

Enfield Safeguarding Adults Board

MULTI-AGENCY HOARDING FRAMEWORK

2026-2031



Scope	This framework sets out a cross-partnership approach to dealing with hoarding behaviours and supporting vulnerable adults with those behaviours in Enfield.
Approved by	Enfield Safeguarding Adults Board
Approval date	
Review	We will keep this framework under constant review at the Enfield SAB Practice Improvement Group and update it based on any legislative or national policy changes or relevant changes to the local context.

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Introduction

This framework sets out the Enfield Safeguarding Adults Board's multi-agency approach to supporting adults who hoard in our community.

The Enfield Safeguarding Adults Board has also developed a separate framework around self neglect which you can find on the [Enfield SAB Documents webpage - SAB - Policies, Documents and Resources](#). You will see some overlap in the policies but it is important to note that hoarding behaviour does not need to be present for someone to be self-neglecting.

Hoarding and self neglect are complex, and therefore challenging, to work with, requiring an effective, coordinated response from all the relevant services and agencies. It is difficult for services and agencies to strike the balance of protecting adults who hoard and self-neglect from harm while respecting their right to self-determination. Hoarding is not simply somebody having an untidy home or an untidy appearance; it is often linked to challenging personal circumstances, including social isolation, and physical and/or mental health issues. The result can also affect loved ones and neighbours – for example, encouraging pests or a fire risk as well as affecting their quality of life through less tangible things such as odours and issues with right of way.

Hoarding has arisen as an issue in a number of Enfield Safeguarding Adults Reviews (for example [the Ruth SAR in March 2025 and the Miss C SAR](#) in September 2025) but also nationally it can be seen as a theme

in multiple SARs (for example, Bexley Safeguarding Adults Board did a [Thematic Review in 2023 into Self-neglect](#) which addressed hoarding).

Each case will present itself differently and requires officers and agencies to understand what help the adult needs. The solution to hoarding is not simply to clear out the property and give it a deep clean. In fact, the decision to swiftly clear out a hoarder's possessions, without provision of support, can be extremely upsetting and stressful for the adult and can worsen their condition or make them reluctant to engage with services and help.

We will work with adults who hoard and self-neglect to make sure they are supported in every aspect of their life that the hoarding is impacting – their home, their mental health, their physical health and their environment. Adopting a joint-working approach is the best way to ensure that the adult gets the support they need and creates the best chance of reducing the impact hoarding is causing in their life and potentially the lives of others.

The Enfield SAB has produced a webpage on hoarding which includes links and information which may be useful to both members of the public and professionals. You can find this [here](#).



Framework Aims and Outcomes

The aim of the framework is to ensure that those agencies which make up the Enfield Safeguarding Adults Board work together to help residents who hoard and to manage the risks arising as a result. The framework clarifies each agency's role, responsibilities towards adults who hoard as well as powers and limitations.

By understanding each other's roles and responsibilities, we can work together constructively in the best interests of the adult.

In working together to support residents who hoard, partner agencies aim to:

- successfully employ a coordinated, joint-working approach to help adults who hoard.
- take responsibility for supporting adults by carrying out the tasks assigned to their agency, while also sharing information and working in partnership with other agencies.
- effectively identify cases of hoarding and self-neglect as soon as possible (or identify escalation) to ensure support is provided to the adult as early as possible
- make sure residents who hoard or self-neglect receive ongoing support from services
- employ a person-centred approach to care, risk management and any intervention. This means the adult's feelings and wishes are listened to and included in decision-making – the principles of Safeguarding Adults as set out in the Care Act 2014 should be paramount.
- undertake risk assessment around the impact on others and ensure that all agencies are able to comply with statutory duties.

Enfield Adult Social Care have also developed a webpage with information for both professionals and members of the public around Hoarding behaviours and what support might be available - including a leaflet/ poster which can be downloaded. You can find this [here](#).



Section 1: Definitions and Principles

1.1 Defining Self Neglect and Hoarding

1.1.1 What is self-neglect?

Self-neglect is explained in the Care Act 2014 Guidance as: **a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding**¹.

There is a difference between an adult that is self-neglecting and an adult who has not been offered support to allow their needs to be met. The first response to suspected/apparent self-neglect will often be an assessment of their care and support needs via the Enfield Connect service in Adult Social Care. Professionals can refer to this service via the online portal [here](#).

It is important to consider the Mental Capacity Act (2005) when self-neglect is suspected. Professionals should also consider how it may impact other family members and whether this gives rise to a safeguarding concern.² Both Mental Capacity and Safeguarding Adults processes are discussed elsewhere in this document. As mentioned above, there is also a separate Enfield SAB framework around self neglect as a wider issue which can be found [here](#).

Self-neglect is a lack of self-care which may become extreme, it is sometimes associated with hoarding and may be a result of other issues such as addictions. Practitioners in the community, from housing officers to social workers, police and health professionals can find working with people who self-neglect extremely challenging. The important thing is to try to engage with people, to offer all the support we are able to without causing distress, and to understand the limitations to our interventions if the person does not wish to engage.³

Key signs of self-neglect are:

- dirty or soiled clothing
- poor hygiene and dental care
- dirty and cluttered surroundings, including hoarding
- threatening his/her own health and safety by repeating unsafe behaviours and rejecting help that could improve health and surroundings.⁴

1.1.2 What is hoarding?

Hoarding is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value.⁵ The clutter reaches a level that impedes everyday functioning.⁶

It is not the same as messiness or untidiness. It is the compulsive collection of possessions which the adult cannot organise or discard. Judgements about levels of clutter can be subjective so the Clutter Image Rating has been developed (see Appendix A) to give an objective framework to how we discuss and describe clutter in a home. It is not about the number of objects but rather the impact that collecting those objects has on an individual's everyday life.

