

Multi-Agency Hoarding Guide

Guidance for practitioners in Derby City and Derbyshire

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SECTION 1

1.1 Introduction

This document sets out guidance for collaborative multi-agency working within Derby City and Derbyshire using a 'person centred approach' for professionals and agencies working with people who hoard. This document has been developed and reviewed in partnership with Derbyshire Fire and Rescue Service, Derby and Derbyshire Safeguarding Adults Board Policy and Procedures subgroup and the Derbyshire Safeguarding Adults Board's Multiagency Adult Risk Management (MARM) Working group.

SECTION 2

2.1 Who does this framework apply to?

This framework applies to all agencies working to support people who hoard in Derby and Derbyshire.

There is an expectation that everyone across the Safeguarding Adults Board partnerships engages fully to achieve the best outcome while meeting the requirements and duties of their agency or Board.

SECTION 3

The aims of this framework are to:

- Create a safer and healthier environment for the individual and others affected by the hoarding behaviour, 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” 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.
- Establish best practice and improve knowledge of legislation that relates to hoarding behaviour through the SAB subgroups and MARM Working Group.

3.1 Definition of hoarding

Hoarding is the excessive acquisition of and inability to discard a large number of possessions resulting in extensive clutter. Hoarding impedes the use of living spaces being used for their designed purpose, negatively impacting upon the life of the person and that of their family (**Frost and Gross, 1993**).

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.

Although much remains to be done to better understand the symptoms, 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 disorders such as depression, dementia and psychosis. The NHS identifies the main treatment of hoarding disorder as cognitive behaviour therapy (CBT) which sits within mental health services (NHS, 2022). For individuals to receive a diagnosis this is usually through their GP, although they do not need a diagnosis to be supported through our multi-agency framework.

The main difference between a hoarder and a collector is that people who hoard have strong emotional attachments to or beliefs about their objects which make it difficult for them to dispose of anything.

Hoarding does not discriminate or favour gender, age, ethnicity, socio- economic status, educational or occupational history. If there are concerns about a child who is hoarding, it is advisable to liaise with children's services to ensure the child is referred for specialist support [Child Hoarding: Identifying & Treating Hoarding in Children | Child Mind Institute.](#)

There are many areas in which hoarding can occur such as the property, garden or communal areas.

Individuals can hoard a range of items, some of which are:

- Clothing and bags
- Newspapers, magazine or books
- Bills, receipts or letters
- Food and/or containers
- Collectables such as toys, DVDs or CDs
- Animals.

3.2 Types of hoarding

There are typically three types of hoarding:

- Inanimate objects: This is the most common. This could consist of one type of object or collection of a mixture of objects, such as old clothes, newspapers, food, containers or papers.
- Animal hoarding: This is on the increase and often accompanied with the inability to provide minimal standards of care. The person who hoards is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.
- Data Hoarding: This is a relatively new phenomenon. It 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.

The OCD-UK 2013 (obsessive compulsive disorder) identifies 3 areas 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

These 3 areas can lead on to some of the general characteristics of hoarding, in the following section.

3.3 General characteristics of hoarding

- **Fear and anxiety:** compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person who is hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard the hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.
- **Long-term behaviour pattern:** possibly developed over many years or decades of 'buy and drop'. Collecting and saving with an inability to throw away items without experiencing fear and anxiety.
- **Excessive attachment to possessions:** people who hoard may hold an inappropriate emotional attachment to items.
- **Indecisiveness:** people who hoard may struggle with the decision to discard items that are no longer necessary, including rubbish.
- **Unrelenting standards:** people who hoard will often find faults with others requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- **Socially isolated:** people who hoard 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 who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed 'rescuer of strays'.
- **Mental capacity:** people who hoard are typically able to make decisions that are not related to hoarding.
- **Extreme clutter:** hoarding behaviour may be in a few or all rooms and prevent them from being used for their intended purpose.
- **Churning:** hoarding behaviour can involve moving items from one part of the property to another, without ever discarding them.

- **Self-care:** a person who hoards may appear unkempt and unhygienic, due to lack of bathroom 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 behaviours and the impact it has on them and others.

3.4 Key facts

- 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 people who have OCD 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

SECTION 4

4.1 Legislation and case law

The [Mental Capacity Act 2005](#) provides a statutory framework for people who lack the capacity to make decisions by themselves. The Act has five statutory principles; these are the legal requirements of the Act:

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. Except for 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, therefore interference with a person's life must be lawful, necessary, proportionate, and pursue a legitimate aim.

In extreme cases, taking MCA 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 mental capacity assessment.

All interventions must be undertaken in accordance with the 5 statutory principles and completion of a capacity assessment (see MCA Code 4.11 – 4.25).

The MCA Code of Practice states that one of the reasons why a person's capacity to make a specific decision is questioned is because "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.

