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**Sussex Safeguarding Adults**

**Responding to Hoarding Behaviour Framework**

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**Part 2 – Practitioner Resources**

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## Introduction

This second part of the framework contains a range of practical resources for use to support professionals working with adults who are displaying hoarding behaviour. It includes suggested approaches, questions, and tools to promote a multi-agency approach that enables positive change whilst keeping the person’s rights and wishes at the centre of all interventions.

## Engagement Tips

* Be respectful of the person’s choices, their home, and their belongings.
* Understand the significance of their self-neglecting/hoarding behaviour and talk to them about the reasons for this and their life experiences.
* Practice positive regard to build a rapport; mirror their language and use empathy to see things from their point of view.
* Focus on harm reduction and not symptom reduction. The focus should be on safety, and risk management.
* Work patiently over time at the pace of the adult but know when to be clear and honest about potential consequences.
* Keep in mind the person’s (potentially fluctuating) mental capacity to make decisions about their safety and wellbeing.
* Engage and co-ordinate with other professionals, friends, neighbours, and family to support, advise and provide practical assistance.
* Be flexible and creative in your approach, considering if there are alternative options or approaches that may be more successful.
* Use legal powers as a last resort and only with a clear understanding of the relevant legislation and associated policies and procedures.

## Guidance Questions

Here are examples of practical questions you may wish to ask in situations where you are concerned about someone’s safety in their own home and where you suspect that hoarding behaviour and self-neglect may be occurring. The questions are designed to inform risk assessment and risk management and to ascertain what the primary issue or concern is for the individual, and therefore what the most appropriate route for support may be.

These practical questions below should be used alongside the clutter rating and professional judgement to identify level of risk. Information should be sought in a sensitive and person-centred manner as many people with a hoarding problem will be embarrassed about their surroundings so you may need to adapt the question to suit the individual.

If hoarding behaviour or self-neglect is identified this information may need to be shared with others. A common theme highlighted both local and nationally in Safeguarding Adults Reviews, Domestic Homicide Reviews, and other forms of review is communication and information sharing between agencies. This frequently identifies the need for increased information sharing between professionals and agencies.

However, before taking any further action or sharing information with others it is important to gain consent from the person and for them to sign a consent form if possible. For further guidance on information sharing please consult the Pan-Sussex SAB Information Sharing Guide and Protocol.

[**Pan-Sussex SAB Information Sharing Guide and Protocol**](https://www.bhsab.org.uk/wp-content/uploads/sites/2/2020/09/Sussex-Information-Sharing-Guide-and-Protocol-v1.pdf)

**Practical Questions**

• How do you get in and out of your property, do you feel safe living here?

• Have you ever had an accident, slipped, tripped up or fallen? How did it happen?

• How have you made your home safer to prevent this (above) from happening again?

• How do move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)

• Has a fire ever started by accident?

• How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?

• Do you ever use candles or an open flame to heat and light here or cook with camping gas?

• How do you manage to keep yourself warm? Especially in winter?

• When did you last go out in your garden? Do you feel safe to go out there?

• Are you worried about other people getting into your garden to try and break-in? Has this ever happened?

• Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?

• Have you ever seen mice or rats in your home? Have they eaten any of your food? Or got upstairs and be nesting anywhere?

• Can you prepare food, cook, and wash up in your kitchen?

• Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?

• How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet? Have a wash, bath? Shower?

• Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (If there are any)

• What do you do with your dirty washing?

• Where do you sleep? Are you able to change your bed linen regularly? When did you last change them?

• How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?

• Are there any broken windows in your home? Any repairs that need to be done?

• Because of the number of possessions you have, do you find it difficult to use some of your rooms? If so which ones?

• Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

• Would you like you some support to manage your current situation?

Are you happy for us to share your information with other professionals who may be able to help you? (Ask person to sign consent form and liaise with other agencies as appropriate).

## Clutter Image Rating Scale

The Clutter Image Rating Tool and accompanying guidance in this section can be used to identify the level of hoarding behaviour or self-neglect that is taking place, along with appropriate actions for relevant professionals and agencies involved.

The Clutter Image RAG Rating Tool should be used by selecting the photograph, and corresponding clutter image rating, that most accurately represents the relevant room(s) of the person.

