

## Milton Keynes Interagency Safeguarding Adults Self-Neglect and Hoarding Guidance V2

**Purpose:** To provide locally agreed and endorsed tools and principles of intervention

**Approved by:**

MK Together Assurance Board 18<sup>th</sup> May 2021

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**For use by:** Members of the public and all staff and volunteers who work with adults who have care and support needs

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**Document Management and Distribution:**

- This guidance will be made generally available via the [MK Together Website](#) and linked to the [Milton Keynes Council website Safeguarding pages](#)
- MK Together Management Board Members are responsible for ensuring that information regarding this update is circulated within their agency.
- This guidance will also be added to the Adult Social Care Policy database and be linked to the Council's Intranet site for access and use by Council staff. *N.B. Printed copies of this document may not be the current approved version - please refer to the intranet for current policy versions*

**Change History / Cancellations**

1) Documents withdrawn and replaced by this version

Milton Keynes Self-Neglect and Hoarding: Multi-Agency Policy and Practice Guidance Milton Keynes Self-Neglect and Hoarding: Multi-Agency Policy and Practice Guidance V1.0 2019

2) Changes/additions of particular note in this version

- Amended to reflect its context with:
  - MK Together Interagency Safeguarding Adults Policy (V4 \_Jan 2021 and subsequent versions)
  - Milton Keynes Multi Agency Decision Making Tool (V4 \_Jan 2021 and subsequent versions)
  - VARM (Vulnerable Adult Risk Management) policy (V1 2019 and subsequent versions)
- In order to establish a common understanding and approach within Milton Keynes this guidance includes tools which agencies can refer to for assessment and multi-agency discussions or planning. These are:
  - Appendix 1: Self Neglect and Hoarding Assessment Support Tool
  - Appendix 2: Clutter Image Rating Scale

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## Section 1. Introduction

1.1 This guidance has been produced by the MKTogether Partnership as part of its Adult Safeguarding Strategy

- It should be used when dealing with concerns relating to self-neglect and hoarding behaviour.
- It seeks to ensure that any person can refer to information which promotes workable strategies and supports positive outcomes for the individuals involved.
- It **MUST** be read and used alongside:
  - MK Together Interagency Safeguarding Adults Policy (V4 \_Jan 2021 and subsequent versions)
  - Milton Keynes Multi Agency Decision Making Tool (V4 \_Jan 2021 and subsequent versions)
  - VARM (Vulnerable Adult Risk Management) policy (V1 2019 and subsequent versions)
- This guidance **does not include** issues of risk associated with deliberate self-harm. If self-harm appears to have occurred due to an act of neglect or inaction by another individual or service, consideration should be given to raising a safeguarding adults concern with Adult Social Care. If there is an immediate threat to life call 999.

1.2 Self-neglect and hoarding are not lifestyle choices, they are a result of a number of issues and challenges unique to each person, our role is to support people to look at their challenges and issues and work with them to maintain their tenancy and give them an opportunity to look at how they can change their situation. It is essential that every effort is made to engage and involve the adult deemed to be self-neglectful or hoarding and to keep them, their views and wishes central to the process.

- It may not be possible to ‘resolve’ the concern and the aim should then be to reduce risks to an acceptable or manageable level.
- It should be recognised that it may take time to effect any change, working at the pace and with the consent of the relevant person wherever possible, and a situation may fluctuate.

1.3 Self-neglect and compulsive hoarding require a collaborative interagency approach which must ensure:

- a shared understanding, and recognition of the issues involved in working with individuals who self-neglect.
- effective multi-agency working, and practice and ensuring concerns receive appropriate prioritisation. Intervention plans must be agreed on a multiagency basis and have clearly recorded aims, responsibility and timescales. These plans should be regularly reviewed.
- all agencies and organisations uphold their duties of care.
- individuals are empowered, as far as possible, to understand the implications of their actions and/or behaviours
- assessment, risk management and agreed interventions are proportionate and take account of the impact of the self-neglect on:
  - the relevant individual
  - other household and family members
  - neighbouring properties and the local environment
  - utility, health and social care or emergency services staff who may be required to enter the relevant property (or adjoining properties) to carry out statutory or public safety tasks.
- Enforcement action(s) should be viewed as a last resort when necessary to protect serious or immediate risks to wellbeing of the individual, other people or the immediate environment.

