



Lincolnshire Multi-Agency **HOARDING** *Protocol*



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Please refer straight to the Guidance for Frontline Staff Booklet if you are seeking guidance on how to assess / notify another agency on a hoarding case which you have identified



Introduction

This document sets out a protocol for collaborative multi-agency working within Lincolnshire using a 'person centred' approach. The protocol offers clear guidance for professionals and agencies, working with people who hoard.

This protocol does not replace any other agencies policies, but adds consistency in the approach to Hoarding across Lincolnshire, enabling us to understand the scale and impact of the problem.

Compulsive hoarding is highly complex and requires a collaborative and integrated approach. No one single agency can resolve hoarding alone. Situations of hoarding can be both confronting and shocking to those who come into contact with people who hoard. This protocol includes reference to legislation that may be relevant to working with people who have hoarding disorder.

Who does the Protocol apply to?

This protocol applies to all agencies supporting the Lincolnshire Safeguarding Adults Board (LSAB) multi-agency hoarding protocol.

There is an expectation that everyone in partnership with the protocol engages fully to achieve the best outcome for the individual while meeting the requirements and duties of their own agency or Board.

The following agencies, authorities and boards support this framework:



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COUNTY COUNCIL
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Aims of the Protocol

The aims of this protocol are to:

Create a safer and healthier environment for the individual and others affected by hoarding behaviours, e.g. family, neighbours.

Develop a multi-agency pathway which will maximise the use of existing services and resources, which may reduce the need for compulsory solutions.

Ensure a 'person-centred' approach is priority when planning solutions tailored to meet the needs of an individual. Some of the solutions may include:

- Professional support and monitoring
- Property repairs and the safety of the property
- Home checks
- Permanent or temporary re-housing
- Develop creative ways of engaging individuals in the process.

It is recognised that people with hoarding disorder require on-going, continuous support and counselling before discussions start to take place around clearing their property or 'de cluttering' slowly on a smaller scale. There is usually an underlying issue such as trauma, bereavement, loneliness, divorce, OCD, and much more which require support alongside management of the clutter.

Research suggests that going into a property and just simply removing or 'skipping' (also known as 'Blitz Cleaning') the clutter does not work for the person who hoards, and can have a devastating impact on their physical and mental wellbeing, as well as creating even more cost to other services working with them. The hoarding will continue and the property will then become cluttered again over time and in some cases can become more cluttered than it was previously.

Currently there are no 'hoarding' specialists or practitioners as such in the county to refer to, but research and pilot projects are being undertaken in other parts of the country to identify and work with people who present with hoarding behaviours. Continuous engagement and training with the national hoarding experts will ensure we are aware of any further research available and successful projects undertaken.

At present, Lincolnshire has no solid data to show the number of persons who hoard, or the number of cluttered properties across the county. One of the aims of this protocol is to ensure we can start to collate some meaningful numbers over time which will then identify the prevalence and needs countywide.





To start to achieve some consistency on the collating of such valuable information, there is a dedicated Hoarding Fire Safety Advocate working within the Community Fire Safety Team at Lincolnshire Fire & Rescue. The advocate is taking notifications from frontline members of staff who identify a person or persons who hoard above a particular scale.

To determine this scale and to continue with consistency, the cluttered property would be assessed and rated by the frontline member of staff using the 'clutter rating scale' which is a visual tool for determining the scale of clutter in a person's house or each room. The scale is set at 1 – 9 with one being the lowest and 9 being the most extreme. This can then help to determine which level of support is needed and from who. More information on the clutter rating scale is within the Guidance for Frontline Staff document.

Key Facts

The World Health Organisation (WHO) has recently classified Hoarding as a recognised disorder. (Aug 2018)

- It is estimated that between 2 - 5% of the population hoard.
- This equates to at least 1.2 million households across the UK.
- It is estimated that only 5% of hoarders come to the attention of statutory agencies.
- Hoarding cases can cost anywhere from £1000 - £60,000.
- 20-30% of OCD sufferers are hoarders (The Chartered Institute of Environmental Health, 2012)
- Often people who hoard can stop landlords from meeting their statutory duties e.g. Gas safety checks and other certification required for registered Social Landlords

The Definition of Hoarding

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered, precluding activities for what they are designed for. Hoarding disorder is a persistent difficulty in discarding or parting with possessions because of a perceived need to save them.

A person with a hoarding disorder experiences distress at the thought of getting rid of the items, leading to excessive accumulation of items, regardless of actual value. ([See Appendix 1 for more information](#)).





