

London Borough of Merton
Multi Agency Hoarding Protocol



In partnership with:



Contents

INDEX		Page Number
1	Introduction	3
2	Who does the protocol apply to?	4
3	Aims of protocol	4
4	Definition of hoarding	4
5	General characteristics of hoarding	5
6	What is Hoarding Disorder	5
7	Types of hoarding	6
8	Mental Capacity	7
9	Information sharing	8
10	Fire Safety	9
11	Environmental health powers	10
12	Safeguarding children	10
13	Adult at Risk	11
14	Multi-agency response	11
15	Continuum of hoarding behaviour	12
16	Process for Clutter Image Rating Tool	13
17	Clutter Image Rating Scale	14
18	Assessment tool guidelines	17
19	Guidance questions for practitioners	23
20	Case Study	24
21	Guidance for practitioners – Hoarding insight characteristics	28
22	Practitioners hoarding assessment	29

INDEX**Page
Number**

23 Contacts

31

This protocol can be shared with other agencies for guidance use only. The reproduction of this guidance is not allowed without permission of the London Borough of Merton.

1. Introduction

This protocol sets out a framework for adult 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 London Borough of Merton (Safeguarding Adults, Environmental Health, MASCOT and Learning Disability Team), Clarion Housing , Merton Integrated Care Board, South West London and St Georges Mental health Trust.

This protocol was reviewed in 2023 and the following agencies were involved in the review.

London Borough of Merton –

Adult Social Care

Environmental health

MASCOT

Merton Safeguarding Children

Safeguarding Adults

Clarion

Housing

London Fire Brigade

St Georges and South West London Mental HealthTrust

Wandsworth and Merton ICB

Compulsive hoarding is highly complex and requires a collaborative and integrated approach. Situations of hoarding can be both confronting and shocking to those who come into contact with them.

This protocol aims to ensure there is meaningful, co-ordinated multi agency partnership working with this customer group in order to reduce duplication for both the practitioners and customers. The protocol will also facilitate a positive and sustainable outcome for the customer by involving them in identifying and implementing a solution.

The protocol includes reference to legislation that may be relevant to working with this customer group.

2. Who does the protocol apply to?

This protocol applies to all staff working in Adult Social Care, Mental Health Services and the partner agencies who make up the Merton Safeguarding Adults Board who have agreed to the aims of this protocol.

There is an expectation that everyone engages fully in partnership working to achieve the best outcome for the customer whilst satisfying organisational responsibilities and duties.

3. Aims of Protocol

- ✓ **Practice development** 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.
- ✓ **Partnership working** Develop “informal” multi-agency solutions which maximise the use of existing services and resources and which may reduce the need for formal statutory solutions and enforcement.
- ✓ **Hoarding pathways** Plan and co-ordinate further actions such as monitoring, inspection, cleaning, repairs, rehousing, temporary accommodation options etc
- ✓ **Knowledge development** To establish best practice and to improve knowledge of the relevant legislation
- ✓ **Person centered** Ensure a sustainable solution which is tailored to the needs of the customer.

4. Definition of Hoarding

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 have little or no value to others (e.g., papers, notes, flyers, newspapers, clothes)
- ✓ 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. General characteristics of hoarding

- ✓ **Fear and anxiety:** Compulsive hoarding may have started as a learnt behaviour or following an event such as bereavement. The hoarder believes buying or saving things will relieve the anxiety and fear they feel. The hoard effectively becomes their comfort blanket.

An attempt to discard an item may induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

- ✓ **Long term behaviour pattern:** possibly decades of “buy and drop” saving, with an inability to throw away without experiencing fear and anxiety.
- ✓ **Excessive attachment to possessions:** an inappropriate emotional attachment to items.
- ✓ **Indecisiveness:** struggles with the decision to throw or give away items that are no longer necessary, including rubbish. Hoarders will often find faults with others, require others to perform to excellence but struggle to organise themselves or complete tasks.
- ✓ **Socially isolated:** alienate family/friends, too embarrassed to have visitors so will make many attempts to decline home visits in favour of office-based appointments.
- ✓ **Large number of pets:** may have a large number of animals that cause complaints with neighbours, may be a self-confessed “rescuer of strays”
- ✓ **Mentally competent (non-hoard related decisions)** Able to make decisions that are not related to the hoarding.
- ✓ **Extreme clutter:** preventing the use of rooms for their intended use.
- ✓ **Churning:** moving items from one area to another without ever discarding anything.
- ✓ **Self-Care:** maybe lacking in self-care or appear unkempt / disheveled due to lack of facilities. However, many hoarders maintain their appearance by undertaking personal care at public facilities and launderettes.
- ✓ **Poor insight:** sees nothing wrong with chosen lifestyle.