## Section 2. Definitions

2.1 **Self-neglect** – “This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding”. Ref Care Act Statutory Guidance S14.17

- Self-neglect differs from other safeguarding concerns and forms of neglect as it may suggest there is no-one else involved as the source of risk, however, abuse or coercion cannot be ruled out as a purpose for becoming self-neglectful.

2.2 **Hoarding** - Anything can be hoarded, inanimate objects, animals or data, in a person’s property, garden or communal areas.

- The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects, which can be well in excess of the real value, and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter.
- Hoarding can become a significant problem if:
  - The amount of clutter interferes with everyday living, for example, the person is unable to use their kitchen or bathroom and cannot access rooms within their property.
  - The clutter is causing significant distress or negatively impacting the quality of life of the person or their family, for example, they become upset if someone tries to clear the clutter and their relationship suffers as a result
- Hoarding is a standalone mental disorder, which can be diagnosed by a specialist medical practitioner, it can also be a symptom of other mental disorders.

2.3 For characteristics and behaviours associated with self-neglect and hoarding please see [Appendices 1 & 2](#)

2.4 In places where this document only refers to “self-neglect”, this also includes hoarding.

## Section 3. The local interagency process for self-neglect and hoarding

3.2 The Milton Keynes Multi-Agency Decision Making Tool must be used to determine the response to any concerns:

- The tool includes specific indicators related to self-neglect (*reproduced below*).
- The tool also includes indicators of other ‘types’ of abuse which may provide more relevant or additional information for the current concern or indicate other appropriate interventions.

<h3>Self-Neglect</h3>		
A person living in a way that puts their health, safety, or well-being at risk.		
Resolve	Consult	Report
<ul style="list-style-type: none"> <li>• Self-care causing some concern - no signs of harm or distress</li> <li>• Property neglected but all main services work</li> <li>• Some evidence of hoarding - no major impact on health/safety</li> <li>• First signs of not engaging with professionals</li> <li>• Property shows some signs of neglect</li> <li>• Evidence of low-level hoarding</li> <li>• No access to support</li> </ul>	<ul style="list-style-type: none"> <li>• Refusing/non-engagement with medical treatment/care/equipment required to maintain independence and health</li> <li>• High level of clutter/hoarding</li> <li>• Insanitary conditions in property</li> <li>• Not engaging with professionals</li> <li>• Problematic or chaotic substance misuse</li> <li>• Potential fire risk/gas leaks</li> <li>• Lack of essential amenities</li> <li>• Property/environment shows signs of neglect that are potentially damaging to health</li> </ul>	<ul style="list-style-type: none"> <li>• Life in danger without intervention</li> <li>• Chaotic substance misuse</li> <li>• Environment injurious to health</li> <li>• Imminent fire risk/gas leaks</li> <li>• Access obstructed within property</li> <li>• Multiple reports from other agencies</li> <li>• Behaviour poses risk to self/others</li> <li>• Self-neglect is life threatening</li> <li>• Tenancy at risk because of hoarding/property condition, i.e. notice served</li> <li>• Lack of self-care results in significant deterioration in health/wellbeing/safety</li> </ul>
<p>Please note: All standard interventions must be used first to manage risk, e.g. Care Management/ Care Plan Approach/ Multi-Disciplinary Team. Refer to self-neglect guidance at: <a href="https://www.mktogether.co.uk/policy-procedures/">https://www.mktogether.co.uk/policy-procedures/</a></p>		

3.3 The organisation which initially identifies a concern or receives a referral with a concern about self-neglect is responsible for ensuring that any **immediate** action to safeguard the adult or any other person(s) who are being affected is taken.

