Wiltshire multi-agency Hoarding protocol

June 2021
Version 2

Wiltshire Safeguarding Vulnerable People Partnership

Contents

1. Introduction

There are a range of organisations which are involved in dealing with the effects of hoarding behaviour. There is an increased awareness amongst these organisations in Wiltshire of the need to change the historic approach to cases of hoarding. It is recognised that multiple factors (including mental ill health) can play a part in these behaviours, and is evident that a purely enforcement centric approach to hoarding often only results in a temporary resolution only for the behaviour to reoccur within a relatively short period of time.

It is acknowledged that previous cases have often been dealt with in an ad hoc fashion; some more successfully than others, so there is a need to work more closely together. It is also recognised that formal action to enforce house clearance can be to the detriment to the person who hoards.

The various agencies are dealing with an increasing number of situations where someone is hoarding which may be due to a number of different social factors.

There is no one single agency which has the answer to these complex situations, and it is recognised that the way they are handled can be improved by increased cooperation and understanding. By dealing with cases in a more joined up fashion and taking a person-centred approach more positive outcomes can be achieved.

2. What is hoarding?

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for which they are designed.

Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. A person with a hoarding disorder experiences distress at the

thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs.

Hoarding is a standalone mental health disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. Hoarding can also be a symptom of other medical 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 people who hoard have strong emotional attachments to their objects which are well in excess of their real value. Different types of hoarding are detailed in section 8.

3. Development of the protocol

A number of organisations have been involved in the development of this protocol. Representatives included:

- Wiltshire Council
    - Public Protection (environmental health)
    - Public Health
    - Adult Safeguarding
    - Housing
    - Adult Social Care
- Dorset & Wiltshire Fire & Rescue Service
- Wiltshire Police
- NHS Wiltshire CCG
- Wiltshire and Swindon Users' Network
- Richmond Fellowship
- Avon and Wiltshire Mental Health Partnership NHS Trust
- Wiltshire Health and Care
- British Red Cross
- South West Ambulance Trust
- Selwood Housing Association

The tools and powers available to these agencies are detailed in Appendix 1.

4. Aim

This multi-agency protocol is designed to:

Improve how to support people who have a hoarding disorder and assist agencies to work together in identifying the most appropriate solutions.

5. Purpose

- Create a safer and healthier environment for the individual and others affected by the hoarding behaviour.

- Deliver individually tailored solutions which take into account the needs and circumstances of the individual.

- To successfully engage with the individual to encourage sustainable improvement and reduce the risk of recurrence.

- To improve ways in which organisations work together to improve the individuals' home environment.

- To raise awareness of this disorder and the issues facing people who hoard.

6. Multi-agency approach

Due to the varied characteristics of hoarding it has been recognised that a different approach is required by all of the organisations involved. Each organisation brings its own skills and unique approach and by working together provide more options to deliver individually tailored solutions.

This type of multi-agency approach may include:

- A flexible person-centred approach to reflect the individual's circumstances and needs.
- Wherever possible identify a lead agency/contact for the client.
- Joint visits to facilitate better understanding and data sharing.
- Use of case conferences to identify the most appropriate way to deal with cases.
- Using evidence based common assessment tools.
- An understanding of the role each organisation has to play and how they interact.
- Sharing best practice.

7. Associated self-neglect

This covers a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry under the Care Act 2014. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

8. Types of hoarding

Many different items can be hoarded in and around the home. Items include, but are not limited to:

Inanimate objects: This is the most common. This could consist of one type of object or collection of a mixture of objects, such as old clothes, papers, receipts, food, containers, DVDs, CDs and VHS tapes, computers and electronic storage devices.

Animal hoarding: Often accompanied by poor standards of animal care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often subject to the accumulation of animal faeces and infestation by insects.

Waste hoarding: Accumulating human waste (both urine and faeces) is a less common form of hoarding.

9. Characteristics of hoarding

Fear and anxiety: compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person who is 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 the hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

Long term behaviour pattern: possibly developed over many years or decades of 'buy and drop'. Collecting and saving with an inability to throw away items without experiencing fear and anxiety.

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

Indecisiveness: people who hoard may 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, requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks.

Socially isolated: people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals in favour of office-based appointments.

Large number of pets: people who hoard may have many 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 behaviour may be in a few or all rooms and prevent them from being used for their intended purpose.

Churning: hoarding behaviour can involve moving items from one part of the property to another, without ever discarding them.

Self-care: a person who hoards may appear unkempt and dishevelled, due to lack of bathroom 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 behaviours and the impact it has on them and others.

10. Safeguarding

10.1 Children

Safeguarding Children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. Growing up in a hoarding 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. Should any concerns relating to a child's safety be identified during the use of this protocol a referral should be made to the

children's MASH (Multi Agency Safeguarding Hub). Further information on this is included in Appendix 2.

10.2 Adults

Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent, and stop, both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Different organisations will have their own safeguarding mechanisms which should be referred to in the first instance.

11. Mental Capacity

Some cases of hoarding may involve individuals who lack mental capacity.
When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. Any proposed intervention or action must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers. In extreme cases of hoarding behaviour, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity. See Appendix 4 for further information.

12. Data Sharing and Confidentiality

There are a number of data sharing agreements that exist between statutory organisations. In relation to hoarding the Wiltshire Safeguarding Adults Board (WSAB) Information Sharing Protocol (Appendix 3) provides the mechanism for the sharing of confidential information to relevant agencies when required. The mental capacity and understanding of the client needs to be considered when discussing the sharing of information with other agencies.

13. Communication

It is important that all support is offered from a client centred approach – even where enforcement notices are being adhered to. Communication should be managed sensitively with each of the following:

- The individual being supported. Consent should always be sought in the first instance before communicating with:

- The client's family or friends. Where it has been possible and productive to engage family members or friends in support.

