

Wiltshire multi-agency Hoarding protocol



Wiltshire Council
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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 a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed 'rescuer of strays'.

Mentally competent: people who hoard are typically able to make decisions that are not related to hoarding.

Extreme Clutter: hoarding 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. Additional information on safeguarding is included in the Wiltshire Safeguarding Adults Board (WSAB) Information Sharing Protocol (Appendix 3).

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 key-worker, 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 sufficient 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'.

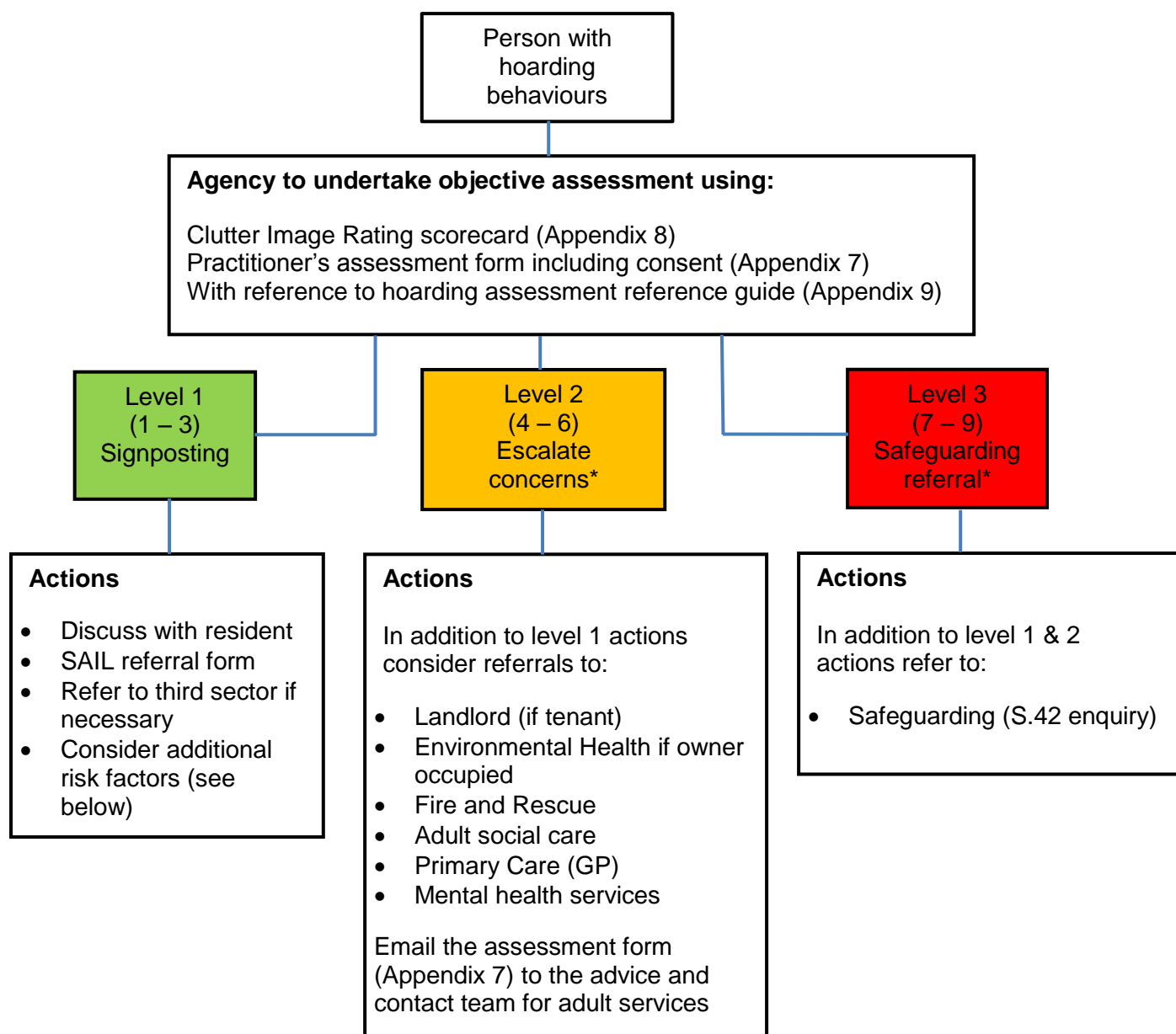
16.4 Review

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



**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 - WSAB Information Sharing Protocol
- Appendix 4 - Mental capacity
- Appendix 5 - Communication good practice
- Appendix 6 - SAIL form
- Appendix 7 - Practitioner's hoarding assessment form
- Appendix 8 - Clutter Image Rating Scorecard
- 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 in particular 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 Specialist Senior Practitioners on duty Triage by calling 01380 826509.

