

Sept 2022

# Woking Hoarding Protocol

SEPT 2022 VERSION 6.1  
WOKING BOROUGH COUNCIL



# Woking Multi-Agency Hoarding Protocol

## Introduction

This protocol sets out a framework for Woking Borough Council, Surrey County Council, Surrey Fire and Rescue Services and other relevant agencies to work in partnership using an outcome focused, solution-based model. The protocol offers clear guidance to staff working with people with hoarding behaviours and has been developed in partnership with the involvement of the following organisations:

- Alpha Extreme
- Catalyst
- Surrey County Council
- Surrey Fire and Rescue Service
- NW Surrey Alliance
- Woking Borough Council

Hoarding behaviour can be highly complex and requires a collaborative and integrated approach. This protocol aims to ensure there is meaningful, coordinated multi agency partnership working with people who hoard to reduce duplication for both the agencies and residents. The protocol aims to facilitate positive and sustainable outcomes for residents, by involving them in the process at all stages. The protocol includes reference to legislation that may be relevant to working with people who hoard.

## Who Does the Protocol Apply To?

This protocol applies to all staff working in Woking in the organisations identified above who make up the core group and have signed up to the protocol.

There is an expectation that everyone engages fully in partnership-working to achieve the best outcome for the individual, while meeting the requirements and duties of individual agencies.

Although other non-Partnership organisations and individuals are not bound by this protocol, the protocol is a public document. Therefore, the Partnership hope that use can be made of this document as a point of reference and useful guidance for any individual or organisation in Surrey to avail of as appropriate. For example, Housing Associations, private landlords, voluntary agencies, health and care providers and Woking residents generally are all encouraged to be aware of this protocol and make use of it accordingly.

## Aims of Protocol

The aims of this protocol are to ensure residents live in safe and comfortable surroundings and will:

- Investigate and share information on the problems related to hoarding from different professional and community perspectives. Dealing with incidents in an evidence based, structured, systematic, coordinated and consistent way.
- Develop “informal” multi-agency solutions which maximize the use of existing services and resources and which may reduce the need for compulsory solutions.
- Ensure that when formal solutions are required, there is a process for planning solutions tailored to meet the needs of the individual. Possible solutions include support and monitoring, property repairs and permanent and temporary re-housing
- To establish best practice and improve knowledge of legislation that relates to hoarding behaviour

## Definition of Hoarding

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). Hoarding is a specific type of behaviour characterised by:

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

## General Characteristics of Hoarding

- **Fear and anxiety:** Hoarding behaviours can be triggered by numerous things, such as anxiety; abuse; trauma; bereavement; a sense of loss, grief or lack of control (e.g. lacking a sense of purpose); poverty; lack of nurturing (e.g. from Adverse Childhood Experiences – ACEs, or relationship breakdowns), etc. Hoarding can be seen as a solution to the problem.
- **Long term behaviour pattern:** possibly developed over many years, or decades, of chronic disorganisation, and/or buy and drop. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.
- **Excessive attachment to possessions:** People who hoard may hold an inappropriate emotional attachment to items.
- **Indecisiveness:** People who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.
- **Unrelenting standards:** People who hoard may find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- **Socially isolated:** people who hoard will typically alienate family & friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of

office-based appointments or off-site visits (for example) in a park, or a coffee-shop may disengage from all services. There are many reasons people disengage – it may be related to issues with (for example) having been bullied/abused/disrespected/mislead (often systemically by agencies they've been brought up to respect), or because they have issues with social communication/interaction skills due to mental illness, neurological conditions (such as Autism, ADHD, etc.). Some people are unlikely to attend meetings unless they have a trusted person with them, to act as an advocate.

- **Large number of pets:** people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”
- **Mentally competent:** People who hoard are typically able to make decisions that are not related to the hoarding behaviour.
- **Extreme clutter:** hoarding behaviour may prevent several or all the rooms of a person's property from being used for its intended purpose.
- **Churning:** hoarding behaviour can involve moving items from one part a person's property to another, without ever discarding anything.
- **Self-Care:** Whilst some people with hoarding behaviours look perfectly presentable, others may look unkempt and disheveled due to lack of toileting or washing facilities in their home. Some people with hoarding tendencies may use public facilities to maintain their personal hygiene and appearance
- **Poor insight:** a person with hoarding behaviour will typically see nothing wrong with their behaviour and the impact it has on them and others.

### What Is Hoarding Disorder?

Hoarding Disorder used to be considered a form of obsessive-compulsive disorder (OCD). However, hoarding is now considered a standalone mental disorder. From January 2022 Hoarding Disorder is now within the framework of ICD-11 in the NHS. For more info details are at

<https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1991016628>

Hoarding behaviour can also be a symptom of other mental disorders. Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is **not** simply a lifestyle choice. The main difference between a someone with hoarding behaviours and a collector is that people with hoarding behaviours have strong emotional attachments to their objects which are well in excess of their real value.

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

Anything can be hoarded, in various areas including the resident's property, garden or communal areas. However, commonly hoarded items include but are not limited to:

- Clothes
- Newspapers, magazines or books

- Bills, receipts or letters
- Food and food containers
- Animals
- Medical equipment
- Collectibles such as toys, video, DVD, or CDs

National Institute for Health and Care Excellence (NICE) have not issued any treatment guidelines for Hoarding, as it has only recently been acknowledged in the UK. Treatment at present depends on someone choosing to engage.

On the basis of former inclusion within OCD, Cognitive Behavioural Therapy (CBT) at this level would likely be provided by Improving Access to Psychological Therapies. (IAPT). Mind Matters is the SABP provider for this but there are other providers:

- Mind Matters, Surrey & Borders NHS FT  
0300 330 5450; [www.mindmattersnhs.co.uk](http://www.mindmattersnhs.co.uk)
- Ieso Digital Health  
0800 074 5560 or [www.iesohealth.com/surrey](http://www.iesohealth.com/surrey) or Text 'More' to 66777
- Centre for Psychology  
01483 901 429; [www.centreforpsychology.co.uk](http://www.centreforpsychology.co.uk)
- Dorking Health Care  
01483 906392; [www.dhctalkingtherapies.co.uk](http://www.dhctalkingtherapies.co.uk)
- We are with you (previously called Think Action)  
<https://www.wearewithyou.org.uk/help-and-advice/find-service/how-we-help-mental-health>

Again there are no specific licensed medications but GPs would likely consider antidepressant medicines called selective serotonin reuptake inhibitors (SSRIs).

### **Types of Hoarding**

There are three types of hoarding:

#### **1) Inanimate objects**

This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.

