

Self-neglect and Hoarding strategy:

Practitioner Guide

This practitioner guide accompanies the Norfolk Safeguarding Adults Board multi-agency strategy and guidance for working with people with self-neglect and / or hoarding behaviours

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1. Introduction

This practitioner guide accompanies the full Norfolk Safeguarding Adults Board (**NSAB**) Multi-agency Self-neglect and Hoarding Strategy.

It supports a multi-agency approach which focuses on early intervention and prevention, working together to achieve safe and habitable homes, making use of the **Collaboration / Help Hubs** in each district as a forum for collaborative casework by practitioners.

It is intended as a **toolkit for anyone** working with adults who may show signs of self-neglect and / or hoarding behaviours. We have used the word 'practitioner' because it is for people who work to support those adults. This might include staff from:

- Social care
- Health (across all sectors)
- Housing providers
- Local council
- Environmental health
- Fire and rescue
- Police
- Volunteers and community groups
- Organisations who support people to maintain their home environment

It includes examples of the **Clutter Image Rating Tool** for quick reference, assessment and self-assessment tools, as well as some 'top tips' to help build trust right from the start.

For more detailed guidance, including definitions, related legislation, information sharing please refer to the full Strategy document here: [Self-neglect and hoarding | Norfolk Safeguarding Adults Board](#)

2. A multi-agency approach

The NSAB strategy and guidance is clear that supporting adults with self-neglect and /or hoarding behaviours must be a multi-agency priority.

There will usually be a 'lead agency' – this could be the organisation of the worker who has had initial contact or had the most involvement with the adult; a case worker who has a good relationship with the person, or it could be the agency with statutory responsibility to lead (e.g. adult social care where safeguarding duties under s42 Care Act apply).

Being the lead does not automatically mean that all responsibility for that adult and their needs sits within that agency but does mean they should co-ordinate the multi-agency support.

There are expectations that:

- The agency holding the case will have actively explored opportunities to work with the individual and other partners prior to bringing the case to the Help Hub; however, this should not prevent the case being brought at an early stage
- The agency holding the case will take responsibility for initiating multi-agency partnership working, within the framework of the full strategy, using their relevant Collaboration / Help Hub
- The adult will be asked for their consent before bringing the case for multi-agency discussion – where this is refused, concerns may still be discussed in Help Hub using anonymised detail, or data shared due to the high risk nature of the concerns (see NSAB guidance on information sharing in this section [Information sharing | Norfolk Safeguarding Adults Board](#))
- All partner agencies will actively engage when asked to by the lead agency

The aim is to prevent serious injury or even death of adults who appear to be self-neglecting and / or hoarding by:

- Following the principles of **Making Safeguarding Personal (MSP)** in all interventions, even where safeguarding adults duties do not apply
- **Empowering adults** as far as possible to understand the consequences of their actions on themselves and others
- Making **proportionate responses** to the identified level of risk to self and / or others
- Having a **shared understanding** of the issue across all partners and their staff, enabling multi-agency working to be proactive and effective
- All partners upholding **their duties of care**.

It is also essential to consider the needs of any children either living in or visiting the environment – this is reflected in the tools below, and also further guidance relating to children is in the full self-neglect and hoarding strategy (section 14 Safeguarding Children).

3. Self-neglect and safeguarding adults

In the Care Act 2014 guidance, self-neglect was added as a new category of abuse in section 42 which sets out duties for safeguarding adults. Like other categories, not all adults who self-neglect or exhibit hoarding behaviours will have needs for care and support under the legislation or meet the criteria for a safeguarding adults enquiry.

The criteria for a formal safeguarding adults enquiry is that:

- the adult had needs for care and support (defined in the Act), or an appearance of need
- the adult is experiencing, or at risk of, abuse / neglect; **and**
- because of the impact of that care and support need, they are unable to protect themselves from the abuse / neglect

However, the principles of safeguarding can still be applied, where people work together with the adult, forming a ‘team around the person’, to prevent harm and support well-being.

Chronic self-neglect and/or hoarding is likely to have developed over many years, and it may be considered a safeguarding concern at the point:

- where the person with care and support needs can no longer control their behaviour, so they cannot protect themselves
- where there is a defined high risk of harm to the individual
- where the physical / environmental risk to others is significant.

4. What does Making Safeguarding Personal (MSP) mean?

The MSP programme started in 2010 and then became embedded in the principles of the Care Act 2014. Care Act guidance requires 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.

