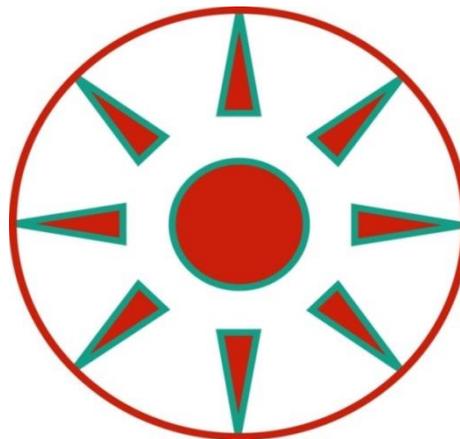


REDBRIDGE SAFEGUARDING ADULTS BOARD (SAB)

Multi-Agency Self-Neglect & Hoarding Protocol



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1. Introduction

This is a multi-agency Protocol for the identification and management of cases involving people who are at high risk of harm due to self-neglect and hoarding.

The Protocol sets out a framework for Redbridge Health and Adult Social Services (HASS) and partner agencies within the Safeguarding Adult Board (SAB) to work together to manage cases involving individuals who are at high risk of significant harm and or death due to self-neglect, lifestyle choice and/or refusal of services.

The Protocol will be referred to when an adult at risk is believed to be self-neglecting and should be read in conjunction with the [London Multi-Agency Adult Safeguarding Policy and Procedures](#), August 2016.

Self-neglect is included in the safeguarding definitions of the [Care Act Statutory Guidance](#), August 2017 (see Section 4). For the purpose of safeguarding adults:

“14.2 Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)*
- is experiencing, or at risk of, abuse or neglect;*
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.”*

2. Aims of the Protocol

The aims of the Protocol are:

- to assist front line practitioners to support individuals who are at high risk of harm due to self-neglect and hoarding;
- to provide a multi-agency framework to manage those in significantly high risk situations that are difficult to manage; and
- to prevent serious injury or even death.

3. Key Principles to Guide Practice

There are six key principles which underpin all adult safeguarding work and on which this Protocol is based:

Empowerment – People being supported and encouraged to make their own decisions and informed consent. *“I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.”*

Prevention – It is better to take action before harm occurs. *“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”*

Proportionality – The least intrusive response appropriate to the risk presented. *“I am sure that the professionals will work in my best interests, as I see them and they will only get involved as much as needed.”*

Protection – Support and representation for those in greatest need. *“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”*

Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. *“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”*

Accountability – Accountability and transparency in delivering safeguarding. *“I understand the role of everyone involved in my life and so do they.”*

4. What is Self-Neglect?

The [Care Act 2014 Statutory Guidance](#) refers to self-neglect as covering a wide range of behaviour from neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

“14.17 Self-neglect covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behavior such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect

themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.”

One widely cited definition by Gibbons¹ (2006, page 16) of self-neglect is:

“The inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.”

Self-neglect can occur as a result of an individual's choice of lifestyle or the person may have poor health, be depressed or physically unable to self-care. In the majority of cases, the Community Care Assessment/Care Programme Approach may be the route to provide appropriate intervention. However, there are cases that give rise to serious concerns where an adult at risk refuses support and services and is viewed to be at great risk by family, neighbours, friends, professionals and the community in which they live.

5. Recognising Self-Neglect

Characteristics of self-neglect can include but are not limited to:

- Living in unsanitary conditions. For example, rodent infestations or blocked plumbing.
- Keeping a large number of pets.
- Inattention to personal hygiene. For example, sores/ulcers with poor healing, long toe and finger nails.
- Eccentric lifestyle, such as obsessive hoarding.
- Unsafe living conditions. Lack of utilities e.g. electricity, gas and poor maintenance, rotting floorboards, lack of heating and running water. Using candles, which can pose a fire risk.
- Suffering from malnutrition and dehydration. Lack of or little fresh food in the fridge, signs of mouldy food or items that are very out of date.
- Inappropriate or inadequate clothing.
- Inadequate housing or homelessness.
- Appearing to be in need of services but not agreeing to a referral or not engaging.
- Consistently refusing services, which can improve quality of life reasonably.
- Declining or refusing prescribed medication and or other health care.
- Refusing access to professionals in relation to care and support needs.
- Repeated episodes of anti-social behaviour, either as a victim or alleged person causing the issues.
- An unwillingness to attend appointments with professional staff.