#### **2) Animal Hoarding**

Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. Someone with hoarding behaviour is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. As well, the homes of animals are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

#### **3) Data Hoarding**

This is a new phenomenon of hoarding. There is little research on this matter, and it may not seem as significant and inanimate as animal hoarding, however people that do hoard data could still present with same issues that are symptomatic of hoarding. Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

### **Hoarding Insight Characteristics**

Hoarding Insight Characteristics explain the client's attitude towards the hoarding. This guide provides a baseline to describe the client's attitude towards their hoarding behaviour. This information is included on referrals and reports to enable a tailored approach that is relevant to the client.

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

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

#### **Poor insight**

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

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

The client is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client is completely accepting of their living environment despite it being hoarded and possibly a risk to health.

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

The client has been away from their property for an extended period. The client has formed a detachment from the hoarded property.

The client is now convinced a 3rd party is to blame for the condition of the property. For example, a burglary has taken place, squatters or other household members.

### **Treatment of Hoarding Disorder**

“Gold standard,” evidence-based treatments for hoarding disorder are still being researched and developed, but several promising elements have emerged as successful practice. Often clinicians find the most benefit from using a combination of the types of treatment described below with their clients.

**Cognitive Behavioral Therapy (CBT)** is a type of therapy that helps individuals to examine the way they think and behave, and to change the thought processes or behaviors that may be problematic. The specific CBT elements involved in HD treatment include restricting acquiring, practicing sorting and discarding, and cognitive restructuring to challenge thoughts and beliefs about attachment to items.

**Motivational Interviewing (MI)** is a technique that seeks to increase the individual's motivation to make positive change(s) in their behavior. MI increases motivation by helping the individual connect their values and goals with their behaviors, and brainstorming ways to change behaviors that are not in line with their values and goals.

**Skills Training** for HD focuses on helping people learn (1) how to organise their belongings within their homes, (2) how to use problem solving methods to address common problems that arise in working on their clutter, and (3) how to make decisions about keeping needed items and removing unwanted objects that contribute to clutter.

**Medication** for HD works to change an individual's brain chemistry and activity. They can enable the individual to be more able to engage in the treatment process, whether by improving their mood or by reducing their severe anxiety.

**Patient Activation Measure (PAM)** is a validated, licensed scale that is used to assist in measuring the spectrum of knowledge, skills and confidence in patients and helps gauge to what level people feel engaged and confident in taking care of their condition. (See Monitoring outcomes section for further information).

### Legislation and Guidance

Each partner to this protocol follows relevant legislation. This guide highlights the main relevant legislation that can be considered.

#### **Care Act 2014 - Gaining Access to the Adult/Their Home**

The Care Act 2014 provides a statutory framework for assessing the care and support needs of adults over 18 years of age. The relevant sections that could be applied for an individual who meets the definition of a Someone with hoarding behaviours are as follows:

##### **Section 9 – Assessment of Need.**

Where it appears to a local authority that an adult may have needs for care and support, the authority must assess:

- a) whether the adult does have needs for care and support, and
- b) if the adult does, what those needs are.

The duty to carry out a needs assessment applies regardless of the authorities of the authority's view of –

- a) the level of the adults' needs for care and support, or
- b) the level of the adult's financial resources.



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- b) the level of the adult's financial resources.
- c) **Section 11 – Refusal of assessment:**

Where an adult refuses a needs assessment, the local authority concerned is not required to carry out the assessment, but the local authority must carry out a needs assessment if –

- a) the adult lacks capacity to refuse the assessment and the authority is satisfied that carrying out the assessment would be in the adult's best interest, or
- b) the adult is experiencing, or is at risk of, abuse or neglect

### **Section 42 – Safeguarding decision:**

This section applies where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) –

- a) as needs for care and support (whether or not the authority is meeting any of those needs),
- b) is experiencing, or is at risk of abuse or neglect, and
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom. The following legal powers may be relevant, depending on the circumstances:

If the person has been assessed as lacking mental capacity in relation to a matter relating to their welfare: The Court of Protection has the power to make an order under Section 16(2) of the MCA relating to a person's welfare, which makes the decision on that person's behalf to allow access to an adult lacking capacity. The Court can also appoint a deputy to make welfare decisions for that person.

If an adult with mental capacity, at risk of abuse or neglect, is impeded from exercising that capacity freely: the inherent jurisdiction of the High Court enables the Court to make an order (which could relate to gaining access to an adult) or any remedy which the Court considers appropriate (for example, to facilitate the taking of a decision by an adult with mental capacity free from undue influence, duress or coercion) in any circumstances not governed by specific legislation or rules.

If there is concern about a mentally disordered person: Section 115 of the MHA provides the power for an approved mental health professional (approved by a local authority under the MHA) to enter and inspect any premises (other than a hospital) in which a person with a mental disorder is living,

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on production of proper authenticated identification, if the professional has reasonable cause to believe that the person is not receiving proper care. Section 115 is long standing but infrequently used. It was theoretically intended to access someone in a care facility for inspection as partners would seek to use a s135 warrant to access someone in their own home to assess them if they were unwilling to be seen.

If a person is believed to have a mental disorder, and there is suspected neglect or abuse: under Section 135(1) of the MHA, a magistrates court has the power, on application from an approved mental health professional, to allow the police to enter premises using force if necessary and if thought fit, to remove a person to a place of safety or to keep a person in their home for the purposes of an assessment if there is reasonable cause to suspect that they are suffering from a mental disorder **and**

(a) has been, or is being, ill-treated, neglected or kept otherwise than under proper control, in any place within the jurisdiction of the justice, or

(b) being unable to care for themselves, is living alone in any such place. **The warrant can be granted by the magistrate's Court on application by an AMPH (Approved Mental Health Professional), police officer and a doctor to enter the premises and remove the person to a place of safety. This is very much a last resort and even if the person is detained it does not allow for any interference with the property.**

Power of the police to enter and arrest a person for an indictable offence: Section 17(1)(b) of Police and Criminal Evidence Act (PACE) 1984.

Common law power of the police to prevent, and deal with, a breach of the peace. Although breach of the peace is not an indictable offence the police have a common law power to enter and arrest a person to prevent a breach of the peace.

If there is risk to life and limb: Section 17(1) (e) of the Police and Criminal Evidence Act (PACE) 1984 gives the Police the power to enter premises without a warrant in order to save life and limb or prevent serious damage to property. This represents an emergency situation, and it is for the police to exercise the power.

Section 127 MHA or Section 44 MCA - where a third party seeks to obstruct assessment or frustrate lawful intervention by statutory services the Police may have additional powers of arrest for offences, but again it is recognised that these powers will be used only in exceptional circumstances.

