



**Partners in  
preventing  
abuse and  
neglect**

**HOARDING FRAMEWORK**  
Kirklees Multi-agency policy and practice guidance  
**2025**

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Section	Contents	Page Number
	<a href="#">Foreword from the Chair of the Kirklees Safeguarding Adults Board</a>	3
1	<a href="#">Introduction</a>	4
2	<a href="#">Organisations the Framework Applies To</a>	4
3	<a href="#">Aims of the Framework</a>	5
4	<a href="#">Definition of Hoarding</a>	5
5	<a href="#">Hoarding and Mental Health</a>	6
6	<a href="#">General Characteristics of Hoarding Behaviour</a>	6
7	<a href="#">Links with Self-Neglect and the Self-Neglect Multi-Agency Policy and Practice Guidance</a>	8
8	<a href="#">Mental Capacity and Hoarding</a>	8
9	<a href="#">Information Sharing</a>	11
10	<a href="#">Clearances</a>	12
11	<a href="#">Environmental Health Powers</a>	13
12	<a href="#">Fire Safety</a>	15
13	<a href="#">The Police</a>	16
14	<a href="#">Hoarding Myths and Truths</a>	17
	<a href="#">Procedures</a>	19
15	15.1 <a href="#">Assessment and screening</a>	19
	15.2 <a href="#">Consider appropriate procedure to respond to the risk</a>	20
16	<a href="#">The Approach to Take</a>	20
17	<a href="#">Referral process</a>	22
18	<a href="#">Multi-agency meetings and action planning</a>	23
19	<a href="#">Guidance for Multi-Disciplinary Meetings</a>	25
20	<a href="#">Risk Escalation Conference</a>	27
21	<a href="#">Record keeping / information sharing</a>	28
<b>Appendix</b>		
1	<a href="#">Guidance Questions to ask the person when assessing risk at their property:</a>	30
2	<a href="#">Guidance on Hoarding Insight Characteristics</a>	32
3	<a href="#">Clutter Image Rating (CIR)</a>	33
4	<a href="#">Hoarding Pathway Flowchart</a>	36
5	<a href="#">The Multi-agency Risk Assessment and Referral Tool</a>	39
6	<a href="#">Level 1-3 Multi-Agency Actions</a>	48
7	<a href="#">Relevant Agencies and Responses</a>	53
8	<a href="#">Agency Contact Information</a>	59
	<a href="#">Document Control</a>	60

## **Foreword from the Chair of the Kirklees Safeguarding Adults Board (KSAB)**

The act of “Hoarding” can have serious health and safety consequences. In the worst cases, hoarding produces health risks from infestations, falls, fires, and an inability to cook or eat in the home. Whilst it impacts severely on the individual, it also impacts their family, their friends and their neighbours.

“Hoarding” is now recognised as a “standalone mental health disorder”. It can be a very complex condition, which can present in numerous forms, in different environments and across a diverse range of individuals.

Early recognition and intervention can help manage hoarding behaviour effectively, improving quality of life and reducing the associated risks. Recognising the signs and symptoms of hoarding behaviour involves observing a range of behavioural, emotional and physical indicators.

The Care Act 2014 recognises hoarding as one of the manifestations of self-neglect and requires all public bodies to safeguard people at risk. To deal with the risks effectively requires a collaborative and integrated approach between agencies.

In most cases, a multi-agency approach is required, and this in itself adds complexity, which only structure and coordination can unravel. This framework offers these. It brings a clear definition of the condition and its consequences. It offers direction and process to interventions. It identifies when escalation is necessary and provides an insight as to how individuals and their situations should be approached.

I am therefore delighted to be introducing this new “Hoarding Framework” for every service and individual who seeks to help and support those who are suffering and are under threat from this condition. The framework seeks to take the complexity of the issue and give practical, sensible, tried and tested tools, and approaches as to how services and individual professionals should approach someone identified as hoarding. The framework offers empathy for the individuals who present these behaviours and provides helpful tools to utilise within a trauma informed and professionally curious format.

This document provides invaluable assistance for everyone involved in allaying the risks that such lifestyles bring to those affected.

My sincerest thanks to those who have brought their insight, experience and commitment into its creation. My thanks also go to those that care, those who will put this toolkit and framework to best use. They will as a result I am sure, turn many people and their families, lives around for the better.



**Rob McCulloch-Graham**  
Independent Chair

## **1.0 Introduction**

- 1.1** This Framework offers clear guidance to staff and volunteers working with people who exhibit hoarding behaviours. It sets out a framework for multi-agency partners to work together, using an outcome focused, solution-based model. This Framework has been developed in partnership with a range of statutory and non-statutory partners across Kirklees.
- 1.2** The Care Act 2014 recognises hoarding as one of the manifestations of self-neglect and requires all public bodies to safeguard people at risk. To deal with the risks effectively requires a collaborative and integrated approach between agencies.
- 1.3** The Framework recognises that responding to a situation which involves a person compulsively hoarding is highly complex as it involves risk to life, is subject to more than one area of legislation and involves the health and wellbeing of the person at risk and any others in the household. It therefore requires a multi-agency approach.
- 1.4** This Framework aims therefore to ensure this collaborative approach through coordinated multi agency partnership working with people who exhibit hoarding behaviours, in a way that is meaningful to the person who has hoarding behaviours and their families and in a way that reduces duplication of effort for the agencies involved. The Framework aims to facilitate positive and sustainable outcomes for people who demonstrate hoarding behaviour, by involving them in the process of managing their behaviour at all stages.

## **2.0 Organisations the Framework Applies To**

- 2.1** This framework applies to all agencies and professionals within Kirklees area who are working with or supporting people who may hoard and those who have signed up to the Framework.
- 2.2** There is an expectation that everyone within the partnership engages fully to achieve the best outcome for the individual, while meeting the requirements and duties of their agency or service.
- 2.3** Note that the Framework stands as good practice guidance for any agency that has identified a hoarding issue, including during the course of providing a health service, housing management support and domiciliary care and for any other agency delivering services in the course of which their staff may come across a person with hoarding behaviour.
- 2.4** The agencies signed up to the Framework include and are not limited to:

[Kirklees Council – Adult Social Care](#)  
[West Yorkshire Police](#)  
[Kirklees Health and Care Partnership](#)  
[Locala Community Partnerships CIC](#)  
[South West Yorkshire Partnership Foundation Trust](#)  
[Calderdale and Huddersfield NHS Foundation Trust](#)

[The Mid Yorkshire Teaching NHS Trust](#)  
[NHS England](#)  
[Kirklees Council Housing & Homelessness](#)  
[Kirklees Homes and Neighbourhoods](#)  
[West Yorkshire Fire & Rescue Service](#)  
[Healthwatch Kirklees](#)  
[Safer Kirklees](#)  
Kirklees Environmental Health  
[Kirklees Community Plus](#)  
[Kirklees Better Outcomes Partnership](#)  
Kirklees Children Services  
Voluntary Sector Organisations  
Acute and Community Health Services

- 2.5** By signing the Framework each agency is committing to engaging fully in partnership working to achieve the best outcome for the person who displays hoarding behaviour, while meeting their own requirements and professional duties.

### **3.0 Aims of the Framework**

- 3.1** The aims of this Framework are to:

- 3.1.1** Establish best practice in working with people who display hoarding behaviour, so that staff know how to provide a personalised response in each case which is most likely to gain the best outcome for the person whilst reducing risk, and that respects the person's rights, choices and autonomy.
- 3.1.2** Provide guidance on exploring, sharing and understanding information about the risk and challenges related to hoarding, from different professional and community perspectives; and to improve inter-agency knowledge of the legislation that relates to hoarding behaviour work with people who exhibit hoarding behaviours in an evidence based, structured, systematic, co-ordinated and consistent way across the professions involved.
- 3.1.3** Develop multi-agency solutions, maximising the use of existing services and resources of professional support and monitoring (e.g. Housing Officers, care and support workers, property maintenance) and focussing on prevention and supportive adjustments to hoarding behaviours, aiming to reduce the need for formal or compulsory interventions.

### **4.0 Definition of Hoarding**

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

- 4.2 Hoarding disorder is a persistent difficulty, in discarding or parting with possessions because of a perceived need to save them.
- 4.3 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. Some people may find it impossible to discard or part with possessions.
- 4.4 The acquisition of, and failure to discard, possessions which appears to be useless or of limited value (Frost & Gross, 1993).
- 4.5 Hoarding does not favour a particular gender, age, ethnicity, socio-economic status, educational / occupational history or tenure type.

## 5.0 Hoarding and Mental Health

- 5.1 Hoarding is now considered a standalone mental health disorder and is included in the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. However, 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.
- 5.2 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.
- 5.3 Compulsive hoarding is often considered a form of Obsessive-Compulsive Disorder (OCD) because between 18 and 42 % of people with OCD experience some compulsion to hoard. However, compulsive hoarding can also affect people who don't have OCD.

## 6.0 General Characteristics of Hoarding Behaviour

- 6.1 Each case is treated on a case-by-case basis, seeing people as individuals and using a person centred approach. One or more of the following may be observed:
- **Fear and anxiety:** compulsive hoarding may have started as a learned behaviour or following a significant event such as bereavement. The person hoarding believes that buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to 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 emotional attachment to items that most people would feel is inappropriate.

- **Indecisiveness:** people who hoard may struggle with making a decision to discard items that are not necessary to keep, including rubbish. E.g. tins, newspapers, magazines, bottles.
- **Socially isolated:** people who hoard may alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals.
- **Large number of pets:** some people who hoard may keep a large number of animals (dead and alive). These may become a source of complaints by neighbours. They may 'rescue strays'.
- **Mental Capacity:** people who hoard are typically able to make reasonable decisions that are not related to the hoarding.
- **Extreme clutter:** hoarding behaviour may prevent the person from using several or all the rooms of their property for their intended purpose.
- **Self-Care:** a person who hoards may appear unkempt and dishevelled, due to difficulties in accessing toileting or washing facilities in their home. Some people who hoard will use public facilities in order to maintain their personal hygiene and appearance.
- **Churning:** people with hoarding behaviour may move items from one part of their property to another, without actually discarding anything.
- **Poor insight:** a person who hoards may see nothing wrong with their behaviour and the impact it has on themselves and others. ([see Appendix 2](#))

## 6.2 Commonly hoarded items include things like:

- **Inanimate objects** – these are the most commonly hoarded items and may be one type of object, or a collection of a mixture of objects such as old clothes, newspapers, magazines, books food, containers, bills, receipts or letters, clothes, toys, videos, DVD, CDs, or even medical equipment.
- **Animal Hoarding** – this is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder may be unable to recognise that the animals could be at risk, because they feel they are rescuing them. Often animal hoarders may feel like they are the only ones capable of caring for the animals, so may not be willing to find alternative accommodation for them, yet at the same time be unable to care for them. The environmental health conditions that having so many animals may create can be so bad that they may be considered to amount to animal cruelty and be punishable by law. The homes of people who hoard animals may be characterised by an accumulation of animal faeces and infestation by insects.
- **Data Hoarding** – this is a recent phenomenon, about which there is little research. People that hoard data may present with same issues that are symptomatic of hoarding, for example excessive data storage equipment – computers and other electronic storage devices, and paper. More information is available [5 Warning Signs You're a Digital Hoarder | Psychology Today United Kingdom](#), [Mind: What is Hoarding](#)

**6.3** There are many Myths and Truths about Hoarding. Please see [section 14](#).

## **7.0 Links with Self-neglect and the Self-neglect Multi-Agency Policy and Practice Guidance**

**7.1** Sometimes, but not always, there are strong links between self-neglect and hoarding.

**7.2** In Kirklees there is a separate [Self-neglect Kirklees Multi-agency Policy and Practice Guidance](#) to assist practitioners working with situations of self-neglect, but in any situation a person centred response is required. If there are elements of both hoarding and self-neglect, then the self-neglect pathway should be followed and the hoarding behaviour will be addressed as part of the self-neglect procedures and multi-agency involvement.

**7.3** Kirklees has a self-neglect multi-agency [risk assessment and referral tool](#) which helps practitioners identify the level of risk and harm and enable them to follow the self-neglect pathway appropriately.

## **8.0 Mental Capacity and Hoarding**

**8.1** When a person's hoarding behaviour poses a serious risk to their and/or other's health and safety, professional intervention will be required. With the exception of statutory legal requirements, any intervention or action proposed must be with the person's consent. Article 8 of the European Convention on Human Rights (The right to respect for private and family life) - is engaged. Interference with a person's life must be lawful, necessary and pursue a legitimate aim.

