

OSAB Self-Neglect and Hoarding Policy

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Introduction

This document outlines the policy for dealing with concerns in relation to self-neglect (including Hoarding) for adults with care and/or support needs.

Oxfordshire SAB expects all agencies, both statutory and voluntary, to engage fully with these policies to achieve the best outcome for the person.

Self-neglect is everyone's business.

Aims of the Policy

The aims of this policy are to:

- Improve the wellbeing, prevent serious injury and death of people who self-neglect.
- Outline the principles that all staff should work within.
- Provide a framework that empowers workers to act in a person-centred, creative, and effective way.
- Provide clarity over thresholds for referrals and outline a clear referral pathway, including escalation routes.
- Support an effective multiagency model of working, including good information sharing, which is evidence based, structured, systematic, coordinated, and consistent.

Policy – Self-Neglect

What is Self-Neglect?

There is no universally accepted definition of self-neglect but the Care Act Statutory Guidance (Department of Health (DH), 2016, updated 2018) defines self-neglect as: *'a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding,'*

Research literature suggests that self-neglect is generally made up of three elements:

- Lack of self-care (for example, neglect of personal hygiene, nutrition, hydration and/or health) and/or
- Lack of care of the domestic environment (for example, squalor or hoarding) and/or
- Refusal of services that would mitigate risk to safety and wellbeing.

The person concerned may recognise the term but may not wish to use it to describe their own situation (Braye, Orr and Preston-Shoot, 2015). Self-neglect may arise from an unwillingness, or an inability to care for oneself, or both. These are interlinked where unwillingness arises from a care and support need (e.g. undiagnosed pain prevents a person from being able to, or wanting, to clean their home).

In some cases, a traumatic experience, such as bereavement, may have triggered the self-neglecting behaviour. Whilst people with mental health problems may display self-neglecting behaviours, there is often an assumption that self-neglecting behaviours indicate a mental health problem, but there is no direct correlation. People who self-neglect may have a whole range of diverse circumstances. Gaining a fuller understanding of a person's life history and experiences may help to create a better insight into their behaviour and possible changes that can be affected.

Indicators of self-neglect

Self-neglect is often defined across three main areas as listed below (please note lists are not exhaustive).

Lack of self-care, including:

- neglect of personal hygiene
- dirty/inappropriate clothing
- poor hair, oral, skin or nail care

- malnutrition
- poor hydration and/or diet
- unmet medical health needs (e.g., refusing to take insulin for diabetes, refusing treatment for leg ulcers)
- behaviour leading to harm
- alcohol/substance misuse
- social isolation

Lack of care of the environment, including:

- unsanitary, untidy, or dirty conditions which create a hazardous situation that could cause serious physical harm to the person or others
- poor maintenance of property / dwelling
- keeping lots of pets who are poorly cared for
- vermin in/around property
- lack of heating, running water or sanitation
- poor financial management leading to utilities being cut off etc.

Refusal of services that could alleviate these issues and mitigate against the risk of harm, including:

- not taking prescribed medications
- declining community health care/support
- refusing help with personal hygiene from social/health care personnel
- refusing to allow other professionals interested in keeping the environment safe access to the property for appropriate maintenance (e.g. water, gas, electricity)

It is important to understand that poor environmental and personal hygiene may not necessarily be a result of self-neglect. It could arise because of cognitive impairment, physical difficulties, functional or financial constraints, or neglect by others.

In addition, many people who self-neglect may lack the ability and/or confidence to come forward to ask for help and may not have anybody who can advocate or speak for them.

Characteristics of people considered to self-neglect

Research has identified the following common characteristics in people who are, considered to be, self-neglecting:

- Fear of losing control
- Pride in self sufficiency
- Sense of connectedness to the places and things in their surroundings
- Mistrust of professionals / people in authority

Policy – Hoarding

What is Hoarding?

Hoarding is one common aspect of self-neglect and typically involves the excessive collection and retention of any material (regardless of value) to the point that this has a significant negative impact on the wellbeing of the person.

Hoarding is recognised as a mental disorder and is defined as involving a persistent difficulty discarding or parting with possessions because of a perceived need to save them. A person with hoarding disorder experiences distress at the thought of getting rid of the items.