Hoarding is recognised as a medical disorder and the NHS advises that it is associated with mental health conditions such as: severe depression, schizophrenia and obsessive-compulsive disorder (OCD).⁷ In the next International Classification of Diseases, used by General Practitioners in the UK, 'Hoarding disorder' will be formally listed under the OCD category. Furthermore in 2017 the World Health Organisation added Hoarding Disorder as a new category under OCD (Code: 42.3).⁸ Therefore it is now widely recognised that a hoarding disorder is a type of mental health condition and adults who hoard compulsively require ongoing support.

However, relatively few adults who come to the attention of partners around hoarding will have a formal diagnosis and one is not necessary in order to put in place support.

1 <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutoryguidance>

2 [NHS England](#)

3 SCIE 2018

4 http://sro.sussex.ac.uk/id/eprint/22841/1/Self_neglect_report.pdf

5 <https://www.nhs.uk/conditions/hoarding-disorder/>

6 <https://www.sciencedirect.com/science/article/abs/pii/S000579679390094B?via%3Dihub>

7 <https://www.nhs.uk/conditions/hoarding-disorder/>

8 <https://www.ocduk.org/related-disorders/hoarding-disorder/clinical-classification-of-hoarding-disorder/>

Items that are hoarded include, but are not limited to: clothes, newspapers, food, animals, rubbish and waste. Items may be hoarded because:

- there is an emotional attachment to the items
- there is a belief the items might be needed, or useful one day
- the items have accumulated, perhaps as a result of a bereavement or health issue and it has reached a point where the resident does not know how to or want to clear them.

Understanding why the items are hoarded helps us to determine the nature of the hoarding and whether it is linked to personal circumstances, a health issue, cognitive functioning or a mental health condition. This helps us to decide what support and care the adult needs.

Where all involved parties deem it appropriate, the relevant care package will be provided.

Key signs of hoarding are:

- cluttered gardens/sheds
- piles of mail, magazines and other paper material in the property
- overstuffed cupboards
- the property being dirty or in disrepair
- smells coming from rooms
- reluctance of the adult to allow full access to the property and/or a preference for office-based appointments
- missed access arrangements (for example for gas/other servicing, inspections or arrears interviews)⁹

An adult may be reluctant to engage with services and agencies or to accept help because they:

- have a mental health condition
- are going through a personal trauma such as a bereavement, or shrinking social networks and/or economic resources
- want to maintain continuity and control
- have pride in self-sufficiency
- have a sense of connectedness to place and possessions
- feel shame and make efforts to hide the state of their residence from others.¹⁰

1.2 Principles of the Multi-Agency Approach

An adult who is (or appears to be) hoarding may be in contact with different services and agencies, many times, over the period in which they are hoarding. Supporting the adult is not the sole responsibility of one service or agency and an effective approach to helping the adult will require a multi-agency response.

Section 2 includes details of the roles and responsibilities of different agencies that form part of the Safeguarding Adults Board around hoarding. It also includes details of multi-disciplinary processes and panels where specific cases can be discussed where necessary.

1.2.1 The Clutter Image Rating Index

We all have a different idea of what the term clutter means and what is an unacceptable or risky level of clutter. Sharing concerns between agencies that simply say that the person lives in a cluttered environment make it difficult to understand what the issues and risks are.

To help with this, an internationally recognised Clutter Image Rating Scale was developed by a number of academics and adopted by the International OCD Foundation. This is used by the London Fire Brigade and London Ambulance Service as well as Safeguarding Adults Partnerships across the country. The tool involves a number of images (different sets reflecting different environments such as a bedroom, kitchen or living room) showing the same room with varying amounts of clutter labelled 1 (lowest) to 9 (highest). You can see an example set in Appendix one of this document or more examples [here](#).

When describing a cluttered environment to a professional or agency, you pick the picture/ number that closest reflects what you see in the home. So, instead of saying 'I am worried about Mr B as his home seems cluttered' you could say 'Mr B would not allow me inside but from the doorway and window, his hallway appeared to be at Clutter Image Rating 5 and the living room at Clutter Image Rating 8'. This tells professionals that the risks are high and that they should prioritise work with Mr B.

A Clutter Image Rating of above 3 should lead to a referral to Adult Social Care so care and support needs can be assessed – a rating of above 4/5 might lead you to consider a safeguarding adults referral but a rating above a 6 should definitely lead to a safeguarding referral due to potential self-neglect.

⁹ <http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/How%20to%20tackle%20hoarding.pdf>

¹⁰ http://sro.sussex.ac.uk/22841/1/Self_neglect_report.pdf

It should be highlighted however that the Clutter Image Rating is a risk indicator but not a fixed threshold. A safeguarding adults referral should be raised where there is reasonable cause to believe that the Care Act criteria are met.

The Clutter Image Rating should form a key part of any individual agency or multi-agency risk assessment around hoarding behaviour.

1.2.2 Sharing information

Sharing information appropriately ensures the adult gets the help they need, and interventions taken by partner agencies are as effective as possible. However, this must be balanced with the rights of the individual to privacy and in line with the UK General Data Protection Regulation (GDPR) and Data Protection Act 2018.