**8.2** The Mental Capacity Act (MCA) 2005 provides a statutory framework for people who may lack capacity to make their own decisions. The Act has five statutory principles to serve the person's 'best interests', which underpin the legal requirements:

- i. A person must be assumed to have capacity unless it is established that they lack capacity.
- ii. A person is not to be treated as unable to make a decision unless all practical steps to enable them to make a decision have been taken without success.
- iii. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- iv. 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 their best interests.
- v. 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. (I.e. whatever action is proposed this must be the least restrictive option available at the time)

- 8.3** In cases of extreme hoarding behaviour (see Appendix 3 [Clutter Image Rating](#)), the very nature of the person's environment must mean that professionals question whether the person has capacity to consent to their proposed action/intervention, and this should therefore trigger a capacity assessment. This is supported 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).

Any mental capacity assessment carried out in relation to hoarding behaviour must be time specific, and relate to a specific intervention/action, in line with the 5 statutory principles of the Act and using the two stage test (MCA Code 4.11-4.25). The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention/action, and this person is referred to as the 'decision-maker'. Although capacity assessments sometimes require input from other people and professionals, it is the responsibility of the decision maker to coordinate and 'own' the capacity assessment overall.

- 8.4** Another common area of difficulty is where a person 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. It may also be that there is evidence that they cannot bring to mind relevant information at the point when they might need to implement a decision that they have considered in the abstract. Both of these situations are frequently referred to under the heading of 'executive dysfunction.' Executive function has also been described by The Honourable Mr Justice Cobb as "the ability to think, act, and solve problems, including the functions of the brain which help us learn new information, remember and retrieve the information we've learned in the past, and use this information to solve problems of everyday life." It can be difficult in such cases to identify whether the person in fact lacks capacity within the meaning of the MCA 2005, but key questions can be whether they appreciate (or have insight into) their own deficits and whether they are able to detach themselves from their impulses such that they can think through the decision when they need to.<sup>1</sup>

Further information can be found here:

[Mental Capacity Act 2005 Resource and Practice Toolkit \(trixonline.co.uk\)](http://trixonline.co.uk).

[Executive impairment - a practical approach to assessing capacity \(youtube.com\)](https://www.youtube.com)

[Executive functioning and the Mental Capacity Act 2005: points for practice - Community Care](#)

- 8.5** Where the person is subject to multi-disciplinary care, the professional with greatest responsibility for the specific decision is likely to be the decision maker and should ideally assess capacity. Where this is in doubt, agreement should be sought within the multidisciplinary team. If it is evidenced that a specialist capacity assessment (such as by a psychologist) is needed, and which is being relied on for this decision, the decision-maker must be satisfied that this

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<sup>1</sup> [Capacity Guide: The person seems to say one thing and to do another](#)

assessment is fit for purpose. Due to the complexity of such cases, there must be a 'best interests meeting' with relevant professionals to oversee the process. The decision-maker is responsible for making the final decision about the person's capacity.

**8.6** If after assessing mental capacity it is found that the person does lack capacity to consent to the specific action/intervention, then the decision-maker must be able to demonstrate that they have met the requirements of the 'best-interests checklist' and that a formal mental capacity assessment has been undertaken which demonstrates that the person lacks capacity to make an informed decision.

**8.7** The mental capacity assessment would be in addition to the risk assessment and referral tool and would follow Kirklees Council guidance.

**8.8** In particularly challenging and complex cases, it may be necessary to refer to the Court of Protection to make the 'best interests' decision. The Court of Protection was set up under the Mental Capacity Act 2005. It can make decisions on whether people have capacity in relation to particular decisions, make decisions on their behalf, appoint or remove people who make decisions on people's behalf.

**8.9 For very specific cases, where an adult has mental capacity but continues to place themselves at risk and is not engaging with services, you should consider referring to the Kirklees Risk Escalation Conference (REC).**

The guidance must only be used where the adult:

- **has the mental capacity** to understand the risks posed to them
- continues to place themselves at risk of serious harm or death
- refuses or is unable to engage with necessary care and support services.
- There have been previous Multi-agency meetings

If you think you have a case which meets the criteria above, you should refer to the applicable Adult Social Care (ASC) service via the [Kirklees Community Health and Social Care Hub](#) in order that the REC process can be considered.

**Please note:** If the risk(s) is not at a level which may lead to serious harm or death the REC process does not apply.

**8.10** If, in addition to points raised in 8.9, the adult is considered to have need for care and support in line with the definition contained within the Care Act (2014); Care & Support Statutory Guidance (09/07/2018) and the Care & Support (Eligibility Criteria) Regulations (2015):

(a) the adult's needs arise from or are related to a physical or mental impairment or illness

(b) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

If you think you have a case which meets the criteria above, you should refer to the applicable Adult Social Care (ASC) service via the [Kirklees Community Health and Social Care Hub](#).

## 9.0 Information Sharing

- 9.1** Sharing the right information, at the right time, with the right people, is fundamental to good safeguarding practice. Despite this, it is sometimes viewed as a difficult area by some staff when it is necessary to share information between different organisations. Although decisions about what information to share and with whom should be taken on a case by case basis there is legislation, professional guidance, and organisational policies to support this.
- 9.2** Sharing information between organisations as part of day-to-day safeguarding practice is already covered in the common law duty of confidentiality, General Data Protection Regulation (GDPR) and the Data Protection Act; the Human Rights Act 1998 and the Crime and Disorder Act 1998. Section 45 of The Care Act 2014 places a duty on organisations to share information necessary to safeguard an adult at risk if requested to do so by the local authority.
- 9.3** [The West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure](#) clearly states that information sharing between organisations is essential to safeguard adults at risk of abuse and neglect. It also affirms that effective information sharing has been highlighted as important in learning from local and national Safeguarding Adult Reviews, where poor information sharing has resulted in missed opportunities to safeguard an adult at risk.
- 9.4** Staff are also required to adhere to their own organisations internal policy and guidance on confidentiality, data protection, information security and sharing. Different professional groups also have codes of conduct that they must adhere to, for example the NHS Confidentiality Code of Conduct, which incorporates the Caldicott Principles.
- 9.5** Information sharing advice from the government often referred to as the 'Seven Golden Rules' outlines what individuals and organisations should consider before deciding whether to share information. Although this advice is intended for safeguarding practitioners working with children, young people and their carers, the principles apply equally to anyone working with adults at risk and their families. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and Human Rights legislation are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately. Human Rights concerns - respecting the right to a private and family life, would not prevent sharing where there are safeguarding concerns.
- 9.6** Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of the adult at risk of abuse or neglect. Individual staff must also take responsibility for sharing the information they hold and cannot assume that someone else will pass on information, which may be critical to keeping an adult at risk safe.
- 9.7** [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure - Making Safeguarding Personal \(MSP\)](#) promotes the importance of using an MSP approach in safeguarding interventions. This recognises that adults have a general right to independence, choice and self-determination including control over information about themselves. Therefore staff should

always seek consent from the adult they have concerns about to share their personal information with other agencies.

**9.8** Adults may not give their consent to the sharing of safeguarding information for a number of reasons and as a first response staff should follow guidance included in the [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure - Consent](#) which includes exploring why consent is not given.

**9.9** If, after this, the adult refuses intervention to support them with a safeguarding concern, or requests that information about them is not shared with other safeguarding partners, in general, their wishes should be respected. However, there are a number of circumstances where staff can reasonably override such a decision and these are listed in the [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure - Consent not given](#).

**9.10** The Care Act 2014 statutory guidance advises that the first priority in safeguarding should always be to ensure the safety and wellbeing of the adult. It is therefore important to also consider the risk of sharing information. In some cases, such as domestic abuse or hate crime, it is possible that sharing information could increase the risk to the adult.

**9.11** Staff should therefore seek advice from their line manager or Safeguarding Lead taking all of the above into account and carefully record the rationale for the decision to share or not share information.

## **10.0 Clearances - Guidance**

**10.1** Blitz Cleans: one of the most popular responses to hoarding is to perform a “blitz clean” – clearing out all or most of the offending items. Blitz cleans often feature repeatedly in the individual’s case notes or history. Whilst there may sometimes be a need for a blitz clean to deal with environmental health or fire safety concerns it more often only serves the person or agency that is concerned or complaining about the hoarding rather than offering a long-term solution for the hoarding sufferer. Blitz cleans are likely to significantly distress the hoarder and is a costly action to take. It does not address the cause of the hoarding behaviour and may exacerbate their symptoms. Without a longer-term solution such as hoarding specific CBT and/or other professional intervention the individual could well resume their hoarding activities

**10.2** Enforced clearance of items against the will of the person with the hoarding behaviour will only be undertaken when these three points are satisfied:

- other approaches have been exhausted
- the agreement of the multi-agency group has been obtained
- it is proportionate to the scale of the issue.

**10.3** By ‘proportionate’ we mean the areas of highest fire risk may be the only areas that need to be cleared, and not the whole house. For the rest of the property it may be just enough to clear sufficient areas to enable the person to access all of the rooms and their facilities.

**10.4** The action plan should note the relevant agency that will work with the person with hoarding behaviour and provide support during any clearance process, at

the same time encouraging the person to tackle some of it on their own. It is important to encourage the person to engage with actions to clear the property in a way that they can 'own', working if possible with family, friends and voluntary organisations.

**10.5** There are a few simple tips that will support the person and that can be adapted to suit their needs and preferences, for example:

- Start the clearance in one important area first, for example around the cooker, or heating source.
- The 'fifteen minute rule' - set the timer for 15 minutes to clear clutter. Once this has been completed encourage the individual to do something they like to do and then return to undertake another fifteen minutes later the same day.
- Wall chart - complete a wall chart to note every bag of clutter that leaves the property, e.g. 10 bin liners of clothes to the charity shop, 2 bags of medicines to the doctor's surgery, 1 bag of books to a charity shop.

**10.6** Clearances that require a third party to come in to facilitate the work are likely to need to be paid for by the person with hoarding behaviour. The person can source and employ a contractor themselves, or the district council may arrange for a company to do the job and recharge the person. If enforcement action is needed to carry out a clearance, it will be recharged to the person (see Section 11.0)

**10.7** As enforced clearance is a last resort and is often not a longer term solution (because it is highly likely that hoarding behaviour will continue regardless), following a clearance the multi-agency group must identify how ongoing/regular support will be provided in an endeavour to prevent the re-accumulation of hoarded items.

## **11.0 Environmental Health Powers**

**11.1** This section outlines legal routes that might be taken to resolve a hoarding issue. The agencies using this Hoarding Framework see legal enforcement action as a last resort, only to be utilized when all other efforts are exhausted.

### 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 way to reduce or eliminate hoarding, 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 is available. If not complied with within 24 hours, the LA can do works in default and recover expenses.

### Public Health Act 1936, Section 83 (as amended) : 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)

Filth is a euphemism for excrement, animal or human. Due to case law the definition of “prejudicial to health” is limited and means “likely to cause a threat of disease”. It does not include the likelihood of personal injury.

The 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 (EH) can carry out works in default and charge. No appeal is available against the 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

For 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 the LA's expense.

#### 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.

#### 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 the owner or occupier of land/premises where rats and/ or mice are or may be present due to the conditions at the time or there maybe materials in the property that would cause rats and mice to be attracted to the land. 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 encourage them and

carry out structural works.

The LA may carry out works in default and charge for these. This power tends to be used for clearing gardens.

**11.2** Environmental Health Assessment Tool Guidelines. These guidelines may be used to help assess whether it is possible to engage Environmental Health:

	Questions
1	Given Environmental Health have a duty to serve a legal notice(s) under some circumstances, would formal intervention by Environmental Health be helpful at this stage?
2a	Are there pests (particularly rats and mice) at the property including the garden?
2b	Are there materials at the property likely to attract rats or mice i.e. food left over night or items they could nest in?
2c	Does the property have a strong odour that materially affects neighbouring properties?
2d	Is the property filthy? (human or animal excrement)
2e	Is the property rented and in disrepair? Could works be done amongst the 'clutter'?
2f	Is the property in disrepair and affecting neighbouring properties i.e. damp, drainage, structural damage?

If the answer to Q1 is yes and there are one or more 'yes' answers to Q2, the case can be referred to Environmental Health. Note that the thresholds at which different Environmental Health Teams across the County apply their powers may differ.

**12.0 Fire Safety**

**12.1** It is recognised that people who display hoarding behaviour are at high risk of injury or death because of a fire. The risk of a fire starting is increased due to flammable materials being stored close to, or in contact with heat sources such as light fittings, smoking materials, cookers and heaters, and when electrical appliances are permanently plugged in and switched on and under items which may catch fire. There is a high risk when multiple electrical extension leads are linked together.