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 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.

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>

Public Health - Wiltshire Council

Work on inequalities in health and mental health issues with other partners including Public Protection and the Fire Service, particularly through projects such as Safe and Independent Living (SAIL) the issue of hoarding is regularly mentioned as an issue.

The service employs health trainers who offer six 1 hour sessions of one-one support for vulnerable adults over the age of 18 in Wiltshire. The areas they provide support in are healthy eating, increasing physical activity, reducing or stopping smoking, reducing alcohol intake and emotional wellbeing. Health trainers work with adults who have a range of complex mental health needs and individuals who are socially isolated, they support clients who are hoarding to access relevant support services but will not visit the property personally.

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 safe guarding 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.

With regard to 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

Mental Health Act 1983 Section 135(1)

Provides for a police officer to enter a private premises, 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 particular 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

If you receive a disclosure or have concerns about the impact of hoarding upon children, establish what support is already in place for the family and consider what additional support your organisation can offer. Following review of the threshold guidance/levels below, progress a plan of support for the family in liaison with the professionals already working with the family. Information sharing with parental consent is required and therefore a conversation with the parent/carer about your concerns will be necessary, and their consent obtained to share information with relevant professionals i.e. school, health visitor etc. If you believe the concerns amount to the potential need for children's social care involvement, speak with your designated/named safeguarding lead within your organisation. The Safeguarding Lead will consider further actions required referring to the threshold level below, including consultation with the Multi Agency Safeguarding Hub (MASH) on 0300 4560 1008 to discuss if a referral should be submitted (again with parental consent). If consent is not given by parents and you have child protection concerns then you must seek further advice from your safeguarding lead and MASH as necessary.

Level 1 – Universal: Children, young people and families whose needs are met by universal services and are thriving.

Level 2a – Additional Need: Children, young people and families who have a specific unmet need and may be in need of early support. Consult with family and relevant agencies and consider completion of a Common Assessment (Early Help CAF - Common Assessment Framework) and Team around the Child meetings (CAF Helpline 01225 713884).

Level 2b – Multiple and/or emerging needs: Children, young people and families who have multiple unmet needs and/or are showing early signs of emerging needs that are in need of collaborative, targeted early support (i.e. a multi-agency response). Consult with family and relevant agencies and consider completion of a Common Assessment (Early Help CAF) and Team around the Child meetings (CAF Helpline 01225 713884). For cases where a CAF has already been completed and is not effecting change, consult with the MASH to consider a referral for a family key worker within the Support and Safeguarding Service.

Level 3 – Complex Needs: Children, young people and families are struggling to cope and need a coordinated intensive response to multiple needs. They are experiencing sustained and persistent issues or problems that have not been possible to resolve at previous levels. Children and young people at this level may need a statutory/specialist assessment or intervention (e.g. from social care or child and adolescent mental health services). Contact the MASH to discuss making a referral.

Level 4 – Acute/Severe Needs: These children, young people and families are not coping and need specialist statutory intervention and/or child protection. There will be serious concerns about the child/young person's health, care or development including risk of or actual significant harm. Apply this level if there is a risk of significant harm to the child. Contact the MASH to discuss making a referral.

Appendix 3



Hoarding Protocol

WILTSHIRE SAFEGUARDING ADULTS BOARD

February 9, 2016
Authored by: John Carter

Wiltshire Safeguarding Adults Board (WSAB) Information Sharing Agreement (ISA) December 2015

This agreement is written to promote the sharing of **personal data and/or sensitive personal data** as defined by the Data Protection Act (1998) in the specific context of Adult Safeguarding. It describes:

- a) The information which will be shared between the partner organisations listed and
- b) The arrangements for assisting compliance with relevant legislation and guidance, including the Data Protection Act (1998).

See Section 7 of this Agreement for the legal basis under which personal data and/or sensitive personal data can be shared.

