

MULTI-AGENCY HOARDING AND SELF-NEGLECT POLICY

Scope	This policy sets out the cross-council and cross-partnership approach to dealing with hoarding and self-neglect issues for vulnerable adults in Enfield.
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Approval date	<i>TBC</i>
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Document owner – Portfolio Holder	Cabinet Member for Health and Social Care
Review	We will keep this policy under constant review. We will update it based on any changes in legal or local context.

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1. Introduction

This policy sets out our multi-agency approach to managing hoarding disorders and self-neglect. It will be adopted by the Enfield Safeguarding Adults Board, and all its partner services and agencies, as a Council-wide policy.

This includes:

- the London Fire Brigade
- the London Ambulance Service
- London Metropolitan Police
- Enfield Council Housing
- the Barnet, Enfield and Haringey Mental Health Trust
- Enfield Clinical Commissioning Group

Under the Care Act 2014, local authorities have a general duty towards the well-being of individuals; including protecting individuals from self-neglect which is recognised as a type of abuse. Self-neglect covers a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding¹. The Care Act 2014 also requires housing providers to balance the needs and wishes of the tenant against the health and safety of the tenant, neighbours and staff.

Hoarding disorder and self-neglect are complex and therefore challenging to work with, requiring an effective, coordinated response from all the relevant services and agencies. It is difficult for services and agencies to strike the balance of protecting adults who hoard and self-neglect from harm while respecting their right to self-determination. Hoarding and self-neglect is not somebody having an untidy home or an untidy appearance; it is compulsive and often linked to challenging personal circumstances, including social isolation, and physical and/or mental health issues. The result can pose a fire risk to neighbours.

Each case will present itself differently and requires officers and agencies to understand what help the adult needs. The solution to hoarding is not to simply to clear out the property and give it a deep clean. In fact, the decision to swiftly clear out a hoarder's possessions, without provision of support, can be extremely upsetting and stressful for the adult and can worsen their condition or make them reluctant to engage with services and help.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/506202/23902777_Care_Act_Book.pdf

We will work with adults who hoard and self-neglect to make sure they are supported in every aspect of their life that the hoarding is impacting – their home, their mental health, their physical health and their environment. Adopting a joint-working approach is the best way to ensure that the adult gets the support they need and creates the best chance of reducing the impact hoarding is causing in their life and potentially the lives of others.

2. Policy Aims and Outcomes

The aim of the policy is to ensure Enfield Council services and partner agencies work together to help residents who hoard or self-neglect and to manage the risks arising as a result. The policy clarifies each agency's role, responsibilities towards adults who hoard and self-neglect, powers and limitations.

In working together to support residents who hoard or self-neglect, partner agencies aim to:

- successfully employ a coordinated, joint-working approach to help adults who hoard and self-neglect
- take responsibility for supporting adults by carrying out the tasks assigned to their agency, while also sharing information and working in partnership with other agencies
- effectively identify cases of hoarding and self-neglect as soon as they are noticed to ensure support is provided to the adult as early as possible
- make sure residents who hoard or self-neglect receive ongoing support from wrap-around services
- employ a person-centred approach to care, risk management and any intervention. This means the adult's feelings and wishes are listened to and included in decision-making
- undertake risk assessment on the impact on others and ensure the council is able to comply with its statutory duties in regard to its role as Landlord, under current and future statute

3. Definitions

3.1. What is self-neglect?

Self-neglect is explained in the Care Act 2014 Guidance as: *a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding*².

Self-Neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding. It is

² <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

important to consider capacity when self-neglect is suspected. Also consider how it may impact on other family members and whether this gives rise to a safeguarding concern.³

Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. Practitioners in the community, from housing officers to social workers, police and health professionals can find working with people who self-neglect extremely challenging. The important thing is to try to engage with people, to offer all the support we are able to without causing distress, and to understand the limitations to our interventions if the person does not wish to engage.⁴

Key signs of self-neglect are:

- dirty or soiled clothing
- poor, or an absence of, hygiene and dental care
- dirty and cluttered surroundings, including hoarding
- threatening his/her own health and safety by repeating unsafe behaviours and rejecting help that could improve health and surroundings.⁵

3.2. What is hoarding?

A hoarding disorder is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value.⁶ The clutter reaches a level that impedes every day functioning.⁷

It is not the same as messiness or untidiness. It is the compulsive collection of possessions which the adult cannot organise or discard of.

Hoarding is recognised as a medical disorder and the NHS advises that it is associated with mental health conditions such as: severe depression, schizophrenia and obsessive-compulsive disorder (OCD).⁸ In the next International Classification of Diseases, used by General Practitioners in the UK, 'Hoarding disorder' will be formally listed under the OCD category. Furthermore in 2017 the World Health Organisation added Hoarding Disorder as a new category under OCD (Code: 42.3).⁹ Therefore it is now widely recognised that a hoarding disorder is a type of mental health condition and adults who hoard compulsively require ongoing support.

Items that are hoarded include, but are not limited to: clothes, newspapers, food, animals, rubbish and waste. Items may be hoarded because:

³ NHS England

⁴ SCIE 2018

⁵ http://sro.sussex.ac.uk/id/eprint/22841/1/Self_neglect_report.pdf

⁶ <https://www.nhs.uk/conditions/hoarding-disorder/>

⁷ <https://www.sciencedirect.com/science/article/abs/pii/S000579679390094B?via%3Dihub>

⁸ <https://www.nhs.uk/conditions/hoarding-disorder/>

⁹ <https://www.ocduk.org/related-disorders/hoarding-disorder/clinical-classification-of-hoarding-disorder/>

- there is an emotional attachment to the items
- there is a belief the items might be needed, or useful one day
- the items have accumulated, perhaps as a result of a bereavement or health issue and it has reached a point where the resident does not know how or want to clear them.

Understanding why the items are hoarded helps us to determine the nature of the hoarding and whether it is linked to personal circumstances, a health issue, cognitive functioning or a mental health condition. This helps us to decide what support and care the adult needs.

Where all involved parties deem it appropriate, the relevant care package will be provided.

Key signs of hoarding are:

- cluttered gardens/sheds
- piles of mail, magazines and other paper material in the property
- overstuffed cupboards
- the property being dirty or in disrepair
- smells coming from rooms
- reluctance of the adult to allow full access to the property and/or a preference for office-based appointments
- missed access arrangements (for example for gas/other servicing, inspections or arrears interviews)¹⁰

An adult may be reluctant to engage with services and agencies or to accept help because they:

- have a mental health condition
- are going through a personal trauma such as a bereavement, or shrinking social networks and/or economic resources
- want to maintain continuity and control
- have pride in self-sufficiency
- have a sense of connectedness to place and possessions
- feel shame and make efforts to hide the state of their residence from others.¹¹

¹⁰<http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/How%20to%20tackle%20hoarding.pdf>

¹¹http://sro.sussex.ac.uk/22841/1/Self_neglect_report.pdf

4. Principles of a Multi-Agency Approach

An adult who is experiencing a hoarding disorder or self-neglect may be in contact with different services and agencies, many times, over the period in which they are hoarding. Supporting the adult is not the sole responsibility of one service or agency and an effective approach to helping the adult will require a multi-agency response.