### **The Care and Support Statutory Guidance, 2016**

This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

### **Mental Capacity Act 2005**

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

- To understand the information relevant to the decision
- To retain that information
- To use or weigh that information as part of the process of making the decision
- To communicate their decision (whether verbally, using sign language or any other means)

An inability to satisfy any one of these four conditions would render the person incapable. Under section 2 of the Mental Capacity Act 2005 under Best Interest the decision maker must:

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

### **Mental Capacity Act Code of Practice**

The Mental Capacity Act Code of Practice Guidance Notes cover:

- Who should address Capacity?
- Whether the person has made an advance decision or given authority to someone else to make this decision
- How to determine 'Best Interest' and when to call a best Interest meeting
- The role and function of the independent Mental Capacity Advocate
- The role of the Court of Protection

When assessing someone who hoards or self-neglects it is important to remember that when a person makes a decision which is unwise, inappropriate or places themselves at risk, this does not necessarily mean that they lack capacity to make that decision. Poor decision making alone does

not constitute lack of capacity. The assessment of capacity must be based on the person's ability to make a decision in relation to the relevant matter. In cases of hoarding and / or self-neglect where a person is repeatedly making decisions that place him/herself at risk and could result in preventable suffering or damage, an assessment of capacity should be undertaken.

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

The action taken should consider:

- The wishes, feelings, values and benefits of the person who has been assessed as lacking mental capacity.
- The views of family members, parents, carers and other people interested in the welfare of the person lacking capacity, if it is practical and appropriate.
- The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney.
- The views of any Deputy appointed by the Court of Protection to make decisions on the person's behalf

### **Mental Health Act 1983 (amended 2007)**

Sections of the Mental Health Act may be applicable in cases of hoarding or self-neglect where the person is also suffering from a mental disorder.

### **Mental Health Act 1983 amended 2007 Section 135**

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

This allows the Police Officer to enter, if need by force, any premises specified in the warrant and if thought fit to remove the person to a place of safety with a view to an application being made under part II of the Act, or other arrangements for their treatment or care. If the premises specified in the warrant are a place of safety the police officer can keep the person at the premises for the purposes stated above. This includes, where appropriate, the person's own home. The period of detention is for 24 hours initially with the possibility of a 12-hour extension under clearly defined circumstances.

### **Mental Health Act 1983 amended 2007 Section 7– Guardianship**

Application for guardianship is made by an approved Mental Health Professional or the person's nearest relative (as defined under the Act). Two Doctors must confirm that: The patient is suffering from a mental disorder of a nature or degree that warrants reception into guardianship and;

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

Guardianship requires the patient:

- To reside at a place specified by the guardian
- To attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment)
- To allow access to the person by any doctor or other mental health professionals

### **Human Rights Act 1998**

Article 8 - Right to respect for private and family life states that everyone has the right to respect for his private and family life, his home and correspondence and that there shall be no interference by a public authority with the exercise of this right except in certain circumstances. Any intervention must accord with the law and be for a range of reasons which include public safety and the protection of health or for the protection of the rights and freedoms of others.

Article 5 - Right to liberty and security states that no one should be deprived of his liberty other than in accordance with the procedure prescribed by law or in a number of specified circumstances. One of the provisions relates to 'lawful detention for the prevention of the spreading of infectious diseases, of service users of unsound mind, alcoholics, drug addicts or vagrants'.

### **Environmental Protection Act 1990**

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

### **Public Health Act 1936**

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

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

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

### **Housing Act 1985**

Schedule 2: Grounds for possession of dwelling-houses let under secure tenancies Part, 1: Grounds on which a court may order possession if it considers it reasonable

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

### **Housing Act 2004**

Local housing authorities (LHAs) have for more than 80 years had powers to deal with poor quality housing. Provisions - contained in the Housing Act 1985 were changed by Part 1 of the 2004 Act: It replaces the existing housing fitness standard with a new Housing Health and Safety Rating (HHSR) system. This places the emphasis on the effects on occupiers rather than the building itself. LHAs will, under the HHSR system, assess the rating of hazards in the building and use this to assess what action needs to be taken. There are new enforcement powers such as improvement and prohibition notices with powers to deal also with emergencies in the case of urgent hazards. And amendments are made to the current powers on demolition orders and clearance areas to accommodate the HHSR.

### **Anti-Social Behaviour, Crime and Policing Act 2014 - Community Protection Notice**

A Community Protection Notice is new power under the Anti-Social Behaviour, Crime and Policing Act 2014. The purpose of the Community Protection Notice is to stop a person over the age of 16 years old, a business or an organisation from committing anti-social behaviour which spoils the community's quality of life.

It can be used to deal with particular on-going problems or nuisances which negatively impact on or affect the community, by targeting those responsible. It can cover a wide range of anti-social behaviours and can be used against a wide range of perpetrators.

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

- A detrimental effect on the quality of life of those in the locality
- Is of a persistent or continuing nature
- Is unreasonable

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

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

A Community Protection Notice can include a requirement to stop doing something, to start doing something, or to take reasonable steps to avoid further anti-social behaviour.

Breaching a Community Protection Notice is a criminal offence. If appropriate a fixed penalty notice can be issued or a fine of up to £20,000 for businesses.

### **Anti-Social Behaviour, Crime and Policing Act 2014. Closure Notice.**

The Anti-Social Behaviour, Crime and Policing Act 2014, (Section 76 to 93) allows police or the local authority to issue a closure notice if they are satisfied that at least one of the following criteria is met;

- That a person has engaged, or (if the order is not made) is likely to engage, in disorderly, offensive or criminal behaviour on the premises, or
- That the use of the premises has resulted, or (if the order is not made) is likely to result, in serious nuisance to members of the public, or
- That there has been, or (if the order is not made) is likely to be, disorder near those premises associated with the use of these premises.
- The closure order must be necessary to prevent the behaviour, nuisance or disorder from continuing, recurring or occurring.
- Before issuing a closure notice, the police or local authority must ensure that any partner agency, body or individual the officer or authority thinks appropriate has been consulted. This must include the local authority. If the decision is that a closure is in the best interests of the person in that premises, then evidence must be collated.
- A closure notice can be authorised by an Inspector for 24 hours or a Superintendent for 48 hours. A copy of the notice must be displayed at the address and a copy must be given to a person who has responsibility for, or control of the premises.
- Following the notice being served the case will be heard at Magistrates Court and the closure either agreed or disagreed. If agreed, then the order is in place for three months and can be extended to six months following a further application to the court.

### Assessment Tool Guidelines

The nationally recognised Assessment Tool should be used in assessing all cases to provide consistency in approach and the ability to record improvement/deterioration.

