ROYAL GREENWICH SAFEGUARDING ADULTS BOARD

Self-Neglect and Hoarding

Multi-Agency Policy, Practice Guidance and Hoarding Toolkit

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Contents

Self Neglect and Hoarding Policy
7 minute briefing

Introduction and Purpose

This policy applies to all partners of the Royal Greenwich Safeguarding Adults Board and can be used as a good reference point for any organisation working with adults who self-neglect and/or hoard. The policy aims to help prevent serious harm of 'adults at risk' who self-neglect and hoard and improve consistency of approach across the borough

What is Self- neglect?

A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding." Self-neglect can be a continuum of indicators which when combined may indicate the presence of self-neglect.

What is hoarding?

Where someone acquires an excessive number of items and stores them in a chaotic manner usually resulting in unmanageable amounts of clutter.

Key considerations

Always Involve the adult/ carer/ family/ and find out what their desired outcomes are.

Consider any health needs or protective characteristics and cultural needs that may impact on their ability to engage and assist you in offering them the appropriate support.

Remember

Build good report and trust
Support the adult to make their own choices
Be patient and understanding
Talk about risks supportively
Be empathetic
Engage with partners
Be creative and flexible
Non-engagement does not mean close the case

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Non- engagement

Because an adult has not engaged with services in the past does not mean that this will always be the case, this time it might be different. Be steadfast with clients and always let them know services are available should they need them.

Multi agency

When an adult's circumstances change, or concerns arise about their lack of engagement, don't presume that other professionals are aware of what you know. Build up good relationships with professionals from other agencies and ensure that information is shared appropriately, using safeguarding procedures if required. Arrange Mult-agency meetings where appropriate and think about what agency a person might engage more with.

Mental Capacity

Remember to use the Mental Capacity Act to empower adults to make a decision and support people who lack the capacity to make decisions. If there are doubts about the persons mental capacity, especially regarding their ability to 'choose' their living conditions or refuse support, then where possible a mental capacity assessment should be undertaken.

Part 1: Multi-Agency Policy

1. Introduction

The Royal Greenwich Safeguarding Adults Board (RGSAB) is the statutory body that sets the strategic direction for safeguarding adults in the borough and is responsible for protecting adults who are experiencing, or who are at risk of abuse or neglect.

The Care Act 2014 and accompanying statutory guidance sets out the Local Authority's responsibility for protecting adults with care and support needs from abuse or neglect, including self-neglect. The Act (Section 1) provides particular focus on well-being in relation to an individual and requires that organisations should always promote the adult's well-being in their safeguarding arrangements. This includes establishing with the individual what 'safe' means to them and how this can be best achieved.

This policy applies to all partners of the Royal Greenwich Safeguarding Adults Board and can be used as a good reference point for any organisation working with adults who self-neglect and/or hoard. Everyone has a responsibility to take a 'Think Family' approach, which requires all agencies to consider the needs of the whole family by making sure that support is provided to children and adults, whilst ensuring this work is coordinated, taking account of how individual problems affect the whole family. (See the "see the adult, see the child" guidance)

1.2 Purpose of the Policy

The policy aims to help prevent serious harm of 'adults at risk' who self-neglect and hoard and improve consistency of approach across the borough by ensuring that:

- ✓ Individuals are empowered as far as possible to understand the implications of their actions.
- ✓ There is effective multi-agency working and practice.
- ✓ Concerns receive appropriate prioritisation.
- ✓ Agencies and organisations uphold their duty of care.
- ✓ There is a proportionate response to the levels of risk to self and others.

This guidance does not include issues of risk associated with deliberate self-harm and suicidal ideation.

Whilst this policy relates to adults with care and support needs, where there is a child living in the household where self-neglect concerns exist, referrals must be made to MASH-Referrals@royalgreenwich.gov.uk

1.3 Legal Framework

This policy has been developed within the context of the law and guidance that seeks to protect adults including:

1. The Care Act 2014
2. Care Act: Care and Support Statutory Guidance
3. The Mental Capacity Act 2005 (including Deprivation of Liberty Safeguards)

4. The Mental Capacity Act 2005: Code of Practice 2007
5. The Equality Act 2010
6. Mental Health Act 1983 and the New Code of Practice 2015
7. The Human Rights Act 1998
8. Convention on Human Rights (ECHR)

In addition, the following legislation may be relevant to specific organisations when working with adults linked to the subject of self-neglect.

Environmental Health

- ✓ Public Health Act 1936, Sections 83(Cleansing of filthy or verminous premises),79 (Power to require removal of noxious matter by occupy), 8 (Cleansing or destruction of filthy or verminous articles)
- ✓ Prevention of Damage by Pests Act 1949, Section 4 (Power of LA to require action to prevent or treat Rats and Mice)
- ✓ Environmental Protection Act 1990, Sections 80 (Dealing with Statutory Nuisances (SNs))

Housing

- ✓ **Housing Act 2004-** The housing health and safety rating system (HHSRS) is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. The HHSRS assess 29 categories of housing hazard. Each hazard has a weighting which determines whether the property is rated as having category 1 (serious) or category 2 (other) hazards. The local authority must take action to address category 1 hazards and has some discretion in whether any action is taken for category 2 hazards.