**12.2** This risk is increased further when hoarding reaches extreme levels and when utilities such as electricity and gas are disconnected and lead to unsafe practices such as using camping stoves and candles. Entry and exits can be restricted, and present additional risk to neighbours by the increased likelihood of fire moving to adjoining properties. The structural integrity of the building may be compromised during and after firefighting operations, due to the absorption of water by the hoarded materials.

**12.3** Where hoarding is identified (regardless of the clutter risk rating), the person should be advised of the increased risk, the need for working smoke/heat

detection and clear exit routes. Fire safety advice can be sought via a referral to WYFRS for a Safe and Well home visit.

- 12.4** WYFRS personnel will update emergency response records in case of a fire as appropriate to the risks in a property.

## **13.0 The Police**

- 13.1** The Police may be called to properties where there are hoarding issues for a variety of reasons. These reasons may include but are not limited to: concern for the welfare of the person(s) occupying the property; anti-social behaviour issues; reports of theft/burglaries at the premises.

- 13.2** Police action will depend on the concerns that they have for the person(s) and may include the following:

- 13.2.1** Where there is concern for a person's mental health, consideration will be given to contacting their GP and/or referring direct to mental health services. Where the concern is immediate then the person should be encouraged and supported to attend their GP or the nearest Accident and Emergency provision, assistance from the Ambulance Service being sought to support these actions. Where the person is in their own home (this includes the garden), Police Officers have no powers to detain them under the Mental Health Act 1983, and case law stipulates that the Mental Capacity Act 2005 is not intended to be used to remove a person from their own home for the purposes of obtaining an assessment under the Mental Health Act. Police Officers can only use the Mental Health Act in a public place and not a dwelling.

- 13.2.2** Where there are concerns for a person's physical health, the Ambulance Service should be contacted for support and removal to hospital if appropriate. This may include use of powers to force entry under s17 of the Police and Criminal Evidence Act 1984 (PACE) to protect life. Where necessary, Police Officers would support Ambulance staff to remove the person under s5 of the Mental Capacity Act 2005.

- 13.2.3** Where there are concerns in respect of safeguarding of any persons within the property that don't require immediate action, care and support, the necessary referral form should be submitted to MASH in respect to both adults and children. Where immediate action is required, officers will need to obtain advice/guidance in respect of the best course of action in respect of adults but can consider the removal of children under an emergency Public Protection Order.

- 13.2.4** Where a person's behaviour or hoarding activities constitute anti-social behaviour, then officers can liaise with local neighbourhood policing and their partners and in addition discuss the issues at local multi-agency problem-solving/risk management meetings to agree the best course of action.

- 13.2.5** Where the person has reported theft from the property or a burglary, this will be dealt with in line with current guidance to Police Officers, although ascertaining what has been stolen and obtaining evidence to

support an investigation may be hampered by the conditions both within and outside the premises of a person with hoarding behaviour.

**13.2.6** The Police will support other agencies when taking enforcement action based on the risk, threat and harm posed by the person's general behaviour and their anticipated behaviour in response to any enforcement action.

## 14.0 Hoarding Myths and Truths

**Myth:** Removing clutter and property will remove the issue of hoarding.

**Truth:** Large scale removals without the person with hoarding behaviour's permission do not work. Instead this is likely to have a long term negative impact on their mental health. The short-term, quick fix approach also does not deal with core issues. Large scale clean-ups, even with the person's permission may not work.

**Myth:** Fires in hoarding properties will behave in the same way as they do anywhere else.

**Truth:** Fires were contained to the room of origin in 90% of all residential fires. In hoarded homes, however, that percentage dropped to 40%, indicating that hoarded materials promote the spread of fire through a dwelling.

**Myth:** Hoarding only takes place in certain types of property.

**Truth:** Hoarding can be found in all property types. Hoarding in high rise premises pose very particular risks to the community and to fire fighters. Hoarding in privately owned residences creates some specific issues with regards to the application of legislation.

**Myth:** People with hoarding issues can't see all the stuff and dirt, they don't mind it.

**Truth:** People with hoarding behaviours can see the clutter but are able to mentally block it out mostly. This has been called clutter blindness. When a person does begin to recognize the problems, this can be a sign they are ready for change and help.

**Myth:** There is nothing we can do about it.

**Truth:** With the proper support, help and guidance, hoarding problems can be resolved.

**Myth:** People with hoarding issues love their belongings more than their family.

**Truth:** People with hoarding behaviours have a strong attachment to belongings for a range of reasons. This attachment is likely to be stronger than the average person's. The difficulty discarding is as a result of these complex issues but does not reflect that the person's love for those in their family is lesser. Simply that it is too difficult a process for the person to deal with.

**Myth:** People with hoarding issues are just dirty and lazy. It's a 'life-style' choice.

**Truth:** Usually just the opposite is true. In fact, people with hoarding behaviours have often undergone a traumatic experience and/or had a huge period of instability in their lives. Incorrect interventions can often cause further trauma because the relationship with the belongings acts as a coping mechanism, discarding

this haphazardly often results in retriggering of the trauma and/or escalation of the behaviours.

**Myth:** All people with hoarding issues have Obsessive Compulsive Disorder (OCD).

**Truth:** Hoarding Disorder has been classified by the American Diagnostic Statistical Manual (DSM) and is published in the International Classification of Diseases (ICD). A unique classification was seen to be necessary because interventions which have succeeded in OCD were not as effective treating hoarding behaviours.

**Myth:** People only hoard things at home.

**Truth:** Communal areas, gardens, storage spaces, friend's/neighbour's homes and vehicles can also be used. There is legislation in place, in regard to all but storage spaces, which would mean that belongings which created unacceptable clutter could be in breach of a range of laws. Hoarding in offices and other business premises is not uncommon and can lead to blocked escape routes and increased risk of a fire.

**Myth:** Evicting people with hoarding issues teaches them a lesson and stops them hoarding again.

**Truth:** Being evicted is a traumatic experience and can create such anxiety for a person with hoarding issues that their tendency to hoard can increase. This too does not deal with the core issues. As such, it can be seen as simply shifting the problem.

**Myth:** People with hoarding issues don't like to talk about it.

**Truth:** There are currently support groups across the UK, although more support is needed. [Home - Hoarding Disorders UK](#)

**Myth:** All people with hoarding issues live in squalid conditions or own numerous pets or both.

**Truth:** Most people with hoarding issues do not live in unhygienic conditions, nor are they animal hoarders.

**Myth:** Every room in a hoarder's home is packed full of stuff.

**Truth:** People with hoarding tendencies may have parts of their home which are less cluttered or live with people who aren't hoarders and who do what they can to keep parts of a home tidy.

**Myth:** People with hoarding tendencies are uneducated and have lower levels of intelligence.

**Truth:** Hoarding is found within all populations.

**Myth:** Everyone with lots of clutter is a hoarder.

**Truth:** Just because someone owns lots of stuff or lives in a cluttered home, doesn't necessarily mean they're a hoarder.

## 15.0 Procedures

Any organisation or individual that is concerned about an adult who is exhibiting Hoarding behaviours should follow the Hoarding Pathway ([Appendix 4](#)).

### 15.1 Assessment and screening

**15.1.1** An assessment using the **Hoarding risk assessment and referral tool** ([Appendix 5](#)) needs to be carried out by the most appropriate agency depending on the nature of the concerns. In most instances, this is the agency who is involved and working with the individual who you consider has hoarding behaviours. **In cases where it is not clear which agency should lead, the default position will be the local authority to take the lead role in identifying the most appropriate agency to address the hoarding behaviour.** In all circumstances you should discuss the concerns identified with your safeguarding lead who is expected to assist with this process and convening a multiagency meeting.

If the person requires a [Care Act](#) assessment the Local Authority carries the duty to assess, as long as the person is in agreement and has capacity to consent.

Refusal of assessment ([Section 11 Care Act 2014](#))

An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment. However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, abuse or neglect. Where the adult who is or is at risk of abuse or neglect has capacity and is still refusing an assessment, local authorities must undertake an assessment so far as possible and document this. They should continue to keep in contact with the adult and carry out an assessment if the adult changes their mind, and asks them to do so.

Assessments can also be carried out jointly on an interagency basis. This must be informed by the views of individuals themselves, wherever possible and practicable as well as by the views of carers and / or relatives where appropriate to consider level of risk. In situations where there is a carer, a carers assessment should be offered.

**15.1.2** Specialist input may be required to clarify certain aspects of the adult's functioning and risk. This includes considering the request for a Mental

Health Act assessment where this appears to be appropriate. Another example would be a referral for psychological input. Where there are concerns about mental capacity, a mental capacity assessment must be considered at an early stage in relation to their ability to make informed decisions regarding the risks identified and specific to the person understanding the risks and decisions to be made.

- 15.1.3** Building a positive relationship with individuals who hoard is critical to achieving change for them and ensuring their safety and protection. It is also key to maintaining the kind of contact that can enable interventions to be accepted with time.
- 15.1.4** It may be necessary to work creatively and across job roles in some instances to maximise engagement. For example, if the adult has developed a trusting relationship with one professional but declines the intervention of other agencies, that one professional may be guided by colleagues to ask other questions or assess other risk aspects that are pertinent to their respective roles pending further attempts at engagement
- 15.1.5** Consider all members of the household when assessing needs and risks as in some cases, more than one family member may be at risk and need an assessment in their own right.
- 15.1.6** Addressing hoarding requires time and patience; improvements often take time to come to fruition, sometimes weeks, months or even longer. Short-term preventative interventions are unlikely to succeed so professionals will need to allow flexibility in such cases.
- 15.1.7** It is **NOT** enough or appropriate to solely write a letter offering intervention or asking the adult to make contact. People who hoard are unlikely to respond to written correspondence. Use a method of communication, which is best suited to the individual taking into account any and all of their communication needs.
- 15.1.8** See [Appendix 1](#) for examples of questions to ask during an assessment.

## **15.2 Consider appropriate procedure to respond to the risk**

- 15.2.1** There may be occasions when it is appropriate to follow another procedure to coordinate all or some aspects of the issues identified.
- 15.2.2** In Kirklees there is a separate [Self-neglect Multi-Agency Policy and Guidance](#) to assist practitioners working with situations of self-neglect, but in any situation a person centred response is required. If there are elements of both hoarding and self-neglect, then the self-neglect pathway should be followed and the hoarding behaviour will be addressed as part of the self-neglect procedures and multi-agency involvement.

- 15.2.3** Where the adult is exhibiting Hoarding behaviours and the ability to make the relevant informed decisions is in question, the principles of the [Mental Capacity Act](#) must be followed.
- 15.2.4** If there are any child protection or child in need concerns these must be referred to [Children's Services](#) and if there is an adult at risk in the household and their care and support needs are being affected by the hoarding, a referral should be made to [Adult Social Care](#) as a matter of urgency.
- 15.2.5** If other processes are considered more appropriate to use to support the individual, the hoarding procedures may be ended at this point and all issues handed over to the practitioner/service taking responsibility for addressing the hoarding as well as the other concerns. This must be clearly documented to evidence the handover of responsibilities if this is the case.
- 15.2.6** Depending on the level and nature of the risks identified, consideration may be given to the work of other agencies and practitioners being carried out in parallel with the hoarding procedures.

## **16.0 The approach to take**

- 16.1** The complexity of hoarding behaviour, especially the fact that it tends to be rooted in anxiety disorders, it is important that the approach taken to tackle the issues that the behaviour raises is person centred. A person centred and strengths based approach should always be taken. People who hoard may find it difficult to engage with agencies and professionals and therefore this approach may take some time to build up a level of trust with the person.
- 16.2** The person with hoarding behaviour may well not respond favourably to a simple clearance of their property. Such action is likely to be extremely upsetting for them and could exacerbate any mental ill health and add to their stress.
- 16.3** Clearing items is unlikely to be a solution in the longer term. The way forward is by providing sensitive support and working with the person to make positive changes. Other agencies may also need to be involved ([See Appendix 7](#)) below about multi-agency meetings and action planning).
- 16.4** Once a hoarding concern has been raised the most appropriate agency needs to carry out an assessment as directed below. The assessment could be completed on a joint agency basis depending on the individual's circumstances.
- Assess the level of clutter - using the Clutter Image Rating (CIR) tool ([see Appendix 3](#)). Take photographs where able to and if consent is given to do so as supporting evidence.
  - Assess the risks using the Guidance Questions, and the Multi-agency risk assessment and referral tool ([see Appendices 1-5](#))
  - Assess the Hoarding Insight Characteristics of the person with hoarding

behaviour ([see Appendix 2](#))

## 16.5 Depending on the results of these assessments then do the following:

For CIR score 1-3:

- Provide advice to the person about risks and safety, ask for fire safety advice from West Yorkshire Fire and Rescue Service
- Complete an action plan based on the results of the CIR, risk and hoarding insight characteristics assessments.
- If you are concerned about the potential safety of or risk posed by hoarding related behaviours to a child or adult at risk, you must make a referral to [Adult](#) or [Children's Social Care](#) in case safeguarding measures need to be implemented.