<p><b>1. Property structure, services &amp; garden area</b></p>	<ul style="list-style-type: none"> <li>• Assess the access to all entrances and exits for the property. (Note impact on any communal entrances &amp; exits). Include access to roof space.</li> <li>• Does the property have a smoke alarm?</li> <li>• Visual Assessment (non-professional) of the condition of the services (NPVAS) within the property e.g. plumbing, electrics, gas, air conditioning, heating, this will help inform your next course of action.</li> <li>• Are the services connected?</li> <li>• Assess the garden, size, access and condition.</li> </ul>
<p><b>2. Household Functions</b></p>	<ul style="list-style-type: none"> <li>• Assess the current functionality of the rooms and the safety for their proposed use. e.g., can the kitchen be safely used for cooking or does the level of clutter within the room prevent it.</li> <li>• Select the appropriate rating on the clutter scale.</li> <li>• Estimate the % of floor space covered by clutter</li> <li>• Estimate the height of the clutter in each room</li> </ul>
<p><b>3. Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Assess the level of sanitation in the property.</li> <li>• Are the floors clean?</li> <li>• Are the work surfaces clean?</li> <li>• Are you aware of any odours in the property?</li> <li>• Is there rotting food?</li> <li>• Does the resident use candles?</li> <li>• Did you witness a higher-than-expected number of flies?</li> <li>• Are household members struggling with personal care?</li> <li>• Is there random or chaotic writing on the walls on the property?</li> <li>• Are there unreasonable amounts of medication collected? Prescribed or over the counter?</li> <li>• Is the resident aware of any fire risk associated to the clutter in the property?</li> </ul>
<p><b>4. Safeguard of Children &amp; Family members</b></p>	<ul style="list-style-type: none"> <li>• Do any rooms rate 7 or above on the clutter rating scale?</li> <li>• Does the household contain young people or children?</li> </ul>
<p><b>5. Animals and Pests</b></p>	<ul style="list-style-type: none"> <li>• Are there any pets at the property?</li> <li>• Are the pets well cared for; are you concerned about their health?</li> <li>• Is there evidence of any infestation? E.g., bed bugs, rats, mice, etc.</li> <li>• Are animals being hoarded at the property?</li> <li>• Are outside areas seen by the resident as a wildlife area?</li> <li>• Does the resident leave food out in the garden to feed foxes etc.</li> </ul>
<p><b>6. Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• Following your assessment do you recommend the use of Personal Protective Equipment (PPE) at future visits? Please detail</li> <li>• Following your assessment do you recommend the resident is visited in</li> </ul>



## Clutter Images

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

### Clutter Image Rating: Bedroom

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



1



2



3



4



5



6



7



8



9

Bedroom Hoarding Rating Scale 1-9

<p style="text-align: center;"><b>LEVEL 1</b></p> <p>Clutter image rating 1 - 3</p>	<p>Household environment is considered standard. No specialist assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.</p>
<p><b>1. Property structure, services &amp; garden area</b></p>	<ul style="list-style-type: none"> <li>• All entrances and exits, stairways, roof space and windows accessible.</li> <li>• Smoke alarms fitted and functional or referrals made to Surrey Fire and Rescue to visit and install.</li> <li>• All services functional and maintained in good working order.</li> <li>• Garden is accessible, tidy and maintained</li> </ul>
<p><b>2. Household Functions</b></p>	<ul style="list-style-type: none"> <li>• No excessive clutter, all rooms can be safely used for their intended purpose.</li> <li>• All rooms are rated 0-3 on the Clutter Rating Scale</li> <li>• No additional unused household appliances appear in unusual locations around the property</li> <li>• Property is maintained within terms of any lease or tenancy agreements where appropriate.</li> <li>• Property is not at risk of action by Environmental Health.</li> </ul>
<p><b>3. Health and Safety</b></p>	<ul style="list-style-type: none"> <li>• Property is clean with no odours, (pet or other)</li> <li>• No rotting food</li> <li>• No concerning use of candles</li> <li>• No concern over flies</li> <li>• Residents managing personal care</li> <li>• No writing on the walls</li> <li>• Quantities of medication are within appropriate limits, in date and stored appropriately.</li> </ul>
<p><b>4. Safeguard of Children &amp; Family Members</b></p>	<ul style="list-style-type: none"> <li>• No concerns for household members</li> </ul>
<p><b>5. Animals and Pests</b></p>	<ul style="list-style-type: none"> <li>• Any pets at the property are well cared for</li> <li>• No pests or infestations at the property</li> </ul>
<p><b>6. Personal Protective Equipment (PPE)</b></p>	<ul style="list-style-type: none"> <li>• No PPE required</li> <li>• No visit in pairs required.</li> </ul>

Level 1	<u>Actions</u>
Referring Agency	<ul style="list-style-type: none"> <li>• Discuss concerns with resident</li> <li>• Raise a request to the Surrey Fire and Rescue to provide fire safety advice</li> <li>• Refer for support assessment if appropriate.</li> <li>• Refer to GP if appropriate</li> </ul>
Environmental Health	<ul style="list-style-type: none"> <li>• No Action</li> </ul>
Social Landlords	<ul style="list-style-type: none"> <li>• Provide details on debt advice if appropriate to circumstances</li> <li>• Refer to GP if appropriate</li> <li>• Refer for support assessment if appropriate.</li> <li>• Provide details of support streams open to the resident via charities and self-help groups.</li> <li>• Provide details on debt advice if appropriate to circumstances</li> <li>• Ensure residents are maintaining all tenancy conditions</li> <li>• Involve Woking Housing Services</li> </ul>
Practitioners	<ul style="list-style-type: none"> <li>• Complete Hoarding Assessment</li> <li>• Make appropriate referrals for support</li> <li>• Refer to social landlord if the client is their tenant or leaseholder</li> </ul>
Emergency Services	<ul style="list-style-type: none"> <li>• Ensure information is shared with statutory agencies &amp; feedback is provided to referring agency on completion of home visits.</li> </ul>
Animal Welfare	<ul style="list-style-type: none"> <li>• No action unless advice requested</li> </ul>
MASH Safeguarding Adults	<ul style="list-style-type: none"> <li>• No action unless other concerns of abuse are noted.</li> </ul>