When assessing mental capacity for people who hoard and also have a cognitive impairment it is essential to consider their mental capacity to understand the risks which can arise from hoarding. In addition to their ability to understand, retain, and weigh up relevant information, practitioners should consider the adult's executive functioning, such as planning, organisation, and behavioural control. A person may appear to have decisional capacity by giving coherent responses during assessment yet still lack the executive capacity to act on decisions in real-life situations. Mental capacity requires both the ability to make decisions in principle ("talk the talk") and to follow through with them in practice ("walk the walk"), making executive function a critical component in determining whether someone truly has capacity at the time the decision needs to be made.

The **Inherent jurisdiction of the UK High Court** provides protective measures for adults who are considered '*vulnerable*' under the law but fall outside the scope of the Mental Capacity Act 2005, particularly where their decision-making is compromised due to the actions, or omissions of others. It acts as a legal safety net in situations where standard statutory powers such as the Mental Capacity Act 2005 or the Mental Health Act 1983/2007 are inapplicable, and the individual retains capacity. This jurisdiction is generally invoked in cases involving constraint, coercion, undue influence, or other forms of interference, often by a third party, that deprive an individual of their autonomy. Where an individual is hoarding and also subjected to additional abuse or coercion, the use of inherent jurisdiction may be considered appropriate, as demonstrated in *Southend-on-Sea Borough Council v Myers [2019]*. Its application must always be proportionate, legally justified, and pursued as a last resort when conventional legal frameworks have been exhausted. Legal consultation is essential before exercising this power within multi-agency decision-making.

Case Law

AC and GC (Capacity: Hoarding: Best interest) [2022] - provides the relevant information practitioners must consider when completing a mental capacity assessment around items and belongings.

A Local Authority v X [2023] EWCOP 64 - talks about issues of mental capacity and again highlights relevant information to consider when completing mental capacity assessments but in this case, it extends wider than items and belongings. The local authority sought an order to remove P to a place of safety whilst the property could be cleared which was against P's wishes but the court approved this but highlighted that all least restrictive options to address the hoarding risks must be explored before compulsory measures are sought.

Deprivation of Liberty Safeguards (2009) and the Mental Capacity Act (2005)

- The Deprivation of Liberty Safeguards are 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 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 (DoLS).
- For people living in the community, either in their own home, or in supported living this is referred to as Community Deprivation of Liberty Safeguards, or Community DoLS and requires authorisation through the Court of Protection. This applies where the person lacks mental capacity to consent to their care arrangements, and the acid test is met (SCIE, 2015).

The [Care Act 2014](#) recognises self-neglect as a category of abuse and neglect. This means that people who self-neglect may now be supported by safeguarding adult procedures, including making safeguarding personal, as well as receiving more support from practitioners.

What is self-neglect?

1. Lack of self-care to an extent that it threatens personal health and safety.
2. Neglecting to care for one's personal hygiene, health or surroundings.
3. Inability to avoid harm because of self-neglect.
4. Failure to seek help to access services to meet health and social care needs.

The Care Act statutory guidance 2014 formally recognises self-neglect as a category of abuse and neglect – and within that category identifies hoarding.

This enables local authorities to provide a safeguarding response, including the duty to share information for safeguarding purposes; the duty to make enquiries (S42) and the duty to provide advocacy, where a person has no one to advocate on their behalf. The duties apply equally whether a person lacks mental capacity or not. While an individual's wishes and feelings are central to their care and support, agencies must share information with the local authority for initial enquiries to take place. Enquiries may take place even when the person has capacity and does not wish information to be shared, to ensure abuse and neglect is not affecting others, that a crime has not been committed, or that the person is making an autonomous decision and is not being coerced or harassed into that decision.

Where the adults hoarding behaviours are linked to a diagnosable mental health disorder, pose a significant risk to the person or others and they are unable, or unwilling to engage with support, then it may be appropriate for them to be assessed under the [Mental Health Act 1983](#) for admission to hospital for assessment and treatment.

4.2 Confidentiality and information sharing

Confidentiality is an important principle that enables people to feel safe in sharing their concerns and to ask for help. However, the right to confidentiality is not absolute. Sharing relevant information with the right people at the right time is vital to good safeguarding practice. Some basic principles:

- Don't give assurances about absolute confidentiality.
- Try to gain consent to share information as necessary.
- You do not need consent to share personal information about an unborn baby or child and/or members of their family if an unborn or child is suffering or likely to suffer significant harm.
- Consider the person's mental capacity to consent to information being shared and seek assistance if you are uncertain.
- Make sure that others are not put at risk by information being kept confidential:
 - Does the public interest served by disclosure of personal information outweigh the public interest served by protecting confidentiality?
 - Is sharing the information necessary to protect an unborn baby or child from significant harm?
 - Could your action prevent a serious crime?
- Don't put management or organisational interests before safety.
- Share information on a 'need-to-know' basis and do not share more information than necessary.
- Record decisions and reasoning about information that is shared.
- Carefully consider the risks of sharing information in relation to domestic violence or hate crime.

The Data Protection Act 2018 and the General Data Protection Regulation (GDPR)

The GDPR allows us to share information without consent in certain circumstances. If it is deemed to be in the public interest, data may be collected, processed, shared and stored. It may be stored for longer periods in the public interest and in order to safeguard the rights and freedoms of individuals.