Hoarding cases are complex due to the way hoarding impacts on different aspects of an adult's life: their home, social connections, physical and mental health and environment. Adults who hoard and self-neglect therefore require the support and services of different agencies and council partners over the course of the intervention period, ranging from safeguarding, mental health, environmental health, housing, the fire service, police and the GP.

This policy sets out the role and powers of different agencies, so that practitioners can be confident about what their own role is, who to refer to or contact when a hoarding or self-neglect related issue presents itself (see section 6).

4.1. Making Safeguarding Personal: A person-centred approach

“Making Safeguarding Personal” means taking a person-centred approach, focusing on improving outcomes for the adult. Safeguarding decisions are made with the adult by including them in discussions about what makes them feel safe and asking what their desired outcomes are.

A person-centred approach is crucial to help the adult to engage with services and consent to any help or interventions. With the agreement of the adult, or when there is statutory responsibility to do so (e.g. as a landlord in securing the health and safety of residents), a property can be cleared out to reduce existing clutter and clean the property. A person-centred approach to hoarding means any clearing of the property or similar intervention will not happen without the offer of wrap-around support and full engagement with the adult over their feelings and wishes.

If a service or agency is working with a vulnerable adult to declutter their property, it will do so with understanding and empathy. The aim is to help the adult to develop new behaviours to cope with their excess belongings. We will always aim to involve them in the discussion about the next steps. If a declutter or clear out is done suddenly and without working with the adult, it can lead to greater distress and more intense hoarding activity, especially when a property is cleared out without support from wrap around services.

Officers and any visitor will not make judgements or remarks about the amount of “rubbish” or “mess” in the property. Furthermore, a person-centred approach relies on consistent staffing. Consistency of staffing means an adult receives the same access to services and support regardless of who is working with the adult at the time.

Following the “Making Safeguarding Personal” framework and the principles laid out in the Care Act 2014, when working with residents who hoard or self-neglect, we will:

- listen to the adult’s views and concerns about how they would like to deal with their hoarding and possessions
- talk to them about what is important to them, what they would like to keep and what may be discarded
- provide support and information so they can participate as far as possible in the process
- involve all of the adult’s individual circumstances when making decisions

A full copy of the Making Safeguarding Personal outcomes framework can be found on the Local Government Association website [here](#)¹². This approach is used for safeguarding while the approach for general adult social care is a strengths-based one. The strengths-based approach is one of a collaboration between the person and the services supporting them to determine an outcome that draws on the person’s strengths and assets.

Finally, professionals must acknowledge that work with adults who hoard and self-neglect is often long-term and therefore must offer support that is long-term. Compulsive hoarding behaviours manifest over a long period of the adult’s life, therefore, working with an adult who hoards and self-neglects will be a long-term process, as it requires help to change behaviours and improve their overall health, wellbeing and resilience.

4.2. Sharing information

Effective information sharing between agencies is essential to get a full picture of an adult’s needs and identify any existing risks. Sharing information appropriately ensures the adult gets the help they need, and interventions taken by Council services or partner agencies are as effective as possible.

We must only share information for a specific purpose, when necessary and with consent where possible and legally required, in line with the General Data Protection Regulation (GDPR).

This means we will share information quickly and regularly, and always in line with the General Data Protection Regulation (GDPR).

Officers and practitioners who work with adults who hoard and self-neglect will always inform the adult that personal data and information is being recorded and passed on and will seek consent for any assessments or interventions that are deemed appropriate.

¹² <https://www.local.gov.uk/sites/default/files/documents/msp-outcomes-framework-may-2018-framework.pdf>

Although consent and engagement about plans should always be sought from the adult, consent is not required if there is a vital public interest as laid out in the GDPR. A vital interest means the information processed relates to the protection of a life or death. A public interest means the exercise of official authority or to perform a specific task in the public interest that is set out in law. For example, if the underlying function for processing the personal data or information is based in law, such as to perform legal duties set out in the Care Act 2014, this may be classed as a public interest.

Consent to sharing information will also be subject to mental capacity. If there is any doubt over the person's capacity to consent, this will be assessed in line with the Mental Capacity Act 2005

5. Community MARAC

The Community Multi-Agency Risk Assessment Conference (MARAC) facilitates joint-working between Council services and partner agencies that work with adults who hoard and self-neglect. The purpose of a referral to the Community MARAC is to share information and identify a lead agency in each case that is referred.

The key outcome of the Community MARAC will be to allocate who does what and when by. This helps to make sure every possible option for intervention and help is explored and the adult gets the best support possible.

Members of the Community MARAC will discuss referrals of high-risk, complex cases of hoarding and self-neglect. High-risk and complex cases involve an adult:

1. Whose home is at a clutter level of 6 or above see (Appendix for Clutter Image Rating); and
2. who has resisted extensive evidenced engagement attempts; or
3. where the risks are considered very high/ chronic; or
4. where an agency has worked with the person for a period of time but has not been able to mitigate risks.

Therefore, a referral to the Community MARAC will involve an adult who is subject to severe risks due to clutter, fire and health and safety. Interventions and joint-working approaches have already been applied and support has been offered however the adult's home environment and safety continues to worsen. At this stage a Community MARAC meeting is necessary to get all services and agencies together to share information and updates about the adult's condition and their wishes. It also sets out what actions have already been taken and identifies the next appropriate steps with an agreed time-scale and lead professional. It is important to have a lead professional so that the adult is supported consistently and can build a trusting

relationship with one professional.

See Appendix 2 for Terms of Reference, which includes the referral procedure.

6. Roles, Responsibilities and Multi-Agency Engagement

Several Council services and partner agencies may work with adults who hoard and self-neglect. This section sets out the various roles and responsibilities of these services and agencies – and the support they offer to adults.

This is to ensure different services understand how and when they should work with each other when a case of hoarding and self-neglect is identified and over the course of the intervention and support period.

Each agency or service should have their own protocol on hoarding in line with this policy and organise training as necessary. There are a number of charities supporting people with hoarding disorders who offer online training courses.

A person-centred approach will be adopted by all – as set out in section 4.1.

Multi Agency Safeguarding Hub (MASH)

The MASH is the first point of contact for receiving all safeguarding referrals and enquiries. If someone has a safeguarding concern about an adult who hoards and self-neglects, they must make a referral to the MASH team. The MASH team will firstly speak to the adult at risk or their representative to identify their desired outcomes. Information will then be requested from partner agencies to build an overall picture of the circumstances of the case. A decision will be taken between agencies involved to decide on the most appropriate action needed to ensure that the desired outcomes, as identified by the adult at risk, are met, whilst taking into consideration the need to keep safe any other vulnerable people at risk.

Once a referral is received, MASH will conduct an initial screening. Depending on the outcome of the screening, MASH will indicate who/which service should have the overall lead for case management.

