NORFOLK SAFEGUARDING ADULTS BOARD

SELF NEGLECT AND HOARDING STRATEGY

May 2016

FINAL DRAFT
# Index

<table>
<thead>
<tr>
<th></th>
<th>Introduction</th>
<th></th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>A multi-agency approach</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Definitions of self-neglect and hoarding</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Self-Neglect</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>What is hoarding disorder?</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>Types of Hoarding</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>Mental capacity</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>8</td>
<td>Information sharing</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td>Fire Safety</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>10</td>
<td>Environmental Health Powers</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>11</td>
<td>Safeguarding Children</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>12</td>
<td>Risks</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>13</td>
<td>Scope</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>14</td>
<td>Multi agency delivery model</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>15</td>
<td>Responsibility of partner agencies to co-operate</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>16</td>
<td>Process for Clutter Image Rating Tool (CIRT)</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>17</td>
<td>Clutter Image Rating Scale - Bedroom</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>17</td>
<td>Clutter Image Rating Scale - lounge</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>17</td>
<td>Clutter Image Rating Scale - kitchen</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>18</td>
<td>Assessment Tool Guidelines</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>19</td>
<td>Clutter rating framework</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>20</td>
<td>Guidance for practitioners</td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>21</td>
<td>Practitioners hoarding assessment</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>22</td>
<td>The High Risk Panel</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>23</td>
<td>Advocacy and support</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>24</td>
<td>Employees</td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>25</td>
<td>Data information and performance management</td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>26</td>
<td>References and further information</td>
<td></td>
<td>34</td>
</tr>
</tbody>
</table>
1. Introduction

This strategy 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 an 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 strategy is aimed to be part of the emerging work around development of the Early Help Hubs approach which is being developed across the county, and whilst the initial focus has been within the children services arena, work is underway to grow a link with adult services, thus strengthen a whole system approach, and none more so when dealing with self-neglect and hoarding.

2. A multi-agency approach

2.1 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 will clearly 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.

2.2 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.

2.3 Failure to engage with individuals who are not looking after themselves (whether they have mental capacity or not for decision about their self-neglect or hoarding behaviours) may have serious implications for, and a profoundly detrimental effect on, an individual’s health and wellbeing and home environment, whether this be 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.

2.4 This strategy 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 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).

2.5 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) and consideration should be given to the application of the Mental Health Act (1983) where appropriate.

2.6 Underpinning this strategy 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, and practice and concerns 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);
• That all agencies and organisations uphold their duties of care;
• There is a proportionate response to the level of risk to self and others.

2.7 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.

3 Definitions

The following definitions are relevant to this strategy:

3.1 Self-Neglect

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

3.1.3 Gibbons et al (2006) defined Self-neglect as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who self-neglect and perhaps too to their community”.

Norfolk Safeguarding Adult’s Board Self-neglect multi-agency strategy-FINAL DRAFT / MAY 2016
3.1.4 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.

3.2 Hoarding

3.2.1 Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). Pathological or compulsive hoarding is a specific type of behavior characterized by:

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

3.2.2 General characteristics of Hoarding.

- **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 ability to throw away items without experiencing fear and anxiety.

- **Excessive attachment to possessions**: people who hoard may hold an inappropriate emotional attachment to items.

- **Indecisiveness**: people who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.
• **Unrelenting standards:** people who hoard will often find faults with others, require others to perform to excellence while struggling to organize them 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”

• **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.

4 **Self neglect**

4.1 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;
• 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, unkempt hair, uncared for facial hair, body odour;
• Social isolation; either of an individual or of a household or family unit

5. What is Hoarding Disorder?

5.1 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. It is also noted that 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 their real value.

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

5.3 Anything can be hoarded, in various areas including the resident’s property, garden or communal areas. However, commonly hoarded items include but are not limited:
• Clothes
• Newspapers, magazines or books
• Bills, receipts or letters
• Food and food containers
• Animals
• Medical equipment
• Collectibles such as toys, video, DVD, or CDs

6 Types of Hoarding

There are three types of hoarding:

• Inanimate objects
  This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.

• Animal Hoarding
  Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. As well, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

• Data Hoarding
  This is a new phenomenon of hoarding. There is little research on this matter and it may not seem as significant and inanimate and animal hoarding, however people that do hoard data could still present with same issues that are symptomatic of hoarding. Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

7. Mental Capacity

7.1 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.