Types of Hoarding

There are three types of hoarding: [\(See Appendix 2\)](#)

1. **Inanimate objects**
2. **Animal Hoarding** - Evidence of animal hoarding at any level should be reported to the RSPCA. [\(See Page 13 Animal Hoarding\)](#)
3. **Data Hoarding**

General Characteristics of Hoarding

The OCD-UK 2013 (Obsessive Compulsive Disorder) identifies 3 areas of hoarding which can lead on to some of the general characteristics of hoarding

- **Prevention of harm** – when an individual struggles to throw things away, as bad things may happen
- **Deprivation hoarding** – when an individual feels as though they may need the things they hoard
- **Emotional hoarding** – when hoarding becomes emotional, which can occur from trauma and sentimental values.

[\(See Appendix 3\)](#)





Who might be involved or affected?

There will be a wide range of people, authorities and/or services involved (or trying to engage) with a person who hoards once it has been identified. Hoarding can affect many people, and cost so much money, but an end resolution is rarely achieved.

Hoarding - Who might be involved or affected?

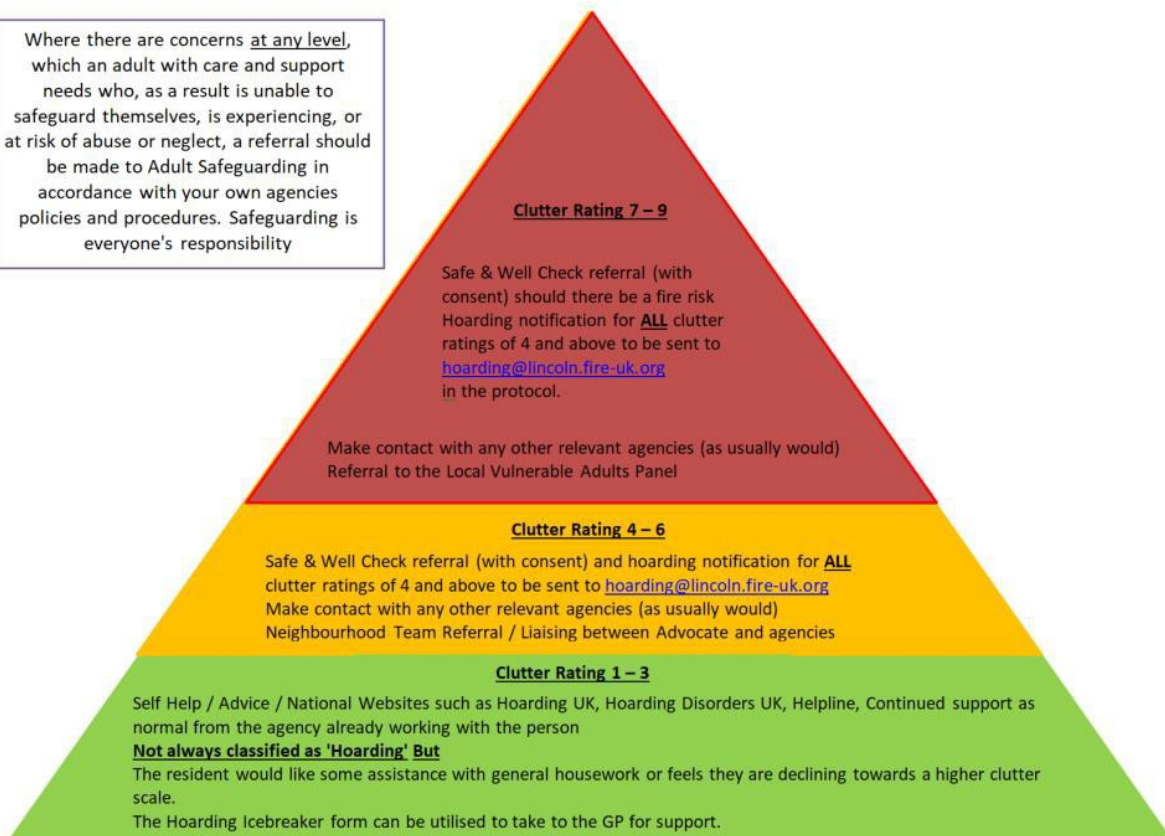




Advice / Signposting / Notification Overview

We would like to achieve a consistent countywide pathway into support for the person with hoarding behaviours. Currently, with no particular service to refer to for the right treatment, we will promote a multi agency approach to support for the person. This will also enable us to collate information for potential future services. To start to understand the levels of people hoarding across the county, once a person has been identified as having hoarding disorder, they should be guided or referred according to the following basic advice below.