For CIR score 4-9:

- Instigate a multi-agency meeting with the relevant agencies present. The main agencies and the types of action they may take are listed in [Appendix 7 Relevant Agencies and Responses](#).
- Complete an action plan based on the results of the CIR, risk and hoarding insight characteristics assessments. The action plan, and when it will be reviewed, will be agreed at the multi-agency meeting and a next meeting date will be arranged.
- If you are concerned about the potential safety of or risk posed by hoarding related behaviours to a child or adult at risk, you must make a referral to [Adult](#) or [Children's Social Care](#) in case safeguarding measures need to be implemented.

## 17.0 Referral process

An assessment using the hoarding risk assessment and referral tool ([Appendix 5](#)) should be used.

If the screening scores green (low risk) in all domains, the agency involved should continue with intervention as appropriate and continue to monitor for changes in risk indicators. If the risk increases, following support, a review of the risk must be made using the hoarding risk assessment and referral tool and a Multi-agency meeting convened.

**It is the responsibility of the agency involved to pull together a Multi-disciplinary Meeting. The lead agency to be agreed in the first meeting.**

If the screening scores orange (medium risk) but no red (high risk) in any domain, pull together a Multi-agency meeting with all relevant parties (and/or carers) to determine levels of risk and agree a hoarding support plan. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency.

Review 6 weekly to monitor level of risk and continue with multi-agency response.

If the screening scores red (high risk) in any domain, complete hoarding risk assessment and referral tool. Pull together an urgent Multi-agency meeting with all relevant parties (and/or carers) to determine levels of risk and agree a hoarding support plan.

**IF** adult safeguarding concerns are identified the concern must be referred to adult safeguarding team for S42 enquiry and the [West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Policy and Procedure](#) will be followed.

**N.B.** If the multi-disciplinary meeting determines higher or lower risk than when first referred, change to and follow the appropriate pathway

If it is determined that the person has unmet care and support needs under the Care Act, then you must refer to the [Kirklees Community Health and Social Care Hub](#) for Adult Social Care to carry out a person led assessment. It is considered good practice to gain the person's or their advocate's consent when referring in. If the person does not give consent, then you should consider following the [Kirklees Self-neglect Multi-agency Policy and Practice Guidance](#).

## 18.0 Multi-agency meetings and action planning

**18.1** Hoarding behaviour significantly impacts on the person's daily life and the circumstances in which they live. This Framework recognises that a multi-agency approach is often best for the person, the property and the community because it will deliver the most comprehensive, consistent and personalised action to resolve or adjust the hoarding behaviour and will avoid duplication of agency effort and potentially wasted resources.

**18.2** Multi-agency meetings will identify the lead agency, be documented and agree an action plan which contains goals and timescales. It is the responsibility of the agency involved to pull together a Multidisciplinary Meeting. The lead agency to be agreed in the first meeting. All parties involved will agree their role. The action plan needs to be informed by the person with the hoarding behaviour, taking into account their views about how changes can realistically be achieved and risks reduced. Ideally the person will be present at the meeting. The plan will take account of the time needed to build trust to maximize the likelihood of success. The action plan should be agreed by the individual to indicate their agreement to it and their willingness to accept support and engage with the relevant agencies.

The idea is to work in a sensitive way with the person to enable them to engage in agreeing a realistic plan. If the person will not engage then the professionals concerned will need to agree a plan which will continue to try to engage the person and which in cases of significant health and safety risk could include enforcement of actions without the person's agreement, but this is a last resort. (See sections 11, 12 and 13). The plan will include a realistic pace of change/reduction in the amount of hoarded items. The priority must always be mindful of health and safety in relation to the wellbeing of the person and their neighbours, so these risks must be dealt with as a matter of priority. A longer timescale is acceptable for lesser risks.

**18.3** Priority risks are for example: combustible items piled up near the central heating boiler, items blocking exit routes, routes to the toilet and washing facilities and essential appliances such as the cooker, items covering electrical sockets and switches (This list is not exhaustive).

**18.4** The lead agency is responsible for checking progress with the person against the plan and, as necessary, arranging reviews with the multi-agency group and ideally with the person present, where further actions can be agreed to make progress.

**18.5** Note that the forms of intervention may differ between tenanted and individual owned properties. Social landlords have employees that are responsible for housing management, including working with residents with anti-social behaviour. Social care and support organisations may be involved delivering support or personal care to people who are renting their home or own it, and at least their involvement in monitoring the hoarding issue should be sought, if they cannot do more to encourage the person to modify their behaviour. Likewise, friends, relatives and supportive neighbours may be helpful in negotiating changes in behaviour, supporting the person to make the changes

and monitoring the situation and raising issues.

**18.6** The types of Personal Protective Equipment (PPE) recommended should also be noted in the action plan. Relevant PPE should be worn as required to suit the conditions when supporting an individual to clear items from their home. The types of PPE commonly used are:

- Protective suit
- Disposable gloves
- Safety boots (with soles that provide protection against injury from sharp objects)
- Air filter mask
- Eye protection
- Respirator
- Alcohol hand gel

Partners should refer to their own guidance around PPE.

**18.7** A multi-disciplinary meeting may be required when the risk has been identified as low risk (green) to support the person. It is the responsibility of the agency involved to pull together a Multidisciplinary Meeting. The lead agency to be agreed in the first meeting.

A multi-disciplinary meeting must be arranged when the risk has been identified as moderate risk (amber) or high risk (red) to support the person.

**18.8** The principles for arranging a multidisciplinary meeting are to consider:

- Capacity and consent
- Indications of mental health issues
- The level of risk to the adult's physical health
- The level of risk to their overall wellbeing
- Risk of tenancy or mortgage breach
- Effects on other people's health and wellbeing including impact on children and adults at risk
- Serious risk of fire
- Serious environmental risk e.g. destruction or partial destruction of accommodation
- Support planning / Risk enablement plan / forward plan

**18.9 Suggested membership** (this list is not exhaustive)

Adult and their representative(s)/advocate(s)  
West Yorkshire Fire and Rescue Service  
Yorkshire Ambulance Service  
Primary, Acute and Community Health Care Services  
Hospital Trusts  
Adult Social Care Services  
Children's Services  
Environmental Health  
West Yorkshire Police

Strategic Housing  
Kirklees Homes and Neighbourhoods / Housing provider / Social Landlord  
Community Wardens and Community Safety  
Care Agencies  
Community/Voluntary Sector/ Community Networks  
Own organisation legal services

## 19.0 Guidance for multi-disciplinary meeting:

The multi-disciplinary meeting is collaboratively owned by participating agencies operating in Kirklees. The meeting should be chaired by the most appropriate agency.

A multi-disciplinary meeting should be chaired by the agency with the most involvement/knowledge/likely intervention with the adult. All relevant agencies should be invited (See appendix 8 for details), and there is an expectation that a deputy or at minimum a written report is sent where the main contact is unavailable (for example, a chronology of involvement).

This agency maintains lead responsibility for the multi-disciplinary process until the point of exit. If all attendees at the multi-disciplinary meeting have agreed that the process should cease. This must be clearly documented with defensible decision making to evidence the handover of responsibilities if this is the case.

In exceptional circumstances in situations where the identifying agency / person (i.e. neighbour) is unable to convene and lead a Multidisciplinary meeting then Kirklees Adult Social Care can assist with convening the meeting and making arrangements such as venue, chairing and minute taking and will make arrangements to involve the individual concerned using the most appropriate agency to support them.

- Every effort must be made to engage with the individual and to enable them to communicate their views to the meeting
- If the individual does not wish to attend the meeting, representatives will need to consider how their views and wishes are to be presented at the meeting e.g. by the appointment of a formal invitation extended to an informal advocate
- Participants from all agencies identified should attend the meeting with an understanding of their responsibilities to share relevant information in order to reach an agreement on the way forward
- It is important to ensure that any actions agreed comply with legislation and statutory duties. Legal representation at the meeting may need to be considered to facilitate discussions around relevant legal options. This may include application to the Court of Protection where there are concerns about mental capacity or to the High Court (Inherent Jurisdiction)

where the individual is believed to be mentally capacitated.

- An action plan should be developed and agreed by members of the meeting. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency
- The chair of the multi-disciplinary meeting will ensure clarity is brought to timescales for implementing contingency plans, so that where there is legal and professional remedy to do so, risk is responded to and harm is reduced/prevented.

**NB:** The chair is not responsible for ensuring that identified action points are correctly followed up. It is the responsibility of the lead practitioner/ each agency representative to ensure identified actions are implemented and followed up.

#### 19.5 Outcomes of the meeting will include the following:

- An action plan - including plans and escalation process
- Agreement of monitoring and review arrangements and who will do this
- An agreement of a communication plan with the individual / other key people involved
- An agreement regarding which agency/ies will take the lead in the case
- An agreement of any trigger points that will determine the need for an urgent multi-agency review meeting or referral to the [Risk Escalation Conference \(REC\)](#).
- If all attendees at the multi-disciplinary meeting have agreed that the process should cease this must be clearly documented with defensible decision making to evidence the handover of responsibilities if this is the case.

**19.6** The person at the centre of the concern will be informed, irrespective of the level of their involvement to date, using a method of communication which is best suited to the individual taking into account any and all of their communication needs. It will set out what support is being offered and / or is available and providing an explanation for this. Should this support be declined, it is important that the individual is aware that, should they change their mind about the need for support then contacting the relevant agency at any time in the future will trigger a reassessment. Careful consideration will be given as to how this written record will be given, and where possible explained, to the individual.

#### 19.7 **Multi-disciplinary review meeting**

The multi-disciplinary meeting may decide to set a further meeting to bring professionals back for the purpose of revisiting the original assessments,

particularly in relation to the individual's current functioning, risk assessments and known or potential rates of improvement or deterioration in:

- The individual,
- Their environment, or
- In the capabilities of their support system.
- Decision specific mental capacity assessments will have been reviewed and are shared at the meeting. Discussion will need to focus upon contingency planning based upon the identified risk(s).

**19.8** It may be decided to continue providing opportunities for the individual to accept support and monitor the situation. Clear timescales must be set for providing opportunities and for monitoring and who will be involved in this.

**19.9** Where possible, indicators that risks may be increasing will be identified and that will trigger agreed responses from agencies, organisations or people involved in a proactive and timely way.

**19.10** A further meeting date will be set at each multi-agency review until there is agreement the situation has become stable and the risk of harm has reduced to an agreed acceptable level.

**19.11** If agencies are unable to implement support or reduce risk significantly, the reasons for this will be fully recorded and maintained on the individual's file, with a full record of the efforts and actions taken. In these circumstances, Legal advice should be considered on a case by case basis

## **20.0 Risk Escalation Conference (REC)**

**20.1** The Self-Neglect and Hoarding Risk Escalation Conference supports agencies in their work to try to lower and manage risk for both residents and their immediate neighbours, where partners feel they have exhausted internal mechanisms for managing the risk or where more formal consultation with colleagues from other agencies would enhance their response.

**20.2** The REC is collaboratively owned by participating agencies operating in Kirklees and chaired by a nominated senior officer in attendance dependent on the presenting circumstances.

**20.3** The REC will consider case presentations for situations which have already been considered within partner agencies' risk assessment processes and/or the Self-Neglect/Hoarding multi-disciplinary meeting and significant risk remains.

**20.4** If referring to the Risk Escalation Conference, the referral criteria should clearly outline the progress that has already been undertaken by the MDT and the reasons why a referral is being made. Please [see section 8.9](#) in relation to Mental capacity. Reasons for referring may include:

- a) Lack of progress identified at the multi-disciplinary 6 weeks review meeting
- b) Public safety remains a concern
- c) Lack of partnership engagement
- d) Disagreement on deployment of resources

**N.B.** Partner agencies will remain responsible for delivering services to the people with whom they are in contact. This is not a means of handing over responsibility or closing down a case. The Self-Neglect and Hoarding Risk Escalation Conference will support agencies in their work to lower and manage risk for both residents and their immediate neighbours, where partners feel they have exhausted internal mechanism for managing the risk or where formal consultation with colleagues from other agencies would enhance their response.

Please see the separate Self-Neglect and Hoarding [Risk Escalation Conference Terms of Reference](#) on the Kirklees Council website for full details.

