



Kingston Safeguarding Adults  
Board

## Self Neglect and Hoarding Guidance and Process

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## Introduction

This Protocol is for the use of all partner organisations of the Kingston Safeguarding Adults Board.

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than a single agency response.

It is important to recognise that assessments of self-neglect and hoarding are grounded in, and influenced by, personal, social and cultural values and staff working with the person at risk should always reflect on how their own values might affect their judgement.

Finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention.

Hoarding and self-neglect is a diverse and heterogeneous area, the involvement of, and leadership by, different organisations will vary from case to case. In some situations, hoarding will be identified as, and will remain as a cause of complaint for neighbours or other members of the public since the person hoarding or self-neglecting lives in a private property and does not pose a health risk to themselves or to others; in other situations it will escalate to intervention by a landlord because of a breach of tenancy conditions; in others it will lead to a public or environmental health intervention. In others, where the person hoarding or self-neglecting lacks, or appears to lack mental capacity as defined and assessed under the Mental Capacity Act (2005), it may escalate to an intervention by adult social care or mental health services. In some cases multiple interventions will take place; in others, a single agency will intervene.

## Aims

The aim of this guidance is to coordinate the responses of multiple agencies to people who hoard and self-neglect, through the safeguarding process, Section 42 of The Care Act. It identifies:

1. the lead agencies
2. the process for decision making, and,
3. the tools used for decision making

## Principles

The most effective approach to hoarding and self-neglect is to use consensual, relationship and strengths based approaches. These may be more effective if carried out by, or in partnership with, non-statutory parties including and not limited to family members, friends, housing officers, charities and voluntary sector organisations. The Department of Health and Social Care have issued guidance on Strengths Based Approach. [Strengths Based Approach Framework](#)

Hoarding and self-neglect will be approached in the least restrictive manner unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention.

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The rights of individuals under the Human Rights Act (1998) will be supported and consensual interventions will be made unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention.

Given the subjective nature of clutter, disarray and the value of possessions and life-styles, it is necessary to use an objective rating scale to assist communication and understanding of the level and impact of hoarding. This is the clutter image scale and widely recognised and used across organisations.

Risk of harm should always be considered in terms of harm to the individual and of harm to other people, for instance, other family that may be living with them.

Because of the heterogeneous nature of hoarding and self-neglect, it is necessary to coordinate interventions across multiple organisations when concerns of risk of harm arise and to do this, a lead organisation has to be identified.

Leading and coordinating does not mean taking responsibility for carrying out the necessary work and interventions.

Particularly high risk is present where:

- Multiple organisations are involved, but their actions are not coordinated and there is no clear oversight and direction
- A person who hoards or self-neglects is of concern to numerous different organisations but does not meet their eligibility criteria
- Where previous interventions have failed
- Where the adult is currently experiencing abuse as a result. For example: home invasion

### Definitions

There is no single operational definition of self-neglect however, the Care Act 2014 makes clear that it comes within the statutory definition of abuse or neglect, if the individual concerned has care and support needs and is unable to protect him or herself. The Care and Support Statutory Guidance, 2016 states that self-neglect may not always 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 are 3 distinct areas that are characteristic of self neglect:

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and

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- hydration, or health, to an extent that may endanger their safety or well-being;
- Lack of care of one's environment - this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g., health or fire risks caused by hoarding);
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Self-neglect [can be a](#) behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur as a result of mental health issues, substance abuse, dementia, advancing age, social isolation, and cognitive impairment, [Physical inability](#) or through personal choice. It can be triggered by trauma and significant life events. Self-neglect is an issue that affects people from all backgrounds.

### Signs of self neglect

This could manifest itself in unkempt personal appearance or no longer taking any interest in personal appearance and general hygiene, not wearing appropriate clothing for weather conditions, significant refusal to eat (without apparent illness), not taking medication, non-compliant with care, disinterest in financial affairs, hoarding items and pets, offensive odours, pest infestation, etc. This list is not exhaustive.

### Hoarding disorder:

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). The Royal College of Psychiatrists states that hoarding can be an illness in its own right, known as 'hoarding disorder'.

Many people collect 'stuff' throughout their lives; this can be an engaging and stimulating hobby. However, people who suffer from Hoarding Disorder can take this to extremes. Items come from a variety of sources; shops (including charity shops), purchasing items from the Internet, skips, local tips, friends/acquaintances, and can be accumulated when a parent or relative dies.

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 have little or no value to others (e.g., papers, notes, flyers, newspapers, clothes)
- 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)

It is important to recognise that there are numerous factors that might lead to exacerbate hoarding and self-neglect. These include sensory deprivation/loss (i.e., loss of hearing or sight) and physical disability etc. Hoarding can also become a comfort for someone, especially during times of lack, discomfort, or upset. In these cases, relief of or support with these problems may result in an alleviation of self-neglect and hoarding.

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Compulsive hoarders may be conscious of their behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse and animals.

Once the person's hoard develops a strong sense of shame, this can lead to increased isolation. As a result people can struggle to get help and change these behaviours. Some individuals may not realise the impact that the problem has on others around them and the detrimental and limiting effect that it is having on their lives, including their physical health and safety.

Many hoarders may be well-presented to the outside world, appearing to cope with other aspects of their life quite well, giving no indication of what is going on behind closed doors. Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members.

When clinically significant enough to impair functioning, hoarding can prevent typical uses of space, enough so that it can limit activities such as cooking, cleaning, moving through the house and sleeping. It could also potentially put the adult and others at risk of causing fires.

### Signs of Hoarding

Someone who has a hoarding disorder may typically:

- have extreme clutter
- keep or collect items that may have little or no monetary value, such as junk mail and carrier bags, or items they intend to reuse or repair
- have a large number of pets
- find it hard to categorise or organise items
- have difficulty making decisions
- struggle to manage everyday tasks, such as cooking, cleaning and paying bills
- become extremely attached to items, refusing to let anyone touch or borrow them
- have poor insight and see nothing wrong with their behaviour and the impact on others
- have poor relationships with family or friends and be socially isolated. They may refuse home visits from individuals including professionals in favour of office based appointments or declining support / services

The London Fire Brigade advocates prevention strategies that consistently identify the level of hoarding and use the International OCD Foundations clutter image rating. They have published some useful guidance.

<https://www.london-fire.gov.uk/safety/carers-and-support-workers/hoarding-disorder/>

### Mental Capacity and Risk in Practice

All practitioners must work within the scope of the Mental Capacity Act 2005 and follow the 5 principles stipulated by the Act.

A situation where a person is potentially self-neglecting can pose significant difficulties in considering and assessing mental capacity. Access to the person may be limited or not possible due to difficulties in engaging with them. Assessment may be complicated where a person is not willing to engage; has reduced insight into the risks of their action; or where it is not clear if there is a disturbance to function of their mind or brain which might impact on their ability to understand, weigh up or retain the information provided.

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Principle one of the Mental Capacity Act is very clear that practitioners should approach everyone with the presumption of mental capacity and that given relevant information that a person has the autonomy to make their own decision, including unwise decisions. However, practitioners should use professional curiosity to fact check information given them and ensure as far as is practicable that there is no reason to be concerned about the persons mental capacity and that signs or symptoms are not being minimised, overshadowed or hidden.

