

SELF-NEGLECT AND HOARDING STRATEGY AND GUIDANCE DOCUMENT

This document sets out Norfolk Safeguarding Adults Board's multi-agency strategy and guidance for working with people with self-neglect and hoarding behaviours. Please note this strategy will be piloted in two areas and then evaluated.

Table of content

		Page
1	Forward by the Chair of the Norfolk Safeguarding Adults Board	2
2	Introduction	3
3	A multi-agency approach	3
4	Definitions of self-neglect and hoarding	6
5	Mental capacity	10
6	Information sharing	11
7	Fire Safety	13
8	Environmental Health Legislation	13
9	Housing Legislation	15
10	Safeguarding Children	17
11	Risks	18
12	Scope	19
13	Multi-agency delivery model	19
14	Responsibility of partner agencies to co-operate	22
15	Process for Clutter Image Rating Tool (CIRT)	22
16	Clutter Image Rating Scale - Bedroom	23
17	Clutter Image Rating Scale - lounge	24
18	Clutter Image Rating Scale - kitchen	25
19	Assessment Tool Guidelines	26
20	Clutter rating framework	27
21	Guidance for practitioners	32
22	Practitioners hoarding assessment	34
23	The High Risk Panel	36
24	Advocacy and support	38
25	Employees	38
26	Data information and performance management	39
27	Evaluation and review of the Strategy and Guidance Document	39
28	References and further information	39
	Appendix 1 Guidance questions which could be used during an assessment	42
	Appendix 2 Terms of reference for the High Risk Panel(HRP)	42
	Appendix 3 High Risk Panel Referral Form	47

1. Forward by the Chair of the Norfolk Safeguarding adults Board

Adults have the right to live the way they choose even when that involves what may be perceived by others as poor or risky lifestyle choices.

The Care Act 2014 recognises self-neglect as a potential safeguarding matter among those who are either in receipt of, or in need of care and support, and when their health and wellbeing or that of others is seriously compromised.

Self-neglect is a complex area of work, arising as it does from a large range of causal factors. Safeguarding Adult Review Reports frequently highlight self-neglect signs and symptoms as a factor in or indicators of subsequent serious events that have resulted in life threatening consequences or even death. When seen in isolation self-neglect behaviours may not give rise to safeguarding intervention. However when understood collectively a very different picture often emerges.

This Strategy proposes intervention at a stage when self-neglect and/or hoarding have given rise to significant concerns that an individual (and/or others) may be at risk of serious harm. It concludes that a collaborative and multi-disciplinary approach to those at high risk is the most effective way to achieve creative and proportionate interventions that respect the individual's right to self-determination. As a result more serious consequences for the person may be avoided.

This document reflects a determined effort by members of Norfolk Safeguarding Adults Board and their partners, especially their housing colleagues, to produce a strategy that will make a real difference.

Joan Maughan
Independent Chair
Norfolk Safeguarding Adults Board

2. Introduction

2.1 This Strategy and Guidance Document is endorsed and produced by the Norfolk Safeguarding Adult's Board (NSAB) within the context of the duties set out at paragraph 14.2 of the Care Act 2014 Care and Support Statutory Guidance. It should be referred to where an adult is deemed to be at risk due to self-neglecting and / or hoarding. As a safeguarding partnership the NSAB is a positive means of addressing issues of self-neglect and hoarding; and as a multi-agency partnership is considered to be an effective and appropriate forum where strategic discussions can take place on dealing with what are often complex and challenging situations for practitioners and managers as well as communities more broadly. The safeguarding partnership is intended to cover all statutory and voluntary / independent sectors that would come into contact with a vulnerable adult who may be at risk of self-neglect and / or hoarding.

2.2 The Strategy and Guidance Document is aimed to be part of the emerging work around development of the Early Help Hubs approach which is being developed across the county. Whilst the initial focus has been within the children services arena, work is underway to integrate with adult services, thus strengthen a whole system approach, and especially when dealing with self-neglect and hoarding.

2.3 Whilst self-neglect and/or hoarding is predominately seen amongst vulnerable single people, it does also affect families and it can therefore have much wider and detrimental impact on putting children at risk. This Strategy and Guidance Document should also be read in conjunction with the Neglect Strategy for Norfolk County Council Children Services.

3. A multi-agency approach

3.1 Research suggests that on average between 2% and 5% of the population will be living within varying degrees of self-neglect and/or hoarding. Some individuals may not meet the criteria for any one or a number of agencies or organisations eligibility thresholds and as such previous experience of attempting to engage may have had limited or no success. These factors increase the potential risk of harm and should be identified as risk indicators that will prompt action under these self-neglect and hoarding procedures.

3.2 The NSAB partnership agrees that responding to individuals with self-neglect/ hoarding behaviours must be a multi-agency priority and there is a presumption that:

- All partner agencies will actively engage when this is requested by the lead agency as appropriate or required; and
- The agency holding the case, will take responsibility for initiating a multi-agency partnership working approach within the agreed framework for the High Risk Panel.
- All partner agencies will maintain a robust data information system in regard to self-neglect and hoarding, with the aim that this should inform service delivery, justify decisions taken, identify trends and gaps, identify the need for resources and a tool to benchmark trends/practice within the five geographical areas of the county.
- The NSAB will seek to develop High Risk Panels (HRPs) across the county, based on the good practice from the London Borough of Camden to address cases of self-neglect and/or hoarding, with a focus on a collaborative approach to work with the individual to effect change.

3.3 Failure to engage with individuals who are not looking after themselves (regardless of whether they have mental capacity or not for decision about their self-neglect or hoarding behaviours) may have serious implications for and may have a profoundly detrimental effect on, an individual's health and wellbeing and home environment, whether this is in the private or public sector. It can also impact on the individual's family and the local community, especially when they are living in a supported housing environment. It is often a significant barrier across all agencies, and the development of this strategy and guidance document seeks to offer support and guidance in helping to address this.

3.4 This strategy and guidance document acknowledges that public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. Partners to this strategy and guidance document will act in a way consistent with the Care Act (2014) in respect of the promotion of individual well-being - S 2(1) (c) and the safeguarding of adults at risk of abuse or neglect – S 42(1) (b).

3.5 Furthermore, authorities are expected to act within the powers granted to them. They must act fairly, proportionately, rationally and in line with the principles of the Care Act (2014), the Mental Capacity Act (2005), Housing Act (1998), (2004), (2014) and consideration should be given to the application of the Mental Health Act (1983) where appropriate.

3.6 Underpinning this strategy and guidance document and its ability to deliver outcomes, will be individual organisations' own policies and procedures around self-neglect and hoarding and the

NSAB policies and procedures, with the aim of preventing serious injury or even death of individuals who appear to be self-neglecting and/or hoarding by ensuring that:

- Individuals are empowered as far as possible, to understand the implications of their actions and/or behaviours on themselves and others
- There is a shared, multi-agency understanding and recognition of the issues including those involved in working with individuals who self-neglect and/or are deemed as hoarders
- There is effective and proactive multi-agency working, which challenge practice and ensure that concerns/ risks receive appropriate prioritisation
- That all interventions to work with an individual who has self-neglecting and/or hoarding behaviours are based on the principles of Making Safeguarding Personal (MSP), see Appendix 4
- That all agencies and organisations uphold their duties of care
- There is a proportionate response to the level of risk to self and others.

