Metropolitan Police Sutton
-  London Borough of Sutton - Environmental Health
-  Sutton Housing Partnership
-  The Royal Marsden NHS Foundation Trust

POLICY

Introduction

The aim of this protocol is to coordinate the responses of multiple agencies to people who hoard or self-neglect. It identifies:

- 1) the lead agencies
- 2) the process for decision making and
- 3) the tools used for decision making

Given that hoarding and self-neglect is a diverse and heterogeneous area, the involvement of, and leadership by, different organisations will vary from case to case. In some situations, hoarding will be identified as, and will remain as, a cause of complaint for neighbours or other members of the public since the person hoarding or self neglecting lives in a private property and does not pose a health risk to themselves or to others; in other situations it will escalate to intervention by a landlord because of a breach of tenancy conditions; in others it will lead to a public or environmental health intervention. In others, where the person hoarding or self neglecting lacks, or appears to lack mental capacity as defined and assessed under the Mental Capacity Act (2005), it may escalate to an intervention by adult social services or mental health services. In some cases multiple interventions will take place; in others, a single agency will intervene.

Principles

The following are the principles on which this protocol is based:

- 1) The most effective approach to hoarding and self-neglect is to use consensual and relationship-based approaches. These may be more effective if carried out by, or in partnership with, non-statutory parties including and not limited to family members, friends, housing officers, charities and voluntary sector organisations
- 2) Hoarding and self-neglect will be approached in the least restrictive manner unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention
- 3) The rights of individuals under the Human Rights Act (1998) will be supported and consensual interventions will be made unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention
- 4) Given the subjective nature of clutter, disarray and the value of possessions and life-styles, it is necessary to use an objective rating scale to assist communication and understanding of the level and impact of hoarding
- 5) Risk of harm should always be considered in terms of harm to the individual and

of harm to other people, for instance, neighbours

- 6) Because of the heterogeneous nature of hoarding and self neglect, It is necessary to coordinate interventions across multiple organisations when concerns of risk of harm arise and to do this, a lead organisation has to be identified
- 7) Leading and coordinating does not mean taking responsibility for carrying out the necessary work and interventions.
- 8) Particularly high risk is present where:
 - a) Multiple organisations are involved, but their actions are not coordinated and there is no clear oversight and direction
 - b) A person who hoards or self-harms is of concern to numerous different organisations but does not meet their eligibility criteria

Definitions:

There is no single operational definition of self-neglect however, the Care Act 2014 makes clear that it comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself. The Care and Support Statutory Guidance, 2016 states that self-neglect may not always prompt a section 42 enquiry. 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 are 3 distinct areas that are characteristic of self neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well-being;
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g., health or fire risks caused by hoarding);
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events. Self-neglect is an issue that affects people from all backgrounds.

Signs of Self-Neglect:

This could manifest itself in unkempt personal appearance or no longer taking any interest in personal appearance and general hygiene, not wearing appropriate clothing

for weather conditions, significant refusal to eat (without apparent illness), not taking medication, non-compliant with care, disinterest in financial affairs, hoarding items and pets, offensive odours, pest infestation, etc. This list is not exhaustive.

Hoarding

Hoarding does not fall under adult safeguarding but might be considered as safeguarding in the wider sense under the umbrella of prevention which is in the remit of the Safeguarding Adults Board.

Most people associate hoarding with the acquisition of items with an associated inability to discard things that have little or no value (in the opinions of others) to the point where it interferes with use of living space or activities of daily living.

Hoarding Disorder

Compulsive hoarding (more accurately described as 'hoarding disorder') is a pattern of behaviour characterised by the excessive acquisition of and inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress.

Compulsive hoarders may be conscious of their irrational behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse and animals. Many hoarders may be well-presented to the outside world, appearing to cope with other aspects of their life quite well, giving no indication of what is going on behind closed doors.

Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members.

When clinically significant enough to impair functioning, hoarding can prevent typical uses of space, enough so that it can limit activities such as cooking, cleaning, moving through the house and sleeping. It could also potentially put the adult and others at risk of causing fires.

The London Fire Brigade advocates prevention strategies that consistently identify the level of hoarding and use the International OCD Foundations clutter image rating.

Signs of Hoarding:

Conditions of extreme clutter, especially where necessary objects in the household, like bathroom facilities, food storage, oven, heating sources, and entry and exits are blocked
Inability to throw things away that may seem like, or actually is, rubbish.

Often times there are empty food containers, or papers stacked up in the living space.

It is important to recognise that there are numerous factors that might lead to or exacerbate hoarding and self neglect. These include sensory deprivation/loss (i.e., loss of hearing or sight) and physical disability etc. Hoarding can also become a comfort for someone, especially during times of lack, discomfort, or upset. In these cases, relief or support with these problems may result in an alleviation of self neglect and hoarding.

Mental Capacity and risk

The meta-analysis undertaken by Braye, Orr and Preston-Shoot (2011), “Self-neglect and adult safeguarding: findings from the research” has proposed that mental capacity consists of two distinct components, which have come to be labelled, “Decisional Capacity” and “Executive Capacity”.

Decisional capacity

Decisional Capacity is the ability to make a decision in full awareness of its consequences and is the component that is assessed under the Mental Capacity Act (2005). A person has capacity in relation to a specific decision if they:

- understand the information relevant to the decision
- can retain the information, even if only for short periods
- can use or weigh the information relevant in the decision-making process, including seeing both sides of the argument and being able to make a decision one way or the other can communicate their decision by talking, using sign language or another form of communication understood by others.

Executive capacity

Executive capacity is the ability to implement, and to adapt the implementation, of the decision. It is possible for someone to be assessed to have decisional capacity but to lack executive capacity and this clearly poses a significant problem in practice. The evidence suggests that executive capacity also needs to be assessed, although there is (at time of writing) no formally approved, either in theory, practice or legislation, way of doing this.

The evidence also suggests that cognitive functioning and mental capacity are distinct from each other and the use of a global cognitive functioning test such as the MMSE (Mini-Mental State Examination) will not predict risk of harm as effectively and accurately as specific tests of ability will do. The use of an “articulate-demonstrate” model, in which the person is first asked questions (as part of an assessment under the Mental Capacity Act (2005)) and then asked to show how they would actually implement their decision, or specific components of this decision, may be helpful. In the case of self-neglect and hoarding this might include showing how they would get a drink or get out quickly if there was a fire or might involve obtaining reports from others who might have witnessed these actions.

Hoarding and self neglect is included in the statutory guidance to the Care Act (2014) and in certain circumstances following the safeguarding procedure may assist in coordinating action.

Risk to others

A significant element of hoarding and self-neglect is the risk that this behavior poses to others. This might include members of the public, family members or professionals.