Where there are concerns at any level, which an adult with care and support needs who, as a result is unable to safeguard themselves, is experiencing, or at risk of abuse or neglect, a referral should be made to Adult Safeguarding in accordance with your own agencies policies and procedures. Safeguarding is everyone's responsibility





Single/Multi-Agency Response/Fire & Rescue/Vulnerable Adults Panel/Safeguarding

Any professional working with persons who may have, or appear to have hoarding behaviours should utilise this protocol for general guidance and advice. They should then refer to the separate guidance document within the toolkit if they feel the person needs support from other agencies. The clutter image rating scale (within the guidance for frontline staff booklet) can be utilised to decide what next steps to take and for guidance/signposting.

The notification form (within the toolkit) should be used to notify the Fire & Rescue Hoarding Advocate of the hoarded property.

For example, a social worker is visiting a person for other reasons, but when they arrive at the property, they notice it is cluttered. The worker refers to the guidance and utilises the clutter rating tool. The property appears to be cluttered at a level **6/7**, is filthy and verminous and there are 20 dogs who appear to be malnourished inside the property. The person also appears to be unkempt, as well as quite agitated.

There should initially be a discussion with the person to establish their wishes and feelings. Consider any capacity issues and where appropriate, seek consent. There should be consideration of risk to others and the person should be informed of any action that will be taken without their consent and the reason why. (E.g. risk to others).

Because of this situation and the clutter rating result, the following actions should be considered:

- A Safe & Well Check referral (with the persons consent) to Fire & Rescue because of the high fire risks in the usual way, online.
- A Hoarding Notification to the Hoarding advocate for any property at a level **4** and above. This will ensure the details are logged and each case will be assessed and the appropriate multi-agency approach will be followed (i.e. The Advocate will liaise with the District council to look at a Vulnerable Adults Panel referral for instance)
- Consider contacting the local Environmental Health (for the filthy, verminous environment)
- Consider contacting the RSPCA (for the 20 dogs),
- Consider contacting any other relevant agency, so they are aware of the situation and can follow their own internal procedures to gain support for the person.
- Should the person require a Safeguarding referral, this would be separate to the protocol and has its own referral pathway.





For information - People identified as a clutter rating **1 – 3** are not always classified as hoarding cases, but may disclose to the worker that they require some assistance with general housework or feel as if they are declining towards a higher clutter rating.

The agency already working with the person would be required to either signpost them for additional support, or assist the person with self-help advice (online or the icebreaker form for instance). (See the contacts list within the guidance booklet) Please also refer to the guidance for frontline staff document for more details on the clutter ratings and how to notify other agencies if needed. The expectations of the agency already working with the person would be to continue to support the person with guidance such as self-help documents online or national hoarding agencies who can offer general advice.

The hoarding advocate should be notified of **ALL** properties with a clutter rating of **4** and above (up to 9). The notification should be sent to the Hoarding Fire Safety Advocate (See the contacts list within the guidance booklet), where it will be logged and the appropriate action will be taken on a case by case basis. If the person clearly states they do not want their information shared, then they should be informed that their address and a summary of the concerns will be shared with LFR due to risk to others. This is to enable an alert or 'marker' on the address, so if LFR are called to the cluttered property, they would be aware of the risk on arrival.

A referral to the local Vulnerable Adults Panel will be made if the clutter rating is a level **7 – 9** and the hoarding advocate has identified with the District council that this is the best option for the person. If the panel consider appropriate, then the case may be triaged and involvement of the Team around the Adult could be considered. This would mean the person has a team of different agencies around them to discuss and agree the best options for the person going forward. If the panel does not consider the referral appropriate for discussion, they will notify the referrer of the outcomes discussed at the panel.

If at any point there are concerns that an adult who has care and support needs is experiencing or at risk of abuse or neglect, and as a result of those care and support needs, is unable to take steps to safeguard themselves, a safeguarding referral should be made to the LCC Customer Service Centre (See the contacts list in the guidance booklet) in accordance with your agencies own policies and procedures. The Safeguarding process is independent of the hoarding protocol and has its own criteria and referral pathway but will adopt a joined up approach to ensure the best outcome for the person.

Evidence of animal hoarding at any level should always be reported to the RSPCA for advice and support. Please see the contacts list within the guidance booklet.





Mental Capacity

The Mental Capacity Act 2005 provides a statutory framework for people who lack capacity to make their own decisions. It sets out who can make decisions, in which situation and how they should go about this. Where there are doubts about a person's capacity to understand the risk associated with their hoarding behaviours, a multi-agency best interests meeting should be held to consider appropriate action. The Mental Capacity Act recognises an adult's right to make what others may consider unwise decisions. This protocol provides guidance to staff in these circumstances.