3.7 This is achieved through:

- Promoting a person-centred approach as articulated by principles Making Safeguarding Personal (MSP), which supports the right of the individual to be treated with respect and dignity, and to be in control of, and as far as possible, to lead an independent life; and where appropriate to involve the family in the planning of support mechanisms
- Aiding recognition of situations of self-neglect/ hoarding;
- Increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individuals' needs, this includes the extent and limitations of the 'duty of care' of professionals
- Promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, in order to avoid foreseeable harm
- Promoting a proportionate approach to multi agency risk assessment and management
- Clarifying different agency and practitioner perspectives and responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes and actions taken, and
- Promoting an appropriate and proportionate level of intervention through a multi-agency approach.

4. Definitions of Self Neglect and Hoarding

The following definitions are relevant to this strategy and guidance document.

4.1 Definition of Self-Neglect

4.1.2 There is no accepted operational definition of self-neglect nationally or internationally due to the dynamic and complexity of self-neglect.

4.1.3 A review of literature suggest the following definition for self-neglect:

- Persistent inattention to personal hygiene and /or environment
- Repeated refusal of some/ all indicated services which can reasonably be expected to improve quality of life
- Self-endangerment through the manifestation of unsafe behaviours.

4.1.4 Self-neglect on the part of an adult at risk will not usually lead to the initiation of safeguarding adult procedures (Section 42 Enquiry) unless the situation involves a significant act of commission or omission by someone else with established responsibility for an adult's care.

4.2 What is Self-neglect?

4.2.1 Self-neglect can be seen as a continuum of indicators which when combined may indicate the presence of self-neglect; the following list is not exhaustive and should be considered in conjunction with *all* information within this document:

- 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 toe nails leading to a risk of falls, unkempt hair, uncared for facial hair, and or body odour.

4.3 Definition of Hoarding

4.3.1 Hoarding disorder used to be considered a form of Obsessive Compulsive Disorder (OCD). However, 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 well in excess of the real value.

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

There are five diagnostic criteria for identifying a case of hoarding disorder, namely:

1. Persistent difficulty discarding or parting with possessions, regardless of their monetary value.
2. This difficulty is due to a perceived need to save items and distress associated with discarding items.
3. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas.
4. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
5. The hoarding is not attributable to another medical condition or mental disorder.

4.4 What is hoarding

4.4.1 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

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.

There are a number of hoarding characteristics;

- **Fear and anxiety:** compulsive hoarding may have started as a learnt behavior or following a significant event such as bereavement. The person hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their

comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

- **Long term behavior pattern:** possibly developed over many years, or decades, of “buy and drop”. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.
- **Excessive attachment to possessions:** people who hoard may hold an inappropriate emotional attachment to items.
- **Indecisiveness:** people who hoard struggle with the decision to discard items that no are no longer necessary, including rubbish.
- **Unrelenting standards:** people who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- **Socially isolated:** people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favor of office based appointments.
- **Large number of pets:** people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays” or seek comfort in keeping large numbers of animals.
- **Mentally competent:** people who hoard are typically able to make decisions that are not related to hoarding.
- **Extreme clutter:** hoarding behavior may present in several or all the rooms of a person’s property and prevent the room from being used for its intended purpose.
- **Churning:** hoarding behavior can involve moving items from one part of a person’s property to another, without ever discarding anything.
- **Self-care:** a person who hoards may appear unkempt and disheveled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities, in order to maintain their personal hygiene and appearance.
- **Poor insight:** a person who hoards will typically see nothing wrong with their behavior and the impact it has on them and others.

Where there is evidence of animal hoarding at any level and or potential neglect of animals this should be reported to the RSPCA.

5. Mental Capacity

5.1 The Mental Capacity Act (2005) provides a statutory framework for people who lack capacity to make decisions for themselves. The Act has 5 statutory principles and these are the values which underpin the legal requirements of the act. They are:

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

5.2 When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. Any proposed intervention or action must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers. 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. 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, p52). Arguably, extreme hoarding behaviour meets this criterion.

5.3 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.

5.4 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 interests 'checklist'. Due to the complexity of such cases, there *must* be a best interests meeting, chaired by a team manager.

5.5 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.

Agencies may have their own mental capacity assessment form or Norfolk County Council's mental capacity assessment form can be download from

<http://www.norfolksafeguardingadultsboard.info/professionals/guidance-and-documents/>

6. Information Sharing

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

6.2 All agencies need to ensure that where it is appropriate to share information about properties affected by self-neglect and/or hoarding with partners including Norfolk Fire and Rescue Service, and this is done on a need to know basis. All information should be transferred in a secure format.

6.3 For the purpose of this Strategy and Guidance Document the information sharing statement as written in the Norfolk Council safeguarding policy and procedure is referenced:

- 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, even when consent is not obtained.

- 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 in the ways it has been identified and necessary to do so and should routinely explain what information may be shared with other people or organisations in a fair processing notice.
- 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.

6.4 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

7. Fire Safety

7.1 Hoarding can pose a significant risk to both the people living in the hoarded property and those living nearby as well as the emergency services personnel. Where an affected property is identified regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit

route. Appropriate professional fire safety advice must to be sought and a multi-agency approach is important to reduce risk. This will assist Norfolk Fire and Rescue Service (NFRS) in responding appropriately and may undertake a fire safety check as part of the multi-agency approach. This will allow NFRS to respond appropriately. Once the risks have been addressed information must be updated.

8. Environmental Health Legislation

8.1 Public Health Act 1936 as amended

Section 79: Power to require removal of noxious matter by occupier of premises

The Local Authority (LA) will always try and work with a householder to identify a solution to a property affected by self-neglect and/or hoarding. However, in cases where the resident is not willing to co-operate the LA can serve notice on the owner or occupier to, remove accumulations of noxious matter. Noxious is not defined, but usually is, 'harmful or unwholesome'. No appeal to this action is available. If not complied with in twenty four hours, the LA may carry out works in default and recover expenses.

Section 83: Cleansing of filthy or verminous premises

Where a local authority is satisfied that any premises is either;

- a) Filthy or unwholesome so as to be prejudicial to health; or
- b) Verminous (relating to rats, mice other pests including insects, their eggs and larvae)

The Local authority shall serve a notice requiring the recipient to take such steps as may be specified in the notice to remedy the condition of the premises by cleansing and disinfecting them. The notice may require among other things the removal of wallpaper or other wall coverings, and in the case of verminous premises, the taking of such steps as may be necessary for destroying or removing vermin.

If the recipient of the notice fails to comply with the requirements of the notice then the local authority may carry out works in default in accordance with the requirements specified in the notice. The local authority may recharge the recipient of the notice for the cost of carrying out such works. There is no appeal against this notice but an appeal can be made against the reasonableness of the authority's requirements set out in the notice.