Adult Social Care and safeguarding adults

Adult Social Care work with hoarders where there is a care or support need as a result of the hoarding – or where the adult is already receiving care and support for other reasons.

Adults who hoard and self-neglect will require safeguarding if there is a clear risk of harm to themselves or others. While local authorities have a duty under the Care Act to safeguard adults against abuse and neglect, hoarding is not automatically a safeguarding issue. This means not every adult who is hoarding will have a safeguarding need.

A Section 42 enquiry will be carried out when an adult:

1. Has needs for care and support (whether or not the local authority is meeting any of those needs);
2. Is experiencing, or at risk of, abuse or neglect; and
3. Because of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

An adult may have a need for care and support and at the time it may be more appropriate to offer support and intervention outside of safeguarding, such as care management or assistance with issues like tenancies. Therefore, an adult may be taken down the care management route, to prevent clutter building or offer some interim support, rather than the adult requiring safeguarding measures.

If it is found that an adult who is hoarding or self-neglecting needs safeguarding, then the team that is working with the adult will engage with the adult to identify what outcomes they want and whether they consent to help from services and partner agencies. However, if it is identified that the case has vital public interest consent is not required.

If the adult says they do not want help for their hoarding and self-neglect and the professional has concerns about the adult's capacity in relation to hoarding and self-neglect then a capacity assessment will be required to determine whether the adult has capacity to understand the risk of harm posed by the hoarding disorder and self-neglect (see section on Mental Capacity Act 2005).

At this stage, the social care team which is currently working with the adult will assess what risks exist and whether they can be mitigated. This may be followed up with actions such as speaking with the adult about seeing their GP or sending a letter to their GP. If they suspect the adult has a mental health condition, this is crucial because the GP is able to refer the adult to mental health services. If the adult is already known to the Mental Health Trust, then that service may conduct the safeguarding plan and procedures.

Next, a risk management or safeguarding plan is developed, in consultation with the person (Making Safeguarding Personal agenda), that outlines what risk mitigation measures have been put in place, and whether or not these need to be reviewed. The risk management and enquiries could lead to a Community MARAC referral when the case is complex, and the risk is sufficiently high.

When the risk management plan or safeguarding plan is not working, the Council should seek advice from its legal department. Where the person lacks the relevant mental capacity, it may be appropriate to make an application to the Court of Protection. Where the person has the relevant mental capacity, it may in certain circumstances be possible to apply to the High Court under its inherent jurisdiction.

Adult Social Care also have systems in place to support elderly residents, those who require long-term care, residents with physical disabilities and residents with learning disabilities.

If the adult is not known to services, a screening assessment must be offered by the Single Point of Access. If an adult is known to services, they will be offered a review by the Integrated Locality Team to check if they have a care or support need that is not being addressed. A strengths-based approach will always be applied where the individual is willing to engage with the support.

Primary health services and community care

Primary and community health services are important for identifying and monitoring signs of hoarding and self-neglect in an adult. An adult who hoards or self-neglects may need to visit their GP or receive care from a district nurse or other community health services. District and community nurses can make home visits and assess an adult's health and discuss any concerns they may have. We will involve primary and community health services in any multi-agency meetings to ensure we understand and monitor an adult's needs and risks as well as possible.

Council housing

If a client is living in a council home, staff working for other services and partner agencies must refer the case to Enfield Council Housing to make them aware of the adult's hoarding and self-neglect.

For tenants living in a council home, Council Housing are responsible for ensuring the council fulfils its statutory duties as Landlord/ Responsible person, which includes the effective management of fire and building safety risks, which may impact on the individual, residents or other relevant persons.

Tenancy audit inspections are an opportunity to look inside a property and identify if a tenant has a hoarding disorder or self-neglects. These inspections are carried out by neighbourhood officers and the Council's repair contractors. If there is noticeable clutter, officers will complete a person-centred risk assessment referring to the Clutter Image Rating (see Appendix 1) to determine if further action to support the resident is required. The Clutter Image Rating has images of rooms with different levels of clutter to help practitioners make an assessment about the level of risk posed by the hoarding.

A tenancy audit is especially important if a resident is socially isolated or not engaging with Council services. It may be the first time in many months that any agency has had contact with the tenant in their home.

Similarly, staff carrying out maintenance and repairs have an opportunity to identify a hoarding disorder or self-neglect when they visit a property to make repairs or undertake gas/electricity checks. Staff will be encouraged to report hoarding and any safeguarding concerns, to Council Housing, without delay.

Council Housing will refer to other services and agencies for support when the hoarding causes issues beyond those simply affecting the tenancy terms and conditions or affecting the property. A referral will be made to Mash at Clutter Level 3 and a direct referral to Community MARAC at Clutter Level 6+. Furthermore, if a Neighbourhood Officer believes the adult is experiencing mental health issues or is at risk of harm then the Officer will refer to the MASH.

Private landlords

If a client is a private tenant, the landlord must be contacted to make them aware of the adult's hoarding and self-neglect.

Council housing will also need to be informed if the property is a council leasehold flat that is sublet as the block is under their management.

Private landlords have several obligations towards tenants and the properties they occupy, which are relevant for hoarding and self-neglect. Private landlords must:

- keep their rented properties safe and free from health hazards
- make sure all gas and electrical equipment is safely installed and maintained
- fit and test smoke alarms and carbon monoxide alarms
- make improvements if hazards are identified under the Housing Health and Safety Rating System (HHSS) Inspections.

To ensure these responsibilities are carried out and the terms and conditions of the tenancy are fulfilled, private landlords should be inspecting the property on a regular basis (while observing laws on inspections contained within the Landlord and Tenant Act 1985).

Enfield Council services will work with landlords to encourage action when a property has a hoarding level above a 4 on the Clutter Image Rating by contacting the Fire Service. Secondly, if the tenant presents as having a hoarding disorder or is self-neglecting, and the tenant is at risk of harm, we will encourage landlords to inform social services. We will also work with landlords to encourage adherence to the aims and principles of this policy.

Registered providers/ housing associations

While registered providers are not signatory to this document, we will work with and always involve them in multi-agency meetings if there is a concern about hoarding or self-neglect.

Registered providers have a key role in alerting the council or statutory services when their tenant is experiencing hoarding and self-neglect and requires some type of support. Different registered providers will have their own guidance and approach to working with clients who hoard. Providers will differ in the support they offer to adults experiencing self-neglect or hoarding, though all have legal powers of enforcement against adults who hoard.

It is important that the feelings and health of the resident are carefully considered before a landlord or accommodation provider takes legal action. Legal processes can be stressful and upsetting for residents with a hoarding disorder or who self-neglect and raise ethical questions, especially if the individual has mental health issues, so legal action should only be taken as a last resort.

If the hoarder has the relevant capacity, the main sanction would be an injunction order to access the property. A possession order will be considered only in exceptional cases. Every effort will be made to prevent a case resulting in these sanctions. Landlords can take legal action under the [Anti-Social Behaviour, Crime and Policing Act 2014, as well as housing legislation](#). A direct or indirect interference with housing management functions of a provider or local authority, such as preventing gas inspections, will be considered anti-social behaviour.

