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**Renfrewshire’s**

**Adults with Hoarding Behaviours Guidance**

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| --- | --- |
| **Contents** | **page** |
| [Introduction](#Introduction) | **3** |
| [Definition & Trauma Informed approach](#Definition) | **4 & 5** |
| [Types and Features of Hoarding](#TypesandFeatures) | **5 & 6** |
| [Information Sharing](#Informationsharing) | **7** |
| [Key Agencies, Roles, Responsibilities and Powers](#keyagencies)  [Human Rights](#humanrights) | **7 to 14** |
| [Capacity](#capacity)  [Self Determination versus Protection](#selfdetermination) | **14 to**  **15** |
| [Legislation and Guidance](#legislationandguidance) | **16 to 17** |
| [Risks – Individual/Community](#risks)- Using the Assessment Tools | **18 to 21** |
| [Reporting and Monitoring](#reportingandmonitoring) | **21** |
| **Appendices:** |  |
| [Multi Agency Hoarding Protocol Flow Chart](#FLOW) | **23** |
| [Clutter Image Rating Scale](#clutterimagebedroom) | **24 to 26** |
| [Clutter Image Rating Score: Assessment Tool](#clutterimagescalingassessmenttool) | **27** |
| Actions: [Level 1](#actionslevel1), [2](#actionslevel2) & [3](#actionslevel3). | **29 to 34** |
| [Hoarding Insight characteristics](#Insightcharacteristics) | **35** |
| [Guidance Questions for Practitioners](#Questions) | **36** |
| [Practitioners Hoarding Assessment (HA1)](#HA1) | **37 to 38** |
| [Useful Contacts](#usefulcontacts) | **39** |
| [Further Reading/ Resources](#Furtherresources) | **40** |

1. [**Introduction**](#Introduction)

This guidance will describe what is meant by hoarding, the types of behaviour exhibited and what the impact may be to the individual and those around them.

There are three broad approaches to addressing Hoarding Behaviour depending on the individuals involved, the issues and the level of risk.

* Single agency response.
* Formalised multi-agency complex case management (in this context called a Multi-agency Hoarding Protocol).
* Under Adult Support & Protection (Scotland) Act 2007.

This guidance will outline the risks to the individual and others, the steps that may be taken to mitigate these risks and outline the support available, both to the individual but also to the member of staff trying to assist an adult/tenant.

Appended to this guidance is a procedure which provides further details on the practical steps that should be taken once an adult with Hoarding Behaviours has been identified; and also includes references to helpful contacts and further reading.

This guidance has been developed by a multi-agency working group with representatives from the following areas:

* Renfrewshire Council
* Renfrewshire Health and Social Care Partnership
* Scottish Fire and Rescue
* Scottish Ambulance Service

**Who is this guidance for?**

A co-ordinated approach by a range of organisations are likely to be more effective than a single agency response, and a co-ordinated action have led to improved outcomes for individuals. As a result, there is an expectation that everyone engages fully in partnership working to achieve the best outcome for the person who hoards, while meeting the requirements and duties of individual agencies. It would be expected that Housing workers; Care at Home providers; Health workers- various disciplines; Children Services; Adult Social Care workers; Mental Health workers; in fact any organisation/ person that can get through the front door, could be considered part of the risk management plan; and may find this toolkit useful [(See key agencies section)](#keyagencies).

The message is that there does not always need to be an Adult Support and Protection investigatory process for different groups to work together, that multi-agency solutions that maximise the use of existing services and resources could be utilised and may reduce the need for compulsory solutions.

Depending on the level of risk, a multi-agency complex case management process (in this context called a **Multi-agency Hoarding Protocol Meeting**) could be instigated, which can often the best way to ensure effective information and communication, and a shared responsibility for assessing risks and agreeing an action plan.

**Purpose**

The purpose of this guidance is to:

* Create a safer and healthier environment for the individuals and others affected by hoarding behaviour, e.g. family, neighbours
* Develop a multi-agency pathway which will maximise the use of existing services and resources to try and reduce the need for compulsory solutions.
* To establish best practice and improve knowledge of legislation that relates to hoarding behaviour

1. **Definition**

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day function[[1]](#footnote-1). Pathological or compulsive hoarding is a specific type of behaviour characterised by:

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

In June 2018 the World Health Organisation (WHO) recognised hoarding as a medical condition. Hoarding is considered a mental disorder in itself but can also be a symptom of other mental disorders. Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered. **It is not simply a lifestyle choice.** The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

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

Those with hoarding disorder may be conscious of their irrational behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse and animals. Many people with hoarding disorder may be well-presented to the outside world, appearing to cope with other aspects of their lives quite well, giving no indication of what is going on behind closed doors.

Compulsive Hoarding Behaviour has been associated with health risks, impaired functioning, economic burden and adverse effects on friends and family members.

The tendency to hoard can also be a symptom of Diogenes syndrome (DS), a behavioural disorder associated with older people. Symptoms include living in extreme squalor, a neglected physical state, and unhygienic conditions. This can be accompanied by a self-imposed isolation, the refusal of external help, and a tendency to accumulate unusual objects.[[2]](#footnote-2)

Trauma has now been hypothesised by researchers as a contributing factor to compulsive hoarding, particularly Traumatic life events and early material.

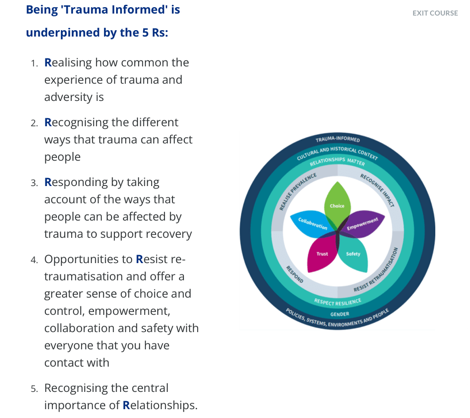


Image NES.Scot [Transforming Psychological Trauma](https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainingframework.pdf).

* 1. **Types and Features of Hoarding**

There are typically three types of hoarding:

* **Inanimate objects:** This is the most common. This could consist of one type of object or collection of a mixture of objects, such as clothes, newspapers, food, containers, or papers.
* **Animal hoarding:** This is on the increase and often accompanied with the inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.
* **Data hoarding:** This is a relatively new phenomenon. It could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

**General Characteristics of Hoarding**

* **Fear and anxiety:** compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person who is hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard the hoarded items can induce feelings varying from mild anxiety to 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 anxiety and fear.
* **Excessive attachment to possessions:** people who hoard may hold an inappropriate emotional attachment to items.
* **Indecisiveness:** people who hoard may struggle with the decision to discard items that are no longer necessary, including rubbish.
* **Unrelenting standards:** people who hoard will often find faults with others; requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks.
* **Socially isolated:** people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office-based appointments.
* **Large number of pets:** people who hoard may have a large number of animals that can be a source of complaint from neighbours. They may be a self-confessed rescuer of strays.
* **Mentally competent:** people who hoard are typically able to make decisions that are not related to hoarding. That said, hoarding is now considered a stand-alone medical disorder and can also be a symptom of other mental disorders.
* **Extreme clutter:** hoarding behaviour may prevent several or all of the rooms being used.
* **Self-care:** a hoarder may appear unkempt and dishevelled due to lack of useable toileting or washing facilities at their home. Some hoarders will use public facilities, in order to maintain their personal hygiene and appearance.
* **Poor insight:** hoarders typically see nothing wrong with their behaviour and the impact it has on them and others.
* **Churning:** hoarding behaviour can involve moving items from one part of the property to another, without ever discarding them.

***Other considerations***

* Forced clean-up is not an optimal response and rarely works in the longer term.
* Meaningful engagement is the most effective tool - trusted person to engage with to affect change.
* Where animal hoarding is involved, a psychiatric assessment is usually needed.
* Diogenes syndrome is linked to brain injury, anxiety and depression so assessment needs to be thorough.
* Recognition of the impact on other people.
* Multi-agency approach needed.