Where there is reason to be concerned that a person may not be able to make a specific decision then a mental capacity assessment should be completed and recorded. In order for this to be carried out the practitioner should identify both the decision and the options as well as establishing the best practitioner/s to provide information and assess capacity. A mental capacity act assessment then needs to be completed alongside the provision of the information.

Where it is established that the person does not have the mental capacity to make a specific decision it then needs to be established who the “decision maker” is. This will be a person with the appropriate Power of Attorney or Deputyship. If no one has that legal authority then it should be the lead practitioner responsible for the support /treatment being proposed. On occasion the Multi-disciplinary team (MDT) will be the decision maker because the interventions required cover a range of services. The code of practice describes this as follows: “There are also times when a joint decision might be made by a number of people. For example, when a care plan for a person who lacks capacity to make relevant decisions is being put together, different healthcare or social care staff might be involved in making decisions or recommendations about the person’s care package.

Sometimes these decisions will be made by a team of healthcare or social care staff as a whole. At other times, the decision will be made by a specific individual within the team”. (MCA code of practice 2005). Adult Social Care will be the lead statutory organisation responsible for the safeguarding process.

Where there are legal implications or considerations required for a court application, decisions will be made by organisations on a case by case basis as to who is responsible for engaging legal advice.

### **Other factors that may affect decision making**

- a) Disguised compliance – they are making an unwise decision but are feeling unable to tell you. Perhaps due to being worried about the consequences or feeling pressured to agree with the professionals.
- b) Coercion/control by a third party
- c) Executive Dysfunction – difficulties in understanding that they are not implementing their decision or they lack the ability to weigh up the risk associated to their delay or the way they have prioritised their action.

### **Executive functioning**

Executive function is an umbrella term used to describe a set of cognitive skills that are controlled by the frontal lobes of the brain. When executive function is impaired, it can inhibit appropriate decision-making and reduce a person’s problem-solving abilities. Planning and organisation, flexibility in thinking, multi-tasking, social behaviour, emotion control and motivation are all executive functions. Professionals assessing capacity must consider this if they have a ‘reasonable belief’ that this applies.

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People with executive impairment can often present well in a standard formal assessment of cognition and capacity. They can often mask their deficits, and are often unaware they are doing so. Despite this, there are often signs that they still struggle in day to day life.

An example of this difficulty: *is where a person with an acquired brain injury gives superficially coherent answers to questions, but it is clear from their actions that they are unable to carry into effect the intentions expressed in those answers.* In other words, they are **“good in theory but poor in practice”** and **“may appear to struggle to act upon or execute a decision.**

Two of the main reasons for this are that people with executive impairment are often not aware of any cognitive deficit and are unable to think about or reflect on their own cognitive processes.

Problems with executive function might be suspected if someone seems, in theory, to appreciate and understand their situation, but is then struggling to elicit the relevant bits of information and use them in the right context.

To further complicate the picture, many of the traits and behaviours observed in executive impairment are also observed in the normal healthy population. This means it can be difficult to know if the behaviour or trait is pathological and therefore likely to be impairing capacity. This is why it is essential to consider MDT assessment and create a timeline of evidence.

It is very unlikely to be able to adequately evidence that a person with executive impairment lacks capacity on the basis of one assessment alone. The application of professional curiosity is fundamental in situations where executive functioning is questioned. Evidence should be sought from clinicians who have conducted functional assessments and family members and recording will be key to best practice

### **Risk Assessment**

Crucial to all decision making is a robust risk assessment that is proportionate and personalised to the individual, their circumstances, beliefs and wishes. The risk assessment should always consider a multi-agency approach and include the views of the adult (including following Best interest procedures where a person has been assessed as not capacitated to make specific decisions). Risk assessments need to be documented with clear allocation of actions and arrangements for review.

The risk assessment might cover:

- Consent and mental capacity;
- Indications of mental health issues;
- The level of risk to the person’s physical health;
- The level of risk to their overall wellbeing;
- Effects on other people’s health and wellbeing;
- Serious risk of fire;
- Serious environmental risk e.g. destruction of partial destruction of accommodation;
- Environmental Health concerns or infestation

Risk assessments and tools vary across organisations but when taking a multi-disciplinary approach the MDT should agree on the format being used for the MDT function.

## Risk to others

### Children

Safeguarding Children refers to protecting children from maltreatment, preventing impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. Safeguarding is everyone's responsibility and it is important for all professionals to 'think family' and 'to see the child'. Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue. Some consideration should be given to whether the adult suffers from poor mental health and what is the impact of their mental health on their ability to provide good enough care for their children. If there are children in the home, practitioners should assess if the child is caring for the adult in any way, in which a young carer's assessment may be required.

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

### Other adults

If there are other adults at the property that could be deemed an adult at risk under Care Act 2014, professionals may wish to consider raising a safeguarding [concern](#) with consent from the adult. Consent may be overridden if there is a risk to life, vital interest or the person lacks mental capacity to make a decision in relation to raising a safeguarding concern.

### Members of the community/neighbours

Fire Safety: Hoarding poses a significant risk to both the people living in the hoarded property & those living nearby. Where a hoarded property is identified regardless of the risk rating, people need to be advised of the increased risk and identify a safe exit route.

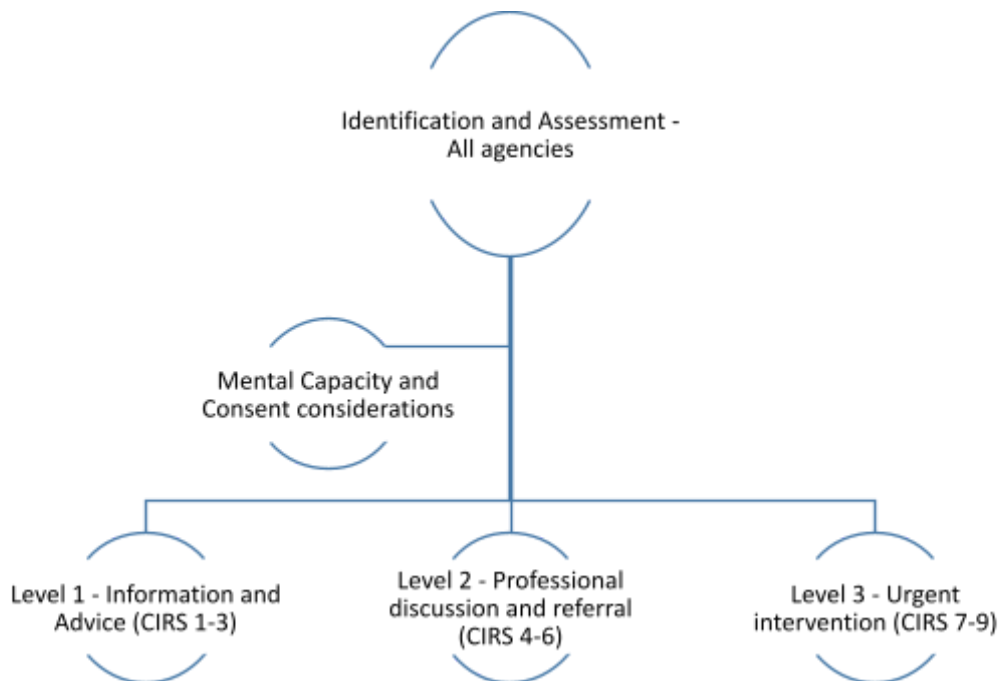
Appropriate professional fire safety advice must be sought. Share information with appropriate emergency services by alerting them to hoarded properties.