Only when the housing provider has exhausted all avenues to get the tenant to engage and take responsibility for clearing the property themselves would they consider enforcement action and is considered a last resort.

Fire Service

- ✓ The Fire and Rescue Services Act 2004, Part 6, Section 44; Power of Entry.
- ✓ Prohibition or Restriction of Use (Regulatory Reform (Fire Safety) Order) 2005.

Where an affected property is identified regardless of the risk rating, clients need to be referred to the London Fire Brigade who can undertake a Fire safety visit, identify risks, and advise a safe exit route.

Police

- ✓ The Police and Criminal Evidence Act 1984, Section 17, Power of Entry.

1.4 What is Self-Neglect?

The Care Act 2014 statutory guidance defines self-neglect as:

"A wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding."

The term itself can be a barrier to working with the issues as some individuals do not identify with this term or description of their situation. As a result, it is important that practitioners seek to negotiate a common ground to **understand the individual's own description of their lifestyle** rather than making possible discriminatory value judgements or assumptions about how it can be defined.

Self-neglect can be a continuum of indicators which when combined may indicate the presence of self-neglect. The following characteristics and behaviours are useful examples of potential self-neglect and consequent impairments to lifestyles:

- ✓ Where the person may have a history of mental illness which may manifest itself in behaviours of self-neglect and hoarding
- ✓ Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- ✓ Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- ✓ Obsessive hoarding therefore creating hazards within the property for both themselves and other parties
- ✓ Poor diet and nutrition, for example, evidenced by little or no fresh food in the fridge, or what is there, being mouldy
- ✓ Persistent declining or refusing prescribed medication and/or other community healthcare support
- ✓ Continued refusing to allow access to health and/or social care staff in relation to personal hygiene and care, including the non-attendance and/or registration with a general practitioner
- ✓ Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services
- ✓ Repeated episodes of anti-social behaviour – either as a victim or perpetrator
- ✓ Being unwilling to attend external appointments with professional staff in social care, health, or other organisations (such as housing)
- ✓ A significant lack of personal hygiene resulting in poor healing/sores/pressure ulcers, long toenails leading to a risk of falls, unkempt hair, uncared for facial hair, and/or body odour.

1.5 What is Hoarding?

The NHS defines Hoarding Disorder as:

"Where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter".

Hoarding is now considered a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. However, hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is NOT simply a lifestyle choice. The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are more than the real value.

It's considered to be a significant problem if:

- ✓ The amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms.
- ✓ The clutter is causing significant distress or negatively affecting the person's quality of life or their family's – for example, they become upset if someone tries to clear the clutter.

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:

- ✓ Clothes
- ✓ Newspapers, magazines, or books
- ✓ Bills, receipts, or letters
- ✓ Food and food containers
- ✓ Animals
- ✓ Medical equipment
- ✓ Collectibles such as toys, video, DVD, or CDs
- ✓ Antiques
- ✓ Human excrement
- ✓ Electronic data such as emails, photographs, and documents

1.6 General characteristics of hoarding fear and anxiety

Compulsive hoarding may have started as a learned behaviour 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." Collecting and saving, with an inability to throw away without experiencing fear and anxiety.

Excessive attachment to items results in emotional distress and lack of awareness.

Indecisiveness: struggles with the decision to throw or give away items that are no longer necessary, including rubbish. Hoarders will often find faults and require others to perform excellently 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.

A large number of pets: may have a large number of animals that cause complaints with neighbours, maybe a confessed: "rescuer of strays."

Mentally competent (non-hoard-related decisions). Able to make decisions unrelated 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: may lack self-care or appear unkempt/dishevelled due to lack of facilities. However, many hoarders maintain their appearance by undertaking personal care at public facilities and launderettes.

1.7 Multi-agency Approach

A multi-agency approach is often most successful for self-neglect and hoarding cases and leads to improved outcomes for the individual. Co-ordinated responses by social work teams with the inclusion of other agencies such as housing, mental health, GPs and District Nurses, environmental Health, London Fire Brigade and the police and family members should be prioritised.

Part 2: Practice Guidance

This practice guidance includes several specific tools to support practitioners make assessments of the risks around an individual with self-neglecting and/or hoarding behaviour. These include:

- ✓ The Clutter Image Rating Tool (CIRT)
- ✓ Multi-Agency Self-neglect and Hoarding Risk Assessment Guidance Tool
- ✓ Practitioners Hoarding Assessment • Self-neglect & Hoarding Assessment Triangle

For some useful examples of case studies please refer to ADASS Self and Neglect Learning support document

2.1 Key Considerations

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.