6. What is Hoarding Disorder

Hoarding was formally diagnosed as part of an obsessive-compulsive disorder (OCD), but is now recognised as a stand-alone disorder. However, hoarding can be a symptom of other psychiatric disorders. Hoarding Disorder is different from the act of collecting. It is also different from general clutter and mess in a property. 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.

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

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:

- Clothes
- Newspapers, magazines or books
- Bills, receipts or letters
- Food and food containers
- Animals
- Medical equipment
- Collectibles such as toys, video, DVD, or cd's

7. Types of Hoarding

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 as inanimate and animal hoarding, however people that do hoard data could still present with same issues that are symptomatic of hoarding. Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

8. Mental Capacity

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves. It sets out who can make decisions, in which situation and how they should go about this. The act has 5 statutory principles, and these are the values which underpin the legal requirements of the act. These are:

1. A person is not to be treated as unable to make a decision unless all practicable steps have been taken without success.
2. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
3. 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.
4. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

The SCIE website is a good starting point when thinking about assessing capacity:
<http://www.scie.org.uk/publications/mca/assessing-capacity/>

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 customer's consent. In extreme cases of hoarding behaviour, the very nature of the environment *should* lead professionals to question whether the customer 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.

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 multi-disciplinary team, they are responsible for making the final decision about a person's capacity.

If the customer 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.

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.

Here is a link for the Mental Capacity Act Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

9. Information Sharing

Under the Data Protection Act 1998, we all have the responsibility to ensure that personal information is processed lawfully and fairly. All customers have a right to view any information held about them. Practitioners should consider this when they are recording information about that person.

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.

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 person'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.

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

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

10. Fire Safety

Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit route. Appropriate professional fire safety advice must be sought. The London Fire Brigade offers home fire safety advice on their website and a route to book a home fire safety visit.

<http://www.london-fire.gov.uk/HomeFireSafetyVisit.asp>

11. Environmental Health Powers

Environmental Health will only become involved if the property is hoarded, Filthy and verminous from rating scale 7 – 9.

Public Health Act 1936 Notice: There is appeal available within 28days, but only regarding the cost and reasonableness of the works.

The local authority can serve notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets within 28 days.

Section 84. The local authority will invoice the owner for the full cost of works plus 30% Administration fees.

Prevention of Damage by Pest Act 1949 section 4. The notice may be served on the owner/occupier requesting that treatment is carried out within 28 days for compliance.

The local authority may carry out treatment as works in default and charge the owner/occupier. They also have the option to place the cost as a Charge on the property at the local land charges to be redeemed when the property is sold.

Paragraph(f) The local Authority will serve an Abatement Notice under section 80 to abate the nuisance if it is Statutory. The notice will require the resident/owner to abate the nuisance in 2 hours or within 24hrs.

12. Safeguarding Children

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. Safeguarding is everyone's responsibility, and it is important for all professionals to 'think family' and 'to see the child'. 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. Some consideration should be given to whether the adult suffers from poor mental health and what is the impact of their mental health on their ability to provide good enough care for their child/ren. If there are children in the home practitioners should assess if the child is caring for the adult in any way, in which a young carers assessment may be required.

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 with Merton Multi-Agency Safeguarding Hub. Please refer to the following link for guidance http://www.londoncp.co.uk/chapters/A_contents.htm

13. Adult at risk

This protocol accepts the guidance as supplied in the London Multi-agency Safeguarding Adults Policy and Procedures 2016.

The Care Act 2014 guidance states the following regarding 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.

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

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.

Safeguarding adults is everyone's business, and a safeguarding concern should be raised if necessary.