It gives workers permission to spend time with people, asking them what they want by way of outcomes at the beginning and throughout the safeguarding process.

Although it is likely that only the highest risk self-neglect cases will need a safeguarding adults enquiry, the principles of person-centred practice and MSP can and should be applied in single and multi-agency approaches.

Understanding what is important to the person is likely to be the key to meaningful change. This may be quite different to risks identified by workers.

The adult	Worker
I'm worried about my cat not being able to get out of the house	I'm worried that you might get trapped in your house
I'm worried you'll take all my things away	I'm worried you will be evicted and lose your house
I'm worried that you will take all my animals from me	I'm worried about the hygiene of your home and that you will get ill

Outcomes that people may wish to achieve in relation to self-neglect and hoarding might include:

- To be involved in what happens
- For people involved in their case to do what they say they will
- To be able to use more of their home
- To feel safer in their home
- To feel more confident
- To be able to look after their pets better
- To be able to see their friends and family more

The person's desired outcome may not always be achievable (for example if their environment is impacting on others or agencies have a duty to take legal action). 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.

Where there is high enough risk that the safeguarding adults process is being progressed, **independent advocacy** must be considered in certain circumstances. This is usually when working with adults who lack capacity or have substantial difficulty being involved in the s42 enquiry, who do not have an 'appropriate individual' to support them. An independent advocate will then support them to be able to express their views.

5. What would the 'relevant information' for a Mental Capacity Act assessment look like?

You may be concerned that the adult is unable to make specific decisions relating to the self-neglect / hoarding because they have a cognitive impairment which interferes with their decision-making ability in this context.

If you are going to assess that person using the Mental Capacity Act, there is some useful caselaw from [Re: AC and GC \(Capacity: Hoarding: Best Interests\) \[2022\] EWCOP 39](#) which describes:

(a) Volume of belongings and impact on use of rooms: the relative volume of belongings in relation to the degree to which they impair the usual function of the important rooms in the property for you (and other residents in the property) (e.g. whether the bedroom is available for sleeping, the kitchen for the preparation of food etc). Rooms used for storage (box rooms) would not be relevant, although may be relevant to issues of (c) and (d).

(b) Safe access and use: the extent to which you (and other residents in the property) are able or not to safely access and use the living areas.

(c) Creation of hazards: the extent to which the accumulated belongings create actual or potential hazards in terms of the health and safety of those resident in the property. This would include the impact of the accumulated belongings on the functioning, maintenance and safety of utilities (heating, lighting, water, washing facilities for both residents and their clothing). In terms of direct hazards this would include key areas of hygiene (toilets, food storage and preparation), the potential for or actual vermin

infestation and risk of fire to the extent that the accumulated possessions would provide fuel for an outbreak of fire, and that escape and rescue routes were inaccessible or hazardous through accumulated clutter.

(d) Safety of building: the extent to which accumulated clutter and inaccessibility could compromise the structural integrity and therefore safety of the building.

(e) Removal/disposal of hazardous levels of belongings: that safe and effective removal and/or disposal of hazardous levels of accumulated possessions is possible and desirable on the basis of a “normal” evaluation of utility.