- Partner organisations. This may include for example health, social, voluntary, emergency, environmental health and others.

- Complainants / neighbours. This may be a consideration where communicating may help to manage anxieties and distress caused by hoarding behaviours. However, it essential to seek client consent before doing this to preserve the integrity of the relationship between support worker and client.

Appendix 5 details some good practice advice on communication.

The Safe and Independent Living (SAIL) referral form is contained in Appendix 6.
A client should always be informed if information is being passed between organisations / individuals whether this is with or without their consent. Ideally the client's consent should be requested on the practitioner's hoarding assessment form (Appendix 7). If consent is not given by a client then a clear explanation of the reason why the communication will be made without consent should be offered.

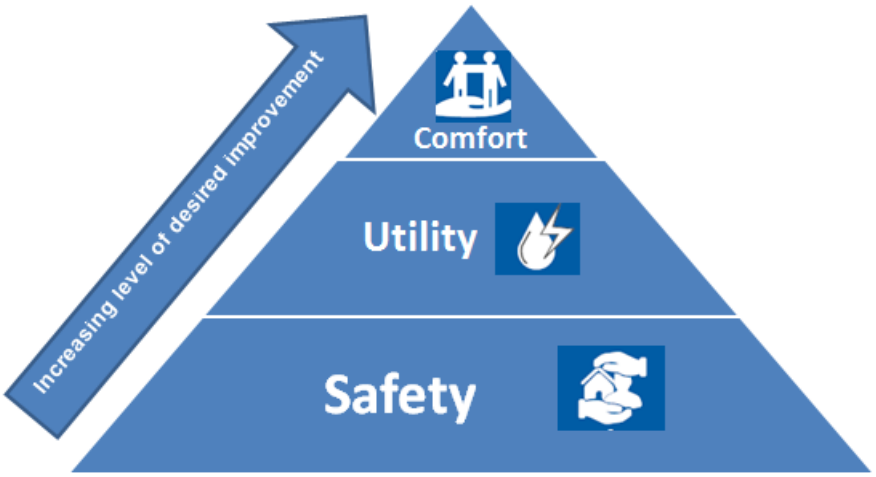
14. Managing expectations

The majority of people who hoard may require long term actions due to their mental health needs. It is, therefore, important that the different parties involved in these cases are aware of the complexities and limitations, and that resolution of a case is likely to take considerable time.

Often people who hoard do not accept help to change, which puts themselves and others at risk, for example through vermin infestations, poor hygiene or fire risk from accumulated possessions.

However, improvements to health, wellbeing and home conditions can be achieved by spending time building relationships and gaining trust. When people are persuaded to accept help the experience of de-cluttering is normally less distressing. Recent, albeit limited, research indicates that people who are supported to reduce their possessions are less likely, or are less quick, to return to previous hoarding behaviours with the same severity. Support over the longer term may include treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

A useful approach to significant hoarding can be to structure discussion around three levels of safety, utility and comfort. This approach does not provide a process but rather a way of exploring and setting objectives that are realistic on different levels.



Safety – This is the most basic level of desired improvement.

The installation of smoke alarms to act as an early warning in the event of a fire is the most basic initial step and typically the least intrusive.

Working with the individual to ensure they have two safe escape routes from their house in case of fire and trying to establish a commitment to keep these routes open as a priority. It should be noted and discussed with individuals that this is as important for firefighters or other

emergency services faced with entering premises as it is for the occupant. A concern for other people's safety is often more motivating than a simple consideration of one's own.

This level of improvement may be as much as an individual can manage and should be respected and understood as an improvement. It will not require disposal of any possessions.

Utility – Frequently the impact of clutter is such that it is no longer possible for an individual to use their kitchen, bathroom, bedroom and living room for the purposes they are designed for. Once a basic level of safety has been achieved support can then move towards working with individuals to restore utility within their home.

Discussion can usefully be directed towards choosing a particular space and working to regain the function of that space. The priority in determining where to start should come from the client based on their own aspirations for their space and what would be most important for them as an improvement to their way of living. This may not be the same as the support worker's practitioner priorities. Find out through discussion whether in fact a newly restored facility will ever actually get used given the client's lifestyle – what do *they* want? Considerations might include the following:

Kitchens should provide a place to store and prepare food in a reasonably hygienic environment. This may simply be a safely accessible kettle or a microwave without excessive surface clutter on or around it. Washing facilities may help in the management of excessive clothing. Are there drying facilities? Fridges keep food fresh – if in working order. Often appliances have fallen into disrepair as well as disuse. Cookers need a greater level of consideration as they will typically incur greater risk of use in a hoarded space.

Bathrooms should provide for the use of the toilet as a priority, and then washing facilities in a hand basin, followed by the possibility of bathing / showering.

Bedrooms should provide a place to sleep if only the bed itself is cleared of clutter. Individuals who have not used a bed for a long time may not use a bed once it is cleared having established other sleeping patterns / behaviours.

Living Rooms should provide a space to sit. This is usually the one thing all houses will retain, though it may only be one single usable seat for the resident and may not be in the living room. Providing additional seating (support workers may appreciate this during a visit) and a space to deal with correspondence (often neglected) can be valuable improvements. The living space may be incorporated in the kitchen – there is no need to be too prescriptive where it is.

A great deal can often be achieved by sorting in the first instance (as opposed to 'churning') before consideration moves to the disposal of goods.

Comfort – This is the highest level of improvement and may take considerable time and commitment from an individual, with support, to achieve.

Sometimes this is simply a consideration of personal comfort – what an individual would like in terms of more space, easier household management etc.