The guidance below the tool can then be used to consider the person’s wider environment and circumstances to develop an overall clutter image scale rating. The tool used without RAG rating….

The third element of the Clutter Image Rating Scale identifies actions that should be considered by the various professionals and agencies potentially supporting the person.

**Clutter Image Rating (CIR) – BEDROOM**

Please select the image which closely relates to the bedroom.

1. Small level of a hoarding but area is clear and safe to navigate
2. Slightly increased level of hoarding but area remains easy to access
3. Area is getting slightly more difficult to move around in and floor is now being used to hoard items
4. Hoarding on all surfaces is increasing with difficulty in being able to identify clear spaces
5. No surfaces are clear from hoarding and there are limited pathways/routes within the space to move freely
6. Significant hoarding evident with no space to move freely – hoarding does not fill the entire area
7. Extreme hoarding evidence with no space to move freely – half of the space is filled with hoarding items
8. High levels of hoarding with the entire space being filled with hoarding items and the space unusable 



**Clutter Image Rating (CIR) – LOUNGE**

Please select the image which closely relates to the lounge.

1. Small level of a hoarding but area is clear and safe to navigate
2. Slightly increased level of hoarding but area remains easy to access
3. Area is getting slightly more difficult to move around in and floor is now being used to hoard items
4. Hoarding on all surfaces is increasing with difficulty in being able to identify clear spaces
5. No surfaces are clear from hoarding and there are limited pathways/routes within the space to move freely
6. Significant hoarding evident with no space to move freely – hoarding does not fill the entire area
7. Extreme hoarding evidence with no space to move freely – half of the space is filled with hoarding items
8. High levels of hoarding with the entire space being filled with hoarding items and the space unusable 


**Clutter Image Rating (CIR) – KITCHEN**

Please select the image which closely relates to the kitchen.

1. Small level of a hoarding but area is clear and safe to navigate
2. Slightly increased level of hoarding but area remains easy to access
3. Area is getting slightly more difficult to move around in and floor is now being used to hoard items
4. Hoarding on all surfaces is increasing with difficulty in being able to identify clear spaces
5. No surfaces are clear from hoarding and there are limited pathways/routes within the space to move freely
6. Significant hoarding evident with no space to move freely – hoarding does not fill the entire area
7. Extreme hoarding evidence with no space to move freely – half of the space is filled with hoarding items
8. High levels of hoarding with the entire space being filled with hoarding items and the space unusable 


This accompanying guidance to the Clutter Image Rating Tool should be used to consider the person’s wider environment and circumstances to develop an overall clutter image scale rating.

**CONSIDER:**

* **Is the concern about a person with care and support needs?**
* **Are there any existing support agencies or previous involvement with statutory services?**