The following statement should guide all information sharing within the Wiltshire Safeguarding Adults Board (WSAB) and among partners involved in responding to safeguarding adults concerns:

Whenever there is a need to share personal data and/or sensitive personal data to safeguard an adult at risk of abuse or neglect, the specific reasons for sharing the information should be recorded, along with why it is considered relevant. The volume and detail of information shared must always be sufficient but not excessive for the required purpose. Wherever possible, decisions to share information should be made within the context of appropriate support, rather than by staff acting alone.

Where information is fully anonymised, or is otherwise non-identifiable or wholly statistical in nature it is not necessary to apply this agreement. Care must be taken however to establish that information is fully anonymised, as the obvious fields of person-identifiable data may not be the only positive identifiers within shared material.

1. Background

The Wiltshire Safeguarding Adults Board (WSAB) recognises the need to provide clear guidance to staff in partner organisations on when and how to share information, in order to both:

- a) Prevent abuse or neglect of adults at risk, and
 - b) Establish facts in order to safeguard and aid the recovery of adults at risk
- Information sharing agreements do not in themselves make the sharing of personal data and sensitive personal data legal or ethical. The Data Protection Act (1998) sets out the context in which information may be used legally with this agreement and the overarching protocol, echoing the legislative framework and promoting best practice and co-operation across partner organisations.

Most recently, the Care Act 2014 set out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties. They must:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens.
- **Make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed

- **Establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **Carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested. Local Authorities must:

- **Cooperate** with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.

More detailed guidance will be developed in line with this agreement, if required.

2. Information Sharing Purposes:

- To seek advice about a specific adult safeguarding situation or to establish grounds for an adult safeguarding response.
- To prevent or detect a crime, or support the prosecution of offenders.
- To raise a safeguarding adults concern and plan an adult safeguarding enquiry..
- To safeguard an adult at risk.
- To make a referral to a partner organisation for immediate action to protect an adult.
- To establish the potential need for involvement of partner organisations in adult safeguarding work (enquiry, prosecution or protection arrangements).
- To initiate and conduct an adult safeguarding enquiry.
- To make a referral to organisations for the purposes of requesting or amending services to persons at risk of abuse or neglect.
- To make a referral to organisations for the purposes of requesting or amending services to persons or organisations alleged to have caused harm (also known as “source of risk”).
- To make a referral to the Disclosure and Barring Service (DBS) or to provide information to the
- DBS for the purposes of them coming to a barring decision.
- To make a referral, or to provide information, to a professional regulator for the purposes of them coming to a decision. For example to dealt with complaints and grievances.
- To notify the Care Quality Commission who may need to take action relating to a source of risk that is a registered care provider.
- To notify the Charity Commission who may need to take action relating to an organisation alleged to have caused harm (also known as “source of risk”) that is a registered charity.

- To notify employers who may need to take action about a member of staff, a volunteer or a student (paid or unpaid) who is believed to be a source of risk in the course of their work.
- To notify service providers of a risk posed by a service user\ customer.
- To inform the development of multi-agency policies and strategies for protecting adults at risk of abuse.
- To monitor and review adult safeguarding concerns and the impact of adult safeguarding policies and procedures, including both the equalities (race, ethnicity, gender, sexuality, age, disadvantage and disability) impact of the policies and the outcomes for individuals. This may include both quantitative and qualitative information, personal data and sensitive personal data, the personal views of individuals and expressions of relevant professional opinion.
- To conduct safeguarding adults reviews.

3. Information to be shared:

What types of information will be shared?

There are two distinct classifications of data covered by the Data Protection Act (1998); Personal data and sensitive personal data.

- Personal data includes data relating to a living individual who can be positively identified from the data or from the data and other information which is at the disposal of other individuals or is in the public domain. Personal data includes obvious identifiers such as names, addresses, dates of birth, as well as NHS or National Insurance numbers. Facial photographs and CCTV footage are also regarded as personal data, as are descriptions or photographic records of unique scars, tattoos or other markings.
- Sensitive personal data includes data relating to racial or ethnic origins, religious beliefs or similar belief systems, political opinions and affiliations, trade union membership, physical or mental health (including disabilities), sexual life, the commission or alleged commission of offences, and criminal proceedings.