The act has 5 statutory principles, and these are the values which underpin the legal requirements of the act. ([See Appendix 4 for more information](#))

Information Sharing

Under the Data Protection Legislation & GDPR 2018, we all have the responsibility to ensure that personal information is processed lawfully and fairly. Every individual has certain rights over the information we hold about them. Front line Staff / Practitioners should consider this when they are recording information about that person. There is nothing in the Data Protection Act 1998, the Human Rights Act 1998, Common Law Principles or GDPR regulations that prevents sharing information to help and promote the welfare of Children and Adults. ([See Appendix 5 more information](#))

Fire Safety

Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. Fire can spread to neighbouring properties if the level of hoarding is severe or if flammable items such as gas containers are being stored. It also poses a high risk to firefighters when attending the scene.

The sharing of information is extremely important for operational firefighter crew safety. Lincolnshire Fire and Rescue Service is required to be compliant with the Fire Services Act, 2004, Regulation 7.2d to make arrangements for obtaining Information needed for the purpose of extinguishing fires and protecting life and property in their area. The multi-agency approach to sharing information on hoarding enables compliance with the Act and also strengthens the operational risk assessment when dealing with incidents and fires where hoarding is present.





If you have concerns or have identified a hoarding issue that Fire & Rescue need to be aware of, then [please see the contacts list in the guidance booklet for the Fire & Rescue details.](#)

Environmental Health

Turning to the treatment of clutter rather than supporting the person who is hoarding - and more towards environmental neglect than self-neglect - when hoarding grows to a problem level, possibly with clutter spilling over beyond the person's own home, the local environmental health service may be among the first to know.

Whether the result is a bad smell coming from a flat, an unsightly mess in a garden, or something worse, it will usually be to the local council that neighbours or passers-by will turn first. That may, in the first instance be to the Housing Department if the house is council owned, social housing or estate property, but even then, the Environmental Health Department is likely to be informed, either to confirm any real risk to physical health (or otherwise) or because of their access to pest control or rubbish removal services.

Where disrepair and lack of services/amenities are the responsibility of a landlord, then a referral should also be made to Private Sector Housing Enforcement within the Environmental Health Team as they have a duty under the Housing Act 2004 to take action for prescribed levels of hazards.

Environmental Health can become involved with a hoarding case at any time (whether it is from the start or later down the line) depending on the circumstances i.e. whilst a property may be only at clutter rating 1-3, action may still need to be taken from an Environmental point of view, if, for example, the property had rats/mice. This will be the judgement of the frontline staff working with the person or if the problem is reported from elsewhere externally.

Environmental Health will work to their internal policies and procedures, so could work slightly different to the ways recommended in this protocol.

[\(See Appendix 6 for more information\)](#)

Animal Hoarding – RSPCA, Care Act 2014

The hoarding of animate 'objects' is an under-characterised variant of pathological hoarding. More difficult to deal with than non-animal hoarding, it typically involves cats or dogs (though cases of





farm animals, livestock and birds have been reported) and the numbers of animals kept can be considerable. In the majority of cases, animals are found dead or in poor condition.

In some situations where a person who hoards animals becomes ill and is required to go into hospital or care temporarily/ long term or dies, the animals will need to be cared for.

Until 2014, section 48 of the National Assistance Act 1948 provided local authorities (LA) to make provision for the protection of property (e.g. pets) of people who are taken into hospital. This means they must board and care for those animals unless or until there are friends or relatives of the person who can do this. However, the Care Act 2014 amended this piece of legislation and the 1948 Act has been dis-applied in England. In particular, the Care Act 2014 and Children and Families Act 2014 (Consequential Amendments) Order 2015 amends the legislation.

As such the 2014 Act tweaks the provisions of the 1948 Act in this context and as long as the individual is resident within the LA's area then the LA should provide provision for the protection of the property of someone who is hospitalised. In this case pets are classed as property.

Local Authorities therefore have a duty to take into their care any pets that cannot be cared for by family or relatives (or where there are no family or relatives to assist). They have a duty under the **Animal Welfare Act 2006** (AWA) to ensure the welfare needs of those animals are met whilst they are responsible for them (even if this is only on a temporary basis).

There are also statutory provisions under the 2006 Act around entry to premises, which is likely to involve the use of a **S23 warrant**

Where Livestock and/or farm animals are involved, this would need to be reported to the local Trading Standards Dept.

Safeguarding - Children

Section 11 of the Children's Act 2004 places a duty on all public bodies to Safeguard and promote the welfare of Children in the discharge of its functions.

Growing up with self-neglect can put a child at risk; affecting their development by impacting on their physical and emotional well-being and in some cases, leading to the neglect of a child.

'Safeguarding Children' refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in





circumstances consistent with the provision of safe and effective care. Safeguarding is everyone's responsibility. If you believe a child or young person under the age of 18 years might be suffering,

Or is likely to suffer significant harm (including any mistreatment, abuse or neglect); a referral should be made to Children's Services via your agency's usual processes. ([See Appendix 7 for more information](#)).