3.4 The organisation must then respond to the concern, as appropriate, taking into account the **Resolve / Consult / Report** criteria within the Decision-Making Tool.

3.5 It may be agreed to be appropriate to use the VARM (Vulnerable Adult Risk Management) process.

#### **Section 4. Assessment of self-neglect and hoarding**

4.1 In order to establish a common understanding and approach within Milton Keynes this guidance includes tools which agencies can refer to for assessment and multi-agency discussions or planning. These are:

- Appendix 1: Self Neglect and Hoarding Assessment Support Tool
- Appendix 2: Clutter Image Rating Scale

4.2 Perceptions of what constitutes self-neglect or is not an acceptable standard within which to live will vary amongst agencies and different people, including the adult. Reported information must be verified and supported by observations, opinions must be clearly identified as such and attributable so they can be checked or challenged

4.3 There are various reasons why people self-neglect. Some people have insight into their behaviour, some may be experiencing an underlying condition, such as dementia. Assessments should consider the following:

- Unmet care and support needs
- Inability to maintain own self-care and household chores
- Chronic use of substance/ alcohol impacting on executive functioning
- Parents who hoard (learnt behaviours)
- Childhood neglect/ childhood trauma/ adverse childhood experiencing
- The impact of abuse or neglect
- The impact of experiencing/ witnessing domestic abuse
- Life changing events e.g. loss of a job, bereavement, loss of social status, loss of accommodation etc
- The loss of a strongly held value system
- The loss of independence as a result of an accident, trauma, major ill health or frailty

*N.B. This is not an exclusive list and other relevant issues/factors MUST be included*

4.4 **Risk.** Assessments must always consider the risks to the individual, their household (people and animals) and wider family and the impact of their behaviour on their immediate environment and neighbouring properties particularly in the case of fire or public health and environmental health concerns.

- If there are any children in the household or family who, may need support or who are at risk. Child protection or child in need concerns, must be referred to the Multi-Agency Safeguarding Hub (MASH) during office hours on 01908 253169/70 or the Emergency Social Work Team out of office hours on 01908 265545 [children@milton-keynes.gov.uk](mailto:children@milton-keynes.gov.uk)

4.5 **Mental Capacity.** If there are any doubts about the person's ability to 'choose' their living conditions, understand their options (and the implications of these), carry out actions, make 'unwise decisions' or refuse support, a Mental Capacity Assessment must be undertaken.

4.6 **Advocacy and Support.** All efforts must be made to keep the adult central in the response to suspected of self-neglect and ensure that they are consulted with and included in discussions and decisions. If the adult has substantial difficulty doing this an advocate must be considered.

4.6.1 If a family member or friend is willing and able to facilitate the adult's involvement and is acceptable to the adult and judged appropriate by the involved agency(s), they may be asked to support them.

4.6.2 Where there is no appropriate family member or friend there should be an independent advocate.

4.6.3 If an adult has difficulty communicating consideration will need to be given as to whether a specialist advocate or interpreter is needed.

4.6.4 Milton Keynes Council Joint Commissioning Team arranges Advocacy Services required, by law, to be instructed by the Council:

- where an adult is being assessed under the Care Act
- adults subject to a safeguarding enquiry or safeguarding adults review
- if an adult lacks capacity, for decisions about a long-term change in where the adult lives an Independent Mental Capacity Advocate (IMCA) must be involved.

**4.7 Consent and Choice.** Where an adult has mental capacity in relation to the relevant decisions, any proposed intervention or action must be with their consent, except in the public interest where other people are affected or circumstances where a local authority or agency exercises their statutory duties or powers.

**4.8 Duty of Care.** Workers must be aware of their Duty of Care and the appropriate use of Inherent Jurisdiction *Ref Section 5.12*. This includes situations where a person who is the subject of a concern cannot be contacted. It is essential to establish the reason(s) why by:

- seeking information which may explain the lack of response. This may include: Social Care/ council services/GP/other professionals, relatives, friends, neighbours, local hospitals etc.
- a home visit where, if there is no response, a visiting card/letter must be left (even if someone is seen to be present but does not open the door).
- further checks, information gathering and attempts to contact the individual including a follow-up home visit(s) the same day or within a few days depending on the level of risk identified.