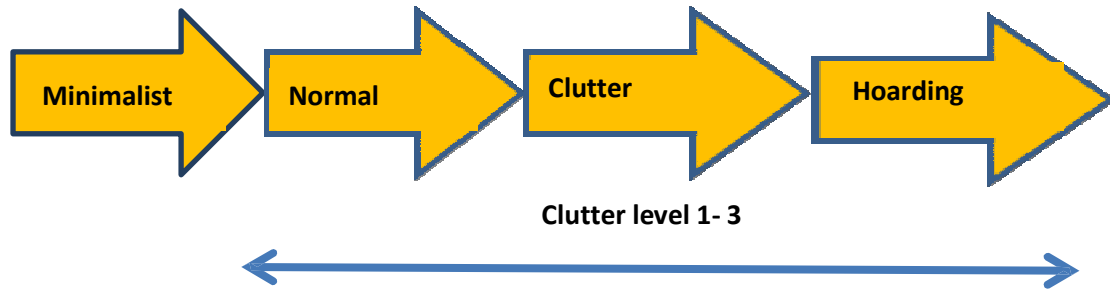
14. Multi-Agency Response

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 customers will receive support from statutory services such as Mental Health. All agencies need to work together to discuss and agree actions to support the person.

Any professional working with customers 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.

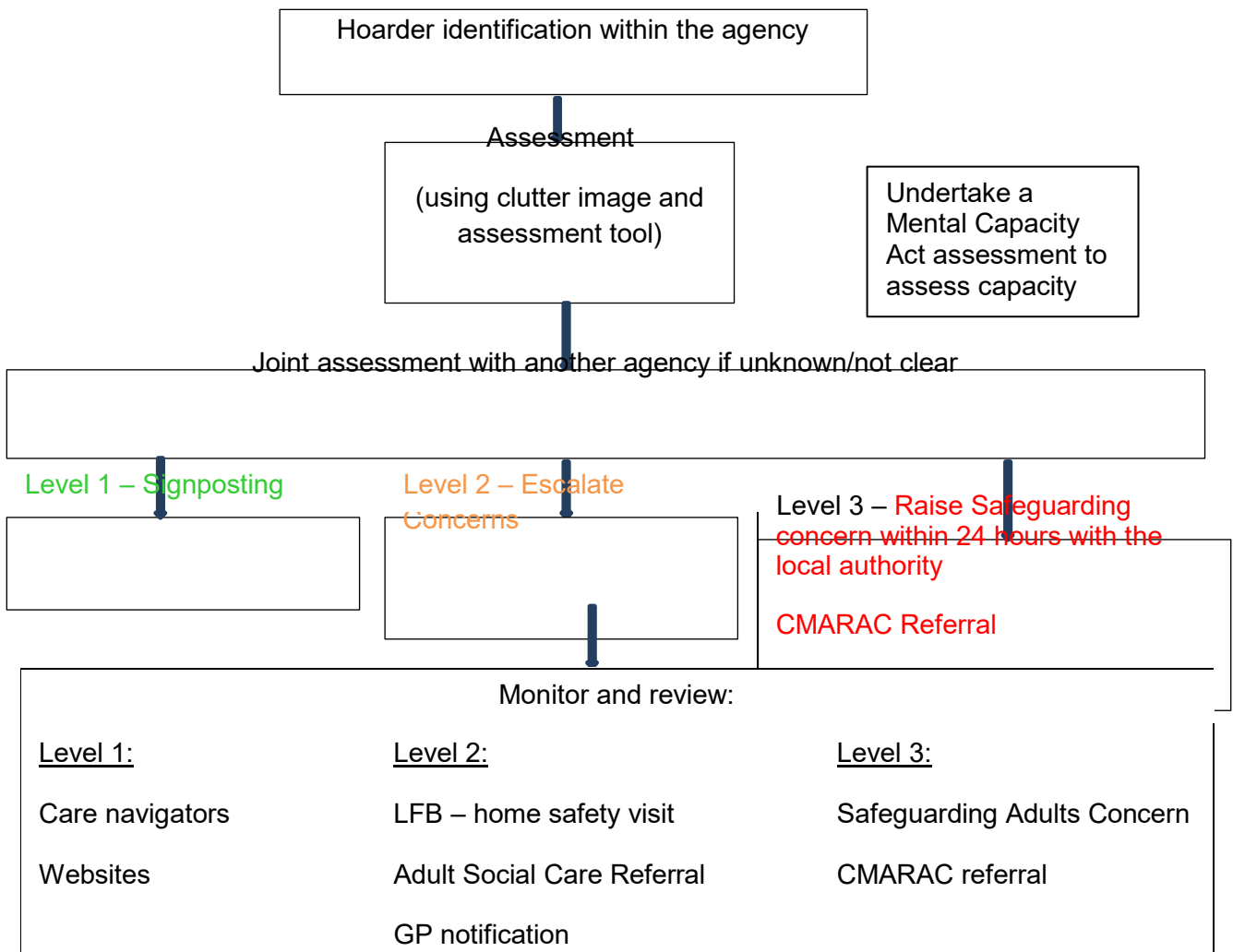
Evidence of animal hoarding at any level should be reported to the RSPCA.