Section 84: Cleansing or destruction of filthy or verminous articles

The local authority shall cause any article that is considered to be in so filthy a condition as to render its cleaning, purification or destruction necessary in order to prevent injury, or danger of injury, to the health of any person in the premises will cleanse, purify, disinfect or destroy that article. If necessary, the local authority may remove any article that is verminous, or having been used by, or having been in contact with any verminous person to be cleansed, purified, disinfected, destroyed or removed from the premises at the recipients expense.

8.2 Prevention of Damage by Pests Act 1949

Section 4: Power of LA to require action to prevent or treat Rats and Mice

Local authorities have a duty to take such steps as may be necessary to ensure their districts are kept free from rats and mice as far as it is reasonably practicable to do so. This may include; carrying out inspections of land, ensure the destruction of rats and mice on all land within its jurisdiction and ensuring the land is kept free of rats and mice so far as it is reasonably practicable to do so.

The local authority may serve notice on the occupier (or owner if the land is unoccupied) of land/ premises where rats and /or mice may be present due to the conditions at the time. The notice should provide a reasonable period of time to carry out reasonable works to treat for rats and/ or mice, remove materials that may feed or harbour them and carry out structural works if such works are necessary in keeping the land free from rats and/ or mice. The local authority may carry out works in default and recharge the occupier/ owner in full for the cost of carrying out such works.

8.3 Environmental Protection Act 1990 as amended

Section 80: Dealing with Statutory Nuisances (SNs)

Statutory Nuisances (SNs) are defined in section 79 of the Environmental Protection Act. A number of defined nuisances are relevant in cases of self-neglect and/ or hoarding in Section 79(1) including;

- (a) Any premises in such a state as to be prejudicial to health or a nuisance;
- (b) Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance
- (e) Any accumulation or deposit which is prejudicial to health or a nuisance
- (f) Any animal kept in such a place or manner as to be prejudicial to health or a nuisance
- (fa) any insects emanating from relevant industrial, trade or business premises and being prejudicial to health or a nuisance;

Relatively few circumstances will be considered to be 'prejudicial to health' but 'nuisance' encompasses both public and private nuisances. A public nuisance is any act which, without

specific legal authority for it, results in an unreasonable reduction in amenity or environmental quality that affects 'a class of her Majesty's subjects'.

A private nuisance consists of damage arising from a substantial and reasonable interference with the use of land or some right over it.

Local authorities have a duty under the Act to inspect their areas from time to time to detect statutory nuisances and must take such steps as are reasonably practicable to investigate any complaints of statutory nuisance made by persons living within their area. However, if the local authority does find that a statutory nuisance exists or is likely to occur or recur, that must serve an abatement notice to abate the nuisance. Any person breaching the requirements of an abatement notice commits a criminal offence which could result in the matter being referred for prosecution. The local authority may also carry out works in the default and can recover its costs from the recipient(s) of the abatement notice.

9. Housing legislation

9.1 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. It was introduced under the Housing Act 2004 and applies to residential properties in England and Wales. The HHSRS assess 29 categories of housing hazard. Each hazards ha 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.

9.2 Housing providers (the landlord) deal with any concerns relating to self-neglect and or hoarding raised, which may be through contractors, in a sensitive manner. The housing officer (HO) would arrange a visit to inspect the condition of the property and action will be taken as appropriate. It is standard practice for the HO to ask a tenant if they would like support to deal with a range of issues and they will make the necessary referrals if consent is given.

9.3 The HO will usually set small actions for the tenant to complete and then revisit to monitor on a regular basis. Whilst the tenant continues to engage with the housing provider and improve the condition of the property then the HO will continue to visit, but if they cease to engage or do not take steps to improve the condition then a referral may be made without consent to adult social care or other agencies.

The decision to take this course of action will often be made having referred the case to housing management following a thorough review of the case with colleagues in the Anti-Social Behaviour and Tenancy Enforcement Team (ABATE) and Environmental Health. 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.

9.4 Housing providers have a range of enforcement that they can take and this is summarised below:

- **Schedule 2 of the Housing Act 1985** sets out the grounds for possession of properties let under secure tenancies. These grounds include:

Ground 1 – rent lawfully due from a tenant has not been paid or an obligation of the tenancy has been broken or not performed. This would include breach of clauses within a tenancy agreement which relates to tenants keeping the parts of the home that we are not responsible for to a reasonable standard and which may also state they must maintain their home to a standard of hygiene and good order so as not to damage the fabric of the building, cause a nuisance or annoyance to neighbours or create a hazard for our staff or contractors.

Ground 4 – allows the landlord to seek possession if the tenant has allowed the condition of the property to deteriorate owing to acts of waste, or neglect, or default.

9.5 Housing providers could use either of these grounds to seek possession of a property due to hoarding. Under these grounds the court must decide if it is reasonable to grant an order for possession which can be challenging if the tenant has mental health issues or other vulnerabilities.

9.6 **Provisions of the Housing Act 1996** allow housing providers to take possession action of properties let under introductory tenancies. These should be more straight forward as the housing provider needs to prove a breach of any clause of the tenancy agreement. The court does not have to consider whether it is reasonable to grant possession but should merely consider whether the landlord has followed the correct process i.e.; served the correct notices and given the tenant the opportunity to appeal the service of any notice. However, in practice many District Judges do consider any vulnerability the tenant may have when considering an application of this type.

9.7 Housing providers also have the option to apply for an injunction which would force the tenant to bring the condition of the property up to a reasonable standard. They would work closely with environmental health teams who have the power to serve notices under the Environmental Protection Act 1990 which will allow the landlord to enter a property to clear it and re-charge the tenant the cost of doing so.

10. Safeguarding Children

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

10.2 The needs of the child at risk must come first and any actions we take must reflect this. Therefore, where children live in the property where there is an issue with safeguarding and/or hoarding a safeguarding children alert should always be raised. Please refer to the following link for guidance: <http://www.norfolkscb.org/>

11. Risks

11.1 Determining risk may be subjective and complex in nature due to many competing factors. These may include the individual's behaviour and perception of the risks they face in living in self-neglecting and/or hoarding circumstances, which will often differ from the professionals view on what is and what is not an acceptable standard within which to live. In such cases there are often clinical, social, environmental and ethical decisions to be made in **its** managing a subject's expectations of what is considered to be acceptable.

11.2 It is important that staff are familiar with and recognise the risk factors associated with self-neglect and hoarding and to share those risks across organisations when dealing with high level cases. Often age related changes may result in functional physical and mental decline; frailty or psychiatric illness which will increase vulnerability to abuse, neglect and self-neglect as well increase the potential for developing a number of underlying health conditions. Likewise, those who present as hoarding may also face similar health risks not least of all from a decline in the state of the property but also from an increased risk of falls, entrapment and fire.

11.3 The NSAB would seek to ensure that partners work together with adults who self-neglect to minimise the risk of harm and respond in a timely and proportionate way if the risk escalates. The following indicators of harm may be used to gauge the level of risk posed:

11.4 Significant harm:

- Impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- The individual's life could be or is under threat
- There could be a serious, chronic and/or long lasting impact on the individual's health physical/emotional/psychological well-being.

11.5 Significant risk

Where there is an indication that significant and adverse changes have occurred or are likely to occur in levels of risk in the short to medium term, then appropriate action should be taken to reduce the risk to an acceptable level.