<b>Level 2</b>  <i>Clutter image rating 4-6</i>	<b>Household environment requires the professional assistance to resolve the clutter and the maintenance issues in the property</b>
<b>1. Property structure, services &amp; garden area</b>	<ul style="list-style-type: none"> <li>• Only major exit is blocked</li> <li>• Only one of the services is not fully functional</li> <li>• Concern that services are not well maintained</li> <li>• Smoke alarms are not installed or not functioning</li> <li>• Garden is not accessible due to clutter or is not maintained</li> <li>• Evidence of indoor items stored outside</li> <li>• Evidence of light structural damage including damp</li> <li>• Interior doors missing or blocked open</li> </ul>
<b>2. Household Functions</b>	<ul style="list-style-type: none"> <li>• Clutter is causing congestion in the living space and is impacting on the use of the rooms for their intended purpose</li> <li>• Clutter is causing congestion between the rooms and entrances.</li> <li>• Room(s) score between 4 - 6 on the clutter scale.</li> <li>• Inconsistent levels of housekeeping throughout the property</li> <li>• Some household appliances are not functioning properly and there may be additional units in unusual places.</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable.</li> <li>• Evidence of outdoor items being stored inside</li> </ul>
<b>3. Health &amp; Safety</b>	<ul style="list-style-type: none"> <li>• Kitchen and bathroom are not kept clean</li> <li>• Offensive odour in the property</li> <li>• Resident is not maintaining safe cooking environment</li> <li>• Some concern with the quantity of medication, or its storage or expiry dates.</li> <li>• No rotting food</li> <li>• No concerning use of candles</li> <li>• Resident trying to manage personal care but struggling</li> <li>• No writing on the walls</li> </ul>
<b>4. Safeguarding of Children &amp; Family Members</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding Alert.</li> <li>• Please note all additional concerns for householders</li> <li>• Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert under a different risk.</li> </ul>
<b>5. Animals &amp; Pests</b>	<ul style="list-style-type: none"> <li>• Pets at the property are not well cared for</li> <li>• Resident is not unable to control the animals</li> <li>• Animal's living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed</li> <li>• Sound of mice heard at the property.</li> <li>• Spider webs in house</li> <li>• Light insect infestation (bed bugs, lice, fleas, cockroaches, ants)</li> </ul>
<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>• PPE required.</li> </ul>

Level 2	<p style="text-align: center;"><b><u>Actions</u></b></p> <p style="text-align: center;"><b>In addition to the actions listed below, these cases need to be monitored regularly in the future due to <u>RISK OF ESCALATION or REOCCURENCE</u></b></p>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Refer to landlord if resident is a tenant</li> <li>• Refer to Environmental Health if resident is a freeholder</li> <li>• Raise and request to the Surrey Fire and Rescue to provide fire prevention advice</li> <li>• Provide details of garden services</li> <li>• Refer for support assessment</li> <li>• Referral to GP</li> <li>• Referral to debt advice if appropriate</li> <li>• Refer to Animal welfare if there are animals at the property.</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems</li> <li>• At time of inspection, Environmental Health Officer decides on appropriate course of action</li> <li>• Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</li> <li>• Consider Works in Default if notices not complied by occupier</li> </ul>
<b>Social Landlord</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property and assess support needs</li> <li>• Ensure residents are maintaining all tenancy conditions</li> <li>• Enforce tenancy conditions relating to residents' responsibilities</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Involve Woking Housing Services</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> </ul>
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Educate client regarding animal welfare if appropriate</li> <li>• Provide advice / assistance with re-homing animals</li> </ul>
	<ul style="list-style-type: none"> <li>• No action unless other concerns of abuse are noted.</li> <li>• If other concerns of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.</li> </ul>
<b>MASH</b>	No action unless other concerns of abuse are noted

<b>Level 3</b> <b>Clutter image rating</b> <b>7-9</b>	Household Environment will require intervention with a collaborative multi agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householder(s), surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.
<b>1. Property structure, services &amp; garden area</b>	<ul style="list-style-type: none"> <li>• Limited access to the property due to extreme clutter</li> <li>• Evidence may be seen of extreme clutter seen at windows</li> <li>• Evidence may be seen of extreme clutter outside the property</li> <li>• Garden not accessible and extensively overgrown</li> <li>• Services not connected or not functioning properly</li> <li>• Smoke alarms not fitted or not functioning</li> <li>• Property lacks ventilation due to clutter</li> <li>• Evidence of structural damage or outstanding repairs including damp</li> <li>• Interior doors missing or blocked open</li> <li>• Evidence of indoor items stored outside</li> </ul>
<b>2. Household Functions</b>	<ul style="list-style-type: none"> <li>• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.</li> <li>• Room(s) scores 7 - 9 on the clutter image scale</li> <li>• Rooms not used for intended purposes or very limited</li> <li>• Beds inaccessible or unusable due to clutter or infestation</li> <li>• Entrances, hallways and stairs blocked or difficult to pass</li> <li>• Toilets, sinks not functioning or not in use</li> <li>• Resident at risk due to living environment</li> <li>• Household appliances are not functioning or inaccessible</li> <li>• Resident has no safe cooking environment</li> <li>• Resident is using candles</li> <li>• Evidence of outdoor clutter being stored indoors.</li> <li>• No evidence of housekeeping being undertaken</li> <li>• Broken household items not discarded e.g., broken glass or plates</li> <li>• Concern for declining mental health</li> <li>• Property is not maintained within terms of lease or tenancy agreement where applicable</li> <li>• Property is at risk of notice being served by Environmental Health</li> </ul>
<b>3. Health and Safety</b>	<ul style="list-style-type: none"> <li>• Human urine and or excrement may be present</li> <li>• Excessive odour in the property, may also be evident from the outside</li> <li>• Rotting food may be present</li> <li>• Evidence may be seen of unclean, unused and or buried plates &amp; dishes.</li> <li>• Broken household items not discarded e.g., broken glass or plates</li> <li>• Inappropriate quantities or storage of medication.</li> <li>• Pungent odour can be smelt inside the property and possibly from outside.</li> <li>• Concern with the integrity of the electrics</li> <li>• Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.</li> <li>• Concern for declining mental health</li> </ul>
<b>4. Safeguard of Children &amp; Family members</b>	<ul style="list-style-type: none"> <li>• Hoarding on clutter scale 7-9 constitutes a Safeguarding Alert.</li> <li>• Please note all additional concerns for householders</li> </ul>

<b>5. Animals and Pests</b>	<ul style="list-style-type: none"> <li>• Animals at the property at risk due the level of clutter in the property</li> <li>• Resident may not able to control the animals at the property</li> <li>• Animal's living area is not maintained and smells</li> <li>• Animals appear to be under nourished or over fed</li> <li>• Hoarding of animals at the property</li> <li>• Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)</li> <li>• Visible rodent infestation</li> </ul>
<b>6. Personal Protective Equipment (PPE)</b>	<ul style="list-style-type: none"> <li>• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.</li> <li>• Visit in pairs required</li> </ul>