15. Continuum of hoarding behaviour



16. Process for Clutter Image Rating tool:

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



Please use the clutter image rating to assess what level the customer's 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 the 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.

17.

Clutter Image Rating Scale - Bedroom

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



1



2



3



4



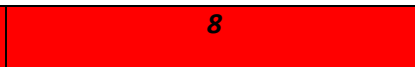
5



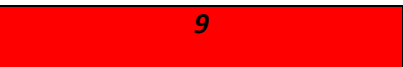
6



7



8



9

Clutter Image Rating Scale - 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

Clutter Image Rating Scale – Kitchen

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



1



2



3



4



5



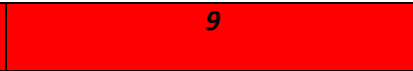
6



7



8



9

18.

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 (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.
<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? ✓ Is the resident aware of any fire risk associated to the clutter in the property?
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> ✓ Do any rooms rate 7 or above on the clutter rating scale? ✓ Does the household contain young people or children?
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> ✓ Are there any pets at the property? ✓ Are the pets well cared for, are you concerned about their health? ✓ Is there evidence of any infestation? e.g. bed bugs, rats, mice, etc. ✓ Are animals being hoarded at the property? ✓ Are outside areas seen by the resident as a wildlife area? ✓ Does the resident leave food out in the garden to feed foxes etc.
<p>6. Personal Protective Equipment (PPE)</p>	<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 <i>Clutter image rating 1 - 3</i>	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"> 1. All entrances and exits, stairways, roof space and windows accessible. 2. Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. 3. All services functional and maintained in good working order. 4. Garden is accessible, tidy and maintained
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 PPE 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 to provide fire safety advice · Refer for support assessment if appropriate. · Refer to GP if appropriate
Environmental Health	<ul style="list-style-type: none"> · No Action
Social Landlords	<ul style="list-style-type: none"> · Provide details on debt advice if appropriate to circumstances · Refer to GP if appropriate · Refer for support assessment if appropriate. · Provide details of support streams open to the resident via charities and self help groups. · Provide details on debt advice if appropriate to circumstances · Ensure residents are maintaining all tenancy conditions
Practitioners	<ul style="list-style-type: none"> · Complete Hoarding Assessment · Make appropriate 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.
MASH	<ul style="list-style-type: none"> · No action unless other concerns of abuse are noted.

Level 2 <i>Clutter Image Rating 4 – 6</i>	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property. - Care Act 2014 Assessment – GP notification - LFB Home safety visit
1. Property structure, services & garden area	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	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 4-6 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	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	1. Hoarding on clutter scale 4-6 doesn't automatically constitute a Safeguarding Concern. 2. Please note all additional concerns for householders 3. Properties with children or adults with support needs may trigger a Safeguarding Concern under a different risk.
5. Animals and Pests	1. Pets at the property are not well cared for 2. Resident is not able 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 1. Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc)
6. Personal Protective Equipment (PPE)	1. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. 2. VIP required
Level 2	<p style="text-align: center;">Actions</p> <p style="text-align: center;">In addition to actions listed below these cases need to be monitored regularly in the future due to s RISK OF ESCALATION or REOCCURANCE</p>