PROTOCOL

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single agency response. It is important to recognise that assessments of self-neglect and hoarding are grounded in, and influenced by, personal, social and cultural values and staff working with the person at risk should always reflect on how their own values might affect their judgement. Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention.

Crucial to all decision making is a robust risk assessment, preferably multi-agency that includes the views of the adult and their personal network. The risk assessment might cover:

- Capacity and consent;
- Indications of mental health issues;
- The level of risk to the persons physical health;
- The level of risk to their overall wellbeing;
- Effects on other people's health and wellbeing;
- Serious risk of fire;
- Serious environmental risk e.g. destruction or partial destruction of accommodation.

Working with people who hoard or self-neglect falls into two broad categories:

- a) Long-term consensual, relationship based, utilising non-statutory services and families/ friends where possible.

The most effective approaches are likely to be consensual and non-statutory and to be based on a long-term approach that involves developing a relationship with the person who hoards or self-neglects; sensitively raising the problems their behaviour causes for them or for others; working with them to find solutions and providing assistance to put these into action. Interventions may include de-cluttering or cleaning, although this is likely to be temporary unless made in the context of shaping the person's behaviour. In cases where the person is hoarding animals, the RSPCA may be able to intervene.

During this intervention, it is essential that those involved remain alert to risk factors, especially fire. Some situations deteriorate rapidly and may require urgent escalation. This then may lead to:

- b) Crisis intervention, using a range of legal interventions aimed at saving life on the basis that there is a significant risk of harm

Where significant risk of harm has been identified either for the person themselves or for others, then the full range of legal options should be explored and enacted as quickly as possible. In these situations an assessment carried out jointly by adult social services and mental health services of mental capacity under the Mental Capacity Act is required. An urgent multi-agency meeting will be called by either adult social services or mental health services at which these options will be explored and a plan of action agreed specifying what will be done, by whom and by when. This meeting will be chaired by a service manager from LBS. Interventions may include, but are not limited to, sectioning or removing the person to a place of safety under the Mental Health Act or obtaining court of protection approval to remove someone from their home under the Mental Capacity Act.

Referral criteria for hoarding and self-neglect

If concerns are raised by anyone about self neglect and/or hoarding as defined in the policy section, the next step is for the statutory agencies to be clear about the person's mental capacity in respect to the key decisions that may require intervention.

It is important that approaches are coordinated to avoid situations where activity takes place without any specific aim, or actually conflicts with the interventions of other organisations and so it is important that a lead agency is identified to ensure coordination. The lead agency will not necessarily be responsible for implementing action or interventions but will monitor the actions and interventions of the agencies involved. The lead agency in Sutton is Sutton Council - Adult Social Services.

Broadly there are four scenarios:

1. If the person does not have capacity (as assessed under the Mental Capacity Act, 2005) and their living conditions are because they can no longer care for themselves, then this is not self neglect; any assessment and subsequent health or social care provision will be through core services in mental health / adult social care. It is not intended that those within this category would be referred under this protocol, but would instead be assessed under the Care Act (2014) and appropriate services put in place either under s4 Mental Capacity Act (2005) or under the Mental Health Act (1983 as amended in 2007).

The lead agency will be Adult Social Services

Referrals should be made to:

Adult social services: referralpoint@sutton.gov.uk 020 8770 5000

Out of hours – Emergency Duty Team - 020 8770 5000 (between the hours of 5pm to 9am weekdays and all day on weekends)

2. If there are no doubts about the person's mental capacity to choose how they live, but there are concerns that their hoarding or self neglect may be posing a risk to them or to others, **then the lead agency is Environmental Health Services, working with the registered social landlord if applicable**

Environmental Health Service
020 8770 5000

Environmentalhealth@sutton.gov.uk

Or via www.sutton.gov.uk

3. If there are any doubts about their capacity especially with regard to their ability to 'choose' their living conditions or refuse support, or that they might possess decisional capacity but lack executive capacity then where possible a mental capacity assessment should be undertaken jointly by the allocated adult social services or adult mental health services professionals. If the person is not previously known to statutory social or mental health services then the organisation taking the referral will take the lead in organising the joint mental capacity assessment. Where intervention is required to facilitate that assessment or to address persistent hoarding/self-neglect then this protocol is followed.

The lead agency will be Adult Social Services

Referrals should be made to:

Adult social services: referralpoint@sutton.gov.uk 020 8770 5000

Out of hours – Emergency Duty Team - 020 8770 5000 (between the hours of 5pm to 9am weekdays and all day on weekends)

4. If the outcome of the mental capacity assessment is that they have capacity in relation to the relevant decision then this protocol should also be followed.

The lead agencies are Adult Social Services and/ or Adult Mental Health Services

Referrals should be made to:

Adult social services: referralpoint@sutton.gov.uk 020 8770 5000

Out of hours – Emergency Duty Team - 020 8770 5000 (between the hours of 5pm to 9am weekdays and all day on weekends)

Once the issue of capacity is considered, the next questions to ask are :

What is the level of harm? and Who is at risk?

- If the person's self neglect/hoarding does not pose a nuisance and the risk of harm is low then the key agencies involved with the individual should be notified

of the concerns and requested to monitor or signpost to relevant support. No further action would be taken under this protocol.

- If the person persistently self-neglects/hoards and, whilst currently the living conditions may not be posing a significant risk but would do if left unaddressed then this protocol will be followed with Environmental Health Services acting as the lead agent, or landlord if appropriate.
- If the person's self neglect and/or hoarding is putting other people at risk of significant harm, if they are creating a statutory nuisance, Environmental Health Services already have a duty to act. Environmental Health Services should not act alone and will lead on the development of a multi-agency plan.
- Where a person's living conditions place them or others at risk of significant harm they may meet the criteria for eligibility for social care services or mental health services. However evidence suggests that they usually refuse any intervention and there is then no proactive attempt among agencies to mitigate the risks. Evidence also has shown that staff often believe that because a person appears lucid they have capacity to 'choose' to reside in those conditions and that statutory services have no powers to intervene. In these circumstances, this protocol will be employed with the allocated social worker or mental health services worker taking the lead. If no worker is allocated, or the person has not previously been known to statutory social or health services, then the organisation taking the referral will take the lead.

This protocol recognises everybody's right to autonomy, even where this results in unwise decisions. It also recognises that we must ensure that everything that can be done has been done to assess the individual's capacity carefully, to support a person to address behaviours that place them or others at unacceptable risk, or mitigate the impact of any unwise capacious decision. This must be done in line with the principles set out in the Mental Capacity Act (2005) and ensuring that agencies respect the fundamental principles set out in the Human Rights Act (1998). As such any intervention must be necessary and proportionate to the harm posed.