**For working age mental health support, contact your professional lead.**

**If there is any indication a criminal act has occurred the Police must be consulted.**

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| --- | --- | --- |
| **Clutter Rating Green**  **Rooms rated 1-3 on Clutter Rating Scale** | **Clutter Rating Amber**  **Rooms rated 4-6 on Clutter Rating Scale** | **Clutter Rating Red**  **Rooms rated 7-9 on Clutter Rating Scale** |
| All entrances, exits, stairways and windows are clear and accessible. | Clutter is causing congestion and access is reduced between rooms, in using the stairs and exits are potentially difficult to use | Severe level of congestion throughout the property with risk of falls, fire and no accessible access or exit |
| Rooms can be used for their intended purpose. | Clutter is impacting on rooms intended use i.e., cannot access bed to sleep or bathroom facilities or kitchen to prepare a meal. | Rooms cannot be used for the intended purpose.  Lack of access to amenities for personal care |
| Smoke alarms fitted and functional or referral made to the local Fire Service for a Safe &Well/Home Safety visit and installation if criteria met. | Smoke alarms either not fitted  or not functioning, referral made to West Sussex (Safe & Well) Fire Prevention Team | Smoke alarms either not fitted  or not functioning, referral made to West Sussex (Safe & Well) Fire Prevention Team |
| No evidence of smoking concerns. | Evidence of scorches, smoking in chair/bed with bedding, candles | Imminent risk of fire |
| All utility services functional and maintained in good order. | Utilities not functioning – may present as no lights or tv, no hot water, no heating etc. | Services not connected or functioning properly |
| Good lighting – no evidence of candles as replacement lights. | Lighting issues i.e., bulbs not working – using torches, candles, trailing cables for lamps etc | No Lighting – no electricity, broken fittings, vermin problems - improvised lighting causing potential risk as for amber rating |
| Appropriate use of central heating – i.e., not replaced with heaters or using oven to improvise heat. | Inappropriate use of heaters i.e., covered, or personal items too close to gas heater flame or using other items to improvise heat i.e., oven door open or cooker rings on. | Inappropriate use of heaters i.e., covered, or personal items too close to gas heater flame or using other items to improvise heat i.e., oven door open or cooker rings on. |
| Gas safety check completed annually by Landlord. | Gas supply capped as refused Gas Safety Check | Tenancy at risk for gas safety non-compliance. |
| Property is not at risk of action by Landlord or Environmental Health & meets standard of ***Housing Standard - Health & Safety Rating System.*** | Unsanitary conditions in property caused by person and/or pets | Unsanitary conditions – no access to bathroom or toiler (or not functioning)  Rotting food may be present |
| Property is clean with no odours (pet or other). | Offensive odour/s in the property | Excessive odour, may be evident from outside the property |
| Rubbish appropriately stored and disposed of – not on floor, sides or otherwise stored. | Concern for levels of medication stored and/or expiry dates | Inappropriate use or placement of medical related equipment  (i.e., oxygen cylinders & air-flow mattresses)  Imminent risk of gas leaks |
| Pets well cared for and healthy. | Concerns for welfare of animals – issues with toileting, grooming, feeding etc  Hoarding of excessive number of animals | Either pets or hoarded animals in distress, unmaintained living conditions, under/over fed etc |
| No evidence of flies, pests, or vermin. | Evidence of pests or vermin  – excessive number of flies | Visible pest/vermin infestation i.e., bed bugs, lice, fleas, cockroaches, ants, silverfish etc |
| No concerns for other household members. | Concerns for other household members (children &/or adults) | Other members of the household (children &/or adults) with care and support needs |
| Engaging with agencies. | Not engaging with professionals | Multiple reports from other agencies |
| Property in good repair. | Concerns for Minor Works, repairs, cleaning and clearing | Evidence of structural damage or outstanding repairs -including damp |
| Property well ventilated. | Lack of ventilation creating condensation  and causing damp | Property lacks ventilation which is causing concerns i.e., ventilation for boilers etc (CO2) |
| The garden is accessible and maintained. | Garden of concern where not maintained | Evidence of indoor items stored outdoors |
| Tenancy secure. | Tenancy at risk because of hoarding impact on property – notice of seeking possession. | Tenancy at risk because of hoarding/property condition, i.e., notice served |
| Stable home life | Concern for declining mental health or mental capacity | Concern for declining mental health or mental capacity |

The third element of the Clutter Image Rating Scale identifies actions that should be considered by the various professionals and agencies that may potentially be supporting the person.