7.2 When a person’s hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. With the exception of statutory requirements, any intervention or action proposed must be with the person’s consent. In extreme cases of self-neglect and / or hoarding behaviour, the very nature of the environment should lead professionals to question whether the customer has capacity to consent to the proposed action or intervention and trigger a capacity assessment. This is confirmed by The MCA Code of Practice which states that one of the reasons why people may question a person’s capacity to make a specific decision is ‘the person’s behaviour or circumstances cause doubt as to whether they have capacity to make a decision’ (4.35 MCA Code of Practice, p52). Arguably, extreme hoarding behaviour meets this criterion.

7.3 Any capacity assessment carried out in relation to 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.

7.4 If an individual 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.
7.5 In particularly challenging and complex cases, it may be necessary for the local authority to refer to the Court of Protection (COP) to make the best interests decision. Any referral to the COP should be discussed with legal services and the relevant service manager.

Add in link to Norfolk County Council mental capacity assessment.

8. Information Sharing

8.1 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.

8.2 All agencies need to ensure that where we do decide it is appropriate to share information about hoarded properties with local fire brigades, we are doing this on a need to know basis. All information should be transferred in a secure format.

8.3 For the purpose of this strategy 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.

- Information given to an individual member of staff belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult at risk.

- An organisation should obtain the adult at risk’s written consent to share information and should routinely explain what information may be shared with other people or organisations.
• Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm.

• Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.

• Staff reporting concerns at work ("whistleblowing") are entitled to protection under the Public Interest Disclosure Act 1998.

8.4 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

9 Fire Safety

9.1 Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit route. Appropriate professional fire safety advice must be sought. Share information with appropriate emergency services by alerting them to hoarded properties. This will allow Norfolk Fire and Rescue Service to respond appropriately. Once the risks have been addressed information must be updated. A fire safety check undertaken by the Norfolk Fire and Rescue Service may be appropriate.

10 Environmental Health Powers

10.1 Public Health Act 1936

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

The Local Authority (LA) will always try and work with a householder to identify a solution to a hoarded property, however in cases were the resident is not willing to co-operate the LA can serve
notice on the owner or occupier to, remove accumulations of noxious matter. Noxious not defined, but usually is, ‘harmful, unwholesome’. No appeal to this action is available. If not complied with in 24 hours, the LA can do works in default and recover expenses.

**Section 83: Cleansing of filthy or verminous premises**
Where any premises, tent, van, shed, ship or boat is either;

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

the Local authority serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within 24 hours or more. If not complied with, Environmental Health (EH) can carry out works in default and charge. There is no appeal against this notice but an appeal can be made against the cost and reasonableness of the works on the notice.

**Section 84: Cleansing or destruction of filthy or verminous articles**
Any article that is so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous, the LA can serve notice and remove, cleanse, purify, disinfect or destroy any such article at their expense.

**10.2 Prevention of Damage by Pests Act 1949**
**Section 4: Power of LA to require action to prevent or treat Rats and Mice**
Notice may be served on owner or occupier of land/ premises where rats and/ or mice are or may be present due to the conditions at the time. The notice may be served on the owner or occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works. The local authority may carry out works in default and charge for these.

**10.3 Environmental Protection Act 1990**
**Section 80: Dealing with Statutory Nuisances (SNs)**
Statutory Nuisances (SNs) are defined in section 79 of the Act and include any act or omission at premises that prevents the normal activities and use of another premises, including the following:

Section 79 (1) (a) any premises in such a state as to be prejudicial to health or a nuisance
(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

The LA serves an Abatement Notice made under section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.

11. Safeguarding Children
11.1 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.

11.2 The needs of the child at risk must come first and any actions we take reflect this. Therefore, where children live in the property, a Safeguarding Children alert should always be raised. Please refer to the following link for guidance.

Add in link to NSCB

12. Risks
12.1 Determining risk may be subjective and complex in nature due to many competing factors, including the individual’s perception of the risks they face in living in self-neglecting and or hoarding circumstances and the professionals view on what is and 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 management.