Sometimes it will extend to their feelings with regard to visitors – what an individual would be comfortable for others to see e.g. their keyworker, a meter-reader, postman or landlord.

Some individuals may be motivated by the prospect of re-engaging with friends or family – of being able to have grandchildren to visit perhaps.

This level is obviously harder to achieve and maintain but, if handled sensitively, promises greater sustainability with those clients who are willing and able to travel this distance in recovering management and control of their household space and their possessions within it.

What is achievable in each case will be different and will be dependent on the individual client's starting position, motivation and support.

15. How to assess hoarding

The Clutter Image Rating scorecard (Appendix 8) will be used by all organisations dealing with hoarding cases. This tool provides an objective visual assessment technique to rate the severity of hoarding from 1 (least cluttered) to 9 (severe clutter).

In addition, the hoarding assessment reference guide (Appendix 9) identifies levels of risk (minimal, moderate and high/critical) and provides a framework to determine what actions should be taken based on the severity and impact of the hoarding on the individual concerned. The results of the clutter image rating assessment should be recorded on the practitioner's hoarding assessment form (Appendix 7). The client should be asked if they would be willing to sign the form to agree the risks highlighted and to give their consent to share the information with other relevant agencies. If there is a concern that the adult with hoarding behaviour lacks capacity, they should be offered advocacy to support them with this decision.

Staff from agencies that assess hoarded properties are expected to comply with their own organisation's policy in relation to the use of Personal Protective Equipment.

16. Referral mechanisms

To refer cases at level 2 or 3, as identified on the practitioner's hoarding assessment form, the form should be emailed to the safeguarding advice and contact team which is given at the end of the form. If the form is sent from a non-secure email address it needs to be password protected. A decision will then be made on whether the situation is likely to warrant a section 42 enquiry or a professionals meeting and a non-statutory investigation. The referral should record the details of the practitioner who completed the assessment form. Where the form has been completed in a multi-agency capacity then all participants should be invited to be signatories confirming it is a multi-assessment of risk.

In the event of safeguarding concerns information may be shared without consent; please refer to the WSAB Information Sharing Protocol (Appendix 3).

16.1 What is the activity/situation requiring an assessment of risk?

Provide a summary of the circumstances that have required the Hoarding Protocol to be followed. This should be brief but enough for someone who is not currently involved in the case to understand the presenting concerns and the needs.

16.2. List the identified risks of harm

List all those risks on the assessment form that affect the person's safety or the safety of others. These are the risks that need to be addressed through the Hoarding Protocol. There may be other risks in the person's life that are already managed effectively and do not need to be included in this assessment. This will include the client's appreciation of the risks which are recorded on the assessment form (Appendix 7). Examples of such a risk would be where lack of access by a district nurse prevents dressings being changed or a lack of access and egress presents a fire risk.

16.3 Risk management plan

Once the referral form has been submitted, a decision is made in the MASH as to the way forward. If the situation warrants a non-statutory route the team manager or deputy manager in the MASH will call a professionals meeting to look at addressing the issues. Professionals who attend the meetings will be asked to sign up to completing any actions set and report the progress back at future review meetings.

An individual with mental capacity has a right to decline support. However, efforts should be taken to ensure that the decision made is an informed one. No individual however has a right to place another person at risk. In these circumstances' actions may be required contrary to the person's wishes. A Risk Management Plan may be required which will need to clearly record what actions are required, which risk this reduces (record the number of the listed risk), who is responsible and the timescale. Wherever possible the action plan should relate to named persons and not titles or agencies alone. Timescales must refer to a date and not to undefined terms such as 'ongoing' or 'asap'.