Key agencies and their roles

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than single agency responses will be. Sharing information between organisations will usually require the person's consent and each organisation may have to consider when it is appropriate to share information without the person's consent, for example, if there is a public or vital interest.

Health and Wellbeing Boards

The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Boards will bring together clinical commissioning groups and councils to develop a shared

understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care. As such they will have strategic oversight of this policy and the financial implications for the successful implementation of this policy.

Director of Public Health

Under HSCA 2012 Sutton Council assumed responsibility for public health in Sutton as of April 2013 and this function sits within Sutton Council's Adult Social Care Housing and Health directorate. The Director of Public Health has directorial oversight for the implementation of this protocol and its successful operation and will report to the Safeguarding Adult Board and Health and Wellbeing Board annually.

Environmental Health Service ['EHS']

Currently this agency has a range of powers (see appendix A) to intervene where a property is in a condition that is prejudicial to health, or where the premises is materially affecting a neighbouring premises. These powers do not rely on a presumption that the individual affected by such intervention lacks capacity. It is anticipated that EHS will have a crucial role under the protocol as a frontline agency in raising alerts and early identification of such cases. In addition, where properties are verminous or pose a statutory nuisance, EHS will take a leading role in case managing the necessary investigations and determining the most effective means of intervention.

However, where the individual is residing in conditions that pose a threat only to their own welfare the powers available to the EHS may have limited or no effect. In cases involving persistent hoarders the powers may only temporarily address and/or contain the problem. It must therefore be recognised that utilising powers under public health legislation in isolation may not be the most effective use of resources, particularly where a coordinated approach could not only provide immediate protection of the individual and others affected but also promote a long term solution.

Under Part 1 of the Housing Act 2004 the Housing department have powers to take enforcement action where there is any risk of harm to the health or safety of an actual or potential occupier of a dwelling or house of multiple occupation which arises from a deficiency in the dwelling or house of multiple occupation or in any building or land in the vicinity (whether the deficiency arises as a result of the construction of any building, an absence of maintenance or repair, or otherwise) and can require access to residential premises in their district to assess if such a hazard exists. The duty to inspect the property is restricted to where there is an official complaint made by either a Justice of the peace or parish council. However, where there is evidence that there is imminent risk of serious harm to the health and safety of the occupier the local authority has emergency powers to serve a Remedial Action notice or an emergency probation notice prohibiting the use of the property. Further there are powers to serve a deferred action notice and

take emergency remedial action. There is no requirement that the property is owned by the local authority, nor is the capacity of the inhabitant relevant to the exercise of those powers. But similarly the use of these powers in isolation will have limited effect on those who have persistent behaviours. The Housing Act powers cannot be used to remove hoarded items or any health and safety problem that is the result of the owner's actions.

Landlords

Landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. Where the tenant is responsible for the disrepair the landlord has a right of action, including ultimately seeking possession of the premises. The role of the landlord and powers afforded to them suggests they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within the strategy discussions.

Housing Department (LBS Housing Centre)

The Housing Department have already confirmed that they wish to work closely as a partner agency under this protocol and will, where homelessness is a risk as a result of self-neglect or hoarding behaviour, offer pro-active advice and assistance to individuals and professionals involved in their care to minimise any risk of homelessness. Early involvement from this team, particularly when considering alternative temporary or permanent accommodation options, is therefore essential.

Sutton Housing Partnership (SHP)

SHP is an Arms-Length Management Organisation which manages the Council's housing stock, and consequently is one of the largest registered social landlords in Sutton. SHP is committed to ensuring people can live their life in safety without being mistreated, hurt or exploited by others. But some people's situations may make them more vulnerable and less able to protect themselves from harm or mistreatment. SHP will be a key partner with other services in the identification and support of people who hoard and or self neglect.

People are often more vulnerable as they get older, or because they have a mental health problem, a disability, a sensory impairment or some form of illness.

To support these residents SHP's neighbourhood managers are the first point of contact, with experience dealing with hoarding, self-neglect, mental health issues and other vulnerabilities, including working in a multi-agency manner.

To support their work and to focus on high level risks, SHP has a sustainment team. The sustainment officer will provide support on a one to one basis and a financial support worker will help with any financial matters. These resources should be considered as ways to engage and support people who hoard and or self neglect.

Adult Social Services

Adult social services will initially co-ordinate the multi-agency approach, utilising the core stages of the procedures already firmly established under the Pan London safeguarding policy. However, because of the nature of self-neglect and hoarding issues it is proposed to amend these slightly in order to ensure there is no duplication within the department

or among partner agencies so as to ensure more effective case work and clear accountability. It is proposed therefore that a Self neglect lead worker will review any referral and ascertain key risks to determine whether they pose a significant risk to themselves or another member of the household or pose a statutory nuisance to neighbours. The Safeguarding Adults Manager will also undertake initial discussions with partner agencies to verify details, including historical or current involvement with the individual.

In the majority of cases, the community care assessment/care programme approach, review and risk assessment procedures will be the best route to provide an appropriate intervention in situations of hoarding or self-neglect. Often, the cases which give rise to the most concern are those where a vulnerable adult refuses help and services and is seen to be at grave risk as a result. If an agency is satisfied that the vulnerable adult has the capacity to make an informed decision on the issues raised, then that person has the right to make their own choices. But this should not be assumed, careful assessment will need to be undertaken to ascertain whether the individual has fully understood the risks and likely consequences if they refuse services and the assessor must be satisfied that they are not suffering from an impairment of the mind or brain, such as hoarding disorder, that would prevent them from making a capacitated decision.

Where a vulnerable adult is at risk of harm, but has mental capacity, then involvement with them does not stop. Efforts should be made to engage the person in the management of risks and to form a relationship with them to do this.

Where a vulnerable adult is at risk of harm, but unable to agree to have their needs met because they lack capacity to make the relevant decisions then care should be provided in line with 'best interest' principles (s4 MCA). Interventions must be carefully considered and specialist advice sought so as to ensure that any actions do not trigger a deterioration in their health or wellbeing. If, however, a move into state arranged care is required and the person is 'unbefriended' an Independent Mental Capacity Advocate should be instructed to assist and advocate on their behalf. Similarly if any proposed care package might amount to a deprivation of the individual's liberty consideration must be given to whether it would be necessary to obtain authorisation under the DoLS procedure or an order from the Court of Protection.

Under this protocol where an individual is already in receipt of adult social care, known to the service or appears eligible for adult social care support the relevant social work team manager will initiate the first discussion and will ensure an allocated social worker is assigned to complete necessary assessments, including of the individual's capacity, community care or health needs. The allocated worker will then lead the strategy meeting and act as lead in coordinating any plan for intervention.