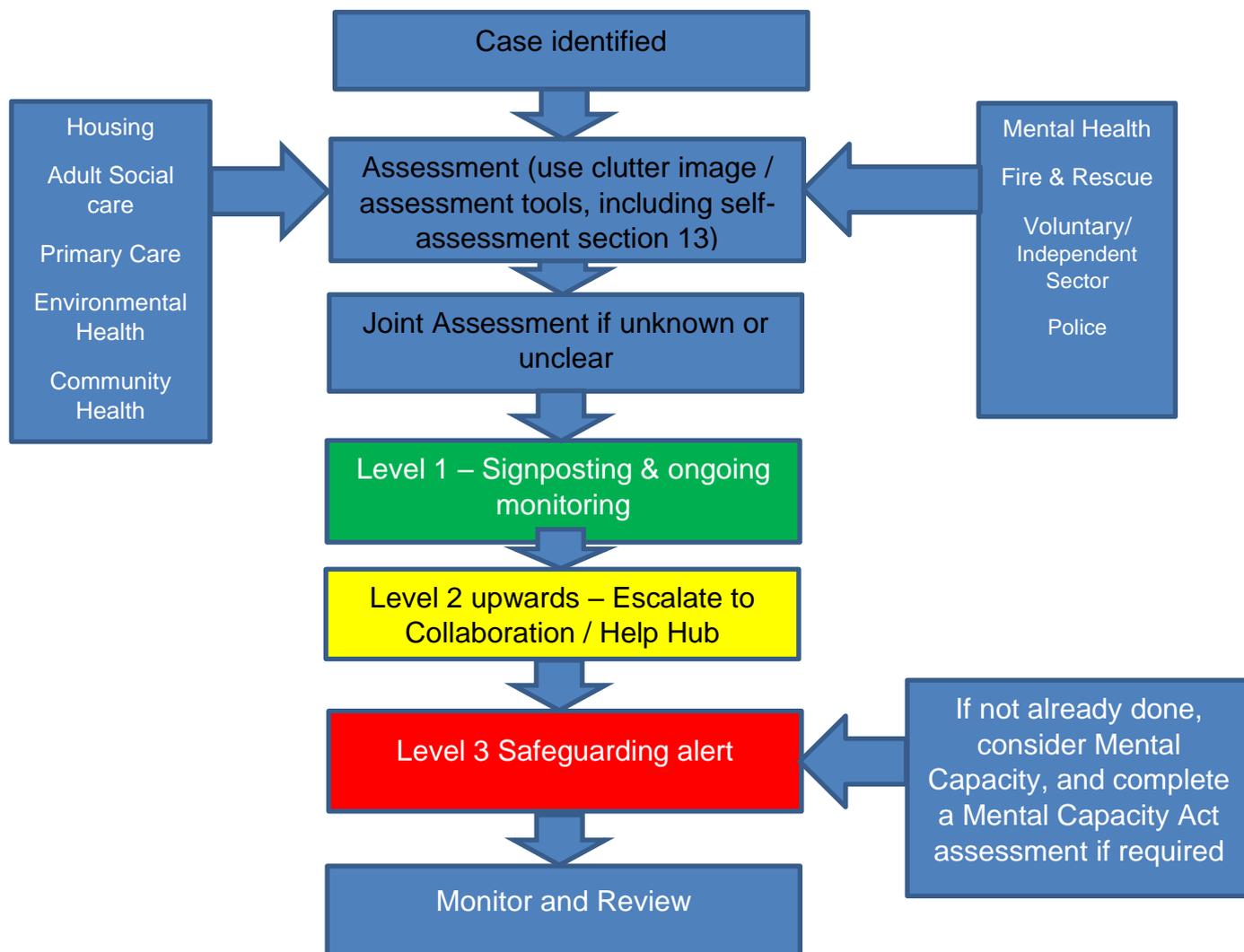
6. Practical tips to build trust

When visiting neglected or cluttered homes, here are some things to think about to help establish and build positive relationships with adults:

- **Be prepared** before a visit, think about what the home you are visiting may be like, smells, dirt, clutter and animals. Wear appropriate clothing that can be removed afterwards (a lightweight coat, that can be easily washed), spare shoes, hand wipes, mask (you can spray perfume / aftershave onto)
- From the first moment you enter, every interaction is important, and **your** reactions and responses matter
- A compliment on entry, on anything; or a question to show interest and start a general conversation – making a connection, however small
- Small comments, looks, expressions and body language can be noticed by those you are visiting and make them feel that they are being judged or cause them offence – this can make a massive difference to how they feel and building a rapport
- Show empathy, remember most people will already feel anxious and embarrassed about their environment – they may not have had a choice in your intervention
- Be aware that their responses may also be trauma led (what they have experienced to date, instinctive rather than reasoned in the first instance)
- Remember contact is about social interaction - if they offer a cup of tea etc, try and say yes, if you don't drink what they offer perhaps ask for a glass of water instead
- Sit down wherever possible, it helps when having a conversation to be on the same level – standing can make it obvious that you feel it's too cluttered or dirty; if need be, find reasons to sit on a hard surface or a cushion (e.g. “my back's been sore, I need to sit on this to be comfortable”)
- Try not to make any judgement obvious, whatever you are feeling or thinking
- The first visit in particular should be about understanding where they are and how they got there, listening to their life experiences, before moving towards support and any possible change
- Ask them what they would like to achieve/ gain from your intervention
- If there are pets – it may be that the welfare of the pet is more important to the person than themselves - ask about the pet, show an interest

7. Clutter Image Rating Tool (CIRT) Flowchart

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



Use the clutter image rating to assess what level the adult's hoarding support need is at:

Images 1- 3 Level 1

Images 4- 6 Level 2

Images 7- 9 Level 3

Then refer to the **Clutter Assessment Outcomes (section 14)** which sets out 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. There are online versions of the images too [Hoarding UK clutter images](#).