1. **Information Sharing**

Practitioners must understand the legislation underpinning information sharing which includes The [General Data Protection Regulation (GDPR)](https://gdpr-info.eu/); [The Data Protection Act 2018](https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted); [The Human Rights Act 1998](https://www.legislation.gov.uk/ukpga/1998/42/contents) and the [European Convention on Human Rights (ECHR](https://www.echr.coe.int/Documents/Convention_ENG.pdf)). Legislation supports lawful information sharing and should not be seen as a barrier.

This may include protecting someone from serious harm or preventing crime and disorder. The key factors in deciding whether or not to share confidential information are:

* Necessity – sharing is likely to make an effective contribution to preventing the risk, and;
* Proportionality – the public interest in sharing outweighs the interest in maintaining confidentiality.

***‘existing legislation does not prevent you from sharing and/or exchanging relevant information where you believe there are concerns about the protection of children, young people and adults at risk’*** [**(Renfrewshire Data Sharing Code)**](http://intranet.renfrewshire.gov.uk/media/5596/Data-sharing-code/pdf/Data_Sharing_Code_2021_-_Final.pdf?m=1640271278340)

1. **Key Agencies, Roles, Responsibilities and Powers**

**[Human Rights Act](#humanrights)**

The European Convention on Human Rights **places a duty on all public bodies** to act in compliance with human rights at all times. **There are some situations, however, where the Human Rights Act says it’s lawful for a public authority to interfere with an adult’s rights.**

A public authority can sometimes interfere with an adult’s rights if it’s in the interest of the wider community or to protect other people’s rights. These rights are **qualified.**

The following rights, which could relate to an adult with Hoarding Behaviours, are qualified:

* Protocol 1 – peaceful enjoyment of possessions.
* Article 8 - your right to respect for private and family life.
* Article 9 - freedom to **manifest** your religion or belief.
* Article 10  - freedom of expression.
* Article 11 - freedom of assembly.

A public authority can only interfere with a qualified right if it’s allowed under the law. It must also show that it has a specific reason set out in the Human Rights Act for interfering with your rights. The Act calls these reasons a **legitimate aim.**

Examples of legitimate aims include:

* the protection of other people’s rights
* national security
* public safety
* the prevention of crime
* the protection of health
* the right to be free from discrimination.

**Some rights can never be restricted. These rights are absolute. Absolute rights include:**

* **Article 2- Right to life.**
* **Article 3- The right not to be tortured or treated in an inhuman or degrading way.**

**It means public authorities must sometimes take positive steps to protect a person if their life is in danger.**

The ‘right to life’ can only be restricted when a *‘Do Not Attempt Cardiopulmonary Resuscitation’* decision is in place, following a medical professionals’ assessment, with the full involvement of the person and their family, as part of advanced care planning or a treatment plan.

Most contexts, where an adult is at risk of harm, will likely impinged upon the absolute right of ‘not to be to be tortured or treated in an inhuman or degrading way’.

**Consider these *absolute* rights if you are concerned as to whether your service has a legitimate basis to intervene in a person’s life.** Human rights should be seen as a tool for decision making, a means of resolving issues and improving service delivery.

In keeping with protecting Human Rights, the adult should be referred to an **advocacy support service.** This will ensure that an individual is empowered to represent his/her own interests or for the service to represents the views of an individual. Please see [useful contact](#usefulcontacts) section for details of an advocacy service.

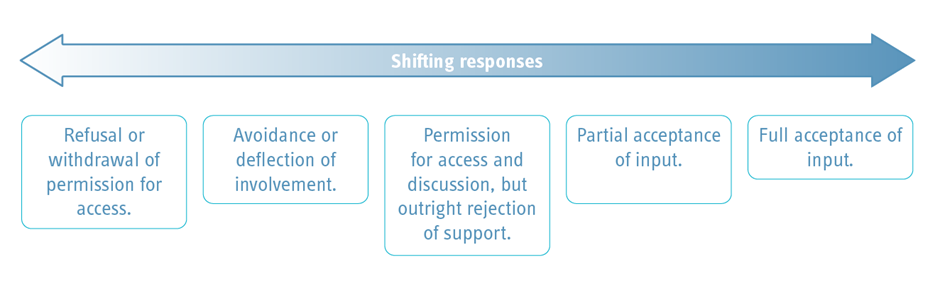
In many cases, an adult who hoards may be the cause of ongoing concern to several different organisations i.e. adult social care, fire services, housing services, health services etc. Given the complex and diverse nature of hoarding, a co-ordinated approach by a range of organisations are likely to be more effective than a single agency response, and a co-ordinated action have led to improved outcomes for individuals.

When it is appropriate to share information without the person’s consent, for example, if there is a vital interest of the adult or public interest, there is an expectation that all relevant agencies engage in full partnership working to achieve the best outcomes for the adult at risk. It is important that we are open and transparent and make people aware that we will share information when we suspect a child or an adult is at risk of harm. It is also important that you record any decisions to share or not to share information and your reasons for doing so.

Practitioners need to balance responsibilities around promoting dignity and delivering on duty of care, with respecting a person’s rights of autonomy and self-determination. This can provide a real challenge.

**Promoting engagement**

The most frequent concern raised by practitioners when working with adults who may hoard is the challenge when adults refuse to engage or accept services or accept them only intermittently. Providing support or intervention under these circumstances can be extremely difficult. Braye et al. (2015) display the difficulty of engagement due to a person’s changing response and engagement in the illustration below[[3]](#footnote-3):



All workers should attempt to build trusting relationships with the adult to empower them to agree to changes that will reduce the risks to them. This must include inviting them or their representative to attend or contribute to multi-agency meetings; this should include advocacy.

**Key Agencies and Roles**

It is recognised that hoarding is a complex condition and that a variety of agencies will encounter the same person. It is also recognised that not all the individuals who demonstrate Hoarding behaviours will receive support from statutory services such as Social Work or Mental Health Services.

Any professional/ agency working with individuals who may have, or appear to have, Hoarding Behaviour should ensure they complete the assessment tools to decide what action they take (see section on [using the assessment tools](#usingtheassessmenttools)).

The roles / perspectives of some key partners in relation to self-neglect and hoarding can be found below.

**Adovcacy**

People who hoard may not agree to engage with an advocate any more than they may agree to engage with any other professional. However, the need for advocacy should be considered and kept in mind. This is especially true if the person’s situation may lead to a statutory intervention. It is essential to ensure all efforts are made to ensure the adult is consulted with and included in discussions, and with concerns raised directly with them at the earliest opportunity ([see useful contact section](#usefulcontacts)).

**Renfrewshire Community Safety Partnership Hub**

Renfrewshire Community Safety Hub is a community safety partnership resource in Mill Street, Paisley where relevant partners work and are tasked and deployed jointly to deliver effective and efficient services that protect vulnerable people and communities across Renfrewshire. The Hub includes Wardens, Mediation, Investigation and enforcement services, Public Space CCTV and civil contingencies. It co-ordinates the relevant activities of partners covered by this ISP to ensure that communities, businesses, residents and individuals throughout Renfrewshire can go about their lives freely, safely and with confidence.

Renfrewshire Daily Tasking Process operates from the Community Safety Partnership Hub and reviews Police, Fire and other significant incidents or events over the previous 24-hour period. Information may be pro-actively disclosed to partners who attend the daily meetings where reasonable, appropriate, proportionate, and lawful to do so for effective and early intervention to tackle issues including antisocial behaviour, vulnerable adult and child protection concerns, to safeguard and protect vulnerable individuals and communities.

Incidents are disposed to the most relevant partner for them to apply early intervention.

Renfrewshire Community Safety Partnership       [rcsp@renfrewshire.gov.uk](mailto:rcsp@renfrewshire.gov.uk)

 Evidence of animal hoarding should at any level be reported to the SSPCA [(see useful contacts](#usefulcontacts)) as well as other relevant agencies.

 **Scottish Fire and Rescue (SFRS**)

(SFRS) is of importance where a person is hoarding items which may pose a risk of fire at the property, both by increasing the risk of fire and by impacting the ability to escape or be rescued from a house fire. Hoarding can also increase the risk to Firefighters attending a fire. They are more likely to be trapped or injured by falling piles of clutter and search and rescue may be impeded.