12.2 It is important that staff are familiar with and recognise the risk factors associated with self-neglect and to share those risks across organisations when dealing with high level cases of self-neglect and hoarding. Often age related changes will result in functional decline; frailty or psychiatric illness will increase vulnerability for 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 state of the property but also an increased risk of falls and fire.
12.3 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:

12.4 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.

12.5 Significant risk

Where there are indicators that change is likely to occur in levels of risk in the short to medium term, appropriate action should be taken or planned.

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.

12.6 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 the primary care, housing providers, 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.

13. The scope of this strategy does not include

13.1 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.

14. Multi-agency delivery model

14.1 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.

14.2 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). 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.

14.5 Any agency may bring a case to the High Risk Panel for multi-agency discussion and problem solving. The role and function of the HRP is set out in Section 22. Only cases judged to be at Level 3 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.

15. Responsibilities of partner organisations to co-operate
15.1 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.

15.2 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 (s 6). Partners to this strategy will therefore respond positively and proactivity to requests for co-operation from other partners. Responses can include information, professional advice or, where requested, joint visits or attendance at the High Risk Panel (HRP).

15.3 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.

15.4 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).

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

15.5 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 (see para 2.2). Before doing so, the agency must be satisfied it has explored all reasonable avenues to reach a successful resolution.
16. Process for Clutter Image Rating Tool

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:

<table>
<thead>
<tr>
<th>Images</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-3</td>
<td>Level 1</td>
</tr>
<tr>
<td>4-6</td>
<td>Level 2</td>
</tr>
<tr>
<td>7-9</td>
<td>Level 3</td>
</tr>
</tbody>
</table>

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.
17. Clutter Image Rating Scale- Bedroom
17 Clutter Image Rating Scale - Lounge

Please select the photo that most accurately reflects the amount of clutter in the room.
17 Clutter Image Rating Scale – Kitchen

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

1  2  3

4  5  6

7  8  9
18. Assessment Tool Guidelines
See Appendix 1 for guidance on questions which could be used during an assessment

| 1. Property structure services and garden area | • Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space.  
• Does the property have a smoke alarm?  
• Visual Assessment (non-professional) of the condition of the services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action.  
• Are the services connected?  
• Assess the garden; size, access and condition. |
| 2. Household Functions | • Assess the current functionality of the rooms and the safety for their proposed use. E.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it.  
• Select the appropriate rating on the clutter scale.  
• Please estimate the % of floor space covered by clutter  
• Please estimate the height of the clutter in each room |
| 3. Health and Safety | • Assess the level of sanitation in the property.  
• Are the floors clean?  
• Are the work surfaces clean?  
• Are you aware of any odours in the property?  
• Is there rotting food?  
• Does the resident use candles?  
• Did you witness a higher than expected number of flies?  
• Are household members struggling with personal care?  
• Is there random or chaotic writing on the walls on the property?  
• Are there unreasonable amounts of medication collected? (Prescribed or over the counter?)  
• Is the resident aware of any fire risk associated to the clutter in the property? |
| 4. Safeguard of Children & Family members | • Do any rooms rate 7 or above on the clutter rating scale?  
• Does the household contain young people or children? |
| 5. Animals and Pests | • Are the any pets at the property?  
• Are the pets well cared for; are you concerned about their health?  
• Is there evidence of any infestation? E.g. bed bugs, rats, mice, etc.  
• Are animals being hoarded at the property?  
• Are outside areas seen by the resident as a wildlife area?  
• Does the resident leave food out in the garden to feed foxes etc. |
| 6 Personal Protective Equipment (PPE) | • Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please detail  
• Following your assessment do you recommend the resident is visited in pairs? Please detail |
### Clutter rating framework

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Clutter image rating 1-3</th>
<th>Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.</th>
</tr>
</thead>
</table>
| 1. Property structure, services & garden area | • All entrances and exits, stairways, roof space and windows accessible.  
• Smoke alarms fitted and functional or referrals made to 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 | • 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 | • 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. | |
| 3. Safeguard of Children & Family members | • No Concerns for household members | |
| 5. Animals and Pests | • Any pets at the property are well cared for  
• No pests or infestations at the property | |
| 6. Personal Protective Equipment (PPE) | • No PPE required  
• No visit in pairs required. | |

#### Clutter Rating Level 1: Actions

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Actions</th>
</tr>
</thead>
</table>
| 1. Agency holding the case | • 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 | • 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
- Complete Hoarding Assessment
- Make appropriate referrals for support
- Refer to social landlord if the client is their tenant or leaseholder

### 5. Emergency Services
- 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.

<table>
<thead>
<tr>
<th>Level 2 Clutter image rating 4-6</th>
<th>Household environment requires professional assistance to resolve the clutter and the maintenance issues of the property.</th>
</tr>
</thead>
</table>
| Property structure, services & garden area | 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 | 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 | 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 rotted food
No concerning use of candles
Resident trying to manage personal care but struggling |

| Safeguard of Children & Family members | 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
- 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.)