Hoarding often creates such cramped living conditions that homes may be filled, with only narrow pathways winding through stacks of clutter. Counter tops, sinks, stoves, desks, stairways and virtually all other surfaces may be piled up. The clutter may spread to the garage, vehicles, garden, and other storage facilities.

Hoarding ranges from mild to severe. In some cases, hoarding may not have much impact on a person's life, while in other cases it seriously affects their daily

functioning. People with hoarding disorder may not see it as a problem, which could make working alongside them challenging.

Types of Hoarding

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.

Animal Hoarding

This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder 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, they are often unable to take care of themselves. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

Data Hoarding

This is a newer type of hoarding with little research into currently. It may not seem as significant as inanimate and animal hoarding, however people that hoard data could still present with similar 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.

General characteristics of people who hoard

- **Fear and anxiety:** compulsive hoarding may have started as a learnt behaviour or following a significant traumatic event. The person hoarding believes buying or saving things will relieve the anxiety and fear. Hoarding effectively

becomes their comfort blanket. Attempts to discard hoarded items can induce feelings varying from mild anxiety to full panic attacks.

- **Long term behaviour pattern:** possibly developed over many years, or decades. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.
- **Excessive attachment to possessions:** people may hold an emotional attachment to items.
- **Indecisiveness:** people struggle with the decision to discard items that are no longer necessary, including rubbish.
- **Unrelenting standards:** people will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- **Socially isolated:** people will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office-based appointments.
- **Large number of pets:** people may have many animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”.
- **Mentally competent:** people are typically able to make decisions that are not related to the hoarding.
- **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 of a person's property to another, without ever discarding anything.
- **Self-Care:** a person may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities, to maintain their personal hygiene and appearance.
- **Poor insight:** a person who hoards will typically see nothing wrong with their behaviour and the impact it has on them and others.

Further information

Fire risks

If the practitioner has assessed that a person's hoarding is impinging on their life and/or wellbeing, a referral should be made to the Oxfordshire Fire and Rescue Service for a Safe & Well Visit by using the following link

<https://www.oxfordshire.gov.uk/residents/fire-and-public-safety/fire-and-rescue-service/safe-and-well-visit> The page also offers contact information if the fire risk is high, requires attendance by the Fire Service and is 'out of hours'. Not to be confused with any immediate risk to life, which should be called through to 999.

While a person's consent to involve the Fire Service should always be sought, it may be necessary to override their wishes if they are at risk of serious injury or death should a fire occur. Properties with large amounts of hoarded items also present a risk to neighbours and any fire fighters called to attend an incident.

Hoarding and animals

People who hoard animals may collect dozens or even hundreds of pets. Animals may be confined inside or outside. Because of the large numbers, these animals often aren't cared for properly. The health and safety of the person and the animals are at risk because of unsanitary conditions.

The Animal Welfare Act 2006 is the principal law relating to animal welfare. Owners and keepers have a duty of care to their animals and must make sure they look after an animal's welfare and ensure it does not suffer. The welfare of farmed animals is additionally protected by The Welfare of Farmed Animals (England) Regulations 2007 (as amended), which are made under the Animal Welfare Act 2006.

If there are concerns about an animal's suffering from cruelty or neglect, it should be reported to the RSPCA via this link

<https://www.rspca.org.uk/utilities/contactus/reportcruelty> or alternatively by calling 0300 1234 999 (lines open 8am to 8pm).

Hoarding and Children

If children are living in or involved in environments where hoarding is present and are at risk of being harmed as a result, please follow the link to Oxfordshire Childrens' Safeguarding Board (OSCB) for information on who/how/when to refer concerns <https://www.oscb.org.uk/concerned-about-a-child/>

Procedures

Principles and Legal Framework

Practitioners should be aware of adult safeguarding principles and legislation relevant to their work. If you are unsure about how to apply them in practice, please seek advice and guidance from a senior member of your team.

Safeguarding Principles

Practitioners should be aware of the six safeguarding principles that underpin the Care Act 2014 and all safeguarding practice in Oxfordshire, namely, Empowerment, Prevention, Proportionality, Partnership. Protection and Accountability. These are outlined further in the OSAB Six Principles of Safeguarding Adults ([Appendix 1](#)).

Legal framework

The Acts set out below are relevant when working with people who self-neglect.