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|  | **CLUTTER RATING GREEN 1-3** | **CLUTTER RATING 4-6** | **CLUTTER RATING 7-9** |
| Referring Agency | Discuss concerns with the Individual.  Raise a request to West Sussex Fire Service for a Home Safety Check and to provide fire safety advice if appropriate  Refer to Social Care for a care and support assessment if care needs identified  Refer to GP if appropriate. | Refer to landlord if resident is a registered housing tenant.  Refer to Environmental Health if resident is a freeholder.  Raise a request to the Fire and Rescue Service to provide a home Safety 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. | 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 West Sussex Fire and Rescue Service within 24 hours to provide a Home Safety Check.  Refer to Environmental Health via the referral form. |
| Environmental Health | No action. | Carry out an inspection of the property utilising Multi-Agency Approach  At the time of inspection, Environmental Health Officer decides on appropriate course of action.  Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949, or Housing Act 2004.  Consider Works in Default if notices not complied by occupier. | Carry out an inspection.  At time of inspection, EHO decides on appropriate course of action.  Consider serving notices under Environmental Protection Act 1990, Prevention of Damage by Pests Act 1949, or Housing Act 2004.  Consider Works in Default if notices not complied by occupier. |
| Landlord | 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 care needs identified  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. | 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 resident’s responsibilities.  Ensure information sharing with all necessary statutory agencies. | Visit resident to inspect the property & assess support needs.  Attend multi agency hoarding meeting or VPP/CPP.  Enforce tenancy conditions relating to resident’s responsibilities. |
| Practitioners and Support Workers | Complete Hoarding Assessment form.  Make appropriate referrals for support to other agencies.  Refer to social landlord if the client is their tenant or leaseholder. | Carry out an assessment of the property utilising the Hoarding Toolkit and Multi-Agency Approach.  Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. | Refer to “Hoarding Guidance Questions for practitioners”.  Complete Practitioners Assessment Tool.  Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution. |
| Emergency Services | **West Sussex Fire and Rescue Service**- Carry out a Home Safety Check if it fulfils service criteria and share with statutory agencies.  **Sussex Police and Sussex Ambulance Service-**Ensure information is shared with statutory agencies if concerns at call out visit | **West Sussex Fire and Rescue Service**  Carry out a Home Safety Check, share risk information with Statutory agencies and consider assistive technology.  **Sussex Police and Sussex Ambulance Service**  Ensure information is shared with statutory agencies & feedback is provided if concerns are noted at call out visit.  (Any professional service may be called out for Welfare Check if person not seen for some time) | **West Sussex Fire and Rescue Service**- Carry out a Home Safety  Check, share risk information with Statutory agencies and consider assistive technology.  **Sussex Police and Sussex Ambulance Service**-Ensure information is shared with statutory agencies & feedback is provided if concerns are noted at call out visit.  (Any professional service may be called out for Welfare Check if person not seen for a time) |
| Animal Welfare | No action unless advice requested. | Visit property to undertake a wellbeing check on animals at the property.  Educate client regarding animal welfare if appropriate.  Provide advice / assistance with re-homing animals. | Visit property to undertake a wellbeing check on animals  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 | Non-Safeguarding but Social Care Concerns should be referred with consent to Adult Social Care | Properties with children/adults/carers presenting care and support needs should be referred to the appropriate Social Care referral point. | Safeguarding alert should progress to referral for multi-agency approach and further investigations made of any concerns of abuse. |
| Safeguarding Children | Are children providing a supporting role – would they benefit from Young Carers support? | Consult with Children’s Services | Refer to Children’s MASH within 24 hours if children or young people present |

## Initial Home Assessment Form

The Initial Home Assessment form is a further resource that can be used alongside the Clutter Image Rating Tool in assessing risk within the home, and specifically identifying whether the person has;

* a place to sit
* a place in the home to suitably store food, prepare a meal, and dispose of household related rubbish
* access to toilet facility and water (for personal care (and if relevant carer hygiene)
* a place to sleep
* suitable heating and hot water
* working smoke detection
* clear and accessible exits with the ability to leave independently in case of fire

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| **Part 1: Personal Details:** | | | | | |
| Name & Surname |  | |  | | |
| Address: |  | | | Phone: | |
| Date of birth: | Age: | Gender: | | Postcode | |
| Joint occupant;  Children: |  | |  | | |
| Property type: |  | No. of bedrooms: | | |  |
| Date report received: |  | Reported by: | | |  |
| Circumstances leading to hoarding alert: |  | | | | |
| System Warning Alerts  or known Risks: |  | | | | |