If a person lacks the relevant capacity, then an application may need to be made to the [Court of Protection](#). Any decision made on the tenant's behalf, must be in their "best interests" ([Section 1\(5\) Mental Capacity Act 2005](#)).

In extreme cases, a person may need to be detained under the Mental Health Act 1983. Under [Section 135](#) an Approved Medical Health Professional may apply for a warrant permitting a police constable to enter and remove a person from a property to a place of safety in order to make an application under the Mental Health Act or to make other arrangements for the person's treatment or care. (It is unclear whether these arrangements must be under the Mental Health Act.)

Environmental Health

If an adult is hoarding in a property which looks like it is in a condition that is filthy and verminous (by definition of the Public Health Act 1991) or affect neighbouring properties, any officer or practitioner must refer the case to the Environmental Health team.

Environmental Health are an important service for identifying self-neglect and hoarding and therefore a key service in facilitating access to support from partner agencies. However Environmental Health only intervene in a case of hoarding and

self-neglect if the property is in a condition that requires action under Section 83 of the Public Health Act (PHA) 1991. When Environmental Health receive a complaint about a property because of hoarding, they generate a report and an officer will inspect the property.

If the hoarding in the property causes an environmental health or a fire hazard, the adult will be served with a Section 83 notice under the PHA which instructs the resident to cleanse and disinfect the property. If the adult at this stage does not want to organise their possessions in order to give their home a clean, or has difficulty doing so, local authorities can carry out the Section 83 requirements themselves which often involves removing possessions for the home in order to clean it property and potentially getting rid of any possessions that are contaminated due to a pest outbreak.

Environmental Health officers will make contact with adult social care MASH if an adult is hoarding or self-neglecting.

To support a joined-up approach, Environmental Health officers will always contact the owner of the property (if the resident is not the owner occupier). There will be a joined-up approach with Environmental Health and the landlord (such as the Council, housing association or a private landlord) and any other agency who needs to be involved such as the Mental Health Trust. This makes sure the hoarder receives proper support, but it is also a preventative measure to ensure the environmental health risk does not escalate to the same level again.

The enforced clearing out of a property is a short-term solution to hoarding behaviours and it can be expected that an adult will continue to hoard again if the underlying cause or reason for the hoarding disorder is not addressed.

Community Safety

Community Safety are involved with cases of hoarding and self-neglect when anti-social behaviour is also being committed, such as impact on communal areas in a residence/flats and an impact on neighbours.

The Anti-Social Behaviour team are responsible for investigating anti-social behaviour. An anti-social behaviour officer will contact the relevant agencies where it is clear that an adult with a hoarding disorder is being investigated for ASB and needs support.

London Fire Brigade

If a client is living in a property where clutter is causing a fire safety risk, officers and

practitioners should contact the London Fire Brigade to alert them.

Hoarding can be a serious fire safety risk. Due to the amount of possessions, exit routes within the home can become blocked, making safe evacuation more difficult.

Fires can also spread much faster, especially where there are flammable items such as newspapers or cardboard. Hoarded materials can easily catch alight if they come into contact with heat sources such as overloaded extension leads, the kitchen hob or naked flames like candles or cigarettes.

The London Fire Brigade (LFB) work to minimise the fire safety threat posed by hoarding. To do so, the LFB carry out Home Fire Safety Visits at the request of the resident and use the Clutter Image Rating to assess how severe hoarding within a property is.

Hoarding at levels 1-5 on the Clutter Image Rating are referred by the LFB to adult social care as a welfare concern and Levels 6 – 9 as a safeguarding referral into the MASH.

Due to their role, LFB staff may in some cases be best positioned to gain access to a property when the resident has not engaged with Council services or denied access for visits such as landlord inspections and maintenance. They are therefore often one of the earliest services to have contact with someone who is hoarding, which can be an important first step in accessing support for the adult.

London Fire Brigade (LFB) can also offer support where hoarding has been identified either following HFSV or referral from other partners within the Borough. The aim would be reducing the risk within the property.

This could include:

- providing advice on personal fire protection systems
- Issuing resident with fire retardant bedding / throws from existing stocks held by the LFB.

London Ambulance Service

The London Ambulance Service (LAS) may treat a patient who needs medical assistance because of their hoarding and self-neglect – and therefore are called out to properties that are hoarded.

LAS paramedics use a Clutter Index to make an assessment about the risk of the hoarding. The Clutter Index is similar to the Clutter Image Rating used by the Fire Brigade and helps staff to determine what action needs to be taken.

If a property is judged to be above a “3”, the LAS will make a welfare referral to the Emergency Bed Service. If the case is deemed a safeguarding issue, it will get

referred to the MASH and anything a 4 or above is also reported to the London Fire Brigade.

If a patient doesn't have capacity LAS paramedics will submit the welfare referral without their consent. However, if a patient is deemed to have capacity, the LAS will try to work with them to get their consent for a welfare referral. The LAS adopt a person-centred approach and engage with the patient as best possible to understand their wishes and treat them with dignity.

However, if a Clutter Index of 5 or above is identified by LAS staff, they will make a referral without the patient's consent even if they have capacity due to the threat posed to neighbours and fire safety.

[Barnet, Enfield and Haringey Mental Health Trust](#)

If an adult says they are struggling with symptoms of a mental health condition, officers will help the adult access mental health services. Mental health services can be accessed through their GP or if the adult is already known to services, Mental Health may assess the adult.

The services and treatment offered to an adult who is hoarding will depend on any diagnoses and assessments made. Hoarding and self-neglect can be linked to mental health conditions like OCD, depression, anxiety and schizophrenia.

Any agency working with an adult who hoards and self-neglects who believes the adult requires mental health support must seek advice from specialist agencies before any action or intervention is taken that could cause harm to the wellbeing of the adult.

[Children's Safeguarding](#)

If a child or young person under the age of 18 is living in a property where an adult hoards or self-neglects, their experience of the hoarding and its impact on their welfare must be assessed and considered. If the agency working with the hoarder feels that the child is unsafe or is showing indicators of need that are not being met, they should complete an Early Help Referral to children and family services using the Children's Portal.

Our [Children's Services Thresholds Guidance](#) can help practitioners to identify whether an early help or child protection referral is needed to meet the needs of the child or young person.

Following a referral being made, the MASH will refer the case for assessment. If an adult worker is involved with the hoarder, a joint assessment should be completed. If

Children's Social Care is involved with someone who is hoarding, consideration needs to be given to referring the hoarder to Adult Mental Health for an assessment.

Impact of Hoarding on Children:

Hoarding can affect not just the hoarder but those that surround them; the quietest member of that group is often children. Children's needs may not be met as the hoarder is caught up in the disorder. Hoarding may intrude into all areas of the home, including spaces where the child spends time. The impact of hoarding can impact the health and mental well-being of the child. There is a social impact, health and safety concerns, financial burdens and emotional impacts.