Information relating to adult safeguarding may involve a wide range of both personal data and sensitive personal data. In circumstances relating to many types of abuse and neglect (further descriptions can be found within the Care & Support Statutory Guidance – issued under the Care Act 2014 - section 14.17) local authorities are advised not to limit their view of what constitutes abuse or neglect as they can take many forms and the circumstances of the individual case should always be considered:

It is impossible to cover all potential scenarios in this agreement. The guidance is therefore to:

- 1) **Share as much as, but no more than, is necessary.**
- 2) **Always document the reasons for sharing personal data and sensitive personal data.**
- 3) **Record why it is believed the data shared is relevant and proportionate.**

4. Methods Used for Sharing:

Within the Safeguarding Process, information may be transferred in the following ways:

- Verbally, face to face, in meetings or on the telephone.

- In written communications, (for example, forms, minutes, letters, statements or reports)
- Transferred in hard copy through internal or external mail services.
- In written information transferred by secure email, or secure file transfer systems.
- Information accessed in situ, via provision of access to organisational databases or records.

When each of these methods is used it is essential to consider the safest way to record and mark the information and to ensure safe transit and delivery. Information should be appropriately secured in transit and transferred by methods aligned to the best practice specified in the "Protecting Information in Government Report – January 2010".

1. Verbal conversations and interviews should be recorded in a written statement that is agreed by the information giver. Care must be taken to record and denote information clearly as fact, statement or opinion and to attribute any statement or opinion to the owner. All information should be recorded in such a way that it can be used as evidence in court, should that be required at a later date.
2. Meetings should be recorded in minutes that are agreed by the delegates present.
3. Written communications containing confidential information should be transferred in a sealed envelope and addressed by name to the designated person within each organisation. They should be clearly marked "Private & Confidential – to be opened by the recipient only".
4. When files are transferred on electronic digital media devices, the files should be encrypted to an appropriate standard, with decryption keys / passwords supplied separately.
5. When confidential information is sent by email, it should be sent and received using secure government domain email addresses, to ensure encryption of information in transit. The full list of secure Government email systems are below. They have email addresses ending:
 - .cjsm.net (Criminal and Justice)
 - .gcsx.gov.uk (Local Government/Social Services)
 - .gse.gov.uk (Central Government)
 - .gsi.gov.uk (Central Government including Department of Health)
 - .gsx.gov.uk (Central Government)
 - .hscic.gov.uk (The Health and Social Care Information Centre)
 - .mod.uk (Military)
 - .nhs.net (NHS mail)
 - .pnn.police.uk (Police)
 - .scn.gov.uk (Criminal and Justice)
 - Emails between Wiltshire Council accounts are secure
 - Any local arrangements
6. In-transit security is reliant on BOTH the sender AND recipient using one of the email domains listed above. In the absence of this, the SENDER will need to encrypt the content of the email using additional software. This may be achieved by sending an encrypted attachment. Other methods include using the, or the NHSmail [SECURE] system. In all transfer scenarios, the onus is on the SENDER to ensure that:
 - Information is transferred securely
 - The chosen method is acceptable to and workable by the recipient
 - Information has reached the required recipient

7. In the event that a recipient receives information by an unsecured route, it is incumbent on the recipient to advise the sender and agree a secure route for future transfers of information.

5. Need to Know

Key roles of individuals within the Safeguarding process will govern whether they need to know information about adults at risk, alleged sources of risk, witnesses and other information pertaining to incidents.

In addition to those raising or responding to safeguarding adults concerns, other people who may contribute and receive information include other staff and managers, volunteers, family members, carers and witnesses. These people may be invited to contribute to strategy discussions or meetings, enquiries and case conferences and reviews.

At all times, it is essential to be certain of the reasons why an individual or a meeting needs access to the information. That is, is it necessary for this individual or meeting to know this information in order to conduct the enquiry or to safeguard an adult at risk or witness?

Where an enquiry involves more than one adult at risk, it may be necessary to partition meetings so that contributors can be invited only for specific items, based on their need to know.

6. Information Retention and Disposal

The Data Protection Act (1998) requires that personal data and sensitive personal data is not retained for longer than necessary. Partner organisations may have their own organisational, legal or procedural requirements for records retention and disposal. These retention schedules should be observed and applied at all times.

Where no such organisational procedure exist, it is essential to keep pertinent information as long as there continues to be a need for protection arrangements, to ensure that protection arrangements are not compromised and that such information is securely disposed of when no longer required.