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| **Part 2: Home Environment Areas of Congestion** | |  |  |
| Not disposing of household rubbish |  | Collecting of certain favourites  i.e., elephants, cuddly toys, mugs |  |
| Books |  | Hobby collector  I.e., trains, cars, figurines |  |
| Animals |  | Excessive amount clothes |  |
| Children’s items – no longer living at home |  | Buying of new items |  |
| Newspapers / Magazines |  | Buying multiple items of one type |  |
| Junk Mail |  | Faeces / Urine |  |
| Keeping of general household items |  | Hobby Craft |  |
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|  | **Part 3: Property Checks:** | | | | | | | |
| **Room** | | **Photo(s)**  **(Please tick)** | **OCD Clutter Image Rating**  **(1 to 9)** | **Can the room be used for its purpose?** | | **Are there any health and safety concerns?** | | **Comments (Please see Practical Questions in Part 3 for guidance if necessary).** |
|  | | **Yes** | **No** | **Yes** | **No** |
| **Access from front door** | |  |  |  |  |  |  |  |
| **Hallway** | |  |  |  |  |  |  |  |
| **Lounge** | |  |  |  |  |  |  |  |
| **Kitchen** | |  |  |  |  |  |  |  |
| **Dining room** | |  |  |  |  |  |  |  |
| **Access from back door** | |  |  |  |  |  |  |  |
| **Stairs** | |  |  |  |  |  |  |  |
| **Landing** | |  |  |  |  |  |  |  |
| **Bathroom** | |  |  |  |  |  |  |  |
| **Bedroom 1** | |  |  |  |  |  |  |  |
| **Bedroom 2** | |  |  |  |  |  |  |  |
| **Bedroom 3** | |  |  |  |  |  |  |  |
| **Separate W.C** | |  |  |  |  |  |  |  |
| **Loft space (RHP will not permit storage in lofts)** | |  |  |  |  |  |  |  |
| **Garden** | |  |  |  |  |  |  |  |
| **Communal Area** | |  |  |  |  |  |  |  |
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| **RISK ASSESSMENT - Please supply the following details to the best of your knowledge:** | | | |
| **Do you have any immediate concerns for fire risk?**  (Consider: flammable materials, working smoke alarms, exposed electrical wiring, evidence of previous fire/smoke damage anywhere?) |  | | |
| **Do you or anyone in your home smoke?** |  | | |
| **Do any occupants have known alcohol or substance misuse issues?** |  | | |
| **Are you worried about mice or rats? Have you seen any?**  **Have they eaten your food or nested anywhere?** |  | | |
| **Are the utilities for gas & electric connected?** |  | | |
| **How do you manage to keep warm?**  Especially in the winter months? |  | | |
| **Can heating and hot water be utilised?**  I.e., are radiators obscured? Is the boiler ventilated? |  | | |
| **Has there been an annual gas safety check?**  (And were there any concerns raised?) |  | | **Inspection date:** |
| **Has an electrical periodic inspection been completed?**  (And were there any concerns raised?) |  | | **Inspection date:** |
| **Is the mains water connected?** |  | | |
| **Does the toilet flush?**  Is the toilet accessible? |  | | |
| **Are you worried about any urgent repair issues?**  (Drainage, leaks, electrical, etc.) |  | | |
| **Are items stacked in such a way that they cause a risk**  i.e., fall on person, fall onto heated surfaces, block doors? |  | | |
| **What type of fire is in the living room?**  (Gas, electric or solid fuel) |  | **If it is solid fuel, is the tenant using the correct fuel?** | |
| **Do you use portable heaters?**  use extension leads or gas cannisters |  | **If so, what type?** | |
| **Do you improvise heat & light?**  i.e., using cooker, candles etc |  |  | |
| **Are there concerns for sanitary disposal?**  Are the containers being utilised in place of a flushing toilet? |  |  | |
| **Can you prepare a meal & hot drinks? Wash up in your kitchen?**  Do you eat at home? Do you have somewhere to sit to eat? |  |  | |
| **Do you use your fridge?**  How do you keep things cool in the hot weather? |  |  | |
| **Do you need to store medications in the fridge?** |  |  | |
| **Where do you sleep? Is the bed clear and available to use?** |  |  | |
| **Are the stairs in good shape?** |  |  | |
| **If your bedroom is upstairs can you access upstairs?**  Are the stairs accessible and/or would you benefit from support? |  |  | |
| **Is there a place to sit during the day?**  Is there a place for visitors to come round and sit? |  |  | |
| **Are you able to complete washing & dressing?**  Is the bathroom accessible – does it need any adaptations? |  |  | |
| **How do you manage the laundry?**  How do you dry the laundry? |  |  | |
| **Can carers or support services access to provide support?**  Can they wash their hands if required? Can they sit with you? |  |  | |
| **Is the garden affected – being used for storage?** |  | | |
| **Is the issue spilling over into communal areas?** |  | | |
| **Do you go out in the garden? Is the garden accessible?**  Would you like to spend more time in the garden? |  | | |
| **Have there been complaints from neighbours?** |  | | |
| **Could neighbouring properties be affected in any way?** |  | | |
| **How do you get in and out of your property?** |  | | |
| **Do you feel safe living here?** |  | | |
| **Do you worry about anyone breaking into your home?**  Has this ever happened to you? |  | | |
| **Are any of your floors uneven?**  Do you struggle to mobilise around the home in places, any steps etc? |  | | |
| **Have you ever had an accident or fall in the home or garden?**  How did it happen? |  | | |