When hoarding invades all usable living space, especially in shared space, this can lead to stresses and impacts on the safety of the child. Clutter often results in the loss of functional living space, i.e. loss of counter space, cooking facilities and living space.

Excessive shopping and investment in storage can lead to further stresses and lead to debt; negatively affecting the family's finances.

Assessing children living with a hoarder:

- Consider what access the child has for playing, sitting, sleeping, etc
- Can the child have friends over?
- What is the child's view in relation to the hoarding?
- Is there somewhere to cook or are all meals, take-aways or micro-waved?
- What is the nature of what is being hoarded? Are there any hazardous materials being hoarded? Is animal or food waste being hoarded?
- Are there items piled high or on top of cupboards that could fall and cause injury to the child?
- Is the cooker free from the hoarding? Consideration needs to be given to whether there is a fire risk.
- Consider the impact of animals within the home especially if this forms part of the hoarding behaviours?
- Clutter from the hoarding can cause hygiene issues as cleaning is impossible. This and exits being blocked can be a fire risk.

7. Risk

Referring an adult to any service or partner requires an assessment to be made about what risks currently exist.

Refer to the risk assessment tool in Appendix 3 to assess what level of risk exists as a result of the hoarding and self-neglect in that moment in time.

8. Consent and choice

When working with an adult who is at risk because they are hoarding or self-neglecting, save for the two exceptions below, we will always get consent from the adult before making a referral to another agency. The exceptions are: where the adult lacks capacity under the Mental Capacity Act 2005 to make the decision about the action or intervention in question; and where consent is not required due to a vital or a public interest.

For a person to consent, they must be given the information relevant to the decision and their agreement must be freely obtained. This is called informed consent. The information that needs to be given to the person is three-fold:

1. Nature- what is going to happen?
2. Purpose- why is it necessary?
3. Consequences- the risk/consequences/outcomes of giving consent or refusing

We will propose any action, treatment or intervention with the aim of obtaining the adult's consent. Interventions and treatment work best when the adult is involved in the discussion and gives consent to the arrangements and actions that are set in place. We must give adults a say in decisions about their home and environment – as it respects their individual freedom but also offers the best chance of recovery.

The following section sets out the options available to the Council under the Mental Capacity Act 2005

8.1 Mental capacity

Every adult has the right to make his or her own decisions and is presumed to have capacity to do so unless it is proved otherwise. Mental capacity is specific to a particular decision at a particular time. An adult can have capacity to make some decisions but not others. If an adult has mental capacity to make a decision, then they have the right to do so and must be empowered to do so; even if professionals deem the adult's decision to be unwise or undesirable. The Council will work with the adult to help them to understand the risk of harm and talk through the options for help that are available.

If an officer or practitioner raises concerns about hoarding or self-neglect, the service or agency who intervenes or provides care/support must be certain about the adult's mental capacity before any decisions are made. Many adults who hoard and self-neglect will have capacity to make the relevant decisions. The Mental Capacity Act 2005 will only apply to those who lack the relevant capacity.

The Mental Capacity Act 2005 provides a statutory framework for assessing whether

an adult (16 and 17-year olds are also covered by the Mental Capacity Act 2005) has the mental capacity to make a decision. It also defines how others can make decisions on behalf of those who lack mental capacity to decide for themselves. The Mental Capacity Act 2005 sets out how local authorities must consider mental capacity when making decisions. The guiding principles of the Mental Capacity Act 2005 are:

- 1. A person must be assumed to have capacity unless it is established that he lacks capacity.*
- 2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.*
- 3. A person is not to be treated as unable to make a decision merely because he 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 best interests.*
- 5. Before the act is done, or the decision is made, regard must be had 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.¹³*

Capacity is not fixed and can change over time. Therefore, any capacity assessment undertaken must be based on a specific time. If the adult's capacity fluctuates, then they should be empowered to take the decision at a time when they do have the capacity if this is possible. Capacity can be reassessed at different times to identify whether and when the adult has capacity.

The assessor needs to decide whether the person has capacity for a specific question or decision. For example, the matter may relate to a Safeguarding Adults Concern and the specific decision could be: has the person got the capacity to contribute to decisions about their home environment and agree to a de-clutter plan?

A lack of capacity may be the reason behind an adult's unsafe decision-making. If an adult is found to lack capacity, then a "decision-maker" has the power to make a best interest decision under Principle 4 of the Mental Capacity Act 2005 and by following the best interests checklist (See Chapter 5 of the Mental Capacity Act Code of Practice). The decision-maker must consider the person's past and present wishes and feelings. The Act specifies this as using *reasonably ascertainable* past and present wishes. These can be expressed verbally or in writing. If the decision-maker does not follow the person's wishes and feelings, the reasons for this must be clearly recorded.

¹³ <https://www.legislation.gov.uk/ukpga/2005/9/part/1/crossheading/the-principles>

When an adult lacks capacity and does not have an appropriate family member or friend to advocate for them, the Mental Capacity Act 2005 requires the appointment of an Independent Mental Capacity Advocate (IMCA) where:

- an NHS body is proposing to provide serious medical treatment, or
- an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and
- the person will stay in hospital longer than 28 days, or
- they will stay in the care home for more than eight weeks.

The Mental Capacity Act 2005 provides the *option* of appointing an IMCA where decisions are being made concerning:

- care reviews (where no-one else is available to be consulted)
- adult protection cases, whether or not family, friends or others are involved.

An IMCA is an advocate who will help the adult to voice their wishes, feelings and preferences so the person lacking capacity can participate as fully as possible in any relevant decision. The IMCA is not the decision maker, that remains the responsibility of the local authority or health body that is proposing the care/support decision.

Professionals should check Mylife Enfield for the current IMCA provider.

For further information and guidance on the Mental Capacity Act 2005, please use the [Mental Capacity Act Code of Practice](#).

9. Advocacy

Advocacy is there to provide help to people who have difficulty contributing to discussions about their own circumstances and may find it tough to explain what they want, understand their rights, represent their own interests and get the services they need. We will ensure adults who hoard and self-neglect have access to an advocate if they need one.

When an adult lacks capacity and does not have an appropriate family member or friend to advocate for them, the Mental Capacity Act 2005 requires the appointment of an Independent Mental Capacity Advocate (IMCA) where:

- an NHS body is proposing to provide serious medical treatment, or
- an NHS body or local authority is proposing to arrange accommodation (or a change of accommodation) in hospital or a care home, and
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An IMCA is an advocate who will help the adult to voice their wishes, feelings and preferences so the person lacking capacity can participate as fully as possible in any relevant decision. The IMCA is not the decision maker, that remains the responsibility of the local authority or health body that is proposing the care/support decision.

Independent advocates facilitate the involvement of an adult in their own assessments or care plans¹⁴. Under Section 67 of the Care Act 2014, local authorities have responsibilities to provide an independent advocate where it is deemed the adult would face 'substantial difficulties' contributing to decisions and expressing their wishes. Under Section 68, the Council will provide an independent advocate if a Section 42 enquiry or Safeguarding Adult Review (SAR) is carried out where there is no appropriate person to represent and support the adult subject to safeguarding procedures.¹⁵

Professionals should check Mylife Enfield for the current IMCA provider.