4.8.2 A concern should not be ignored ‘simply’ because of a ‘nil-response’ or no response within a specified timeframe, it should always be established why.

4.8.3 As necessary ‘nil response’ concerns should be escalated within the organisation to decide further action(s) which may include a request to the Police for a welfare visit.

For additional assessment tools and useful background information please see:

- Social Care Institute for Excellence (SCIE) Self Neglect <https://www.scie.org.uk/self-neglect> Self Neglect at a Glance <https://www.scie.org.uk/self-neglect/at-a-glance>
- NHS Website – Hoarding Disorder <https://www.nhs.uk/conditions/hoarding-disorder/>
- Bucks Fire and Rescue Service: Fire and Wellness visits <https://bucksfire.gov.uk/service/fire-and-wellness-visits/>
- Help for hoarders (Charity) <https://www.helpforhoarders.co.uk/>
- HoardingUK (Charity) <https://www.hoardinguk.org/>
- RSPCA - Animal Welfare and Hoarding <https://www.rspca.org.uk/whatwedo/endcruelty/prevention>

N.B. Specialist Hoarding and Cleaning companies – should be used with caution as part of a care plan

## Section 5. Intervention options and legislative basis.

5.1 There is a range of agencies and interventions that may be appropriate for dealing with a situation of self-neglect. Interventions must be adult specific and where there is a potential need for legal intervention the agency which holds that statutory power must be consulted and involved in the agreed action.

5.1.1 The main legislation and relevant services are listed below, where necessary agencies should seek legal advice to clarify the options and any intended intervention.

### 5.2 MKC Adult Social Care. The Care Act (2014)

- **Section 1:** Duty to promote wellbeing which includes personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by the individual over their day-to-day life (including over care and support provided and the way they are provided), social and economic wellbeing, domestic, family and personal domains, suitability of the individual’s living accommodation.
- **Section 42:** Duty to make enquiries in response to allegations of abuse or neglect – self-neglect is included as a category under adult safeguarding.

5.3 **MKC Environmental Health Services** have a range of powers to intervene where an individual or a property is in a condition that is prejudicial to health, or where the premises are materially affecting neighbouring premises ( e.g. a person is crawling with lice or bedbugs etc or a property is verminous) or pose a statutory nuisance.

5.4 **MKC Housing Department** has powers to take enforcement action where there is any risk of harm to the health or safety of an occupier of an MKC Council Home which arises from a deficiency within in the home or in any MKC

owned 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).

**5.5 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.

#### **5.6 NHS/Local Mental Health service**

- **Mental Health Act (2007)**

- Section 2: Admission for assessment
- Section 3: Admission for treatment
- Section 4: Admission for assessment in cases of emergency
- **Section 135** – if a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety

**5.7 Buckinghamshire Fire & Rescue Service (BFRS):** should be made aware when agencies are working with a person who hoards (to the extreme). BFRS can work with individuals to reduce fire risks. It is also important for BFRS to understand where premises with this risk are located to inform emergency response. Enforcement action is exceptional and only applies if the fire risk in a dwelling is extremely high with the hoarded material or behaviour impacting on the common parts of a building or placing other residents at risk in a building which falls under the Regulatory Reform (Fire Safety) Order 2005.

**5.8 Thames Valley Police** have the power to enter a property without a warrant if required to save life or limb; or prevent serious damage to property. A Community Protection Notices (CPN's) or Community Protection Order (CPO's), **can be used if there is persistent conduct** which causes or is likely to cause alarm, distress or harassment or to the quality of life of a resident or visitor to the area.