Human Rights Act 1998

Public bodies have a positive obligation under the European Convention on Human Rights (ECHR, incorporated into the Human Rights Act 1998 in the UK) to protect the rights of the individual. In cases of self-neglect, Articles 2 (the right to life), 5 (the right

to liberty and security) and 8 (the right to private and family life) of the ECHR are of particular importance.

These are not absolute rights: they can be overridden in certain circumstances.

However, any infringement of these rights must be lawful and proportionate, which means that all interventions undertaken must take these rights into consideration. For example, any removal of a person from their home which does not follow a legal process (e.g. under the Mental Capacity or Mental Health Acts) is unlawful and would be challengeable in the Courts.

Mental Capacity Act 2005

“A person is not to be treated as unable to make a decision merely because [he/she /they] makes an unwise decision”

An understanding of mental capacity is a fundamental aspect of working with people who self-neglect. Practitioners should be familiar with the Mental Capacity Act 2005 and its Code of Practice [Mental Capacity Act Code of Practice - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272222/Mental-Capacity-Act-Code-of-Practice-2005.pdf) (www.gov.uk)

When working with people who self-neglect, you must:

1. assume the person has capacity unless proved otherwise.
2. do not treat people as incapable of making a decision unless you have tried all practicable steps to try to help them.
3. allow people to make what may seem to you an unwise decision (if they have capacity).
4. always do things or take decisions for people without capacity in their best interest.
5. ensure that when doing something to someone or making a decision on their behalf you choose the least restrictive option.

Mental Capacity Act assessments are both time and decision specific. They should be reviewed and undertaken as and when risks and circumstances change, and in respect of each separate decision.

It is important to assess whether people who self-neglect can carry out all four of the following steps when making a decision:

- a) **understand** the information relevant to the decision,
- b) **retain** the information,
- c) **use and weigh** that information as part of the process of making the decision,
- d) **communicate** his/her decision either by talking, signing, or any other means

It is also important to consider “executive capacity”. Can the person carry out their decision, not just say what their decision is?

Assessment should always consider whether there are any concerns about pressure the person may be under from others, either by way of influence or exploitation. If the person has mental capacity but is not able to exercise choice because of influence or exploitation, consideration should be given to seeking legal advice regarding any potential application to the High Court for Inherent Jurisdiction.

When a person is assessed as lacking capacity, the person must remain involved as far as possible, and a Best Interests decision should be made on their behalf, considering all available options, and be the least restrictive option. If the person has no one who is independent of services i.e., family member or friend, who can represent them, Independent Mental Capacity Advocates (IMCAs) are a legal safeguard and should be instructed to represent the person.

All assessments and decisions should be formally recorded and stored within the person’s electronic or paper file.

Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 allows (for a person who lacks mental capacity to make relevant decisions) to be deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) for the purposes of care and treatment.

In urgent situations, where it is believed an adult lacks mental capacity (but it has not yet been possible to satisfactorily assess them), and the situation requires urgent intervention, under s16(2)(a) the Court of Protection can make an interim order to allow intervention to take place, which may include allowing access to the person to assess their capacity.

The Court would expect to see evidence of professional action planning, decision-making and recording.

Legal advice should be sought at the earliest opportunity to enable applications for authorisation to be made without delay.

The Care Act 2014

Assessments (s9 and s11)

It is always worth considering whether a person may benefit from having a Care Act assessment or a Carer's assessment. Practitioners can request an assessment with Oxfordshire County Council, using the following link: [Request a needs assessment - professional - Oxfordshire County Council](#).

If, following assessment, the person is assessed as having eligible needs, appropriate services should be offered to meet those needs.

If a person has capacity to decline assessment and/or intervention after all reasonable efforts have been made to engage them, and any risks are considered acceptable by

the professional involved, the person should be given information (in a format they understand) about how to get back in touch with the appropriate team to gain an assessment in the future. Just because a person declines once, it does not mean they will again. All attempts to engage the person should be recorded.

If a person declines repeatedly, it may not be possible to carry out a full needs assessment or provide any care and support. Recording should evidence that all necessary steps have been taken to carry out the assessment and that they were necessary and proportionate.