A home fire safety visit referral may be appropriate, which can be found in the appendices.



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## Process



### Identify hoarding and self-neglect

All organisations that come into contact with members of the public may recognise a hoarding and/or self-neglect issue.

The first step is to address this with the person at the earliest available opportunity. This will be to determine the reason(s) why:

- Are they unwell and unable to take care of themselves or their home?
- Do they have a cognitive impairment? This could be some sort of memory loss or confusion associated with ageing or is there a sign they could have Dementia? Does the person have a learning disability which affects their ability to self-care?
- Do they appear to have a mental health problem?
- Have they suffered from a significant event that has caused some sort of trauma resulting in loss or being scared of others and the outside world?
- Have they got stuck and don't know how to resolve the problem?

Assess the impact of the problem:

Please use the clutter image rating to assess the level of hoard and understand the level of risk posed (make a note of the level assessed and record on your agency case record system:

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## Clutter Image Rating Scale (CIRS)<sup>1</sup>

The purpose of this tool is to gauge the impact of hoarding on the person with the hoarding behaviour.

### Clutter Image Rating Scale: Part 1 of 3 – Kitchen

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

<sup>1</sup> Source: Frost RO, Steketee G 2006a, *Compulsive Hoarding and Acquiring: Therapist Guide*. New York. Oxford University Press.

The Clutter Image Rating (CIR) Tool, p. 188. Used with permission of Oxford University Press, USA.

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## Clutter Image Rating Scale: Part 2 of 3 – Bedroom

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



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## Clutter Image Rating Scale: Part 3 of 3 – 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

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Take steps to address the problem

Depending on assessment and finding will determine the level of response that is proportionate to the risk of harm.

### LEVEL 1 Clutter image level 1-3

#### Signpost and provide information and advice

Given that the amount of hoarding will be very low at this level, a judgement will have to be made on whether or not any intervention is necessary. Concerns may arise, however, if there is a recent and otherwise unexplained increase in clutter, or whether there is a decrease in the number of personal possessions or a lack of functioning facilities, which may indicate self-neglect.

The best intervention is likely to be preventative, collaborative, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual.

Signposting may include advising the individual to contact relevant organisations that may assist with repair and maintenance, or removal and cleaning or a professional making contact with these organisations themselves.

It is important to consider the positives and strengths of the person that enables them to manage their well-being and safety.

<b>Level 1 (Clutter Image 1-3)</b>	Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.
Property structure, services & garden area	All entrances and exits, stairways, roof space and windows are accessible Smoke alarms fitted and functional or referrals made to LFB to visit and install. All services are functional and maintained in good working order.
Household functions	No excessive clutter, all rooms can be safely used for their intended purpose. All rooms are rated 1-3 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 any action by Environmental Health.
Health and Safety	Property is clean with no odours, (pet or other) No rotting food No concerning use of candles No concern over flies Resident is managing their personal care

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	No writing on the walls Quantities of medication are within appropriate limits, in date and stored appropriately.
Safeguarding Adults and Children	No concerns for household members
Animals and Pests	Any pets in the property are well cared for. No pests or infestations at the property.
PPE	No PEP required No visits in pairs required

Actions	
Referring Agency	Discuss concerns with resident as precaution Refer to LFB for home safety check (if necessary) Signpost to community and voluntary sector services.
Environmental Health	No action
Social Landlords	Provide details on debt advice if necessary Refer to GP if appropriate Provide details of any support streams - such as housing and tenancy related support Ensure resident is maintaining all tenancy conditions
Practitioners	Refer to social landlord Signpost to community and voluntary sector services. Refer to GP if appropriate for any health assessment or consultation.
Emergency Services	LFB undertake home safety check and feedback to referrer if necessary
Animal Welfare	No action unless advice requested
Safeguarding	No action unless other concerns of abuse or risk of harm is reported

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### LEVEL 2 Clutter image level 4-6

Discussion with manager and referral to other services with consent.

At this level, hoarding starts to become problematic and a referral should be made to the key agencies necessary to address action (with consent), if any agreed previous interventions have not been successful.

The best intervention is still likely to be consensual, collaborative one, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual, but from 5 upwards, the fire loading in the room exceeds the threshold set by the London Fire Brigade and the Fire Brigade must be notified, in order to them to carry out a fire safety check.

Environmental Health and housing input may also be necessary if the level and the nature of hoarding poses any relevant hazards. If there is a risk of fire, or of carbon monoxide poisoning, then an urgent multi agency planning meeting should be arranged as soon as possible.

A safeguarding concern should be considered regarding self-neglect if the resident consents to it or consent needs to be overridden. A mental capacity act assessment needs to be considered to determine how any intervention should be applied bearing in mind the MCA 2005 key principles.

<b>Level 2</b>	<b>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.</b>
Property structure, services and garden area	<p>Only major exit is blocked.</p> <p>Only one of the services is not fully functional.</p> <p>Concerns that property is not maintained.</p> <p>Smoke alarms are not installed or not functioning.</p> <p>Garden is not accessible due to clutter or is not maintained.</p> <p>Evidence of indoor items stored outside.</p> <p>Evidence of light structural damage including damp.</p> <p>Interior doors are missing or blocked open.</p>
Household functions	<p>Clutter is causing congestion in the living spaces and is impacting on the use of rooms for their intended purpose.</p> <p>Clutter is causing congestion between the rooms and entrances.</p> <p>Rooms score between 4-5 on the clutter scale.</p> <p>Inconsistent levels of housekeeping throughout the property.</p> <p>Some household appliances are not functioning properly and there may be additional units in unusual places.</p> <p>Property is not maintained within terms of lease or tenancy agreement where applicable.</p> <p>Evidence of outdoor items being stored outside.</p>
Health and Safety	<p>Kitchen and bathroom are not kept clean.</p> <p>Offensive odour within the property.</p>

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	<p>Resident is not maintaining safe cooking equipment.</p> <p>Some concern with the quantity of medication, or its storage and expiry dates.</p> <p>No rotting food.</p> <p>No concerning use of candles.</p> <p>Resident trying to manage personal care but is struggling.</p> <p>No writing on the walls.</p>
Safeguarding adults and children	<p>If the adult at risk is at risk of harm as a result of self-neglect, raising a safeguarding concern may be necessary.</p> <p>Follow London Multi agency policy and procedures and Kingston local arrangements.</p> <p>Consider professionals meeting.</p> <p>Think family - Children and other adults in property with additional support needs may trigger a safeguarding concern under a different risk (e.g are their concerns with neighbourhood harassment (psychological abuse)).</p>
Animals and Pests	<p>Pets at the property are not well cared for.</p> <p>Resident is not able to control the animals.</p> <p>Animals living area is not maintained and smells.</p> <p>Animal(s) appear undernourished or over fed.</p> <p>Evidence of mice in property.</p> <p>Large amount of spider webs in the house.</p> <p>Light insect infestation.</p>
PPE	<p>Latex gloves, boots or needle stick safe shoes, face mask, hand sanitiser, insect repellent.</p> <p>Visit In Pairs required. RBK consider caution before contact register entry.</p>