¹ Primary Care Assessment of Older People with Self-Care Challenges, Gibbons, S., Journal of Nurse Practitioners, 323 – 328, 2006

Factors that can increase risk include:

- Living alone and social isolation
- Mental health issues, including depression
- Old age
- Cognitive impairment
- Dementia
- Alcohol and substance misuse
- Physical disability, which has an impact on the individual's ability to self-care
- Fluctuating capacity
- Poor health
- History of chaotic lifestyle
- High level of referrals to different agencies
- Living environment presents risks to self and others
- Excessive attachment to possessions
- Large number of pets but unable to care for them and unable to recognise that pets are or may be at risk
- Large collection of collectibles such as books, newspapers, papers. Food containers or toys
- Lack of insight of the impact of behaviour on others, including any children, young people or other adults at risk living in the same household.

6. Hoarding

Hoarding is an excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross²). Pathological or compulsive hoarding is a specific type of behaviour characterised by:

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

Hoarding is considered a standalone mental health disorder and is included in the 5th edition of the [Diagnostic and Statistical Manual of Mental Disorders \(DSM\) 5th Edition, 2013](#). However, hoarding can also be a symptom of other medical disorders.

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

² The Hoarding of Possessions, Frost, R. and Gross, R., Behaviour Research and Therapy, 31 (4), (366-381), 1993

[NHS Choices](#) provides the following information on the topic:

Hoarding is considered to be a significant problem when:

- the amount of clutter in the person's home is increasing
- they bring in more things each day and discard very little
- the amount of clutter interferes with everyday living – for example, they are unable to use the kitchen or bathroom and cannot access rooms
- People with hoarding difficulties often experience obsessive compulsive disorder (OCD), which may or may not be directly connected to their clutter problem. Hoarding is also often associated with anxiety and depression.
- Compulsive hoarding is challenging to treat because many people who hoard don't see it as a problem, or have little awareness of their disorder and how it's impacting on their life.
- However, it's really important to encourage a hoarder to seek help, as their obsession can not only cause loneliness and mental health problems, but poses a health and safety risk, too. If not tackled, it is a problem that will most likely never go away.

What's the difference between hoarding and collecting?

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. Many people collect items such as books or stamps and this isn't considered a problem. The difference between a "hoard" and a "collection" is how these items are organised. A collection is usually well-ordered and the items are easily accessible. A hoard is usually much disorganised, takes up a lot of room and the items are largely inaccessible.

For example, someone who collects newspaper reviews may cut out the reviews they want and organise them in a catalogue or scrapbook. Someone who hoards may keep large stacks of newspapers that clutter their entire house and mean it's not actually possible to read any of the reviews they wanted to keep.

General 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 hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.
- **Long term 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 struggle with the decision to discard items that are no longer necessary, including rubbish.
- **Unrelenting standards:** People who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- **Socially isolated:** people who hoard will typically alienate family & 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 a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”
- **Mentally competent:** People who hoard are typically able to make decisions that are not related to the hoarding.
- **Extreme clutter:** hoarding behaviour may prevent several or all the rooms of a person property from being used for its intended purpose.
- **Churning:** hoarding behaviour can involve moving items from one part a person’s property to another, without ever discarding anything.
- **Self-Care:** a person who hoards may appear unkempt and dishevelled, due to lack of toileting or washing 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 behaviour and the impact it has on them and others.