However, where there is risk, effective information sharing between agencies is essential to get a full picture of an adult's needs and identify any existing risks. Officers and practitioners, who work with adults who hoard and self-neglect, should always inform the adult that personal data and information is being recorded and passed on. They should seek consent for any assessments or interventions that are deemed appropriate.

GDPR and the Data Protection Act (2018) state that you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgements on the facts of the individual case and be clear on your basis for sharing this information. It is important to clearly record this basis in your records.

To put it another way, although consent and engagement about plans should always be sought from the adult, consent is not required if there is a vital public interest as laid out in the GDPR. The principle is always – Is it necessary and proportionate to share this information?

A vital interest means the information processed relates to the protection of a life or death. A public interest means the exercise of official authority or to perform a specific task in the public interest that is set out in law.

Consent to sharing information will also be subject to mental capacity. If there is any doubt over the person's capacity to consent, this will be assessed in line with the Mental Capacity Act 2005.

The Teeside Safeguarding Adults Board have created a very helpful guide for professionals around the sharing of information which you can find [here](#).

1.2.2 Mental capacity

The Mental Capacity Act 2005 provides a statutory framework for assessing whether an adult (as well as 16 and 17-year olds) has the mental capacity to make a decision. It also defines how (and when) others can make decisions on behalf of those who lack mental capacity to decide for themselves. This might include decisions about how they manage their home environment and any accumulated belongings we might see as clutter.

The guiding principles of the Mental Capacity Act 2005 are:

1. A person must be assumed to have capacity unless it is established that he/she lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.¹¹

Assessments of mental capacity are **time** and **decision** specific. They should be conducted by the professional who best understands the decision which is to be made.

If an officer or practitioner raises concerns about hoarding, the service or agency who intervenes or provides care/support must be certain about the adult's mental capacity before any decisions are made on their behalf. Many adults who hoard will have capacity to make the relevant decisions. The Mental Capacity Act 2005 will only apply to those who lack capacity to make the specific decision.

In some cases, where an adult lacks mental capacity around a decision, a Best Interests meeting will be held. In other cases, there is disagreement about the decision and/or it is complex and significant, it may be necessary for an agency to take the case to the Court of Protection.

All partner agencies should ensure that staff have a basic understanding of the Mental Capacity Act 2005 to an appropriate level for their role.

¹¹ <https://www.legislation.gov.uk/ukpga/2005/9/part/1/crossheading/the-principles>

It is also important that professionals consider executive mental capacity – which is the ability of the adult to follow through on their decisions. The Enfield SAB has prepared a 7 Minute briefing around Executive Mental Capacity which you can find [here](#).

CASE STUDY: Miss J.

Miss J was in her 70s and lived alone in a privately rented property.

Environmental Health were called due to concerns about hoarding – her garden was over grown and attracted rats which caused a nuisance and hygiene concerns for neighbours. Upon closer inspection, the property was hoarded to a Clutter Image Rating of 8-9 throughout with items that appeared to be rubbish – Miss J had to climb over objects to enter her home. Police were also concerned as their Safer Neighbourhood teams had met Miss J several times as she walked around the area – she was unkempt and seemed malnourished. Her property was so cluttered that she could not access and use the kitchen or bathrooms.

When Adult Social Care tried to assess, Miss J was initially resistant and would always be out when they visited. A Multi-disciplinary meeting was held to agree the way forward.

Police helped Adult Social Care make contact with the local Church where she went for coffee mornings – the Church staff allowed the social worker to meet with her there (where she felt safe and supported).

Miss J clearly stated that she was collecting rubbish that others had thrown away in order to recycle it. She was very passionate about the environment. However, she did not seem to understand that she was not actually recycling the objects – nor did she understand the risks around keeping this level of clutter. The social worker assessed that she did not have capacity to make decisions around what should happen to her clutter or maintaining her home environment.

The case was taken to the Court of Protection – who agreed (after seeing evidence of attempted engagement, risk assessment and other less restrictive options having been tried) for Miss J to be temporarily admitted to a care home whilst her home was carefully cleared. Items were carefully sorted through. Eventually this move became permanent and Miss J is now supported to live there. She does still collect items but is helped by staff to dispose of them appropriately.

1.2.3 Monitoring and Review

Agencies should take care to record and report the costs incurred while taking interventions and providing services to hoarders. This is so the Enfield Safeguarding Adults Board is able to get a summary of the cost breakdown of cases of hoarding and self-neglect. It helps support learning from past cases, review what actions were efficient, and gather a catalogue of best practice.

People who have historically hoarded will need on-going review to ensure that they are maintaining their home and getting the right level of support.

1.2.4 Relationship-based and Trauma informed practice.

Self Neglect and hoarding can often be a response to trauma – which may include repeated patterns of being let down or abused by trusted people. There is a growing awareness in health and social care of trauma informed practice¹² – that is, practising with an awareness of the impact trauma has on people and their responses to individuals and services. Trauma (and embarrassment about the state of the home) can lead to a distrust of professionals and withdrawing from help and support.

Every individual's response to traumatic events will be different. However, truly trauma informed practice should incorporate 6 acknowledged principles:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
- Cultural consideration.

¹² [Working definition of trauma-informed practice - GOV.UK](#) (November 2022)

These are not just principles for how individual practitioners work with those who have suffered trauma – but also around how services should be structured to allow professionals to be consistent and considerate. This may mean allowing a named or lead professional to work with an individual for longer than normal or some flexibility in working times.