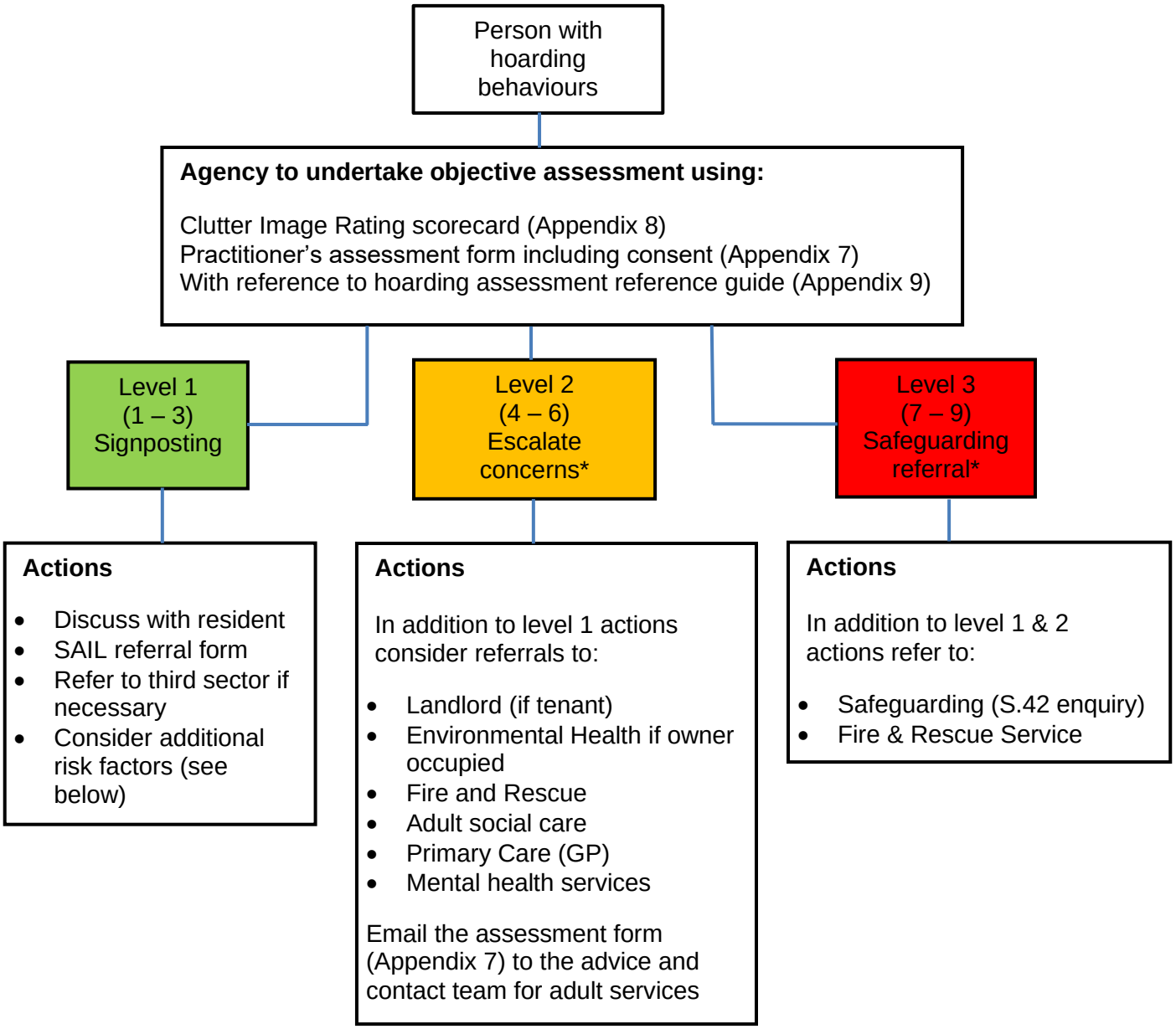
16.4 Review

The frequency of review will be dependent upon the nature of the circumstances and the seriousness of the risk and be agreed as part of the Hoarding Protocol process. A review will be undertaken by means of a further professionals meeting or discussion involving all relevant parties. Required amendments as identified during the review should be recorded on the template, the completion date will need to be updated and a new review date set.

The referral actions flowchart is detailed on page 11.

Agency contact details for referrals are contained in Appendix 10.

16.5 Referral actions flowchart



**Additional risk factors:*

In the event of safeguarding concerns information may be shared without consent; please refer to Appendix 3 – the WSAB Information Sharing Protocol.

Additional risk factors:

- Fire risk e.g. Smoking/e-cigarettes, mobile heating appliances or open fires, overloaded sockets, portable stoves or candle use.
- Lack of smoke detector
- Lack of heating
- Substance Misuse
- Patient disability
- Flammable liquids/gases/oxygen therapy

17. List of appendices

Appendix 1 - Roles, tools and powers
Appendix 2 - Children safeguarding
Appendix 3 - Information Sharing
Appendix 4 - Mental capacity
Appendix 5 - Communication good practice
Appendix 6 - SAIL form
Appendix 7 - Practitioner's hoarding assessment form
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Appendix 9 - Hoarding assessment reference guide
Appendix 10 - Contacts and referral details

Appendix 1: Roles, tools and powers

Safeguarding Adults Team - Wiltshire Council
Within the Safeguarding Adult Team cases of hording are approached under the same thresholds and legal framework as other safeguarding concerns; specifically, the Care Act:

The Safeguarding Adult's Team works under the Care Act 2014. This legislation requires local authorities to fulfil specific duties in relation to safeguarding adults. These duties apply in relation to any person who is aged 18 or over and is at risk of abuse or neglect because of their needs for care and support.

Under the Care Act 2014 we have a duty to make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in an adult's case where:
A local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) —
(a) has needs for care and support (whether or not the authority is meeting any of those needs),
(b) is experiencing, or is at risk of, abuse or neglect, and
(c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of.

Within the same Act is a duty to promote Wellbeing, and have regard to an adult's views, wishes, feelings and beliefs. The Department of Health Care Act Guidance notes that 'professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of individual well-being, as defined in section 1 of the Care Act.

The Safeguarding Adult Team also works under the Mental Capacity Act, which has the following guiding principles:

- a presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise
- the right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions
- that individuals must retain the right to make what might be seen as eccentric or unwise decisions
- best interests - anything done for or on behalf of people without capacity must be in their best interests
- least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic - as long as it is still in their best interests.

If individuals or professionals have safeguarding concerns, they can report these via 0300 456 011.

Safeguarding concerns can also be discussed with the MASH by calling
0300 456 0111

Adult Social Care - Wiltshire Council
The Care Act statutory guidance 2014 formally recognises self-neglect as a category of abuse and neglect – and within that category identifies hoarding.
This enables local authorities to provide a safeguarding response, including the duty to share information for safeguarding purposes; the duty to make enquiries (S42) and the duty to provide advocacy, where a person has no one to advocate on their behalf. These duties apply equally whether a person lacks mental capacity or not.
The change in eligibility criteria, for social services and the focus on wellbeing, create a clear basis for social work intervention with people who hoard/self-neglect. The completion of an Assessment of Care and Support Needs, Risk Assessment and Mental Capacity Assessment (if required) will be utilised to inform enquiry and decide the most appropriate and proportionate route to take.

Public Protection (Environmental Health Powers) - Wiltshire Council
Environmental Health has certain powers which can be used in hoarding cases. Some are mentioned below. The Chartered Institute of Environmental Health has produced some guidance which lists statutory powers available to address hoarding and by means of a case study and the results of a survey, reviews the incidence and diversity of cases coming to the attention of environmental health authorities in the hope that, eventually, that may lead to better ways to resolve them.