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 gardening services · Refer for Care and Support assessment · Notify 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.
Environmental Health	<ul style="list-style-type: none"> · Refer to Environmental Health on 020 8545 3025 with details of client, landlord (if relevant) referrer's details and overview of problems · At time of inspection, Environmental Health Officer decides on appropriate course of action · Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 · Consider Works in Default if notices not complied by occupier
Social Landlord	<ul style="list-style-type: none"> · Visit resident to inspect the property & assess support needs · Referral to Merton Generic Floating Support to assist in the restoration of services to the property where appropriate. · Ensure residents are maintaining all tenancy conditions · Enforce tenancy conditions relating to residents responsibilities · Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Practitioners	<ul style="list-style-type: none"> · Refer to "engagement tips and case study" for guidance · 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	No action unless other concerns of abuse are noted. If other concerns of abuse are of concern or have been reported, progression to safeguarding concern and enquiries may be necessary.
MASH	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 concern 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 16. Property is at risk of notice being served by Environmental Health.
<p>3. Health and Safety</p>	<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. 10. Concern for declining mental health.
<p>4. Safeguard of Children & Family members</p>	<ol style="list-style-type: none"> 1. Hoarding on clutter scale 7-9 constitutes a Safeguarding Adults Concern. 2. Please note all additional concerns for householders. 3. Consider referral to CMARAC

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 Concern within 24 hours · Raise a request to the Fire Brigade to provide fire prevention advice. · Referral to CMARAC
Environmental Health	<ul style="list-style-type: none"> · Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems.
Landlord	<ul style="list-style-type: none"> · Visit resident to inspect the property & assess support needs · Attend multi agency meetings/communications · 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 "engagement tips and case study" · 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 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	Safeguarding concern should be screened and next actions agreed (sec. 42 enquiry, non sec 42. Enquiry)
MASH	Refer to Children MASH if children or young people present within 24 hours

19. Example questions, engagement tips and case study

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 and provide the information needed to alert other agencies.

Environment

- 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)
- Have you ever had an accident, slipped, tripped up or fallen, how did it happen?
- Has a fire ever started by accident?
- How do you get hot water, lighting, heating in here?
- How do you manage to keep yourself warm? Especially in winter?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have a look in it?

Security

- Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?
- Are there any broken windows in your home? Any repairs that need to be done?
- Do you have someone you trust who is a key holder?

Health and Safety

- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok?
- 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?
- 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?

20. Case Study:

Miss J was aged 74 at the point of allocation to a Social Worker (SW). She was single and had no children. She had a very long history of anxiety and depression, and lived with very low self-esteem. Her low self-esteem appeared to derive from her childhood. She believed that she was a disappointment for her father and that she was the cause of his early death from a heart attack. This is because her mother had often told her she “was the death of her father.” Miss J felt ashamed that she had worked as a filing clerk. She thought this was not a good enough job, because she had had a privileged upbringing and a very good education.

Miss J was well spoken, articulate and alert. She appeared to be of an ‘eccentric’ and likeable character. She was well known in the area because she delivered the local newspapers and presented as dirty and unkempt, to the extent that several local café’s prevented her from sitting inside. Only one café welcomed her in, but disinfected the areas she had sat in after she had left.

Neighbours and local people had reported concerns about her on several occasions over a number of years. However, she was resistant to support offered, and very wary of “authority figures” such as social services and police – wrongly fearing that she might be “locked in the loony bin” if she ever let anyone into her home; she knew her home was severely dilapidated and squalid.

Miss J’s flat was hoarded with left over newspapers from her rounds – she had spread them over the floors of her flat like a carpet. The uneven piles of papers had grown to about two feet high throughout the whole flat. In the middle of her lounge was a two bar electric fire with an element. Fortunately, she had the mental capacity to understand the fire risk, and had ensured there was a clear area in front of the fire.

Miss J’s home was also strewn with piles of old milk bottles; most had some remnants of sour milk in them. Her home smelled strongly of soured milk. Her lavatory was filthy with faeces stains all over the pan and the floor. There was rotten foods and rubbish piled up in the kitchen. Her fridge did not work; her bed had only three legs, a dirty mattress and dirty ragged bedding. She had larder beetles and fruit flies throughout her flat. Miss J’s hallway was so hoarded with papers and bottles that she could barely open her front door and used to access her home through an adjacent ‘coal hole’ door instead.

Following alerts from the public, Miss J was offered social services support as she appeared to be in need. However, on the first few attempts to engage her she point-blank refused support and would not allow anyone over the threshold to see what it was like inside. She was deemed to have mental capacity; she knew that she was living in dirty conditions – citing this as a reason not to allow people in. She said that she had never liked housework, and she mostly ate out and was managing her life without outside interference.

