**Title: Multi-Agency Guidance to work with people who are hoarding**

**In Partnership with:**

* **Leicester City Council (LCC) Adult Social Care**
* **LCC Housing Department,**
* **LCC Environmental Health**
* **Leicester Fire and Rescue Service**
* **NHS CCG LPT**
* **Leicester Platform Housing, PA Housing, P3 Charity**
* **Turning Point**

**Document Management**

|  |  |
| --- | --- |
| **Title of Document** | Multi-Agency Guidance to work with people who are hoarding |
| **Type of Document** | Guidance for multi-agency use |
| **Description** | Guidance for all staff who work with people who hoard |
| **Target Audience** | As above |
| **Author** | Sezer Domac |
| **Directorate** | Adults and Safeguarding |
| **Department** | Adult Social Care |
| **Version Number** | V4- 16.10.2020 |
| **Approved By** |  |
| **Date of Approval** |  |
| **Next Review Date** |  |
| **Last Reviewed** |  |
| **Reviewed By** |  |

**Context**

**1. Introduction 3**

**2. Aim of the guidance 3**

**3. Definition of Hoarding Disorder and Types of Hoarding 4**

**4. Legislations to be used by professionals when working with people who hoard 5**

**5. Assessment tool to use and guidance 6**

**6. Information Sharing Agreement 7**

**7. The Way Forward 7**

**Appendices 8**

* **Appendix 1 General Characteristics**
* **Appendix 2 Guidance Questions for Practitioners**
* **Appendix 3 Clutter Scale**
* **Appendix 4 Complimentary information about the resources and the cleaning companies**
* **Appendix 5 Communicating with people who hoard**

1. **Introduction**
   1. This guidance is intended for multi-agency professionals, Adult Social Care staff and other relevant professionals, to work collaboratively using a Strengths Based Practice and Task Centred/Solution Focused Approach work with the people who hoard and self-neglect.
   2. People who are reluctant or do not engage with services can have complex and diverse needs that often fall between different agencies. Self-neglect[[1]](#footnote-1) can cover a wide range of behaviours such as neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect, hoarding behaviours can put neighbours, family and animals at risk of harm with the risk of fires, gas and water leaks and infestations spreading.
   3. The promotion of a person’s human rights should also be at the forefront of our practice within health and social care, and there should be strong professional commitment to autonomy in decision making and to the importance of supporting the individual’s right to choose their own way of life. However other value positions, such as the promotion of dignity, or a duty of care, are sometimes also advanced as a rationale for interventions that are not explicitly sought by the individual (SCIE Report 46 (2001)). This process should not affect an individual’s human rights but seeks to ensure that the relevant agencies exercise their duty of care in a robust manner and as far as is reasonable and proportionate.
   4. People who hoard are on the increase and these are highly complex cases requiring holistic, integrated and multi-agency working. This guidance seeks to ensure that professionals are equipped with knowledge, skills and experience to work collaboratively.
   5. The guidance seeks to provide methods, tools, advice and skills that can be utilised by all staff and partner agencies. In devising this guidance reference has made to legislations that can be relevant and useful to individuals who hoard.
   6. Managing the balance between protecting adults at risk from self-neglect or hoarding behaviours against their right to self-determination is a serious challenge for all services. Working with people who are difficult to engage can be exceptionally time consuming and stressful for all concerned. A failure to engage with people who are not looking after themselves, whether they have mental capacity or not, can have serious implications for the health and well-being of the person concerned and risk of reputational damage to the local authority or health and other agencies involved.
2. **Aim of this guidance**
   1. This guidance provides a framework for intervention drawing on best practice approaches with reference to the legal context to prevent adults who self-neglect or hoard coming to harm as a result.
   2. Hoarding and self-neglect behaviours are not the same and do not always present together. However, there are often similarities in terms of health and social issues e.g. isolation of the individual and lack of engagement with services that can present a real challenge to practitioners where there is ongoing and significant risk of harm.
3. **Definition of Hoarding Disorder and Types of Hoarding**

3.1 ‘Hoarding disorder is a persistent struggle in disposing or parting with possessions because of a perceived need to save them. A person with a hoarding disorder gets distressed at the thought of getting rid of these items. Extreme accumulation of these items, regardless of actual value occurs following life changing events. Therefore, acknowledging the acquisition of and failure to discard possessions which appears to be useless or of limited value to others has great significance and attachment to the individual who has acquired these possession. General characteristics of hoarding is outlined in the appendices **(Appendix 1).**

**Types of Hoarding are as follows:**

* Inanimate Objects – This is the most common type of Hoarding consisting collection of one type of object or collect of a mixture of objects. Example of this are collection of old clothes, magazines/papers and new papers.
* Animal Hoarding – this type of hoarding is on the increase and involves obsessive collecting of animals mostly with an inability to provide minimum standards of care. These individuals cannot look after themselves but feels that the animal is at risk and needs looking after by them. This often leads to an environment associated with accumulation of faeces and infestation of insects.
* Data Hoarding – The is a new type of hoarding which has not been researched much and may not be recognised as a significant when compared to other types of hoarding however people who do fall in this category face the same consequences that are similar to other types of hoarding.

1. **Legislations and Policies to be used by professionals when working with people who hoard**

4.1 The Mental Capacity Act 2005 states that there should always be a presumption of capacity, unless the person has been assessed and found to lack capacity for a particular decision. Assessing the persons decision-making whilst taking account of the risks and safety implications of the decisions being made is a crucial aspect of risk management. The Act’s 5 principles should always be observed.