## 21.0 Record keeping, information sharing and confidentiality working it out in practice

- 21.1 The identified lead agency coordinates information gathering and determines the most appropriate actions to address the concerns. The key principles of information sharing and confidentiality are laid out in the Care and Support Statutory Guidance (issued under the Care Act) Updated 2018 (section 14.187 to 14.191) which outlines the importance of obtaining informed consent, but if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk. If children are at risk, no consent is required and you need to refer to [concerns about a child](#).
- 21.2 Where an adult has refused to consent to information being disclosed (section 14.188) or consent cannot be established for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm).
- 21.3 In certain circumstances, it will be necessary to exchange or disclose personal information which will need to be in accordance with the law on confidentiality and the Data Protection Act 1998 where this applies.

Information sharing within these procedures should be in line with the principle of information sharing contained in [Section 9](#) of this Hoarding Guidance, which will ensure information gathered at this stage is to inform:

- Decision making regarding whether further multi-agency information sharing is required
- The completion of an initial Risk Assessment and ensuring any urgent actions are carried out. E.g. Contacting emergency services, West

Yorkshire Fire and Rescue Service, completing safety checks and where necessary seeking urgent medical intervention

- Where there are concerns about the individual's ability to make informed decisions due to a mental disorder or ill health, consideration must be given to carrying out a Mental Capacity Assessment in relation to any decisions they may need to be made regarding their safety or the safety of others.

**21.4** Information gathering will aim to build an understanding of:

- i. any previous successful engagement with the individual
- ii. approaches that appeared to disengage the individual
- iii. an insight into the individual's wishes and feelings including previous wishes or life experiences that may inform a Best Interests decision
- iv. the views of anyone who has or has had contact with the individual including relatives and neighbours.

**21.5** When working with individuals who may be reluctant to communicate, the risk of miscommunication between agencies is greater than usual. It is important to ensure that all relevant information is available to those who undertake any assessments.

**21.6** Use information available as stated in (i) above of any previous successful engagement with the individual to facilitate direct communication with the individual if possible. This should be appropriate to the person's needs such as making use of interpreters for those who speak English as a second language or British Sign Language signers when required. This should ensure that the assessment would inform any actions to be taken and include the wishes and feelings of the individual (iii). The following key principles must be applied:

- ✓ Balancing individuals' rights and agencies' duties and responsibilities.
- ✓ All individuals have the right to take risks and to live their lives as they choose.
- ✓ These rights including the right to privacy will be respected and weighed when considering duties and responsibilities towards them.

**21.7** The principles will not be overridden other than where it is clear that the consequence would be seriously detrimental to their, or another person's health and wellbeing and where it is lawful to do so with the least restrictive option.

**21.8** The case record will include a complete and up to date summary record of the efforts and actions taken by all other agencies involved. Individual agencies will also need to keep their own records of their specific involvement.

**21.9** Accurate records that demonstrate adherence to this document and locally agreed case recording Policy and Operational guidance must be maintained.

## Practical Advice for Practitioners

### Appendix 1

#### Guidance Questions to ask the person when assessing risk at their property:

You may need to adapt questions to suit the person and sensitivity of the situation.

- How do you get in and out of your property?
- How safe do you feel living here?
- Does anyone else live here?
- Do you have regular visitors? children/grandchildren
- How is their health?
- Are they taking any medicines? what for
- Do they smoke or use oxygen?
- Any mobility issues? Any mobility aids they should be using but can't because of access issues?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen? How have you made your home safer to prevent this from happening again?
- (Where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards): How do you move safely around your home?
- Has a fire ever started by accident? How did it start? What happened?
- How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
- Do you ever use candles or an open flame to heat and light here or cook with camping gas?
- How do you manage to keep yourself warm? Especially in winter?
- When did you last go out in your garden? How safe do you feel to go out there? If not, why not?
- Are you worried about other people getting in to your garden to try and break-in? How worried are you? Has this ever happened?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Have you ever seen mice or rats in your home? Whereabouts? Have they eaten any of your food? Have you seen them upstairs?
- Can you prepare food, cook and wash up in your kitchen? How do you manage?
- Do you use your fridge? Can I have a look in it? How do you keep things cold in the hot weather?
- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Do you wash, bath or shower?
- Where do you sleep? Can you show me where you sleep? Can I see your upstairs rooms? (If there are any): Are the stairs safe to walk up?

- What do you do with your dirty washing?
- Are you able to change your bed linen regularly? When did you last change them?
- How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
- Are there any broken windows in your home? Any repairs that need to be done?
- Do you find it difficult to use some of your rooms because of the number of possessions you have? If so, which rooms?
- How do you feel about discarding things? How difficult or easy is it to discard thing, or recycle, sell, give away?
- Do you have any animals / pets at the property?

## APPENDIX 2

### Guidance on Hoarding Insight Characteristics

Use the guide below to describe the person's attitude towards their hoarding behaviour. This is useful for describing the issue to other relevant agencies and will be helpful to know when creating an appropriate action plan.

#### **Good or fair insight:**

The person recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The person recognises these behaviours as their own.

#### **Poor insight:**

The person is mostly convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The person might recognise a storage problem but has little self-recognition or acceptance of their own hoarding behaviour.

#### **Absent (delusional) insight:**

The person is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The person is completely accepting of their living environment despite the various risks to safety and health.

#### **Detached with assigned blame:**

The person has been away from their property for an extended period. The person has formed a detachment from the hoarded property and is now convinced a 'third party' is to blame for the condition of the property, for example a burglary has taken place, or it is the result of squatters or other household members.

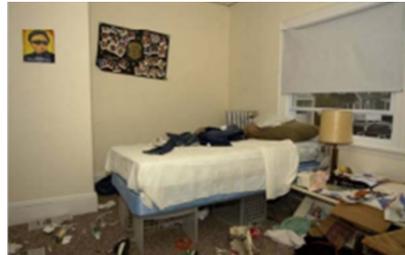
### Appendix 3

## Clutter Image Rating – Bedroom

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



1



2



3



4



5



6



7



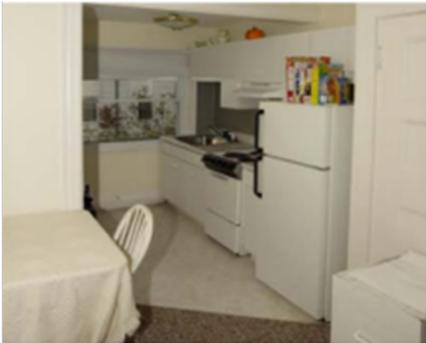
8



9

## Clutter Image Rating – Kitchen

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



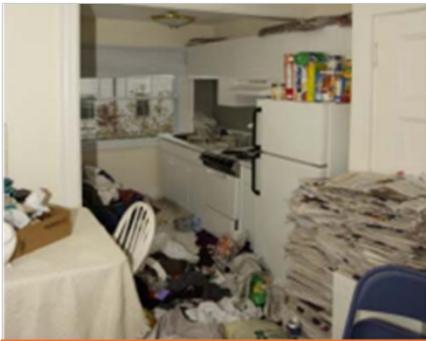
1



2



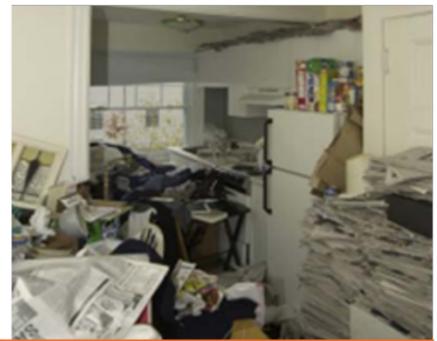
3



4



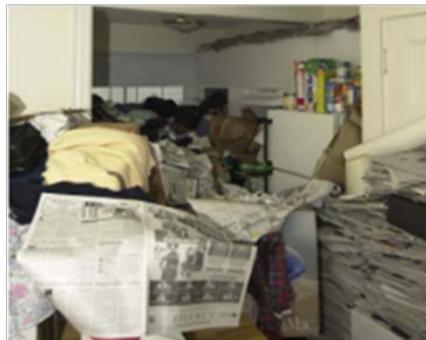
5



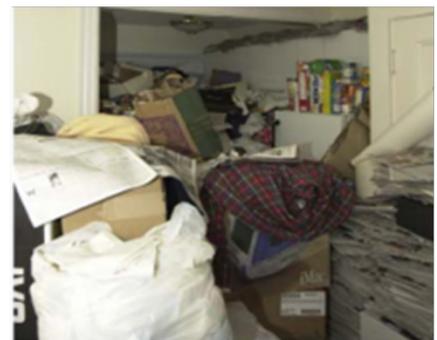
6



7



8



9

## Appendix 4: Hoarding pathway flowchart

### Good Practice Guidance

- Respond appropriately to any immediate risks
- Complete hoarding multi-agency risk assessment and referral tool (Appendix 5) to identify level of risk and harm and follow the appropriate pathway
- Discuss with Line Manager/Senior person/Safeguarding Lead in your organisation
- If adult safeguarding concerns of abuse/harm are identified, refer to [Kirklees Community Health and Social Care Hub](#) for consideration to raise a safeguarding referral
- Consider (and assess where appropriate) [Mental Capacity](#) (adhere to the MCA Code) Involve the adult in the decision making process as much as possible. Reasonable adjustments may have to be made for an individual with a cognitive impairment. Seek support from family and friends – do they need an Advocate?
- Consider any Early Intervention and Prevention [support available](#)
- Identify key individuals and agencies involved. Where possible seek consent to share information and work together (see section on information sharing/consent)
- Accurately record risks and actions taken
- Wherever possible inform the person of your concerns and if appropriate, seek consent to discuss the case with your line manager/senior person (see section on consent)
- Throughout your involvement with the individual continue to include them in any decisions being made.

### **Ensure you consider any risk to others, including children and other adults with care and support needs**

If you are concerned about the welfare of a child please contact Duty & Advice team 01484 414960 (professionals only)

If you are concerned about the welfare of another adult contact [Kirklees Community Health and Social Care Hub](#) / 0300 304 5555

If you are concerned about the welfare of animals in the situation, contact RSPCA 24 hour cruelty line 0300 1234999

## Hoarding Pathway

Concern identified that person has Hoarding Behaviours

Referrer speaks to person if appropriate and uses Hoarding Multi-Agency Risk Assessment and Referral tool ([appendix 5](#)) to assist when considering level of risk

If the level of risk outcome is in the **Green** domain indicating low risk, continue with your intervention as appropriate & continue to monitor for changes in risk indicators.

As appropriate offer advice, support and signpost.  
Please see [appendix 6](#) – Level 1 Multi-agency Actions.

If risk increases following support, re-assess using the Hoarding Multi-agency Risk Assessment and Referral tool and follow appropriate pathway. You can convene a multi-agency meeting with relevant partners for help and support at any point in this process.

If the level of risk outcome is in the **Orange** domain indicating medium risk but NO High risk (Red) in any domain, Complete Hoarding Multi-Agency Risk Assessment and Referral Tool ([appendix 5](#)) pull together a Multi-agency meeting with all relevant parties (and/or carers) to determine levels of risk and agree a hoarding support plan.

Please see [appendix 6](#) – Level 2 Multi-agency Actions.

Hold Multi-Agency Meeting and agree Action Plan. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency.

If multi-agency meeting determines higher or lower risk than first referred, change to and follow appropriate pathway.

Following Multi-agency meeting with no change to risk, a review should be completed every 6 weeks to monitor level of risk identified and continuing with multi-agency response. Update Action Plan.

If risk continues at same level or increases following support or multi-agency engagement is lacking, refer to the [Managing Professional Disputes Protocol](#) or refer to the REC

If the level of risk outcome is in the **Red** domain indicating High or Critical Risk complete Hoarding Multi-Agency Risk Assessment and Referral Tool ([appendix 5](#)). Pull together an urgent Multi-agency meeting with all relevant parties (and/or carers) to determine levels of risk and agree a hoarding support plan.