2.2 The involvement of the adult

The adult must be involved from the beginning and throughout any safeguarding activity unless there are exceptional circumstances, and where possible their consent should be sought prior to concerns being shared on an inter-agency basis. However, **consent should not be a barrier to sharing information** when necessary to protect and adult or child from abuse or neglect. The adult's (or their representative's) views and wishes including their desired outcomes must be considered as part of any on-going safeguarding enquiry. Promoting a person-centred approach that supports the right of the individual to be treated with respect and dignity, and, as far as possible, to be in control of their own life. The focus should be on person centred engagement and risk management, and consideration should be given to if the individual is more inclined to engage with some organisations than others – if so, this should be optimised in the engagement with the individual. Consider factors such as learning disability, substance use and capacity as well as protective characteristics and cultural needs. Always consider what you know about an adult and the extent to which it may impact on their ability to engage and how it may assist you in knowing what type of support to offer.

2.3 Involvement of the adult's representatives

Where the adult has mental capacity, the involvement of family, friends or informal carers should be agreed with the adult. In any case where the adult does not have mental capacity, family, friends, or informal carers must be consulted in accordance with the Mental Capacity Act 2005.

Independent advocacy must be arranged by the Local Authority in accordance with the Care Act 2014 (Sections 67 and 68). Where the adult has substantial difficulty in participating in the safeguarding adults' process, and there is no other appropriate person to assist them.

2.4 Proportionality

The response needs to be proportionate to the level of risk to the person and others. The risk should be monitored, making proactive contact with the adult to ensure that their needs and rights are fully considered in the event of any changed circumstances.

2.5 Taking Responsibility

Each organisation needs to take responsibility for their role in supporting the adult to address issues caused through self-neglect. Where one organisation is concerned about how agencies are working together, or where individuals are being caught up in a revolving door of referrals back and forth, a multi-agency discussion should take place to agree roles and responsibilities for addressing the needs and risks in the case.

2.6 Mental Capacity

When concerns about self-neglect are raised, there is a need to be clear about the person's mental capacity in respect to the key decisions in relation to the proposed intervention. If there are any doubts about the person's mental capacity, especially regarding their ability to 'choose' their living conditions or refuse support, then where possible a mental capacity assessment should be undertaken.
In extreme cases of self-neglect and/or hoarding behaviour, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity

2.7 Assessing Mental Capacity

Trying to understand what lies behind self-neglect and hoarding is often complex. It is usually best achieved by working with other organisations, and if they exist, extended family and community networks.

It is important to understand that poor environmental and personal hygiene may not necessarily always be because of self-neglect. It could arise because of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many people, particularly older people, who self-neglect may lack the ability and/or confidence to come forward to ask for help and may also lack others who can advocate or speak for them. Any capacity assessment carried out in relation to self-neglect and or hoarding behaviour **MUST** be time and decision specific and relate to a specific intervention or action. The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention or action and is referred to as the 'decision maker'. Although the decision maker may need to seek support from other professionals in the multidisciplinary team, they are responsible for making the final decision about a person's capacity. Mental Capacity Act assessments must be thorough, with records clearly documenting the basis on which decisions about capacity were reached. Assessments must be reviewed, especially but not just where a person's mental capacity appears to fluctuate. Practitioners with specialist expertise should be involved in particularly complex assessments. There may be circumstances in which it is useful to involve therapists in capacity assessments. For example, occupational therapists where the decision is around managing tasks within the home environment or speech and language therapists where the person has communication difficulties A person's Executive Capacity, namely their ability to implement and manage the consequences of a decision, should be included in the assessment, using 'show me' or 'articulate and demonstrate' approaches. The assessment must be contextual, cognisant of the person's history and of their current relationships. Assessment should not rely just on the individual's self-report but triangulate this with other available information.

Strong emphasis needs to be placed by practitioners on the importance of inter-agency communication, collaboration, and the sharing of risk. The autonomy of an adult with capacity should be respected

including their right to make what others might consider to be an "unwise decision". However, this does not mean that no further action regarding the self-neglect is required. Efforts should be directed to **building and maintaining supportive relationships** through which services can in time be negotiated.

When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. if the client lacks capacity to consent to the specific action or intervention, then the decision maker must demonstrate that they have met the requirement of the best interest's 'checklist'. Due to the complexity of such cases, there must be a best interest meeting, chaired by a team manager. In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (COP) to make the best interests decision.

2.8 Non engagement

The most frequent concern raised by professionals when working with adults who may self-neglect or hoard is the challenge when adults refuse to engage or accept services.

Working with adults with complex care and support needs and where the 'challenge of engagement' exists, can prove to be time consuming for professionals and stressful for everyone concerned. However, failure to engage with people who are not looking after themselves, whether they have mental capacity or not, may have serious implications for an individual's health and well-being.

If an agency is satisfied that the individual has the mental capacity to make an informed decision on each of the issues raised, then that person has the right to make their own choices, even if these are unwise. But, in cases where there is a risk of significant harm there should be on-going engagement with the individual applying the principles outlined in this document. This includes compassionate curiosity and respectful challenge about their life story and what might be underlying their self-neglect.

Serious self-neglect is a complex subject which usually encompasses a combination of mental, physical, social, and environmental factors. It frequently covers issues such as drug and alcohol misuse, homelessness, street working, mental health issues, criminality, anti-social behaviour, inability to access benefits and/or other health related issues.