Actions	
Referring agency	<p>Refer to landlord if resident a tenant</p> <p>Refer to environmental health if resident is a freeholder</p> <p>Refer to LFB for home safety check</p> <p>Provide details of garden services</p> <p>Refer for Care Act assessment</p> <p>Referral to GP</p> <p>Consider referral to debt advice is appropriate</p> <p>Refer to animal welfare</p> <p>Raise a safeguarding concern</p>
Environmental Health	<p>Inspect property and decide an appropriate course of action.</p> <p>Consider serving relevant notices following pathway and process relevant to EH legislation</p>
Social landlord	<p>Visit resident to inspect property and gather more information regarding support needs.</p>



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	<p>Ensure resident is maintaining tenancy conditions</p> <p>Enforce tenancy conditions relating to residency responsibilities</p> <p>Ensure appropriate information sharing with all agencies</p> <p>Attend any professional meetings</p>
Practitioner	<p>Refer to guidance questions in documents</p> <p>Take part in professionals meeting</p> <p>Ensure agency needs assessment and risk assessment guidelines and requirements are followed.</p> <p>Ensure agency recording systems flag person is a hoarder or at risk of self-neglect</p>
Emergency services	<p>LFB home safety check completed</p> <p>Take part in professionals meeting</p>
Animal welfare	<p>Visit property</p> <p>Educate resident regarding animal welfare</p> <p>Take any necessary action</p>
Safeguarding	<p>Follow safeguarding procedures, ensure professionals meeting has or will take place. If any types of abuse evident, apply procedures and undertake enquiries if appropriate.</p> <p>Consider advocacy referral.</p> <p>If safeguarding procedures do not assist or take steps to reduce risk and escalating to higher clutter image, consider referral to KVAMA (see next stage).</p>

### Clutter image level 7-9

Raise a safeguarding concern and/or urgent referral to Kingston Vulnerable Adult Multi Agency Panel (KVAMA).

The adult's 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 concern due to the significant risk to health of the householder, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.

At this level, a referral to KVAMA is essential, and a safeguarding concern should be raised - a multi-agency planning meeting must be arranged within three working days under safeguarding adults procedures, or sooner if the risk is imminent.

The purpose of this meeting is to:

a) Determine and agree whether or not significant risks as identified by the Hoarding and Self-Neglect Guidance for Practitioners, which is likely to be, but not exclusively, fire or carbon monoxide poisoning, are present.

b) Determine whether or not urgent action needs to be taken

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- c) Agree whether or not a consensual approach possible
- d) Identify the legal remedies that are available,
- e) Agree who will implement them and who the lead professional/agency is.
- f) Agree timescales for action
- g) Agree monitoring arrangements. The organisations/ services to invite are:
  - London Fire Brigade
  - Environmental Health
  - Registered Social Landlord
  - Adult Social Care
  - Mental Health Services
  - GP surgery

It is still likely that a consensual, collaborative approach, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual will be most effective for this level of hoarding. Anyone who is able to enter the property due to an established professional relationship should be utilised.

If a significant risk is present then the meeting should consider whether or not a critical intervention is necessary, and if so, how it can be applied lawfully and quickly. The meeting should weigh risk to others equally with risk to the individual themselves and also consider whether there is a need for action to save life and limb.

A mental capacity act assessment is essential to determine how any intervention should be applied.

<b>Level 3 Clutter image rating 7-9</b>	<b>Household environment will require intervention with a collaborative multi agency approach with the involvement of a wide range of professionals and agencies. This level constitutes and safeguarding concern and referral to VAMA</b>
Property structure, services and garden area	Limited access to property due to extreme clutter Evidence of clutter seen at approach to property inside windows and/or within garden and/or outdoor space (e.g driveway) Garden not accessible and overgrown Services not connected or functioning Property lacks ventilation Evidence of structural damage including damp Interior doors are missing or blocked open Evidence of indoor items stored outside. Structure appears unsafe and risk of damage to surrounding property and areas (e.g roof looks unstable)
Household functions	Clutter is obstructing the living spaces and preventing the use of rooms for their purpose Room(s) scored 7-9 on clutter image scale Rooms not used for intended purpose Beds inaccessible

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	<p>Entrances, hallways and stairs are blocked or difficult to pass</p> <p>Toilets and sinks not functioning or can be used</p> <p>Household appliances not functioning or inaccessible.</p> <p>Resident has no safe cooking facilities</p> <p>Resident is using candles</p> <p>Evidence of outdoor clutter stored inside</p> <p>No evidence of housekeeping</p> <p>Broken items not discarded appropriately</p> <p>Property id not maintained with terms of lease or tenancy agreement</p>
Health and Safety	<p>Bodily fluids and excrement may be present</p> <p>Excessive odour in and out property</p> <p>Rotting food present</p> <p>Unclean, buried and broken dishes</p> <p>Broken household items not discarded</p> <p>Inappropriate medication storage, use and not in date.</p> <p>Concern re. Electrical integrity</p> <p>Overloaded electric extension cords and plugs.</p> <p>Evidence of unqualified work on electrics</p>
Safeguarding adults and children	<p>Adult at risk of imminent harm due to situation</p> <p>Children at risk of harm</p> <p>Other adults at risk at property are at risk of harm due to the situation.</p> <p>May be other factors of abuse evident, or risk of abuse such as:</p> <p>Storage of money in property in unsafe areas</p> <p>Neighbourhood victimisation</p>
Animals and Pests	<p>Animals at the property at risk due due to level of clutter at the property</p> <p>Resident cannot control animals within the property</p> <p>Animals living area is not maintained</p> <p>Animals appear under nourished or over fed.</p> <p>Hoarding of animals at the property</p> <p>Heavy insect infestation</p> <p>Visible rodent infestation.</p>
PPE	<p>Latex gloves, boots or needle stick safe shoes, face mask, hand sanitiser, insect repellent</p> <p>Visit in pairs required. RBK consider caution before contact register entry.</p>

Actions	
Referring agency	<p>Raise a safeguarding concern</p> <p>Referral to KVAMA completed</p> <p>Refer to LFB for home safety check</p>

## SELF NEGLECT AND HOARDING GUIDANCE AND PROCESS

Environmental Health	Inspect property and decide on appropriate course of action in line with EHO powers.
Social landlord	Visit property and inspect, speak with resident Attend safeguarding meetings/KVAMA Enforce tenancy conditions If resident refuses to engage, consider Notice of Seeking
Practitioner	Refer to guidance questions in hoarding document Assessment of need and risk assess Ensure information sharing is appropriate and timely. Confirm lead professional in case Ensure agencies recording systems flag person at risk of hoarding and self neglect.
Emergency services	LFB home safety check Attend professional meetings
Animal welfare	Visit property Wellbeing animal check Remove animals if necessary Educate and guide residents on animal welfare Take any required legal action
Safeguarding	Concern received should be progressed under statutory requirements. Use of London protocol and care act 2014 safeguarding guidance is required. Link in with KVAMA to check intervention is being coordinated appropriately Consider SAR eligibility and flag to KSAB as a case study  Refer to children's services if appropriate
KVAMA	Process referral Add to agenda for next meeting if more than 5 working days, consider extra ordinary KVAMA dependent on risk presented.