N.B. MKC Antisocial Behaviour Team can also issue CPN's and CPO'S

**5.9 Department for Environment, Food and Rural Affairs (Defra)** is the Government body tasked with enforcing animal welfare legislation in England and Wales, specifically the [Animal Welfare Act 2006](#) which makes it against the law to be cruel to an animal, and a person must ensure that the welfare needs of the animals are met.

5.9.1 Animal cruelty in a domestic situation is likely to fall to the RSPCA or Local Authority (MKC Trading Standards Team) who have enforcement powers under the Animal Welfare Act 2006

**5.10 Court of Protection** has the power to make an order under Mental Capacity Act (2005) s.16(2)(a) – regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity

**5.11 All organisations - 5.3 Human Rights Act 1998 Article 8** The right to respect for private and family life is not an absolute right and there may be justification to override it, e.g. protection of health, prevention of crime, protection of the rights and freedoms of others.

**5.12 All Organisations - Duty of care / Inherent jurisdiction.** All organisations and individual workers have a Duty of Care (established through common law) which can be summarised as the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may be reasonably caused to that individual or their property.

- Respect for autonomy and self-determination must always be balanced against the duty of care and promotion of dignity and wellbeing.
- If you are concerned about a person you **MUST** make appropriate enquiries and seek advice regarding appropriate intervention, doing nothing is not an option
- Inherent jurisdiction is the ability of the High Court to make declarations and orders to protect adults who have mental capacity to make relevant decisions but are vulnerable. It is used by High Court judges to fill the gap left by the fact the Mental Capacity Act ('MCA 2005') only applies to those lacking mental capacity applying the test in ss.2-3 of that Act
- The inherent jurisdiction is not limited to giving a person at risk of abuse and neglect a temporary 'safe space' but can impose long-term legal directives to protect the person at risk.

## Section 6. Record keeping, information sharing and confidentiality

6.1 Individual organisations must keep their own, up to date, records of their specific involvement (information received or gathered, discussions, meetings and actions in relation to the concern) they should refer to their local records management policy regarding this.

6.2 Where there is interagency involvement there must be reference to this in the individual agency record, it must be clear who is responsible for any record of shared decision-making.

6.3 When deciding whether to share information, each case must be judged on its own facts. Decisions must be **justifiable and proportionate** ensuring that the information shared:

- is relevant and necessary (not simply all the information held)
- shared only with the relevant people who need the information, and specifically needed at that time.
- balances the duty to protect people with care and support needs from actual or potential harm or abuse and the effect upon individuals of information about them being shared (for example, upon the person's Article 8 Human Rights (the right to private and family life).

“Out of clutter, find simplicity.  
From discord find harmony.  
In the middle of difficulty lies opportunity “