The sharing of information in health and social care is guided by the revised Caldicott principles. These principles are reflected in the General Data Protection Regulation (GDPR):

1. Justify the purpose
2. Don't use personal confidential data unless it is absolutely necessary
3. Use the minimum necessary personal confidential data
4. Access to personal confidential data should be on a strict need-to-know basis
5. Everyone with access to personal confidential data should be aware of their responsibilities

6. Comply with the law

7. The duty to share information can be as important as the duty to protect patient confidentiality

(The common law duty of confidentiality [Safeguarding adults: sharing information - SCIE](#))

Also see [Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents and carers](#), DfE.

4.3 Environmental Health Powers

The Chartered Institute of Environmental Health (2012) notes the growing list of statutory powers available to address hoarding.

Environmental Health has certain powers which can be used in hoarding cases. Some are mentioned below.

Public Health Act [Public Health Act 1936](#)

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

Section 79 applies to both private and council properties.

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

Section 83 applies to both private and council-owned properties.

Under this section, any premises including - tent, van, shed, ship or boat has the authority to be cleansed if:

- Filthy or unwholesome so as to be prejudicial to health; or
- Verminous (relating to rats, mice other pests including insects, their eggs and larvae)

The LA serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets etc. within a reasonable amount of time. If not complied with, Environmental Health can carry out works in default and charge. The person has no right to appeal against the 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

Local authorities are empowered to act under Section 84 regardless of whether the property is:

- *A council tenancy*
- *A private rental*
- *Owner-occupied*

Any item 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.

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.

Prevention of Damage by Pests Act 1949 – outdoors only

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 or premises where there are possibly rats or mice 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.

Anti-social Behaviour, Crime and Policing Act 2014) – outdoors only

An authorised person may issue a community protection notice to an individual aged 16 or over, or a body, if satisfied on reasonable grounds that

- the conduct of the individual or body is having a detrimental effect, of a persistent or continuing nature, on the quality of life of those in the locality; and
- the conduct is unreasonable.

A community protection notice may be issued by a constable, the relevant local authority, or a person designated by the relevant local authority for the purposes of this section. A community protection notice imposes any of the following requirements on the individual or body issued with it:

- A requirement to stop doing specified things
- A requirement to do specified things
- A requirement to take reasonable steps to achieve specified results.

They can only be issued if the offender has been given a written warning that the notice will be issued if their conduct doesn't change and that they have been given enough time to have reasonably made those changes and yet have chosen not to do so.

A person issued with a community protection notice who fails to comply with it commits an offence.

SECTION 5

5.1 Fire safety

Hoarding can make it more difficult for people living within the property to evacuate safely if there was a fire. Fire can also 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.

Derbyshire Fire & Rescue Service have no powers of entry into properties that are hoarded and require consent from the occupier to undertake a safe and well check. Hoarding is a fire concern if there are naked flames present in a property that are likely to ignite the hoarded items i.e. candles, open fires, unextinguished cigarettes and unsafe cooking practices. Derbyshire Fire & Rescue Service's advice is to have clear egress routes, working smoke alarms and to keep flammable items away from a naked flame.

The sharing of information is extremely important for operational firefighter crew safety. Derbyshire 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 about hoarding enables compliance with the Act and also strengthens the operational risk assessment when dealing with incidents and fires where hoarding is present.

SECTION 6

Safeguarding

Hoarding can significantly impact unborn babies, children and adults within and outside the household [How HD Affects Families - Hoarding](#).

6.1 Unborn Babies and Children

Growing up in a hoarded property can affect an unborn baby/ child's mental and physical health and their development and can in some cases put them at risk of harm, abuse or neglect.

Some impacts that hoarding can have on a child are:

- Social isolation: not being able to have friends or other family members visit.

- Reduced living space: children may have to use one space for multiple uses and purposes, such as sleeping, eating, homework, TV and playing.
- Anxiety/depression: this may develop due to their parent's behaviour towards objects. They may get anxious living within a household with many objects, it may impact on their self-esteem and they can feel rejected or unloved. They may be more likely to hoard themselves.
- Health and hygiene: asthma, allergies, headache etc. which can be due to dust, the cleanliness of the household and the things that are being hoarded. Reduced access to bathrooms, changing facilities and or toilets.
- Safety: increased risk of accidents and fire, including reduced ability to evacuate the home. [Unsafe sleeping arrangements](#) for babies are more likely.
- Babies and infants: there can be significant risks when floors or surrounding areas are cluttered which can impact on their development such as having space to crawl, stand and walk or access to a stimulating environment. There are also risks associated with dangerous items, falling objects and babies/infants putting things into their mouth.
- Young carers: children may be providing emotional, practical or physical care to the adult or their siblings.

(Children of Hoarders, 2014)

Also see [Growing up in a hoarding household](#), Young Minds.

Everybody working with unborn babies, children and or adults has a responsibility to protect children from harm and keep them safe. In all cases the welfare of unborn babies/children is paramount and the needs of the child must come first. All practitioners should have a child-centred approach within a whole family focus, in which the needs of all members of the family are explored as individuals and how their needs impact on one another is drawn out.