Miss J was surviving on a basic state pension plus her paper rounds wages. She owned her flat – via inherited money from her parents to pay for it some years earlier. She was in arrears with her service charges and had no money to maintain her home.

Actions taken:

SW contacted environmental services – who advised that as a private owner they could only intervene if a neighbour complained of vermin or hazards to their properties. No neighbour complaints at that time.

SW therefore knocked on neighbours doors to ask if they'd seen signs of vermin. Neighbours said no but complained of a nasty offensive smell coming from the flat. This was sufficient to trigger a visit from Pest Control services.

SW identified a female neighbour that Miss J quite liked and between them they persuaded her to allow the pest control to visit. SW accompanied Pest Control on their inspection visit and smoothed the way to Miss J accepting the intervention. A 28 day order was put on the property.

This information was served to her in a very gentle manner. The key to this was a build-up of trust with her social worker – who was honest about the work having to be done but gentle enough to soften the impact on her and support her through it. It was also agreed that as Miss J had no money but did have a property – she would not have to pay for the clearance until her home was sold one day, or when she died. She understood and agreed.

Miss J refused the offer of respite care - wishing to be present for the clearance. This wish was agreed.

On the first day of clearance SW introduced her to workmen, helped her secure any important personal effects and then took her out to have some lunch at the local café that accepted her, while the first part of the clearance got under way (i.e clearing a path). The time at the café was used to instil the importance of allowing the workmen to do what they had to do.

SW encouraged the clearance workers to be patient with Miss J – who had to work around her for the rest of the week. She was somewhat resistant to some un-useable items being kept, but was not strongly attached to her hoard – so they were able to throw all things identified as rubbish out.

It took three workers four days to clear and then deep clean the flat.

A new bed and bedding was purchased from and local furniture project. A fridge and various kitchen items were purchased.

Once the flat was cleared and cleaned, Miss J was elated by the result and said she would now keep it clean.

SW strongly encouraged a small support package - of weekly carers to help Miss J keep on top of her cleaning/rubbish and laundry. She refused and said she would now do this herself.

Her case was closed but SW kept a distant eye on her situation – by occasional calls to ask her how she was getting on and checking with her neighbour as to any concerns.

Three years later:

Through occasional welfare phone calls the SW was aware that Miss J was letting things slip. All offers of more intervention were refused.

Miss J had a fall in the street and was taken to hospital. The Hospital raised concerns and the case was reallocated to the previous SW.

Fortunately, the previous contacts smoothed the way for Miss J being more accepting of clearance works to be done.

Miss J agreed to SW getting the works done on her behalf whilst she stayed in respite care. By this time the female neighbour had moved away. SW identified another – this time a male neighbour to support her.

Miss J was brought home shortly after the clear up and was pleased to see how nice her home was.

SW could sense her pride when she offered to make her a cup of tea and SW accepted. Nobody would ever have accepted a drink from her in the past.

From the acceptance of the clean-up, and the good relationship with the social worker, Miss J was encouraged to accept some on-going support to maintain her home. She agreed.

Social worker had identified one particularly engaged neighbour that Miss J had often spoken highly of. The Social Worker approached him and asked if he might be interested in acting as Miss J's Personal Assistant (PA) via direct payments – to help her keep her home clean, and crucially – to put the rubbish out. Regular shopping tasks were also included. He also took her laundry to the launderette. This worked very well. He did not do any personal care. However, this intervention increased her acceptance of more support.

Miss J was gradually encouraged and accepted support to have a weekly bath. A female agency carer was arranged.

The care package worked well for about 18 months – until Miss J's physical and mental health deteriorated and she was eventually assessed as being in need of residential care.

Engagement Tips

- Understand the significance to them of the self-neglecting behaviours / the hoarding to the adult, talking to them about their reasons and life-experiences.
- Focus on harm reduction, **not** symptom reduction. This is about risk management and assessment.
- Work patiently over time at the pace of the adult, but know when to speak the truth (respectfully) *about potential consequences*;
- Make the most of crises (and sometimes of their worries) to reduce harm and make positive changes;
- Practice 'positive regard' for the adult. Build rapport and empathy; use gentle persistence and keep continuity. Mirror their language; see things from their point of view.
- Talk about risks supportively, but also with plain-speaking, openness and honesty about the *potential consequences*.
- Keep in view the adult's (possibly fluctuating!) mental capacity to make safety and welfare decisions.
- Engage with / co-ordinate other professionals, friends, neighbours and family to support, advise and give practical help.
- Use legal powers as a last resort and with only sound knowledge of the law and national policy.
- In all practice, be creative and flexible. eg, are there *other ways* of getting cleaning done, daily medicines collected / administered and clinical treatments given to the person?