Indicators of significant risk could include:

- History of crisis incidents with life threatening consequence
- High level of referrals received, either by individual agencies / Panel
- Fluctuating capacity, history of safeguarding concerns / exploitation
- Financial hardship, tenancy / home security risk; risk of eviction
- Likely fire risks
- Evidence of domestic abuse
- Public order issues; anti-social behaviour / hate crime / offences linked to petty crime
- Unpredictable/ chronic health conditions
- Significant substance misuse, self-harm
- Social network presents high risk factors
- Environment presents high risks
- History of chaotic lifestyle; substance misuse issues
- The individual has little or no choice or control over vital aspects of their life, environment or financial affairs.

11.6 Sometimes a person might not appear to be at risk of abuse or neglect but when information is gathered from a number of organisations the risk of abuse or neglect is increased through the cumulative assessments. It is worth considering how partners such as health care, housing

providers, district and borough councils, police, Job Centre and community and voluntary organisations share information and intelligence that might help the local authority identify when a person is at increased risk of abuse or neglect.

12. The scope of this Strategy and Guidance Document does not include

12.1 Cases of risk associated with **deliberate self-harm**; the intentional infliction of physical damage or injury by an individual to their own body. Anyone who self-harms should be advised to see their GP or other relevant health professional as a matter of urgency or referred with their approval.

13. Multi-agency delivery model

13.1 In order to address this complex and ever growing issue of self-neglect and hoarding the NSAB will develop a multi-agency model in order to address and achieve positive outcomes in cases that:

- Have not historically met the threshold for safeguarding adult services (often due to there not being another person allegedly causing harm)
- Present risks too high and/or complex for successful single-agency intervention (i.e. have reached 'sticking point' in a single agency)
- May not meet the threshold for a social care intervention.

13.2 There may be cases of self-neglect and hoarding that could be assessed at 3-6 on the clutter image rating scale (see below), where the individual agency is struggling to achieve an outcome. Cases such as this could be flagged up to the Early Help Hubs around the county in order to gain the support of partner agencies to affect change, before the case escalates to level 3(7-9) and a referral to the High Risk Panel (HRP) (see below).

13.3 The approach will require effective and positive co-operation between agencies and the establishment of a panel to consider high risk complex cases (the High Risk Panel). The development of a partnership approach should greatly assist in resolving difficult and seemingly intractable cases in which the intervention outcome would otherwise be uncertain resulting in unnecessary risk to the subject(s), increased costs and use of other resources etc.

In the absence of a partnership approach seeking to resolve these case, it is anticipated that all agencies across the county will see an increase in cases of self-neglect and hoarding. This is because these cases will be redirected to the original alerting agency incurring potentially high costs

to the public purse, not addressing high risk and not effecting positive change for the individual(s) concerned.

13.4 Where there are cases which presents as low levels of hoarding but pose a potential risk to the individual, practitioners are advised to use their professional judgement in decisions to bring case to the HRP. For example, this may include someone who has a property considered to be at fairly low clutter rating, but due to mobility problems or a need for aids and adaptations to be used safely, the level of clutter is putting them at much great risk than it would do someone without mobility problems. Practitioners are therefore encouraged to use a risk based approach but on the individuals circumstances.

13.5 Any agency may bring a case to the High Risk Panel (HRP) for multi-agency discussion and problem solving. The role and function of the HRP is set out in Section 23 of this document. Only hoarding cases judged to be at Level 3 (7-9) on the Clutter Image Rating Tool should be brought to the HRP. Use of the Clutter Image Rating Tool is set out in Section 16. In cases where self-neglect is the main issues rather than hoarding then the investigating authority or organisations must determine whether or not the risk to health is such that it requires a referral to the HRP.

14. Responsibilities of partner organisations to co-operate

14.1 The first stage in multi-agency working is for partners to request support from another agency they consider will be able to offer relevant expertise to help them manage the case.

14.2 The Care Act (2014) sets out the requirements for partners to co-operate in cases where the wellbeing of individuals is threatened by self-neglect (section 6). Partners to this Strategy and Guidance Document will therefore respond positively and proactivity to requests for co-operation from other partners. Reponses can include information, professional advice or, where requested, joint visits or attendance at the High Risk Panel (HRP).

14.3 There is an expectation that everyone engages in full partnership working to achieve the best outcome for the adult at risk who chooses to self-neglect / hoards whilst satisfying organisational responsibilities and of duty of care. The focus should be on person-centred engagement and risk management.

14.4 All members of staff dealing with adults at risk should be aware of their duty of care when dealing with cases of self-neglect / hoarding, even when the individual has mental capacity. The duty of care can be summarised as '*the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property*' Any failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages to an organisation(s).

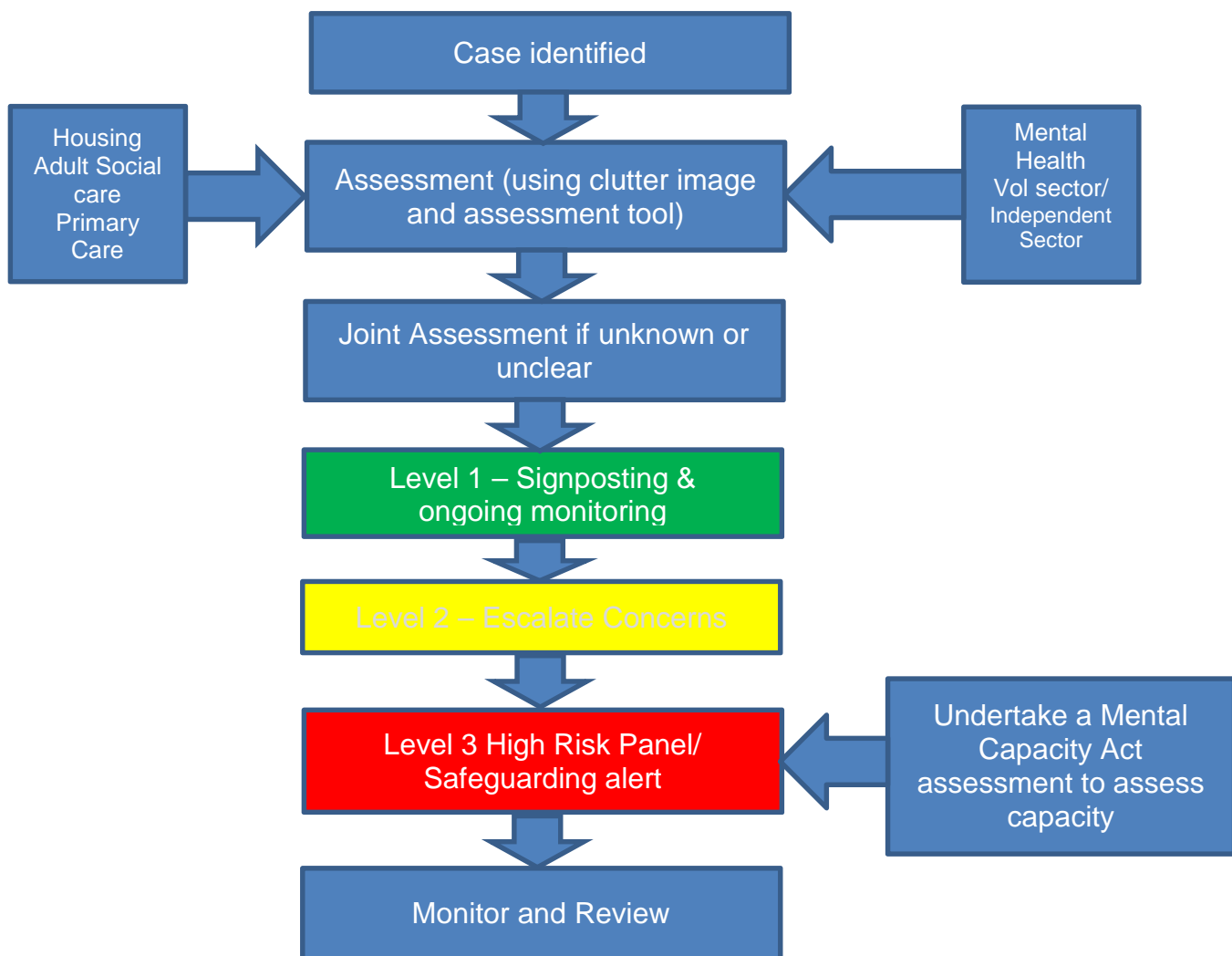
14.5 Each partner will identify a senior officer(s) who will have responsibility for ensuring adequate multi-agency working and that their organisation responds appropriately to requests for co-operation. This officer(s) will actively work to remove blockages to effective joint working and contact their counterparts in other organisations where co-operation has not been forthcoming.