Level 3	<u>Actions</u>
<b>Referring Agency</b>	<ul style="list-style-type: none"> <li>• Raise Safeguarding <b>Alert within 24 hours</b></li> <li>• Advise Housing</li> <li>• Raise a request to Surrey Fire and Rescue within 24 hours to carry out a Safe and Well visit.</li> </ul>
<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>• Refer to Environmental Health with details of client, landlord (if relevant) referrer's details and overview of problems</li> <li>• At time of inspection, EHO decides on appropriate course of action</li> <li>• Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</li> <li>• Consider Works in Default if notices not complied by occupier</li> </ul>
<b>Landlord</b>	<ul style="list-style-type: none"> <li>• Visit resident to inspect the property &amp; assess support needs</li> <li>• Attend multi agency Safeguarding meeting</li> <li>• Enforce tenancy conditions relating to residents' responsibilities</li> <li>• If resident refuses to engage consider serving Notice of Seeking Possession under Ground</li> <li>• 13 to Schedule 2 of the Housing Act 1988</li> </ul>
<b>Practitioners</b>	<ul style="list-style-type: none"> <li>• Ensure information sharing with all agencies involved to ensure collaborative approach and a sustainable resolution.</li> <li>• Discuss at Hoarding Panel</li> </ul>
<b>Emergency</b>	<ul style="list-style-type: none"> <li>• Attend Safeguarding multi agency meetings on request</li> <li>• Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</li> <li>• Provide feedback to referring agency on completion of home visits.</li> </ul>
<b>Animal Welfare</b>	<ul style="list-style-type: none"> <li>• Visit property to undertake a wellbeing check on animals at the property.</li> <li>• Remove animals to a safe environment</li> <li>• Educate client regarding animal welfare if appropriate</li> <li>• Take legal action for animal cruelty if appropriate                             <ul style="list-style-type: none"> <li>• Provide advice / assistance with re-homing animals</li> </ul> </li> </ul>
<b>Safeguarding Adults</b>	<ul style="list-style-type: none"> <li>• Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse. Referral to MASH should be made</li> <li>• Refer to C-SPA if children or young people present within 24 hours</li> </ul>



### Referral Pathway

Individuals need to use their own professional judgment to decide how to approach a situation where someone has been identified as having hoarding behaviour. Each case should be considered in the light of its own individual circumstances. The practitioner might use their own professional judgment to decide what action to take or discuss the matter with their line manager. On completion of the Hoarding Assessment Form and clutter rating score there are a range of options for the practitioner to consider.

Appropriate actions might include one or more from the following list:

- Refer to Surrey Fire & Rescue
- Refer to Housing
- Refer to Environmental Health
- Contact emergency services
- Refer to GP
- Refer to Social Care for a Care Act Assessment
- Refer to Social Care with a safeguarding enquiry if very significant concern
- Add to Woking Hoarding Database
- Add to the Woking Hoarding MDT for discussion

The Woking Hoarding Steering Group has set out potential approaches below for staff to follow.

On completion of the Hoarding Assessment Form and clutter rating score, it will enable the correct Hoarding Referral pathway to be taken dependent on the severity of the hoarding. The three referral routes are:

Low level 1 - clutter rating score 1-3

Medium level 2 -clutter rating score 4-6

High level 3 -clutter rating score 7-9

#### **Low Level 1 – Stages 1-3**

Appendix 1 identifies the low-level pathway. On discovery of a case by any agency the practitioner should consider raising concerns and discussing with agencies as appropriate – such as Surrey Fire and Rescue, housing, social services, emergency services, animal welfare, MASH etc.

The practitioner will consider local support including talking therapies, Recovery College, community connection and Health Surrey. Clinical interventions may include CBT, motivational interviewing, peer facilitated support groups and home assistance from peers. Other approaches to consider are web based, book based experimental visual aids, mind tools, wheel of wellbeing etc.

At this point self-help tips and techniques are vital.

The practitioner should remember to consider any medication review.

The practitioner would take the lead on the case and determine frequency of visits and any deterioration to reclassify to level 2 if required.

As a low level 1, the case would be entered onto the Hoarding Protocol database but would not be discussed by the Woking MDT unless multi agency approach is beneficial.

### **Medium Level 2 – Stages 4-6**

At level 2, the case should be entered onto the Hoarding Protocol database to be discussed by the Woking Hoarding MDT.

### **High Level 3 - Stages 7-9**

At level 3, the case should be entered onto the Hoarding Protocol database to be discussed by the Woking Hoarding MDT and the Steering Group.

## **Woking Hoarding Database**

Woking Borough Council will control and maintain the database that contains details of all hoarding cases identified and discussed. All partners should provide the basic information required on the Woking Hoarding Assessment Form (Appendix 4) and email to [Independent.Support@woking.gov.uk](mailto:Independent.Support@woking.gov.uk)

This database will be shared with the Woking Hoarding Steering Group. From this data base monitoring, evaluation and outcomes will be monitored and obtained.

## **Hospital Discharge**

All partners are committed to ensure that people in hospital can return home as soon as medically fit and to avoid any potential for discharge to be delayed. Occasionally, residents who hoard first come to the attention of statutory authorities as a result of a hospital admission.

Hoarding does not happen overnight. It is important to recognise that the individual has been living in a cluttered situation at home for some considerable time.

Traditional approaches may involve organising a “clean up” to the property before discharge. However, this course of action may be a traumatic experience for the person concerned and may be a detriment to their health. The fast-paced drumbeat of hospital discharge is wholly at odds with the timeframe that is usually involved with someone being willing to accept support to declutter their home.

Hospital discharge teams should not take blanket-approaches in managing the discharge of someone who hoards. Discharge professionals will be presented with a need to balance risk with individual autonomy, considering factors such as mental capacity, carer and family views as well as the views of the wider multi-disciplinary team. It will be important also to seek intelligence from Surrey Fire & Rescue Service, and Borough and District Councils (in particular with regard to housing and environmental health).

Surrey has established Discharge to Assess (D2A) services in each of its Acute Hospital sites. It is important that effective and timely discharge planning processes are in place – especially for people who hoard. Early identification of such individuals by the wards is crucial to enable maximum potential for a timely discharge.

It may well be appropriate for a capacitated person to return to the same cluttered conditions that they had been living in prior to the hospital admission. This will involve good multi-disciplinary discharge planning that takes into account the factors above.

Where an individual has been identified in this scenario, the case should be automatically referred to the Woking Hoarding MDT to determine the most appropriate support to be provided.

### **Woking Hoarding Steering Group (WHSG)**

#### **Terms of Reference**

The Woking Hoarding Steering Group (WHSG) is a multi-agency problem solving group which supports people with hoarding behaviours within Woking borough. The steering group will look at Hoarding at a strategic level and together unblock challenges in the Woking Hoarding MDT, consider training and development needs within the partners, consider financial implications, sourcing funding and evaluate and monitoring the work of the Woking Hoarding MDT.

The aims and objectives of the WHSG are to:

- Provide organisational commitment to engage with the Group where necessary
- Coordinate a joint approach to dealing with cases where residents hoard, with a view to reducing costs and time taken to deal with cases.
- Highlight best practice over the county and to engage in areas to have trials on multi-agency working
- Provide guidance, support and sharing of best practice
- To evaluate and monitor the work for the Woking Hoarding MDT.
- Identify a range of support and enforcement measures, including legal routes and assist in determining appropriate and effective measures
- Publicise any projects or best practice shared by the Group
- Facilitate effective information sharing and case management that enables appropriate action to be taken.
- To hold partner agencies to account for actions under their areas of responsibility.
- Report to the Alliance on the progress of the group and the MDT.