Where a pregnant woman or children live in the property, or are linked to the property, practitioners must consider the impact of the hoarding and any other family issues such as domestic abuse, the needs and risks to the unborn/child and what help and support they may need.

Practitioners should refer to their agency child protection policy and seek advice and support from their agency safeguarding lead to clarify concerns and what actions need to be taken. The Derby City and Derbyshire [Threshold Document](#) has been developed to support decision making about the level of need and the action to be taken. This could include swift action within services, family help/early help or where there are complex or child protection concerns, a referral to Children's Social Care. Advice from Derby or

Derbyshire Children Social Care can be sought via the children's services [professional consultation and advice line](#).

For further information about early help and making a referral see the [Derby and Derbyshire safeguarding children procedures](#).

6.2 Safeguarding Adults

Safeguarding Adults means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent, and stop, both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. It must be recognised that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

The Derby City and Derbyshire Multi-Agency Adult Safeguarding Policy and Procedures, and the Safeguarding Adults Decision Making Guidance provide information and guidance for practitioners to follow for raising a concern to safeguard an Adult. The safeguarding criteria should be considered and if it appears a person is at risk of abuse/neglect (including self-neglect) a referral should be made. Consent should be gained where possible but there may be times where this needs to be overridden and a referral should still be made. Always consider Making Safeguarding Personal.

An 'adult at risk' may also be living with a hoarder in a property. There may be a safeguarding concern about the adult if they are at risk of harm due to the way the hoarder is choosing to live in the property. If in doubt, discuss the issue with a manager or contact the local authority safeguarding team.

6.3 Multi-Agency Response

It is recognised that hoarding is a complex condition and that a variety of agencies will come into contact with the same person and their family. It is also recognised that not all the individuals who hoard will receive support from statutory services such as Mental Health.

Any professional working with individuals who may have, or appear to have, a hoarding condition should ensure they complete a Practitioners Assessment (see section 8) using the clutter image rating tool kit (section 7) to decide what steps to take.

Evidence of animal hoarding at any level should be reported to the RSPCA as well as other relevant agencies. See referral form and contact details in the appendices.

6.4 Multiagency Adult Risk Management (MARM)

The MARM process has been implemented by Derbyshire Safeguarding Adults Board (it is not used by Derby City Safeguarding Adults Board) to manage risks which may arise within specific circumstances when working with adults deemed to have capacity to make decisions for themselves, but who are at risk of serious harm or death through:

self-neglect (Care Act 2014), risk taking behaviour/chaotic lifestyles or refusal of services.

The MARM is a multi-agency adult assessment risk management process to:

- identify the relevant risks for the individual
- discuss and agree agency responsibilities/actions
- record, monitor and review progress with the agreed action plan
- agree when the risks have been managed and evaluate the outcome

Any agency can initiate a MARM meeting.

Details of the MARM Policy & supporting documents can be found on:

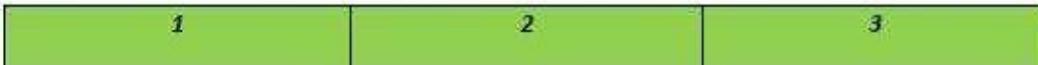
[Multiagency Adult Risk Management \(MARM\) - Derbyshire Safeguarding Adults Board](#)