Safeguarding enquiries (s42)

The local authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when the local authority has reasonable cause to suspect that an adult in its area;

- a) has needs for care and support,
- b) is experiencing, or is at risk of, self-neglect, and
- c) as a result of those needs is unable to protect him or herself against self-neglect, or the risk of it.

If the adult has 'substantial difficulty' in understanding and engaging with a safeguarding enquiry, the local authority must ensure that there is an appropriate person to help them and, if there isn't, arrange an independent advocate.

The aims of statutory Care Act 2014 s42 enquiries in self-neglect cases are to:

- establish facts and provide a description of the self-neglect
- gain the adult's views and wishes about their situation
- assess the needs of the adult for protection and support, and how those needs might be met
- protect and support the adult from self-neglect in accordance with the wishes of the adult, and in line with their mental capacity to make relevant decisions about their care and support needs

- promote the wellbeing and safety of the adult through a supportive process.

The Care Act Statutory Guidance (2018) states: “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.”

Where an adult is engaging with and accepting assessment or services that will meet their care and support needs (including those relating to self-neglect), they are not demonstrating that they are ‘unable to protect themselves’ as set out in the criteria for a section 42 safeguarding response

Data Protection Act 2018

Relevant and proportionate information sharing is essential when working with people who self-neglect.

The Data Protection Act 2018 is the UK’s implementation of the General Data Protection Regulation (GDPR) and controls how a person’s personal information is used by organisations, businesses, or the government.

Under Article 23, sharing data is permissible ‘if there is a risk to an individual, or society, of [...] not sharing the information’, but only ‘where the restriction respects the essence of the individual’s fundamental rights and freedoms and is a necessary and proportionate measure in a democratic society to safeguard the protection of the individual, or the rights and freedoms of others.’

If in doubt, please seek guidance from a senior member of your team about your agency’s internal information sharing policy. If your agency does not have its own

policy, OSAB have an Information Sharing Policy which you can use to support your practice.

Other relevant legislation

There are many other relevant pieces of legislation in respect of people who self-neglect including (but not limited to); Public Health Act 1936 (amended 1961), Housing Act 2004, Animal Welfare Act 2006, Environmental Protection Act 1990, Mental Health Act 1983 (amended 2007), Anti-Social Behaviour, Crime and Policing Act 2014.

Collaborative work with other agencies can help support practitioners in their understanding of what legislation and approaches can be used to best support a person with their particular set of circumstances.

What to do and when

Identifying and assessing self-neglect concerns.

Where self-neglect concerns are established, the practitioner should focus on building a relationship with the person to identify proportionate options that would improve the person's health, wellbeing and living conditions, and to support them to put those options into action.

The aims should be:

- To understand from the person how the situation has been triggered and developed.
- To empower the person who is neglecting him/herself/them as far as possible to understand the implications of their actions.
- To help the person, both individually and collectively with others (e.g. family, friends, other professionals and agencies) without colluding with the person or seeking to avoid the issues presented.

- To avert the potential need for statutory intervention wherever possible. This may be achieved by providing some form of low-level monitoring.

Whether or not the person has capacity to give consent, action may need to be taken if others are, or will be put at risk if nothing is done, or where it is in the public interest to take action. The persons' wishes would need to be balanced alongside wider considerations such as level of risk or risk to others, including any children who could be affected. The person still needs to be involved and kept informed of any actions to be taken.

In cases of hoarding, practitioners should consult OSAB's Clutter image Rating Scale and Assessment Tool ([Appendix 2](#)).

to assess the level that the hoarding has reached and determine the next course of action. Images are rated from 1 to 9 for level of seriousness. However, the Tool should be used as a guide only and should not replace professional decision making.

Making assumptions and accepting self-neglect as a 'lifestyle choice', closing a referral/case without having assessed the risk and engaging with the adult in a meaningful way is unacceptable as it exposes the adult at risk to ongoing or increased harm or risk, and organisations to fail in their duty of care.

Onward referral and escalation

Once an assessment of the person's situation has been undertaken:

- If the risks relating to a person's self-neglect appear low, the usual adult support services will be the most proportionate and least intrusive way of addressing the risk of self-neglect, although it is important to monitor the situation and identify any escalation of risks.