Safeguarding – Adults at risk, Self-Neglect

Safeguarding means protecting an adult's right to live in safety, (free from abuse and neglect). S.42 of the Care Act 2014 defines self-neglect as a wide range of factors, covering:

- Neglecting to care for one's personal hygiene
- Neglecting to care for one's health
- Neglecting to care for one's surroundings
- Hoarding

It is important to note that a Section 42 enquiry is not usually the most appropriate way to address concerns of self-neglect. Frontline Practitioners will need to build rapport with service users to explore the reasons for self-neglect and to determine whether any other forms of abuse have taken place. Please refer to the Self-Neglect Toolkit if you believe the person is at risk of or experiencing Self Neglect.

A holistic assessment should be undertaken which should consider physical and personal living conditions, mental health, finances, physical health, social networks, personal endangerment and danger to others, including other adults and children who may be at risk of harm as a result of their living circumstances. An 'adult at risk' may be living with a in the property with a person who hoards There may be a safeguarding concern about that adult if they were at risk of, or experiencing significant harm due to the living circumstances.

Safeguarding is everyone's responsibility. If you believe an adult over the age of 18 years, who has care and support needs, is likely to suffer significant harm as a result of abuse or neglect, and is unable to take steps to safeguard themselves as a result of their care and support needs, then a referral should be made to the Adult care Safeguarding Team via your agency's usual processes. ([See the contacts list in the guidance booklet for the LCC Adults Customer Service Centre](#)).





Inherent Jurisdiction

There have been cases where the Courts have exercised what is called the 'inherent jurisdiction' to provide a remedy where it has been persuaded that it is necessary, just, and proportionate to do so, even though the person concerned has mental capacity.

In some self-neglect cases, there may be evidence of some undue influence from others who are preventing public authorities and agencies from engaging with the person concerned and thus preventing the person from addressing issues around self-neglect and their environment in a positive way.

Where there is evidence that someone who has capacity is not necessarily in a position to exercise their free will due to undue influence then it may be possible to obtain orders by way of injunctive relief that can remove those barriers to effective working. Where the person concerned has permitted another to reside with them and that person is causing or contributing to the failure of the person to care for themselves or their environment, it may be possible to obtain an Order for their removal or restriction of their behaviours towards the person concerned. In all such cases legal advice should be sought.





Appendices





Appendix 1

The Definition & Diagnostic Criteria of Hoarding

Frost and Gross (1992) state that hoarding is: ***The acquisition of, and failure to discard, possessions which appear to be useless or of limited value.***

Hoarding is now considered a standalone mental health disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013.

Hoarding can also be a symptom of other medical disorders such as depression and psychotic disorder. The main difference between a hoarder and a collector is that people who hoard have strong emotional attachments to their objects which are in excess of their real value.

The diagnostic criteria set down in the DSM-5 are a useful starting point for assessing hoarding disorder. The diagnostic criteria can be summarised as:

- A. A persistent difficulty discarding or parting with personal possessions, regardless of their actual value.
- B. The difficulty is due to a perceived need to save the items and distress associated with discarding them.
- C. The symptoms result in the accumulation of large numbers of possessions that congest and clutter active living areas and substantially compromise their intended use. If all living areas are uncluttered it is only because of the intervention of third parties (e.g. family members, cleaners, authorities).
- D. The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning (including maintaining a safe environment for self and others).
- E. The hoarding symptoms are not due to another medical condition. (E.g. brain injury, cerebrovascular disease, Prader-Willi Syndrome).
- F. The hoarding is not better accounted for by the symptoms of another DSM-5 disorder (e.g. hoarding due to OCD, decreased energy in Major Depressive Disorder, delusions in Schizophrenia or another Psychotic Disorder, Cognitive deficits in Dementia, restricted interests in Autism Spectrum Disorder).

Causes and Symptoms

In many cases, the symptoms will be quite obvious, in terms of clutter, excessive items in the property or even spilling onto gardens or public areas, non-engagement, referrals from other agencies, for example environmental health, fire services and/or local authority housing management or housing associations.

The most commonly hoarded items are old clothes, magazines, CDs/video tapes, letters, pens, old notes, bills, newspapers, receipts, cardboard boxes, pins, clothing rags, old medication, bodily products (hair, nails, faeces etc.), used nappies, rotten food, animals (dead and alive), wool or fabric, but there are a host of other items.





Reasons given for hoarding demonstrate a perceived need or intrinsic value attributed by the hoarder (e.g. “I may need it someday”), to emotional value (“I feel safe around my possessions”), to identification with those possessions (“I feel the object is part of me.”)