#### **Suggested Process and Governance**

- The WHPM will agree its chairing and administrative support arrangements.
- The Group will meet at least every two months. Dates will be arranged by Woking Borough Council and provided via the minutes at least six months in advance.

- Agendas will be circulated at least 3 days before the next meeting to enable agencies to research and collate all relevant information.
- Minutes from each meeting will be kept and resulting actions recorded.
- Each agency within the Group will instigate their assigned actions promptly and update the administrator prior to the meeting.
- An attendance list will be signed by all with a reminder of confidentiality and information sharing.
- Any request for written information will be subject to the Surrey Heartlands Information Sharing Protocol.

### **Woking Hoarding MDT**

WHMDT will discuss and agree action to support the resident with hoarding behaviours and those affected by the situation. Using the expertise that exists in this multi-agency group, members will share information on cases, and put in place appropriate risk management plans to address the behaviour and reduce the negative impact on their lives.

Every MDT will manage its own process providing support to people with hoarding behaviours and will have an opportunity to meet weekly or as required for each case but as a minimum every two months. Each agency within the Group will instigate their assigned actions promptly and update the administrator prior to the meeting.

### **Suggested Process and Governance**

- The WHMDT will agree its chairing and administrative support arrangements.
- The MDT will carry out risk assessments on people with hoarding behaviours and endeavor to provide or signpost to suitable support.
- All relevant information may be lawfully disclosed to other agencies under the Surrey Heartlands Information Sharing Protocol.
- Each participating agency should ensure that there is complete clarity of what they can and cannot achieve and that demands are realistic.
- Referrals to the MDT may come from any participating agency, at any level of hoarding if it is felt a multi partnership approach is more appropriate to support the resident, on the agreed form.
- MDT will be responsible for gaining consent from the nominated individual to inform them that they will be discussed by the MDT. Where no consent is given but there is significant health safeguarding risks discussion can be held.
- The MDT will be added to the Woking Wrap Round the Resident MDT so is available weekly.

- The MDT will agree lead partner and officer for each case to prevent duplication of work across all partners.
- The MDT will look to reduce repeat hoarding and implement risk management plans to prevent further harm.
- Understand when a person with hoarding behaviour should be considered by Community Mental Health Team or Adult Social Care
- Highlight when a person with hoarding behaviour should also be considered as a Safeguarding case.
- Assist in improving the quality of life for individuals and help them to live safely, access support and sustain their independence.
- Assist staff from partner organisations to identify connected risks and prioritise actions
- The Group will carry out risk assessments on people with hoarding behaviours and endeavor to provide or signpost to suitable support.
- All relevant information may be lawfully disclosed to other agencies under the Surrey Heartlands Information Sharing Protocol.
- The MDT will address any antisocial behaviour of the person with hoarding behaviours.
- Group will meet at least every two months. Dates will be arranged by Woking Borough Council and provided via the minutes at least six months in advance.
- If an officer is unable to attend the WHMDT when an item on the agenda is relevant to that agency, please ensure that either a suitable replacement who is able to provide information and make decisions is sent to the meeting, or that a written update is given to the administrator in advance of the next meeting.

### **Information Sharing**

For agencies to work collaboratively and effectively to reduce the risks of hoarding behaviour, information will need to be shared. Wherever possible written, signed consent to share should be obtained by the led organization dealing with the resident. However, where safeguarding and health issues are at risk cases can be discussed without consent under the Care Act as detailed below.

Sharing information must be in line with the Data Protection Act 1998, under which we all have the responsibility to ensure that personal information is processed lawfully and fairly. All people have a right to view any information held about them. Practitioners should consider this when they are recording information about a person.

There are various formal information sharing agreements in Surrey under the Surrey Information Sharing Protocol;

[The Surrey Multi Agency Information Sharing Protocol \(MAISP\) - Surrey County Council \(surreycc.gov.uk\)](https://www.surreycc.gov.uk)

Each agency will ensure that when it share information about hoarding, this is done on a 'need to

know' basis and that all information is transferred in a secure format. This means, for example, that Surrey Fire and Rescue will share information with the housing provider and vice versa. If the housing is provided by a private landlord efforts will be made to share the information with the landlord in the interest of mitigating a risk. If it is a more significant case of hoarding, information may also be shared with Surrey Adults Safeguarding Board.

For the purposes of this protocol we have adopted the following principle;

- Adults have a right to independence, choice and self-determination. This extends to them being able to have control over the information about themselves and to determine what information is shared. Therefore, the person's written consent should be obtained before sharing and it should routinely be explained what information may be shared with other people or organisations. The person's wishes should always be considered.
- People 'at risk' within the terms of the Care Act 2014

Acting to protect a person who under the Care Act 2014 would be deemed to be an adult at risk is based on the general principle that any incident of suspected or actual abuse may need to be shared with relevant others. Where members of the person's family, children or older relatives, or neighbours, are at risk, the matter is dealt with in the best interests of those people and, if necessary, information is shared without the consent of the person with the hoarding behaviour.

In the case of an adult at risk within the terms of the Care Act 2014, it is important to remember that information given to an individual member of staff belongs to the organisation and not to that individual member of staff. An individual member of staff cannot give personal assurance of confidentiality to a person at risk.

Any need to protect the interests of an organisation must not override the need to protect the person(s) at risk.

Whilst working within the principles of maintain confidentiality is very important, it must not lead to a failure to take action to protect a person at risk of self-neglect, abuse or harm.

Decisions about which information is shared and with whom, need to be taken on a case-by-case basis. Regardless of whether information is shared with or without consent of the person at risk, the information shared should be:

- Necessary for the purpose for which it is being shared, i.e., Shared only with those who have a need for it
- Justifiable and proportionate
- Accurate and up to date
- Shared in a timely fashion
- Shared accurately
- Shared securely

When data is shared, the receiving organization will retain the data, within data protection requirements, only for as long as is relevant for their input, and then it is destroyed. It is expected that the lead team in the case would keep the details of the case for as long as necessary and within data protection requirements.

### **Monitoring and Outcomes**

The WHSG will consider the data captured to look at frequency, numbers, outcomes and evaluation of cases.

The protocol will enable monitoring of:

1. Reduction on the Hoarding Scale from the start of the intervention
2. Physical risk reduction for examples Surrey Fire and Rescue assessment, implementation of smoke and fire detectors, engagement with essential repairs been completed to electrics, water, heating etc
3. Level of service / hours of support reduce due to positive impact of the intervention (this will need to be evidenced)
4. Personal outcomes / reconnection to interests (the person themselves defines what is important to them and the difference it has made)
5. Speculative system savings (reduction in impact on services)

The outcomes will be reported quarterly to the WHSG and annually to the NW Surrey Alliance Partnership Board.