7. Legal Basis for Sharing

While it is regarded as good practice for staff and volunteers to seek consent from individuals before sharing their personal data and/or sensitive personal data – sharing information to safeguard adults at risk, or to cooperate with other individuals or organisations that are working to protect adults at risk, is a Local Authority duty under sections (6), (7) & (45) of the Care Act 2014.

Legal basis:

Schedule 2 (5)(b) of the Data Protection Act 1998 “for the exercise of any functions conferred on any person by or under any enactment”

Schedule 3 (7)(1)(b) of the Data Protection Act 1998 “for the exercise of any functions conferred on any person by or under any enactment”

Under Part 1 of the Care Act 2014, Local Authorities have a statutory duty to:

- co-operate with other persons in the exercise of functions relating to adults with needs for care and support, and to carers (Sections 6 & 7)
- notify receiving LA when an adult receiving care and support moves (Section 37)
- comply with request for information by Safeguarding Adults Board to enable or assist the

- SAB to exercise its functions. This could include information about individuals (Section 45 – see part 10 of this agreement for further guidance)
- Involvement of independent advocate in assessments, plans etc. (Section 67)
- Involvement of independent advocate in Safeguarding (Section 68)

It is necessary for Wiltshire Council Adult Social Care to share the personal information outlined within this agreement in order for the Authority to fulfil its statutory duties under the Care Act 2014.

General guidance:

If consent is obtained, where appropriate, it should be recorded using approved consent documentation and/or information systems. Where it is not possible to obtain consent, this could be because:

- the individual does not have the mental capacity to consent
- it may not be safe to seek consent
- it may not be possible to seek consent for some other reason

In cases where it has not been possible to seek or obtain consent, staff or volunteers should always record the justification for sharing the information, and how this decision was arrived at. If the individual does not have the mental capacity to consent, staff or volunteers should record this using their agency's Mental Capacity Assessment recording tool and record their decisions to share information using their agency's Best Interests Decision recording tool.

Other relevant legislation and guidance

- Criminal Justice Act 2003
- Criminal Procedures and Investigations Act 1996
- Civil Contingencies Act 2004
- Regulation of Investigatory Powers Act 2000
- Homelessness Act 2002
- Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012
- Mental Capacity Act 2005
- Local Government Act 2000
- Mental Health Act 1983 (as amended in 2007)
- Common Law Duty of Confidentiality

For further advice on justifiable grounds for sharing information contact your organisation's Data Protection specialist or Caldicott Guardian.

8. Reluctance to share information (applying Section 45):

In the event that an organisation declines to share information considered necessary to enable the Board to exercise its functions, consideration should be given to whether the concern warrants the Board exercising Section 45 of the Care Act.

Requests for the Board to exercise Section 45 must be made in writing to the Chair of the Safeguarding Adults Board by the organisation's Board Member or Deputy, detailing how the relevant criteria is met.

Wherever practicable, the Chair of the Board will seek the views of statutory members of the Board, before reaching a decision as to whether to exercise Section 45. This may not always be possible for example, where such a delay would place an individual at further risk.

9. Discipline

Although this agreement seeks to promote the sharing of information between partner organisations, use of the information shared should never exceed the purposes or intentions of the original reason for sharing. Where allegations are made that information has been used inappropriately or that the confidentiality of subjects has been breached, partner organisations will co-operate in a full and frank enquiry of these allegations.

In the event that any wilful misconduct is substantiated which resulted in a breach of subject confidentiality, this will be regarded as an act of serious or gross misconduct and acted upon accordingly.

Performance of this Agreement

Should any member of staff or volunteer working for a partner organisation feel that the letter and spirit of this agreement is not being honoured, or that barriers to legitimate sharing of information are being raised, this should be communicated to their organisation's representative on the Wiltshire Safeguarding Adults Board, who will in turn follow this up with their counterparts and Data Protection leads in the Member organisation.