# SELF NEGLECT AND HOARDING GUIDANCE AND PROCESS

## Appendix 1 Example questions and engagement tips

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

The information gained from these questions will inform assessment and risk management and provide the information needed to alert other agencies.

### Environment

- How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)
- Have you ever had an accident, slipped, tripped up or fallen, how did it happen?
- Has a fire ever started by accident?
- How do you get hot water, lighting, and heating in here?
- How do you manage to keep yourself warm? Especially in winter?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have a look in it?

### Security

- Are you worried about other people getting into your garden to try and break-in? Has this ever happened?
- Are there any broken windows in your home? Any repairs that need to be done?
- Do you have someone you trust who is a key holder?

### Health and Safety

- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok?
- Can you show me where you sleep and let me see your upstairs rooms. Are the stairs safe to walk up? (if there are any)
- What do you do with your dirty washing?
- Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so, which ones?
- Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

### Engagement Tips

- Understand the significance to them of the self-neglecting behaviours / the hoarding to the adult, talking to them about their reasons and life-experiences.
- Focus on harm reduction, not symptom reduction. This is about risk management and assessment.
- Work patiently over time at the pace of the adult, but know when to speak the truth (respectfully) about potential consequences;
- Make the most of crises (and sometimes of their worries) to reduce harm and make positive changes;
- Practice 'positive regard' for the adult. Build rapport and empathy; use gentle persistence

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and keep continuity. Mirror their language; see things from their point of view.

- Talk about risks supportively, but also with plain-speaking, openness and honesty about the potential consequences.
- Keep in view the adult's (possibly fluctuating!) mental capacity to make safety and welfare decisions.
- Engage with / coordinate other professionals, friends, neighbours and family to support, advise and give practical help.
- Use legal powers as a last resort and with only sound knowledge of the law and national policy.
- In all practice, be creative and flexible. eg, are there other ways of getting cleaning done, daily medicines collected / administered and clinical treatments given to the person?

### Appendix 2 - VAMA referral details

1. Any partner can make a referral to the panel of situations which have already been considered within partner agencies risk assessment processes and has also been through the safeguarding process and there remains a significant risk.
2. All referrals should be made on the referral form and emailed securely to: [kvama@kingston.gov.uk](mailto:kvama@kingston.gov.uk)
3. Where possible, referrals will need to be received at least ten working days before the panel sits. Deadline for referrals is 5 working days prior to the day of the panel meeting to allow screening of the referral and accept or decline the referral.
4. All referrals will be reviewed by the Safeguarding Adults Senior Practitioner to ensure it is appropriate for the panel and that there is sufficient information on the referral form to enable partners to adequately prepare for the meeting.
5. The panel will consider any referral made on the prescribed referral form. [KVAMA referral form](#)
6. The referring person or agency will be invited to attend the meeting to present their referral and be involved in the case discussion.
7. The panel will be chaired by Corporate Head of Service for Safeguarding, the co-chair will be Corporate Head of Service - Mental Health. The Safeguarding Adults Senior Practitioner will be responsible for arranging meeting bookings and circulation of minutes and agendas.
8. The panel will meet regularly on a monthly basis which falls on the first Tuesday of the month or at least 8 times a year. With the agreement of the chair it will be possible to convene extraordinary meetings for considering an urgent case.

## **Appendix 3 - Role of key agencies and boards:**

Given the complex and diverse nature of self-neglect and hoarding, responses by a range of organisations are likely to be more effective than single agency responses will be. Sharing information between organisations will usually require the person's consent and each organisation may have to consider when it is appropriate to share information without the person's consent, for example, if there is a public or vital interest.

### Place Partnership Board and Health and Wellbeing Boards (Kingston Partnership Board)

Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health (<https://www.kingsfund.org.uk/projects/new-nhs/health-and-wellbeing-boards>).

### Public Health

Under HSCA 2012 Kingston Council assumed responsibility for public health in Kingston as of April 2013 and this function sits within Kingston Council's Adult Social Care and Health directorate. The Director of Public Health has directorial oversight for the implementation of the Kingston Partnership further details of how this is implemented with the NHS via the new ICS arrangements can be found at [implementation guidance](#)

### Environmental Health Service ['EHS']

Currently this agency has a range of powers to intervene where a property is in a condition that is prejudicial to health, or where the premises is materially affecting a neighbouring premises. These powers do not rely on a presumption that the individual affected by such intervention lacks capacity. It is anticipated that EHS will have a crucial role under the protocol as a frontline agency in raising alerts and early identification of such cases. In addition, where properties are verminous or pose a statutory nuisance, EHS will take a leading role in case managing the necessary investigations and determining the most effective means of intervention.

However, where the individual is residing in conditions that pose a threat only to their own welfare the powers available to the EHS may have limited or no effect. In cases involving persistent hoarders the powers may only temporarily address and/or contain the problem. It must therefore be recognised that utilising powers under public health legislation in isolation may not be the most effective use of resources, particularly where a coordinated approach could not only provide immediate protection of the individual others affected but also promote a long term solution.

Under Part 1 of the Housing Act 2004 the Housing department have powers to take enforcement action where there is any risk of harm to the health or safety of an actual or potential occupier of a dwelling or house of multiple occupation which arises from a deficiency in the dwelling or house of multiple occupation or in any building or land in the vicinity (whether the deficiency arises as a result of the construction of any building, an absence of maintenance or repair, or otherwise) and can require access to residential premises in their district to assess if such a hazard exists. The duty to inspect the property is restricted to where there is an official complaint made by either a Justice of the peace or parish council. However, where there is evidence that there is imminent risk of serious harm to the health and safety of the occupier the local authority has emergency powers to serve a

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Remedial Action notice or an emergency probation notice prohibiting the use of the property. Further there are powers to serve a deferred action notice and take emergency remedial action. There is no requirement that the property is owned by the local authority, nor is the capacity of the inhabitant relevant to the exercise of those powers. But similarly the use of these powers in isolation will have limited effect on those who have persistent behaviours. The Housing Act powers cannot be used to remove hoarded items or any health and safety problem that is the result of the owner's actions.

### Landlords

Landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. Where the tenant is responsible for the disrepair the landlord has a right of action, including ultimately seeking possession of the premises.

The role of the landlord and powers afforded to them suggests they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within the strategy discussions.