Some of these risks can be addressed and by discussing safety of the individual this can move the focus from the hoarding behaviour (and feelings of blame or shame) to strategies to safeguard them and result in more positive engagement.

While a person’s consent to involve SFRS should always be sought, it may be necessary to override the person’s wishes if they, or others, are risk of serious injury or death if a fire occurs.

Adults who Hoard should be brought to the attention of SFRS, so that they are aware if attending a fire in the property, steps can be taken to help reduce the risks such as clearing pathways and exits; helping draw up an escape plan; ensuring smoke alarms are installed and regularly tested. SFRS offers a free home safety visit to all people in Renfrewshire and will work closely with all partners to continue to promote fire safety and offer support in cases of hoarding and other fire safety issues.

SFRS recognises hoarding as a serious issue and have published guidance for their staff which includes an assessment tool. It is possible that joint working with SFRS may more effectively engage service users. On this basis it is important to develop links with SFRS representatives in order to raise awareness locally of how to refer to one another. Making this connection may also assist in exploring how working jointly with SFRS and a service user experiencing hoarding or self-neglect where a fire safety issue is apparent.

If the adult has mobility issues or uses medical oxygen, the SFRS need your help to identify them.

Referral on Website: <https://www.firescotland.gov.uk/your-safety/at-home/home-fire-safety-visit/>

Email: [W.ERRI.CommunityActionTeam@firescotland.gov.uk](mailto:W.ERRI.CommunityActionTeam@firescotland.gov.uk)

 **Police Scotland**

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. Police action will depend on the concerns that they have for the person(s).

Police have a statutory duty under the Adult Support and Protection (Scotland) Act 2007 to refer any adult who may be at risk of harm and to cooperate with council ‘duty to inquire’, in line with local policies and procedures. This means accurately recording any concerns under the category ‘Adult Concerns’ so that reports and relevant information can be shared with relevant partners.

**Landlord Services and Housing**

Each housing situation will vary depending on the type of tenure. Tenants who are in social rented accommodation will generally have an allocated housing officer in the associated Local Authority or Housing Association, who should be consulted.

For owner-occupiers or tenants in the Private Rented Sector, housing support will be a lot more complex.

Tenancy Agreements and Housing Legislation require local authority housing to be kept in a “reasonable state of cleanliness” and for the condition of the house or common parts not to have “deteriorated because of the fault of you, your sub-tenant or somebody in your household”. If the Local Authority finds this to be the case, through Section 14 of the Housing (Scotland) Act 2001, Schedule 2, an individual can be evicted.

**Housing enforcement** could focus on how the Hoarding Behaviour is impacting on the fabric of the property or affecting the neighbours and will range from:

* housing officer visits; guidance and support to people who are in need, to avoid them losing their tenancy; alongside clear messages about what can occur if people do not cooperate, such as court applications.
* verbal warning; referral to housing support; referral to partner agencies, including ASP; request facilities to assist in clearing a property and recharge tenant (may not transfer tenant to temporary accommodation in instances where property is unsuitable for habitation).
* Housing enforcement within owner-occupied properties and Private Rented Sector properties would rest with Environmental Health.

**Housing Professionals such as Housing Officers and Property Maintenance Teams** are in a key position to be able to identify early indicators of hoarding behaviour, support the individual to access help, and avoid eviction. As a result, it is essential that housing professionals take a multi-agency approach. This involves seeking to meaningfully engage with the tenant and explore all alternative avenues other than eviction.

**Environmental Health**

In cases where hoarding is severe and there are risks to the occupant’s health from filthy or verminous premises, or their living conditions are becoming a nuisance to neighbours, advice from the council’s Environmental Health should be sought and joint working should take place.

The main legislation used by Environmental Health in these circumstances is the Environmental Protection Act 1990 relating to statutory nuisances. Under the Environmental Protection Act, local authorities have a duty to inspect their areas for statutory nuisances and take reasonable steps to investigate any complaints of statutory nuisance. If satisfied that a statutory nuisance exists, authorities shall serve an [abatement notice](https://scotland.shelter.org.uk/professional_resources/legal/housing_conditions/using_the_environmental_protection_act_1990) on the person responsible.

The definition of a statutory nuisance is contained within Section 79 (1) of the Act. Properties affected by hoarding issues may fall within the following categories:

* 79(1a) any premises in such a state as to be prejudicial to health or a nuisance.
* 79(1c) fumes or gases emitted from premises so as to be prejudicial to health or a nuisance.
* 79(1e) any accumulation or deposit which is prejudicial to health or a nuisance.
* 79(1f) any animal kept in such a place or manner as to be prejudicial to health or a nuisance.
* 79(faa) any insects emanating from premises and being prejudicial to health or a nuisance

A reasonable timescale would be given to comply with the notice but where the notice is not complied with then the local authority may take the necessary steps to abate the nuisance and recover reasonable expenses incurred in doing so.

There are potentially other legislative routes via the Prevention of Damage by Pests Act 1949, or the Public Health etc (Scotland) 2008 Act (Part 3) as detailed in section 8 below.

It must be borne in mind that, unless conditions are severe enough to warrant immediate action, enforcement should ideally be a last resort in these instances. As already stated, forced clean-ups are not an ideal response and rarely work in the long term with hoarding recurring in the majority of these instances. In addition, clean-ups can create strong feelings of loss, anger, or severe emotional distress resulting in a breakdown of trust and communication/engagement from the occupant. An initial multi-agency response to attempt to address the mater informally is therefore the desired route in these cases.

Tel: [0300 300 0380](tel:0300%20300%200380)

Email: [e-prot.es@renfrewshire.gov.uk](mailto:e-prot.es@renfrewshire.gov.uk)

**Care at Home providers**

Care agencies, which are commissioned by Renfrewshire Council to support adults in their own homes, also have a role in both identifying people who hoard and in supporting them. It is anticipated that Care at Home staff should be guided by a member of their senior team; and a representative, with appropriate seniority, should attend the Multi-agency Hoarding Protocol meeting or AS & P meeting (either in person or virtual), when Care at Home is involved with an adult with Hoarding Behaviour.

**Adult Social Care Services**

Adult Social Care will be the lead agency regarding eligibility for care and support services, but, depending on the level of risk associated with the Hoarding Behaviour, Adult Social Care may not be the lead agency associated with managing the Hoarding Behaviour risks, as this may be the organisation with greater knowledge of the risks and/or a stronger relationship with the adult e.g. Housing or if known to another team e.g. CMHT.

If the adult meets the three point criteria for AS&P, and if the Hoarding Risk assessment process (in forthcoming section) indicates critical for hoarding risks, the first multi-agency meeting will be coordinated by Social Work under AS & P. It is essential that all agencies work in partnership to address the risks posed to the adult, acknowledging that this could be long term work.

All efforts to engage with the adult should be made by use of persistence practice/interventions to develop trusting and consensual relationships to achieve change.

**Mental Health Services (MHS)**

MHS may have a role within any aspect under this guidance (recognising, referring, responding e.g. attending a Multi-agency Hoarding Protocol meeting or an AS & P process; and managing risks) not least because, for many individuals, hoarding behaviour may be the manifestations of an underlying Mental Health Condition. In cases involving an adult open to a MHS, the health practitioner should work in partnership with the other agencies to assess and respond to the hoarding risks. This could be through offering expert advice around best clinical practice and they should be included within discussions or meetings. MHT’s have a role and can provide specialist mental health services where there is a suspected or identified mental illness, which requires intervention under the Mental Health (Care & Treatment) (Scotland) Act 2003.

**Primary Care**

Community nursing services can provide support around management of clinical issues (weight, skin integrity etc.)

In addition to this, practitioners could also consider the legislative supports that may be available through joint work with colleagues from Environmental Health, Housing and Public Health, depending upon the circumstances (see legislation section).

Environmental Health

Housing Providers

Housing Options

Renfrewshire Health and Social Care Partnership

NHS

Police Scotland

Primary Health Care

Acute Health Care

Drug/alcohol/homelessness partners?

Utility Companies?