Approved by (Signatory Name):

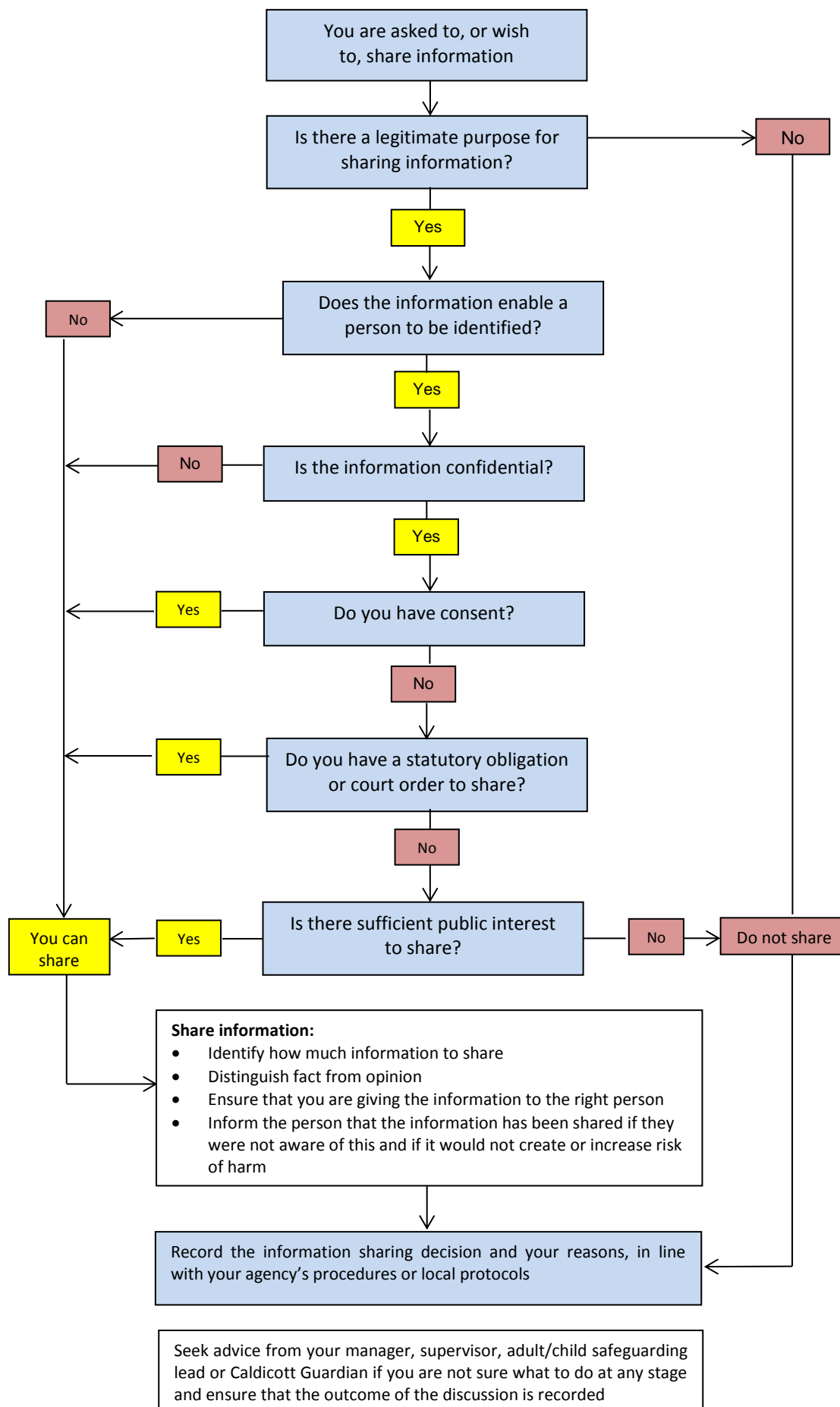
Signature:

For (Member Organisation):

Date:

Once signed, this document should be sent to the Wiltshire Safeguarding Adults Board. Copies should be retained by the named person above and be made available for inspection. A copy should also be sent to the Data Protection Officer/ Caldicott Guardian of each partner organisation, if this is a different person.

Key Principles for Information Sharing



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 the reasons why people may question a person's capacity to make a specific decision is 'the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision' (4.35 MCA Code of Practice, p52). Arguably, extreme hoarding behaviour meets this criterion.

Any capacity assessment carried out in relation to hoarding behaviour must be time and decision specific, and relate to a specific intervention or action. The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention or action, and is referred to as the 'decision maker'. Although the decision maker may refer to the NSAB Self-neglect multi-agency Strategy and Guidance Document - August 2016 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 interests 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 you to help manage your anger, frustration, resentment and embarrassment?
- **Match the person's language.** Listen for the way they describe their belongings and use 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 from the front door to your living room. It's great that you've kept things out of the way so you 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 later on 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 refer to 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 time that 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 degree of sorting and organisation has taken place.
- **Trying to persuade or argue with the person.** Often efforts to persuade people to make 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 of your 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 another person 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.