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| Have you ever completed a Care Act Assessment with Social Care? |  |
| Are you already working with any other support services in health, mental health, housing, or social care |  |
| Is there anyone else who supports you i.e., family, friends, centres of worship, social groups? |  |

CONSIDER THRESHOLD MATRIX **Non-reportable/Requires Consultation/Reportable**

|  |  |
| --- | --- |
| **Part 3A: CLIENT CONSENT** | |
| * I consent to the taking and storing of photographs of the interior and exterior of my property. * I consent to contact with my General Practitioner for consulting in support with my home.   DR SURGERY   * I consent to a referral being made to a Multi-agency Panel working in partnership between health, housing, social care, and support - to create an action plan to help me sustain a safe and suitable home environment. * Refer below to any named person, agency, or service I do not want you to contact | |
|  |  |
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|  |  |
| Signed by client: Print name: Date: | |
| Assessment Officer Organisation Date: | |

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| Multi-agency Hoarding Action Plan   **Part 1: Person Details:** | | | | |
| Person Name & Surname |  | Ref: | |  |
| Joint Occupant Name: (if applicable) |  | Ref: | |  |
| Address: |  | | | |
| Telephone number |  | Postcode |  | |

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| **Part 2: Details of Involved Partnership Services/Agencies: Working in Partnership** | | | |
|  |  |
| **Multi-Agency Lead** |  | |
| **Tenancy Sustainment Service** |  | |
| **Housing Officer** |  | |
| **Drug and Alcohol Team** |  | |
| **Social Care Worker** |  | |
| **Mental Health Worker** |  | |
| **Care Support Service Staff/ Worker** |  | |
| **Fire & Rescue Service** |  | |
| **Disability support** |  | |
| **Environmental Health** |  | |
| **Community Safety/Warden/ Police** |  | |
| **GP/Community Nurse/ Therapist** |  | |
| **Professional de-cluttering/Deep cleaning service** |  | |
| **Advocate/Family/Friend** |  | |
| **Other (i.e., Faith or Community Organisations)** |  | |

**Part 3: MULTI-AGENCY JOINT ACTION PLAN - TASKS/SERVICES/COST FORECAST**

|  |  |  |
| --- | --- | --- |
| TEAM-AROUND-THE-PERSON JOINT ACTION PLAN AIMS | YES/NO | PRIORITY |
| A place to sit |  |  |
| A place in the home to suitably store food, prepare a meal, and dispose of household related rubbish |  |  |
| Access to toilet facility and water for personal care (and if relevant carer hygiene) |  |  |
| A place to sleep with feet raised and fully extended |  |  |
| Suitable heating and hot water |  |  |
| Working smoke detection |  |  |
| Clear and accessible exits with the ability to leave independently in case of fire |  |  |

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| **POINTS TO ADDRESS** | | **HOARDING BEHAVIOUR ACTION PLAN TASKS**  **(Consider issues arising**  **& proposed solutions)** | **FORE**  **CAST COST** | **ACTUAL COST TO DATE** |
| **Multi-Agency Team** | Identify support agencies & specialist services  Explore specific actions of MA Team |  |  |  |
| **Counselling** | Plan involvement of professional counselling |  |  |  |
| **Sorting** | Best practice is to continue counselling with practical sorting, to encourage the person to sort items, not to take them away under coercion. Creating a working relationship based on trust and understanding. |  |  |  |
| **Resident Actions** | Resident specific tasks to clear or clean, with measured & time specific deadlines |  |  |  |
| **Additional personnel** | Extra hands required for heavy lifting, etc. |  |  |  |
| **Removal of cleared items** | Practical removal of agreed items, signed over by disclosure document. Removed by general rubbish, skip, man and van, donation to charity, etc. as appropriate. |  |  |  |
| **Sourcing of essential items** | Replacement damaged/removed essential items such as bedding, kitchen goods as required. |  |  |  |
| **Cleaning** | General clean or deep clean as needed. |  |  |  |
| **Follow up** | Monitoring for signs of hoarding and ongoing support. |  |  |  |
| **Domiciliary Care Needs** | Assess for personal care & support needs and plan actions to provide |  |  |  |
| **Support Needs** | Assess for additional help & support with daily household tasks, socialization, etc. |  |  |  |
| **Financial Considerations** | explore ability to pay & resourcing charitable funding  (consider recovery of costs) |  |  |  |