8. 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

9. Clutter Image Rating Scale – Lounge

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



1



2



3



4



5



6



7



8



9

10. 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

11. Assessment Tool for Practitioners

The assessment tool below will be completed by a practitioner of the agency holding the case / primarily involved with the adult, to decide whether the situation would benefit from a discussion at the Collaboration / Help Hub, or if this can be managed 'in-house' / single agency / with the support of partners.

Date of home assessment				
Person's Name				
Date of birth				
Address				
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				
Person's attitude towards the concern				

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		Concern for children at the property		Concern for other adults at the property		Unusable rooms - specify which:	
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 (e.g. 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?)							
Based on the information provided above, and the Clutter Assessment outcomes in section 13 , what level would you grade this need?							
Level 1 Green		Level 2 Orange Take case to local Collaboration / Help Hub			Level 3 RED- Take case to local Collaboration / Help Hub		
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)							

12. Questions which could be used during an assessment

Here are examples of questions to ask where you think there is a risk of self-neglect and / or hoarding. These will help with assessment and provide the information needed to alert other agencies. Many adults who struggle to maintain safe and habitable homes will be embarrassed about their surroundings so adapt the questions as required to suit the situation.

- 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?
- If yes, 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 for heat and light, 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 into 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 are nesting anywhere?
- Can you prepare food, cook, and wash up in your kitchen?
- Do you use your fridge? May 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? Can you wash, bath or 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 bedding regularly? When did you last change it?
- 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?

13. Self-assessment tool:

Level 1	Level 2	Level 3
a) Rooms in my home		
<p>Kitchen I am able to use all of my kitchen appliances, e.g. cooker, fridge freezer, washing machine.</p> <p>I can prepare food and have space to do so.</p> <p>I ensure that food waste is disposed of.</p>	<p>Kitchen There is little or no fresh food in the fridge, or mouldy food is present.</p> <p>I have a lot of items piled in my kitchen and I not always able to make use of some of my appliances or workspace. There is some clear floor space or it is covered.</p> <p>I order takeaways or prepare food or eat elsewhere in my home because I can't prepare food or eat in my kitchen.</p>	<p>Kitchen I can't use my kitchen.</p> <p>I do not have, or can't access appliances, or they do not work (e.g. cooker, fridge freezer, washing machine.) Or there are multi appliances that I cannot access / or do not work.</p> <p>There is no space to prepare food. There is little space anywhere in my home to be able to prepare or eat meals.</p> <p>I can't dispose of food waste, and it's built up in my home.</p> <p>This is all impacting on my health and wellbeing.</p>
<p>Bathroom I am able to make use of the toilet, bath/shower and they are in good order.</p> <p>I have space to be able to use the toilet, bath/shower and it is clean.</p> <p>Any sanitary or continence products are well managed.</p>	<p>Bathroom I have a lot of items piled in my bathroom. I would have to move a lot of items to be able to use my toilet, bath/shower. Which I can do, and I do this most of the time – or I go elsewhere to manage my personal hygiene.</p> <p>Surfaces and floor are partially clean and clear.</p>	<p>Bathroom I can't use my bathroom as the toilet, bath/shower do not work.</p> <p>There is no space to be able to use the toilet, bath/shower.</p> <p>I'm not able to go anywhere else to maintain my personal hygiene.</p> <p>There are used sanitary or continence products left in my bathroom.</p> <p>This is all impacting on my health and wellbeing.</p>
<p>Bedroom I can sleep in my bed, and I have clean and available bedding.</p>	<p>Bedroom I have a lot of items piled on my bed which I have to move to use it.</p> <p>I am no longer able to sleep in my bed; I sleep in another area of my home, such as another bedroom or on the sofa.</p>	<p>Bedroom I can't access my bedroom or my bed to sleep in it. I do not have clean and available bedding.</p> <p>I have no other space to be able to sleep without this being on top of items in my home.</p> <p>This is impacting on my health and wellbeing.</p>