### Personal Protective Equipment (PPE)
- Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.
- PPE required.

## Clutter rating Level 2 Actions

<table>
<thead>
<tr>
<th>Level 2</th>
<th>Actions</th>
</tr>
</thead>
</table>
| **Agency holding the case** | 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** | 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 Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004  
Consider Works in Default if notices not complied by occupier |
| **Social Landlords** | 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** | 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** | 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
- Visit property to undertake a wellbeing check on animals at the property.
- Educate client regarding animal welfare if appropriate
- Provide advice / assistance with re-homing animals

### Safeguarding Adults
No action unless other concerns of abuse are noted.

If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.

### Multi-Agency Safeguarding Hub (MASH)
No action unless other concerns of abuse are noted

### Level 3
**Clutter image rating 7-9**
Household environment will require intervention with a collaborative multi agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.

### Property structure, services & garden area
- Limited access to the property due to extreme clutter
- Evidence may be seen of extreme clutter seen at windows
- Evidence may be seen of extreme clutter outside the property
- Garden not accessible and extensively overgrown
- Services not connected or not functioning properly
- Smoke alarms not fitted or not functioning
- Property lacks ventilation due to clutter
- Evidence of structural damage or outstanding repairs including damp
- Interior doors missing or blocked open
- Evidence of indoor items stored outside

### Household Functions
- Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.
- Room(s) scores 7 - 9 on the clutter image scale
- Rooms not used for intended purposes or very limited
- Beds inaccessible or unusable due to clutter or infestation
- Entrances, hallways and stairs blocked or difficult to pass
- Toilets, sinks not functioning or not in use
- Resident at risk due to living environment
- Household appliances are not functioning or inaccessible
- Resident has no safe cooking environment
- Resident is using candles
- Evidence of outdoor clutter being stored indoors.
- No evidence of housekeeping being undertaken
- Broken household items not discarded e.g. broken glass or plates
- Concern for declining mental health
- Property is not maintained within terms of lease or tenancy agreement where applicable
- Property is at risk of notice being served by Environmental Health

### Health and Safety
- Human urine and or excrement may be present
- Excessive odour in the property, may also be evident from the outside
| Safeguard of Children & Family members | • 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  
• Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert.  
• Please note all additional concerns for householders |
| Animals and Pests | • 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 |
| Personal Protective Equipment (PPE) | • Visits where PPE required: ie Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. |
| Actions | Level 3 |
| Agency holding the case | • 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 | • 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 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 | • 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 | • 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 | • 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
- 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

20 Guidance for Practitioners

20.1 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 your client.

**Good or fair insight:**

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

**Poor insight:**

The client is mostly convinced that hoarding – related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The Client might recognise a stodge 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 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
### 21 Practitioners Hoarding Assessment

This assessment should be completed in conjunction with the Multi Agency Hoarding Protocol Assessment Tool.

<table>
<thead>
<tr>
<th>Date of home assessment</th>
<th>Clients Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients date of birth</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Client contact details</td>
<td></td>
</tr>
<tr>
<td>Type of dwelling</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner occupier</th>
<th>Leaseholder</th>
<th>Tenant - Name and address of landlord</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Name</th>
<th>Relationship</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pets - indicate what pets and any concerns</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Agencies currently involved - with contact details</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Non agency support currently in place</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clients attitude towards hoarding</th>
</tr>
</thead>
</table>

### Please indicate if present at the property

<table>
<thead>
<tr>
<th>Structural damage to property</th>
<th>Insect or rodent infestation</th>
<th>Large number of animals</th>
<th>Clutter outside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotten food</td>
<td>Animal waste in house</td>
<td>Concerns over the cleanliness of the property</td>
<td>Visible human faeces</td>
</tr>
</tbody>
</table>

Norfolk Safeguarding Adult’s Board Self-neglect multi-agency strategy-FINAL DRAFT / MAY 2016
<table>
<thead>
<tr>
<th>Concern of self-neglect</th>
<th>Concerned for children at the property</th>
<th>Concerned for other adults at the property</th>
</tr>
</thead>
</table>

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 protocol tool, based on the information provided above, what level is your case graded?