14.5 Where multi-agency working has failed to deliver a positive outcome, then an agency can consider referring the case to the multi-agency High Risk Panel. Before doing so, the agency must be satisfied it has explored all reasonable avenues to reach a successful resolution.

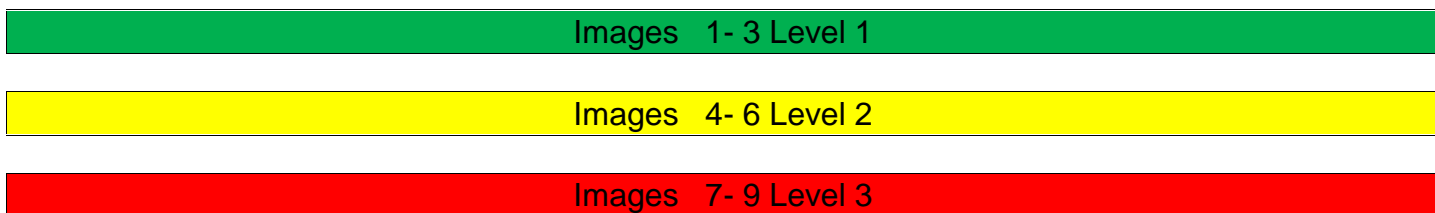
14.6 Each partner agency will be mindful of and seek a positive opportunity to incorporate any appropriate lessons on self-neglect and hoarding which have been identified from a safeguarding adult review (SAR), to ensure the delivery of agreed SAR action plan and sharing of good practice.

15. Process for Clutter Image Rating Tool (CIRT)

The flow chart below sets out the process for use of the Clutter Image Rating Tool. If in doubt, please ask your team leader / manager for assistance.



Please use the clutter image rating to assess what level the adult's hoarding problem is at:



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

16. 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

17. 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

18. 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

19. Assessment Tool Guidelines

See Appendix 1 for guidance on questions which could be used during an assessment

<p>1. Property structure services and 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. • Can the occupant escape from all rooms in the event of a fire or other emergency? • Is there a clear plan of what to do in the event of a fire or other emergency and does everyone in the home know it? • Does the property have a working smoke alarm? • Carry out a cursory visual assessment of the condition of the services 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, can the occupier(s) properly use the bathroom/ WC or does the level of clutter within the room prevent their normal use. • 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 and are readily cleansed? • Are the work surfaces clean? • Are you aware of any odours in the property? • Is there rotting food? • Does the resident use candles, portable electric or gas heaters? • Did you witness a higher than expected number of flies and other insects? • 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 there evidence of illegal drug use? • Is the resident aware of any fire risk associated to the clutter in the property? • Is there faecal matter, urine or other body fluids visible within 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 the any pets at the property? • Are the pets well cared for; are you concerned about their health? • Is there evidence of any infestation? e.g. bed bugs, cockroaches, fleas, rats, mice, etc. • Are animals being hoarded at the property? If so, are they healthy and being well looked after. • Are outside areas seen by the resident as a wildlife area? • Does the resident leave food out in the garden to feed foxes etc.

6 Personal health and safety	<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 or with the Police? Please detail.
-------------------------------------	--

20. Clutter/ Hygiene rating framework

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

Clutter/ Hygiene Rating Level 1: Actions

Level 1	Actions
1. Agency holding the case	<ul style="list-style-type: none"> • Discuss concerns with resident • Raise a request to the Fire and Rescue Service to provide fire safety advice • Refer for support assessment if appropriate. • Refer to GP if appropriate
2. Environmental Health	No Action
3. 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
4. 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
5. 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.
6. Animal Welfare	No action unless advice requested
7. Safeguarding Adults	No action unless other concerns of abuse are noted.
8. MASH	No action unless other concerns of abuse are noted.

Level 2	Household environment requires professional assistance to resolve the clutter and the maintenance issues of the property.
Clutter image rating 4-6	
Property structure, services & garden area	<ul style="list-style-type: none"> • Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open
Household Functions	<ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) scores between 4-5 on the clutter scale. • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside

Health and Safety	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food • No concerning use of candles • Resident trying to manage personal care but struggling
Safeguard of Children & Family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 4 - 7 doesn't automatically constitute a Safeguarding Alert. • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.
Animals and Pests	<ul style="list-style-type: none"> • Pets at the property are not well cared for • Resident is not unable to control the animals • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Sound of mice heard at the property. • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • Refer to RSPCA for advice and guidance.
Personal health and safety	<ul style="list-style-type: none"> • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Personal protective equipment required.