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 available. If not complied with in 24 hours, The LA can do works in default and recover expenses.

Public Health Act 1936
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) LA 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 can carry out works in default and charge. No appeal against notice but an appeal can be made against the cost and reasonableness of the works on the notice.

Public Health Act 1936
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.

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.

Environmental Protection Act 1990
Section 80: Dealing with Statutory Nuisances (SNs)
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
(c) 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.
For further guidance and information please refer to the Chartered Institute of Environmental Health Officers Professional Practice Note: Hoarding and How to Approach it
https://www.cieh.org/media/1248/hoarding-and-how-to-approach-it-guidance-for-environmental-health-officers-and-others.pdf

Planning - Wiltshire Council
Town and Country Planning Act 1990
Section 215: Power to require proper maintenance of land
(1) If it appears to the local planning authority that the amenity of a part of their area, or of an adjoining area, is adversely affected by the condition of land in their area, they may serve on the owner and occupier of the land a notice under this section.
(2) The notice shall require such steps for remedying the condition of the land as may be specified in the notice to be taken within such period as may be so specified.
(3) Subject to the following provisions of this Chapter, the notice shall take effect at the end of such period as may be specified in the notice.
(4) That period shall not be less than 28 days after the service of the notice.

Animal Welfare Act – Wiltshire Council and Wiltshire Police
The aim of the Act is to improve the welfare of animals, impose greater responsibility on their carers, and provide greater investigation and entry powers for police and local authority staff to deal with offences.
Under section 9 of the Animal Welfare Act 2006, it is the duty of any person responsible for an animal to ensure that its welfare needs are met. These include:

- The need for a suitable environment (how it is housed)
- The need for a suitable diet (what it eats and drinks)
- The need to exhibit normal behaviour patterns
- Any need to be housed with or apart from other animals, and
- The need to be protected from pain, suffering, injury and disease

South Western Ambulance Service NHS Foundation Trust
SWASFT clinicians make many referrals for patients exhibiting signs of self-neglect including hoarding behaviour. In our analysis of 16/17 referral data self-neglect was the most common theme for adult referrals across the Trust.

Housing Support - Wiltshire Council
Work to support Council tenants who have all manner of mental health issues with quite complex needs and cross overs with addiction issues.

Primary care (General practitioners)
Clinicians working in primary care such as GPs would be likely to encounter patients with hoarding behaviours and their relatives. This would be likely to be in the form of reviewing them for medical issues which may or may not be related to their hoarding behaviours. In the setting of a GP surgery it may be difficult to identify patients with hoarding behaviours.

However, GPs undertake home visits and it is possible that GPs would sometimes visit patients who hoard and therefore be in a position to identify hoarding behaviours. District nurses work with patients in their own homes more frequently than GPs, therefore district nurses would be likely to be the better placed than GPs in order to identify hoarding behaviours.

In primary care if clinicians see patients who are living in unsafe housing conditions, they would be likely to raise their concerns with the safeguarding lead in the GP practice. The person who holds this role would be likely to vary between GP practices, but it would be likely to be a nurse. The safeguarding lead would then activate the local safeguarding policy.

About information sharing patients are very frequently happy for professionals to share information about them with others, with their informed consent. From a clinical perspective there are circumstances in which clinicians can breach patient confidentiality against the patients' wishes (when the patient is deemed to have capacity). These include circumstances in which public safety is in danger.

"Disclosing personal information about a patient without consent may be justified in the public interest if failure to do so may expose others to a risk of death or serious harm. This could arise, for example, if a patient may pose a serious risk to others through being unfit for work or if conditions at work are unsafe."

The above would have to be assessed on a case by case basis, but if it was deemed that the hoarding behaviour was endangering the public, patient confidentiality could reasonably be broken by the doctor.

Dorset & Wiltshire Fire and Rescue Service
Safe & Well Advisors and operational crews raise concerns of hoarding to other partners through the SAIL project (Safe and Independent Living) which involves signposting onto our partners and other agencies. Where necessary, advisors will submit an internal Safeguarding Alert Form to the Safeguarding Co-ordinator who will continue with signposting and record and monitor progress. Where appropriate advisors and crews may also raise the risk with Fire Control in relation to the predetermined attendance system for operational risk. There are no powers of enforcement within the community safety department.

Mental Health Service – NHS and Wiltshire Police
Community based mental health services operate in a similar way to primary care in that mental health practitioners provide a range of support that may be at a team or community base or in a person's home. The expectation in terms of response would be the same as

detailed for primary care should a mental health practitioner identify someone with hoarding behaviours or living in unsafe housing conditions.
Mental Health Act 1983 Section 135(1)
Provides for a police officer to enter a private premise, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met.
The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor.
NB. Place of Safety is usually the mental health unit but can be the Emergency Department of a general hospital, or anywhere willing to act as such.

Richmond Fellowship
Richmond Fellowship Wiltshire Community Housing Support currently (2018) has a contract with Wiltshire Council to support clients with a range of tenancy issues that might place their tenancy at risk. This also includes hoarding behaviours, though it should be recognised that the capacity to support individuals in dealing with these issues is limited to between 6 and 8 clients with hoarding behaviours at any given time across the County.

Support can range from advice and support to gain additional help with issues related to hoarding – including referrals to other services - or it can include direct help to physically tackle the hoard and help to dispose of objects and materials through local recycling centres, waste collection services etc.

Improving Access to Psychological Therapies (IAPT) service
Wiltshire IAPT offers a range of support in many locations all over Wiltshire for people who have mild to moderate depression or anxiety. The individual can self-refer by phoning or can book a course online. Professionals can also refer with consent from the individual.