### Housing Department (RBK)

The Housing Department have an Older and Vulnerable Persons (OVP) Team and for those who are at risk of eviction as a result of self-neglect or hoarding behaviour, should be made. The team offer proactive advice and assistance to individuals and professionals. Early involvement from this team, particularly when considering alternative temporary or permanent accommodation options, is therefore essential.

### Adult Social Care

Adult social care are responsible for fulfilling necessary Care Act 2014 duties in assessment and provision of services including the management of safeguarding adult's activity. Adult Social Care will initially co-ordinate the multi-agency approach, utilising the core stages of the procedures already firmly established under the Pan London safeguarding policy.

The Access Team will undertake initial discussions with partner agencies to verify details, including historical or current involvement with the individual.

Once passed to a long term team (locality hubs, LD or MH team) in the majority of cases, care Management, review and risk assessment procedures will be the best route to provide an appropriate intervention in situations of hoarding or self-neglect. Often, the cases which give rise to the most concern are those where an adult refuses help and services and is seen to be at very high risk as a result. If an agency is satisfied that the adult has the capacity to make an informed decision on the issues raised, then that person has the right to make their own choices. But this should not be assumed, careful assessment will need to be undertaken to ascertain whether the individual has fully understood the risks and the likely consequences if they refuse services and the assessor must be satisfied that they are not suffering from an impairment of the mind or brain, such as hoarding disorder, that would prevent them from making a capacitated decision.

Where an adult is at risk of harm, but has mental capacity, then involvement with them does not stop. Efforts should be made to engage the person in the management of risks and to form a relationship with them to do this.

Where an adult is at risk of harm, but unable to agree to have their needs met because they lack capacity to make the relevant decisions then care should be provided in line with 'best interest'



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principles (s4 MCA). Interventions must be carefully considered and specialist advice sought so as to ensure that any actions do not trigger a deterioration in their health or wellbeing. If, however, a move into state arranged care is required and the person is 'unbefriended' an Independent Mental Capacity Advocate (IMCA) should be instructed to assist and advocate on their behalf. Similarly, if any proposed care package might amount to a deprivation of the individual's liberty, consideration must be given to whether it would be necessary to obtain authorisation under the DoLS procedure or an order from the Court of Protection.

Under this protocol where an individual is already in receipt of adult social care, known to the service or appears eligible for adult social care support the relevant social work team manager will initiate the first discussion and will ensure an allocated social worker or support coordinator is assigned to complete necessary assessments, including the individual's capacity. The allocated worker will then lead the multi-agency meeting and act as lead in coordinating any plan for intervention.

### Mental Health Services ( social care and clinical)

Aside from the role as lead agency where the individual is eligible or believed to be eligible for mental health services, the mental health team will have a crucial role within any investigation under this protocol not least because, for many individuals, hoarding or self-neglect are the manifestations of an underlying mental health condition. Powers conferred by the Mental Health Act 1983 ['MHA'] to Approved Mental Health Professionals (AMHP) afford this team opportunity to take such steps as they consider reasonably necessary and proportionate to protect a person from the immediate risk of significant harm. Section 115 MHA confers powers of entry and inspection, An AMHP may at all reasonable times enter and inspect any premises other than a hospital in which a mentally disordered patient is living, where the assessor has reasonable cause to believe that the patient is not under proper care. It must be recognised that this power is reliant on the reasonable suspicion that the individual is suffering from a mental illness. If there is no such suspicion this power is not available. Similarly where an AMHP believes a person is suffering from a mental disorder; is unable to care for themselves and is living alone (or otherwise being ill- treated or neglected) the AMHP can apply for a warrant under s135 MHA to enter a property, using force if necessary, to remove a patient for treatment or care.

Individuals acting under powers conferred by the Mental Health Act benefit from immunity under s129 MHA, whereas those seeking to obstruct the inspection of premises or the exercise of functions under the Mental Health Act are guilty of an offence under S.129 MHA, but it must be noted that this would only assist where a third party sought to obstruct an assessment.

Further the powers available under the MHA to detain an individual for compulsory treatment are limited in cases of hoarding because currently expert opinion believes the most effective treatment is that provided consensually. However, it may be useful in cases of self-neglect or where it is required to treat the manifestations or symptoms of hoarding.

Finally Mental Health services may also be included within discussions/ meetings to advise on access to secondary psychological treatment options and to secure access for the individual.

### Police

As with AMHPs the Police have powers of entry and so may prove pivotal in gaining access to conduct assessments if all else fails. Under Section 17 (1) (a) of the Police and Criminal Evidence Act 1984, the police have the power to enter without a warrant if required to save life or limb; or prevent

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serious damage to property; or recapture a person who is unlawfully at large while liable to be detained.

Under the common law, the doctrine of necessity would provide a defence if force is used to gain entry to private property to apprehend a dangerous mentally disordered person in cases of serious harm to themselves or others within the community. Therefore, the reasonableness of time will presumably depend upon the urgency of the situation. Where a third party seeks to obstruct assessment or frustrate lawful intervention by statutory services the Police may have additional powers of arrest for offences under either s127 MHA or s44 MCA, but again it is recognised that these powers will be used only in exceptional circumstances.

### Primary Health Services

In some cases of chronic or persistent self-neglect, where individuals are reluctant to engage with social care services they may remain compliant with primary healthcare services and will access their GP, district nursing service etc. Alternatively, failure to keep health appointments or to comply with medication may also be an indicator of self-neglect.

As well as raising alerts and providing information, primary health services can also be very effective in forming a relationship with a person who self neglects or hoards and in addressing any of the underlying conditions. Primary health services should also monitor those people who are engaged with their service and show signs of self-neglect or hoarding but who do not pose a risk of significant harm to themselves or others or where there is no statutory nuisance.

### London Fire Brigade (LFB)

LFB is best placed to work with individuals to assess and address any unacceptable fire risk and to develop strategies to minimise significant harm caused by potential fire risks. LFB will also raise alerts when called to addresses repeatedly or where homes have significant damage because of a fire and the individual continues to reside at that Address. The role of the LFB under the protocol would be one of raising alerts, carrying out fire safety visits, carrying out fire risk assessments and offering advice to individuals assuring them of the necessity of fire prevention and protection.

### Domiciliary Care Providers

Care agencies are commissioned by Kingston Council to provide support to people in their own homes and are also commissioned directly by people who fund their own care. They have a role, therefore, in both identifying people who self-neglect and hoard and in working with them. They have a duty to raise any safeguarding concerns that they identify when working with adults.

## Appendix 4 – Legislation

### Care and Support Statutory Guidance, 2016

#### Self-neglect

This covers a wide range of behaviour 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. 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.

### Mental Capacity Act 2005

A person must be assumed to have capacity unless it is established that he lacks capacity. A person is unable to make a decision for himself if he is unable:

- a) To understand the information relevant to the decision
- b) To retain that information
- c) To use or weigh that information as part of the process of making the decision, or
- d) To communicate his decision [whether by talking, using sign language or any other means.]

An inability to satisfy any one of these four conditions would render the person incapable.