Clutter /Hygiene rating Level 2 Actions

Level 2	Actions
Agency holding the case	<ul style="list-style-type: none"> • Refer to landlord if resident is a tenant • Refer to Environmental Health • Raise an request to the Fire and rescue service to provide fire prevention advice • Provide details of garden services • Refer for support assessment • Referral to GP • Referral to debt advice if appropriate • Refer to Animal welfare if there are animals at the property. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
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 where appropriate • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied with by occupier

Social Landlords	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Refer for housing related support. • Ensure residents are maintaining all tenancy conditions • Enforce tenancy conditions relating to residents responsibilities • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Practitioners	<ul style="list-style-type: none"> • Refer to “Guidance for Hoarding Guidance Questions to Ask” • Complete Practitioners Assessment Tool • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Educate client regarding animal welfare if appropriate- seek advice from the RSPCA. • Provide advice / assistance with re-homing animals
Safeguarding Adults	<p>No action unless other concerns of abuse are noted. If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.</p>
Multi-Agency Safeguarding Hub (MASH)	<p>No action unless other concerns of abuse are noted</p>

Level 3 Clutter image rating 7-9	<p>Household environment will require intervention with a collaborative multi-agency approach, via the High Risk Panel, with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p>
Property structure, services & garden area	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Interior doors missing or blocked open • Evidence of structural damage or outstanding repairs including damp • There may be evidence of internal damp and / or mould. • Evidence of indoor items stored outside
Household Functions	<ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation

	<ul style="list-style-type: none"> • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment • Resident is using candles, electric or gas heating appliances • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement where applicable • Property is at risk of notice being served by Environmental Health
Health and Safety	<ul style="list-style-type: none"> • Human urine and or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health
Safeguard of Children & Family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders
Animals and Pests	<ul style="list-style-type: none"> • Animals at the property at risk due the level of clutter in the property • Resident may not able to control the animals at the property • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Hoarding of animals at the property • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation • Refer to RSPCA
Personal health and safety	<ul style="list-style-type: none"> • Visits where Personal protective equipment (PPE) required: i.e. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.

Actions	Level 3
Agency holding the case	<ul style="list-style-type: none"> • Raise Safeguarding Referral within 24 hours • Raise a request to the Fire and rescue service within 24 hours to provide fire prevention advice.
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 • At time of inspection, EHO decides on appropriate course of action • Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied by occupier
Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Attend multi agency HRP meeting • Enforce tenancy conditions relating to residents responsibilities • If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988
Practitioners	<ul style="list-style-type: none"> • Refer to "Hoarding Guidance Questions for practitioners" See Appendix 1 • 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 HRP meeting on request • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to case holding agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Notify the RSPCA for further advice and guidance. • 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 alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse. Referral to the high risk panel should be made
Multi-Agency Safeguarding Hub (MASH)	Refer to MASH if children or young people present within 24 hours

21. Guidance for Practitioners (from all agencies)

21.1 Hoarding Insight characteristics

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

Good or fair insight:

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

Poor insight

The client is mostly convinced that hoarding – related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The Client might recognise a storage problem but has little self – recognition or acceptance of their own hoarding behaviour.

Absent (delusional) insight

The Client is convinced that hoarding- related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The Client is completely accepting of their living environment despite it being a hoard and possibly a risk to health.

Detached with assigned blame

The client has been away from their property for an extended period. The client has formed a detachment from the hoarded property and is now convinced a 3rd party is to blame for the condition of the property. For example a burglary has taken place, squatters or other household members

22. Practitioners Hoarding Assessment

The assessment tool below will be completed by a practitioner of the agency holding the case in order to decide whether this case needs to be brought to the High Risk Panel (HRP), or if this can be managed 'in-house' with the support of partners.

Date of home assessment							
Clients Name							
Clients date of birth							
Address							
Client contact details							
Type of dwelling							
Owner occupier	Leaseholder	Tenant - Name and address of landlord					
Household Members		Name	Relationship		Date of birth		
Pets - indicate what pets and any concerns							
Agencies currently involved - with contact details							
Non agency support currently in place							
Clients attitude towards hoarding							
Please indicate if present at the property							
Structural damage to property		Insect or rodent infestation		Large number of animals		Clutter outside	

Rotten food		Animal waste in house		Concerns over the cleanliness of the property		Visible human faeces	
Concern of self- neglect		Concerned for children at the property		Concerned for other adults at the property			
Using the Clutter Image Scale please score each of the room below							
Bedroom 1		Bedroom 4		Separate toilet			
Bedroom 2		Kitchen		Lounge			
Bedroom 3		Bathroom		Dining Room			
Please 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?							
Please refer to the multi-agency hoarding Strategy and Guidance Document tool, based on the information provided above, what level is your case graded?							
Level 1 Green		Level 2 Orange			Level 3 RED- Take case to High Risk Panel		
Name of practitioner undertaking assessment							
Name of organisations							
Contact details							
Next actions to be taken							
List of agencies referred to with dates and contact names							

23. The High Risk Panel (HRP)

23.1 The High Risk Panel (HRP) will bring together a range of agencies / services with whom the individual is or may have previously been involved in order to provide an opportunity for multi-agency working on cases of self-neglect and hoarding. The panel would sit alongside the existing Locality Safeguarding Adults Partnerships (LSAPs) of which there are five within the county. The Terms of Reference for the HRP is set out in Appendix 2.

23.2 The HRP would be collaboratively owned by participating agencies in Norfolk.

23.3 The geographical areas of the high risk panels will be:

- Central
- East
- West
- Southern
- North

23.4 The membership of the panel will be made up of representatives of partners to the Strategy and Guidance Document and are listed in Appendix 2.

23.5 The panels would be providing a multi-agency approach to effect positive change for vulnerable adults as part of the safeguarding adult prevention agenda.

23.6 Each agency who brings information to the panel will be responsible to ensuring that they have right to share that information with the other agencies represented. To assist in this, there ought to be a standard protocol, whereby it is agreed

- a) What, if any, records other agencies will make of information brought to the panel, for example only those agencies with an agreed action will retain a record; and
- b) Each agency will sign up to confidentiality of the panel; agree not to retain records other than for agreed actions and not to share information gained at the panel save in permitted circumstances.

24. Advocacy and support

24.1 It is essential to ensure all efforts are made to ensure the person suspected of self-neglecting and or hoarding is consulted with and included in discussions, with concerns raised directly with them at the earliest opportunity.

24.2 The individual concerned should be invited to participate in the HRP and offer the necessary support to do so by the case holding agency. If the person's choice is not to attend the HRP the case holding agency must feedback back any decision that is made to the person within a reasonable time period.

24.3 If there is concern that the person is in need of additional support to ensure they understand the concerns raised, the involvement of an appropriate advocate must be considered where it is deemed necessary to do so. This may be a friend or family member, or a representative from a voluntary agency such as Age UK or CRUSE or POhWER (Independent Mental Capacity Advocacy). Where the individual declines to participate or engage with agencies or provide access, information obtained from a range of other sources may 'hold the key' to achieving access into the property or to determining areas / levels of risk.

25. Employees

25.1 For employees dealing with cases of self-neglect and or hoarding this can be a stressful time. All agencies should have robust support mechanisms and policies in place, to ensure the health and safety of its employees. This should include practice supervision, peer support, lone working systems and where appropriate access to health and welfare advisory support services.

25.2 To enable employees to be effective in dealing with cases of self-neglect and hoarding, employees should also have access to a range of learning and development opportunities either offered by their own organisation, or by a multi-agency approach.

25.3 All organisations should raise the awareness and understanding of staff who work with people who self-neglect to offer flexible, person centred and creative approaches and are supported to nurture self-care.

26. Data information & performance management

26.1 It is expected that all agencies will have in place data information and performance management systems in order to capture information in regard to the identification and management of self-neglect and hoarding cases, and that these will be made available to the NSAB and be populated within the NSAB performance dashboard. This generally should not involve the sharing of identifiable personal data.