Accepting self-neglect as a 'lifestyle' choice and closing a case without having assessed the risk and engaged with the adult in a meaningful way is unacceptable, as this exposes the adult to on-going or increased harm or risk, and organisations to fail in their duty of care. Cases involving moderate or high risk should not be closed simply because an individual refuses to engage, without first convening a multi-agency meeting to discuss the implications of this decision. Safeguarding Adults Managers (SAM's) should refer to guidance on closing cases: London Multi-Agency Adult Safeguarding Policy and Procedures (Stage 4: Closing the Enquiry).

Building a positive relationship with individuals who self-neglect and hoard is critical to achieving change for them and in ensuring their safety and protection. Positive outcomes can be achieved through operational approaches informed by an understanding of the unique experiences of everyone.

Self-neglect or hoarding needs to be understood in the context of each individual's life experience; there is no one overarching explanatory model for why people self-neglect or hoard. A starting point is trying to understand why the person is disengaging and the context for why they may mistrust services.

In engaging with the adult:

- ✓ Consider if they have the necessary information in a format they can understand.
- ✓ Check whether they understand options and consequences of their choices.
- ✓ Ask about and listen to their reasons for mistrust, disengagement, refusal, and their choices.
- ✓ Ensure there is the time to have conversations over a period and building up of a relationship.
- ✓ Consider who (whether family, advocate, other professional) can support you to engage with the adult.
- ✓ Always involve attorneys or representatives if the adult has one and/or where this would help to support their engagement.
- ✓ Establish if a plan for agreed actions/outcome for person who has fluctuating capacity is in place during a time when they had capacity for that decision.
- ✓ Support/encourage the adult to attend meetings where possible.

Part of the challenge is knowing when and how far to intervene where there are concerns about self-neglect and hoarding when a person makes a capacitated decision not to acknowledge there is a problem, or to engage in improving their situation. This usually involves making individual judgements about what is an acceptable way of living, balanced against the degree of risk to an adult and/or others. Multi-agency meetings should be held in such cases, with agreement sought about which organisation will maintain contact to engage the individual and to monitor/reduce the risks. This may require agencies to be flexible about their use of criteria to access services when they appear best placed to lead and coordinate the offer of care and support.

2.9 Risk Enablement and Risk Assessments

Refer to Appendix 2 to assist

Risk assessments should be robust and holistic, with risks considered individually and collectively. Risks to other people should not be under-estimated. Assessments should be evidence-based and not reply solely on an individual's self-reporting. The approach should be multi-agency, culminating in risk management plans that include consideration of all possible legal options. Decisions, and the reasons behind them, should be clearly documented, with multi-agency meetings reconvening to consider progress and to review the plan. Cases should not be closed without discussion between agencies just because the individual chooses to disengage.

Sensitive and comprehensive assessment is important in identifying capabilities and risks. It is important to look further and tease out through a professional relationship the possible significance of personal values, past traumas, and social networks.

Research has shown that events such as loss of parents as a child, bereavement of a partner, abuse as a child, traumatic wartime experiences, and struggles with alcoholism have preceded the person self-neglecting. The self-neglect could also be the result of domestic abuse (current or historic).

Things to consider when assessing risk:

- ✓ Wherever possible involve the individual and/or their representative/friend/family member in assessing their situation and level of risk.
- ✓ Ensuring that as far as possible other services who are aware of the individual are contacted for their perspective on the situation and risk.
- ✓ Poor hygiene that is creating or could cause significant health issues.

- ✓ Significant health issues that are already causing or could cause high risk.
- ✓ Deterioration in health and weight loss.
- ✓ Lack of ability to care for basic requirements (hygiene, health and nutrition) and a refusal to accept any support.
- ✓ Isolation from family and friends.
- ✓ Possible coercion by carers leading to any of the above high-risk concerns.

When an assessment or help is refused

If an assessment is refused, then there should be a clear record of any concerns by agencies involved or carers/other parties, the perceived risk from the information known at this point, and any system for monitoring the situation. Any involved parties that have concerns should be advised that they can refer again if the situation deteriorates/changes and they have additional concerns. Where the risks are high and/or the case complex, a multi-agency meeting should be held to share assessments and information, and to agree an action plan for attempting to engage the individual and monitor or reduce the risks.

In cases where the individual refuses help and services and is seen to be at grave risk as a result, but an agency is satisfied that the individual has the mental capacity to make an informed choice on the issues raised, then that person may have the right to make their own choices even if these are unwise. But, in cases of significant risk there should be on-going attempts at engagement with the individual, applying the principles outlined in this guidance to monitor risk and continue to build up a relationship with the individual.

Consideration will also need to be given to whether to request the High Court to invoke its inherent jurisdiction.

2.10 Information Sharing

It is crucial that all agencies involved better understand the extent and impact of the self-neglect, including hoarding, and work together to support the individual and assist them in reducing the impact on their wellbeing and on others.

Multi-agency meetings to share information are strongly advised in complex cases, where there are significant risks in order to better understand and manage risk. Wherever possible the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate. It is important to record assessment, decision-making and intervention in detail to demonstrate that a proper process has been followed and that practitioners and managers have acted reasonably and proportionately.