- If the risks relating to a person's self-neglect are high, practitioners should refer to the OSAB Referral Pathway which acts as a guide to required actions to best support the person's situation.
- Where higher-risk self-neglect concerns are apparent, it is the responsibility of the agency providing on-going support to refer to the pathway and make appropriate referrals, whilst mitigating risks as far as is possible.
- If a person is at risk of immediate harm or danger, call 999 and request the appropriate emergency service(s).

Multi-Agency Meetings

Self-neglect cases usually require a multi-agency approach to ensure the best possible outcome for the individual.

There are risk management meetings that take place in Oxfordshire, which have a particular focus, for example (but not limited to), MARAC (Domestic Abuse), MAPPA (Offender Management) and ASMARAC (Modern Slavery and Exploitation).

There are also multi-disciplinary meetings that take place and are usually convened by Health or Social Care services. These are held when statutory services are involved, and those services will usually lead the meetings due to holding statutory responsibilities.

The person should be informed of any meetings being held to discuss their circumstances, invited to attend (where appropriate), and if they wish to attend, be supported to do so, or to have their wishes and views shared at the meeting.

If the person has been assessed as not having capacity to make decisions about their situation (Note/ decision specific and time specific) either an informal advocate (i.e. friend, family member) or a paid advocate should be requested to attend with/on the person's behalf.

The purpose of meetings should be to identify and consider options to support the person to make changes, taking account of their views, capacity assessments, risk assessments and public safety and health.

An action/risk management plan should be drawn up to address the issues raised. The plan should be clear about the roles and responsibilities of the various professionals involved and include timescales for actions to be completed.

A record of the meeting should be made and distributed as soon as possible after the meeting takes place.

A review meeting should be set at each meeting until the situation has been resolved.

Multi-Agency Risk Management (MARM) Meetings

MARM meetings are not designed to duplicate any risk management or multi-disciplinary meetings that may already be taking place. They are designed to support case discussion where no multi-agency case discussion and risk management process exists.

MARM meetings are convened by the MARM Officer from Oxfordshire Safeguarding Adults Board (OSAB), who also Chairs each meeting.

The meetings are designed to take a proactive approach, helping to identify and respond to risks before crisis point is reached. The referring agency should have attempted all they can to reduce or minimise risk prior to referring to MARM. If risks remain (and a safeguarding concern is not required to be raised with the Local Authority), the agency can refer the person for discussion at a MARM meeting. The form can be found on this page: <https://www.osab.co.uk/resources-and-publications/multi-agency-risk-management-marm-framework/>

The person being referred should be informed of the referral into MARM and invited to all meetings held to discuss their circumstances. If they wish to attend, they should be supported (where required) to attend the meetings which are held virtually over MS Teams.

If the person would like an informal advocate to attend on their behalf, or requires a formal advocate, this should be highlighted to the Chair at referral stage. Also, should the person wish to have a trusted other to attend the meetings with them for moral support, that is welcomed too.

Within the meetings, the referring agency are asked to explain why the referral was made i.e., what their concerns are for the person and what has been attempted in terms of support to date.

The referred person and all agencies who attend the meetings discuss and agree a holistic risk assessment and how risks can be minimised, mitigated or remain. An action plan is drawn up to address the issues raised. The plan sets out clear roles and responsibilities and includes timescales for actions to be completed.

- A record of the meeting is made and distributed as soon as possible after the meeting takes place.
- A review meeting is set at the end of each meeting until such time as the risks are reduced to a manageable level or removed.
- Agreement is reached during MARM meetings with the referred person and agencies as to when closure will take place, and how the situation will continue to be monitored (if required).

For further information regarding the MARM framework (including access to referral forms) please use the following link <https://www.osab.co.uk/resources-and-publications/multi-agency-risk-management-marm-framework/>.

Appendix 1 – Six Principles of Adult Safeguarding

Six Adult Safeguarding Principles as they relate to Self-Neglect

There are six safeguarding principles that underpin the Care Act 2014 and all safeguarding practice. They are noted below with examples of how to use them in work with people who self-neglect.

1. Empowerment

People being supported and encouraged to make their own decisions and informed consent.

It is important to understand the person's unique circumstances and their perception of their situation, as those will directly inform assessments and what happens.

It is crucial the person is provided with information and support to enable them to consider any outcomes they may have and any action that may need to be taken.