SECTION 7

Clutter Image Rating Tool Guidance

7.1 Clutter Image Rating (CIR) – BEDROOM

Please select the CIR which closely relates to the amount of clutter



7.2 Clutter Image Rating (CIR) – LOUNGE

Please select the CIR which closely relates to the amount of clutter



1



2



3



4



5



6



7



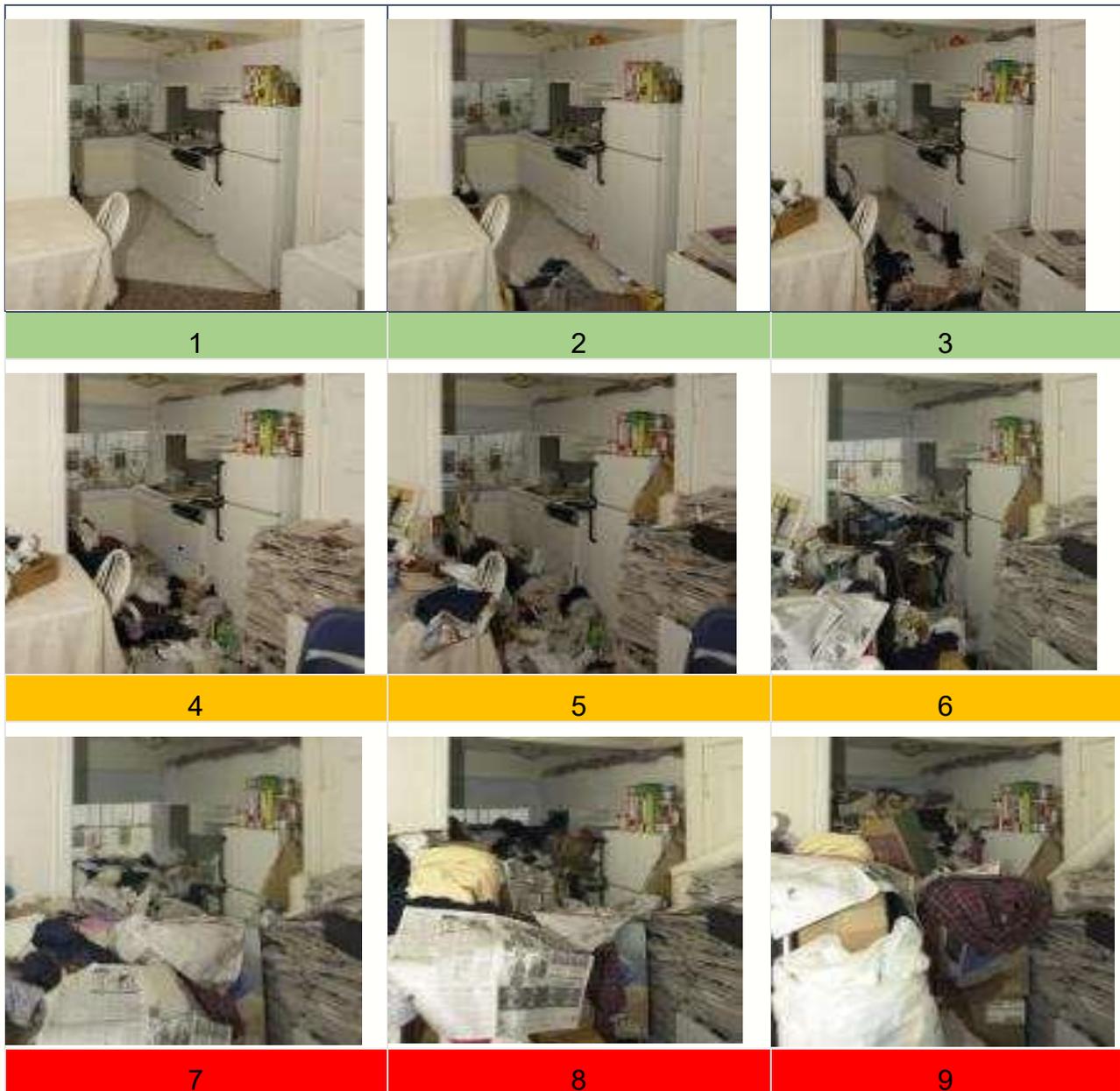
8



9

7.3 Clutter Image Rating (CIR) – KITCHEN

Please select the CIR which closely relates to the amount of clutter



SECTION 8

Practitioner assessment tool guidance

Guidance for practitioners

Most people who hoard will be embarrassed about their surroundings so professional curiosity is likely to be required along with the use of open questions to try to ascertain information whilst being as sensitive as possible.

Listed below are examples of questions you may wish to ask when you are concerned about someone's safety in their own home where you suspect a risk of self-neglect and/or hoarding. Consider asking:

- How do you get in and out of your property?
- Do you feel safe living here?
- Who else lives at, or visits the property?
- Have you ever had an accident? Slipped, tripped up or fallen? How did it happen?
- How do you move safely around your home? (Where floor is uneven or covered or there are exposed wires, damp, rot or other hazards)
- Has a fire ever started by accident? Is the property at risk from fire?
- Is there hot water, lighting and heating in the property? Do these services work properly?
- Do you have any problems keeping your home warm?
- When did you last go out in the garden? Do you feel safe to go outside?
- Are you able to use the bathroom and toilet ok? Have a wash, bath, shower etc.?
- Where do you sleep?
- Are there any obvious major repairs that need carrying out at the property?
- Are you happy for us to share your information with other professionals who may be able to help you?

Considerations when working with people who decline support

It is important to consider the possible impact that culture, ethnicity, and religion may have when an individual declines support, and this includes any influence from relationships, family and/or their community. Many individuals perceive interventions as a threat, even if it may lead to positive change. Individuals may view the practitioner as trying to force them to do something they do not want to do; it is evidenced through statistics that many

individuals do not want to change and the possibility of this being forced upon them can be interpreted as a threat. Building trusting relationships is key to promoting good outcomes, practitioners must use their knowledge and skills to keep the individual receptive to new experiences. Some of these skills and professional attributes may include honesty, reliability, respect, being present and human, keeping company and empathy.

Declining services should be analysed from a trauma-informed perspective. Practitioners should complete risk and strengths-based assessments that consider the environment, mental and physical health, social strengths and network, exploitation, abuse, attachments style and adult and childhood experiences (ACEs). Within safeguarding enquiries practitioners should consider whether ACEs and attachment experiences are impacting the individual's ability to protect themselves and their resilience in decision making surrounding the risks present. Practitioners should focus on building trust and helping individuals regain control, safety and security as individuals who have experienced trauma often have a sense of helplessness.

If practitioners decide to investigate under safeguarding, they should ensure the individual is involved throughout, the aim is to support them to develop their resilience and coping strategies to empower them to manage and mitigate their own risks.