### Resources and Websites

#### **Alpha Extreme Services – [www.alphaextreme.co.uk](http://www.alphaextreme.co.uk)**

Charity who aims to enable people to live safe, happy and fulfilled lives by providing high quality support aimed at building independence and improving skills. They provide cost-effective services to people with complex needs.

#### **Cloud's End CIC – [www.cloudsend.org.uk](http://www.cloudsend.org.uk)**

Resources to help people with hoarding behaviours and housing associations dealing with hoarding.

#### **Help for Hoarders – [www.helpforhoarders.co.uk](http://www.helpforhoarders.co.uk)**

Information support and advice for people with hoarding behaviours and their families. Including an online support forum.

#### **OCD UK – [www.ocduk.org/hoarding](http://www.ocduk.org/hoarding)**

Information and support about Obsessive Compulsive Disorder, which includes hoarding.

#### **Hoarding UK – [www.hoardinguk.org](http://www.hoardinguk.org)**

Information and support for people with hoarding behaviours and agencies, including local support groups.

#### **Hoarding Disorders UK – [www.hoardingdisordersuk.org](http://www.hoardingdisordersuk.org)**

Expert advice and practical support for people affected by a hoarding disorder

#### **The Association of Professional De-Clutterers and Organisers (UK)**

[www.apdo-uk.co.uk](http://www.apdo-uk.co.uk)

Provide support, networking and promotion for members of the Professional Organising & Decluttering industry, and information and services for their clients.

#### **SCIE (Social Care Institute for Excellence)**

[www.scie.org.uk/self-neglect/at-a-glance](http://www.scie.org.uk/self-neglect/at-a-glance)

Resource to assist work with adults who self-neglect and/or hoard

<https://www.scie.org.uk/search?sq=self+neglect> – self-neglect research findings

#### **Compulsive Hoarding**

[www.compulsive-hoarding.org](http://www.compulsive-hoarding.org)

Resource of up-to-date information about hoarding, its diagnosis, research, treatment & available support.

#### **Books**

##### **Understanding Hoarding**

Author: Jo Cooke



**A Psychological Perspective on Hoarding**

Author: The British Psychological Society

**Overcoming Hoarding – A self-help guide using cognitive behavioural techniques**

Author: Satwant Singh, Margaret Hopper & Colin Jones

**STUFF and the Meaning of Things**

Author: Randy Frost & Gail Steketee

**Overcoming Compulsive Hoarding**

Author: Fugen Neziroglu, Jerome Bubrick & Jose Yaryure-Tobias

**Buried in Treasures – Help for Compulsive Acquiring, Saving & Hoarding**

Author: David Tolin, Randy Frost & Gail Steketee

## **Appendix 2**

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**Appendix 3****Membership of the Woking Hoarding Steering Group****Woking Hoarding Steering Group Membership June 2022**

Organisation	Name	Title	Email
Woking BC	Julie Meme	Head of Health & Wellbeing	Julie.meme@woking.gov.uk
Woking BC	James Montgomery-Heffernan	Home Independence Manager	James.Montgomery-Heffernan@woking.gov.uk
Woking BC	Amber Ruewell/Liz Liesicke	Environmental Health	<a href="mailto:Amber.ruewell@woking.gov.uk">Amber.ruewell@woking.gov.uk</a> Liz.liesicke@woking.gov.uk
Woking BC	Ben Jones	Housing Project Support	Ben.jones@woking.gov.uk
Woking BC	Gerri Summer	Resident Services Manager	Gerri.summers@woking.gov.uk
Surrey CC	Charlotte Macgregor	SCC Team Manager NW Mental Health Locality	charlotte.macgregor@surreycc.gov.uk
Surrey CC	Mikki Toogood	SSC ASC Senior Manager	<a href="mailto:michaela.Toogood@surreycc.gov.uk">michaela.Toogood@surreycc.gov.uk</a>
Alpha extreme	Gary Ochoa	Head of Project and Development	Anthony.aralepo@catalystsupport.org.uk
Surrey Fire & Rescue	Chrissie Cooper	Community Safety Manager	Chrissie.Cooper@surreycc.gov.uk
Catalyst	Sue Murphy	CEO Catalyst (Mentally Health Charity)	Susan.Murphy@catalystsupport.org.uk

**Appendix 4**

**Hoarding Assessment Form**

**Woking Hoarding Assessment Form**

<b>Client Information</b>	
Name	
Date of Birth	
NHS Number	
Phone Number	
Address	
Doctor	
Surgery Address	
Medication	
<b>Next of Kin / Carer Contact Details</b>	
Name	
Phone Number	

Address	
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**Assessment**

Type of Dwelling	
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Name of Landlord	
------------------	--

Address of Landlord	
---------------------	--

**Household Members**

Name	Relationship	DOB

Pets – indicate what pets and any concerns/risks	
--	--

<b>Risk</b>		
Two person visit required Y/N	PPE required Y/N	Fire risk Y/N
Environmental risk Y/N	Other risk- explain	

Written Consent Obtained Yes/No      Date obtained .....

No written consent but safeguarding concerns YES/NO

**Agencies Currently Involved with Client**

Name of Organisation	
Named Contact	
Role with Client	
Name of Organisation	
Named Contact	
Role with Client	
Name of Organisation	
Named Contact	
Role with Client	
Non Agency Support Currently In Place	
Clients Attitude Towards Hoarding	

**Client Insight** (tick appropriate rating)

Good/Fair	Poor	Absent/delusional	Detached with assigned blame

Please indicate if any of the following are present at the property							
Structural damage to property		Insect or rodent infestation		Large number of animals		Clutter outside	
Rotten food		Animal waste		Concerns over the cleanliness of the property		Visible human faeces	
Concern of self-neglect		Concerned for children at the property		Concerned for other adults at the property		Lack power/water	
Weapons present		Sharps or other present		Access/fire exit issues			

**Please refer to the Multi Agency Hoarding Protocol Tool. Based on your assessment, which level is this client graded at?**

Level 1	Level 2	Level 3
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**Using the Clutter Image Scale please score each of the rooms below**

Bedroom 1		Bedroom 4		Separate Toilet	
Bedroom 2		Kitchen		Lounge	
Bedroom 3		Bathroom		Dining Room	

Referring to the Woking Hoarding Protocol, please provide a description of the hoarding problem expanding on any issues noted above (state any problems with blocked exits, combustibles, fire risks etc).

Name of practitioner undertaking assessment		
Date of assessment		
Name of Organisation		
Contact details		
Next actions to be taken		
List of agencies referred to, including dates and contact names		



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