There is no one cause for hoarding, but research suggests that it is thought that its origins can begin in childhood but tend to most severely interfere with the individual’s life in their mid-30s and then worsen as they get older. Hoarders may harbour distorted beliefs in the importance of their possessions or their responsibilities towards them, with excessive emotional attachment. They may also demonstrate or suffer from information processing deficits such as indecisiveness, perfectionism, procrastination and/or disorganisation

Sufferers may be unable to cope with distress and thereby avoid it by accumulating clutter and end up disabled because of it.

It is not uncommon for there to have been a triggering traumatic event in the hoarder’s life after which point they started hoarding, such as bereavement, a loss or some personal trauma experienced.

Refusal by hoarders to engage with professionals or other intervention poses a challenge to progress. Good professional practice would explore all remaining avenues for the individual to engage. This is because being met with a “shut door” is in the nature of the disorder or hoarding behaviour. It is worth remembering that non-engagement is not exclusive to those suffering from hoarding disorder. It should be treated within the same practical, professional and legal framework as someone who suffers from any other condition or disorder (for example, Alzheimer’s disease, schizophrenia etc.)

'Skipping' or 'Blitz Clean'

One of the most popular responses to hoarding is to perform a 'blitz clean' – the clearing out of all or most of the offending items. Blitz cleans often feature repeatedly in the individual’s case notes or history. Whilst there may sometimes be a need for a blitz clean to deal with environmental health or fire safety concerns it more often only serves the person or agency that is concerned or complaining about the hoarding rather than offering a long-term solution for the person hoarding. Blitz cleans are likely to significantly distress the hoarder and is a costly action to take. It does not address the cause of the hoarding behaviour and may exacerbate their symptoms. Without a longer-term solution such as hoarding specific CBT and/or other professional intervention the individual could well resume their hoarding activities.

Not Just a Clinical Issue

People who display hoarding behaviours or who suffer from hoarding disorder are not just the responsibility or concern of the clinical profession.

Housing Providers

Very often the clinician will be at the end of the list of professionals who have become aware of someone exhibiting hoarding behaviour. Housing providers (including the local authority and housing associations) are often the first to receive complaints or concerns and will often face a





clash of responsibilities between their tenants and seeking to ensure that a potentially vulnerable adult receives appropriate care and support. Without appropriate intervention and support by relevant agencies housing providers' only other option will be to initiate proceedings in the county court for possession of the property, an access injunction or other action to assert their rights as landlords under housing or antisocial behaviour legislation. This could see an individual involved in legal proceedings when it may not be the most effective route for their personal progression through their manifesting condition.

Mental Health Services

Those who display hoarding behaviours or who suffer from hoarding disorder are more likely to be dealt with by Mental Health Services if hoarding disorder is recognised as a mental illness by those services. This service will often be the key liaison and conduit between the social services and clinicians involved with the individual concerned. It is essential for mental health professionals to be properly equipped and trained to identify, assess and plan treatment for those displaying hoarding behaviours and/or those who do suffer from hoarding disorder.





Appendix 2

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 (whether it be household pets or farm animals including livestock), 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 in the home, people who hoard animals are often unable to take care of themselves. As well, the homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects. Frontline staff should be aware that animals can be removed if the hoarder will not agree to their removal. Consent is probably unlikely. The veterinary profession would probably need to be involved if certification is needed. This would be under **S18 of the 2006 Animal Welfare Act**

Evidence of animal hoarding at any level should be reported to the RSPCA. See the contacts list in Appendix 9 (Pages 26 - 30)

3. Data Hoarding

This is a new phenomenon of hoarding. There is little research on this matter and it may not seem as significant as inanimate and 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 poses a significant risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified regardless of the risk rating, clients need to be advised of the increased risk and identify a safe exit route. Appropriate professional fire safety advice must be sought. Share information with appropriate emergency services by alerting them to hoarded properties. This will allow crews to respond appropriately. Fire services can provide support and guidance as well as fire safety equipment and should be part of the multi-agency response.