Demonstrating these principles often takes both time and strong relationships. Identifying a co-ordinating professional can help here as they can help introduce the individual to new services or professionals or facilitate working relationships. A strong multi-disciplinary network is vital to this.

If a service or agency is working with a vulnerable adult to declutter their property, it should do so with understanding and empathy. The aim is to help the adult to develop new behaviours to cope with their excess belongings. Professionals should always aim to involve them in the discussion about the next steps. If a declutter or clear out is done suddenly and without working with the adult, it can lead to greater distress and more intense hoarding activity.

There are specialist agencies that support with this work and these can be contacted through Adult Social Care and the Hoarding Panel.

When working with residents who hoard or self-neglect:

- listen to the adult's views and concerns about how they would like to deal with their hoarding and possessions
- talk to them about what is important to them, what they would like to keep and what may be discarded
- provide support and information so they can participate as far as possible in the process
- consider the adult's individual circumstances when making decisions
- avoid judgmental language around the accumulated belongings – remember that these items may be important to the person.
- Consider how you expect to be treated when working with professionals – would you invite someone back to your home who insulted it?
- But it is still important to be honest about the risks caused by clutter or infestation – focusing on solutions like clearing emergency exits, reducing fire risk etc.

Finally, professionals must acknowledge that work with adults who hoard and self neglect is often long-term and therefore must offer support that is consistent over time. Compulsive hoarding behaviours manifest over a long period of the adult's life, therefore, working with an adult who hoards and self-neglects will be a long-term process, as it requires help to change behaviours and improve their overall health, wellbeing and resilience.

1.2.5 Professional Curiosity about why adults may be declining support

It is important, when working with people around hoarding particular, to consider Professional Curiosity (sometimes called concerned inquiry). This means thinking not just about what the person is doing but asking about why that is.

It may be that there are concerns about money (e.g. financial contributions for care) where the adult could be supported with benefits or reassured. It could be that things are moving too quickly for the adult and there is a need to compromise where possible. It could be that the adult feels intimidated by a third party and that may require a safeguarding response. It is essential to ask direct questions to identify that someone is really aware of the consequences of their actions – as well as any concerns about mental capacity around a specific decision.

Hoarding and self neglect behaviours have been shown to be linked to a loss or traumatic events, such as bereavement, relationship breakdown or loss of a career. Professionals could be curious about losses in the person's life or even just past trauma.

Professional Curiosity also means checking that what the person is saying matches with what others (or yourself) have observed. There is a lot of unnecessary shame attached to hoarding and adults who hoard may misrepresent their circumstances or say that they have friends and family supporting them to a far greater extent than is true.

The Enfield Safeguarding Adults Board has prepared a 7-minute briefing around Professional Curiosity which can be found [here](#).

1.3 Multi-agency Forums and escalation points

1.3.1 Multi-disciplinary Risk Management Meetings

Multi-disciplinary discussions are a vital tool in understanding the circumstances of (and potential risks to) people with hoarding behaviours. The Enfield

SAB has developed [an agenda and set of principles](#) to support partners in managing and calling individual case discussions. These can be vital to manage risk and share information.

All such meetings should be clearly documented and consider:

- The adult's views and wishes
- Mental Capacity concerns
- Risk Assessment
- How risk will be monitored and reviewed
- Clear action plan
- Who will be the co-ordinating professional to ensure actions are completed.

1.3.2 The Enfield Hoarding Panel

The Enfield Hoarding Panel is jointly chaired by Adult Social Care and the London Fire Brigade with the aim to bring services together to improve the management of hoarding cases within the borough.

The panel meets on a monthly basis and has representatives from the following agencies:

- Adult Social Care Social Work teams,
- Mental Health Services,
- LBE Environmental Health,
- the Integrated Care Board,
- LBE Housing
- and the London Fire Brigade.

This panel's function is advisory and it does not hold case responsibility. However, it allows for the discussion of, and action planning around, complex hoarding cases. The panel regularly review cases on the hoarding risk register held by Adult Social Care as well as discussing cases referred to the panel by practitioners that they would like advice or support with.

Where you have concerns about individuals who may need to be discussed at this panel then you would be asked to

1.3.3 The High Risk Advisory Panel

The High-Risk Advisory Panel exists as an exceptions process to discuss cases where normal risk management processes have not managed risk of real harm to an adult with care and support needs (or those around them). Often these are cases of self-neglect and where professionals have been unable to engage with the adult. Guided by safeguarding principles, the panel seeks to improve outcomes for adults at risk through partnership working and is informed by learning from recent cases featuring self-neglect.

The panel is advisory only. It has no case management function and no budgetary responsibilities. It is not an appropriate forum for the resolution of disputes between teams and services (please see Enfield Safeguarding Adults Board Escalation Policy for ways forward on this). So, while the panel may oversee whether actions have been completed through its review, the responsibility to ensure actions are implemented resides with the allocated professionals and their line managers.

An adult at risk may be referred to the High-Risk Advisory Panel if they meet the following criteria;

- The adult has care and support needs and is at a high level of risk

and

- Professionals involved have exhausted all reasonable, usual attempts to work with the adult to reduce the level of risk without success (including through assessment, support planning and review, professional's meetings / multidisciplinary team meetings, Mental Capacity Act assessments and multi-agency risk assessments)

and

- Professionals have explored existing risk multi-agency risk management forums (please see below for examples of these in Enfield).