If there are adult safeguarding concerns identified, the concern will be referred to adult safeguarding team for S42 enquiry. Send completed risk assessment form to [Kirklees Community Health and Social Care Hub](#) requesting social care input. Follow Joint Multi-agency Safeguarding Adults Policy & Procedure

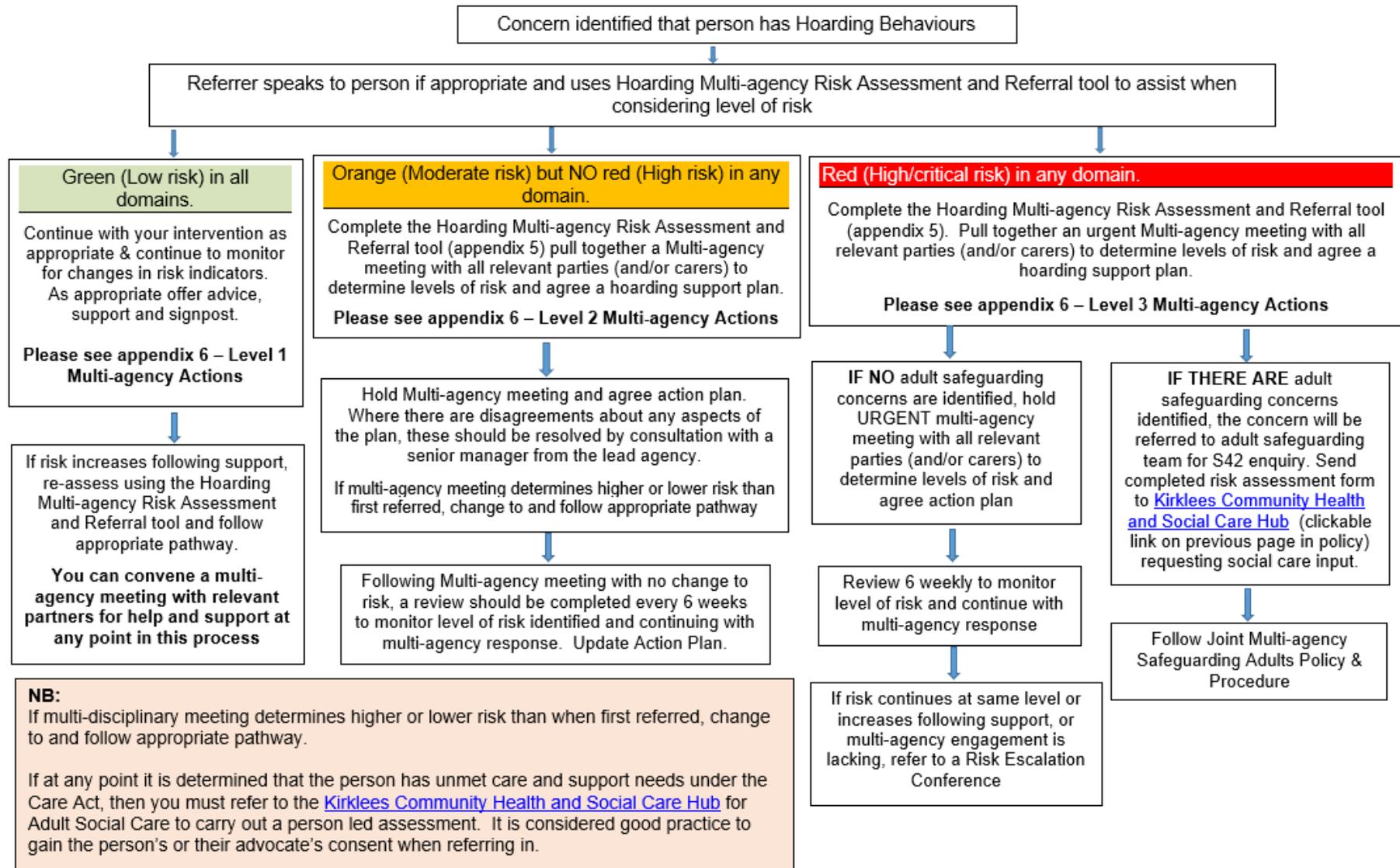
IF NO adult safeguarding concerns are identified, hold URGENT multi-agency meeting with all relevant parties (and/or carers) to determine levels of risk and agree action plan.

Review 6 weekly to monitor level of risk and continue with multi-agency response.

If risk continues at same level or increases following support or multi-agency engagement is lacking, refer to Risk Escalation Conference.

**If at any point it is determined that the person has unmet care and support needs under the Care Act, then you must refer to the [Kirklees Community Health and Social Care Hub](#) for Adult Social Care to carry out a person led assessment. It is considered good practice to gain the person's or their advocate's consent when referring in.**

## Hoarding Pathway Flowchart



## Appendix 5: The Multi-agency risk assessment and referral tool

The Multi-agency risk assessment and referral tool on the following pages is for guidance purposes and to be used to prompt discussion with the person and aide multi-agency professional planning and decision-making. The document can be used as an ongoing risk assessment tool and should be used when making a referral.

Please note that for those people who are accessing this document via the use of a screen reader, the following pages to the end of the document contain images of the risk assessment and referral tool and are marked as 'decorative'. You are able to [download this form](#) or print it off for support workers to assist in the completion of the form if required.

The score is for assessment purposes only and may be re-visited at any time to measure progress and prompt discussion with the person and other professionals.

**When using the risk assessment tool, consider whether the person has the mental capacity to understand the risk associated with their living condition. Also consider whether the person has capacity to execute changes to reduce the risk.**

**Please note:**

**Whilst an aid to decision making, it is essential to recognise that the use of the key indicator list and risk assessment and referral tool are not eligibility mechanisms in their own right.**

**There should always be the overlay of a sensitive application of professional judgement.**

**This Risk Assessment and Referral Tool must be completed in relation to the appropriate Clutter Image Rating (1-9) for each section.**

## Multi-agency Hoarding risk assessment and support tool

This screening tool needs to be completed by the person who is concerned about possible risk of hoarding. If hoarding is identified as an issue by the person working with an individual, this screening tool can be used to identify the level of risk and may be used to support a referral into adult social care.

Referrer Details			
Date of Assessment		Assessed by	
Organisation and Department			
Contact Details (Tel. and email)			
Client Details			
Name			Date of Birth
Address (including postcode)		Telephone No.	
Type of dwelling	Freeholder <input type="checkbox"/>	Leaseholder <input type="checkbox"/>	Tenant <input type="checkbox"/>
Name of landlord (if applicable)			
Other Residents <small>(Note: Consider Coercive and Controlling behaviour)</small>			
Dependants	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<b>(Please see additional sheet for Dependent details)</b>
Agencies known to be currently involved with this person <small>(Include statutory and non-statutory)</small>			
Capacity <small>Including Executive Functioning</small>	Does the person have capacity    Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No</b> please provide decision specific capacity assessment:		
Advocacy/others involved <small>(friends/family/Advocate)</small>			

<b>Consent</b> Obtained <input type="checkbox"/> Not obtained <input type="checkbox"/>		Reason for referral if consent <b>not</b> obtained (i.e. what is the level of risk?)	
Dependants		No <input type="checkbox"/>	Yes <input type="checkbox"/> <b>(Please enter details below)</b>
	<b>Name</b>	<b>Address (if different from client address)</b>	<b>Age (if known and relevant)</b>
Dependant 1			
Dependant 2			
Dependant 3			
Dependant 4			
Dependant 5			

PROPERTY STRUCTURE, SERVICES & GARDEN AREA		Rationale for this decision
<p><b>LOW identified risk (Clutter Image Rating 1-3)</b></p> <p>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.</p> <p><b>NO IDENTIFIED IMPACT ON THEIR HEALTH AND WELLBEING AT THIS TIME</b></p>	Clutter Image Rating 1-3 (LOW RISK identified)	<input type="checkbox"/>
	Hoarding Insight Characteristics - Good or fair insight ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>
	All entrances and exits, stairways, roof space and windows accessible	<input type="checkbox"/>
	Smoke alarms fitted and functional	<input type="checkbox"/>
	All services / utilities functional and maintained in good working order	<input type="checkbox"/>
	Garden is accessible, tidy and maintained	<input type="checkbox"/>
	Safe maintained hygienic conditions	<input type="checkbox"/>
	<b>Any other risks identified</b>	<input type="checkbox"/>
<p><b>MODERATE risk (Clutter Image Rating 4-6)</b></p> <p>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.</p> <p><b>RISK IS HAVING A NEGATIVE IMPACT ON THEIR HEALTH AND WELL-BEING</b></p>	Clutter Image Rating 4-6 (MODERATE Risk identified)	<input type="checkbox"/>
	Hoarding Insight Characteristics - Poor insight ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>
	Some entrances/ exits/ stairways, roof space and windows are blocked	<input type="checkbox"/>
	Smoke alarms are not installed or not functioning	<input type="checkbox"/>
	Concern that services / utilities are not well maintained/ easily accessible	<input type="checkbox"/>
	Garden is not accessible due to clutter, or is not maintained	<input type="checkbox"/>
	Evidence of indoor items stored outside	<input type="checkbox"/>
	Evidence of light structural damage including damp	<input type="checkbox"/>
	Interior doors missing or blocked open	<input type="checkbox"/>
<b>Any other risks identified</b>	<input type="checkbox"/>	
<p><b>HIGH/CRITICAL risk (Clutter Image Rating 7-9)</b></p> <p>Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a significant risk to the health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p> <p><b>RISK IS COMPROMISING AND IMPACTING ON THEIR HEALTH AND WELL-BEING AND RESULTING IN SIGNIFICANT OR LIFE-THREATENING HARM</b></p>	Clutter Image Rating 7-9 - (HIGH/CRITICAL RISK identified)	<input type="checkbox"/>
	Hoarding Insight Characteristics - Absent (delusional) insight/ Detached with assigned blame ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>
	Limited access to the property due to extreme clutter/ Major exits blocked	<input type="checkbox"/>
	Whole rooms inaccessible, exits blocked, windows not able to be opened	<input type="checkbox"/>
	Extreme clutter may be seen at windows	<input type="checkbox"/>
	Extreme clutter may be seen outside the property	<input type="checkbox"/>
	Evidence of indoor items stored outside	<input type="checkbox"/>
	Garden not accessible and extensively overgrown	<input type="checkbox"/>
	Utilities cut off /Services not connected or not functioning properly/ access blocked	<input type="checkbox"/>
	Smoke alarms not fitted or not functioning	<input type="checkbox"/>
	Property lacks ventilation due to clutter	<input type="checkbox"/>

	Evidence of structural damage or outstanding repairs including damp	<input type="checkbox"/>	
	Interior doors missing or blocked open	<input type="checkbox"/>	
<b>Any other risks identified</b>		<input type="checkbox"/>	

<b>HOUSEHOLD FUNCTIONS</b>		<b>Rationale for this decision</b>	
<p><b>LOW identified risk (Clutter Image Rating 1-3)</b></p> <p>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.</p> <p><b>NO IDENTIFIED IMPACT ON THEIR HEALTH AND WELLBEING AT THIS TIME</b></p>	Clutter Image Rating 1-3 (LOW RISK identified)	<input type="checkbox"/>	
	Hoarding Insight Characteristics - Good or fair insight ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>	
	No excessive clutter, all rooms can be safely used for their intended purpose	<input type="checkbox"/>	
	No additional unused household appliances appear in unusual locations around the property	<input type="checkbox"/>	
	Property is maintained within terms of any lease or tenancy agreements where appropriate	<input type="checkbox"/>	
	Property is not at risk of action by Environmental Health	<input type="checkbox"/>	
	Safe maintained hygienic conditions	<input type="checkbox"/>	
	<b>Any other risks identified</b>		
<p><b>MODERATE risk (Clutter Image Rating 4-6)</b></p> <p>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.</p> <p><b>RISK IS HAVING A NEGATIVE IMPACT ON THEIR HEALTH AND WELL-BEING</b></p>	Clutter Image Rating 4-6 (MODERATE Risk identified)	<input type="checkbox"/>	
	Hoarding Insight Characteristics - Poor insight ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>	
	Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose	<input type="checkbox"/>	
	Clutter is causing congestion between the rooms and entrances	<input type="checkbox"/>	
	Inconsistent levels of housekeeping throughout the property	<input type="checkbox"/>	
	Some household appliances are not functioning properly and there may be additional units in unusual places / or inaccessible	<input type="checkbox"/>	
	Property is not maintained within terms of lease or tenancy agreement where applicable	<input type="checkbox"/>	
	Evidence of outdoor items being stored inside / indoor items stored outside	<input type="checkbox"/>	
<b>Any other risks identified</b>		<input type="checkbox"/>	
<p><b>HIGH/CRITICAL risk (Clutter Image Rating 7-9)</b></p> <p>Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a significant risk to the health of the</p>	Clutter Image Rating 7-9 - (HIGH/CRITICAL RISK identified)	<input type="checkbox"/>	
	Hoarding Insight Characteristics - Absent (delusional) insight/ Detached with assigned blame ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>	
	Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose	<input type="checkbox"/>	
	Beds inaccessible or unusable due to clutter or infestation	<input type="checkbox"/>	
		<input type="checkbox"/>	