2.11 Interventions

The starting point for all interventions should be to **encourage the person to do things for themselves**. Where this fails in the first instance, this approach should be revisited regularly throughout the period of the intervention. All efforts and response of the person to this approach should be recorded fully.

Efforts should be made to **build and maintain** supportive relationships through which services can in time be negotiated. This involves a person-centred approach that listens to the person's views of their circumstances and seeks informed consent where possible before any intervention. It is important to note that a gradual approach to gaining improvements in a person's health, wellbeing and home conditions is

more likely to be successful than an attempt to achieve considerable change suddenly, which is how the adult may perceive it.

There should be an audit trail of what options were considered and why certain actions were or were not taken. At every step and stage in the process record the situation, what has been considered, who has been consulted and what decisions have been reached.

Mental capacity considerations should be routinely recorded, including explicitly where there is no reason to doubt the person's ability to make their own decisions and why this is. Formal mental capacity assessments need to be recorded fully in line with the Mental Capacity Act Code of Practice (DCA, 2007).

Research supports the value of interventions to support routine daily living tasks. However, cleaning interventions alone, where home conditions are of concern, do not emerge as effective in the longer term. They should therefore take place as part of an integrated, multi-agency plan.

As self-neglect is often linked to disability and poor physical functioning, a key area for intervention is assistance with activities of daily living, from preparing and eating food to using toilet facilities.

Where agencies are unable to engage the person and reach an agreement to implement services to reduce or remove risks arising from the self-neglect, the reasons for this should be fully recorded and maintained on the person's case record, with a full record of the efforts and actions taken by the agencies to assist the person.

The person, carer or advocate should be fully informed of the services offered and the reasons why the services were not implemented. There is a need to make clear that the person can request assessment for services at any time in the future and the ways of making contact should be outlined to them.

Depending on the risks, arrangements may need to be made for on-going monitoring and, where appropriate, making proactive contact to ensure that the person's needs, risks, and rights are fully considered and to monitor any changes in circumstances.

In cases of collecting pets/animals, the practitioner will need to consider the impact of this behaviour carefully. Where there is a serious impact on the adult's health and wellbeing, the animals' welfare, and/or the health and safety of others, the practitioner should collaborate with the Royal Society for the Prevention of Cruelty to Animals (RSPCA) and public health officials. Although there can be many reasons for animal collecting, including compensation for a lack of human companionship and the company the animals may provide, considerations must be given to the welfare of the animals and potential public health hazards.

Where the conditions of the home are such that they appear to pose a serious risk to the adult's health from filthy or verminous premises, or their living conditions are becoming a nuisance to neighbours/affecting their enjoyment of their property, advice from Environmental Health and Housing should be sought and joint working should take place.

In extreme circumstances where a negotiated way forward proves elusive, it may be necessary to use legal powers to impose an intervention, including the use of Housing Injunctions by relevant agencies. If these are used the adult must be informed and involved as far as is possible.

If as a result of hoarding the practitioner thinks there may be a risk of fire, they should seek advice from London Fire Brigade.

2.12 Early help and prevention

This level of response could involve one agency or several agencies working directly with the individual. This is the most likely response for low/moderate risk cases with engagement/partial engagement of the adult.

Incidents that are low risk would most likely be managed outside of protective safeguarding procedures and addressed through preventative mechanisms such as engagement with the adult, supporting the person to address their concern, engagement with community activities, or access to health care and counselling – this approach could be most appropriate particularly where the adult is engaging with services to some extent and there is an expectation of decreasing the level of risk with continued engagement.

Professional judgment is key, any factor or issue may move a low-risk case into a higher level which would warrant a more formalised multi-disciplinary response.

Where more than one agency is involved, agencies must agree how and when information will be shared so that everyone is well versed in what work is being undertaken and its outcomes.

No agency should close their involvement in a case without discussing this with the other agencies known to be involved. The agencies involved will agree for one agency to take the role of lead agency and one practitioner takes on the responsibility for co-ordinating information-sharing. This may be determined by the statutory nature of any intervention and/or by the agency and practitioner best placed to maintain a relationship with the service user, and therefore to co-ordinate other assessments and interventions.

2.13 Significant risk response

This level of response is appropriate where an adult is at significant risk and unable to protect themselves from harm, and as such should always be managed under formal safeguarding policy and procedures when this meets the Care Act 2014 criteria.

Otherwise, the full extent of formal safeguarding procedures should be utilised to help support.

2.14 Children

If there are any children or young people in the home consider whether the clutter/cleanliness in the home is such that the child/children may be subject to risk, harm, or neglect.

If in doubt, a referral should be made to the Children's Multi-agency safeguarding hub (MASH) which provides a single point of access to advice, information, and support services for professionals working with vulnerable and at-risk children and young people.

If the child is caring for the adult in any way, they may be a young carer and consideration should be given to a referral to children's services for assessment and support for the young carer.