<table>
<thead>
<tr>
<th>Level 1 Green</th>
<th>Level 2 Orange</th>
<th>Level 3 RED- Take case to High Risk Panel</th>
</tr>
</thead>
</table>

- 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
22. The High Risk Panel (HRP)

22.1 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. A panel would sit alongside the existing Local Safeguarding Adults Partnerships (LSAPs) of which there are five within the county, as these would still continue to support the NSAB in their localities in achieving the aims of the NSAB at a local level and engaging with the wider community.

The operational process for the HRP is set out in Appendix 3.

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

22.3 The HRP will only focus on cases judged to be at Level 3 (7-9 on the Clutter image rating) on the Clutter Image Rating Scale.

22.4 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.

22.5 The geographical areas of the high risk panels will be:
   - Norwich Central - covering the central part of Norwich on the boundary of Norwich city council.
   - East - covers
   - West - covers
   - Southern - covers
   - North - covers

22.6 The membership of the panel will be made up of representatives of partners to the strategy and are listed in Appendix XX and could include (not an exhaustive list):

22.7 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.

Responsibility for any agreed actions would not transfer to the Panel but remain with the agency concerned. Where multi-agency working has been tried without success and risks remain, then cases should be referred to the HRP. It is likely that cases presenting to the HRP will be around issues of self-neglect, hoarding, fire risk, vermin infestation or environmental hazards or a combination.

22.8 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’
- Case resolution
22.9 The HRP would not have budgetary or decision-making powers and would follow then NSAB’s confidentially and data protection protocol.

22.10 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.

22.11 Where the panel considers all options have been exhausted they can validate the conclusions of the agencies involved but responsibility remains with those agencies.

22.12 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.

22.13 Whilst self-neglect and/or hoarding is predominately seen amongst vulnerable single people, it is not to say that this does not also affect families and therefore has a much wider impact on putting children at risk. This strategy should also be read in conjunction with the neglect strategy for Norfolk County Council Children Services.

22.14 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. Advocacy and support

23.1 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.

23.2 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 choice not to attend the HRP the case holding agency must feedback back to the person.

23.3 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 in appropriate circumstances. Where the individual refuses to participate or engage with agencies or provide access, information obtained from a range of other sources may ‘hold the key’ to achieving access or to determining areas / levels of risk.

24 Employees

24.1 For employees dealing with cases of self-neglect and or hoarding this can be a stressful time and 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.

24.2 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.

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

25 Data information & performance management

25.1 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.
26 References and further information


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


Suffolk County Council – Self Neglect and Hoarding Strategy

London Borough of Merton- Multi - agency Hoarding Protocol.
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 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  Membership of the High Risk Panel (HRP)

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

<table>
<thead>
<tr>
<th>Mental Health Trusts</th>
<th>Housing services (providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental health</td>
<td>Community health/ district nursing</td>
</tr>
<tr>
<td>Police and probation</td>
<td>Drugs and alcohol agencies</td>
</tr>
<tr>
<td>Adult social care</td>
<td>Fire and rescue service</td>
</tr>
<tr>
<td>The voluntary and community sector</td>
<td>Clinical psychologist</td>
</tr>
<tr>
<td>Acute hospital trusts</td>
<td>Learning disabilities services</td>
</tr>
<tr>
<td>Ambulance trust</td>
<td>Faith groups</td>
</tr>
<tr>
<td>Norfolk Trading Standards</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3   Operational procedure for the High Risk Panel

How to notify a case to be presented to the High Risk Panel (HRP)

   Step 1: 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.

   Step 2: 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.

   Step 3: The agency holding the case is responsible for preparing any supporting documentation / case summary to be used by HRP and for presenting the case.

NOTE:
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.

LSAP meeting dates and contact details are published on the Norfolk Safeguarding Adults Board’s website.