Mental Health Services

Aside from the role as lead agency where the individual is eligible or believed to be eligible for mental health services, the mental health team will have a crucial role within any investigation under this protocol not least because, for many individuals, hoarding or self-neglect are the manifestations of an underlying mental health condition. Powers conferred by the Mental Health Act 1983 ['MHA'] to Approved Mental Health

Professionals (AMHP) afford this team opportunity to take such steps as they consider reasonably necessary and proportionate to protect a person from the immediate risk of significant harm. Section 115 MHA confers powers of entry and inspection, An AMHP may at all reasonable times enter and inspect any premises other than a hospital in which a mentally disordered patient is living, where the assessor has reasonable cause to believe that the patient is not under proper care. It must be recognised that this power is reliant on the reasonable suspicion that the individual is suffering from a mental illness. If there is no such suspicion this power is not available. Similarly where an AMHP believes a person is suffering from a mental disorder; is unable to care for themselves and is living alone (or otherwise being ill- treated or neglected) the AMHP can apply for a warrant under s135 MHA to enter a property, using force if necessary, to remove a patient for treatment or care.

Individuals acting under powers conferred by the Mental Health Act benefit from immunity under s129 MHA, whereas those seeking to obstruct the inspection of premises or the exercise of functions under the Mental Health Act are guilty of an offence under s.129 MHA, but it must be noted that this would only assist where a third party sought to obstruct an assessment.

Further the powers available under the MHA to detain an individual for compulsory treatment are limited in cases of hoarding because currently expert opinion believes the most effective treatment is that provided consensually. However, it may be useful in cases of self-neglect or where it is required to treat the manifestations or symptoms of hoarding.

Finally Mental Health services may also be included within discussions/ meetings to advise on access to secondary psychological treatment options and to secure access for the individual.

Police

As with AMHPs the Police have powers of entry and so may prove pivotal in gaining access to conduct assessments if all else fails. Under Section 17 (1) (a) of the Police and Criminal Evident Act 1984, the police have power to enter without a warrant if required to save life or limb; or prevent serious damage to property; or recapture a person who is unlawfully at large while liable to be detained.

Under the common law, the doctrine of necessity² would provide a defence if force is used to gain entry to private property to apprehend a dangerous mentally disordered person in cases of serious harm to themselves or others within the community.³ Therefore, the reasonableness of time will presumably depend upon the urgency of the situation.

Where a third party seeks to obstruct assessment or frustrate lawful intervention by statutory services the Police may have additional powers of arrest for offences under either s127 MHA or s44 MCA, but again it is recognised that these powers will be used only in exceptional circumstances.

Primary Health Services (GPs, London Ambulance Service and Sutton and Merton Community Services)

In some cases of chronic or persistent self-neglect, where individuals are reluctant to engage with social care services they may remain compliant with primary healthcare services and will access their GP, district nursing service etc. Alternatively, failure to keep health appointments or to comply with medication may also be an indicator of self neglect. As well as raising alerts and providing information, primary health services can also be very effective in forming a relationship with a person who self neglects or hoards and in addressing any of the underlying conditions.

Primary health services should also monitor those people who are engaged with their service and show signs of self-neglect or hoarding but who do not pose a risk of significant harm to themselves or others or where there is no statutory nuisance.

London Fire Brigade

LFB is best placed to work with individuals to assess and address any unacceptable fire risk and to develop strategies to minimise significant harm caused by potential fire risks. LFB will also raise alerts when called to addresses repeatedly or where homes have significant damage because of a fire and the individual continues to reside at that address.

The role of the LFB under the protocol would be one of raising alerts, carrying out fire safety visits, carrying out fire risk assessments and offering advice to individuals assuring them of the necessity of fire prevention and protection.

Utility Companies

Utility companies have an important role in the identification of hoarding and self neglect since they will visit people's homes to read meters or to carry out inspections. Engagement of utility companies is therefore important so that reports of hoarding and self neglect can be received and action taken on dangerous appliances.

Domiciliary Care Providers

Care agencies are commissioned by the London Borough of Sutton to provide support to people in their own homes and are also commissioned directly by people who fund their own care. They have a role, therefore, in both identifying people who self neglect and hoard and in working with them.

² Mental Health Law (2010), p.114 R v Bournemouth Community and Mental Health NHS Trust, ex p. L [1998] 3 ALL E.R 289

³R. (on the application of Munjaz) v Mersey Care NHS Trust [2003] All ER (D) 265 (Jul)
Neutral Citation: [2003] EWCA Civ 1036

Process

The process is formed from the following stages

1) Identification and assessment

Cases of hoarding or self-neglect may be raised by members of the public or by professionals.

The first step is to identify that someone is hoarding or self-neglecting. The tool for identifying problematic hoarding is the clutter image scale (see Appendix 2).

There is no formal tool to identify self-neglect as distinct from hoarding, so individual judgements will have to be made about the extent of deprivation that each individual who self-neglects is experiencing and whether or not lack of working amenities (such as suitable equipment to store and cook food; running drinking water; lavatory facilities; heating and lighting etc) indicates the need for some form of intervention.

The “Hoarding and Self-Neglect Guidance for Practitioners (p. 13) and the clutter image scale guidelines and the written descriptions of each level should be used to explore the extent and the impact of the problem and will be used to support risk assessment.

The assessment should be carried out in a multi-agency way, including input where necessary from social services, housing, environmental health, the fire brigade etc. The roles that each agency can perform have been described previously and a judgement will have to be made on which to involve, when and for what purpose.

If there is significant risk as identified by the Hoarding and Self-Neglect Guidance for Practitioners” (p. 13), which is likely to be, but not exclusively fire or carbon monoxide poisoning, then it will be necessary to go straight to Level 3 and arrange an urgent multi-agency planning meeting to ensure the safety of the individual or others who may be affected. This meeting will consider and agree:

- the legal remedies that are available,
- who will implement them
- timescales for action
- monitoring arrangements

2) Risk assessment

Using the Hoarding and Self-Neglect Guidance for Practitioners (p. 13) and the clutter image scale guidelines and the written descriptions of each level, make a judgement

of the risk that hoarding and self-neglect poses. This judgement should be recorded on the appropriate information management system, giving reasons for the judgement.

The written descriptions of each clutter image level provide guidance on the different organisations to involve at each level.

If there is significant risk as identified by the Hoarding and Self-Neglect Guidance for Practitioners” (p. 13), which is likely to be, but not exclusively fire or carbon monoxide poisoning, then it will be necessary to go straight to Level 3 and arrange an urgent multi-agency planning meeting to ensure the safety of the individual or others who may be affected. This meeting will:

- a) Determine and agree whether or not significant risks as identified by the Hoarding and Self-Neglect Guidance for Practitioners (p. 13), which is likely to be, but not exclusively, fire or carbon monoxide poisoning, are present
- b) Determine whether or not urgent action needs to be taken?
- c) Agree whether or not a consensual approach possible?
- d) Identify the legal remedies that are available,
- e) Agree who will implement them
- f) Agree timescales for action
- g) Agree monitoring arrangements

A Mental Capacity Act assessment, if justified under the Mental Capacity Act, should be carried out at this stage and will inform the actions take.