Under section 4 - 'Best Interests' the decision maker must:

- a) Consider whether it is likely that the person will at some time have capacity in relation to the matter in question.
- b) Permit and encourage the person to participate as fully as possible in any act done for him and any decision affecting him.
- c) Consider the person's past and present wishes and feelings [and, in particular, any relevant written statement made by him when he had capacity.
- d) Consider the beliefs and values that would be likely to influence his decision if he had capacity, and the other factors that he would likely consider if he were able to do so.
- e) Take into account, if it is practicable and appropriate to consult them, the views of:
  - anyone named by the person as someone to be consulted on the matter in question or in matters of that kind.
  - anyone engaged in caring for the person or interested in his welfare.
  - any donee of a Lasting Power Of Attorney granted by the person
  - any deputy appointed for the person by the court

### Mental Capacity Act 2005 Code of Practice

The Mental capacity act codes of practice guidance notes cover:

Who should assess capacity?

Whether the person has made an advance decision or given authority to someone else to make this decision.

How to determine "Best Interest" and when to call a Best Interest meeting.

The role and function of the Independent Mental Capacity Advocate.

The role of the Court of Protection.

When assessing someone who self-neglects it is important to remember that when a person makes a decision which is unwise, inappropriate or places themselves at risk, this does not necessarily mean that they lack capacity to make that decision. Poor decision making alone does not constitute lack of capacity. The assessment of capacity must be based on the person's ability to make a decision in relation to the relevant matter. In the case of self-neglect where a person is repeatedly making decisions that place him/herself at risk and could result in preventable suffering or damage, an assessment of capacity should be undertaken.

When a vulnerable adult has been assessed under the Mental Capacity Act as lacking capacity, a referral to an Independent Mental Capacity Advocate will assist to ensure that any action taken is on the basis of the person's best interest.

The action taken should consider:

The wishes, feelings, values and benefits of the person who has been assessed as lacking mental capacity.

The views of family members, parents, carers and other people interested in the welfare of the person lacking capacity, if it is practical and appropriate.

The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney.

The views of any Deputy appointed by the Court of Protection to make decisions on the person's behalf.

### **Mental Health Act 2007**

Sections of the mental health act may be applicable in cases of self-harm or self-neglect where the person is also suffering from a mental disorder.

In 2007 the term personality disorder, which may be present in cases of self harm now comes under the definition of "mental disorder".

### **Section 135 Mental Health Act**

Provides the authority to seek a warrant authorising a Police Officer to enter premises if it is believed that someone is suffering from a mental disorder, is being ill-treated or neglected or kept otherwise than under proper control anywhere within the jurisdiction of the court, or being unable to care for himself and is living alone in any such place.

This allows the Police Officer with a Doctor and approved Mental Health professional to enter the premises and remove the person to a place of safety for a period of up to 72 hours with a view to an application being made under part II of the Act, or other arrangements for their treatment or care. A place of safety may include a suitable registered care home.

### **Section 7 of the 2007 Mental Health Act – Guardianship**

Application for guardianship is made by an approved Mental Health Professional or the person's nearest relative (as defined under the Act). Two Doctors must confirm that:

The patient is suffering from a mental disorder of a nature or degree that warrants reception into guardianship and;

It is necessary in the interests of the patient's welfare or for the protection of others. The guardian must be a local social services authority, or person approved by the social services authority for the area in which the proposed guardian lives.

Guardianship requires the:

Patient to live at a place specified by the guardian,  
Patient to attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment) that a doctor, a social worker or other person specified by the guardian can see the patient at home.

## **Sections 31-32 Public Health Act (1984)**

### **Section 31**

Indicates that the occupier of a premises can be required to “cleanse and disinfect” the premises and to disinfect or destroy any unsanitary articles. If the occupier fails to comply, the local authority can take the necessary action and charge the occupier for doing so.

### **Section 32**

The local authority can “cause any person to be removed to any temporary shelter or house accommodation provided by the authority”, with or without their consent using reasonable force if necessary.

## **Human Rights Act 1998**

### **Article 8 - Right to respect for private and family life**

This states that everyone has the right to respect for their private and family life, their home and correspondence and that there shall be no interference by a public authority with the exercise of this right except in certain circumstances.

Any intervention must accord with the law and be for a range of reasons which include public safety and the protection of health or for the protection of the rights and freedoms of others.

### **Article 5 - Right to liberty and security**

This states that no one should be deprived of their liberty other than in accordance with the procedure prescribed by law or in a number of specified circumstances. One of the provisions related to ‘lawful detention for the prevention of the spreading of infectious diseases, of service users of unsound mind, alcoholics, drug addicts or vagrants’ (5) (l) (e)

## **Environmental Protection Act 1990**

The Local Authority has a duty to investigate statutory nuisances as set out in s79 of the Act. Where satisfied a statutory nuisance exists the Local Authority must serve a notice imposing requirements. The act contains various powers to take action once inside the premises.

## **Public Health Act 1936**

The local authority can serve a notice requiring the cleaning and disinfecting of premises which are filthy and or verminous. If the owner or occupier does not comply with the notice the local authority may carry out the work in default. The notice specifies what work is required but is restricted to the cleansing and removal of filthy items and not for hoarded goods.

## **Prevention of Damage by Pests Act 1949**

The local authority can require land to be made free from rats and or mice where infested.

## **Housing Act 1985**

Schedule 2: Grounds for possession of dwelling-houses let under secure tenancies

Part, 1: Grounds on which a court may order possession if it considers it reasonable

Ground 3: The condition of the dwelling-house or of any of the common parts has deteriorated owing to acts of waste by, or the neglect or default of, the tenant or a person residing in the dwelling-house and, in the case of an act of waste by, or the neglect or default of, a person lodging with the tenant or a sub-tenant of his, the tenant has not taken such steps as he ought reasonably to have taken for the removal of the lodger or Sub-tenant.

## **Community Protection Notice**

A Community Protection Notice is new power under the Anti-social Behaviour, Crime and Policing Act 2014

The purpose of the Community Protection Notice is to stop a person over the age of 16 years old, a business or an organisation from committing anti-social behaviour which spoils the community's quality of life. It can be used to deal with particular on-going problems or nuisances which negatively impact on or affect the community, by targeting those responsible. It can cover a wide range of anti-social behaviours and can be used against a wide range of perpetrators.

When considering if a Community Protection Notice is an appropriate approach, the agencies involved must be able to demonstrate that the behaviour has:

- a detrimental effect on the quality of life of those in the locality
- be of a persistent or continuing nature; and
- be unreasonable

When deciding whether the behaviour is having a detrimental effect, agencies will consult with the victims and / or potential victims to better understand the effect the behaviour is having.

Once an issue has been identified a written warning will be given to the alleged perpetrator of the problem behaviour requesting that they stop and also highlighting the consequences if they continue.

A Community Protection Notice can include a requirement to stop doing something, to start doing something, or to take reasonable steps to avoid further anti-social behaviour. Breaching a Community Protection Notice is a criminal offence. If appropriate a fixed penalty notice can be issued or a fine of up to £20,000 for businesses.

## **The Equality Act 2010**

The Equality Act 2010 provides that a person with a disability cannot be discriminated against in relation to eviction because of their disability.