Appendix 3

General characteristics of Hoarding

- **Fear and anxiety:** Compulsive hoarding may have started as a learnt behaviour or following an event such as bereavement. The hoarder believes buying or saving things will relieve the anxiety and fear they feel. The hoard effectively becomes their comfort blanket. An attempt to discard an item may induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.
- **Long term behaviour pattern:** possibly decades of “buy and drop”. Collecting, saving, with an inability to throw away without experiencing fear and anxiety.
- **Excessive attachment to possessions:** an inappropriate emotional attachment to items.
- **Indecisiveness:** struggles with the decision to throw or give away items that are no longer necessary, including rubbish. Hoarders will often find faults with others, require others to perform to excellence but struggle to organise themselves or complete tasks.
- **Socially isolated:** alienate family/friends, too embarrassed to have visitors so will make many attempts to decline home visits in favour of office based appointments.
- **Large number of pets:** may have a large number of animals that cause complaints with neighbours, may be a self-confessed “rescuer of strays”
- **Mentally competent** (non-hoarding related decisions) Able to make decisions that are not related to the hoarding.
- **Extreme clutter:** preventing the use of rooms for their intended use.
- **Churning:** moving items from one area to another without ever discarding anything.
- **Self-Care:** maybe lacking in self-care or appear unkempt / dishevelled due to lack of facilities. However many hoarders maintain their appearance by undertaking personal care at public facilities and launderettes.
- **Poor insight:** sees nothing wrong with chosen lifestyle.





Appendix 4

Mental Capacity

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

When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. With the exception of statutory requirements, the intervention or action proposed must be with the individual's consent. Article 8 of the European Convention on Human Rights (The right to respect for private and family life) - is engaged. Interference with a person's life must be lawful, necessary and pursue a legitimate aim.

In extreme cases, taking statutory principle 3 (above) into account, the very nature of the environment may lead the professional to question whether the person has capacity to consent to the proposed action or intervention and trigger a capacity assessment.

The Social Care Institute for Excellence (SCIE) is a good starting point when thinking about

Assessing capacity

All interventions must be undertaken in accordance with the 5 statutory principles and using the 'two-stage' test of capacity (see MCA Code 4.11 – 4.25).

The Mental Capacity Act (MCA) Code of Practice states that one of the reasons why people may question a person's capacity to make a specific decision is that "the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision" (MCA Code of Practice 4.35)

Extreme hoarding behaviour may therefore in the specific circumstances of the case, prompt an assessment of capacity.





Deprivation of Liberty Safeguards under the Mental Capacity Act (2005)

The Deprivation of Liberty Safeguards is an amendment to the Mental Capacity Act 2005. They apply in England and Wales only.

The Mental Capacity Act allows restraint and restrictions to be used – but only if they are necessary, proportionate and in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

The Deprivation of Liberty Safeguards (to be replaced by Liberty Protection safeguards in 2020) can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the court of protection can authorise a deprivation of liberty. **(SCIE, 2015)**





Appendix 5

Information Sharing

Information will be shared within and between organisations in line with the Lincolnshire Safeguarding Adults Board Sharing Protocol and the principles set out below.

- 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. Consent should be freely given and the balance of power not outweighed. The Privacy notices within Lincolnshire Fire & Rescue and Lincolnshire Safeguarding Adults Board cover the information sharing between partners.
- The person's wishes should always be considered, however, protecting adults at risk establishes a general principle that an incident of suspected or actual abuse can be reported more widely and that in so doing, some information may need to be shared among those involved.
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from abuse or harm.

The decision about what information is shared and with who, will be taken on a case by-case basis. Whether information is shared and with or without the adult at risk's consent, the information shared should be:

- Necessary for the purpose for which it is being shared.
- Shared only with those who have a need for it.
- Be accurate and up to date.
- Be shared in a timely fashion.
- Be shared accurately.
- Be shared securely





Appendix 6

Environmental Health Powers

Environmental Health has certain powers which can be used in hoarding cases. Some of the powers are listed below:

- Public Health Act 1936
- Prevention of Damage by Pests Act 1949
- Environmental Protection Act 1990
- Anti-social Behavior, Crime and Policing Act 2014

Public Health Act 1936

Section 79: Power to require removal of noxious matter by occupier of premises

The Local Authority (LA) will always try and work with the individual to identify a solution to a hoarded property, however in cases where the resident is not willing to co-operate the LA can serve notice on the owner or occupier to “remove accumulations of noxious matter”. Noxious is usually classified as “harmful and/or unwholesome”. No appeal available. If not complied with in 24 hours, the LA can do works in default and recover expenses.

Section 83: Cleansing of filthy or verminous premises where any premises, tent, van, shed, ship or boat is either;

A) Filthy or unwholesome so as to be prejudicial to health; or

B) Verminous (relating to rats, mice other pests including insects, their eggs and larvae)

LA serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within 24 hours or more. If not complied with, Environmental Health (EH) can carry out works in default and charge. No appeal against notice but an appeal can be made against the cost and reasonableness of the works on the notice.

Section 84: Cleansing or destruction of filthy or verminous articles

Any article that is so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous, the LA can serve notice and remove, cleanse, purify, disinfect or destroy any such article at their expense.