Selwood Housing
Selwood Housing recognises that no two customers are the same, and that people who hoard often have a variety of mental, physical, financial and support needs. It will therefore use a range of alternative approaches to deal with hoarding, including playing a leading role in multi-agency partnerships to ensure that services are provided in a coordinated way. It will also develop appropriate strategies for working with and responding to the needs of customers who compulsively hoard.
The housing association is committed to supporting customers with a hoarding tendency who are willing to engage with support, but at the same time needs to balance this against the significant impact that hoarding can have on the property itself, the needs of the people living there, as well as residents living nearby. Tenancy enforcement may therefore be deemed necessary, and will be taken where the hoarding is causing a hazard or significant harm to themselves or other persons, or the customer continuously fails to engage with support, or access to the property is being refused or is not possible, in particular in relation to the legal obligations to carry out gas safety checks.

Human Rights Act 1998
Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect, articles 5 (right to liberty and security) and 8 (right to private and family life) of the ECHR are of importance.
These are not absolute rights, i.e. they can be overridden in certain circumstances. However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental Health Acts) is unlawful and would be challengeable in the Courts

Appendix 2: Children safeguarding – Professional practice guidance

The Threshold Matrix allows us to consider the depth of a child's needs in relation to any risks and strengths within the family and wider environment. The needs, risks and strengths of the child and their family can be plotted across the matrix to give a fluid representation of their overall situation - whether they are safeguarding related or not.

Understanding the needs, risks and strengths of a child and their family is vital to ensure we support them in a way that makes a difference in their lives. This starts with establishing a positive relationship with them - to pave the way for an open, non-judgmental conversation about their worries and concerns and helping them to recognise the strengths they have.

At any stage of understanding needs, risks and strengths it's also important to seek and make use of advice from colleagues and from professional consultation services. Whilst seeking to understand needs, risks and strengths remember to:

- Reflect the importance of creating effective relationships with children and families in order to correctly identify their strengths, needs and risks – and their capacity to manage them
- Encourage a broad view of the child within their family and community context
- Encourage conversations with peers and the use of professional judgement
- Discourage a yes/no threshold approach and move to one of always ensuring the delivery or brokering of the right support
- Remember the importance of your own role in effecting positive change – i.e. do what can yourself before thinking about referring on.

The Threshold Matrix shows a colour-coded scale of concern – with the blue area representing a child that is thriving and the red area representing a child at significant risk of harm, sexual abuse, emotional abuse, injury of neglect. This follows the "BRAG Rating" approach used with the MASH

Wiltshire MASH and Early Support Hub

0300 456 0108 (8.45am-5pm, Monday-Thursday and 8.45am-4pm Friday)

Secure email mash@wiltshire.gov.uk

Out of hours 0300 456 0100

MASH referral form: www.wiltshire.gov.uk/children-young-people-protection

Appendix 3: 6. Data protection, information sharing and consent

The Data Protection Act 2018 and the General Data Protection Regulation (GDPR) govern how personal information may lawfully be used

For the processing of personal data: The processing of personal information in respect of safeguarding does not rely upon consent. GDPR and the DPA 2018 both provide sufficient legal basis to process personal and special category data. However, there should be clear communication with the children and families that information will be gathered and kept - and may be shared with others when there is a legal basis to do so, such as for the protection of individuals, or for the prevention or detection of criminal offences, or for the provision of health or social care.

Frontline professionals and volunteers should always report safeguarding concerns in line with their organisation's policy. Policies should be clear about how confidential information should be shared between departments in the same organisation.

For Safeguarding purposes sensitive or personal information sometimes needs to be shared between the Local Authority and its safeguarding partners (including GP's, health, the police, service providers, housing, regulators and the Office of the Public Guardian). This may include information about individuals who are at risk, service providers or those who may pose a risk to others. It aims to enable partners to share information appropriately and lawfully in order to improve the speed and quality of safeguarding responses.

The Care Act emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns.

It remains the responsibility of organisations and the professionals they employ to ensure that they have a basis for processing that meets common law requirements and the requirements of the GDPR; and for public bodies that they are acting within their powers.

Seven Golden Rules for Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose

Appendix 4: Mental Capacity

The Mental Capacity Act 2005 (MCA) 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.

When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. Any proposed intervention or action must be with the person's consent, except in circumstances where a local authority or agency exercises their statutory duties or powers. In extreme cases of hoarding behaviour, the very nature of the environment should lead professionals to question whether the client has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity. This is confirmed by The MCA Code of Practice which states that one of thereasons 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.

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 makermay refer to the WSAB Self-neglect multi-agency Strategy and Guidance Document they need to seek support from other professionals in the multidisciplinary team, they are responsible for making the final decision about a person's capacity.

If the client lacks capacity to consent to the specific action or intervention, then the decision maker must demonstrate that they have met the requirement of the best interests' 'checklist'.Due to the complexity of such cases, there must be a best interests meeting, chaired by a team manager.

In particularly challenging and complex cases, it may be necessary for the organisation to seek legal advice in order to refer to the Court of Protection (CoP) to make the best interest's decision. Agencies may have their own mental capacity assessment form.

Appendix 5: Communication good practice and things to avoid

When communicating with someone who hoards do:

- **Imagine yourself in that person's shoes**. How would you want others to talk to youto help manage you anger, frustration, resentment and embarrassment?
- **Match the person's language**. Listen for the way they describe their belongings anduse the same language. To the individual they may be keepsakes, bits and bobs, or just outstanding items on a 'to do' list.
- **Use encouraging language**. Use language that reduces defensiveness and increases motivation to solve the problem. E.g. "I see that you have a pathway fromthe front door to your living room. It's great that you've kept things out of the way soyou won't trip or fall".
- **Highlight strengths**. A visitor's ability to notice their strengths will help establish a good relationship.
- **Focus the intervention on safety and organisation of possessions.** Work lateron discarding. Discussion of the removal and disposal of possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation.