Level One

Level 1 Clutter image rating 1 - 3	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 Derbyshire Fire and Rescue Service to visit and install if criteria met.• 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 1-3 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. • Property is not at risk of action by Environmental Health.
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. Children & Family members	<ul style="list-style-type: none"> • No concerns for household members.

	<ul style="list-style-type: none"> • Liaise with child’s early years provider or school, and 0-19 health services (midwife, health visitor or school nurse). • Consider the impact on any unborn babies/children living or associated with the household, their needs and appropriate support, including action to be taken by the agency and referrals to other services. Seek advice from agency safeguarding lead and refer to Derby City and Derbyshire Threshold Document to support decision making about the level of need and the action to be taken.
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 One: Multi-Agency Actions

Level 1	Actions
Referring Agency	<ul style="list-style-type: none"> • Discuss concerns with the individual. • Raise a CHARLIE or FRANCES referral Advice for Professionals :: Derbyshire Fire and Rescue Service to Derbyshire Fire and Rescue Service for a Safe & Well check to provide fire safety advice. • Refer to Social Care for a care and support assessment. • Refer to GP if appropriate.
Environmental Health	<ul style="list-style-type: none"> • No action.
Social Landlords & Private	<ul style="list-style-type: none"> • Provide details on debt advice if appropriate to circumstances. • Refer to GP if appropriate. • Refer to Social Care for a care and support assessment if appropriate. • Provide details of support streams open to the resident via charities and self-help groups. • Ensure residents are maintaining all tenancy conditions. • Refer for tenancy support if appropriate. • Ensure that all utilities are maintained and serviceable.

Practitioners	<ul style="list-style-type: none"> • Make appropriate referrals for support to other agencies. • Refer to social landlord if the client is their tenant or leaseholder.
Emergency Services	<ul style="list-style-type: none"> • Derbyshire Fire and Rescue Service- • Carry out a Safe & Well Check if it fulfils CHARLIE/FRANCES Advice for Professionals :: Derbyshire Fire and Rescue Service criteria and share with statutory agencies. • Derbyshire Police and East Midlands Ambulance Service Ensure information is shared with statutory agencies.
Animal Welfare	<ul style="list-style-type: none"> • No action unless advice requested.
Safeguarding Adults and Children	<ul style="list-style-type: none"> • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Children are likely to require universal or early/family help and a support plan developed which should be regularly reviewed. Note: there will be increased risks to unborn babies, babies and infants who are likely to require a greater level of support and interventions, see Keeping Babies Safe Guidance. • Derby City and Derbyshire Threshold Document.

Level Two

Level 2 Clutter Image Rating 4 – 6	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.• 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.

<p>2. Household Functions</p>	<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 4-6 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. • Evidence of outdoor items being stored inside.
<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Kitchen and bathroom are difficult to utilise and access. • 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. • Has good fire safety awareness with little or no risk of ignition. • Resident trying to manage personal care but struggling. • No risk to the structure of the property.

4.Safeguarding Children & Family members	<ul style="list-style-type: none"> • Hoarding on clutter scale 4-6. Consider a safeguarding assessment. • Properties with adults presenting care and support needs should be referred to the appropriate social care referral point. • Please note all additional concerns for householders. • Liaise with child’s early years provider or school, and 0-19 health services (midwife, health visitor or school nurse). • Consider the impact on any unborn babies/children living or associated with the household, their needs and appropriate support, including action to be taken by the agency and referrals to other services. Seek advice from agency safeguarding lead and refer to Derby City and Derbyshire Threshold Document to support decision making about the level of need and the action to be taken.
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. • Is PPE required?

Level Two: Multi-Agency Actions

<p>Level 2</p>	<p>Actions</p> <p>In addition to actions listed below these cases need to be monitored regularly in the future due to RISK OF ESCALATION or RECURRENCE</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 or occupier. • Raise a request to the Fire and Rescue Service to provide a Safe & Well Check with a consideration for monitored smoke alarms/ assistive technology. • Provide details of garden services. • Refer to Social Care for a care and support assessment. • Referral to GP. • Referral to debt advice if appropriate. • Refer to animal welfare if there are animals at the property. • Ensure information sharing with all necessary statutory agencies.

Environmental Health	<ul style="list-style-type: none"> • Carry out an inspection of the property. • At the time of inspection, Environmental Health Officer decides on appropriate course of action – Housing Standards Team may intervene at this stage, but Environmental Protection would not as no real concerns have been highlighted at this stage. • Consider serving notices under.... Housing Act 2004 – HOUSING STANDARDS TO REVIEW
Social Landlord & Private	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs. • Refer internally to assist in the restoration of services to the property where appropriate. • Ensure residents are maintaining all tenancy conditions. • Enforce tenancy conditions relating to residents' responsibilities. • Ensure information sharing with all necessary statutory agencies.
Practitioners	<ul style="list-style-type: none"> • Carry out an assessment of the property. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.