Domiciliary Care Providers

1. **Capacity**

The [Adults with Incapacity (Scotland) Act 2000](https://www.gov.scot/publications/adults-with-incapacity-act-principles/#:~:text=The%20Adults%20with%20Incapacity%20(Scotland,or%20all%20decisions%20for%20themselves.) provides the means to protect those with incapacity, for example through financial and welfare guardianship. Mental capacity is not a straightforward concept.

The five key principles of the Adults with Incapacity (Scotland) Act 2000 are used by professionals such as doctors and social workers, as well as people who have been granted Welfare powers under Power of Attorney or Guardianship, to help them make sure that all decisions made are in the person’s best interests. The principles also act as a guide for anyone who is involved in the life of someone who may need support. The principles are:

1. Any action taken must benefit the person and must be necessary.
2. The wishes of the person must be taken into account.
3. The option taken should always be the least restrictive one which has the desired effect.
4. Other relevant people must be consulted before a decision is made.
5. The person must be encouraged to use their own skills and develop new skills where possible.

When a person’s hoarding behaviour poses serious risk to their health and safety, professional intervention will be required. In Hoarding cases, the assessment of the person’s ability to make informed choices requires the assessing worker to gather evidence and input from as many sources as possible. Legally capacity is assumed but hoarding & self-neglect **may** indicate the need for a clinical assessment of capacity to be made, especially where there are critical risks associated with the person’s circumstances.

Capacity is a complex area and it may, therefore, be worth considering the definition of incapacity, when ‘forming a view’ about someone, perhaps paying particular attention to the criteria under the [Adults with Incapacity (Scotland) Act 2000, Section 1 (6) (a)](https://www.legislation.gov.uk/asp/2000/4/section/1). This could assist in considering someone’s ability to carry out plans; how they articulate during an assessment; or their ability to act in an emergency, perhaps where clutter leads to fire. In turn this may assist practitioners to consider any impact these factors may have upon someone’s capacity to understand the need for support.

**Self Determination versus Protection**

In situations where the adult has capacity to make informed decisions on the issues raised but refuses to engage and concerns continue to escalate, it may be necessary to consider whether relevant legislation would allow intervention against the adult’s expressed wishes. Such situations might include:

* Serious concerns for physical or mental health and wellbeing are adversely affected daily, e.g. risk of death through fire; could be around weight, as kitchen clutter might be impeding their ability to prepare food.
* When a services usual way of engaging with the adult at risk has not worked and no other options appear available.
* An intervention is being considered using statutory powers.

Overlooking or dismissing these degrees of risk is not an acceptable solution and does not absolve any agency from their duty of care or professional responsibility under preservation of Human Rights. The agency should risk assess and determine what intervention needs to be considered, in accordance with the relevant legislation (see section below).

Using the included assessment tools should help decide what steps to take.

If the adult’s ongoing refusal means that it has not been possible to undertake an assessment fully; or the conclusion of the assessments is that the adult refuses to accept the provision of any care and support, the multi-agency case recordings should always be able to demonstrate that all necessary efforts and actions have been taken to carry out an assessment and/or implement the support that is required, reasonable and proportionate in all the circumstances. This should include recording what steps have been taken to involve the adult.

There may a point where all non-compulsory options have been exhausted and the use statutory powers to reduce or remove the risks will have to be considered. All the efforts and actions taken by the agencies to assist the adult at risk should be fully recorded.

The risks must be shared with the person to ensure they are fully aware of the consequences of their decisions, including the risk of death.

1. **Legislation and Guidance**

Knowledge of frameworks for intervention, either when the individual lacks capacity or where expressed wishes are overridden because grounds for lawful removal are met, is important. The legal rules on intervention, involving mental health and mental capacity, human rights and information sharing, public health and social care legislation can be complex and may require consultation with the legal department.

Legislation that may apply:

* [**The Adult Support and Protection (Scotland) Act 2007**](https://www.legislation.gov.uk/asp/2007/10/contents)

*Introduces a duty for Councils to make inquiries where it is known or believed that an adult may be at risk of harm and that protective action may be required. The Act gives the Council the lead role in adult protection investigations in all settings, including in NHS and care home premises.*

* [**Mental Health (Care and Treatment) (Scotland) Act 2003 - Section 33**](https://www.legislation.gov.uk/asp/2003/13/contents)

*Sets out duties in relation to people with mental disorders who are subject to ill-treatment or neglect. The acts cover people whose disability or illness is adversely affecting their ability to protect themselves and who are subject to harm, exploitation or neglect.*

* [**The Adults with Incapacity (Scotland) Act 2000**](https://www.legislation.gov.uk/asp/2000/4/contents)

*Provides the means to protect those with incapacity, for example through financial and welfare guardianship. Mental capacity is not a straightforward concept. Lots of factors must be taken into account such as whether the person is at risk, as each individual case and person is different. The ‘right thing’ to do for one person, may not be the best way forward for someone else.*

* [**Environmental Protection Act 1990**](https://www.legislation.gov.uk/ukpga/1990/43/contents)

*Where a local authority is satisfied that a statutory nuisance exists, or is likely to occur or recur, the authority shall serve an* [*abatement notice*](https://scotland.shelter.org.uk/professional_resources/legal/housing_conditions/using_the_environmental_protection_act_1990) *on the person responsible imposing all or any of the following requirements—*

*(a)requiring the abatement of the nuisance or prohibiting or restricting its occurrence or recurrence;*

*(b)requiring the execution of such works, and the taking of such other steps, as may be necessary for any of those purposes.*

* [**Anti-Social Behaviour etc (Scotland) Act 2004**](https://www.legislation.gov.uk/asp/2004/8/contents)

*ASBO may be applicable but hard to enforce*

* [**Public Health etc (Scotland) 2008 Act**](https://www.legislation.gov.uk/asp/2008/5/contents) **(Public health investigations)**

***Section 20 of this legislation refers to public health incidents, the definition of which includes-***

*(a)any premises are or any thing in or on premises is infected, infested or contaminated; or*

*(b)there are reasonable grounds to suspect that any premises are or thing is so infected, infested or contaminated.*

*It would generally be Environmental Health, the Health Board or Public Health Scotland that would be the appointed competent persons in terms of this legislation.*

* **[Housing (Scotland) Act 2001 Act](https://www.legislation.gov.uk/asp/2001/10/contents)** (this act together with the tenancy agreement) gives Housing Services powers to address a hoarding.
* [**Public Health etc (Scotland) 2008 Act** (Part 3),](https://www.legislation.gov.uk/asp/2008/5/part/3) **(**Public health investigations)
* [**Prevention of Damage by Pests Act 1949 - Section 4**](https://www.legislation.gov.uk/ukpga/Geo6/12-13-14/55/section/4/1991-02-01#:~:text=(4)If%20on%20a%20complaint,carrying%20out%20of%20the%20work.) **Power of local authority to require action.**

A notice may be served on an owner or occupier of land where it is deemed necessary that steps should be taken for the destruction of rats and/or mice on the land. A reasonable period of time is given to undertake these steps which may include treatment and carrying out of any necessary structural repairs required to keep the land free from rats and/or mice. The local authority may undertake works in default if the notice is not complied with.

1. **Risks – Individual/Community-** **using the assessment tools & suggested actions.**

The following are nationally recognised risk assessment tools for Hoarding Behaviour.

The first part of the process is to use the  [Clutter Image Rating](#clutterimagebedroom) Scale: pick out the picture in each sequence which comes closest to the clutter in the living room, kitchen, and bedroom. This requires some degree of judgment because no two homes look exactly alike, and clutter can be higher in some parts of the room than others.

Whilst no images are provided for other rooms, please use the rating scale to identify other rooms that may be affected.

The scoring from this tool will indicate the initial level of risk and the process which should be initiated- as discussed below.

Following the above, the practitioner e.g. health professional; adult services staff; housing officer; should start the [HA1](#HA1) proforma, drawing on information in the [**Clutter Image Rating Score: Assessment/ scoring Tool**](#clutterimagescalingassessmenttool) to guide you on providing more descriptive detail of the extent of the Hoarding Behaviour specific to the adult. Examples of Assessment/ Scoring Tool Findings are provided for each level associated with the Clutter Image Rating Scale: [level 1](#examplesofassessementlevel1); [Level 2](#exampleassessmentlevel2); [Level 3](#exampleassessmentlevel3). This will be beneficial for the Multi-agency Hoarding Protocol Meeting or a meeting convened under AS & P.