Avoid the following:

- **Judgemental language**. Individuals who hoard will not be receptive to negative comments. The sheer volume of accumulated objects is not 'a mess' or 'a hoard' or a'fire trap'. This is simply a state of affairs that has come about, often without a clear realisation on the part of the individual until it presents as a significant problem.
- **Words that devalue or negatively judge possessions**. People who hoard are often aware that others do not view their home and possessions as they do. Avoid referring to objects as stuff, clutter, or rubbish whilst you determine how best to referto objects in your relationship with the individual.
- **Letting your non-verbal expression say what you are thinking**. It is very easy to appear judgemental in terms of posture or facial reactions. Be aware of this and try not to be caught unawares especially when you may be the first person in a long timethat has had any real access to the individual's property and they may be feeling extremely vulnerable and exposed.
- **Making suggestions about the person's belongings**. Even well-intentioned comments about discarding items too early in the process may not be well received.Allow the individual time to consider how best to think about disposal, once a degreeof sorting and organisation has taken place.
- **Trying to persuade or argue with the person.** Often efforts to persuade people tomake a change may have the opposite effect. Instead it may be useful to clarify the extent to which you are able to help and to remind the individual of the usefulness ofyour support if you are both able to make changes by working together.
- **Touching the person's belongings without permission**. Those who hoard often have strong feelings about their possessions and may find it upsetting when anotherperson touches their things. It may be helpful in the first instance to think of the objects as an extension of the person themselves. Always ask permission before assuming they can be picked up, inspected or moved.

Appendix 6: SAIL Form

Householder name:			DOB:
Address:			Postcode:
Telephone no:		Email:	
Alternative contact details.		Completed by	

SAIL referrals need to be made via the Your Care Your Support portal and a Data Information Sheet needs to be left with the client. If completing on paper the results of the questions will then need to be entered onto the portal at:
https://www.yourcareyoursupportwiltshire.org.uk/care-and-support/safe-and- independent-living
Please make sure the client is aware of this.

Security and Safety	
Would you like advice and practical help to make sure that your home is as secure as possible? *(Wiltshire Bobby van)*	Yes / No
Have you been a victim of crime or anti-social behaviour in the last 12 months? *(Victim Support)*	Yes/No
Do you find it difficult to keep your garden tidy? (*Age UK Wiltshire)*	Yes /No
Are you concerned about traders who call at your home asking to do work on your home or garden? Are you concerned about scam emails and letters?(Wiltshire Council Trading Standards)	Yes/No
Would you like a Home Fire Safety Check? Do you need working smoke detectors? (*Dorset and Wiltshire Fire & Rescue Service)*	Yes / No
Health and Wellbeing	
Would you like to learn more about what equipment is available to help you live independently ?*(Medequip)*	Yes /No
Have you had a fall in the last three months and not seen a healthcare professional? *Encourage client to self refer to G.P*	Yes / No
Would you like support for a hearing or visual impairment? *(Referral to hearing and vision team)*	Yes /No
Do you care for a relative or friend in an unpaid role who couldn't manage without you , would you like more information about support available for carers (Carer support Wiltshire)	Yes/No
Would you like information and advice about keeping healthy and well? (health trainers can help you to stay healthy through exercise, reducing the amount you smoke/drink)	Yes / No
Do you feel lonely or isolated? – would you like to know about what's going on near you that might help? e.g. lunch clubs, social activities, exercise classes, educational courses *(Age UK)*	Yes / No
Would you like more information about what care and support might be available to help you to live as independently as possible? (Wiltshire Council Customer Advisors)	Yes / No
Living Conditions	
Do you have any difficulties using bath/toilet/kitchen facilities? Or difficulties getting in and out of your home, or using the stairs? (Wiltshire Council Customer Advisors)	Yes / No
Would you like advice about keeping warm, saving energy, and the grants available to help with heating and insulation? *Warm and Safe*	Yes / No
Income and Finance	
Would you like someone to help check that you are receiving all the income that you are entitled to? Age UK money advise service	Yes / No
Are you having trouble paying your bills? *Warm and Safe*	Yes/No

Remarks

Important, please read to customer – Where you have indicated 'yes' above you are consenting to this information being shared with the named partner organisations who deliver additional support to you. By signing this form you are giving your consent for this in accordance with the General Data Protection Regulations 2018. A Data Information Notice is supplied on behalf of Wiltshire Council (who administer SAIL) detailing how your data will be used once this information has been transferred onto the Your Care Your Support portal.

Signed (Customer) _____ Date _____

Are you willing to be contacted to provide feedback Yes/No

Appendix 7: **Practitioner's hoarding assessment form**

Date of home assessment						
Client's name						
Client's date of birth						
Address						
Client's contact details	Landline		Mobile			
Type of dwelling						
Freeholder	Yes	No	If tenant – Landlord's name & address			

Household members	Name	Relationship	Date of birth

Family/friends/advocate's contacts	
Pets present (indicate type and number)	
Agencies currently involved	
Non-agency support in place ▪ Ex-military?	