27. Evaluation and review of the Strategy and Guidance Document

30.1 The Strategy and Guidance Document will be evaluated and reviewed by the NSAB and will be co-ordinated by the Learning and Improvement Panel (LIP) by the end of September 2017 and the outcomes will be published on the NSAB website and communicated to partner agencies.

28. References and further information

Bath and North East Somerset Local Safeguarding Adults Board (nd) Guidance to staff on managing self-neglect. Retrieved from bathnes.gov.uk/sites/default/files/self_neglect_guidance_pdf.pdf

Gibbons et al (2006) Self-Neglect: A proposed new NANDA diagnosis, International Journal of Nursing Terminologies and Classifications, 17 (1), pp 10-18.

Help for Hoarders <http://www.helpforhoarders.co.uk>

SCIE (2011) Self-neglect and adult safeguarding: findings from research (Report 46) available from www.scie.org.uk

Suffolk County Council – Multi – agency policy and procedures in responding to concerns of Self Neglect.

London Borough of Merton - Multi - agency Hoarding Protocol.

London Borough of Camden. High Risk Panels.

Appendix 1 Guidance 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. Most clients with a hoarding problem will be embarrassed about their surroundings so adapt the question to suit your assessment with the person.

- How do you get in and out of your property, do you feel safe living here?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen?
- How have you made your home safer to prevent this (above) from happening again?
- How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)
- Has a fire ever started by accident?
- How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
- Do you ever use candles or an open flame to heat and light here or cook with camping gas?
- How do you manage to keep yourself warm? Especially in winter?
- When did you last go out in your garden? Do you feel safe to go out there?
- Are you worried about other people getting in to your garden to try and break-in? Has this ever happened?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?
- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Have a wash, bath? Shower?
- Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)
- What do you do with your dirty washing?
- Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?

- How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
- Are there any broken windows in your home? Any repairs that need to be done?
- Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?
- Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

Appendix 2 Terms of reference for the High Risk Panel (HRP)

1. The HRP will only focus on cases of self-neglect and or hoarding judged to be at Level 3 (7-9 on the Clutter image rating) on the Clutter Image Rating Scale. For those cases deemed to be at Levels 1 and 2 on the Clutter Image Rating scale, it is considered that these would be managed 'in-house', within a partnership approach to affect change, or by highlighting these to an Early Help Hub.

2. Cases may be referred to the High Risk Panel where;

- An adult at risk has been identified as having been subject to serious self-neglect which could result in significant harm

And

- They have the capacity to make relevant decisions but have refused essential services or interventions which could result in significant harm

And

- The care management process/ care programme approach has not been able to mitigate the risk of 'this serious self-neglect which could result in significant harm'

And

There is a significant fire risk and might include;

- Evidence of cigarette burns to clothes or bedding
- Property displays evidence of small burns or fires.
- Unsafe storage of inappropriate flammable liquids or gasses.
- Where the person's ability to identify and manage a fire risk is impaired by a lack of decision making capacity or substance misuse.

And

There is evidence of self-neglect and this is having a significant effect on the individuals ability to manage their;

- Personal care and hygiene
- Home environment
- Activities of daily living such as shopping
- Health conditions
- Finances.

And

- One or more of the partners have concerns about the individual and believe a multi-agency discussion at their HRP would be of benefit.

3 The panel core membership.

3.1 The membership of the panel will be made up of representatives of partners to the Strategy and Guidance Document and are listed below and could include (not an exhaustive list):

Mental Health Trusts	Housing services (providers)
Environmental health	Community health/ district nursing
Police and probation	Drugs and alcohol agencies
Adult social care	Fire and rescue service
The voluntary and community sector	Clinical psychologist
Acute hospital trusts	Learning disabilities services
Ambulance trust	Faith groups
Norfolk Trading Standards	RSPCA

3.2 Panel members are to be of sufficient seniority to commit their agency to the actions agreed and ensure they are implemented following the meeting. If they are unable to attend they will brief a colleague who will deputise for them or if this is not possible they will alert the Chair prior to the meeting.

A professional from the case hold agency will normally make a case presentation.

4 Role of the panel.

4.1 The panel will consider case presentations and will support partner's agencies to work together with the aim to reduce and manage risks. The objectives of the HRP will be:

- Any agency can refer and present a case and contact will be made through the LSAP.
- The HRP will work collaboratively in seeking clarification, sharing information, and offering challenge and or support.
- To consider the best intervention options, including legal powers and duties; vulnerability/ equality issues; and the need to step –up safeguarding.
- HRP will agree actions and allocated lead to progress case vis ‘ business as usual’ ensuring that all parties, including the client, and where appropriate carer/ next of kin is kept fully informed of decisions made and follow up action.
-

4.2 Suitable cases include those at greatest concern to the agency, which are particularly complex and have reached a ‘sticking point’ through single agency action.

4.3 The HRP will facilitate and enable a multi-agency, multi-disciplinary discussion and consider of other options which could be considered. If options are identified, it would agree an action plan to lower risk for both residents and their immediate neighbours. Responsibility for any agreed actions would not transfer to the Panel but remain with the agency concerned.

The aim of case discussion is to:

- Sharing information in a collaborative way to enable proactive problem solving
- Develop single agency or share agency actions not yet considered
- Provide an opportunity for case review
- Agree an action plan to lower risk for both residents and their immediate neighbours
- Ensuring engagement and feedback to the client and the family is central to any plan of action
- The actions of the HRP are to be informed at all times by the principles of MSP
- Involvement of the service user / individual should be considered
- Facilitate conflict resolution between agencies to affect the most positive outcomes
- Conflict resolution with the client in order to affect the most positive outcomes
- Attendees at the HRP will be delegated with sufficient decision making ability to seek resolution within the partnership.

4.4 The panel will discuss the cases presented to them with a view to determining next steps. The panel's role is to support, advise and challenge the 'presenting agency' as well as identifying multi-agency solutions and action plans. The panel assist with the co-ordination of cases where there are multi-agency barriers.

4.5 It would be intended that the HRP would be administered on behalf of the participating agencies by the referral agencies and/or existing reserves within the LSAP's.

4.6 Ownership of cases and responsibility for taking forward actions remains solely with the practitioner/ panel representative from the presenting agency.

4.7 It is assumed that each case will not need to return to panel. Cases may be re-referred at a later date if needed. The first five minutes of each panel meeting will hear whether cases presented last time were resolved and, if not, request a summary of the continuing action plan. Where the panel considers all options have been exhausted they can validate the conclusions of the agencies involved but responsibility remains with those agencies.

4.8 Shared outcomes for the HRP will be;

For residents;

- Joint home visits between partners agencies, and more fire safety home visits- ‘ getting it right first time’
- Access to experts, services and support not previously available.
- Temporary/ permanent relief for neighbours from fire risk/ vermin/ hoarding.
- Early intervention prevents intrusive/ distressing acute episodes developing.

For agencies;

- Validation of workers’ involvement and actions to date.
- Cost savings through multi- agency early intervention – or events escalation of cases to a critical level requiring acute intervention or resulting if fire fatality.
- New networks – knowing who to contact for what. More action taken ‘ off – line’
- Accessing law/ powers/ duties. E.g. Powers of entry, tenancy non- compliance.
- Case resolution

4.9 A learning log of effective resolutions and other systemic learning, along with a record of panel outcomes, will be maintained. The panel reps will be expected to share best practice or legal changes (especially in their specified field) with the rest of the panel. An appraisal of all lessons learnt from the various HRP’s will be collated and presented to the NSAB on a six monthly basis to identify trends and make recommendations for further development/ resources as necessary.