Cases may be referred to the High-Risk Advisory Panel by partner agencies who are members of the Enfield Safeguarding Adults Board in cases involving apparent self-neglect. All the referral criteria as mentioned above apply in these cases. It is expected that cases will already have been referred into Adult Social Care via either Safeguarding or Assessment routes prior to such a referral.

Information about how to refer to the High Risk Advisory Panel can be found [here](#).

Section 2: Roles and Responsibilities of individual agencies

Several different partners may work with adults who hoard or are apparently hoarding. This section sets out some of the various roles and responsibilities of these services and agencies – and the support they offer to adults. This is to ensure different services understand how and when they should work with each other when a case of hoarding is identified and over the course of the intervention and support period.

Each agency will have their own policies and procedures relating to hoarding and their potential role.

2.1 Key individual partner agencies

2.1.1 Adult Social Care – Referral for a Care Act Assessment

Adult Social Care can support adults who have care and support needs. The Care Act defines care and support needs as arising from a mental or physical illness or impairment and resulting in an inability to meet two or more specific outcomes - such as managing daily nutrition or hygiene, being able to keep themselves safe at home, maintaining relationships etc. You can find more information about what may qualify as care and support needs [here](#).

Adult Social Care can provide a range of services and support to adults and you can find more information about these services on [Enfield Mylife](#). Professionals should refer via the [online portal here](#) – noting hoarding (and the level of hoarding as per the Clutter Image Rating Index) on the referral.

When partner agencies first become concerned that an adult is struggling to manage their home environment, it may be proportionate to refer for a Care Act assessment before (or as well as) making a Safeguarding referral. This will be up to the professional's judgement but in general a Safeguarding Adults referral should be considered if the Clutter Image Rating is above a 4 or 5 – and definitely completed if the Clutter Image Rating is 6 or above in one or more areas of the home.

2.1.2 Adult Social Care and safeguarding adults

Adults who hoard and self-neglect will require safeguarding if there is a risk of harm to themselves or others. While local authorities have a duty under the Care Act to safeguard adults against abuse and

neglect, hoarding is not automatically a safeguarding issue in every case. This means not every adult who is hoarding will have a safeguarding enquiry completed but risks may be addressed through a care management approach.

A Section 42 enquiry will be carried out when an adult:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs);
2. Is experiencing, or at risk of, abuse or neglect; and
3. Because of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

For general advice around referring, please see [Making Good Safeguarding Adults Referrals in Enfield](#).

An adult may have a need for care and support and at the time it may be more appropriate to offer support and intervention outside of safeguarding, such as care management or assistance with issues like tenancies. Therefore, an adult may be taken down the care management route, to prevent clutter building or offer some interim support, rather than the adult requiring safeguarding measures.

If the adult says they do not want help for their hoarding and self-neglect - and the professional has concerns about the adult's capacity in relation to hoarding then a capacity assessment will be required to determine whether the adult has capacity to understand the risk of harm posed by hoarding (see section on Mental Capacity Act 2005).

A Safeguarding Enquiry aims to identify what abuse or neglect is occurring and what actions should take place to mitigate risk. The Enquiry Officer will work with the multi-disciplinary team around the adult (and of course the adult themselves) in order to create a safeguarding plan. This may include actions identified for other agencies.

If the adult is already known to the Mental Health Trust, then that service may conduct the safeguarding enquiry and produce a safeguarding plan (due to an agreement under Section 75 of the National Health Service Act 2006 which delegates these duties).

When the risk management plan or safeguarding plan is not working, the Council should seek advice

from its legal department. Where the person lacks the relevant mental capacity, it may be appropriate to make an application to the Court of Protection. Where the person has the relevant mental capacity, it may in certain circumstances be possible to apply to the High Court under its inherent jurisdiction.

2.1.3 Primary health services and community care

Primary and community health services are important for identifying and monitoring signs of hoarding and self-neglect in an adult. An adult who hoards or self-neglects may need to visit their GP or receive care from a district nurse or other community health services. District and community nurses can make home visits and assess an adult's health and discuss any concerns they may have. We will involve primary and community health services in any multi-agency meetings to ensure we understand and monitor an adult's needs and risks as well as possible.

Where adults are declining health interventions that a clinician has determined are necessary, the relevant clinician is responsible for deciding if a mental capacity assessment is necessary and recording this decision in a legally defensible manner. If there is reason to doubt mental capacity around a health-related decision then the relevant decision maker will be the clinician and they should complete a mental capacity assessment.

Practitioners should make sure that they are familiar with their organisation's mental capacity lead and refer to that person for advice where necessary.

Hoarding behaviours are often linked to mental illness and it is important that adults and young people are referred for the right mental health support as early as possible – this would usually be originally through their GP.

2.1.4 Council housing

If a client is living in a council home, staff working for other services and partner agencies must refer the case to Enfield Council Housing to make them aware of the adult's hoarding and self-neglect.

For tenants living in a council home, Council Housing are responsible for ensuring the council fulfils its statutory duties as landlord/ responsible person, which includes the effective management of fire and building safety risks, which may impact on the individual, residents or other relevant persons.

Council Housing will refer to other services and agencies for support when the hoarding causes issues

beyond those simply affecting the tenancy terms and conditions or affecting the property. A referral will be made to MASH at Clutter Image Rating 4 and a direct referral to the Hoarding Panel (in combination with a safeguarding referral) will be made at Clutter Image Rating 6+.