7. Fire Safety

Hoarding increases the risk of a fire occurring and makes it more difficult for people living within the property to evacuate safely. Fire can also spread to neighbouring properties if the level of hoarding is severe or if flammable items such as gas containers are being stored. It also poses a high risk to fire fighters when attending the scene.

The sharing of information is extremely important for operational firefighter crew safety. The London Fire Brigade is required to be compliant with the [Fire Services Act, 2004, Regulation 7.2d](#) to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in their area. The multi-agency approach to sharing information about hoarding enables compliance with the Act and also

strengthens the operational risk assessment when dealing with Incidents and fires where hoarding is present.

8. Mental Capacity Act 2005

The [Mental Capacity Act 2005](#) provides a statutory framework for people who lack capacity to make decisions for themselves. The principles of the Act are:

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practical steps have been taken without success
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision
- An act done, or decision made must be made in the person's best interests
- Before the act is done, or the decision made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action

When a person's self-neglecting and hoarding behaviour poses a serious risk to their health and safety, interventions from professionals may be required using a multi-agency approach. The Act provides protection from liability for actions taken as long as actions taken are in the individual's best interests as per the terms of the Act. The seriousness of any decision made and actions undertaken increase the need for very clear documentation as well as the need to alert others to the situation. A decision to intervene in the individual's best interests may need to be in line with following up through safeguarding adults' procedures.

Best Interests Checklist

- All decisions must be made in the person's best interests
- Involve the person who may lack capacity in the decision making process and offer all practical support to assist in the decision making process
- Consult with the person and others who are involved in his/her care
- Be aware of and take account of the person's past and present wishes
- Do not make assumptions based on the person's appearance, age, condition, culture or behaviour
- Decisions must be fair and not in anyway discriminatory
- Consider if the person is likely to gain capacity to make the decisions in the future. For example, is the person suffering from a urinary tract infection, which is having an impact on the ability to make decisions?
- Consider the least restrictive options available
- Any decision made must be recorded formally

For more information on the Mental Capacity Act, see the associated [Code of Practice](#).

9. Local Guidance

In most cases, an assessment of need with an implemented package of care may provide support to the individual. The Care Management Approach may also be used to support those who are self-neglecting and have been assessed as having mental health issues. Very often the cases that cause the most concern are those where the concerned individual repeatedly refuses to accept support and is seen as being at significant risk of harm as a result.

Self-neglect and hoarding becomes a safeguarding concern, where the adult at risk has been identified as being subject to serious self-neglect, which could result in significant harm and they meet the criteria as determined by the [Care Act 2014 Statutory Guidance 14.2](#) (having care and support needs; experiencing (or being at risk of) abuse or neglect; being unable to protect themselves because of those needs – [see page 3 - Introduction](#)).

If safeguarding concerns are reported to the London Borough of Redbridge, relating to an individual who is self-neglecting and or hoarding, placing them at risk of harm, and the individual meets the criteria for [Care Act 2014 Section 42](#), an assessment of needs and risks will be carried out, by a Local Authority Social Worker, that is appropriate and proportionate to the individual's circumstances. The assessment process will be informed by the individual's views, the views of their family/carers/representatives wherever possible. If it appears that the person concerned lacks the mental capacity to understand the risks to themselves or others, then a formal capacity assessment must be carried out.

A timely response is crucial and a decision made as to whether the situation can be managed within care management procedures. The Care Act has clarified that **self-neglect may not prompt a Section 42 enquiry and that an assessment must be made on a case by case basis**. If the referrer of the concern considers that the adult at risk is likely to need care and support, the London Borough of Redbridge must be consulted in order for them to determine from the available information if a Section 42 enquiry is required. If a decision is made to use the safeguarding procedures, the Safeguarding Concerns form must be completed within 24 hours. Immediate and appropriate action must be taken to minimise risks. A strategy discussion with other agencies must take place to agree on who will lead and coordinate the information gathering. If criteria for a Section 42 enquiry is not met, other action may be appropriate to support the wellbeing of the individual (see [Appendix 2 – Assessment Tool Guidelines](#)).