RISKS

Structural damage to property		Insect or rodent infestation		Large no. of animals		Clutter outside	
Rotten food		Animal waste in house		Cleanliness concerns		Human faeces	
Blocked exits		Self-neglect		Concerns for other adults		Concerns re children	
Fire Risk		Other (please state)					

Use Clutter Image Rating to score each room (*use living room pictures to rate rooms not pictured in CIR)*					
Living room		Kitchen		Bathroom	
Bedroom #1		Bedroom #2		Bedroom #3	
Dining room		Hallway		Garage	
Attic		Basement		Car	

Property overall assessment (total clutter rating) - please tick					
Level 1 (1 – 3)		**Level 2 (4 – 6)**		**Level 3 (7 – 9)**	

How would these risks affect the person's safety or the safety of others? *(E.g. lack of access by district nurse prevents change of dressings).*		
Name of practitioner		
Signature of client		
Do you agree with the risks identified above?	Yes	No
Are you happy for this information to be shared with other agencies indicated below?	Yes	No
What do you want to happen as a result of this referral?		
**In the event of safeguarding concerns information may be shared without consent; please refer to Appendix 3 – Information Sharing.*		

Referrals your organisation has made to other agencies (Please tick all that apply)

Safeguarding (child or adult)		Adult social care	
Environmental Health		Children's services	
Fire and Rescue service		GP or district nurse	
Police		Mental health service	
Housing/Housing Association/ private landlord		RSPCA	
Voluntary sector (specify)		Other e.g. SSAFA (specify)	

Form to be scanned and emailed to the advice and contact team at:
AdviceandContact@wiltshire.gov.uk

Password protect if sent from a non-secure email address.

Appendix 8
Clutter Image Rating: 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

Clutter Image Rating: Bedroom
Please select the photo that most accurately reflects the amount of clutter in the room



1	2	3



4	5	6



7	8	9

Clutter Image Rating: Living Room
Please select the photo that most accurately reflects the amount of clutter in the room

1	2	3

4	5	6

7	8	9

Factors	Guidance			
1. The vulnerability ofthe person	**Less vulnerable**	**More Vulnerable**		• Does the person have capacity to make decisions with regard to care provision / housing etc? • Does the person have a diagnosed mental illness? • Does the person have support from family or friends? • Does the person accept care and treatment? • Does the person have insight into the problems they face?
2. Types of Seriousnessof	**Low risk**	**Moderate**	**High / Critical**	• Refer to the table overleaf. Types and Seriousness of Hoarding. Look at the relevant categories of hoarding and use your knowledge of the case and your professional judgement to gauge the seriousness of concern. • Incidents that might fall outside invoked Adult Protection procedures (Low Risk) could potentially be addressed via preventative measures such as engaging with the person, developing a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling • If a Social Worker or nurse is involved in the care report concerns to them as part of preventative measures. **This tool does not replace professional judgement and does not aim to set a rigid assessment for intervention. Note professional decision making reflects the fact that the type & seriousness of hoarding may fall within the low risk category, other factors may make the issue more serious and therefore warrant progression via safeguarding procedures.**
Hoarding Property				
Hoarding household				
Hoarding Health and				
Hoarding Safeguarding				
3.Level of hoarding (See clutter image rating scale for hoarding)	Low risk	Moderat erisk	High risk	Determine if the hoarding is: • A fire risk? • Impacting on the person's wellbeing (Care Act 2014 definition)? • Preventing access to emergency services? • Affecting the person's ability to cook, clean and general hygiene? • Creating limited access to main areas of the house? • Is the person at increased risk of falls?
4. Background to hoarding	Low impact		Seriousl y affected	• Does the person have a disability that means that they cannot care for themselves? • Does the person have mental health issues and to what extent? • Has this been a long standing problem? • Does the person engage with services, support and guidance offered? • Are there social isolation issues?
5. Impact on others	No one else affected	Others indirectly affected	Others directly affecte d	Others may be affected by the hoarding. Determine if: • Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding? • Does the hoarding prevent the person from seeing family and friends? • Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of abuse	No suspicio n	Indicator s present	Reasonabl e suspicion	Determine if there is reason to suspect: • That the hoarding is an indicator that the person may be being abused • The person may be targeted for abuse from local people • That a crime may be taking place • That the person is being neglected by someone else • That safeguarding is required
7. Legal frameworks	No current legal issues	Some minorlegal issues not currently impacting	Serious legal issues	Try to determine whether: • The person is at risk of eviction, fines, non-payment issues • There is an environmental risk that requires action – Public health issues • There are safeguarding and animal welfare issues • Fire risks that are a danger to others

Appendix 10: Contacts and referral details

Wiltshire MASH and Early Support Hub

0300 456 0108 (8.45am-5pm, Monday-Thursday and 8.45am-4pm Friday)

Secure email mash@wiltshire.gov.uk

Out of hours 0300 456 0100

Adult MASH

0300 456 0111 Textphone: 01225 712501 (Monday to Thursday: 08:30 – 17:20 Friday: 08:30 – 16:20)

Email: adviceandcontact@wiltshire.gov.uk

Out of hours 0300 456 0100

Environmental Health (Public Protection)
publicprotectionwest@wiltshire.gov.ukTel: 01225 770556

Safe and Well (Dorset & Wiltshire Fire Service)
All referrals for a Safe & Well visit should be made through our Safe & Well portal which is accessed via our website www.dwfire.org.uk
The email address to use for all specific visit requests where hoarding has been identified is safeandwell@dwfire.org.uk Emails to this address should be sent password protected for data protection.
The contact telephone number is 0800 038 2323.
(The current version of the form is in appendix 6.)

Improving Access to Psychological Therapies (IAPT) service
Wiltshire IAPT offers a range of support in many locations all over Wiltshire for people who havemild to moderate depression or anxiety. The individual can self-refer by phoning or can book a course online. Professionals can also refer with consent from the individual.
Tel: 01380 731335
Email: awp.wilts-iapt@nhs.net

Richmond Fellowship
Wiltshire CHS WiltshireCHS@RichmondFellowship.org.uk

Richmond Fellowship Community Housing Support
Office H – Unit 1A, Bath Road Business Centre, Devizes, SN10 1XA.
Telephone: 01380 724833