Private landlords and Housing associations will also have responsibilities around ensuring that the home has fire alarms in place and is safe.

2.1.5 Environmental Health

If an adult is hoarding in a property which looks like it is in a condition that is filthy and verminous (by definition of the Public Health Act 1936) or affects neighbouring properties, any officer or practitioner must refer the case to the Environmental Health team.

Environmental Health are an important service for identifying hoarding and therefore a key service in facilitating access to support from partner agencies. However Environmental Health only intervene in the case of hoarding if the property is in a condition that requires action under Section 83 of the Public Health Act (PHA) 1936. When Environmental Health receive a complaint about a property because of hoarding, they generate a report and an officer will inspect the property.

If the hoarding in the property causes environmental health or a fire hazard, the adult will be served with a Section 83 notice under the PHA which instructs the resident to cleanse and disinfect the property. If the adult at this stage does not want to organise their possessions in order to give their home a clean, or has difficulty doing so, local authorities can carry out the Section 83 requirements themselves which often involves removing possessions from the home in order to clean it properly and potentially getting rid of any possessions that are contaminated due to a pest outbreak.

Environmental Health officers will make contact with the Adult Social Care Multi Agency Safeguarding Hub (MASH) if an adult appears to be hoarding or self-neglecting.

To support a joined-up approach, Environmental Health officers will always contact the owner of the property (if the resident is not the owner occupier). There will be a joined-up approach with Environmental Health and the landlord (such as the Council, housing association or a private landlord) and any other agency who needs to be involved such as the Mental Health Trust. This makes sure the person who may be hoarding receives proper support, but it is also a preventative measure to ensure

the environmental health risk does not escalate to the same level again.

The enforced clearing out of a property is a short-term solution to hoarding behaviours and it can be expected that an adult will continue to hoard again if the underlying cause or reason for the hoarding behaviour is not addressed.

2.1.6 Police and Community Safety

Safer Neighbourhood Policing teams and Community Safety are involved with cases of hoarding and self-neglect when antisocial behaviour is also present, such as impact on communal areas in a residence/flats and an impact on neighbours. They are also often aware of the hoarding at an early stage because of their roles patrolling in residential areas.

The Anti-Social Behaviour team are responsible for investigating anti-social behaviour. An anti-social behaviour officer will contact the relevant agencies where it is clear that an adult who may be hoarding is being investigated for ASB and needs support.

2.1.7 London Fire Brigade

If a client is living in a property where clutter is causing a fire safety risk, officers and practitioners should contact the London Fire Brigade to alert them.

Hoarding can be a serious fire safety risk. Due to the amount of possessions, exit routes within the home can become blocked, making safe evacuation more difficult. Fires can also spread much faster, especially where there are flammable items such as newspapers or cardboard. Hoarded materials can easily catch alight if they come into contact with heat sources such as overloaded extension leads, the kitchen hob or naked flames like candles or cigarettes.

The London Fire Brigade (LFB) work to minimise the fire safety threat posed by hoarding. To do so, the LFB carry out Home Fire Safety Visits (HFSV) at the request of the resident and use the Clutter Image Rating to assess how severe hoarding within a property is.

Due to their role, LFB staff may in some cases be best positioned to gain access to a property when the resident has not engaged with Council services or denied access for visits such as landlord inspections and maintenance. They are therefore often one of the earliest services to have contact with someone who is hoarding, which can be an important first step in accessing support for the adult.

The London Fire Brigade offer free Home Fire Safety Visits where an adult may be considered vulnerable

including where hoarding has been identified. Please see [here](#) for details around how to request a visit.

London Fire Brigade can also offer support where hoarding has been identified either following Home Fire Safety Visit or referral from other partners within the Borough. The aim would be reducing the risk within the property.

This could include:

- providing advice on personal fire protection systems
- Issuing resident with fire retardant bedding / throws from existing stocks held by the LFB.

CASE STUDY: Mrs K and Miss K

Mrs K and Miss K, a mother and daughter, were living in a Council House (where they had lived for 30 years) which was in a severe state of clutter and disrepair (Clutter Image Rating 7-9). Mr K, the Father of the household, had died 2 years previously and hoarding seemed to have got a lot worse in that time. During a tenancy visit, Council Housing identified how bad the situation had become and liaised with Environmental Health, Adult Social Care and Mental Health services.

Mrs K and Miss K were known to Mental Health services previously and they were both reassessed. Both adults were able to talk about their situation and understood the risks of living with such high levels of clutter – but they felt unable to manage or make a change themselves.

Housing colleagues found them another property and they moved out whilst repairs were made. The Mental Health Trust arranged support for them both in the new property – both practically in terms of care visits but also in terms of helping them make social connections in their new environment.

Mrs K and Miss K still have a tendency to collect items – particularly at times of stress. However, they now have a support network in place to identify when this is becoming a problem and help.

2.1.8 Acute Hospitals

Acute hospitals also play a key role in identifying hoarding or self neglect through the circumstances of admission or discharge planning.

A stay in hospital can also create a pause for the adult where they can reflect on their circumstances and may perhaps agree to support and changes.

It is vital that hospital staff are aware of the risks around hoarding and know how to refer, share appropriate information and contribute to multi-agency risk management processes - particularly where the home environment affects safe discharge or on-going care.

Where oxygen or specific skin creams are prescribed, it is important that fire risk is considered and this will be particularly important if there are any concerns about potential hoarding.