If there are children or young people living in the household, consideration should be given to making a referral to LB Redbridge Children's Social Care – see [Redbridge Local Safeguarding Children \(LSCB\) and Redbridge Safeguarding Adult Board \(RSAB\) Joint Working Protocol](#) and the [London Child Protection Procedures, 5th Edition, 2017](#).

10. Guidance Questions for Practitioners

Guidance for practitioners Listed below are examples of questions you may wish to ask where you are concerned about someone's safety in their own home, where you suspect a risk of self-neglect and/or hoarding.

Most clients with a hoarding problem will be embarrassed about their surroundings so try to ascertain information whilst being as sensitive as possible.

- How do you get in and out of your property?
- Do you feel safe living here?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen?
- How do you move safely around your home? (Where floor is uneven or covered or there are exposed wires, damp, rot or other hazards)
- Do you smoke? Has a fire ever started by accident? Is the property at risk from fire?
- We are concerned about the level of things in your property can place you at risk of fire. Do you need help with clearing out the property? Can we help with this?
- Is there hot water, lighting and heating in the property? Do these services work properly?
- Do you have any problems keeping your home warm?
- When did you last go out in the garden? Do you feel safe to go outside?
- Are you able to use the bathroom and toilet ok? Have a wash, bath, shower etc.?
- Where do you sleep?
- Are there any obvious major repairs that need carrying out at the property?
- (For council tenants) Have you thought about moving?
- Are you happy for us to share your information with other professionals who may be able to help you?
- Have you received support from Social Services or any other agency?
- Would you like to receive support?

Please refer to Appendices [1](#) and [2](#).

11. Supporting Legislation and Statutory Guidance

The Care Act 2014

The Care Act, 2014 replaced numerous previous laws, to provide a coherent approach to adult social care in England. Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people.

The Care Act introduced three new indicators of abuse and neglect to Adult Safeguarding. The most relevant to this framework is self-neglect. The guidance states; this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. In practice, this means that when an adult at risk has care and support needs, their case may require a safeguarding enquiry.

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

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 where the resident is not willing to co-operate the LA can serve notice on the owner or occupier to "remove accumulations of noxious matter". Noxious 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.

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.

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.

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.

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.

Anti-Social Behaviour 2003 (as amended)

Anti-social behaviour is defined as persistent conduct which causes or is likely to cause alarm, distress or harassment or an act or situation which is, or has the potential to be, detrimental to the quality of life of a resident or visitor to the area.

Questions about whether an application for an Anti-Social Behaviour Order would be appropriate should be made to the designated police officer (it may be appropriate to involve the police in the multi-agency work), the registered social landlord or the local authority.

Human Rights Act 1998

Public authorities must act in accordance with the Convention of Human Rights, which has been enacted directly in the UK by the Human Rights Act 1998 and therefore can be enforced in any proceedings in any court.

Article 5 – The Right to Liberty and Security.

Everyone has the right to liberty and security of persons.

Article 8 – Right to respect for Private and Family Life

Everyone has the right to respect for his private and family life, his home and his correspondence.

There shall be no interference by a public authority with the exercise of this right except such is permitted by the law, is for a lawful purpose e.g. is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or the protection of the rights and freedoms of others and is proportionate.

The First Protocol Article 1 – Protection of Property

Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

Mental Health Act 1983

Compulsory admission to hospital or guardianship for patients not involved in criminal proceedings (Part II).

Section 2 - Admission for Assessment

Duration of detention - 28 days maximum

Application for admission: by Approved Mental Health Professional or nearest relative. Applicant must have seen patient within the previous 14 days.