4.10 The panel has no specific budgetary or official decision making powers and would follow then NSAB’s confidentiality and data protection Strategy and Guidance Document.

6 Referral and management of panel meetings

6.1 Referrals will be submitted at least 6 working days (8 calendar days) prior to each panel by email to the LSAP business support officer using a secure GSX mail box. The business support to the Chair (LSAP) adds case to Part 2 of the LSAP agenda and circulates before the meeting and informs the LSAP Chair. The agency holding the case notifies business support for the Chair of the Locality Safeguarding Adult Partnership (LSAPs) that they wish to present a case. Notification must be made before the agenda is closed.

6.2 The referral will be made on the form shown in Appendix 5 and be submitted with the most recent assessment and risk management plan completed by the case holding agency. The agency

holding the case is responsible for preparing any supporting documentation / case summary to be used by HRP and for presenting the case.

6.3 It is anticipated that the LSAP Chair will chair the HRP however if this is not possible the HRP will be chaired by deputy chair of the LASP. In the absence of the deputy chair it is the responsibility of the case holding agency to organise the chair and provide administrative support. This chair must be of a suitable seniority in order to facilitate decision making on behalf on the HRP and their own organisation. The panel chair will have the final say on which cases will be heard at each panel and any urgent cases which may have come to light outside of the above process.

6.4 Records of the meeting will be kept by Norfolk Safeguarding Adults service and will be kept on the Adult social care information system.

6.5 Panel meetings will be held at venues as a part of the LSAP's within the county. LSAP meeting dates and contact details are published on the Norfolk Safeguarding Adults Board's website.

6.6 Each panel will receive a maximum of 8 cases, allocation 15 minutes slot to present, discuss and agree actions on each case. In the event that more than one case is presented for discussion, the LSAP Chair will make a judgement about how many cases can be heard per meeting. Cases will be heard in the order they are notified to the LSAP.

6.7 The chair is not responsible for ensuring that identified action points are correctly followed up. It is the responsibility of the presenting practitioner/ panel representative to ensure identified actions are implemented and followed up.

7 Partnerships

7.1 Agency representatives should at all times show respect and courtesy in their dealings with other members of the panel and those presenting cases, and seek to take a collaborative solution focused, problem solving approach to find ways of improving each individual case.

7.2 The HRP would not have budgetary or decision-making powers.

Appendix 3 High Risk Panel Referral Form

Norfolk Safeguarding Adults Board

High Risk Panel Referral Form

Name	[Name of customer]	Date of referral	
Referrer	[Name, Job Title & Agency]	Allocated Worker	[Name, Job Title & Agency]
Circumstances leading to high risk alert	[Include who alerted you of the high risk factors i.e. neighbours, GP, assessment, gas service, Norfolk Fire and Rescue Service, Housing, environmental health etc.]		
Property Information			
Address	[Full address including postcode]		
Property Type & Tenure	[Conversions, floor level, lift availability, street property, garden etc. Tenancy type, leaseholder/freeholder/ landlord]		
Property Access/information	[Has access been granted to the property? Any restrictions? General Information of building]		
Home Fire Safety Visit	[Has a Home Fire Safety Visit been undertaken? If so, what was the outcome?]		
Police Involvement	[Details of any convictions or cautions from the police]		
Personal Information			
Age		Gender: Male/Female	
Ethnic Origin (please highlight or insert tick)	White British Irish Turkish/Turkish Cypriot Other Chinese or other ethnic group Chinese Vietnamese Any other ethnic group	Mixed White and Black Caribbean White and Black African White and Asian Other Black or Black British Caribbean African Other	Asian or Asian British Indian Pakistani Bangladeshi Tamil No information
Risk Factors	[Details of any disability/vulnerability & other risk issues – for internal use only. Sensitive data to be shared on a need to know basis]		
Other Care Advice	[Anything important pertaining to vulnerability, language or communication issues or care needs. Sensitive data to be shared on a need to know basis]		
Warnings	[Warning alerts i.e. threatening/abusive behaviour, do not visit alone etc.]		

Safety advice	[Safety advice e.g. risk of items collapsing/fire damage etc.]
Summary of Presenting Needs and concerns	[Details of current situation, presenting needs, mental capacity, any other concerns etc.]
What are the desired outcomes	[Details of the desired outcomes, what the expected/intended end result is etc.]
What Interventions have been tried	[What work has already been undertaken? What interventions have already been tried?]
Other Professional Involvement	[Details of all internal/external professionals involved]
Other Supporting Circumstances	[Urgent timeframes e.g. expiring legal notices/imminent eviction/damage to neighbouring property, returning home after hospitalisation etc.]

Please attach any additional information you think may be useful.

**Please return completed form to relevant Business Support contact for your
Locality Safeguarding Adult Partnership (LSAP)**

Please see NSAB website for contact details

www.norfolksafeguardingadultsboard.info/

Appendix 4 Making Safeguarding Personal

What is it Making Safeguarding Personal (MSP)?

The Making Safeguarding Personal (MSP) programme has been running since 2010. The Care Act 2014 guidance required adult safeguarding practice to:

- Be person led
- Be outcome focused
- Enhance choice and control
- Improve quality of life, wellbeing and safety
- Aim towards resolution or recovery

MSP puts people more in control of their own safeguarding and generates a more person-centred set of outcomes. The key focus is to develop a real understanding of what the person wishes to achieve, recording their desired outcomes and seeing how well these have been met.

Aims

MSP is intended to make safeguarding more person-centred, develop more meaningful engagement of people in safeguarding and improve outcomes. It gives staff permission to spend time with people, asking them what they want by way of outcomes at the beginning and throughout the safeguarding process.

How is this achieved?

MSP requires the person at the centre of a section 42 enquiry, to be consulted about what they would like to happen as a result of the enquiry and to have their views taken into consideration;

Outcomes that people may wish to achieve as a result of a s42 enquiry include:

- For the abuse to stop and to feel safer
- To have help to protect themselves in the future
- To have help to feel more confident
- For the abuser to stay away from them
- To be involved in what happens next
- For people involved in their case to do what they say they will
- For the Police to prosecute
- To access any support available
- To make more friends

The person's desired outcome may not always be achievable (for example if they wish for the Police to prosecute, but there is no evidence that a crime has been committed). In these circumstances, the person's view should still be recorded, but practitioners need to talk to them about why their desired outcome may not be achievable.

At the end of the s42 enquiry, talk to the person about how they feel about the outcome of the s42 enquiry and record their response on CareFirst in the safeguarding adults assessment form. Conversations about what the person wants to happen, should take place throughout a s42 enquiry, where possible

Independent Advocacy

People who lack capacity or have substantial difficulty being involved in the s42 enquiry, who do not have an 'appropriate individual' to support them, should be referred for Independent Advocacy to support them to be able to express their views.