3) Actions to make the person safer.

The process of assessment is a means to enable coordinated action to be taken. High risk exists not only as a result of environmental and behavioural conditions but also when:

- a) Multiple organisations are involved, but their actions are not coordinated and there is no clear oversight and direction
- b) A person who hoards or self-neglects is of concern to numerous different organisations but does not meet their eligibility criteria

At all levels, a mental capacity assessment conducted under the Mental Capacity Act should be considered and used where appropriate to ensure that any actions taken are lawful and will be successful.

Please use the clutter image rating (appendix 2) to assess what level the hoarding problem is at:

Images 1-3 indicate level 1 – Signposting

Images 4-6 indicate level 2 - Refer to Community MARAC

Images 7-9 indicate level 3 - Arrange an urgent multiagency planning meeting

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.

Level 1 Signposting

Given that the amount of hoarding will be very low at this level, a judgement will have to be made on whether or not any intervention is necessary. Concerns may arise, however, if there is a recent and otherwise unexplained increase in clutter, or whether there is a decrease in the number of personal possessions or a lack of functioning facilities, which may indicate self-neglect. At this stage, the best intervention is likely to be a consensual, collaborative one, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual. Signposting may include advising the individual to contact relevant organisations that may assist with repair and maintenance, or removal and cleaning or a professional making contact with these organisations themselves.

Level 2 Refer to Community MARAC

At this level, hoarding starts to become problematic and a referral should be made to the Community MARAC to consider, and coordinate, any multiagency involvement. The best intervention is still likely to be a consensual, collaborative one, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual, but from 5 upwards, the fire loading in the room exceeds the threshold set by London Fire Brigade and the Fire Brigade must be notified. Environmental Health and housing input may also be necessary if the level and the nature of hoarding poses any relevant hazards. If there is a risk of fire, or of carbon monoxide poisoning, then an urgent multiagency planning meeting should be arranged (see level 3 below) within three working days, or sooner if the risk is imminent.

A mental capacity act assessment is essential to determine how any intervention should be applied.

For a Referral to Community MARAC – please email your concerns to

Community.Marac@sutton.gov.uk

Level 3 Arrange an urgent multiagency planning meeting

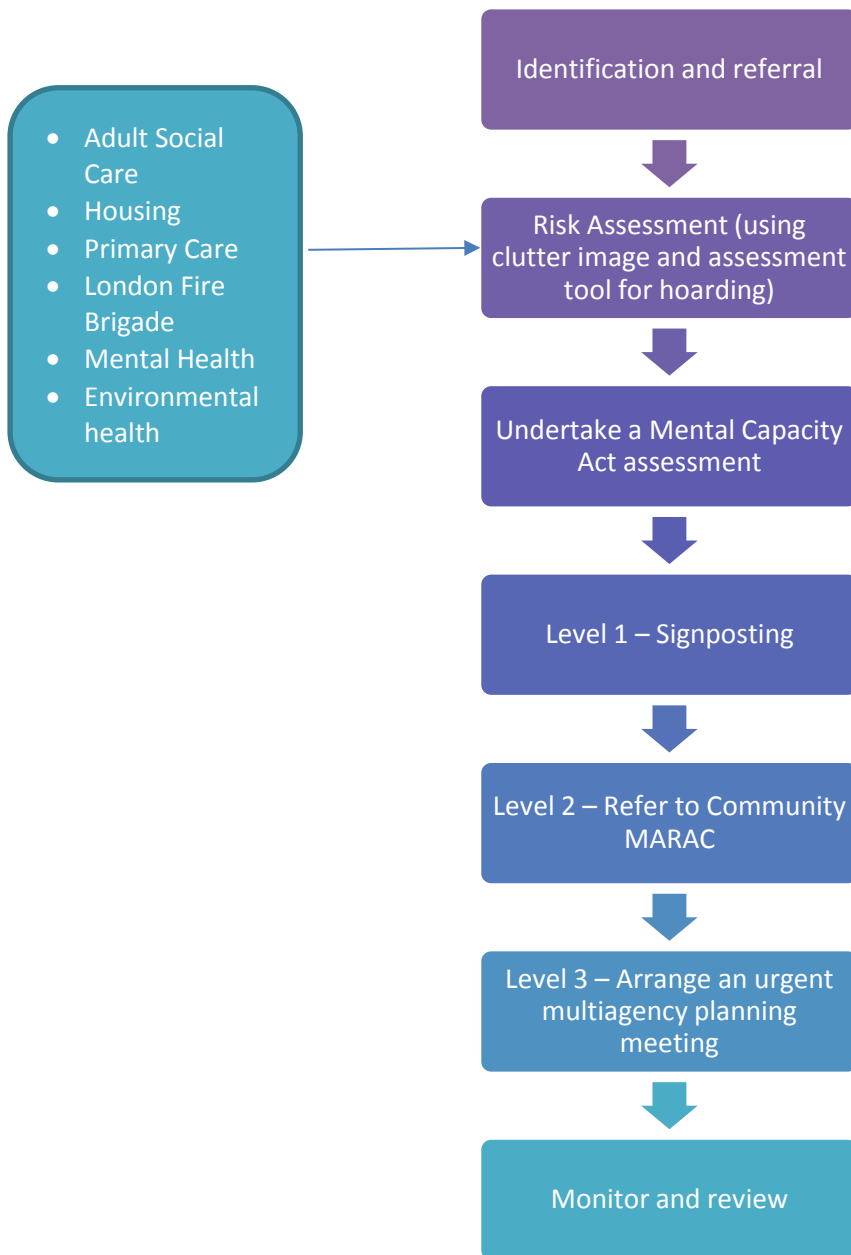
At this level, a multi-agency planning meeting must be arranged within three working days, or sooner if the risk is imminent. The purpose of this meeting is to:

- a) Determine and agree whether or not significant risks as identified by the Hoarding and Self-Neglect Guidance for Practitioners (p. 19), which is likely to be, but not exclusively, fire or carbon monoxide poisoning, are present.
- b) Determine whether or not urgent action needs to be taken
- c) Agree whether or not a consensual approach possible
- d) Identify the legal remedies that are available,
- e) Agree who will implement them
- f) Agree timescales for action
- g) Agree monitoring arrangements The organisations/ services to invite are:
 - London Fire Brigade
 - Environmental Health
 - Registered Social Landlord
 - Social Services
 - Mental Health Services
 - CCG

It is still likely that a consensual, collaborative approach, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual will be most effective for this level of hoarding. Anyone who can get through the front door should be considered. If a significant risk is present then the meeting should consider whether or not a coercive intervention is necessary, and if so, how it can be applied lawfully and quickly. The meeting should weight risk to others equally with risk to the individual themselves and also consider whether there is the need for action to save life and limb.