Procedure: two doctors (one of whom must be section 12 approved) must confirm that:

(a) patient is suffering from mental disorder of a nature or degree which warrants detention in hospital for assessment (or assessment followed by medical treatment) for at least a limited period; **and**

(b) He ought to be detained in the interests of his own health or safety or with a view to the protection of others.

Discharge: by any of the following:

- Responsible Medical Officer
- Hospital managers
- Nearest relative who must give 72 hours' notice. Responsible Medical Officer can prevent nearest relative discharging patient by making a report to the hospital managers
- Mental Health Review Tribunal. Patient can apply to a tribunal within the first 14 days of detention.

Section 3 – Admission for Treatment

Duration of detention: six months, renewable for a further six months, then for one year at a time

Application for admission: by nearest relative or Approved Mental Health Professional in cases where the nearest relative consents, or is displaced by County Court, or it is not 'reasonably practicable' to consult him

Procedure: two doctors must confirm that

(a) patient is suffering from mental disorder of a nature or degree, which makes it appropriate for him to receive medical treatment in hospital; *and*

(b) It is necessary for his own health or safety or for the protection of others that he receives such treatment and it cannot be provided unless he is detained under this section *and*

(c) Appropriate treatment is available for him

Renewal: under section 20, Responsible Medical Officer can renew a section 3 detention order if original criteria still applies and treatment is likely to 'alleviate or prevent a deterioration' of the patient's condition.

In cases where the patient is suffering from mental illness or severe mental impairment but treatment is *not* likely to alleviate or prevent a deterioration of his condition, detention may still be renewed if he is unlikely to be able to care for himself, to obtain the care he needs or to guard himself against serious exploitation

Discharge: by any of the following

- Responsible Medical Officer
- Hospital managers
- Nearest relative who must give 72 hours' notice. If Responsible Medical Officer prevents nearest relative discharging patient by making a report to the hospital managers, nearest relative can apply to Mental Health Review Tribunal within 28 days

- Mental Health Review Tribunal. The patient can apply to a tribunal once during the first six months of his detention, once during the second six months and then once during each period of one year

Section 7 Guardianship

A guardianship application may be made in respect of a patient on the grounds that –

- a) He/she is suffering from mental disorder, of a nature or degree which warrants his reception into guardianship
- b) It is necessary in the interests of the welfare of the patient or for the protection of other persons that the patient should be so received.

An application can be made by an AMHP or the nearest relative with written recommendations from 2 medical practitioners. If the nearest relative objects, it may be appropriate to displace (Sec 29). The guardian may be the local authority. The purpose of guardianship is to enable the patient to receive care outside hospital when it cannot be provided without the use of compulsory powers. It provides 'an authoritative framework for working with a patient with a minimum of constraint to achieve as independent a life as possible within the community and must be part of the patients overall care and treatment plan'.

Section 135 Warrant to search for and remove patients

If there is reasonable cause to suspect that a person believed to be suffering from a mental disorder has been, or is being ill-treated, neglected or kept otherwise than under proper control or is unable to care for himself and is living alone, an AMHP can apply to a Magistrates Court for a warrant authorising a police constable to enter the premises, if need be by force and remove the patient to a place of safety for up to 72 hours, with a view to making an application under Part II of the MHA 1983.

Powers of Entry

An authorised officer of a local authority may have a right of entry to premises in order to fulfil their role and duties. The powers; whether an application for permission to enter has to be made; whether notice has to be given and the limits on the power will vary with the individual Act and should be checked carefully.