Level 1	Level 2	Level 3
<p>Living Room I have enough chairs/sofas to sit on, and all surfaces and floor spaces are clean and clear.</p>	<p>Living Room I have a lot of items piled on chairs/sofa. I would have to move these to be able to sit on my chairs/sofa, which I do most of the time.</p> <p>Or I am no longer able to sit in my chair/sofa.</p> <p>Sometimes I sit in another area of my home, such as in my bedroom or kitchen.</p>	<p>Living Room I can't access my living room or access the chairs/sofas to sit on.</p> <p>I do not have any chairs/sofas. I have no space to be able to sit comfortably in my home.</p> <p>This is impacting on my health and wellbeing.</p>
b) My property, services and garden		
<p>The entrances and exits to my home are accessible. I am able to move freely around my home.</p> <p>My home is well maintained, e.g. gas and electrical tests are completed.</p> <p>Services are all connected and working. E.g. heating, gas water, electric.</p> <p>There is no evidence of damp or mould.</p> <p>I have no garden, or my garden is well maintained.</p> <p>I buy items as and when they are needed, and I am able to discard items from my home. (Clutter is between 1-3 on the image rating scale)</p> <p>There are no odours from things like rotting food, faeces, bodily fluids.</p>	<p>The entrances and exits to my home are harder to navigate because there are items in the way.</p> <p>One of my entrances / exits is blocked, so I only have one way out of my home.</p> <p>When there is an issue with heating gas, water or electric I can take a while to get it sorted so I go without for a few days – or my gas has been capped; it has been taken to court previously to gain entry to my home to get these safety checks completed.</p> <p>Evidence of damp or mould has appeared or got worse, in more areas of my home.</p> <p>My garden is overgrown and there are items in the garden/communal areas.</p> <p>I am buying more items than I need and has less space to put them. Things have started to pile up. (Clutter is between 4-6 in some areas of my home).</p> <p>From time to time, I struggle to clean out rotting food or dispose of faeces or bodily fluids.</p>	<p>The entrances and exits to my home are blocked. I'm not able to move freely around my home.</p> <p>Gas and electrical tests have not been completed and / or I have no access to working heating, gas, water, electric.</p> <p>Damp and mould in my home is bad and it affects my / others health.</p> <p>I buy many items and no longer have the space to put anything. (Clutter is between 7- 9 in most or all areas of my home)</p> <p>Rotting food, faeces, bodily fluid are present, this causes odour and risks to my health, as well as impacting on my wellbeing.</p> <p>I have not been able to keep up household maintenance. Because of the disrepair, my home is dangerous. Structural damage is evident. This has or could cause accidental injuries to myself or others.</p> <p>Obsessive hoarding has created hazards in the property and has impacted on my health and wellbeing and/or others. My garden is overgrown and has lots of items in it. These issues are also affecting my neighbours' safety.</p>

Level 1	Level 2	Level 3
c) Animals and Pests		
<p>I have no pets, or the pets I have are well cared for, which includes disposing of their waste.</p> <p>My pets are appropriate for the size and type of the property.</p> <p>There are no flies or other insects.</p> <p>There are no worries about rats or other pests.</p>	<p>The pets I have are cared for most of the time. Occasionally this is difficult. Sometimes it affects their health.</p> <p>I struggle sometimes to dispose of my pet's waste but I do this some or most of the time.</p> <p>There are flies / other insects some or most of the time.</p> <p>I have had rats or other pests, though I've been able to get them treated, so they are no longer an issue.</p>	<p>I really struggle to care for my pets, it's affecting their health and impacting on my health/ wellbeing.</p> <p>I am not able to dispose of my pet's waste and they remain in my house.</p> <p>The animals I have are so many that they have taken over my home.</p> <p>There are flies and other insects. There are rats or other pests that are affecting the integrity of my home and impacting on my / others health.</p>
d) Fire risk		
<p>I have working smoke alarms in my home.</p> <p>No-one in the house smokes, or people smoke outside. I smoke now but am thinking about giving up.</p> <p>I don't use candles, and / or there are no naked flames, portable or electric heaters – or I use any of these things safely.</p> <p>I don't use emollient creams, or the potential fire risk is known and mitigated.</p> <p>The wiring in my home is safe and in good condition.</p> <p>There has never been a previous fire in my home.</p> <p>There are clear fire escape routes and I can access them easily. I have a plan if there was a fire or other emergency.</p>	<p>I have working smoke alarms in my home or I have agreed for them to be fitted.</p> <p>I smoke, sometimes indoors, but I use ashtrays to safely extinguish, and I have not burnt my clothes or furnishings. I am thinking about giving up smoking. Or: I smoke indoors and have no intention to stop. I have very occasionally burnt my clothes or furnishings. I am happy to take advice about smoking more safely.</p> <p>I occasionally use candles, and / or there are some naked flames, portable or electric heaters – I do not always use these things safely.</p> <p>I do use emollient creams; the potential fire risk is known and I am happy to take some preventative actions.</p> <p>The wiring in my home is becoming old and worse in condition.</p> <p>The fire escape routes in my home are increasingly cluttered which might make it harder to get out in an emergency.</p>	<p>I have no working smoke alarms in my home and have refused offers to have them fitted.</p> <p>I smoke inside the home and don't often use ashtrays or safe ways of extinguishing them. I have no intention to stop smoking.</p> <p>I have evidence of cigarette burns to my clothes and / or bedding. My home has evidence of small burns or fires. I burn candles and / or have naked flames / portable electric heaters in my home.</p> <p>I do use emollient creams; the potential fire risk is known but I do not want to take any preventative actions.</p> <p>The wiring in my home is old or in poor condition.</p> <p>I have inappropriate flammable liquids or gasses that aren't stored safely.</p> <p>The fire escape routes in my homes are difficult to get through and I don't agree to an emergency plan.</p>