Emergency Services	<ul style="list-style-type: none"> • Derbyshire Fire and Rescue Service • Carry out a Safe & Well Check, share risk information with Statutory agencies and consider assistive technology. • Derbyshire Police and East Midlands Ambulance Service Ensure information is shared with statutory agencies.
Animal Welfare	<ul style="list-style-type: none"> • Visit property to undertake a wellbeing check on animals at the property. • Educate/inform the person regarding animal welfare if appropriate. • Provide advice/assistance with re-homing animals.
Safeguarding Adults and Children	<ul style="list-style-type: none"> • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Unborn babies/children are likely to require early/family help or intensive support, including an early help or single assessment and multi-agency support via an action plan which is regularly reviewed. See Derby City and Derbyshire Threshold Document.

Level Three

Level 3 Clutter Image Rating 7 - 9	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.
1. Property Structure, Services & Garden Area	<ul style="list-style-type: none">• Limited access to the property due to extreme clutter.• Extreme clutter may be seen at windows.• Extreme clutter may be seen 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.

2. Household Functions

- 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 are 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.
- Property is not maintained within terms of lease or tenancy agreement where applicable.
- Property is at risk of notice being served by Environmental Health.

<p>3. Health and Safety</p>	<ul style="list-style-type: none"> • Human urine and 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 was 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. Safeguarding Children & Family members</p>	<ul style="list-style-type: none"> • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders. • Liaise with child's early years provider or school, and 0-19 health services (midwife, health visitor or school nurse). • Consider the impact on any unborn babies/children living or associated with the household, their needs and appropriate support, including action to be taken by the agency and referrals to other services. Seek advice from agency safeguarding lead and refer to Derby City and Derbyshire Threshold Document to support decision making about the level of need and the action to be taken.

<p>5. Animals and Pests</p>	<ul style="list-style-type: none"> • Animals at the property at risk due to the level of clutter in the property. • Resident may not be able to control the animals in the property. • Animals' living area is not maintained and smells. • Animals appeared to be malnourished or overfed. • Hoarding of animals in the property. • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.). • Visible rodent infestation – evidence of droppings, urine tracks, chewing and nesting.
<p>6. Personal Protective Equipment (PPE)</p>	<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 Three: Multi-Agency Actions

Actions	Level 3
Referring Agency	<ul style="list-style-type: none"> • Raise Safeguarding Alert within 24 hours if there are care and support needs. • If the individual does not meet the Safeguarding thresholds for a referral, consider contacting Social Care regarding possible care and support needs assessment. • Raise a request to Derbyshire Fire and Rescue Service within 24 hours to provide a Safe & Well check via the CHARLIE/FRANCES Advice for Professionals :: Derbyshire Fire and Rescue Service referral process. • Refer to Environmental Health.
Environmental Health	<ul style="list-style-type: none"> • Carry out an inspection. • At time of inspection, EHO decides on appropriate course of action. • Consider serving notices under Environmental Protection Act 1990, Public Health Act 1936, Anti-Social Behaviour, Crime and Policing Act 2014, The Prevention of Damage by Pests Act 1949 and the Housing Act 2004
Social Landlord & Private	<ul style="list-style-type: none"> • Visit resident to inspect the property & assess support needs. • Attend MARM meetings as required. • Enforce tenancy conditions relating to residents' responsibilities.

Practitioners	<ul style="list-style-type: none"> • Refer to “Hoarding guidance questions for Practitioners”. • Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
	<ul style="list-style-type: none"> • Derbyshire Fire and Rescue Service- Carry out a Home Safety • Check and share risk information with statutory agencies and consider assistive technology. • Derbyshire Police and East Midlands Ambulance Service- Ensure information is shared with statutory agencies. • Attend MARM/Safeguarding meetings as required. • 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 client regarding animal welfare if appropriate. • Take legal action for animal cruelty if appropriate. • Provide advice/assistance with re-homing animals.

**Safeguarding
Adults and
Children**

- Unborn babies/children are likely to require intensive support or specialist services, and a referral to children's social care should be made. See [Derby City and Derbyshire Threshold Document](#)

Appendix 1: Multi Agency Hoarding Assessment and Clutter Rating

Clutter Rating Please tick one of the Red, Amber or Green boxes to indicate the current level of risk.	
Low Risk	All doors, stairways and windows accessible No evidence of pests Clutter obstructs SOME functions of key living area – Looks untidy Safe maintained sanitation conditions

<p>Medium Risk</p>	<p>Blocking of doors, some windows, possibly major exit Light infestation of pests (e.g. bed bugs, lice, fleas, rats)</p> <p>Clutter obstructing functions of key living space, stairs, entrances, hallways etc.</p> <p>Evidence of non-maintained sanitation conditions (e.g. food preparation surfaces heavily soiled, lots of dirty dishes, obvious odours which irritate etc.)</p> <p>Evidence of burns to the carpet, clothing etc.</p>
<p>High Risk</p>	<p>Whole rooms accessible, exits blocked, windows not able to be opened Utilities cut off (e.g. no heating, gas capped)</p> <p>Heavy infestation of pests (rats seen, heard, reported by neighbours, cockroaches, fleas etc.)</p> <p>Key living spaces not available for use, person living in one room</p> <p>Evidence of urine/excrement in room, rotting food, very insanitary conditions</p> <p>Evidence of previous fire or burns in the carpet, clothing etc.</p>