**Part 4: Personal Contracted Agreement (to be attached)**

**Registered Housing Provider and Private Tenancies – Acceptable Behaviour Contracts**

Registered Housing Providers will aim to support a tenant to understand their responsibilities towards their home and seek to explain and encourage the tenant to recognise their obligations under the Tenancy Agreement. Acceptable Behaviour Contracts (ABC’s) have no specific statutory basis – they are an informal, voluntary agreement between a tenant and a landlord. They can be used where nuisance behaviour accompanies hoarding issues, when this is of a sufficiently serious or long-term nature to require this approach.

An ABC can be a useful format for an agreed framework between the Landlord and the tenant for the person to be aware of changes they can make to avoid breaching their tenancy. The Landlord should create actions in the document to support the tenancy, and for the actions to be positive not punitive. They should be used to resolve a situation and prevent escalation.

**Acceptable Behaviour Contract Example**

This contract is made on the xx April 2020 to XX October 20XX (6 months)

Between: So-and-So Housing Group

And: Mr Person

Of ‘the property’: Address

And agrees to the following in respect of future conduct at the property:

1. I agree not to create an environment in my property which may cause a fire or

health & safety issue.

* 1. I agree to keep the kitchen and bathroom in my property clean and fit for purpose and will accept help to do so from the XX Cleaning/Care Company arranged to support me.
  2. I will utilise the rubbish bins placed in the kitchen, and I will take the household rubbish out daily.
  3. I will maintain the property to the standard agreed – as measured at level 3 on the Clutter Rating Scale. I will use photos provided to me as a reference.
  4. I will allow reasonable access when given notice by my landlord in writing to provide repairs maintenance as and when required.

1. I will agree to allow access to the Supported Housing Scheme Manager to periodically monitor the property to the standard as agreed. I will seek assistance from the Supported Housing Scheme Manager if the environment becomes unmanageable to seek help, advice, and guidance.
2. I agree to a referral to the West Sussex **Prevention Assessment Team (North)** to support me to manage a daily delivery service for my daily hot meal.
   1. I choose fish & chips (Example)
   2. I agree to pay the costs of these meals and the transportation fees in advance on a Tuesday – to be collected in cash from me at the door. I will have the money ready.

(Specific agreement)

1. 4) I will not ask my neighbours to provide me with a meal – either directly or by hinting.
   * 1. If I need help with a meal or am hungry, I will contact the:

**Prevention Assessment Team 01403 229510**

1. I agree to a referral to Such-and-Such Support for assessment for Floating Support for Tenancy Sustainment.

Further, if I xxxxxxxxxxxx, do not comply with the terms of this agreement then \_\_\_\_\_ Housing Group may consider injunction or pursuance of possession proceedings under the Housing Act – Grounds 12 (Breach of Tenancy) Grounds 13 (Deterioration of Premises) (Nuisance).

**DECLARATION** I confirm that I understand the meaning of this agreement and the consequences of breach of the contract have been explained to me.

The Name of the Person For & On Behalf of So-and-So Housing Group

Signed: Signed:

Date: Date:

This document is not enforceable but is helpful in providing a framework to support the tenancy, and should the person choose not to follow, it will provide the landlord with evidence of the support offered.

**Private Homeowner – Personal Resolution Actions Agreement**

For private homeowners a tenancy framework agreement will not be applicable, but a similar approach may be helpful and supportive for the person to be aware of the specific actions they are being asked to complete.