Level 1	Level 2	Level 3
e) My Life		
<p>I feel safe in my home. I feel able to manage in my home independently, or with a small amount of support.</p> <p>My health is good, this includes my physical and mental health. I can maintain a good level of personal care and hygiene.</p> <p>There are no concerns about my eating, drinking and nutrition.</p> <p>I store and use my medications in a way they should be. I go to the medical / health appointments I need to.</p> <p>I have access to family and community support and services when I want and need them.</p> <p>I can make decisions by myself, or with support can do so.</p> <p>I know how to manage the items in my home and can do this independently.</p> <p>I recognise that my beliefs and behaviours, relating to difficulty in discarding items, clutter or excessive acquisition are a problem. I can recognise these behaviours in myself.</p>	<p>I sometimes don't feel safe in my home. I need some help to manage in my home – sometimes I need more help and will ask for this or I may not ask or accept it when offered.</p> <p>I have a number of physical and / or mental health needs. I do not always like to have help with these, even when I really need it. I may neglect aspects of my personal care and hygiene, which may impact me day to day.</p> <p>I do not always eat and drink well. Other people are worried about my nutrition.</p> <p>I don't always store and use my medications in a way they should be. I don't always want help with this. I sometimes or often miss appointments that are important for my health and well-being.</p> <p>I have some or limited access to family and community support and services when I want and need them. I do not always want to engage with people.</p> <p>I can find it difficult to make some decisions by myself or need support or my mental health, dementia, or other things that might interfere with the way I process information make it hard for me to make informed choices and decisions without support.</p> <p>I find it hard to know how to manage the items in my home and need support to keep my home safe and habitable. I may not always accept support in this way.</p> <p>I sometimes or often don't recognise that my beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are a problem and impact my ability to have a safe and habitable home.</p>	<p>I often or always feel unsafe in my home. Other people may come in and use my home, or people may avoid coming into my home.</p> <p>I am not able to keep up my personal hygiene, which has led to poor healing /sores /pressure ulcers; I have long toe nails increasing risk of falls, unkempt hair / facial hair, strong body odour. I may refuse help with any of this, and my health may get worse as a result.</p> <p>I do not always eat and drink well. Other people are worried about my nutrition.</p> <p>I don't store and use my medications in the right way; I may refuse to take medication or follow medical advice, which may lead to my becoming more unwell.</p> <p>I have limited or no community and / or family support and can feel isolated from others.</p> <p>I am often not willing to attend external appointments with professional staff (e.g. health, housing), and may refuse people to come into my home.</p> <p>I do not have any known impairment to my mental capacity, but I show evidence of not being able to carry out the things I say (executive function). Or I have been assessed to lack capacity to make some decisions about my home and how I care for myself.</p> <p>I cannot or do not manage the items in my home and need support to keep my home safe and habitable. I often or always refuse support with these things.</p> <p>I do not recognise that my beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic despite evidence to the contrary. I accept my living environment despite it being a hoard and possibly a risk to health.</p>