In addition to using the Clutter Images, the [questions](#Questions) below could be used by practitioners, where possible or the situation allows, to support professional judgement where there are concerns about a person’s safety.

It is also useful to consider the adults insight into the presenting circumstances, using the [Hoarding Insight Characteristics](#Insightcharacteristics). This could be achieved by asking the adult which pictures they think represents the condition of their home, and then compare their perception with that of the practitioner’s.

All the information collated from using the above tools and discussions can be recorded in the Practitioners Hoarding Assessment [(HA1)](#HA1). Risk of harm should primarily focus on the risks to the adult, but include regard to the risk to other people, for instance; neighbours, professionals or visitors.

Some partner agencies already alert the Community Safety Hub of their concerns and should continue to do so under this guidance but may wish to consider referencing the information from application of the Clutter Image Rating Scale in their alert. The same could be suggested if they make a welfare referral under As & P.

Each level has suggested **Actions** for Single or Multi-agency working: [Level 1](#actionslevel1); [Level 2](#actionslevel2); [Level 3](#actionslevel3).

**Using the Clutter Image Rating Scale (CIRS) as an approach**

The starting point for all interventions is to encourage the person to do things for themselves. The CIRS could also initiate discussion of changes they might like to achieve. Using the numbers that have been chosen, the practitioner and the adult can look at whether they agree on the same level of clutter and if not, why not. An approach could be that they then together agree which room numbers the person would like their home to look like; and how they are going to work together to achieve this. This may be done by prioritising one room at a time, or one type of item they wish to remove. The use of photographs enables the adult to map and assess their own progress over time, encouraging the adult to reclaim their living space.

It is also helpful to support the adult to identify the people and networks that are important to them/relationships they are involved with and whether these individuals/networks can provide help with the risks to be managed.

***Clutter Image Rating Scale 1-3*** *indicate* ***Level 1:*** *Lower Level Risk/Harm - Identifiable risk factors that do not indicate imminent or significant harm to self or others. Suitable for single agency response.*

**Level 1: Low Risk**

This may include situations where existing information indicates that there are lower level risk factors present and that they are already being managed effectively by one or more practitioners. If a concern is identified as low risk, it is expected that the case is dealt with and managed by the most appropriate practitioner. Circumstances could include, but are not exclusive to:

* Reports that Hoarding Behaviour is occurring or possible, but where the potential impact and consequence is not considered to be significant or immediate.
* Unwillingness to engage with services, accept assessments or offers of support and/ or intervention, but where available information suggests little risk of significant harm;
* Non-compliance with medication, which is unlikely to result in significant harm.

**Level 2- Significant Risk/Harm** indicated from **Clutter Image Rating Scale 4-6**: Identifiable indicators of significant harm to self or others. *Emerging and actual issues with the property are identified and the individual needs assistance to address these.* ***It will be a requirement at this level for*** ***a referral to be made to Adult Services for a social care assessment, ideally with the individual(s) consent; and the case will be passed to the relevant practitioner to carry out this assessment; or to update an existing assessment, if the adult is already known.***

***The allocated practitioner should initiate a Multi- agency Hoarding protocol meeting, inviting relevant agencies e.g. Housing Officer for the adult’s area; SFRS; MHS- if known to them; and so on.*** The roles that each agency can perform have been described previously and a judgement should be made on which to involve in the Multi-agency Hoarding Protocol Meeting, when and for what purpose.

Although Adult Social Care will be the lead agency regarding eligibility for care and support services, but, Adult Social Care may not necessarily be the lead agency associated with managing the hoarding risks, as this may be the organisation with greater knowledge of the risks and/or a stronger relationship with the adult e.g. Housing or if known to another team e.g. CMHT.

**Level 2: Significant**

This may include situations where presenting circumstances indicate risks factors are present that place the adult at risk or others of significant harm through Hoarding Behaviour, including indicators of self-neglect, but available information indicates that risk level is not immediate and/or critical. This can include but may not be exclusive to:

* Multiple reports of concerns of self-neglect from multiple agencies.
* Behaviour which poses a fire risk to self and others.
* Lack of care or behaviour (refusal to take prescribed medication, lack of personal care, unsanitary/unhygienic lifestyle or living conditions, substance misuse, dietary disorder) to the extent that health and wellbeing deteriorate significantly e.g. pressure sores, wounds, dehydration, malnutrition, infection.
* Where information indicates a history of risk-taking behaviour or a prevalence of historical risk factors and there is a likelihood of reoccurrence;
* Unwillingness to engage with services, accept assessments or offers of support and/or intervention.

**Record the situation against the Practitioners Hoarding Assessment** [**(HA1)**](#HA1) **to provide a rationale.**

**If the adult does not consent to a referral for a social care assessment, they do not acknowledge there is a problem with their Hoarding Behaviour and/or are not open to receiving support to improve their circumstances; then it will be necessary to go straight to Level 3. Risk of harm should always be considered in terms of harm to the individual and of harm to other people, for instance, neighbours.**

***Level 3- Critical Risk/Harm*** *indicated from* ***clutter Image Rating Scale Images 7-9:*** *Imminent risk of serious harm to self or others, where the impact on wellbeing would be critical. Very real issues exist within, and possibly outwith, the property.*

*In these circumstances, a referral must be raised with adult/child protection, within 24-hour via:*

**ASeRT: 0300 300 1380 and the e-mail address is:** [**adultservicesreferral.sw@renfrewshire.gov.uk**](mailto:adultservicesreferral.sw@renfrewshire.gov.uk)

**Level 3: Critical**

This includes the most serious and challenging presenting circumstances, including but not exclusive to:

* Complex and high-level risk, including the potential for or possibility of death and/or serious injury because of the presenting risks and situation;
* A failure to seek/accept lifesaving services or medical care where required;
* Apparent lack of options available to protect the individual from risk/harm;
* Ongoing behaviour which is likely to continue.
* Where the demands of managing the risk may involve the commitment of resources that will require senior management oversight and approval;
* Possibility of heightened public awareness, scrutiny or media attention due to the high-profile nature of the circumstances.

As discussed in a prior section, if a person does not consent, an Adult support and Protection referral can still be.

1. **Reporting and Monitoring**

It is essential that all agencies involved, once a case enters the Multi Agency Hoarding Protocol Meeting for managing **Significant Risks** or when involved as partner agencies managing **Critical Risk** under AS & P procedures, notify their Senior Managers (above direct line manager level) within 24 hours of this decision being made. This will ensure that senior managers are aware and can support workers with significant and critical risk cases and assess any organisational risks.

For significant risk cases- The decision to initiate the Multi Agency Hoarding Protocol Meeting should be recorded on any referral paperwork; uploaded onto the agencies relevant information systems; and shared at the relevant multi agency meeting with partner agencies.