Email: MASH-Referrals@royalgreenwich.gov.uk

2.15 Sources of Help, Support, and Information

A self-referral can be made for CBT, or this can be made via a GP. More information can be accessed via the website Time to talk ringing: Greenwich Time to Talk Greenwich **020 3260 1100** or oxl-tr.greenwichtimetotalk@nhs.net

Self-Help Organisations:

- NHS Hoarding Conditions
- Help for Hoarders UK
- Hoarding UK
- OCD Action
- Clouds End

Other Supportive Organisations:

Appendix 1 **Hoarding Toolkit**

Process Map

The following guide should be used to help determine what appropriate steps should be taken to best support the adult:

Case Identified

Refer for Assessment via the Contact Assessment Team
Contact assessment team- 0208 921 2304 or aops.contact.officers@royalgreenwich.gov.uk

Undertake your assessment using **the Clutter Image Rating Scale & Assessment Tool to identify level of risk:**

Joint assessment if required - consider: Housing, Adult Social Care, Primary Care, Mental Health and Voluntary & Community Sector

Level 1

Level 1- Low Risk

Early Help and Prevention:

- Signposting support agencies
- Refer LFB
- Refer to practitioners' guidance part 2
- monitor & review

Level 2

Level 2 - Moderate Risk

Multi-Agency Response:

- Escalate concerns with landlord/ council/ environmental health
- Refer to practitioners' guidance part 2
- Active support required.
- Monitor & review

Level 3

Level 3 - High Risk

Significant Risk Response:

- Multi-agency response required
- Raise a safeguarding concern
- Consider Mental Capacity Assessment
- Refer to problem premise panel (if council tenant)

Consider the following in all cases

- ✓ Should the adult be supported using formal safeguarding policy and procedures?
- ✓ Does the person have the mental capacity to make decisions regarding issues such as care provision/housing?
- ✓ Does the person have a diagnosed mental illness?
- ✓ Does the person have support from family or friends?
- ✓ Does the person accept care and treatment?
- ✓ Does the person have insight into the problems they face?
- ✓ Follow the engagement guidance.

Assessment Tool- this should be used in conjunction with the clutter image rating Scale

Level 1

- ✓ All entrances, stairways, roof space and windows accessible.
- ✓ All services good working order.
- ✓ Garden is accessible/ maintained.
- ✓ All rooms can be safely used for their intended purpose.
- ✓ All rooms are rated 0-3 on the Clutter Rating Scale.
- ✓ No additional unused household appliances.
- ✓ Property is not at risk of action by Environmental Health.
- ✓ Property is clean with no odours,
- ✓ No rotting food.
- ✓ No concerning use of candles.
- ✓ No concern over flies.
- ✓ Residents managing personal care and medication appropriately.
- ✓ No Concerns for household members.
- ✓ Any pets at the property are well cared for.
- ✓ No pests or infestations at the property.
- ✓ Personal Protective Equipment (PPE) is not required.

Level 2

- ✓ Only one major exit is blocked.
- ✓ One of the services is not fully functional/ maintained.
- ✓ Garden is not accessible due to clutter or is not maintained.
- ✓ Evidence of light structural damage including damp.
- ✓ Interior doors missing or blocked.
- ✓ Clutter is causing congestion in the living spaces and impacting on the use of rooms for intended purpose.
- ✓ Some household appliances are not functioning properly/ additional units in unusual places.
- ✓ Kitchen/ bathroom not kept clean.
- ✓ Offensive odour in the property.
- ✓ Resident is not maintaining safe cooking environment.
- ✓ Some concern about quantity of medication/ storage/ expiry dates.
- ✓ No rotting food.
- ✓ Resident trying to manage personal care but struggling.
- ✓ Some concern for household members.
- ✓ Pets not well cared for.
- ✓ Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)
- ✓ PPE is required.

Clutter Rating 1-3 - Low Risk

The statements below may also imply low risk. Each is contextual, dependent upon individual circumstances, and they may trigger concern in the moderate risk category:

- ✓ Person is accepting support and services.
- ✓ Health care is being addressed.
- ✓ Person accessing services to improve wellbeing.
- ✓ Person has access to social and community activities.
- ✓ Person is able to contribute to daily living activities.
- ✓ Personal hygiene is good.
- ✓ Access to support services is limited but there are no other factors of concern.
- ✓ Health care and attendance at appointments is sporadic but there is evidence of limited or no impact on health/wellbeing and the person has the mental capacity to make these decisions.

Clutter Rating 4-6 - Moderate Risk

The statements below may imply medium risk. Each is contextual, dependent upon individual circumstances, and they may trigger concern in the high-risk category.

- ✓ The person refuses to engage with necessary services, they have capacity and there is limited, or no evidence of their health/wellbeing being adversely affected.
- ✓ Health care is poor and there is deterioration in health.
- ✓ Wellbeing is affected daily.
- ✓ Person is isolated from family and friends.
- ✓ Care is prevented or refused.
- ✓ The person does not engage with social or community activities and this is having an impact on the health and wellbeing of the individual.
- ✓ The person does not manage daily living activities.
- ✓ Hygiene is poor and causing skin problems.
- ✓ Aids and adaptations refused or not accessed.
- ✓ Issues raised by carers.

Assessment Tool (cont.)