A useful reference for housing standards for private dwellings is [Housing health and safety rating system (HHSRS) guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/government/collections/housing-health-and-safety-rating-system-hhsrs-guidance) This is a health-based risk assessment system for housing in England and Wales. A set of basic requirements that homes should meet, either directly or indirectly through health criteria, which includes the health and safety of occupants, visitors, neighbours, and passers-by.

|  |
| --- |
| **Part 5: Person’s Consent - Information Sharing** |
| (Please tick to confirm you agree)   * I consent to the above agencies obtaining and sharing information as part of the multi-agency partnership work to secure my safety and that of my family. * I understand that if there are child protection or safeguarding concerns, information will be shared regardless of whether this form is signed. * I understand that any neglected animals will be reported for assessment by the RSPCA. |

|  |
| --- |
| **Part 6: Agreement for Agreed Actions & Timescales** |
| Please tick to confirm you agree   * I have signed the ‘Personal Contracted Agreement’ (as attached) * I agree to comply with the agreed actions and timescales set out in Part 3 (as above) of the Hoarding Action Plan. * I agree to allow reasonable access for home visits and to positively engage and co-operate with any support services provided. |

**Part 7: Fire Risk Assessment**

** East Sussex Fire Service – Cause for concern referral completed**

Date Submitted:

Signed: Date:

Name Printed:

Address:

Signed Officer: Date:

Name Printed:

Organisation:

## Referral Forms for Fire and Rescue Services

**East Sussex Fire and Rescue Referral Form**

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**Referral Form**

**(To be emailed)**

|  |  |
| --- | --- |
| Name |  |
| Organisation Address |  |
| Postcode |  |
| Telephone number |  |
|  |  |
| **Client’s details:** |  |
|  |  |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone number |  |
| Any additional comments |  |

The client understands that the home safety visit provided by East Sussex Fire & Rescue Service is completely FREE of charge and consent been given Yes

**Fire risk factors (please tick all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| 80 years or older |  | Sight impaired |  |
| 65 years or older |  | Heavy smoker |  |
| Lives alone |  | Hearing impaired |  |
| Reduced mobility/immobile |  | Suffering mental health issue (e.g., Dementia)  Please state issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Long-term medication/sedatives |  | A single parent (with one or more children 0-5 years age) |  |
| Occupier has no working smoke alarms |  | Victim of arson or threats of arson |  |
| Previous fire incident |  | Victim of domestic violence and/or hate crime |  |
| History of fire setting in own dwelling |  | Heavy alcohol consumption |  |
| Property Privately Owned |  | Property Privately Rented |  |
| Property Owned by Housing Ass / Council |  | No Lone Working to Premise:  Please state reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Please State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
|  | | | |
| Comments: | | | |

**East Sussex Fire & Rescue Service needs to gather the following information in order to provide a Home Safety Visit. This information will not be shared with anyone outside of the Fire Service. You have the right to see this information and can do so by contacting 01323462435. The data will be held securely in electronic format.**

On completion, please return this form to: Email: [Homefire.Safetyvisits@esfrs.org](mailto:Homefire.Safetyvisits@esfrs.org)

Home Safety Visits Tel: 0800 177 7069

**West Sussex Fire and Rescue Referral Form**

A ‘Safe and Well Visit’ is a free service carried out by West Sussex Fire & Rescue Service. It involves a pre-arranged visit to a person in their own home to offer advice on how to make it safer and, where appropriate, fit smoke alarms or other specialist fire detection equipment free of charge.

Visits are tailored to the specific needs of the household - they normally last between 30-45 minutes. The fire service personnel who visit always carry identification.

Request a Safe and well Visit Referral

<https://www.westsussex.gov.uk/fire-emergencies-and-crime/west-sussex-fire-and-rescue-service/home-fire-safety/safe-and-well-visit/#request-a-visit>.

**Contact to request a visit:**

[safeandwell@westsussex.gov.uk](mailto:safeandwell@westsussex.gov.uk)

Tel: 0345 8729 719

Additional information

Calls are charged at the standard geographic rate and will vary by provider. Lines are open 9.00am-5.00pm, Monday-Friday.

**National Fire Chiefs Council (NFCC) – Online Home Fire Safety Self-Assessment**

 

<https://www.westsussex.gov.uk/fire-emergencies-and-crime/west-sussex-fire-and-rescue-service/home-fire-safety/safe-and-well-visit/#online-home-fire-safety-check>

Demonstration available on You Tube: <https://youtu.be/RCfAq-Ivhck>

This easy-to-follow home fire safety check ‘how to’ video has been developed through a partnership between the National Fire Chiefs Council (NFCC), Fire Kills and SafeLink’s.

It will take you through your home one room at a time and the simple questions will help you spot fire risks as you go around your home. The tool offers tips and advice on the steps you can take to reduce those risks.

At the end, you will receive a personalised fire safety action plan to help keep you and your household safe from fire.