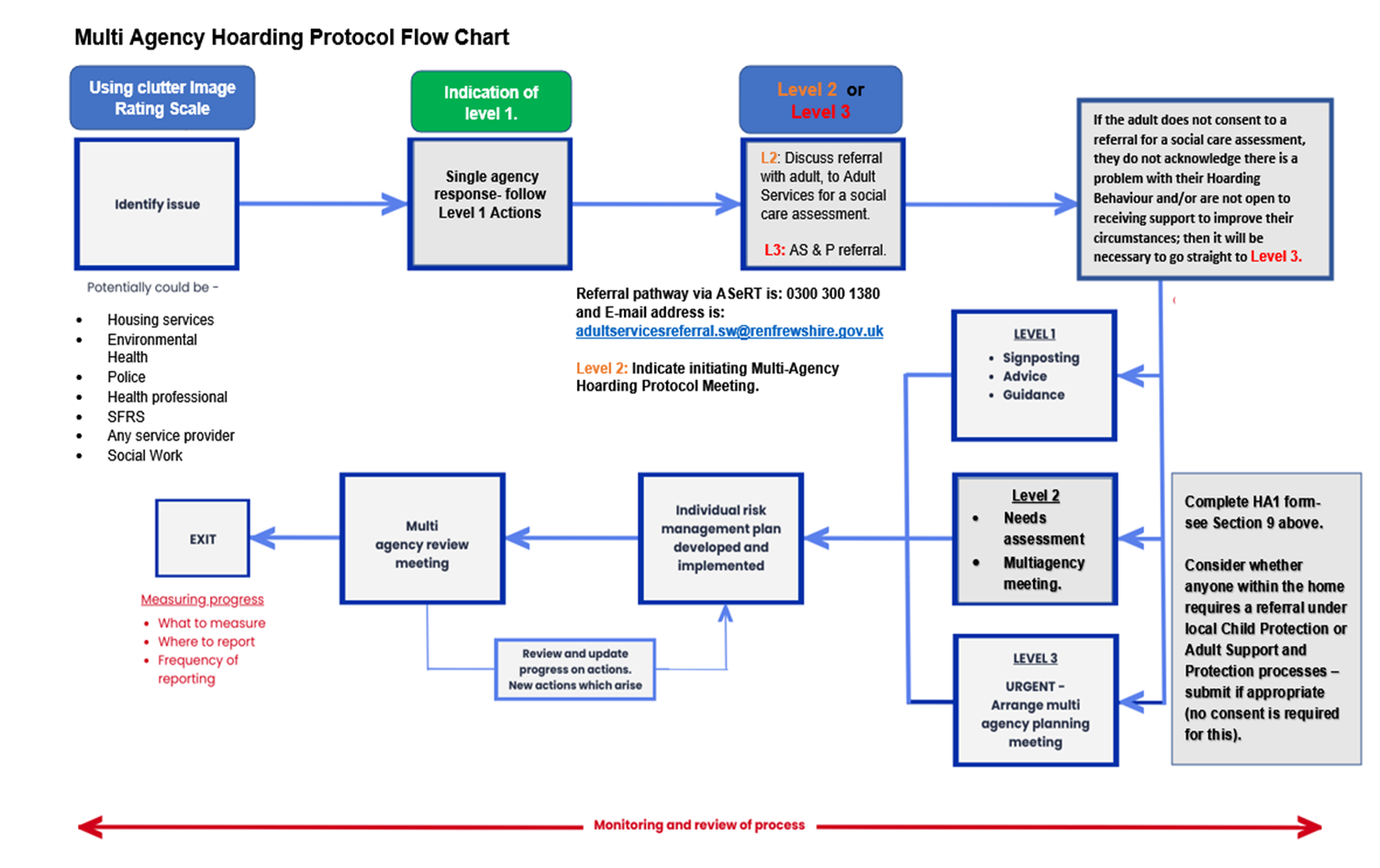
Review meeting minutes should also be uploaded onto the relevant information systems and shared with managers in involved organisations, in line with escalation processes. If senior managers are notified, they must be informed when a case leaves the Multi-agency Hoarding Protocol Meeting.

The review should involve a virtual or actual meeting with all of the agencies involved with the Multi Agency Hoarding Protocol Meeting to assess if:

* They have had any contact with the adult in the review period – if not, what attempts have been made to engage with the individual?
* The adult has accepted any elements of the individual’s Risk Management Plan. If yes, what elements and how frequently?
* The risks have increased – detail what has changed and rescore Practitioners Hoarding Assessment [(HA1)](#HA1).
* The risks have decreased – detail what has changed and rescore Practitioners Hoarding Assessment [(HA1)](#HA1).
* If the risks have increased and the contact decreased, an actual meeting may be necessary.
* The Review Meeting will revise the Risk Management Plan and set the next review date.

Exiting the Multi Agency Hoarding Protocol

* If/when the risk reduces, and the Clutter Image Rating Scale falls to Level 1, the process should be exited.
* At the point of exiting, there should be: a clear record of how the situation is to be monitored when and by whom.
* A clear pathway back into the process, should the situation deteriorate; & clarify what factors would constitute deterioration/ increase in risk (likely using the Clutter Image Rating Scale).



# Appendix 2- Clutter Image Rating Scale - Bedroom

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

A picture containing photo, cat

Description automatically generated

# Clutter Image Rating Scale - Lounge

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

****

# Clutter Image Rating Scale - Kitchen

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

**A picture containing cat

Description automatically generated**

**Clutter Image Rating Score: Assessment / scoring Tool** (to be used in conjunction with the clutter image rating scales).

|  |  |
| --- | --- |
| 1. **Property structure, services & garden area** | * Assess the access to all entrances and exits for the property. (Note impact on any communal entrances and exits). Include access to roof space. * Does the property have a smoke alarm? * Visual Assessment (non-professional) of the condition of the services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning, heating. This will help inform your next course of action. * Are the services connected? * Assess the garden, size, access and condition. |
| 1. **Household Functions** | * Assess the current functionality of the rooms and the safety for their proposed use e.g. can the kitchen be safely used for cooking or does the level of clutter within the room prevent it. * Select appropriate rating on the clutter scale. * Please estimate the % of floor space covered by clutter. * Please estimate the height of the clutter in each room. |
| 1. **Health and Safety** | * Assess the level of sanitation in the property. * Are the floors clean? * Are the work surfaces clean? * Are you aware of any odours in the property? * Is there rotting food? * Does the resident use candles? * Did you witness a higher than expected number of flies? * Are household members struggling with personal care? * Is there random chaotic writing on walls of the property? * Are there unreasonable amounts of medication collected? Prescribed or over the counter? * Is the resident aware of any fire risk associated with the clutter in their property? |
| 1. **Safeguard of Children & Family members** | * Do any rooms rate 7 or above on the clutter rating scale? * Does the household contain young people or children? |
| 1. **Animals and Pests** | * Are there any pets in the property? * Are the pets well cared for; are you concerned about their health? * Is there evidence of any infestation? E.g. bed bugs, rats, mice, etc. * Are animals being hoarded at the property? * Are outside areas seen by the resident as a wildlife area? * Does the resident leave food out in the garden to feed foxes etc? |
| 1. **Personal Protective Equipment (PPE)** | * Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please details. * Following your assessment do you recommend the resident is visited in pairs? Please details |

**Level One:** **Example Assessment Findings and Actions-**

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| --- | --- |
| **Level 1 Clutter image rating 1-3** | **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.** |
| 1. **Property structure, services & garden area** | * All entrances and exits, stairways, roof space and windows accessible. * Smoke alarms fitted and functional or referrals made to **Scottish Fire and Rescue Service** to visit and install if criteria met. * All services functional and maintained in good working order. * Garden is accessible, tidy and maintained |
| 1. **Household Functions** | * No excessive clutter, all rooms can be safely used for their intended purpose. * All rooms are rated 0-3 on the Clutter Rating Scale. * No additional unused household appliances appear in unusual locations around the property. * Property is maintained within terms of any lease or tenancy agreements where appropriate. * Property is not at risk of action by Environmental Health. |
| 1. **Health and Safety** | * Property is clean with no odours, (pet or other). * No rotting food. * No concerning use of candles. * No concern over flies. * Residents managing personal care. * No writing on the walls. * Quantities of medication are within appropriate limits, in date and stored appropriately. |
| 1. **Safeguard of Children & Family members** | * No concerns for household members. |
| 1. **Animals and Pests** | * Any pets at the property are well cared for. * No pests or infestations at the property. |
| 1. **Personal Protective Equipment (PPE)** | * No PPE required. * No visit in pairs required. |