Level 1	Level 2	Level 3
f) Safeguarding		
<p>I understand the importance of home conditions on the child/young person living/visiting my home and the impact those can have on their health and wellbeing.</p> <p>I am able to keep myself safe. I have or am able to ask for any care, support and / or services I need.</p> <p>I take the medication prescribed to me and accept other healthcare I am offered.</p> <p>There are no known risks to myself or any other adult in the household. No evidence of other types of abuse, e.g. financial abuse, scams, cuckooing, exploitation, domestic abuse.</p> <p>It would be safe for anyone to visit my home, including professional visitors.</p> <p>There are no concerns about my capacity, or I have support with my decision-making.</p>	<p>I am aware that there are issues within the home that needs addressing in order to meet the health and wellbeing needs of myself and any children/young people present and take all the steps I am capable of to address these.</p> <p>Sometimes I struggle to address these issues.</p> <p>I do not always have, or feel able to ask for, the care, support and / or services I need.</p> <p>Most or some of the time I take the medication prescribed to me and accept other healthcare I am offered, but others have raised concerns about my health.</p> <p>There are some known risks to myself or any other adult in the household. There is some evidence of other types of abuse, e.g. financial abuse, scams, cuckooing, exploitation, domestic abuse.</p> <p>It would be safe for some people to visit my home, including professional visitors. I may refuse entry sometimes if I do not trust the person or people visiting.</p> <p>There are increasingly regular concerns about my capacity, or that some of the decisions I make have harmful consequences for me.</p>	<p>I am aware that my home conditions represent a risk of harm to children and young people present. I am not currently able to provide an environment which meets the basic needs (food, bed, hygiene etc) of a child or young person.</p> <p>I feel unsafe in my home, sometimes because of the decisions I make. I refuse referrals to most or all services, such as health, social care, housing. I decline support including help with my personal care, to reduce fire risks or to make my home habitable.</p> <p>I refuse prescribed medication and/or other community health support which means others are concerned about my health.</p> <p>There are clear and known risks to myself or any other adult in the household which are likely to cause myself or others harm. There is evidence of other types of abuse, e.g. financial abuse, scams, cuckooing, exploitation, domestic abuse.</p> <p>I refuse entry into my home to professionals / staff who are offering vital support. Visitors may visit in pairs as they are not sure how I will respond.</p> <p>I do not have any known impairment to my mental capacity, but I show evidence of not being able to carry out the things I say (executive function), and the decisions I make cause me harm.</p>

14. Clutter Assessment Outcome – possible actions

- **Contact collaboration / help hubs** via the relevant district council – also details are at the bottom of the NSAB webpage here [Self-neglect and hoarding | NSAB](#)
- **Any concerns relating to a child in or visiting the household** – if you are a professional, i.e. working with a child or young person in a formal or voluntary setting and not a family member or member of the public, contact the Norfolk County Council Child Advice and Duty Service **(CADS) 0344 800 8021**
- **Concerns about an adult’s physical or mental health** – ask for consent from the person to contact their GP, community health practitioner or mental health worker where applicable – remember there may be circumstances, including where abuse / harm is involved, where you can share without consent
- **Legal literacy** – as a general rule, we can each only intervene in an adult’s life where we have a legal power or duty to do so, or we risk acting outside of the law, including breaching human rights. Understanding the legal basis for our own or other agency’s interventions means we have a realistic and achievable approach to multi-agency working
- **Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.** Refer to [NSAB guidance](#) on complex case management and managing professional difficulties if required.

The suggested actions below are a guide, not exhaustive, and will depend on the specific situation for each person.