A mental capacity act assessment is essential to determine how any intervention should be applied

The flow chart below sets out the process. If in doubt, please ask your supervisor/manager for assistance.



Hoarding and Self Neglect Guidance for Practitioners

Questions to ask about hoarding and self-neglect

The following is a list of questions to ask where you are concerned about someone's safety in their own home and where there may be a risk of self-neglect or hoarding. Each question may lead to further questions enquiring when did the event happen and what the outcome was.

1. How do you get in and out of your property, do you feel safe living here?
2. Have you ever had an accident, slipped, tripped up or fallen, how did it happen?
3. How have you made your home safer to prevent this (above) from happening again?
4. 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)
5. How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
6. How do you manage to keep yourself warm? Especially in winter?
7. Do you have an open bar fire or a convection heater?
8. When did you last go out in your garden? Do you feel safe to go out there?
9. Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?
10. Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
11. Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
12. Can you prepare food, cook and wash up in your kitchen?
13. Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?
14. 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?
15. 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)
16. Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?
17. What do you do with your dirty washing?
18. How do you keep yourself warm enough at night? Have you got extra coverings to put on your bed if you are cold?
19. Are there any broken windows in your home? Any repairs that need to be done?
20. Have you experienced weight loss recently? How long ago?
21. When did you last see your GP?

The following are questions regarding the imminent risk of fire. If the answer to any of these questions is yes, then this must be reported as a matter of urgency to the fire brigade and raised urgently through your line management system

Significant danger

- 22. Has a fire ever started by accident?
- 23. Do you ever use candles or an open flame to heat and light here or cook on a camping gas or a barbeque inside your home?
- 24. Do you use your gas cooker to heat your home?

Appendix 1: Legislation

Care and Support Statutory Guidance, 2016

Self-neglect

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. 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.

Mental Capacity Act

A person must be assumed to have capacity unless it is established that he lacks capacity. A person is unable to make a decision for himself if he is unable:

- a) To understand the information relevant to the decision
- b) To retain that information
- c) To use or weigh that information as part of the process of making the decision, or
- d) To communicate his decision [whether by talking, using sign language or any other means.]

An inability to satisfy any one of these four conditions would render the person incapable.

Under section 2 of the Mental Capacity Act 2005 under Best Interest the decision maker must:

- a) Consider whether it is likely that the person will at some time have capacity in relation to the matter in question.
- b) Permit and encourage the person to participate as fully as possible in any act done for him and any decision affecting him.
- c) Consider the person's past and present wishes and feelings [and, in particular, any relevant written statement made by him when he had capacity.
- d) Consider the beliefs and values that would be likely to influence his decision if he had capacity, and the other factors that he would likely to consider if he were able to do so.
- e) Take in to account, if it is practicable and appropriate to consult them ,the views of :
 - anyone named by the person as someone to be consulted on the matter in question or in matters of that kind.
 - anyone engaged in caring for the person or interested in his welfare.
 - any donee of a Lasting Power Of Attorney granted by the person
 - any deputy appointed for the person by the court

Mental Capacity Act Code of Practice

The Mental capacity act codes of practice guidance notes cover:

- Who should assess capacity?
- Whether the person has made an advance decision or given authority to someone else to make this decision.
- How to determine “Best Interest” and when to call a Best Interest meeting.
- The role and function of the Independent Mental Capacity Advocate.
- The role of the Court of Protection.

When assessing someone who self-neglects it is important to remember that when a person makes a decision which is unwise, inappropriate or places themselves at risk, this does not necessarily mean that they lack capacity to make that decision. Poor decision making alone does not constitute lack of capacity. The assessment of capacity must be based on the person’s ability to make a decision in relation to the relevant matter. In case of self-neglect where a person is repeatedly making decisions that place him/herself at risk and could result in preventable suffering or damage, an assessment of capacity should be undertaken.

When a vulnerable adult has been assessed under the Mental Capacity Act as lacking capacity, a referral to an Independent Mental Capacity Advocate will assist to ensure that any action taken is on the basis of the person’s best interest.

The action taken should consider:

- The wishes, feelings, values and benefits of the person who has been assessed as lacking mental capacity.
- The views of family members, parents, carers and other people interested in the welfare of the person lacking capacity, if it is practical and appropriate.
- The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney.
- The views of any Deputy appointed by the Court of Protection to make decisions on the person’s behalf

Mental Health Act 2007

Sections of the mental health act may be applicable in cases of self harm or self neglect where the person is also suffering from a mental disorder.

In 2007 the term personality disorder, which may be present in cases of self harm now comes under the definition of “mental disorder”.

Section 135 Mental Health Act

Provides the authority to seek a warrant authorising a Police Officer to enter premises if it is believed that someone is suffering from a mental disorder, is being ill treated or neglected or kept otherwise than under proper control anywhere within the jurisdiction of the court, or being unable to care for himself and is living alone in any such place.

This allows the Police Officer with a Doctor and approved Mental Health professional to enter the premises and remove the person to a place of safety for a period of up to 72 hours with a view to an application being made under part II of the Act, or other arrangements for their treatment or care.

A place of safety may include a suitable registered care home.

Section 7 of the 2007 Mental Health Act – Guardianship

Application for guardianship is made by an approved Mental Health Professional or the person's nearest relative (as defined under the Act). Two Doctors must confirm that:

- The patient is suffering from a mental disorder of a nature or degree that warrants reception into guardianship and;
- It is necessary in the interests of the patient's welfare or for the protection of others. The guardian must be a local social services authority, or person approved by the social services authority, for the area in which the proposed guardian lives.

Guardianship requires the ;

- Patient to live at a place specified by the guardian
- Patient to attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment) that a doctor, social worker or other person specified by the guardian can see the patient at home.

Sections 31-32 Public Health Act (1984)

Section 31 indicates that the occupier of a premises can be required to "cleanse and disinfect" the premises and to disinfect or destroy any unsanitary articles. If the occupier fails to comply, the local authority can take the necessary action and charge the occupier for doing so.

Section 32. The local authority can "cause any person to be removed to any temporary shelter or house accommodation provided by the authority", with or without their consent using reasonable force if necessary.

Human Rights Act 1998

Article 8 - Right to respect for private and family life

This states that everyone has the right to respect for his private and family life, his home and correspondence and that there shall be no interference by a public authority with the exercise of this right except in certain circumstances.

Any intervention must accord with the law and be for a range of reasons which include

public safety and the protection of health or for the protection of the rights and freedoms of others.