*Albert Einstein*

**Appendix 1: Self-Neglect and Hoarding Factors (to support the Safeguarding Decision-Making Tool)**

This table aims to aid multi-agency discussion, planning and decision-making. <b>Factors in bold are taken directly from the DMT</b> other factors are for additional clarity. Worker(s) MUST verify and evidence information e.g. by observation /discussions / home visit(s) and Mental Capacity and Risk Management MUST be integral to this.			
FACTOR	RESOLVE	CONSULT	REPORT
	<ul style="list-style-type: none"> <li>- Low risk or care and support needs where all actions to prevent abuse or protect an adult from abuse are recorded. - The adult's needs are met through local support services accessed via appropriate referral routes.</li> <li>- A level of concern that can be resolved through care management, complaints, staff training, case reviews, quality processes or contract management</li> </ul>	<ul style="list-style-type: none"> <li>- Moderate risk and or moderate care and support needs.</li> <li>- Concerns at this point may be reportable and must be considered on a case by case basis. The adult's views must be considered.</li> <li>- Advice should be sought from your organisation's Adult Safeguarding Lead or the Council's Adult Safeguarding Team on 01908 252835.</li> </ul>	<ul style="list-style-type: none"> <li>- If the adult/s have been seriously harmed or at risk of serious harm because of actions, or omissions, deliberate or unintentional of others, then report as a safeguarding concern to Milton Keynes Council.</li> <li>- If there is indication that a criminal act has occurred, and the matter is urgent, contact the Police.</li> </ul>
<b>PHYSICAL WELL-BEING AND SELF-CARE:</b> Eating and drinking	<ul style="list-style-type: none"> <li>- <b>Self-care causing some concern - no signs of harm or distress</b></li> <li>- Quality of food and/or drink inconsistent through lack of knowledge or effort</li> </ul>	<ul style="list-style-type: none"> <li>- Quality of food and/or drink is consistently poor through lack of effort; consistent support required to improve any quality</li> <li>- Poor food safety.</li> <li>- May be experiencing health related issues</li> </ul>	<ul style="list-style-type: none"> <li>- Self-neglect is life threatening</li> <li>- Quality and frequency of food and/or drink consistently not a priority despite support</li> <li>- Health issues of concern e.g. dehydration, malnutrition, infection, significant weight loss</li> </ul>
<b>PHYSICAL WELL-BEING AND SELF-CARE:</b> Washing/bathing	<ul style="list-style-type: none"> <li>- Irregular bathing and occasional weather inappropriate clothing</li> </ul>	<ul style="list-style-type: none"> <li>- Occasionally bathed but seldom groomed.</li> <li>- Clothing often dirty and/or unsuitable to weather conditions</li> <li>- Concerns that this maybe having an impact on health of low-level concern which is responsive to treatment in the community</li> </ul>	<ul style="list-style-type: none"> <li>- Seldom/never bathed or clean, concern regarding odour.</li> <li>- Dirty and/or poor condition of clothing (unsuitable to weather conditions)</li> <li>- Poor health of significant concern (Skin infections, sores, abscesses. Likely to unmanageable within community setting).</li> </ul>
<b>PHYSICAL WELL-BEING AND SELF-CARE:</b> Medical needs	<ul style="list-style-type: none"> <li>- Occasionally fails to keep medical appointments</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Refusing/non-engagement with medical treatment/care/equipment required to maintain independence and health</b></li> <li>- Only seeks advice when illness becomes moderately severe.</li> <li>- Fails to keep some medical appointments and takes only partial medical advice</li> <li>- <b>Problematic or chaotic substance misuse</b></li> </ul>	<ul style="list-style-type: none"> <li>- <b>Life in danger without intervention</b></li> <li>- Only seeks help when illness becomes critical (emergencies)</li> <li>- Ignores critical ill health</li> <li>- Fails to consistently take medication leading to ill-health and frequent hospital admissions</li> <li>- Significant mental ill-health</li> <li>- <b>Lack of self-care results in significant deterioration in health/wellbeing/safety</b></li> <li>- <b>Chaotic substance misuse</b></li> </ul>