2. Prevention

It is better to act before harm occurs.

It is important that any actions and strategies are developed to prevent self-neglect, whilst promoting the person's independence and resilience.

It is crucial the person is provided with easily to understand information about how to recognise the signs of self-neglect and what they can do to seek help and support.

3. Proportionality

The least intrusive response appropriate to the risk presented.

It is important to weigh up what is an acceptable/safe way of living, what the person understands and wishes in respect of their circumstances, whilst balancing this with the level of risk the person faces and/or poses to others.

It is crucial to only get involved as much is needed, remaining sensitive to the person's wishes, remaining objective, whilst carefully considering what actions may need to be taken. The person should always be at the centre of any decision making,

and where they are able to, make their own relevant decisions. It is a balance of protecting adults from self-neglect, and their right to self-determination.

4. Protection

Support and representation for those in greatest need.

It is important that adults are offered ways to protect themselves and there is a co-ordinated response to their situation. Dismissing self-neglect as a 'lifestyle choice' is not acceptable.

It is crucial to help and support the person by reporting self-neglect and supporting them to take part in any meetings or safeguarding process that may need to take place, to the extent to which they want to, or are able to.

5. Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.

It is important to work in collaboration with agencies already in contact with the person and may also involve local communities and the person's natural support, as they may have existing trusting relationships.

It is crucial to share information appropriately, considering the personal and sensitive nature of it. And where possible, to work with the person, 'Nothing about me, without me'. Where this is not possible, to work together to find the most effective responses for the person's situation.

6. Accountability

Accountability and transparency in safeguarding practice (delivering a safeguarding response).

It is important to remember that safeguarding is everybody's business. We are all accountable as individuals, services, and organisations.

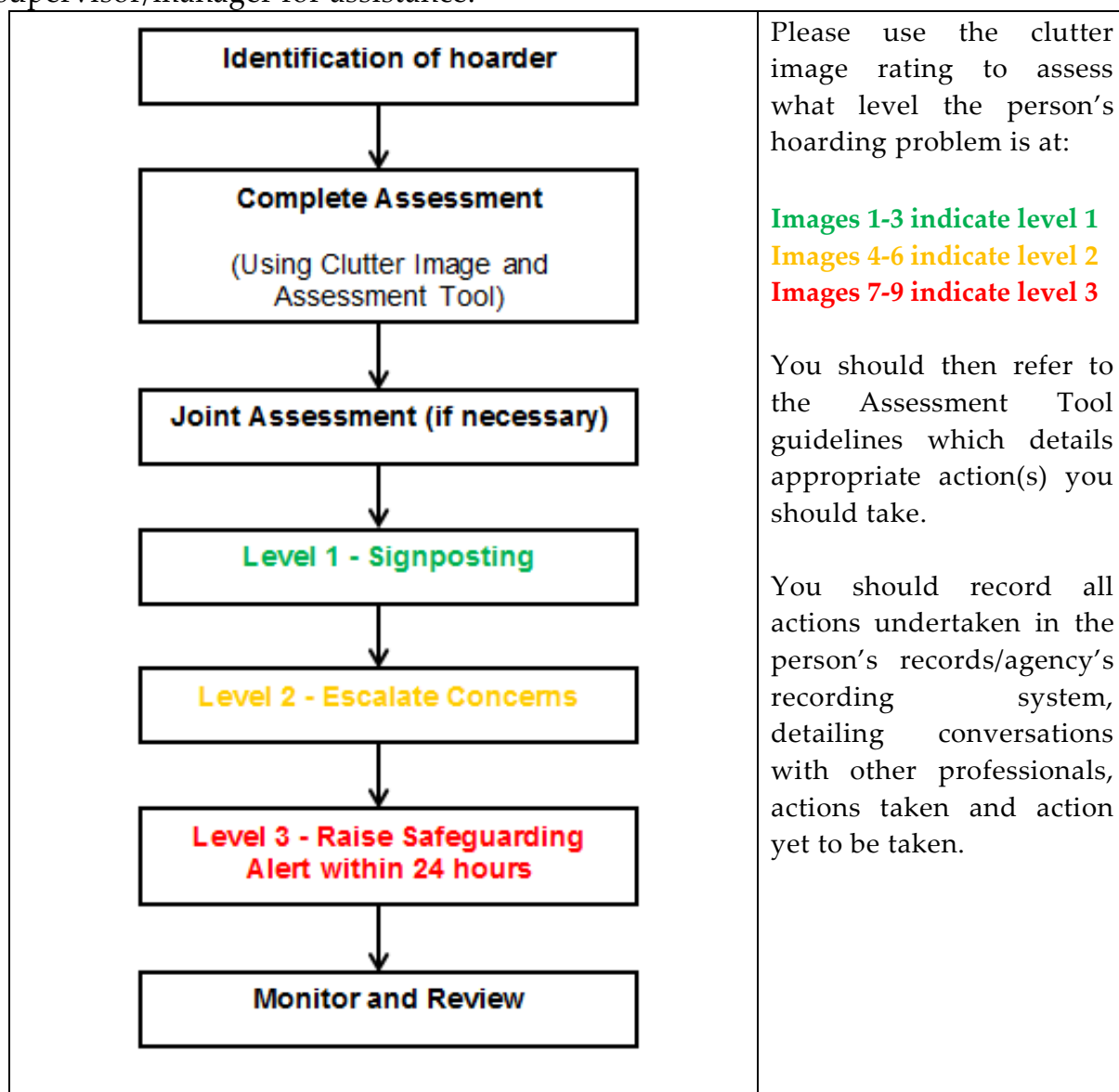
It is crucial the person is clear about the roles and responsibilities of all those involved in the solution to the problem.