Article 5 - Right to liberty and security

This states that no one should be deprived of his liberty other than in accordance with the procedure prescribed by law or in a number of specified circumstances. One of the provisions relates to 'lawful detention for the prevention of the spreading of infectious diseases, of service users of unsound mind, alcoholics, drug addicts or vagrants'(5) (l) (e)

Environmental Protection Act 1990

The Local Authority has a duty to investigate statutory nuisances as set out in s79 of the Act. Where satisfied a statutory nuisance exists the Local Authority must serve a notice imposing requirements. The act contains various powers to take action once inside the premises.

Public Health Act 1936

The local authority can serve notice requiring the cleaning and disinfecting of premises which are filthy and or verminous. If the owner or occupier does not comply with the notice the local authority may carry out the work in default. The notice specifies what work is required but is restricted to the cleansing and removal of filthy items and not for hoarded goods.

Prevention of Damage by Pests Act 1949

The local authority can require land to be made free from rats and or mice where infested.

Housing Act 1985

Schedule 2: Grounds for possession of dwelling-houses let under secure tenancies Part, 1: Grounds on which a court may order possession if it considers it reasonable

Ground 3: The condition of the dwelling-house or of any of the common parts has deteriorated owing to acts of waste by, or the neglect or default of, the tenant or a 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.

Community Protection Notice

A Community Protection Notice is new power under the Anti-social Behaviour, Crime and Policing Act 2014

The purpose of the Community Protection Notice is to stop a person over the age of 16 years old, a business or an organisation from committing anti-social behaviour which spoils the community's quality of life.

It can be used to deal with particular on-going problems or nuisances which negatively impact on or affect the community, by targeting those responsible. It can cover a wide range of anti-social behaviours and can be used against a wide range of perpetrators. When considering if a Community Protection Notice is an appropriate approach, the agencies involved must be able to demonstrate that the behaviour has:

- a detrimental effect on the quality of life of those in the locality
- be of a persistent or continuing nature; and
- be unreasonable

When deciding whether the behaviour is having a detrimental effect, agencies will consult with the victims and / or potential victims to better understand the effect the behaviour is having.

Once an issue has been identified a written warning will be given to the alleged perpetrator of the problem behaviour requesting that they stop and also highlighting the consequences if they continue.

A Community Protection Notice can include a requirement to stop doing something, to start doing something, or to take reasonable steps to avoid further anti-social behaviour.

Breaching a Community Protection Notice is a criminal offence. If appropriate a fixed penalty notice can be issued or a fine of up to £20,000 for businesses.

Appendix 2

Clutter Image Rating

Clutter Image Rating: Kitchen



1



2



3



4



5



6



7



8



9

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

Clutter Image Rating: Living Room

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Bedroom



1



2



3



4



5



6



7



8



9

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

Clutter Image Rating

Using the 3 series of pictures (CIR: Living Room, CIR: Kitchen, and CIR: Bedroom), please select the picture that best represents the amount of clutter for each of the rooms of your home. Put the number on the line below.

Please pick the picture that is closest to being accurate, even if it is not exactly right. If your home does not have one of the rooms listed, just put NA for "not applicable" on that line.

Room	Number of closest corresponding picture (1-9)
Living Room	_____
Kitchen	_____
Bedroom #1	_____
Bedroom #2	_____

Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the CIR: Living Room pictures to make these ratings.

Dining room	_____	
Hallway	_____	
Garage	_____	
Basement	_____	
Attic	_____	
Car	_____	
Other Please specify:	_____	Please specify: _____

Clutter Image Rating

Using the 3 series of pictures (CIR: Living Room, CIR: Kitchen, and CIR: Bedroom), please select the picture that best represents the amount of clutter for each of the rooms of your home. Put the number on the line below.

Please pick the picture that is closest to being accurate, even if it is not exactly right. If your home does not have one of the rooms listed, just put NA for "not applicable" on that line.

Room	Number of closest corresponding picture (1-9)
Living Room	_____
Kitchen	_____
Bedroom #1	_____
Bedroom #2	_____

Also, please rate other rooms in your house that are affected by clutter on the lines below. Use the CIR: Living Room pictures to make these ratings.

Dining room	_____	
Hallway	_____	
Garage	_____	
Basement	_____	
Attic	_____	
Car	_____	
Other Please specify:	_____	Please specify: _____

Assessment Tool Guidelines

<p>1. Property structure, services & garden area</p>	<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 (none 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?
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • Assess the current functionality of the rooms and the safety for their proposed use. E.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it. • Select the appropriate rating on the clutter scale. • Please estimate the % of floor space covered by clutter • Please estimate the height of the clutter in each room
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Assess the level of sanitation in the property. • Are the floors clean? • Are the work surfaces clean? • Are you aware of any odours in the property? • Is there rotting food? • Does the resident use candles? • Did you witness a higher than expected number of flies? • Are household members struggling with personal care? • Is there random or chaotic writing on the walls on the property? • Are there unreasonable amounts of medication collected? Prescribed or over the counter?
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> • Do any rooms rate 7 or above on the clutter rating scale? • Does the household contain young people or children?
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Are the 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
-----------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Level 1 Clutter image rating 1 - 3	Household environment is considered standard. 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.
1. Property structure, services & garden area	<ol style="list-style-type: none"> 2. All entrances and exits, stairways, roof space and windows accessible. 3. Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. 4. All services functional and maintained in good working order.
2. Household Functions	<ol style="list-style-type: none"> 1. No excessive clutter, all rooms can be safely used for their intended purpose. 2. All rooms are rated 0-3 on the Clutter Rating Scale 3. No additional unused household appliances appear in unusual locations around the property 4. Property is maintained within terms of any lease or tenancy agreements where appropriate. 5. Property is not at risk of action by Environmental Health
3. Health and Safety	<ol style="list-style-type: none"> 1. Property is clean with no odours, (pet or other) 2. No rotting food 3. No concerning use of candles 4. No concern over flies 5. Residents managing personal care 6. No writing on the walls 7. Quantities of medication are within appropriate limits, in date and stored appropriately
4. Safeguard of Children & Family members	<ol style="list-style-type: none"> 1. No Concerns for household members
5. Animals and Pests	<ol style="list-style-type: none"> 1. Any pets at the property are well cared for 2. No pests or infestations at the property
6. Personal Protective Equipment (PPE)	<ol style="list-style-type: none"> 1. No PEP required 2. No visit in pairs required.