<p>householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p> <p><b>RISK IS COMPROMISING AND IMPACTING ON THEIR HEALTH AND WELL-BEING AND RESULTING IN SIGNIFICANT OR LIFE-THREATENING HARM</b></p>	Entrances, hallways and stairs blocked or difficult to pass	<input type="checkbox"/>	
	Toilets, sinks not functioning or not in use	<input type="checkbox"/>	
	Resident at risk due to living environment	<input type="checkbox"/>	
	Some household appliances are not functioning properly and there may be additional units in unusual places / or inaccessible	<input type="checkbox"/>	
	Resident has no safe cooking environment	<input type="checkbox"/>	
	Resident is using candles unsafely	<input type="checkbox"/>	
	Evidence of outdoor items being stored indoors / indoor items stored outside	<input type="checkbox"/>	
	No evidence of housekeeping being undertaken	<input type="checkbox"/>	
	Broken household items not discarded e.g. broken glass or plates	<input type="checkbox"/>	
	Property is not maintained within terms of lease or tenancy agreement where applicable	<input type="checkbox"/>	
	Property is at risk of notice being served by Environmental Health	<input type="checkbox"/>	
<b>Any other risks identified</b>		<input type="checkbox"/>	

<b>HEALTH AND SAFETY (including animals and pests)</b>		<b>Rationale for this decision</b>	
<p><b>LOW identified risk (Clutter Image Rating 1-3)</b></p> <p>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.</p> <p><b>NO IDENTIFIED IMPACT ON THEIR HEALTH AND WELLBEING AT THIS TIME</b></p>	Clutter Image Rating 1-3 (LOW RISK identified)	<input type="checkbox"/>	
	Hoarding Insight Characteristics - Good or fair insight ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>	
	Property is clean with no odours (pet or other)	<input type="checkbox"/>	
	No rotting food	<input type="checkbox"/>	
	No concerning use of candles	<input type="checkbox"/>	
	Residents managing personal care	<input type="checkbox"/>	
	Quantities of medication are within appropriate limits, in date and stored appropriately	<input type="checkbox"/>	
	Clear access to rooms so activities of daily living can be carried out appropriately	<input type="checkbox"/>	
	Any pets at the property are well cared for	<input type="checkbox"/>	
	No pests or infestations at the property	<input type="checkbox"/>	
	No PPE required	<input type="checkbox"/>	
No visit in pairs required	<input type="checkbox"/>		
<b>Any other risks identified</b>		<input type="checkbox"/>	
<p><b>MODERATE risk (Clutter Image Rating 4-6)</b></p>	Clutter Image Rating 4-6 (MODERATE Risk identified)	<input type="checkbox"/>	
	Hoarding Insight Characteristics - Poor insight ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>	
	Offensive odour in the property (pet or other)	<input type="checkbox"/>	

<p>Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.</p> <p><b>RISK IS HAVING A NEGATIVE IMPACT ON THEIR HEALTH AND WELL-BEING</b></p>	Kitchen and bathroom are difficult to utilise and access	<input type="checkbox"/>	
	Resident is not maintaining safe cooking environment i.e. using camping stove	<input type="checkbox"/>	
	Evidence of non-maintained hygienic conditions (e.g. food preparation surfaces heavily soiled, lots of dirty dishes, obvious odours which irritate etc.)	<input type="checkbox"/>	
	Some concern with the quantity of medication, or its storage or expiry dates	<input type="checkbox"/>	
	Has good fire safety awareness with little or no risk of ignition	<input type="checkbox"/>	
	Resident trying to manage personal care but struggling	<input type="checkbox"/>	
	No risk to the structure of the property	<input type="checkbox"/>	
	Evidence of burns to the carpet , clothing etc.	<input type="checkbox"/>	
	Light infestation of pests (e.g. bed bugs, lice, fleas, rats) ( <a href="#">see section 11</a> )	<input type="checkbox"/>	
	Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent required	<input type="checkbox"/>	
	Is PPE required?	<input type="checkbox"/>	
<b>Any other risks identified</b>		<input type="checkbox"/>	
<p><b>HIGH/CRITICAL risk (Clutter Image Rating 7-9)</b></p> <p>Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a significant risk to the health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p> <p><b>RISK IS COMPROMISING AND IMPACTING ON THEIR HEALTH AND WELL-BEING AND RESULTING IN SIGNIFICANT OR LIFE-THREATENING HARM</b></p>	Clutter Image Rating 7-9 - (HIGH/CRITICAL RISK identified)	<input type="checkbox"/>	
	Hoarding Insight Characteristics - Absent (delusional) insight/ Detached with assigned blame ( <a href="#">Appendix 2</a> )	<input type="checkbox"/>	
	Human urine and excrement may be present ( <a href="#">see section 11</a> )	<input type="checkbox"/>	
	Excessive odour in the property may also be evident from the outside	<input type="checkbox"/>	
	Rotting food may be present	<input type="checkbox"/>	
	Evidence may be seen of unclean, unused and or buried plates & dishes / unhygienic conditions	<input type="checkbox"/>	
	Broken household items not discarded e.g. broken glass or plates	<input type="checkbox"/>	
	Inappropriate quantities or storage of medication	<input type="checkbox"/>	
	Concern with the integrity of the electrics	<input type="checkbox"/>	
	Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics	<input type="checkbox"/>	
	Risk to the structure of the property	<input type="checkbox"/>	
	Concern for declining mental health	<input type="checkbox"/>	
	Evidence of previous fire or burns in the carpet, clothing etc.	<input type="checkbox"/>	
	Animals at the property at risk due the level of clutter in the property	<input type="checkbox"/>	
	Resident may not able to control the animals at the property	<input type="checkbox"/>	
Animals' living area is not maintained and smells	<input type="checkbox"/>		
Animals appear to be under nourished or over fed	<input type="checkbox"/>		

	Hoarding of animals at the property	<input type="checkbox"/>	
	Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) ( <a href="#">see section 11</a> )	<input type="checkbox"/>	
	Visible rodent infestation ( <a href="#">see section 11</a> )	<input type="checkbox"/>	
	Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent required	<input type="checkbox"/>	
	Visit in pairs required	<input type="checkbox"/>	
<b>Any other risks identified</b>		<input type="checkbox"/>	

<b>SAFEGUARD OF CHILDREN AND FAMILY MEMBERS</b>		<b>Rationale for this decision</b>	
<b>If you have ANY concerns about any children or other family members with Care and Support needs living in the property, consider referrals to the appropriate agency</b>	<a href="#">Children</a> <a href="#">Adults with Care and Support needs</a> <a href="#">Carers with carer needs</a>	<input type="checkbox"/>	
	<b>Any other risks identified</b>		

## Risk assessment and referral summary

Provide a cross in the relevant box below to indicate the highest level of risk recorded

<input type="checkbox"/>	No indicators higher than low risk
<input type="checkbox"/>	No indicators higher than moderate risk
<input type="checkbox"/>	<b>ANY of the indicators are of HIGH RISK</b>
Decision Making and Rationale	
Actions to be taken and by who	
Review date (review if any change of circumstances or minimum of 6 months)	

For any referral to Adult Social Care please contact Kirklees Community Health and Social Care Hub on 0300 304 5555. You will be asked to provide a copy of this completed assessment tool to support any referral. Send via [Contact adult social care services | Kirklees Council](#)

To report Adult Safeguarding: [Report an adult safeguarding concern | Kirklees Council](#)

## Appendix 6

### Level One: Multi-Agency Actions

Level 1	Actions
<b>Identifying Agency</b>	<ul style="list-style-type: none"> <li>• Discuss concerns with the Individual.</li> <li>• Refer to West Yorkshire Fire and Rescue Service for a Safe and Well home fire safety visit to provide fire safety advice.</li> <li>• If you have identified possible care and support needs, refer to Kirklees Health and Social Care Hub for assessment.</li> <li>• Refer to GP if appropriate</li> <li>• Refer to Mental Health if appropriate.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• No action.</li> </ul>
<b>Social Landlords</b>	<ul style="list-style-type: none"> <li>• Refer to GP if appropriate.</li> <li>• If you have identified possible care and support needs, refer to Kirklees Health and Social Care Hub for assessment.</li> <li>• Provide details of support streams open to the resident via charities and self-help groups.</li> <li>• Ensure residents are maintaining all tenancy conditions.</li> <li>• Refer for tenancy support if appropriate.</li> <li>• Ensure that all utilities are maintained and serviceable.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Make appropriate referrals for support to other agencies.</li> <li>• Refer to social landlord if the client is their tenant or leaseholder.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• West Yorkshire Fire and Rescue Service - Carry out a Home Fire Safety Visit if it fulfils Service criteria and share with statutory agencies.</li> <li>• West Yorkshire Police and Ambulance Service - Ensure information is shared with statutory agencies &amp; feedback provided to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• No action unless advice requested.</li> </ul>
<b>Safeguarding of Adults and Children</b>	<ul style="list-style-type: none"> <li>• Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point.</li> </ul>

## Level Two: Multi-Agency Actions

Level 2	<b>Actions</b> <b>In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCURRENCE</b>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Pull together a multi-agency meeting with all relevant partners.</li> <li>• Refer to landlord if resident is a tenant.</li> <li>• Refer to Environmental Health if resident is a freeholder.</li> <li>• Refer to West Yorkshire Fire and Rescue Service for a Safe and Well home fire safety visit to provide fire safety advice.</li> <li>• Provide details of garden services.</li> <li>• Refer to Kirklees Community Health and Social Care Hub for a care and support assessment.</li> <li>• Referral to GP.</li> <li>• Referral to debt advice if appropriate.</li> <li>• Refer to animal welfare if there are animals at the property.</li> <li>• Ensure information sharing with all necessary statutory agencies.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Carry out an inspection of the property utilising the referral form.</li> <li>• At the time of inspection, Environmental Health Officer decides on appropriate course of action.</li> <li>• Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004.</li> <li>• Consider Works in Default if notices not complied by occupier.</li> </ul>
<b>Social Landlord</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs.</li> <li>• Refer internally to assist in the restoration of services to the property where appropriate.</li> <li>• Ensure residents are maintaining all tenancy conditions.</li> <li>• Enforce tenancy conditions relating to residents responsibilities.</li> <li>• Ensure information sharing with all necessary statutory agencies.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Carry out an assessment of the property practitioners assessment tool</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>

<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• West Yorkshire Fire and Rescue Service Carry out a Safe and Well home Fire Safety visit, share risk information with Statutory agencies</li> <li>• West Yorkshire Police and Ambulance Service Ensure information is shared with statutory agencies &amp; feedback is provided to referring agency on completion of home visits via the referral form.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Educate client regarding animal welfare if appropriate.</li> <li>• Provide advice / assistance with re-homing animals.</li> </ul>
<b>Safeguarding Adults and Children</b>	<ul style="list-style-type: none"> <li>• Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point.</li> </ul>

### Level Three: Multi-Agency Actions

Actions	Level 3
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Pull together a multiagency meeting with all relevant partners.</li> <li>• If the individual does not meet the Safeguarding thresholds for a referral, consider contacting Social Care regarding possible care and support needs assessment.</li> <li>• Refer to West Yorkshire Fire and Rescue Service for a Safe and Well home fire safety visit to provide fire safety advice.</li> <li>• Refer to Environmental Health via the referral form.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Carry out an inspection.</li> <li>• At time of inspection, EHO decides on appropriate course of action.</li> <li>• Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949 or Housing Act 2004.</li> <li>• Consider Works in Default if notices not complied by occupier.</li> </ul>
<b>Landlord</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs.</li> <li>• Attend multi agency hoarding meeting.</li> <li>• Enforce tenancy conditions relating to residents responsibilities.</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Refer to “Hoarding Guidance Questions for practitioners”.</li> <li>• Complete Hoarding referral form</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• West Yorkshire Fire and Rescue Service- Carry out a Safe and Well home fire safety check - Check, share risk information with Statutory agencies and consider assistive technology.</li> <li>• West Yorkshire Police and Ambulance Service - Ensure information is shared with statutory agencies &amp; feedback is provided to referring agency on completion of home visits via the Referral form.</li> <li>• Attend hoarding multi agency meetings on request.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Remove animals to a safe environment.</li> <li>• Educate client regarding animal welfare if appropriate.</li> <li>• Take legal action for animal cruelty if appropriate.</li> <li>• Provide advice / assistance with re-homing animals.</li> </ul>

<b>Safeguarding Adults and Children</b>	Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point.
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## APPENDIX 7