2.1.9 Children's Safeguarding

If a child or young person under the age of 18 is living in a property where an adult hoards or self-neglects, their experience of the hoarding and its impact on their welfare must be assessed and considered. If the agency working with the hoarder feels that the child is unsafe or is showing indicators of need that are not being met, they should complete an Early Help Referral to children and family services using the Children's Portal.

Our [Children's Services Thresholds Guidance](#) can help practitioners to identify whether an early help or child protection referral is needed to meet the needs of the child or young person.

Following a referral being made, the MASH will refer the case for assessment. If an adult worker is involved with the hoarder, a joint assessment should be completed. If Children's Social Care is involved with someone who is hoarding, consideration needs to be given to referring the hoarder to Adult Mental Health for an assessment.

The Impact of Hoarding on Children:

Hoarding can affect not just the hoarder but those that surround them; the quietest member of that group is often children. Children's needs may not be met as the hoarder is caught up in the disorder. Hoarding may intrude into all areas of the home, including spaces where the child spends time. The impact of hoarding can impact the health and mental well-being of the child. There is a social impact, health and safety concerns, financial burdens and emotional impacts.

When hoarding invades all usable living space, especially in shared space, this can lead to stresses

and impacts on the safety of the child. Clutter often results in the loss of functional living space, i.e. loss of counter space, cooking facilities and living space.

Excessive shopping and investment in storage can lead to further stresses and lead to debt, negatively affecting the family's finances.

Assessing children living with a hoarder:

Consider what access the child has for playing, sitting, sleeping, etc.

Can the child have friends over?

- What is the child's view in relation to the hoarding?
- Is there somewhere to cook or are all meals, take-aways or micro-waved?
- What is the nature of what is being hoarded? Are there any hazardous materials being hoarded? Is animal or food waste being hoarded?
- Are there items piled high or on top of cupboards that could fall and cause injury to the child?
- Is the cooker free from the hoarding? Consideration needs to be given to whether there is a fire risk.
- Consider the impact of animals within the home especially if this forms part of the hoarding behaviours?
- Clutter from the hoarding can cause hygiene issues as cleaning is impossible. This and exits being blocked can be a fire risk.

HOARDING PATHWAY: FOR A FULL DESCRIPTION OF LOW RISK, SIGNIFICANT RISK AND HIGH-RISK HOARDING PLEASE REFER TO APPENDIX 3 IN THE FRAMEWORK

Low risk hoarding or self-neglect

- There is a low level of hoarding (between 1-3 on the Clutter Image Rating)
- The adult does not currently have any safeguarding needs
- Property can be accessed

Referral and information sharing

- Contact LFB to request a Home Fire Safety Visit
- Contact the landlord if adult is a tenant
- Inform Council Housing if adult lives in Council home

Engagement and further actions

- In first instance follow your service area's own policy or guidance for hoarding. You must:
 1. assess what the risks are
 2. engage with the adult - what can I do to help them?
- Conduct a person-centred fire risk assessment
- Speak with the adult about their feelings, concerns and wishes Gain consent for referral and sharing details and consider conducting mental capacity assessment if necessary
- Share information with all agencies that have been involved or should be involved
- Remain alert to risk factors such as failure to attend appointments or allow property access

Significant risk hoarding or self-neglect

- The level of hoarding is between a 4-6 on the Clutter Image Rating
- The adult is assessed as having safeguarding needs
- Property access is restricted

Referral and information sharing

- Refer to the MASH if there is a safeguarding concern
- Contact LFB to request a Home Fire Safety Visit
- Contact the landlord if the adult is a tenant
- Inform Council Housing if adult lives in Council home

Engagement and further actions

- In first instance follow your service area's own policy or guidance for hoarding. You must:
 1. assess what the risks are
 2. engage with the adult - what can I do to help them?
- Conduct a person-centred fire risk assessment
- Speak with the adult about their feelings, concerns and wishes Gain consent for referral and consider conducting a mental capacity assessment if necessary.
- Share information with all agencies that have been involved or who should be involved
- Remain alert to risk factors such as failure to attend appointments or allow property access

High risk hoarding or self-neglect

- The level of hoarding is extremely dangerous (above a 6 on the Clutter Image Rating)
- The adult is at immediate risk of harm/urgent safeguarding needs
- Property no longer accessible

Referral and information sharing

- Referral to Community MARAC
- Consider assessing capacity under the Mental Capacity Act 2005
- Consider legal options available under Mental Capacity Act, Mental Health Act or the Court of Protection

Engagement and further actions

- Conduct a person-centred fire risk assessment
- Speak with the adult about their feelings, concerns and wishes
- Call multi-agency meeting
- If the adult is in immediate danger call 999

Assess hoarding risk level and adult's needs regularly, making the appropriate referral or contact with partner agencies and take the further actions listed.

Useful information and resources

The following organisations and charities offer guidance on hoarding on their website:

OCD UK

<https://www.ocduk.org/related-disorders/hoarding-disorder/>

Hoarding UK

<https://hoardinguk.org/>

<https://hoardinguk.org/abouthoarding/hoarding-behaviour/>

Hoarding UK may be able to provide details of any local or online support groups for people who hoard.

Mind

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

International OCD Foundation

<https://hoarding.iocdf.org/about-hoarding/do-i-have-hoarding-disorder/>

NHS

<https://www.nhs.uk/conditions/hoarding-disorder/>

APPENDIX 1

Clutter Image Rating

The Clutter Image Rating will be used by any officer or practitioner that visits a property that is cluttered. The CIR Rating is a tool that is used by both the London Fire Brigade and London Ambulance Service as part of their hoarding policy and practice. Other examples of the index can be found [here](#).