21. Guidance for practitioners

Hoarding Insight characteristics

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

Good or fair insight:

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

Poor insight

The customer 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 customer might recognise a storage problem but has little self recognition or acceptance of their own hoarding behaviour.

Absent (delusional) insight

The customer 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 customer is completely accepting of their living environment despite it being hoarded and possibly a risk to health.

Detached with assigned blame

The customer has been away from their property for an extended period. The customer 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.

22. 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 customer's property and in conjunction with the Multi Agency Hoarding Protocol Assessment Tool. Text boxes will expand to allow further text

Date of Home Assessment				
Customer's Name				
Customer's Date of Birth				
Address				
Customer's 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				
Customer's attitude towards hoarding				

Please indicate if present at the property							
Structural damage to property		Insect or rodent infestation		Large number of animals		Clutter outside	
Rotten food		Animal waste in house		Concerns over the cleanliness of the property		Visible human faeces	
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.)							
Questions to ask:							
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							

23. Useful Contacts

<p>Care and Support Needs Assessment and Safeguarding Concerns:</p> <p>Adult Social Care First Response</p> <p>London Borough of Merton Civic Centre, London Road Morden SM4 5DX 020 8545 4388 first.response@merton.gov.uk</p>	<p>Mental health advice and further assessment:</p> <p>Merton Access Team Mental Health</p> <p>Wilson Hospital Cranmer Road CR4 4TP 020 3458 5596</p>
<p>Mascot Telecare</p> <p>Merton Council 1st Floor Civic Centre London Road Morden SM4 5DX</p> <p>Tel: 020 8274 5940 Fax: 020 8274 5930 email: mascot@merton.gov.uk</p>	<p>London Fire Brigade</p> <p>London Fire Brigade - Merton Wimbledon Fire Station 87 Kingston Road Wimbledon SW19 1JN 0208 555 1200 ext 84554</p> <p>Local issues and hoarding support contact Merton Borough Commander SWPerformanceManagement@london-fire.gov.uk</p> <p>Visit website for free home fire safety Visits and other services www.london-fire.gov.uk</p>
<p>Clarion Housing Group</p> <p>Interchange Station Rd Croydon CR0 2RD 0300 500 300</p>	<p>Centra Care & Support (part of Clarion)</p> <p>2 Pancras Square Kings Cross London N1C 4AG careandsupport@centragroup.org.uk</p>

<p>Multi Agency Safeguarding Hub (MASH) Merton childrens.</p> <p>MASH Team Children, Schools and Families Department 12th Floor, Merton Civic Centre London Road Morden SM4 5DX</p> <p>Telephone: 020 8545 4226 or 020 8545 4227</p> <p>Out of hours: 020 8770 5000 Fax: 020 8545 4204 mash@merton.gov.uk</p>	<p>Compulsive Hoarding</p> <p>Website based service which provides a resource of up-to-date information about compulsive hoarding, its diagnosis, research, treatment and the available support.</p> <p>www.compulsive-hoarding.org/</p>
<p>Help for Hoarders</p> <p>Provides information, support and advice for hoarders and their families, including online support forums.</p> <p>www.helpforhoarders.co.uk</p>	<p>OCD-UK</p> <p>Provides information and support about Obsessive Compulsive Disorder, which includes hoarding.</p> <p>www.ocduk.org/hoarding</p>
<p>Hoarding UK</p> <p>Provides information, support for hoarders and agencies, including local support groups.</p> <p>www.hoardinguk.org</p>	<p>The Association of Professional Declutterers & Organisers (UK)</p> <p>Professional network of those in the de-cluttering and organising industry.</p> <p>www.apdo.co.uk/</p>
<p>Cloud's End CIC</p> <p>Resources to help hoarders and housing associations deal with hoarding.</p> <p>www.cloudsend.org.uk/</p>	