For further information and guidance on the Mental Capacity Act 2005, please use the [Mental Capacity Act Code of Practice](#).

A person who is providing professional care or treatment to the adult cannot be an advocate.

An Independent Mental Health Advocate (IMHA) must be appointed by the Council to help and give support to 'qualifying patients' under the Mental Health Act 1983.

¹⁴ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#Chapter7>

¹⁵ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#Chapter7>

10. Monitoring and Review

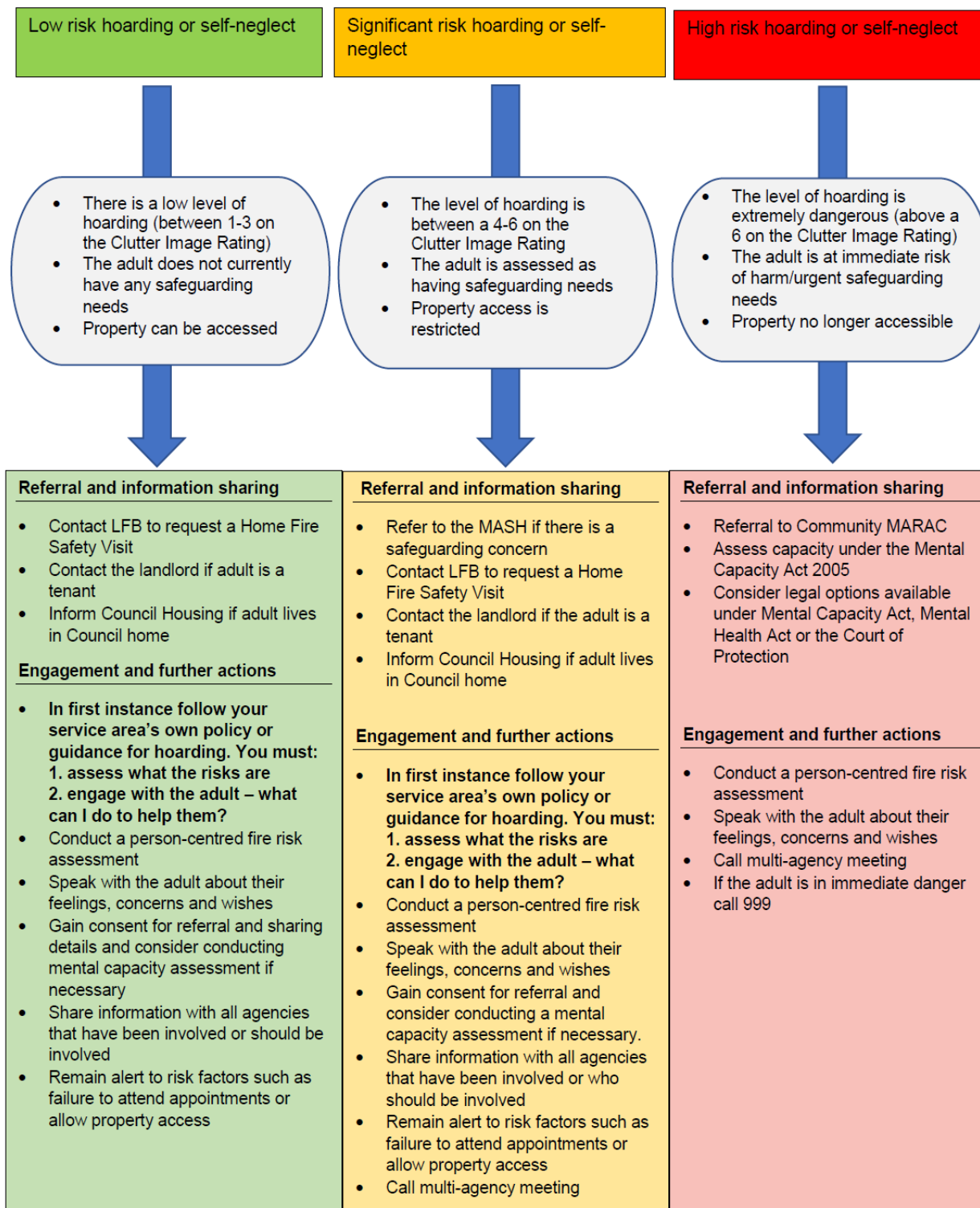
Agencies should take care to record and report the costs incurred while taking interventions and providing services to hoarders. This is so the Enfield Safeguarding Adults Board is able to get a summary of the cost breakdown of cases of hoarding and self-neglect. It helps support learning from past cases, review what actions were efficient, and gather a catalogue of best practice.

The Council is also working towards appointing a Hoarding Coordinator to manage intervention and support for adults who hoard.

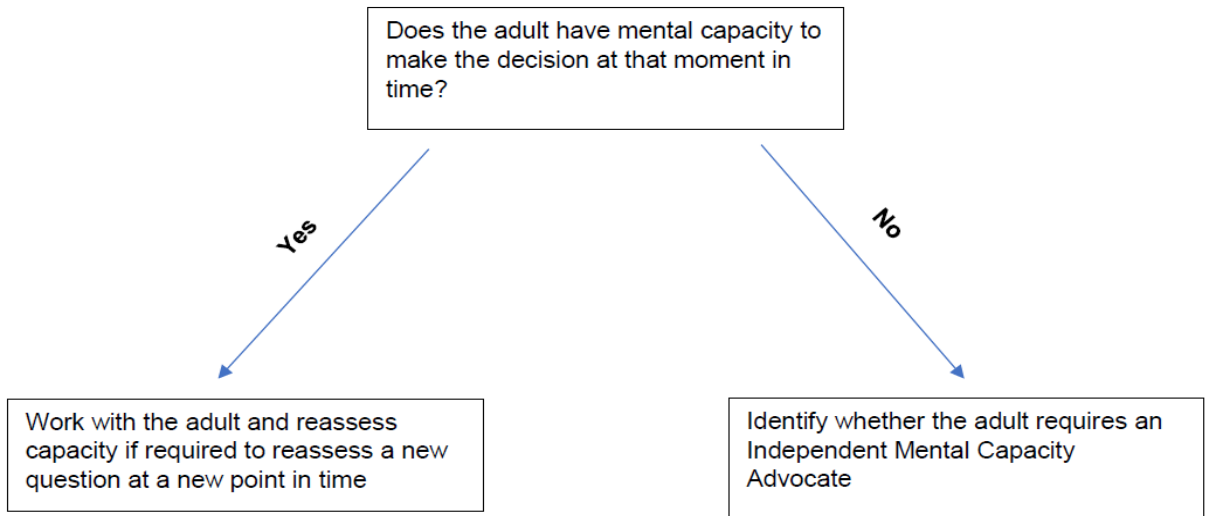
DRAFT

11. Pathway

HOARDING PATHWAY: FOR A FULL DESCRIPTION OF LOW RISK, SIGNIFICANT RISK AND HIGH-RISK HOARDING PLEASE REFER TO APPENDIX 3 IN THE POLICY



Assess hoarding risk level and adult's needs regularly, making the appropriate referral or contact with partner agencies and take the further actions listed.