Appendix 2 – Clutter Image Rating Scale and Assessment Tool

This document is designed to assist practitioners in assessing the levels hoarding has reached, and to determine the next course of action(s) required. It is designed to be a guide only and should not replace professional decision making.

Process for Clutter Image Rating Tool

The flow chart below sets out the process clearly. If in doubt, please ask your supervisor/manager for assistance.



Clutter Image Rating Scale - Bedroom

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale - Lounge

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale – Kitchen

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



1



2



3



4



5



6



7



8



9

Assessment Tool Guidelines

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

Level 1	Actions
Referring Agency	<ul style="list-style-type: none"> • Discuss concerns with resident • Request a Safe & Well visit with Oxfordshire Fire & Rescue Service to provide fire prevention advice • Refer for support assessment if appropriate. • Refer to GP if appropriate
Environmental Health	<ul style="list-style-type: none"> • No Action
Social Landlords	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances • Refer to GP if appropriate • Refer for support assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Provide details on debt advice if appropriate to circumstances • Ensure residents are maintaining all tenancy conditions
Practitioners	<ul style="list-style-type: none"> • Complete an assessment of the hoarding and any other concerns • Make appropriate referrals for support • Refer to social landlord if the customer is their tenant or leaseholder
Emergency Services	<ul style="list-style-type: none"> • Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • No action unless advice requested
Safeguarding Adults	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted.
Multi-Agency Safeguarding Hub (MASH) – Children’s Safeguarding	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted.

Level 2 <i>Clutter Image</i> <i>Rating 4 – 6</i>	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
1. Property structure, services & garden area	<ul style="list-style-type: none"> • Only major exit is blocked • Only one of the services is not fully functional • Concern that services are not well maintained • Smoke alarms are not installed or not functioning • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside • Evidence of light structural damage including damp • Interior doors missing or blocked open
2. Household Functions	<ul style="list-style-type: none"> • Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) score between 4-5 on the clutter scale. • Inconsistent levels of housekeeping throughout the property • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable.
3. Health and Safety	<ul style="list-style-type: none"> • 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
4. Safeguarding of Children & Family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 4 -7 doesn't automatically constitute a Safeguarding Alert. • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding referral under a different risk.
5. Animals and Pests	<ul style="list-style-type: none"> • Pets at the property are not well cared for • Resident is not unable to control the animals • Animal's living area is not maintained and smells • Animals appear to be under nourished or over fed • Sound of mice heard at the property. • Spider webs in house • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.)
6. Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • PPE required.