[London Multi-Agency Adult Safeguarding Policy and Procedures](#), August 2016

[Care and support statutory guidance, Department for Health](#), August 2017

12. Contacts

Police	999 (Emergency) 101 (Non-emergency)
London Ambulance Service	999 (Emergency)
LB Redbridge Adult Social Care and Health	020 8708 7333 020 8554 5000 (Out of hours) E-mail: adults.alert@redbridge.gov.uk
LB Redbridge Child Protection and Assessment Team (CPAT)	020 8708 3885 020 8708 5897 (Out of hours) E-mail: CPAT.Referrals@redbridge.gov.uk
London Fire Brigade	Office hours Monday – Friday Crew Manager Colin Stocker 07877531450 Out of hours – 0208 5551200 Extension: 84135 – Woodford fire station 84137 – Hainault fire station 84142 – Ilford fire station Information relating to free home fire safety visits. http://www.london-fire.gov.uk/HomeFireSafetyVisit.asp
LB Redbridge Housing Service	020 8518 2400
LB Redbridge Environmental Health	020 8554 5000 E-mail: Customer.cc@redbridge.gov.uk
Age UK Advice	0800 678 1174
RSPCA London East Branch	<ul style="list-style-type: none"> • 07958 578151 • To report cruelty or an animal in distress 0300 1234 999
Mind	0300 123 3393 Infoline info@mind.org.uk
Redbridge Safeguarding Adults Board (SAB)	020 8708 5282 E-mail: RSAB@redbridge.gov.uk MyLife

13. Further Reading

Help for Hoarders Information, support and advice for hoarders and their families	www.helpforhoarders.co.uk
OCD UK Information and support about obsessive compulsive disorder	www.ocduk.org/hoarding
Hoarding UK Information and support for hoarders and agencies, including local support groups	www.hoardinguk.org
Compulsive Hoarding Web-based service which provides a resource of information about compulsive hoarding, its diagnosis, research, treatment and available support	http://www.compulsive-hoarding.org/index.html
Cloud's End CIC Resources to help hoarders and housing associations dealing with hoarding	www.cloudsend.org.uk
London Fire Brigade Information and guidance on hoarding	http://www.london-fire.gov.uk/hoarding.asp
SCIE Guide No. 53 Tenants who self-neglect: Guidance for frontline housing staff and contractors, 2014	http://www.scie.org.uk/publications/guides/guide53/frontline-housing/selfneglect/
SCIE Report No. 46 Self-neglect and adult safeguarding: findings from research, 2011	http://www.scie.org.uk/publications/reports/report46.asp

Clutter Image Tool and Rating Scale

Clutter Image Rating: Living Room

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



1



2



3



4



5



6



7



8



9

Clutter Rating (Refer to guidelines below)	Tick appropriate section and insert which relevant picture number best describes the environment
1. Low Risk	
2. Medium Risk	
3. High Risk	
State clearly actions taken:	

Clutter Image Rating: Bedroom

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



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Clutter Rating (Refer to guidelines below)	Tick appropriate section and insert which relevant picture number best describes the environment
1. Low Risk	
2. Medium Risk	
3. High Risk	
State clearly actions taken:	

Clutter Image Rating Scale: Kitchen

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



1



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Clutter Rating (Refer to guidelines below)	Tick appropriate section and insert which relevant picture number best describes the environment
1. Low Risk	
2. Medium Risk	
3. High Risk	
State clearly actions taken:	

Assessment Tool Guidelines

Level 1 Actions

<p>Level 1 Clutter Image Rating 1 - 3</p>	<p>Household environment is considered to be of a satisfactory standard. No specialised assistance is required. The resident is able to request for assistance and have no objection to referrals being made to appropriate or relevant agencies.</p>
<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • All entrances and exits, stairways, roof space and windows are accessible. Note any impact on communal entrances and exits • Smoke alarms fitted and functional. Referrals can be made to London Fire Brigade to visit and install if criteria met. • All services are functional and maintained in good working order. • A visual and non-professional assessment of plumbing, electrics, gas, heating confirms no obvious problems • Garden is accessible, tidy and maintained
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • No excessive clutter noted and all rooms can be safely used for their intended purpose. For example, the kitchen can be used safely for cooking • All rooms are rated 0-3 on the Clutter Rating Scale. • No additional unused household appliances appear in unusual locations around the property. • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health.
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Property is clean with no odours, (pet or other). • No signs of rotting food. • No concerning use of candles. • No concern over flies. • Residents managing personal care. • No writing on the walls. • Quantities of medication are within appropriate limits, in date and stored appropriately.
<p>Safeguard of Children & Family members</p>	<p>No concerns for household members.</p>
<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Any pets at the property are well cared for. • No pests or infestations at the property.
<p>6. Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> • No PPE required. • No visit in pairs required.