FACTOR	RESOLVE	CONSULT	REPORT
<b>LIVING CONDITIONS:</b>  Home Amenities	<ul style="list-style-type: none"> <li>- <b>Property shows some signs of neglect / Property neglected but all main services work</b></li> <li>- Some repairs needed and amenable to repair or to self-repair</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Lack of essential amenities</b></li> <li>- Lack of access to essential amenities due to hoarding / unwholesome conditions</li> <li>- Home in disrepair and unable and /or unamenable repair</li> </ul>	<ul style="list-style-type: none"> <li>- Little or no essential amenities /- Hoarding prevents safe use of amenities within the home</li> <li>- no access to kitchen/bathroom /bedroom</li> <li>- Dangerous disrepair and significant risk to well-being of person and/or others</li> </ul>
<b>LIVING CONDITIONS:</b>  Home and garden cleanliness	<ul style="list-style-type: none"> <li>- <b>Some evidence of hoarding - no major impact on health/safety</b></li> <li>- Level of untidiness may be having some impact on well-being, but manageable (<i>ref clutter score pic 2</i>)</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Property/environment shows signs of neglect that are potentially damaging to health</b></li> <li>- <b>High level of clutter/hoarding</b></li> <li>- Dirty (bad odour), some infestations</li> <li>- Animal/human/food waste impacting person's health and well-being (<i>ref clutter score pic 4 - 6</i>)</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Environment injurious to health</b></li> <li>- Dirty (bad odour)</li> <li>- Waste significantly impacting person's health and well-being (<i>ref clutter score pic 7 -9</i>)</li> <li>- <b>Tenancy at risk because of hoarding/property condition, i.e. notice served</b></li> </ul>
<b>LIVING CONDITIONS:</b>  Home safety and own views of safety in home and environment	<ul style="list-style-type: none"> <li>- All doors and windows in use and accessible</li> <li>- Lacking/insufficient essential safety features (e.g. Smoke alarms)</li> <li>- Possible fire risk/ no escape plan</li> <li>- DIY that is not safe, overloaded electrical sockets or trailing extension leads</li> <li>- Variable awareness and perception of personal safety issues</li> <li>- Behaviour does not cause concern for others</li> <li>- <b>No access to support / First signs of not engaging with professionals</b></li> </ul>	<ul style="list-style-type: none"> <li>- Limited access to windows/doors</li> <li>- No essential safety features</li> <li>- <b>Potential fire risk/gas leaks</b> and no escape plan/ hazards to escape. Evidence of smoking and/or flammable items stored in the home (stock-piled/ irresponsible use)</li> <li>- Unable to use bed, sleeps in an alternative due to clutter/ hygiene.</li> <li>- Home insecure due to disrepair</li> <li>- Oblivious to personal safety issues</li> <li>- Behaviour raises concern for others</li> <li>- <b>Not engaging with professionals</b></li> <li>- Reluctant to accept advice/ lack of motivation or understanding</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Access obstructed within property</b></li> <li>- No essential safety features.</li> <li>- <b>Imminent fire risk/gas leaks</b> and no escape plan/definite hazards to escape route/cannot exit unaided. Evidence of fire/cigarette burns to clothes, bedding or rooms and/or unsafe storage or use of flammable liquids or gases.</li> <li>- Unable to use bed, sleeps in uncomfortable /insanitary conditions</li> <li>- Unconcerned about personal safety issues.</li> <li>- Lacks motivation or understanding to address concerns</li> <li>- <b>Multiple reports from other agencies</b></li> <li>- <b>Behaviour poses risk to self/others</b></li> </ul>
<b>ANIMALS AND PESTS</b>	<ul style="list-style-type: none"> <li>- Any pets at the property are well cared for</li> <li>- Animal waste appropriately disposed</li> <li>- No pests or infestations at the property</li> </ul>	<ul style="list-style-type: none"> <li>- Resident is not unable to control the animals</li> <li>- Animal's living area is not maintained and smells</li> <li>- Animals appear under nourished or overfed or possibly suffering ill health</li> <li>- Animal waste inappropriately disposed</li> <li>- Sound of rodents heard at the property.</li> <li>- Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>- Animals at the property at risk due the level of clutter in the property</li> <li>- Hoarding of animals at the property</li> <li>- Animals significantly undernourished or overfed or appear to be suffering ill health</li> <li>- Animal waste evident</li> <li>- Visible rodent infestation</li> <li>- Heavy insect infestation (lice, fleas, etc.)</li> </ul>

### Appendix 2: Clutter Image Rating Scale

These images can be used by selecting a photo that most accurately reflects the amount of clutter in the room.

- For a full 'set' of photos (level 1-9) and other room pictures see <https://helpforhoarders.co.uk/learn-more/download/>

Room	Rating level 3	Rating level 6	Rating level 9
<b>Bathroom</b>			
<b>Kitchen</b>			
<b>Bedroom</b>			

Source: The International OCD Foundation (originally from a study by Frost RO, Steketee G, Tolin DF, Renaud S. Development and validation of the Clutter Image Rating. Journal of Psychopathology and Behavioural Assessment. 2008;32:401–417.)