# Level One: Single- Agency Actions

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| --- | --- |
| **Level 1** | **Actions** |
| **Referring Agency** | * Discuss concerns with the individual. * Raise a request to **Scottish Fire and Rescue Service** for a Home Safety Check and to provide fire safety advice. * Refer to Social Care for a care and support assessment. * Refer to GP if appropriate. |
| **Environmental Health** | * No action. |
| **Social Landlords** | * Provide details on debt advice if appropriate to circumstances. * Refer to GP if appropriate. * Refer to Social Care for a care and support assessment if appropriate. * Provide details of support streams open to the resident via charities and self-help groups. * Ensure residents are maintaining all tenancy conditions. * Refer for tenancy support if appropriate. * Ensure that all utilities are maintained and serviceable. |
| **Practitioners** | * Complete Practitioners Hoarding Assessment (HA1) form. * Make appropriate referrals for support to other agencies. * Refer to social landlord if the client is their tenant or leaseholder. |
| **Emergency Services** | * Ensure information is shared with statutory agencies & feedback is provided to referring agencies on completion of home visit. |
| **Animal Welfare** | * No action unless advice requested. |
| **Safeguarding of Adults and Children** | * Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point via ASeRT. ASP/CPConcerns relating to children should be directed to XXX? |

# Level Two: Example Assessment Findings and Actions

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| --- | --- |
| **Level 2**  ***Clutter Image***  ***Rating 4-6*** | **Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.** |
| 1. **Property structure, services & garden area** | * Only major exit is blocked. * Concern that services are not well maintained. * Smoke alarms are not installed or not functioning. * Garden is not accessible due to clutter, or is not maintained * Evidence of indoor items stored outside. * Evidence of light structural damage including damp. * Interior doors missing or blocked open. |
| 1. **Household Functions** | * Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. * Clutter is causing congestion between the rooms and entrances. * Room(s) score between 4-5 on the clutter scale. * Inconsistent levels of housekeeping throughout the property. * Some household appliances are not functioning properly and there may be additional units in unusual places. * Property is not maintained within terms of lease or tenancy agreement where applicable. * Evidence of outdoor items being stored inside. |
| 1. **Health and Safety** | * Kitchen and bathroom are difficult to utilise and access. * Offensive odour in the property. * Resident is not maintaining safe cooking environment. * Some concern with the quantity of medication, or its storage or expiry dates. * Has good fire safety awareness with little or no risk of ignition. * Resident trying to manage personal care but struggling. * No risk to the structure of the property. |
| 1. **Safeguard of Children & Family members** | * Hoarding on clutter scale 4-7 does not automatically constitute an Adult or Child Protection Referral. * Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. * Please note all additional concerns for householders. |
| 1. **Animals and Pests** | * Pets at the property are not well cared for * Resident is not able to control the animals * Animal’s living area is not maintained and smells * Animals appear to be under nourished or overfed * Sound of mice at property * Spider webs in house * Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc) |
| 1. **Personal Protective Equipment**   **(PPE)** | * Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. * Is PPE required? |

# Level Two: Multi-Agency Actions

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| --- | --- |
| **Level 2** | **Actions**  **In addition to actions listed below these cases need to be monitored regularly in the future due to**  **RISK OF ESCALATION or REOCURRENCE** |
| **Referring Agency** | * Refer to landlord if resident is a tenant. * Refer to Environmental Health * Raise a request to the **Fire and Rescue Service** to provide a home Safety Check with a consideration for monitored smoke alarms/ assistive technology. * Provide details of garden services. * Refer to Social Care for a care and support assessment. * Referral to GP. * Referral to debt advice if appropriate. * Refer to animal welfare if there are animals at the property. * Ensure information sharing with all necessary statutory agencies. |
| **Environmental Health** | * Carry out an inspection of the property utilising the referral form.   The Environmental Health Officer will discuss outcome of inspection with partner agencies;   * and establish joint decision on appropriate course of action. |
| **Social Landlord** | * Visit resident to inspect the property & assess support needs. * Refer internally to assist in the restoration of services to the property where appropriate. * Ensure residents are maintaining all tenancy conditions. * Enforce tenancy conditions relating to residents’ responsibilities. * Ensure information sharing with all necessary statutory agencies. |
| **Practitioners** | * Carry out an assessment of the property utilising the referral form, Practitioners Hoarding Assessment (HA1). * Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| **Emergency**  **Services** | * Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| **Animal Welfare** | * Visit property to undertake a wellbeing check on animals at the property. * Educate client regarding animal welfare if appropriate. * Provide advice / assistance with re-homing animals. |
| **Safeguarding**  **Adults and Children** | * Properties with adults presenting care and support needs should be referred via ASeRT. Concerns relating to children should be directed to:? |

# Level Three: Example Assessment Findings and Actions

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| --- | --- |
| **Level 3 Clutter image Rating 7-9** | **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 Daily Tasking Referral due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.** |
| 1. **Property structure, services & garden area** | * Limited access to the property due to extreme clutter. * Extreme clutter may be seen at windows. * Extreme clutter may be seen outside the property. * Garden not accessible and extensively overgrown. * Services not connected or not functioning properly. * Smoke alarms not fitted or not functioning. * Property lacks ventilation due to clutter * Evidence of structural damage or outstanding repairs including damp. * Interior doors missing or blocked open. * Evidence of indoor items stored outside. |
| 1. **Household**   **Functions** | * Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. * Room(s) scores 7-9 on the clutter image scale. Rooms are not used for intended purposes or very limited. * Beds inaccessible or unusable due to clutter or infestation. * Entrances, hallways and stairs blocked or difficult to pass. * Toilets, sinks not functioning or not in use. * Resident at risk due to living environment. * Household appliances are not functioning or inaccessible. * Resident has no safe cooking environment. * Resident is using candles. * Evidence of outdoor clutter being stored indoors. * No evidence of housekeeping being undertaken. * Broken household items not discarded e.g. broken glass or plates. * Property is not maintained within terms of lease or tenancy agreement where applicable. * Property is at risk of notice being served by Environmental Health. |
| 1. **Health and Safety** | * Human urine and excrement may be present. * Excessive odour in the property may also be evident from the outside. * Rotting food may be present. * Evidence may be seen of unclean, unused and or buried plates & dishes. * Broken household items not discarded e.g. broken glass or plates. * Inappropriate quantities or storage of medication. * Pungent odour can be smelt inside the property and possibly from outside. * Concern with the integrity of the electrics. * Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. * Concern for declining mental health. |
| 1. **Safeguard of Children & Family members** | * Properties with adults presenting care and support needs should be referred via ASeRT. Concerns relating to children should be directed to: XXX? * Please note all additional concerns for householders. |
| 1. **Animals and Pests** | * Animals at the property at risk due the level of clutter in the property. * Resident may not able to control the animals at the property. * Animals’ living area is not maintained and smells. * Animals appear to be under nourished or over fed. * Hoarding of animals at the property. * Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.). * Visible rodent infestation. |
| 1. **Personal Protective Equipment (PPE)** | * Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. * Visit in pairs required. |

**Level Three: Multi-Agency Actions**

|  |  |
| --- | --- |
| **Actions** | **Level 3** |
| **Referring Agency** | * Raise Adult and/or Child Protection **Alert within 24 hours if there are care and support needs.** * If the individual does not meet the Adult/Child Protection thresholds for a referral, consider contacting Adult Services Referral Team (ASeRT) regarding possible care and support needs assessment. * Raise a request to **Scottish Fire and Rescue Service** within 24 hours to provide a Home Safety Check. * Refer to Environmental Health via the referral form. |
| **Environmental Health** | * Carry out an inspection of the property utilising the referral form.   The Environmental Health Officer will discuss outcome of inspection with partner agencies;   * and establish joint decision on appropriate course of action. |
| **Landlord** | * Visit resident to inspect the property & assess support needs. * Attend multi agency hoarding meeting or VPP/CPP. * Enforce tenancy conditions relating to residents’ responsibilities. |
| **Practitioners** | * Refer to “Hoarding Guidance Questions for practitioners”. * Complete Practitioners Hoarding Assessment (HA1). * Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| **Emergency Services** | * **Scottish Fire and Rescue Service** - Carry out a Home Safety Check, share risk information with Statutory agencies and consider assistive technology. * **Scottish Ambulance Service** - Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits via the referral form. * Attend hoarding multi agency meetings on request. * Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. * Provide feedback to referring agency on completion of home visits. |
| **Animal Welfare** | * Visit property to undertake a wellbeing check on animals at the property. * Remove animals to a safe environment. * Educate client regarding animal welfare if appropriate. * Take legal action for animal cruelty if appropriate. * Provide advice / assistance with re-homing animals. |

**Hoarding Insight characteristics**

It is important to consider the adults insight into the presenting circumstances. Use this guide as a baseline to describe the adult’s attitude towards their hoarding behaviour. Provide additional information in your referrals and report [(HA1)](#HA1) to enable a tailored approach that is relevant to the adult.