Level 1: Multi Agency Actions

Referring Agency	<ul style="list-style-type: none"> • Discuss concerns with the Individual. • Raise a request to London Fire Brigade for a Home Safety Check and to provide fire safety advice. • Refer to Redbridge Social Care for a care and support assessment. • Refer to GP if appropriate.
Environmental Health	<ul style="list-style-type: none"> • No action.
Social Landlords	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances. • Refer to GP if appropriate. • Refer to Redbridge Social Care for a care and support assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Ensure residents are maintaining all tenancy conditions. • Refer for tenancy support if appropriate. • Ensure that all utilities are maintained and serviceable.
Practitioners	<ul style="list-style-type: none"> • Complete Hoarding Assessment form. • Make appropriate referrals for support to other agencies. • Refer to social landlord if the client is their tenant or leaseholder.
Emergency Services	<ul style="list-style-type: none"> • London Fire Brigade - Carry out a Home Safety Check if it fulfils Service criteria and share with statutory agencies. • London Metropolitan Police and London Ambulance Service • Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • No action unless advice requested.
Safeguarding of Adults and Children	<ul style="list-style-type: none"> • Properties with children identified to be at risk to be reported to LBR Child Protection and Assessment Team CPAT.Referrals@redbridge.gov.uk • Adults presenting care and support needs should be referred to Redbridge Adult Social Care Adults.alert@redbridge.gov.uk

Level 2 Actions

Level 2 Clutter Image Rating 4 – 6	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
1. Property structure, services & garden area	<ul style="list-style-type: none"> • Only major exit is blocked. • Concern that services are not well maintained. • Smoke alarms are not installed or not functioning. • Garden is not accessible due to clutter, or is not maintained. • Evidence of indoor items stored outside. • Evidence of light structural damage including damp. • Interior doors missing or blocked open.
2. Household Functions	<ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) scores within 4-6 on the clutter scale. • Inconsistent levels of housekeeping throughout the property. • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside.
3. Health and Safety	<ul style="list-style-type: none"> • Kitchen and bathroom are difficult to utilise and access. • Offensive odour in the property. • Resident is not maintaining safe cooking environment. • Some concern with the quantity of medication, or its storage or expiry dates. • Has good fire safety awareness with little or no risk of ignition. • Resident trying to manage personal care but struggling. • No risk to the structure of the property.
4. Safeguard of Children & Family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 4 -7. Consider a Safeguarding Assessment. • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders.
5. Animals and Pests	<ul style="list-style-type: none"> • Pets at the property are not well cared for • Resident is not unable to control the animals • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Sound of mice heard at the property. • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, ants etc.)
6. Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Latex gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • PPE is required