Useful information and resources

The following organisations and charities offer guidance on hoarding on their website:

OCD UK: <https://www.ocduk.org/related-disorders/hoarding-disorder/>

Hoarding UK: <https://hoardinguk.org/> and <https://hoardinguk.org/about-hoarding/hoarding-behaviour/>

Mind: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/#.XGLnZmeID5o>

International OCD Foundation: <https://hoarding.iocdf.org/about-hoarding/do-i-have-hoarding-disorder/>

NHS: <https://www.nhs.uk/conditions/hoarding-disorder/>

Local support groups

Tower Hamlets Hoarding Peer Support Group	London Action Resource Centre, 62 Fieldgate Street, London E1 1ES	Usually the second Sunday of the month.	6.30pm-9.00pm	Jane Hall janehall53@hotmail.co.uk or 07725 481 643
East Ham Hoarding Therapeutic Group	Graham Practice, Wordsworth, HC 19, Wordsworth Ave, London, E12 6SU	2020 dates: 16 March 20 April 18 May 15 June 13 July No group August 14 September 12 October 09 November 14 December	6.15pm-8.00pm	Satwant Singh hoarding.satwant@gmail.com

APPENDIX 1

Clutter Image Rating

The Clutter Image Rating will be used by any officer or practitioner that visits a property that is cluttered. The CIR Rating is a tool that is used by both the London Fire Brigade and London Ambulance Service as part of their hoarding policy and practice.

Council staff and practitioners must use it to assess the amount of clutter and what level of risk it presents – and what actions need to be taken to mitigate risks and threat of harm (Appendix 3).

See below: Clutter Image Rating: Living Room. Please select the image number that represents the amount of clutter in the room(s).



1



2



3



4



5



6



7



8



9

APPENDIX 2

Community MARAC Terms of Reference

Full Terms of Reference are currently being drafted.

Council services and partner agencies that are expected to be core members of the Community MARAC for the purpose of reviewing high risk cases of hoarding and self-neglect are:

- *Multi-Agency Safeguarding Hub*
- *Housing (depending on who the landlord is)*
- *Community Safety*
- *Environmental Health*
- *Integrated Learning Disabilities Service*
- *Enfield Mental Health Trust*
- *Fire Service*
- *Older People's Services*
- *Community Care Nursing*
- *Enfield Clinical Commissioning Group*
- *Children's Services*

APPENDIX 3
Risk Assessment

Types and Seriousness	Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the second and third column need to be reported – use professional judgement	<p>The Clutter Image Rating Scale CIR provides a direct reference point for identifying hoarding levels in homes. Examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger of a crime or abuse to an individual evident, call 999 straight away and make a safeguarding referral.</p>	
Level of Risk	Minimal Risk	Moderate	High / Critical
Self-Neglect	<ul style="list-style-type: none"> • Person is accepting support and services • Health care is being addressed • Person is not losing weight • Person accessing services to improve wellbeing • There are no carer issues • Person has access to social and community activities • Person is able to contribute to daily living activities • Personal hygiene is good 	<ul style="list-style-type: none"> • Access to support services is limited • Health care and attendance at appointments is sporadic • Person is of low weight • Persons wellbeing is partially affected • Person has limited social interaction • Carers are not present • Person has limited access to social or community activities • Persons ability to contribute toward daily living activities is affected • Personal hygiene is becoming an issue 	<ul style="list-style-type: none"> • The person refuses to engage with necessary services • Health care is poor and there is deterioration in health • Weight is reducing • Wellbeing is affected on a daily basis • Person is isolated from family and friends • Care is prevented or refused • The person does not engage with social or community activities • The person does not manage daily living activities • Hygiene is poor and causing skin problems • Aids and adaptations refused or not accessed
Clutter Image Rating	CIR 1 - 2	CIR 3 - 4	CIR 5 - 9
Hoarding - Property	<ul style="list-style-type: none"> • Room(s) score between 1-2 on the clutter image rating 	<ul style="list-style-type: none"> • Room(s) score between 3-4 on the clutter image rating 	<ul style="list-style-type: none"> • Room(s) score between 5-9 on the clutter image rating

Characteristics	<ul style="list-style-type: none"> • All entrances, exits, rooms, stairways, roof space and windows accessible • Smoke alarms correctly installed and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Access to property via garden front/rear is fully accessible with no evidence of overgrowth or clutter • Garden is accessible, tidy and maintained 	<ul style="list-style-type: none"> • Entrances, exits, rooms, stairways and or windows partially obscured by items • Smoke alarms not installed or not functioning • Evidence of some indoor items stored outside • Evidence of light structural damage and or damp • Interior doors in poor condition • Water services not fully functional • Access to property via front/rear garden is difficult due to presence of clutter • Evidence of moderate clutter outside property 	<ul style="list-style-type: none"> • Entrances, exits, rooms, stairways and or windows severely obscured by items • Evidence of extreme clutter seen through windows • Smoke alarms not installed or not functioning • Evidence of multiple indoor items stored outside • Evidence of notable structural damage or outstanding repairs and or heavy damp • Interior doors missing or blocked open • Gas, electricity services damaged, not functioning properly or poorly maintained • Access to property via front/rear garden not possible due to excessive overgrowth or presence of clutter • Evidence of extreme_clutter outside property • Property lacks ventilation due to clutter
Clutter Image Rating	CIR 1 - 2	CIR 3 - 4	CIR 5 - 9
Hoarding – Household Characteristics	<ul style="list-style-type: none"> • No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 1-2 on the Clutter Image 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 	<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, entrances and on stairways • Inconsistent levels of 	<ul style="list-style-type: none"> • Clutter is severely obstructing the living spaces and is preventing use of the rooms for their intended purpose • Beds are inaccessible or unusable due to clutter or infestation • Entrances, hallways and stairways are blocked, very difficult or impossible to pass

	Health	<p>housekeeping throughout the property</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Toilets, sinks not functioning or not in use • Unsafe cooking environment, household appliances are not functioning, unsafe or inaccessible • Resident is using candles • Evidence of poor smoking safety practices • 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 and is at risk of notice being served by Environmental Health • Resident at risk due to living environment • Evidence of outdoor clutter being stored indoors
Clutter Image Rating	CIR 1 - 2	CIR 3 - 4	CIR 5 - 9
Hoarding – Health and Safety	<ul style="list-style-type: none"> • Property is clean with no odours, (pet or other) • No rotting food • No concerns regarding the 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. • Personal protective equipment is not required 	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean • Offensive odour in the property • Resident is not maintaining safe cooking environment • Some concern with the quantity of medication, or its storage or expiry dates. • No rotting food • No concerning use of candles • Resident trying to manage 	<ul style="list-style-type: none"> • Concern for declining mental health • Human urine and / or excrement may be present • Excessive odour in the property, may also be evident from the outside • Rotting food may be present • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or