* 1. Careful attention should be paid to the assessment of mental capacity, especially with regards the person’s ability to weigh up and make use of information. It is important to be aware that people can be articulate and superficially convincing regarding their decision making but when probed about their behaviour are unable to identify risks and indicate how they are able to address the concerns of others. The nature of any intervention should focus on the question of whether the person concerned has the mental capacity to make decisions. Consideration should also be made for people who may fall under the substantial difficulty criteria. Respect for the person’s wishes and beliefs needs to be central to our approach. Professionals need to find creative, sensitive ways to work with people who hoard, understanding what the behaviour means to them and how they themselves wish to address the problem. However, the Mental Capacity Act gives professionals the authority to override the wishes of people who lack capacity to make a decision about specific matters if this is in their best interests and a proportionate response to the harm that would otherwise occur.
  2. It is important to consider whether it is appropriate to intervene at all. If there is no evidence of treatable mental disorder or lack of capacity with regard to the hoarding, and if no danger to public health it is likely to be difficult to justify intervention under Article 8 European Convention on Human Rights - Right to respect for private and family life.
  3. The Care Act 2014 now includes self-neglect as a type of abuse. The principles of this act fundamentally reform how the law works, prioritising people’s wellbeing, needs and goals. Not all people who self-neglect or hoard meet the requirements for a safeguarding enquiry. Assessments should be made on a case by case basis and 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 and therefore a section 42 enquiry should be raised. However, where the concerns reach the “Incident Indicating harm/Impact” section of the Safeguarding Adults Thresholds Guidance relating to self-neglect, and there is indication that the adult at risk may be unable to take steps to protect themselves due to their care and support needs then a safeguarding enquiry should be considered.
  4. The Vulnerable Adult Risk Management (VARM) Guidance seeks to provide front line professionals with a framework to facilitate effective working with adults who are at risk due to self-neglect, where that risk may lead to significant harm or death and the risks are not effectively managed via other processes or interventions. (<https://www.llradultsafeguarding.co.uk/resources/local-guidance-and-templates/> )

1. **Assessment Tool to use and Guidance**

 Property Assessment, should include:

* Assess the access of the property in relation to emergency exits and entry to the property.
* Establish if there is a working smoke alarm.
* Establish the functioning of the essential services in the property (Gas, electric and water).
* Assess the condition of the garden and if there are any animals or evidence of animal feeding.
* Assess health and safety in each room and establish proposed functionality using the clutter scale if appropriate.
* Assess cleanliness within the environment, sanitation, smells or odour, insect infestation, personal hygiene of occupants of the property, un/used un/prescribed medication, fire risk associated to the property.
* Assess awareness of any fire risk associated to the clutter in the property.
* Are any of the occupants of the household children or vulnerable elderly people.
* Establish if there are any pets in the property and if they are any concerns regarding their health and care.
* Record and report any evidence of any infestation (e.g. Bed Bugs, Rats, Mice and Flies) to relevant partner agencies.
* Is there any evidence of any animals being hoarded at the property?
* Assess if PPE is required for future visits and if resident needs to be visited in pairs.

1. **Information Sharing Agreement**

**6.1 The information-sharing guidance sets out the following**

• sharing information with consent

• sharing information without consent

• sharing information when the person does not have capacity to consent

**6.2 Sharing Information with Consent**

Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.

**6.3 Sharing Information without Consent**

The Data Protection Act 1998 allows the sharing of information without consent where its in the person’s vital interest. This is to enable professionals to assess the risks and options.

The Act will

• permit sharing of information where it is critical to prevent serious harm or distress or in life threatening situations.

• for the protection of others who may be at risk from these behaviours.

• practitioners have a duty to share the information with relevant professionals to prevent harm to others

It is good practice to inform the adult at risk that this action is being taken unless doing so would increase the risk of harm.

**6.4 Sharing information when the person does not have capacity to consent**

If the person is at risk lacks capacity to make informed decisions about maintaining their health and well-being and they do not consent to a referral under this policy, professionals may have a duty to share the information if this is in their best interests under the Mental Capacity Act 2005.

**6.5** Multi agency Hoarders Steering Group meets 6 weekly to discuss and look at the issues affecting any anonymised people and come up with the solutions in a collaborative way. The learning points are also recorded and shared with the group. If the representatives from any organisation to raise a MDT discussion they need to email to request a slot for the next meeting and the chair is notified in advance.

1. **The way forward**

It is well documented that working with people requires time and patience, with improvements frequently slow moving, often over weeks, sometimes months or longer. A strength Based Practice is required and therefore, managers and senior staff need to ensure that flexibility is required in these instances.

Risk assessment and risk management should be seen as an essential part of the process when there are concerns. Arrangements should be made for monitoring and where appropriate, making proactive contact to ensure that the adult’s needs and rights are fully considered in the event of any changed circumstances. **The higher scores over 4 on the clutter scale the should trigger referrals to environmental health, LFRS, VARM or use of legislation and the situation should be monitor before it further deteriorates to higher scales.**

It is important that all staff are familiar with and are mindful of their ‘Duty of Care’ when dealing with cases of self-neglect or hoarding, even if the person has mental capacity to make decisions specifically related to their care.

**Appendices:**

********************

1. Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal

   hygiene, health or surroundings and includes behaviour such as hoarding.https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/366104/43380\_23902777\_Care\_Act\_Book.pdf [↑](#footnote-ref-1)