### Relevant Agencies and Responses

<p><b>Acute Hospitals and NHS Community Bed settings</b></p>	<p>Community based therapists and nursing staff are often the first people to observe hoarding and self-neglect related problems. These professionals can be key to identifying triggers and changes which are then fed into the multi-disciplinary team. Therapists who work in acute wards may identify hoarding or self-neglect related behaviours when undertaking access visits or home visits to help inform the discharge planning process. Therapists can assess and report on how an adult's presenting needs and environment impacts on their overall ability to be safe at home and help determine the level of risk posed to the individual and others (family members, neighbours etc).</p> <p>Discharge planning should commence as soon as possible to support good communication and effective multi-agency working in order to reduce risks following discharge.</p> <p>If a patient is refusing medical treatment for their own sound reasons, the health care practitioner must make every effort to ensure that the person fully understands the risks of the refusal and continue supportive efforts to engage the person if appropriate.</p>
<p><b>Adult Social Care Services</b></p>	<p>In the majority of circumstances, the usual Care Act Assessment procedures will be the best route to provide an appropriate intervention. If assessed as having mental capacity to make informed decisions on the issues raised, then the person has the right to make their own choices. However, the social care practitioner must ensure that the person has fully understood the risk and likely consequences if they decline services. Involvement with the person should not stop at this point and efforts should be made to engage the person in the management of risks and to form a relationship with them to do this.</p> <p>If the person is assessed as not having the mental capacity to make the relevant decisions then care should be provided in line with "best interest" principles (s.4 MCA). If any proposed care package might amount to a deprivation of liberty, consideration must be given as to whether it would be necessary to obtain authorisation under the DoLS procedure or an order from the Court of Protection.</p> <p>Assessment of hoarding behaviours should be a holistic approach and professionals should use their Professional Curiosity to understand what might be contributing towards the hoarding behaviours.</p> <p>If there is an <u>immediate</u> concern for an adult's safety, call the police on 999</p>
<p><b>Ambulance Services</b></p>	<p>Ambulance staff are called to people's properties in emergency situations and often access parts of the property that other professionals may not ordinarily see. They are able to assess an individual's living environment and physical health and often raise concerns with Adult Social Care Services and General Practices (GPs). By its very nature, this is a brief observational assessment and may not give a holistic view.</p>

<p><b>Animal Welfare RSPCA</b></p>	<p>Animal hoarders own a high number of animals for which they may be unable to provide adequate standards of nutrition, sanitation, shelter and veterinary care. Hoarders often care about their animals deeply but may not see or understand that the living conditions could result in animal neglect. This neglect can involve cramped, poor living conditions and in extreme cases, result in starvation, illness or death.</p> <p>Animal hoarders are often in denial about their inability to provide appropriate care for their animals and typically believe that no-one else can care for their animals like they do. Sensitivity is vital as animal hoarders often hold the belief that if they seek help, or allow external intervention, their animals will be euthanised or taken away from them.</p> <p>Professionals can contact the RSPCA who can offer advice and assistance to improve animal welfare, including giving people time to make improvements to their standards of care. Where assistance is declined, or in extreme cases of neglect, the RSPCA can consider prosecution under laws such as the Animal Welfare Act 2006.</p>
<p><b>Children's Services</b></p>	<p>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. In particular, 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.</p> <p>The needs of the child at risk must come first and any actions taken must reflect this. Therefore, where children live in a property where there is an issue with safeguarding and/or hoarding, a referral should always be made to Children's Services.</p> <p>If there is an <u>immediate</u> concern for a child's safety, call the police on 999</p>
<p><b>Community Support</b></p>	<p>There is a wide range of support and guidance available in the community. Kirklees has a Community Directory where you can find local groups, events and things to do. With over 2,300 local community organisations, it's the most detailed and up-to-date directory of active <a href="#">community organisations in Kirklees</a>.</p> <p>In Kirklees, <a href="#">Community Plus</a> provides a short term intervention of four to six contacts where community based solutions are explored with the person which can prevent, reduce and delay dependence and demand on statutory social and health care provision. Kirklees Community Plus is about helping and supporting people and families who might be struggling to have a better life, including people at risk of hoarding, by connecting them with local resources, groups and individuals. Community Plus teams have a vast amount of knowledge about what support is available throughout Kirklees and how to access this support.</p>
<p><b>De-cluttering companies (Private sector)</b></p>	<p>There are a number of private companies and not for profit social enterprises who offer specialist deep cleaning, decluttering and garden clearance services. Their staff should be specially trained to understand the complexities of hoarding and how to respond appropriately in sensitive circumstances. This option should be considered as part of a co-ordinated multidisciplinary response, in cases where hoarding is apparent.</p> <p>If the individual is willing to resolve the situation by a deep-clean, it is unlikely that this is hoarding behaviours and an alternative process should be sought.</p>

<b>Domiciliary Care, Reablement, Intermediate Care</b>	<p>These services may be directly provided. Care agencies are commissioned by Adult Social Care Services, or self-funded by individuals to provide support to people in their own homes. Those providing the services have a role in both identifying people who self-neglect and hoard and in working with them.</p>
<b>Environmental Health</b>	<p>Environmental Health Services have 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 neighbouring premises.</p> <p>Environmental Health is a frontline agency in raising alerts and early identification of cases of self-neglect and/or hoarding. Where properties are verminous or pose a statutory nuisance, Environmental Health will take a leading role in case managing the necessary investigations and determining the most effective means of intervention.</p> <p>Where the individual is residing in conditions that only pose a threat to their own welfare, the powers available to Environmental Health may have limited or no effect. In cases involving persistent hoarders, the powers may only temporarily address and/or contain the problem. Therefore, utilising powers under public health legislation in isolation is often inappropriate due to the complexities of self-neglect and/or hoarding and it may not be the most effective use of resources, particularly where a coordinated approach could provide immediate protection of the individual and others or promote a long-term solution.</p>
<b>Fire Service</b>	<p>West Yorkshire Fire and Rescue Service is best placed to work with individuals to assess and address fire risk and to develop strategies to minimise significant harm caused by potential fire risks in the home.</p> <p>The Fire and Rescue Service will also raise alerts when called to or visiting addresses where significant risk is identified or where homes have damage because of a fire and the individual continues to live at that address.</p> <p>The Fire and Rescue Service will raise alerts, carry out Safe and Well visits and offer advice to individuals assuring them of the necessity and principles of fire prevention in the home. The Fire and Rescue Service have on occasion managed to enter a home for a referral where home access is refused to other services due to the trusted nature of their work.</p> <p><b>Contact</b>  0800 587 453  <a href="mailto:Kirklees.PreventionTeam@westyorkshirefire.gov.uk">Kirklees.PreventionTeam@westyorkshirefire.gov.uk</a></p>
<b>Housing - Private landlords/housing associations/registered social landlords</b>	<p>Private landlords/housing associations and registered social 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.</p> <p>The role of the landlord/housing association and powers afforded to them means that they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within multi-agency discussions.</p>

<p><b>Housing - Strategic Housing</b></p>	<p>Under Part 1 of the Housing Act 2004, housing departments 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).</p> <p>The housing department 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 either to the Justice of the Peace or local 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 power to serve a remedial action notice or emergency probation notice prohibiting the use of the property.</p> <p>There are also 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 these powers. However, 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 address any health and safety problems that are the result of the owner's actions.</p>
<p><b>Mental Health Services</b></p>	<p>Mental health services have a crucial role as for many individuals, hoarding or self-neglect are often the manifestations of an underlying mental health condition. Mental Health professionals may offer key insight into how best to intervene where the adult is hoarding or has a diagnosed mental health condition. Where relevant, powers conferred by the Mental Health Act 1983 (MHA) to Approved Mental Health Professionals (AMHP) enable the mental health service to take such steps as they consider necessary and proportionate to protect a person from the immediate risk of significant harm.</p> <p>If there is reason to believe there is a mental health concern, anyone with a mental health condition in Kirklees can be referred to a service through the single point of access. Urgent referrals should be made by phone and the referrer should speak to a practitioner from the team, followed up by a written referral. In most cases, referrals must be made with the service user's consent unless there is reason to believe their mental health poses a significant risk to the person or others. In such cases, workers should also consider calling emergency services. Where there is already a mental health team involved, it may be appropriate to make contact with the team directly to discuss the concerns.</p>
<p><b>Primary Health Services</b></p>	<p>In some cases agencies such as Adult Social Care or Housing may struggle to engage with the person with hoarding behaviours. However, primary health care services such as their GP, district nursing service etc. may have greater opportunity to engage with the person. GPs and district nurses often carry out home visits to people with care and support needs and may be the first people to notice a change in the person's home environment. Alternatively, failure to keep health appointments or to comply with medication may indicate self-neglect. See <a href="#">Self-neglect Multi-agency Policy and Guidance</a>. As well as raising alerts and providing information, primary health services can be very effective in forming a relationship with the person and in addressing underlying concerns.</p> <p>Primary health services should monitor those individuals who are engaged with their service and show signs of significant hoarding behaviours. Monitoring might include a regular check in with and offer of intervention to the person services are struggling to engage with. If deterioration is such that risks to the person or to others are assessed as high by the health professional then a multi-agency response will be required.</p>

<b>Police</b>	The police have powers of entry and so may be 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 serious damage to property; or to recapture a person who is unlawfully at large whilst liable to be detained.
<b>Utility companies/building and maintenance workers</b>	Utility companies/ building and maintenance workers have an important role in the identification of hoarding and self-neglect as they visit people's homes to read meters, carry out inspections or carry out building/maintenance work. Engagement of utility companies and other companies/workers who enter peoples' homes is therefore important so that reports of hoarding and self-neglect can be received and appropriate action taken.

## APPENDIX 8

### Agency Contact Information

West Yorkshire Fire and Rescue Service	<a href="mailto:Kirklees.PreventionTeam@westyorkshire.gov.uk">Kirklees.PreventionTeam@westyorkshire.gov.uk</a>
Kirklees Homes and Neighbourhoods (Lisa)	<a href="mailto:resident.firesafety@kirklees.gov.uk">resident.firesafety@kirklees.gov.uk</a>
Kirklees Homes and Neighbourhoods Dewsbury North Kirklees (Lee)	<a href="mailto:housing@kirklees.gov.uk">housing@kirklees.gov.uk</a>
Kirklees Housing Services (including Housing Solutions Service and Accessible Homes)	<a href="mailto:housing.solutions@kirklees.gov.uk">housing.solutions@kirklees.gov.uk</a>
Environmental Health	<a href="mailto:Pollution@kirklees.gov.uk">Pollution@kirklees.gov.uk</a> mark for the attention of Mark Chapman
Adult Social Care, Batley Town Hall (North Kirklees)	Awaiting information
Adult Social Care Huddersfield and Slaithwaite Locality Hub	Awaiting information
Mid Yorkshire Hospital NHS Trust	<a href="mailto:midyorks.safeguardingadultsteam@nhs.net">midyorks.safeguardingadultsteam@nhs.net</a>
Calderdale and Huddersfield NHS Trust	<a href="mailto:chft.safeguarding@nhs.net">chft.safeguarding@nhs.net</a>
West Yorkshire Police	<a href="mailto:kd.adultmash@westyorkshire.police.uk">kd.adultmash@westyorkshire.police.uk</a> – For Partners not for reporting matters
Locala	<a href="mailto:safeguardingteam@locala.org.uk">safeguardingteam@locala.org.uk</a>
South West Yorkshire Partnership NHS Foundation Trust Safeguarding Team	<a href="mailto:SafeguardingTeam@swyt.nhs.uk">SafeguardingTeam@swyt.nhs.uk</a>
Single Point of Access (SPA)	<a href="#">Single Point of Access (SPA)- Calderdale and Kirklees - South West Yorkshire Partnership NHS Foundation Trust</a>

## Contributors to the development of the document

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Kirklees Council – Housing Services
Kirklees Council – Environmental Health Services
West Yorkshire Fire & Rescue Service
South West Yorkshire Partnership NHS Foundation Trust
The Mid Yorkshire Hospitals NHS Trust
Calderdale and Huddersfield NHS Foundation Trust
Third Sector Leaders Kirklees

## Revision History

Date	Version	Status	Author(s)
June 2024	Version 1	Draft	Multi-agency – KSAB members
July 2024	Version 2	Draft	Multi-agency – KSAB members
Sept 2024	Version 3	Draft	Multi-agency – KSAB members
Dec 2024	Version 4	Draft Final	KSAB Managers and WYFRS

**Contact:** Kirklees Safeguarding Adults Board Manager

**Location:** [Link to place on website when completed and signed off](#)

## Actions

Required Actions	Date	Completed (y/n)
Multi-agency Hoarding Task & Finish group to check/amend	June 2024	Y
Second draft to produce and circulate for comment	July 2024	Y
Third draft to produce and circulate for comment	August 2024	Y
Fourth draft to produce and circulate for comment	December 2024	Y
Final draft to be agreed by Multi-agency Task & Finish Group	January 2025	Y
Present to Board for ratification	February 2025	Y
Deliver Multi-agency briefing highlighting key changes to policy	March/April 2025	
Upload to website and circulate to frontline staff and volunteers		

## Acknowledgements

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