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	
Other							

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 – the WSAB Information Sharing Protocol.					

Referral 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.

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



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Appendix 9 Hoarding assessment reference guide

Factors	Guidance			
1. The vulnerability of the person	Less vulnerable	More Vulnerable		<ul style="list-style-type: none"> 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 Seriousness of	Low risk	Moderate	High / Critical	<ul style="list-style-type: none"> 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. <p>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.</p>
Hoarding Property				
Hoarding household				
Hoarding Health and				
Hoarding Safeguarding				
3. Level of hoarding (See clutter image rating scale for hoarding)	Low risk	Moderate risk	High risk	Determine if the hoarding is: <ul style="list-style-type: none"> 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		Seriously affected	<ul style="list-style-type: none"> 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 affected	Others may be affected by the hoarding. Determine if: <ul style="list-style-type: none"> 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 suspicion	Indicators present	Reasonable suspicion	Determine if there is reason to suspect: <ul style="list-style-type: none"> 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 minor legal issues not currently impacting	Serious legal issues	Try to determine whether: <ul style="list-style-type: none"> 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 9 Hoarding assessment reference guide

Types and Seriousness	<p>Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the second column need to be reported – Use professional judgement</p> <p>The examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger of a crime or abuse to an individual evident, call 999 straight away and make a safeguarding referral.</p>		
Level of	Minimal Risk	Moderate	High / Critical
Hoarding Property	<ul style="list-style-type: none"> • All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Garden is accessible, tidy and maintained 	<ul style="list-style-type: none"> • Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open 	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter through windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp • Interior doors missing or blocked open • Evidence of indoor items stored outside
Hoarding – Household functions	<ul style="list-style-type: none"> • No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 0-3 on the Clutter Rating Scale • No additional unused household appliances appear in unusual locations around the property • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health. 	<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) score between 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 	<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 and not used for intended purpose • 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 and no safe cooking environment • Resident is using candles • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement where applicable and is at risk of notice being served.

Appendix 9 Hoarding assessment reference guide

Hoarding – Health and Safety	<ul style="list-style-type: none"> Property is clean with no odours, (pet or other) No rotting food No concerning use of candles No concern over flies Residents managing personal care No writing on the walls Quantities of medication are within appropriate limits, in date and stored appropriately. Personal protective equipment is not required 	<ul style="list-style-type: none"> Kitchen and bathroom are not kept clean Offensive odour in the property Resident is not maintaining safe cooking environment Some concern with the quantity of medication, or its storage or expiry dates. No rotting food Resident trying to manage personal care but struggling No writing on the walls Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) PPE – e.g. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. 	<ul style="list-style-type: none"> Human urine and or excrement may be present Rotting food may be present Evidence may be seen of unclean, unused and or buried plates & dishes. Broken household items not discarded e.g. broken glass or plates Inappropriate quantities or storage of medication. Pungent odour can be smelt inside the property and possibly from outside. Concern with the integrity of the electrics Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) Visible rodent infestation
Hoarding – Safeguarding of children, family members and / or animals	<ul style="list-style-type: none"> No Concerns for household members 	<ul style="list-style-type: none"> Hoarding on clutter scale 4 -6 does not automatically constitute a Safeguarding Alert. Please note all additional concerns for householders Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert 	<ul style="list-style-type: none"> Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert. Please note all additional concerns for householders
RESPONSIBILITY	All workers to engage with the person, develop 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, improve wellbeing – Preventative measures	Workers to follow the processes identified by local procedures for Safeguarding. Consult with Local Authority Safeguarding Adults for advice and guidance. Inform Social Worker or Nurse if involved with person.	Referral to Social Services Safeguarding Adults and follow Local Authority Safeguarding Procedures.

Reproduced courtesy of Deborah Barnett T-ASC (Training, Advice, Solutions and Consultancy)

Appendix 10

Contacts and referral details

Wiltshire Council Safeguarding

Tel: 0300 456 0111

Adult social care referrals

Tel: 0300 456 0111

<https://www.yourcareyoursupportwiltshire.org.uk/care-and-support/steps-to-care-and-support/self-referral>

Environmental Health (Public Protection)

publicprotectionwest@wiltshire.gov.uk

[Tel: 01225 770556](tel:01225770556)

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 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.

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