<p style="text-align: center;">Level 2</p>	<p style="text-align: center;">Actions</p> <p style="text-align: center;">In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or REOCCURRENCE</p>
<p>Referring Agency</p>	<ul style="list-style-type: none"> • Refer to landlord if resident is a tenant • Refer to Environmental Health if resident is a freeholder • Request a Safe & Well visit with Oxfordshire Fire & Rescue Service to provide fire prevention advice • Provide details of garden services • Refer for support assessment • Referral to GP • Referral to debt advice if appropriate • Refer to Animal welfare if there are animals at the property. • <u>Ensure information sharing with all agencies involved to ensure a</u>
<p>Environmental Health</p>	<ul style="list-style-type: none"> • Refer to Environmental Health Department of local City or District Council's with details of customer, landlord (if relevant) referrer's details and overview of problems • At time of inspection, Environmental Health Officer decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 Consider
<p>Social Landlord</p>	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Ensure residents are maintaining all tenancy conditions • Enforce tenancy conditions relating to residents' responsibilities • <u>Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution</u>
<p>Practitioners</p>	<ul style="list-style-type: none"> • Refer to OSAB's Self-Neglect and Hoarding Policy for guidance on assessment and onward referral • <u>Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</u>
<p>Emergency Services</p>	<ul style="list-style-type: none"> • <u>Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.</u> • Provide feedback to referring agency on completion of home visits.
<p>Animal Welfare</p>	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Educate customer regarding animal welfare if appropriate • Provide advice / assistance with re-homing animals
<p>Safeguarding Adults</p>	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted. • If other concerns of abuse are of concern or have been reported, progression to safeguarding alert and investigation may be necessary.
<p>Multi-Agency Safeguarding Hub (MASH) – Children's Safeguarding</p>	<ul style="list-style-type: none"> • No action unless other concerns of abuse are noted.

<p>Level 3</p> <p><i>Clutter Image Rating</i> 7 - 9</p>	<p>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 householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.</p>
<p>1. Property structure, services & garden area</p>	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Evidence may be seen of extreme clutter seen at windows • Evidence may be seen of extreme clutter outside the property • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Smoke alarms not fitted or not functioning • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp • Interior doors missing or blocked open • Evidence of indoor items stored outside
<p>2. Household Functions</p>	<ul style="list-style-type: none"> • Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairs blocked or difficult to pass • Toilets, sinks not functioning or not in use • Resident at risk due to living environment • Household appliances are not functioning or inaccessible • Resident has no safe cooking environment • Resident is using candles • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken • Broken household items not discarded e.g. broken glass or plates • Concern for declining mental health • Property is not maintained within terms of lease or tenancy agreement • <u>Property is at risk of notice being served by Environmental Health</u>
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • 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. • Concern for declining mental health.
<p>4. Safeguard of Children & Family members</p>	<ul style="list-style-type: none"> • Hoarding on clutter scale 7-9 constitutes a Safeguarding referral. • Please note all additional concerns for householders.

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

Level 3	Actions
Referring Agency	<ul style="list-style-type: none"> • Raise Safeguarding alert within 24 hours with the Local Authority • Raise an urgent request to Oxfordshire Fire & Rescue Service within 24 hours to provide fire prevention advice.
Environmental Health	<ul style="list-style-type: none"> • Refer to Environmental Health at the City or District Council with details of customer, landlord (if relevant) referrer's details and overview of problems • At time of inspection, EHO decides on appropriate course of action • Consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004 • Consider Works in Default if notices not complied by occupier
Landlord	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs • Attend multi agency Safeguarding meeting • Enforce tenancy conditions relating to residents responsibilities • If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988
Practitioners	<ul style="list-style-type: none"> • Refer to OSAB's Self-Neglect and Hoarding Policy for guidance on assessment and onward referral • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
Emergency Services	<ul style="list-style-type: none"> • Attend Safeguarding multi-agency meetings on request • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. • Provide feedback to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Remove animals to a safe environment • Educate customer regarding animal welfare if appropriate • Take legal action for animal cruelty if appropriate • Provide advice / assistance with re-homing animals
Safeguarding Adults	<ul style="list-style-type: none"> • Safeguarding alert should progress to referral for multi-agency approach and further investigation of any concerns of abuse.
Children's safeguarding	<ul style="list-style-type: none"> • Refer to Children Mash if children or young people present within 24 hours

Appendix 3 – Oxfordshire Safeguarding Referral Pathway