**Good or fair insight:**

The adult recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The adult recognises these behaviours in themselves.

**Poor insight**

The adult 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 adult might recognise a storage problem but has little self-recognition or acceptance of their own hoarding behaviour.

**Absent (delusional) insight**

The adult 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 adult is completely excepting of their living environment despite it being hoarded and possibly a risk to health.

**Detached with assigned blame**

The adult has been away from their property for an extended period. The adult has formed a detachment from the hoarded property and is now convinced a 3rd party is to blame for the condition of the property. For example, a burglary has taken place, squatters or other household members.

**Guidance Questions for Practitioners**

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

The information gained from these questions will inform part of the Hoarding Assessment ([HA1](#HA1)), which provides the information needed to alert other agencies. Most adults with Hoarding Behaviours will be embarrassed about their surroundings so adapt the question to suit the adult.

* How do you get in and out of your property, do you feel safe living here?
* Have you ever had an accident, slipped, tripped up or fallen? How did it happen?
* How have you made your home safer to prevent this (above) from happening again?
* How do move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)
* Has a fire ever started by accident?
* 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? Do you feel safe to go out there?
* 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? Have they eaten any of your food? Or got upstairs and be nesting anywhere?
* Can you prepare food, cook and wash up in your kitchen?
* Do you use your fridge? Can I have 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? Have a wash, bath? Shower?
* Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)
* What do you do with your dirty washing?
* Where do you sleep? 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?
* Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?
* Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

**Practitioners Hoarding Assessment** **(HA1)**

This assessment should be completed using the information you have gained using the Clutter Image Rating Scale; Clutter Image Rating Score: Assessment / scoring Tool; Practitioners Guidance Questions; and Hoarding Insight Characteristics.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Home Assessment |  |  | |  |
| Adult’s Name |  |  | |  |
| Adult’s Date of Birth |  |  | |  |
| Address |  |  | |  |
| Adult’s contact details |  |  | |  |
| Type of dwelling |  |  | |  |
| Tenant – Name & address of landlord | |  | |  |
| Household Members | Name | | Relationship | DOB |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Pets – indicate what pets and any concerns |  |  | |  |
| Agencies currently involved – with contact details |  |  | |  |
| Non agency support currently in place |  |  | |  |
| Adult’s attitude towards hoarding |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please indicate if present at the property** | | | | | | | | | | | |
| Structural damage to property | |  | Insect or rodent infestation | |  | Large number of animals | |  | Clutter outside | |  |
| Rotten food | |  | Animal waste in house | |  | Concerns over the cleanliness of the property | |  | Visible human faeces | |  |
| Concern of self-neglect | |  | Concerned for children at the property | |  | Concerned for other adults at the property | |  |  | |  |
| **Using the Clutter Image scale please score each of the rooms below** | | | | | | | | | | | |
| Bedroom 1 |  | | | Bedroom 4 | |  | Separate toilet | | |  | |
| Bedroom 2 |  | | | Kitchen | |  | Lounge | | |  | |
| Bedroom 3 |  | | | Bathroom | |  | Dining Room | | |  | |
| Provide a Description of the Hoarding Problem: (presence of human or animal waste, rodents or insects, rotting food, are utilities operational, structural damage, problems with blocked exits, are there combustibles, is there a fire risk? etc.) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Based on the collated information, what level is your case graded?** | | | | | | | | | | | |
| Level 1- Green | | | | Level 2 - Orange | | | Level 3 - RED | | | | |
| Name of the practitioner undertaking assessment | | | |  | | | | | | | |
| Name of Organisation | | | |  | | | | | | | |
| Contact details | | | |  | | | | | | | |
| Next action to be taken | | | |  | | | | | | | |
| List agencies referred to with dates & contact names | | | |  | | | | | | | |

**Useful Contacts:**

**Adult Services**

Any identified Adult Support & Protection concerns at any level should be shared with the local team in your area.

* **Referral pathway via ASeRT is: 0300 300 1380 and**
* **E-mail address is: adultservicesreferral.sw@renfrewshire.gov.uk.**
* Police Scotland – 101

**Children’s Services**

Any identified child protection concerns at any level should be shared with the local team in your area.

* Social Work General - 0300 300 1199
* Evenings and weekends - 0300 343 1505
* Police Scotland - 101

**Renfrewshire Community Safety Partnership email:** [rcsp@renfrewshire.gov.uk](mailto:rcsp@renfrewshire.gov.uk)

 Call us on: 0141 849 1229

Email us: [advocacy@youfirstadvocacy.org](mailto:advocacy@youfirstadvocacy.org)

Visit us: 47 Causeyside Street, Paisley, PA1 1YN.

 **Police Scotland Number: 101**

**Or 999 in an emergency.**

 **Scottish Fire and Rescue**

As part of our commitment to building a safer Scotland we offer everyone in Scotland a free home fire safety visit. We'll help you sort out a fire escape plan and provide information about smoke, heat and carbon monoxide alarms.

If you, or someone you know is over 50 years old and smokes and either lives alone, has mobility issues or uses medical oxygen, we need your help to identify them. Ask them to get in touch or if you are a family member or a carer, refer them to us. We will undertake a Home Fire Safety Visit where possible.

To request a fire safety visit: <https://www.firescotland.gov.uk/your-safety.aspx>



**Scottish Society for the Prevention of Cruelty to Animals (SSPCA)**

Evidence of animal hoarding at any level should be reported to the SSPCA. The SSPCA helpline is open 7am to 11pm **(03000 999 999).** Calls are in strict confidence and can be made anonymously if necessary. Please **do not** email concerns about an animal at risk as this information may not be received immediately. <https://www.scottishspca.org/>

**Environmental Health**

Tel: [0300 300 0380](tel:0300%20300%200380)

Email: [e-prot.es@renfrewshire.gov.uk](mailto:e-prot.es@renfrewshire.gov.uk)

**[Further Reading/ Resources:](#Furtherresources)**

* 1. **Adults with Incapacity (Scotland) Act 2000: Communication and Assessing Capacity: A guide for social work and health care staff**

[**https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2008/02/adults-incapacity-scotland-act-2000-communication-assessing-capacity-guide-social-work-health-care-staff/documents/0055759-pdf/0055759-pdf/govscot%3Adocument/0055759.pdf**](https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2008/02/adults-incapacity-scotland-act-2000-communication-assessing-capacity-guide-social-work-health-care-staff/documents/0055759-pdf/0055759-pdf/govscot%3Adocument/0055759.pdf)

* 1. **ENGAGING AND INTERVENING WITH PEOPLE WHO SELF-NEGLECT: MESSAGES FROM RESEARCH.** Suzy Braye, presentation 15th May 2019

<https://www.hampshiresab.org.uk/wp-content/uploads/Engaging-and-Intervening-with-people-who-self-neglect.pdf>

* 1. **National Adult Protection Committee, Self Neglect and Hoarding Practitioner and Strategic Briefing (Paul Comley 2018)**

**https://napc.scot/wp-content/uploads/2020/12/Hoarding-and-Self-Neglect-Practice-and-Strategic-briefing-NAPC-2018.pdf**

1. Frost, R. O., & Gross, R. C. (1993). “The hoarding of possessions.” *Behaviour Research and Therapy*, 31(4), 367–381 [↑](#footnote-ref-1)
2. Cipriani G, Lucetti C, Vedovello M, Nuti A. (2012) “Diogenes syndrome in patients suffering from dementia.” *Dialogues Clinical Neuroscience* Dec; 14(4): 455–460. [↑](#footnote-ref-2)
3. Braye, Suzy & Orr, David & Preston-Shoot, Michael. (2015). “Serious case review findings on the challenges of self-neglect: Indicators for good practice”. *The Journal of Adult Protection*. 17. 75-87 [↑](#footnote-ref-3)