Level 3

- ✓ Limited access due to extreme clutter outside the property.
- ✓ Garden not accessible and extensively overgrown.
- ✓ Services not connected/ not functioning properly.
- ✓ Property lacks ventilation.
- ✓ Evidence of structural damage.
- ✓ Interior doors missing or blocked.
- ✓ Clutter is obstructing the living spaces/ preventing use of the rooms for their intended purpose.
- ✓ Beds inaccessible or unusable.
- ✓ Entrances, hallways and stairs blocked or difficult to pass.
- ✓ Toilets, sinks not useable.
- ✓ Residents are at risk.
- ✓ Household appliances are not functioning or inaccessible.
- ✓ No safe cooking environment.
- ✓ Occupier is using candles.
- ✓ Concern for mental health.
- ✓ Property is at risk of notice being served by Environmental Health.
- ✓ Human urine and or excrement may be present.
- ✓ Animals at the property at risk.
- ✓ Heavy insect infestation.
- ✓ Heavy duty PPE required.

Clutter Rating 7-9 - High Risk

Where moderate concerns have been raised and despite all efforts they continue and/or increase.

- ✓ The person refuses to engage with necessary services and where their health and wellbeing is being adversely affected and where there is evidence of trying to engage and work with the person.
- ✓ Health care is poor and there is deterioration in health and there is no overt cause and/or professionals involved.
- ✓ Wellbeing is affected daily and there is no overt cause and/or professionals involved.
- ✓ The person does not engage with social or community activities and this is having a significant impact on health and wellbeing of the individual.
- ✓ The person does not manage daily living activities despite a plan being in place to support the person with these.
- ✓ Hygiene is poor and causing skin problems despite efforts to work with the person to improve this.
- ✓ Aids and adaptations refused or not accessed despite efforts being made to engage the person.
- ✓ Person is isolated from family and friends; this may not be a lifestyle choice.
- ✓ Care is prevented or refused despite efforts to engage the person.