Agency	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.	Level 2 - Clutter image rating 4-6 Household environment requires professional assistance to resolve the clutter and the maintenance issues of the property.	Level 3 - Clutter image rating 7-9 Household environment will require intervention with a collaborative multi-agency approach, via Collaboration / Help Hub, with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding concern due to the significant risk to harm to the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions / risk it poses.
Agency / practitioner holding the case	<ul style="list-style-type: none"> • Discuss concerns with the person directly where possible • Record any assessment (e.g. from using the tools in this Guide) • Raise a request to the fire and rescue service to provide fire safety advice • Refer to relevant specialist services as appropriate to any specific need identified (e.g. DWP, welfare advice, social care, mental health support, fire safety, pest control) – if unsure, take to collaboration for holistic discussion (this can be anonymous if required) • Refer to GP if appropriate • Refer to social landlord if the client is their tenant or leaseholder 	<ul style="list-style-type: none"> • Discuss concerns with the person directly where possible • Record any assessment (e.g. from using the tools in this Guide) • If children live in or visit the property see safeguarding section below • Refer to social landlord if the client is their tenant or leaseholder • Contact Environmental Health if appropriate • Raise a request to the fire and rescue service to provide fire prevention advice • Provide details of garden services if needed • Referral to GP if any medical concerns • Referral to debt advice if appropriate – is support with / by utility companies needed? Is there is risk of the person losing access to vital heating / water? • Refer to animal welfare if there are animals at the property and there are concerns about their care • Refer for any other assessment / specialist services as required (e.g. DWP, welfare advice, social care, mental health support, fire safety, pest control) 	<ul style="list-style-type: none"> • Discuss concerns with the person directly where possible • Record any assessment (e.g. from using the tools in the Guide) • If children live in or visit the property see safeguarding section below • Raise Safeguarding concern to Norfolk County Council 0344 800 8020 within 24 hours • Raise a request to the fire and rescue service within 24 hours to provide fire prevention advice. • Check and restore essential utilities if the person has no heating or hot water and is at risk of harm as a result
Social Landlords	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances • Refer to GP if appropriate • Refer to specialist services (see above) as appropriate. 	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs, including access to utilities • Refer to specialist services as appropriate (see above) 	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs, including access to essential utilities • Attend multi-agency forum / meeting on request • Ensure resident understands possible enforcement action

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	<ul style="list-style-type: none"> • Provide details of support streams open to the resident via charities and self-help groups. • Ensure residents are maintaining all tenancy conditions 	<ul style="list-style-type: none"> • Ensure tenant understands their responsibilities regarding their tenancy agreement and what needs to change • Provide information regarding essential safety checks required (gas and electrical safety etc) • Provide information about available property upgrades/ adaptations as appropriate • Ensure repairs are reported • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. 	<ul style="list-style-type: none"> • As a last resort, and following multi-agency involvement using the NSAB complex case guidance, consider enforcing tenancy conditions which may include forced entry or serving Notice of Seeking Possession
Environmental Health	<p>No action</p> <p>Note that a property would need to be at significant level of hoarding / neglect (filthy and verminous / public health risk) before intervention is likely – there has to be sufficient evidence to meet legal criteria for intervention</p>	<ul style="list-style-type: none"> • Refer to Environmental Health at the relevant Local Authority (LA) collaboration help hub with details of client, landlord (if relevant) referrer’s details and overview of problems where appropriate. • The case will be assigned to an Environmental Heath Officer (EHO). The EHO will contact the original referrer and request to join the Multidisciplinary Team (MDT) to gather further information about the premises and the occupier. If the conditions described suggest that the premises are filthy and/or verminous and that the neighbours are significantly affected, an inspection will be arranged by the EHO. • At the MDT meeting following the inspection, the EHO will report back their findings. The MDT will collaboratively discuss the next steps if enforcement action is required to be taken. • Enforcement action may be taken by serving a notice on the owner/occupier requiring them to carry out necessary work under any of the following legislation: Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004. (Note that the notice may simply require removal of food waste or putrefying materials which would attract vermin rather than a whole house clearance.) • The EHO will re-inspect the premises to investigate whether the notice has been complied with. If the notice has not been complied with, the MDT will collaboratively agree on the next steps involving support of the occupier prior to the LA carrying out the works in default. 	

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Emergency Services	Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.	<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. 	<ul style="list-style-type: none"> • Attend multi-agency forum / meeting if requested • 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.
Safeguarding (child or adult)	No action unless other concerns of abuse are noted.	<ul style="list-style-type: none"> • For children: Seek guidance from CADS as situation has the potential to impact significantly based on the needs of the child or young people at the property, especially when considering their age or developmental needs • For adults: If other concerns of abuse are of concern or have been reported, progression to safeguarding enquiry may be necessary. 	<ul style="list-style-type: none"> • For children: Seek guidance from CADS as situation has the potential to impact significantly based on the needs of the child or young people at the property, especially when considering their age or developmental needs • For adults: Safeguarding adults concern should progress to section 42 for multi-agency approach and further investigation of any concerns of abuse.
Animal Welfare	No action unless advice requested	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals. • Educate client regarding animal welfare if appropriate - seek advice from the RSPCA Advice and Welfare Information for Animals RSPCA - RSPCA - rspca.org.uk • Provide advice / assistance with re-homing animals 	<ul style="list-style-type: none"> • Notify the RSPCA for further advice and guidance Report A Concern RSPCA - RSPCA - rspca.org.uk • Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment if required • Educate client regarding animal welfare if appropriate • Provide advice / assistance with re-homing animals