Actions	Level 1
Referring Agency	<ul style="list-style-type: none"> • Discuss concerns with resident • Raise a request to the Fire Brigade for a home safety fire check • Refer for support assessment if appropriate.
Environmental Health	<ul style="list-style-type: none"> • No Action
Social Landlords	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances • Refer to GP if appropriate • Refer for support assessment if appropriate. • Provide details of support streams open to the resident via charities and self help groups. • Provide details on debt advice if appropriate to circumstances • Ensure residents are maintaining all tenancy conditions
Practitioners	<ul style="list-style-type: none"> • Complete Hoarding Assessment • Make appropriate referrals for support • Refer to social landlord if the client is their tenant or leaseholder
Emergency Services	<ul style="list-style-type: none"> • Fire Brigade undertake HSFV & feedback to referring agency on completion.
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.
Community MARAC	<ul style="list-style-type: none"> • No action unless other concerns are noted.

Level 2 Clutter Image Rating 4 – 6	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
1. Property structure, services & garden area	<ol style="list-style-type: none"> 1. Only major exit is blocked 2. Only one of the services is not fully functional 3. Concern that services are not well maintained 4. Smoke alarms are not installed or not functioning 5. Garden is not accessible due to clutter, or is not maintained 6. Evidence of indoor items stored outside 7. Evidence of light structural damage including damp 8. Interior doors missing or blocked open
2. Household Functions	<ol style="list-style-type: none"> 1. Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. 2. Clutter is causing congestion between the rooms and entrances. 3. Room(s) score between 4-5 on the clutter scale. 4. Inconsistent levels of housekeeping throughout the property 5. Some household appliances are not functioning properly and there may be additional units in unusual places. 6. Property is not maintained within terms of lease or tenancy agreement where applicable. 7. Evidence of outdoor items being stored inside
3. Health and Safety	<ol style="list-style-type: none"> 1. Kitchen and bathroom are not kept clean 2. Offensive odour in the property 3. Resident is not maintaining safe cooking environment 4. Some concern with the quantity of medication, or its storage or expiry dates. 5. No rotting food 6. No concerning use of candles 7. Resident trying to manage personal care but struggling 8. No writing on the walls
4. Safeguard of Children & Family members	<ol style="list-style-type: none"> 1. Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding Alert. 2. Please note all additional concerns for householders 3. Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.

5. Animals and Pests	<ol style="list-style-type: none"> 1. Pets at the property are not well cared for 2. Resident is not unable to control the animals 3. Animal's living area is not maintained and smells 4. Animals appear to be under nourished or over fed 5. Sound of mice heard at the property. 6. Spider webs in house 7. Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc)
6. Personal Protective Equipment (PPE)	<ol style="list-style-type: none"> 1. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. 2. VIP required
Level 2	Actions
Referring Agency	<ul style="list-style-type: none"> • Refer to landlord if resident is a tenant • Refer to Environmental Health is resident is a freeholder • Raise an alert to the Fire Brigade and request a HSFV • 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
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health on 020 8770 5000 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
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.
Social care and health Practitioners	<ul style="list-style-type: none"> • Refer to "Guidance for Hoarding Guidance Questions to Ask" • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.

Emergency Services	<ul style="list-style-type: none"> • Fire Brigade undertake HSFV & feedback to referring agency on completion. • Ensure information sharing with all agencies involved to ensure
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
Safeguarding Adults	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.
Community MARAC	<ul style="list-style-type: none"> • Make a referral to Community MARAC to enable a multi-agency discussion to take place

<p>Level 3 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>	<ol style="list-style-type: none"> 1. Limited access to the property due to extreme clutter 2. Evidence may be seen of extreme clutter seen at windows 3. Evidence may be seen of extreme clutter outside the property 4. Garden not accessible and extensively overgrown 5. Services not connected or not functioning properly 6. Smoke alarms not fitted or not functioning 7. Property lacks ventilation due to clutter 8. Evidence of structural damage or outstanding repairs including damp 9. Interior doors missing or blocked open 10. Evidence of indoor items stored outside
<p>2. Household Functions</p>	<ol style="list-style-type: none"> 1. Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. 2. Room(s) scores 7 - 9 on the clutter image scale 3. Rooms not used for intended purposes or very limited 4. Beds inaccessible or unusable due to clutter or infestation 5. Entrances, hallways and stairs blocked or difficult to pass 6. Toilets, sinks not functioning or not in use 7. Resident at risk due to living environment 8. Household appliances are not functioning or inaccessible 9. Resident has no safe cooking environment 10. Resident is using candles 11. Evidence of outdoor clutter being stored indoors. 12. No evidence of housekeeping being undertaken 13. Broken household items not discarded e.g. broken glass or plates 14. Concern for declining mental health 15. Property is not maintained within terms of lease or tenancy agreement where applicable

3. Health and Safety	<ol style="list-style-type: none"> 1. Human urine and or excrement may be present 2. Excessive odour in the property, may also be evident from the outside 3. Rotting food may be present 4. Evidence may be seen of unclean, unused and or buried plates & dishes. 5. Broken household items not discarded e.g. broken glass or plates 6. Inappropriate quantities or storage of medication. 7. Pungent odour can be smelt inside the property and possibly from outside. 8. Concern with the integrity of the electrics 9. Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.
4. Safeguard of Children & Family members	<ol style="list-style-type: none"> 1. Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. 2. Please note all additional concerns for householders
5. Animals and Pests	<ol style="list-style-type: none"> 1. Animals at the property at risk due the level of clutter in the property 2. Resident may not able to control the animals at the property 3. Animal's living area is not maintained and smells 4. Animals appear to be under nourished or over fed 5. Hoarding of animals at the property 6. Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) 7. Visible rodent infestation
6. Personal Protective Equipment (PPE)	<ol style="list-style-type: none"> 1. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. 2. Visit in pairs required
Actions	Level 3
Referring Agency	<ul style="list-style-type: none"> • Raise Safeguarding Alert • Raise an alert to the Fire Brigade and request a HSFV
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health on 020 8770 5000 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

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
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 collaborative approach and sustainable resolution
Emergency Services	<ul style="list-style-type: none"> • Fire Brigade undertake HSFV & feedback to referring agency on completion. • Attend Safeguarding multi agency meetings
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
Safeguarding Adults	Safeguarding alert should progress to referral for multi agency approach and further investigation of any concerns of abuse.
MASH	Refer to Children Mash if children or young people present
Community MARAC	<ul style="list-style-type: none"> • Make a referral to Community MARAC to enable a multi-agency discussion to take place
Urgent Multi-Agency planning meeting	<p>Arrange this meeting to</p> <ol style="list-style-type: none"> a) Determine and agree whether or not significant risks as identified by the Hoarding and Self-Neglect Guidance for Practitioners (p. 13), which is likely to be, but not exclusively, fire or carbon monoxide poisoning, are present b) Determine whether or not urgent action needs to be taken? c) Agree whether or not a consensual approach possible? d) Identify the legal remedies that are available, e) Agree who will implement them f) Agree timescales for action g) Agree monitoring arrangements