## **Animal Welfare Act 2006**

As the principle animal welfare legislation, the Animal Welfare Act 2006 makes it an offence to cause unnecessary suffering to any animal, the Act also contains a duty of care to animals and anyone responsible for an animal must take reasonable steps to make sure the animal's welfare needs are met.

## Appendix 5 – resources

### Adult Social Care

#### Care Act Assessment: Achieving specified outcomes

An assessor will look at whether the person's needs affect their ability to achieve two or more of the following outcomes. They will also look at the level of assistance a person needs, if any, to achieve them.

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child

<https://www.kingston.gov.uk/adult-social-care>

<https://www.kingston.gov.uk/adult-safeguarding>

<https://www.kingston.gov.uk/adult-social-care/direct-payments?documentId=659&categoryId=20025>

**APDO Association of Professional Declutterers and Organisers** represents the UK decluttering and organising industry. Founded in 2004, it is now a thriving professional community with over 400 verified experts across the UK. The APDO online directory helps UK clients find a local organiser to suit their particular organising or decluttering needs

<https://www.apdo.co.uk/about-apdo/>

**Alfriston Befriending Outreach** - offering support for those experiencing isolation and not wanting to engage with social services.

Alfriston Outreach ,  
3 Berrylands Road  
Surbiton KT5 8RB  
Tel: 02083994289

<https://www.alfristondaycentre.co.uk/>

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**Citizens Advice Kingston** is a team of local people serving our local community. Our team of experienced volunteers and paid staff provide a free Single Front Door to all local information and advice services. <https://www.citizensadvicekingston.org.uk>

**Connected Kingston** is a site dedicated to helping Kingston residents find local activities and navigate local services. It is run by the Royal Borough of Kingston Council and Kingston Voluntary Action in conjunction with local charities and statutory organisations. Special training is available to anyone who regularly comes into contact with people that may be struggling to navigate or find local activities or services.

Our goal is to help residents of Kingston stay happy, healthy and connected to each other. Our goal is maintaining and building Kingston's community so we can all live our best lives. <https://www.connectedkingston.uk/>

**Community Connectors** (aka social prescribing link workers or SPLWs) help people make positive changes in their lives by linking them with appropriate sources of support in the community.

<https://www.staywellservices.org.uk/community-connectors-pilot>

<https://www.kingston.gov.uk/bins-recycling-rubbish/garden-waste-collection-service>

### Good Gym - Missions

- Tasks for older people aged 50+ in their home or garden, or food/prescription deliveries
- Includes 'social visits', a series of 6 befriending visits
- Tasks attended by DBS checked and trained volunteers
- Tasks must be non-skilled i.e. no electrical or plumbing tasks
- Referrals made online (account required) and processed by the GoodGym central team
- Examples of recent tasks can be seen here: <https://www.goodgym.org/areas/kingston-upon-thames/reports/missions>

Useful mission documents:

1. [Here is a list of all the types of tasks we are able to complete.](#)
2. [Here is our mission referral pack](#) which includes further information and links to safeguarding, data protection & confidentiality and health and safety policy.

**Older Vulnerable People (OVP)/ Resettlement Team** support to help people over 55 to sustain independent living. Sort out their benefits Manage their money and bills Access transport e.g. Taxi Cards Fill forms, write or read letters Manage their health Keep in touch with friends and family Access local services in their area Reduce isolation It does not matter whether they own their own accommodation, they are renting privately or in social housing; we will work with them.

<https://www.kingston.gov.uk/housing-options-advice/resettlement-support-service/2>  
[ovpsupport@kingston.gov.uk](mailto:ovpsupport@kingston.gov.uk)

Tel: 020 8547 5819



## SELF NEGLECT AND HOARDING GUIDANCE AND PROCESS

### **Hospital Grant Home from hospital** Maximum grant of £2000

Aim: To prevent bed blocking in hospital and assist with preventing admission or readmission to hospital. This grant is used to speed up the discharge process to enable residents to return to a home that is suitable for their needs and prevent a return to hospital. This could be used for deep cleans.

<https://docs.google.com/document/d/1cSvE4u9ZsZv3int-PYDb7Wdu-ph2520D/edit>

**Household Fund** The fund may be used to support residents experiencing financial hardship that is detrimental to their health and wellbeing. Examples of support include access to food, fuel, winter essentials, utilities bills, boiler or white goods repairs and, in exceptional circumstances, support with housing costs. Households will be supported up to a maximum of £500.

[householdsupportfund@kingston.gov.uk](mailto:householdsupportfund@kingston.gov.uk)

<https://docs.google.com/forms/d/e/1FAIpQLSdqiotNHVs7II15h6WmAmyl31RWG9BFNZ-V3WRwj3PJoKNXjQ/viewform>

### **Hoarding Support Service based at St.George's Hospital**

information

leaflet;

<https://www.swlstg.nhs.uk/documents/related-documents/our-services/specialist-services/1051-hoarding-disorder-v6-swd227/file>

Service main base: Buildings 9D and E

Springfield University Hospital

61 Glenburnie Road

Tooting London

SW17 7DJ

Email: [ocdbdd@swlstg.nhs.uk](mailto:ocdbdd@swlstg.nhs.uk)

<https://www.swlstg.nhs.uk/our-services/find-a-service/service/hoarding>

**iCope** Kingston iCope offers treatment for a range of psychological problems, including [anxiety](#) and [depression](#). Their main hub is based at Hollyfield House in Surbiton, they also work within GP surgeries and community settings throughout the Borough of Kingston. The service is for all adults registered with a Kingston GP. They try to see everyone as quickly as possible but, if your problems cannot wait, please see your GP.

<https://www.icope.nhs.uk/kingston/>

### **Mind**

Explains what hoarding is, possible causes and how you can access treatment and support. Includes tips for helping someone who is hoarding.

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/treating-hoarding-disorder/>

**Staywell Kingston** provides a specialist Information, Advice & Advocacy Service to anyone over retirement age living in the Borough of Kingston upon Thames and/or their family/carers. .

<https://www.staywellservices.org.uk/>

Waste - Bulky items for collection

<https://www.kingston.gov.uk/bins-recycling-rubbish/bulky-waste-collections>

[Anti Social Behaviour, Crime and Policing Act 2014](#)

**The Blue Light project** is an initiative to develop alternative approaches and care pathways for drinkers who are not in contact with treatment services, but who have complex needs.

[The Blue Light Manual - working with resistant drinkers](#)

# London Fire Brigade HFSV Referral Form

## Property to visit

## Occupier's name

## Occupier's contact details (please enter at least one of the following)

Enter the occupier's telephone number including the STD (area) code, and/or an alternate telephone number (e.g. mobile, office, home) including the STD (area) code where appropriate, and/or an email address.

Owners phone number

Alternate Telephone: .....

Email address:.....

This is so we can contact them to arrange a convenient time to visit.

## Additional Information

When complete please send this form by e-mail to:

[tamer.ozdemir@london-fire.gov.uk](mailto:tamer.ozdemir@london-fire.gov.uk) & [John.flower@london-fire.gov.uk](mailto:John.flower@london-fire.gov.uk)

# SELF NEGLECT AND HOARDING GUIDANCE AND PROCESS

## Identification