Clutter Image Rating scale- Kitchen

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



1	2	3
	LEVEL 1	



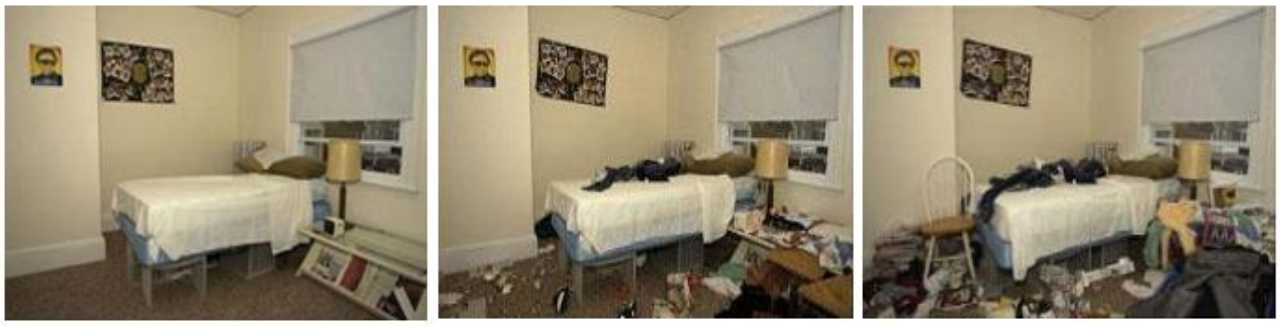
4	5	6
LEVEL 2		



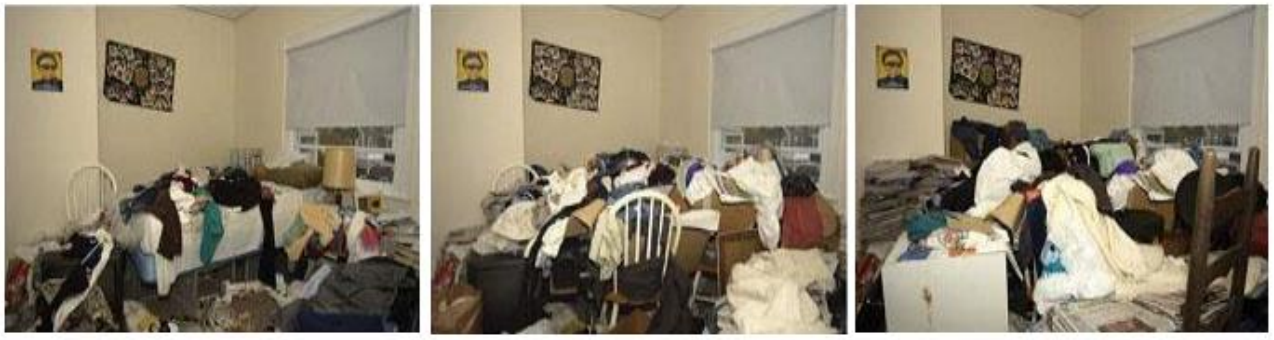
7	8	9
LEVEL 3		

Clutter Image Rating scale- Bedroom

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



1	2	3
	LEVEL 1	

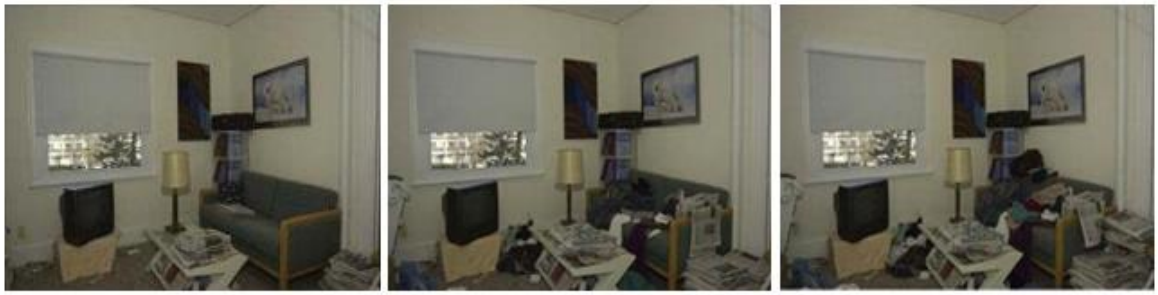


4	5	6
LEVEL 2		

7	8	9
LEVEL 3		

Clutter Image Rating scale- Living Room

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



1	2	3
	LEVEL 1	

4	5	6
LEVEL 2		

7	8	9
LEVEL 3		

Appendix 3

Questions which could be used during an assessment

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. One or two of these questions should be asked at any one time and must be asked over a period once a good relationship has been built with the individual. Most clients with a hoarding problem will be embarrassed about their surroundings so adapt the question to suit your assessment with the person.

Environment:

- ✓ How do 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?
- ✓ When was the last time you allowed a friend or family member to visit you at home? • How do you get in and out of your home, do you feel safe living here?
- ✓ Has a fire ever started by accident?
- ✓ How do you get hot water, lighting, heating in here? Do these services work properly?
- ✓ How do you manage to keep yourself warm? Especially in winter? Do you ever use candles or an open flame to heat and light here or cook with camping gas?
- ✓ 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 look in it? How do you keep things cold in the hot weather?
- ✓ When did you last go out in your garden? Do you feel safe to go out there?

Security:

- ✓ Are you worried about other people getting into 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 belongings, 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?

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 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**. e.g., are there other ways of getting cleaning done, daily medicines collected / administered and clinical treatments given to the person?

Appendix 4
Helping the Adult to De-Clutter

By better understanding the reasons why an adult may have accumulated so many possessions it then becomes easier for a professional to start helping the adult to make their own decisions about how to de-clutter. These are some of the most common reasons for adults to hold onto items in the home:

- ✓ **Sentimental saving:** emotional attachment to the item.
- ✓ **Instrumental saving:** saves to use in the future. "This could be useful".
- ✓ **Aesthetic saving:** kept for its beauty.
- ✓ **Fear of losing information:** concerns about the consequences of not having information and missed opportunities resulting from this.
- ✓ **Indecisiveness:** feels a great pressure to make 'the right decision'. This may be a wider problem, not always purely related to decisions about their belongings.
- ✓ **Fear of making a mistake:** fear regarding the consequences of making a 'wrong decision' and doubts about their ability to cope.
- ✓ **Inability to prioritise** *(use the 1-10 scale).*
- ✓ **Fear of loss:** disproportionate fear of the imagined emotional pain resulting from the loss of items through discarding.
- ✓ **Lack of organisation:** may start off okay but as more is acquired sub-categories become overwhelming and efficient organisation becomes impossible.

If de-cluttering is forced upon an adult with 'house clearances' this is often counterproductive as this can increase the anxiety, and therefore the risk felt by the adult. It can often to lead to further hoarding to replace the lost items in a relatively short amount of time, **and therefore becomes a futile and costly exercise for statutory services.**

Where can collected items go?

Adults with hoarding problems will often respond more positively to de-cluttering if they feel there is a positive outcome to their possessions being re-purposed or reused, rather than just being seen as rubbish. There are many options that could be discussed or negotiated to help adult's part with their possessions, some of the most common are as follows:

- ✓ Establish what is genuinely rubbish first and can therefore be discarded.
- ✓ Sell items with the money used for positive purposes such as home improvements.
- ✓ Give useful items to relatives or friends.
- ✓ Donate items to charity.
- ✓ Recycle.

Establish a strategy for de-cluttering

- ✓ Set small and achievable goals – take bite sized chunks.
- ✓ Choose a small area to start with and practice sorting items.
- ✓ Do this little and often – otherwise it becomes overwhelming.
- ✓ Plan the best time of day to sort/discard.
- ✓ Incentivise the sorting with rewards.
- ✓ Take before and after photos to track progress made.

Questions to help sorting

- ✓ How many do I already have - is it enough?
- ✓ Do I have enough time to use or read this?
- ✓ Have I used this in the last year?
- ✓ Does this just seem important because I'm looking at it now?
- ✓ Will keeping this help me clear this area?
- ✓ Is it up to date? Can I find the information on the internet?
- ✓ Would I buy it again if I didn't already own it?
- ✓ Do I really need it?
- ✓ Do I have enough space for this?