Prevention of Damage by Pests Act 1949

Section 4: Power of LA to require action to prevent or treat Rats and Mice

Notice may be served on owner or occupier of land/ premises where rats and/ or mice are or may be present due to the conditions at the time. The notice may be served on the owner or occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works. The LA may carry out works in default and charge for these.





Environmental Protection Act 1990

Section 80: Dealing with Statutory Nuisances (SNs)

SNs are defined in section 79 of the Act and include any act or omission at premises that prevents the normal activities and use of another premises, including the following:

Section 79 (1) (a) any premises in such a state as to be prejudicial to health or a nuisance

(c) Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance

(e) Any accumulation or deposit which is prejudicial to health or a nuisance

(f) Any animal kept in such a place or manner as to be prejudicial to health or a nuisance

The LA serves an Abatement Notice made under section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.

- The local authority can serve notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets within 28 days.
- The local authority may carry out treatment as works in default and charge the owner/occupier. They also have the option to place the cost as a Charge on the property at the local land charges to be redeemed when the property is sold.
- Paragraph (f) the local Authority will serve an Abatement Notice under section 80 to abate the nuisance if it is Statutory.
- The notice will require the resident/owner to abate the nuisance in 2 hours or within 24hrs

- **Anti-social Behaviour, Crime and Policing Act 2014**

It is possible, if complaints have been received from neighbouring properties that the hoarding-related behaviours could be classed as antisocial behaviour, in which case proceedings can be brought against an individual in this manner. A thorough assessment as to whether the individual manifesting the hoarding-related behaviour is vulnerable should be made before any action is considered. Persons demonstrating hoarder-related behaviours or who suffer from hoarding disorder are likely to consider that their behaviour is not problematic or irrational, so it may be counter-productive to argue the case with them on the basis of what is normal, rational or acceptable. However, it may be possible to lead the person to understand that their hoarding is having a detrimental effect on others.

Section 98: Conduct causing nuisance to landlord etc.

- “(aa) has been guilty of conduct causing or likely to cause a nuisance or annoyance to the landlord of the dwelling-house, or a person employed (whether or not by the landlord) in connection with the exercise of the landlord’s housing management functions, and that is directly or indirectly related to or affects those functions,”

More guidance on the anti-social behaviour, crime and policing Act 2014 can be found on this [Link](#)

More information can be found on the [CIEH website](#) around Hoarding and how to approach it from an Environmental Health Officers perspective





Appendix 7

Safeguarding (Children)

Some of the impacts that hoarding can have on a child are:

- Social Isolation: Not being able to have friends over
- Reduced living space: children may have to use one space for multiple uses and purposes, such as sleeping, eating, homework, TV and playing.
- Anxiety: This may develop due to their parent's behaviour towards objects. They may get anxious living within a household with many objects they are unable to touch.
- Health: Asthma, allergies, headaches etc. which can be due to dust, the cleanliness of the household, and the things that are hoarded.

Some consideration should be given to whether the adult suffers from poor mental health and what is the impact of their mental health on their ability to provide good enough care for their child/children. If there are children in the home practitioners should assess if the child is caring for the adult in any way, in which a young carer's assessment may be required.

(Children of Hoarders, 2014)

The needs of the child at risk must come first and any actions we take reflect this. Therefore, where children live in the property, a Safeguarding Children alert should always be raised with Lincolnshire Children's safeguarding Board (LSCB) as well as following your own safeguarding protocols.





Appendix 8

Safeguarding (Adults at risk, Self-Neglect and Neglect)

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.

Before considering a referral to safeguarding, frontline staff should try to work with the person to identify the reasons for hoarding behaviours. This is not always easy as it requires the professionals, or concerned person to engage with the self-neglecting person, develop a rapport and their trust to ask about their emotions and how they feel about themselves. Sometimes this can feel traumatic for the person and may take time and patience. Whilst this process is on-going the professional or concerned person should take necessary steps to reduce risk to the person and others (e.g. by making a referral to LFR) with the person's consent where appropriate.

A vulnerable person may also be living with the person who hoards in the property. There may be a safeguarding concern about that adult if they have care and support needs, are at risk of or experiencing significant harm due to the living circumstances and as a result of their care and support needs, are unable to take steps to safeguard themselves.





Version Control

Version	Date Completed	Amendment Detail	Completed By
DRAFT 1	09/03/2018	N/A	Shirlene Hodgins Programme Assistant, Public Health
DRAFT 2	28/06/2018	Layout and ongoing updates from External / Internal feedback	Shirlene Hodgins Programme Assistant, Public Health
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DRAFT 13	21/10/2019	Neal prior to being presented to the CLT meeting in Nov 2019 & the LSAB Exec board in Dec 2019	Public Health Officer, Public Health
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