Council staff and practitioners must use it to assess the amount of clutter and what level of risk it presents – and what actions need to be taken to mitigate risks and threat of harm (Appendix 3).

See below: Clutter Image Rating: Living Room. Please select the image number that represents the amount of clutter in the room(s).



1



2



3



4



5



6



7



8



9

APPENDIX 2

Hoarding and Self Neglect Risk Assessment Matrix

Types and Seriousness	Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the second and third column need to be reported – use professional judgement The Clutter Image Rating Scale (CIR) provides a direct reference point for identifying hoarding levels in homes. Examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger of a crime or abuse to an individual evident, call 999 straight away and make a safeguarding referral. It is important however to always remember that the CIR is a risk indicator so not exhaustive. Decisions about raising a safeguarding referral or calling a multi-disciplinary meeting should be based on your assessment of risk.		
Level of Risk	Minimal Risk	Moderate	High / Critical
Self-Neglect	- Person is accepting support and services - Health care is being addressed - Person is not losing weight - Person accessing services to improve wellbeing - There are no carer issues - Person has access to social and community activities - Person is able to contribute to daily living activities - Personal hygiene is good	- Access to support services is limited - Health care and attendance at appointments is sporadic - Person is of low weight - Persons wellbeing is partially affected - Person has limited social interaction - Carers are not present or have restricted access - Person has limited access to social or community activities - Persons ability to contribute toward daily living activities is affected - Personal hygiene is becoming an issue - Apparent deterioration of the person's mental health	- The person refuses to engage with necessary services - Health care is poor and there is deterioration in health - Weight is reducing - Wellbeing is affected on a daily basis - Person is isolated from family and friends - Care is prevented or refused - The person does not engage with social or community activities - The person does not manage - Daily living activities - Hygiene is poor and causing skin problems - There are repeated hospital admissions due to falls or infections - Aids and adaptations refused or not accessed

Clutter Image Rating	CIR 1 - 2	CIR 3 – 4	CIR 5 - 9
Hoarding - Property Characteristics	- Room(s) score between 1-2 on the clutter image rating - All entrances, exits, rooms, stairways, roof space and windows accessible - Smoke alarms correctly installed and functional or referrals made to fire brigade to visit and install. - All services functional and maintained in good working order. - Access to property via garden front/rear is fully accessible with no evidence of overgrowth or clutter - Garden is accessible, tidy and maintained	- Room(s) score between 3-4 - on the clutter image rating - Entrances, exits, rooms, stairways and or windows partially obscured by items - Smoke alarms not installed or not functioning - Evidence of some indoor items stored outside - Evidence of light structural damage and or damp - Interior doors in poor condition - Water services not fully functional - Access to property via front/rear garden is difficult due to presence of clutter - Evidence of moderate clutter outside property	- Room(s) score between 5-9 on the clutter image rating - Entrances, exits, rooms, stairways and or windows severely obscured by items - Evidence of extreme clutter seen through windows - Smoke alarms not installed or not functioning - If oxygen is prescribed in the home - Evidence of multiple indoor items stored outside - Evidence of notable structural damage or outstanding repairs and or heavy damp - Interior doors missing or blocked open - Gas, electricity services damaged, not functioning properly or poorly maintained - Access to property via front/rear garden not possible due to excessive overgrowth or presence of clutter - Evidence of extreme clutter outside property - Property lacks ventilation due to clutter

Clutter Image Rating	CIR 1 - 2	CIR 3 – 4	CIR 5 - 9
Hoarding – Household Characteristics	• No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 1-2 on the Clutter Image 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	• 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, entrances and on stairways • 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	• Clutter is severely obstructing the living spaces and is preventing use of the rooms for their intended purpose • Beds are inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairways are blocked, very difficult or impossible to pass • Toilets, sinks not functioning or not in use • Unsafe cooking environment, household appliances are not functioning, unsafe or inaccessible • Resident is using candles • Evidence of poor smoking safety practices • 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 and is at risk of notice being served by Environmental Health • Resident at risk due to living environment • Evidence of outdoor clutter being stored indoors

Clutter Image Rating	CIR 1 - 2	CIR 3 – 4	CIR 5 - 9
Hoarding – Health and Safety	- Property is clean with no odours, (pet or other) - No rotting food - No concerns regarding the use of candles - No concern over flies - Residents managing personal care - No writing on the walls - Quantities of medication are within appropriate limits, in date and stored appropriately. - Personal protective equipment is not required	- Kitchen and bathroom are not kept clean - Offensive odour in the property - Resident is not maintaining safe cooking environment - Some concern with the quantity of medication, or its storage or expiry dates. - No rotting food - No concerning use of candles - Resident trying to manage personal care but struggling - No writing on the walls - Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) - Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. - Personal Protective Equipment required.	- Concern for declining mental health - Human urine and / or 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. - Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) - Visible rodent infestation
Hoarding – Safeguarding of children, family members and / or animals	No Concerns for household members.	- Hoarding on clutter scale 3-4 doesn't automatically constitute a Safeguarding concern. - Please note all additional referral for householders. - Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Referral.	- Hoarding on clutter scale 5-9 constitutes a Safeguarding concern. - Please note all additional concerns for householders