Level Two: Multi-Agency Actions

Level 2	Actions In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCURRENCE
Referring Agency	<ul style="list-style-type: none"> • Refer to landlord if resident is a tenant. • Refer to Environmental Health if resident is a freeholder. • Raise a request to the London Fire Brigade to provide a home Safety Check with a consideration for monitored smoke alarms/ assistive technology. • Provide details of garden services. • Refer to Social Care for a care and support assessment. • Referral to GP. • Referral to debt advice if appropriate. • Refer to animal welfare if there are animals at the property. • Ensure information sharing with all necessary statutory agencies.
Environmental Health	<ul style="list-style-type: none"> • Carry out an inspection of the property utilising the referral form. • At the time of inspection, Environmental Health Officer decides on appropriate course of action. • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004. • Consider Works in Default if notices not complied by occupier.
Social Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs. • Refer internally to assist in the restoration of services to the property where appropriate. • Ensure residents are maintaining all tenancy conditions. • Enforce tenancy conditions relating to residents responsibilities. • Ensure information sharing with all necessary statutory agencies.
Practitioners	<ul style="list-style-type: none"> • Carry out an assessment of the property utilising the referral form. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • London Fire Brigade carry out a Home Safety Check, share risk information with statutory agencies and consider assistive technology. • London Metropolitan Police Service (MPS) and London Ambulance Service ensure information is shared with statutory agencies and feedback is provided to referring agency on completion of home visits via the referral form.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Educate client regarding animal welfare if appropriate. • Provide advice / assistance with re-homing animals.
Safeguarding Adults and Children	<ul style="list-style-type: none"> • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point.

Level Three Actions

<p>Level 3 Clutter image rating 7 - 9</p>	<p>Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p>
<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter. • Extreme clutter may be seen at windows. • Extreme clutter may be seen outside the property. • Garden not accessible and extensively overgrown. • Services not connected or not functioning properly. • Smoke alarms not fitted or not functioning. • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp. • Interior doors missing or blocked open. • Evidence of indoor items stored outside.
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale. Rooms are not used for intended purposes or very limited. • Beds inaccessible or unusable due to clutter or infestation. • Entrances, hallways and stairs blocked or difficult to pass. • Toilets, sinks not functioning or not in use. • Resident at risk due to living environment. • Household appliances are not functioning or inaccessible. • Resident has no safe cooking environment. • Resident is using candles. • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken. • Broken household items not discarded e.g. broken glass or plates. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Property is at risk of notice being served by Environmental Health.
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Human urine and excrement may be present. • Excessive odour in the property may also be evident from the outside. • Rotting food may be present. • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside.

	<ul style="list-style-type: none"> • Concern with the integrity of the electrics. • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health.
4. Safeguard of Children & Family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 7 – 9 constitutes a Safeguarding Alert • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders.
5. Animals and Pests	<ul style="list-style-type: none"> • Animals at the property at risk due the level of clutter in the property. • Resident may not able to control the animals at the property. • Animals' living area is not maintained and smells. • Animals appear to be under nourished or over fed • . Hoarding of animals at the property. • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.). • Visible rodent infestation.
6. Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Visit in pairs required.

Level Three: Multi-Agency Actions

Referring Agency	<ul style="list-style-type: none"> • Raise Safeguarding Concern within 24 hours if there are care and support needs. • If the individual does not meet the Safeguarding thresholds for a referral, consider contacting Social Care regarding possible care and support needs assessment. • Raise a request to London Fire Brigade Service within 24 hours to provide a Home Safety Check. • Refer to Environmental Health
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health on 020 8554 5000 or email on customer.cc@redbridge.gov.uk • Carry out an inspection. • At time of inspection, EHO decides on appropriate course of action. • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004. • Consider Works in Default if notices not complied by occupier.
Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs. • Attend multi agency hoarding meeting or VPP/PPP. • Enforce tenancy conditions relating to residents responsibilities.
Practitioners	<ul style="list-style-type: none"> • Refer to “Hoarding Guidance Questions for practitioners”. • Complete Practitioners Assessment Tool. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • London Fire Brigade - Carry out a Home Safety check, share risk information with Statutory agencies and consider assistive technology. • London Metropolitan Police and London Ambulance Service- Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits via the referral form. • Attend Safeguarding Adults multi agency meetings • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment. • Educate client regarding animal welfare if appropriate. • Take legal action for animal cruelty if appropriate. • Provide advice / assistance with re-homing animals.
Safeguarding Adults	<ul style="list-style-type: none"> • Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse.
Child Protection	<ul style="list-style-type: none"> • Refer to MASH if children or young people present within 24 hours 020 8708 3885 or cpat.referrals@redbridge.gov.uk