Appendix 2: Useful Contact Information

Derby Safeguarding Adults Board and Derbyshire Safeguarding Adults Board Referral Form can be accessed via the following links:

[Safeguarding adult referrals – Derby safeguarding Adults Board](#)

[Safeguarding adult referrals - Derbyshire Safeguarding Adults Board](#)

[Derby and Derbyshire Safeguarding Children procedures](#)

Partner agency contacts	
Derbyshire Fire and Rescue Service HQ	01773 305305
Chesterfield Royal Hospital switchboard	01246 277271
Derbyshire Community Health Services NHS Foundation switchboard	01246 515151
Derbyshire Healthcare NHS Foundation Trust switchboard	01332 623700

Royal Derby Hospital switchboard	01332 340131
Environmental Health Teams:	
Derby City Council Environmental Protection Team	01332 642020
Derby City Council Housing Standards Team	01332 640764
RSPCA Contact Helpline	0300 123 4999
Derby City Council – Multi-Agency safeguarding Hub (MASH)	01332 642855
Adult Contact Team (City)	01332 640777 option 2
Derby Children's Services Professional Consultation Line	07812 300329.
Derby City Council Children's Social Care Initial Response Team	01332 641172
Derbyshire Starting Point Consultation and Advice Service for Professionals	01629 535353
Derbyshire County Council Children's & Adults referrals - Call	01629 533190
Derbyshire/Starting Point	
Derbyshire Police Non-Emergency	101

Housing Associations	
Futures Homescape LTD	01773 573 100 / 0300 456 2531
Futures Housing Group	0300 456 2531
Enable Housing Association LTD	01246 599999
South Yorkshire Housing Association	0114 290 0200
EMH Homes	0300 123 6000
NHS Mental Health Teams	
Amber Valley Child and Adolescent Mental Health Service (CAMHS)	01332 623700
Amber Valley Neighbourhood	01332 623700
Bolsover & Clay Cross Neighbourhood	01246 562080
Chesterfield Central Neighbourhood	0300 123 3372
Derby City Child and Adolescent Mental Health Service (CAMHS)	0300 790 0264
Derby City Neighbourhood	0300 123 4011
Erewash Child and Adolescent Mental Health Service (CAMHS)	0115 946 4568
Erewash Neighbourhood, Century House Long Eaton	0300 123 3375
High Peak Community Mental Health Team	0300 123 3374
Killamarsh & Chesterfield North Neighbourhood	0300 123 3370

North Dales Neighbourhood	0300 123 3373
South Derbyshire & Derbyshire Dales South Neighbourhood	0300 123 3376
Compass mental health support teams and early intervention targeted support services https://compass-uk.org/services/compass-changing-lives/	01332 315569
South Derbyshire Child and Adolescent Mental Health Service (CAMHS) https://www.derbyshirehealthcareft.nhs.uk/services/childrens-mental-health-services-camhs-derby-and-southern-derbyshire	01283 227077
Talking Mental Health Derbyshire (IAPT)	0300 123 0542
North Derbyshire Community Mental Health Team	0162 976 1600
North Derbyshire Child and Adolescent Mental Health https://www.camhsnorthderbyshire.nhs.uk/	01332 623700
Royal Derby Hospital Mental Health	01332 623700
Derbyshire Healthcare St Marys Gate, Chesterfield	01246 216510
Walton Hospital	01246 515505
Charity Mental Health Teams	
Derbyshire Federation for Mental Health	0162 973 3915
Saint Andrews House	01332 268455

Mental health support and advice services	
Call Derbyshire	01629 533190
Derby City Careline Out of Hours service	01332 956606
Derbyshire Federation for Mental Health	01629 733915
Rethink Mental Illness	0300 5000 927
Samaritans	116 123
South Derbyshire CVS	01283 222881
ReThink	01332 210228

Appendix 3: Reference List – For Further Reading

- <https://hoardinguk.org/> Promoting Choice and Control Since 2008
- <https://www.cieh.org/media/1248/hoarding-and-how-to-approach-it-guidance-for-environmental-health-officers-and-others.pdf> Chartered Institute of Environmental Health, Professional Practice notes.
- www.psychiatrictimes.com/view/hidden-lives-children-hoarders
- Derby and Derbyshire safeguarding Children Partnership <https://www.ddscp.org.uk/>
- Safer Derbyshire <https://www.saferderbyshire.gov.uk/home.aspx>
- [Multiagency Adult Risk Management \(MARM\) - Derbyshire Safeguarding Adults Board](#)
- Derby and Derbyshire Safeguarding Adults Board Self Neglect Toolkit <https://www.derbyshiresab.org.uk/professionals/self-neglect-toolkit.aspx>
- <https://www.derbyshiresab.org.uk/home.aspx>
- <https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/for-friends-and-family/>
- <https://www.helpguide.org/articles/anxiety/hoarding-disorder-help-for-hoarders.htm>
- <https://www.nhs.uk/mental-health/conditions/hoarding-disorder/>
- [Safeguarding adults: sharing information - SCIE](#)