		<p>personal care but struggling</p> <ul style="list-style-type: none"> • No writing on the walls • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Personal Protective Equipment required. 	<p>plates</p> <ul style="list-style-type: none"> • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation
<p>Hoarding – Safeguarding of children, family members and / or animals</p>	<ul style="list-style-type: none"> • No Concerns for household members 	<ul style="list-style-type: none"> • Hoarding on clutter scale 3-4 doesn't automatically constitute a Safeguarding Alert • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert 	<ul style="list-style-type: none"> • Hoarding on clutter scale 5-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders

Person Centred (Fire) Risk Assessment Policy

1.0 Introduction

These arrangements reflect NFCCs Guidance published in 2017 promoting the concept of the 'Person Centred Approach' to fire risk assessment within 'specialised housing' and the subsequent LFB guidance note entitled "Information on the requirement and responsibilities for implementing PCFRA and PEEP processes in residential buildings that cater for people that are, to varying degrees, dependant or vulnerable", published in 2018.

The Person-centred approach seeks to go beyond the traditional scope of a premise common area FRA to include an assessment of the level of risk created by individual vulnerabilities and behaviours of resident's in their own dwellings.

Whilst the 2017 guidance focused on those buildings falling within the definition of "Specialised housing units", LBE will be applying the basic principles of a PCRA approach, across all its portfolio, irrespective of building classification, to ensure the risk to relevant persons is effectively managed.

Individual risk assessments will be in place for a range of purposes and extending these to cover fire risk constitutes good practice with the following benefits:

- It will help inform the overall risk assessment for the premises and the general fire precautions, both within the home and the wider building
- The assessment outcomes can be taken into consideration within care plans, mental capacity assessments and inform wider housing management strategies.

The London Fire Brigade have indicated that future fire safety audits or investigations conducted following a fatal fire will seek evidence of the following:

- Resident's behaviours, vulnerabilities and characteristics towards accidental fires occurring have been examined;
- Resident's vulnerabilities are risk assessed, mitigation measures implemented and monitored;
- premise FRAs consider the findings of PCRA's;
- premise FRAs demonstrate that the evacuation strategy for the building is

suitable taking into account the level of compartmentalisation and the type of residents in occupation.

2.0 Identification of Residents at Risk

Some people have a higher than average likelihood of being injured due to an accidental fire.

They will display, behaviours or characteristics that generate:

- ***An increased risk of a fire starting*** (e.g. unsafe smoking (smoking in bed), using heaters to dry clothing, unsafe cooking practices, drug or alcohol misuse),
-
- ***An increase in the severity of fire***, (e.g. hoarding, use of health associated equipment such as oxygen cylinders, dynamic air flow pressure relieving mattresses and flammable paraffin based moisturising creams which will intensify a fire), or
- ***Risk to the individual themselves due to an inability to respond to a fire***. (e.g. poor mobility/dementia or sensory impairment)

LBE will identify residents who are an increased risk via the following routes:

- Self / family referral
- Referral from care/ support provider (later section to detail how this referral is made)
- Referral from LFB or another stakeholder
- Tenancy audits
- Via contractors i.e. gas safety/ repair

The 'Hazard Identification Guide', available by the Councils website will assist carers by suggesting some potential hazards to look for in homes and therefore identify residents at a higher risk.

3.0 Completion of Person Centred (Fire) Risk Assessment

3.1 Residents living in specialised housing units

The Sheltered Housing Team will complete a PCRA is for all residents at commencement of their tenancy.

For all residents who are risk assessed in the “**high risk**” category, an immediate referral must be made to the Housing Fire Risk Advisor(s) regarding the scope and extent of controls which are required.

For all residents who are risk assessed in the “**medium risk**” category, the scheme manager is responsible for implementing the necessary controls (as listed).

Advice may be sought from the Housing Fire Risk Advisor(s) if required.

Where a resident is risk assessed as “low risk”, a record of the PCRA must be retained on Civica for reference.

All PCRA's must be stored within Civica to ensure compliance with the council's GDPR policy.

A PEEP register (See “Producing a PEEP procedure, for residential premises”) for fire brigade use is to be maintained in the premises information box (PIB) which details those residents who will require assistance to be evacuated, in the event of the need for a full building evacuation to be initiated by the emergency services.

The PEEP register should be reviewed following changes to any PCRA, which would impact on the validity of the information provided.

3.2 Residents living in general needs accommodation (or dispersed supported accommodation)

Where a resident is identified as part of an internal process or via referral from a third party or stakeholder, the Neighbourhoods Officer will undertake a home visit in order to complete the PCRA.

Where a resident is identified as **high risk** a referral will be made to the Housing Fire Risk Advisor(s) for guidance and implementation of relevant controls.

Where residents are unable to self-evacuate their home or would be unable to comply with the building's fire evacuation strategy, (i.e. self-evacuate their home, unaided) the “Producing a PEEP for residential buildings” procedure should be followed.

Where a resident is identified as **medium risk**, the Neighbourhood Officer will liaise with relevant colleagues across the council, to implement the appropriate controls and provide support via relevant council departments.

Please refer to the Corporate Safeguarding and Hoarding policy, where a mental health condition or hoarding risk has been identified.

The completion of a PCRA at high or medium risk level will create a requirement for a “PCRA” flag to be created on the councils housing management system (Civica) to ensure that the PCRA is reviewed, at the required intervals.

Where a PCRA is completed and a **low risk** level attained, a note should be captured in Civica that details the date and result of the PCRA. Where it is felt that the resident’s needs are likely to change significantly in the short term a PCRA flag should be created and a 12-month review requirement created.

4.0 Monitoring and Review of Personal Centred (Fire) Risk Assessments

PCRAs must be kept under review at regular intervals or following change, i.e. change to the individual’s health; medical needs; support arrangements; capacity or following a fire related incident (including near miss) in the home.

As a guide PCRAs for residents living in specialised housing, will be reviewed by the scheme manager at the following intervals, where no changes, as defined above, occurs in the intervening period:

- High risk – 3 months
- Medium risk – 6 months
- Low risk – 12 months

For residents living in general need accommodation the PCRA will be reviewed by the Neighbourhood Officer at:

- High risk – 6 months
- Medium risk – 12 months
- Low risk – 12 months where the HO believes that the residents needs will substantially change during the 12-month period.

The PCRA will only be removed from the system and the record deleted, where the tenancy ends; leasehold interest is transferred or the resident is deceased.

1. What is a person-centred fire risk assessment?

A form that you can download and use to identify fire safety risks for the person you care for. It's a good way to understand where steps can be taken to reduce risks and prevent fires.

2. Who can use it?

This form has been designed for carers, support workers, housing officers and social workers, but if you care for a family member or friend you can also use it to highlight potential risks.

3. How do I use it?

Use the form to identify whether the person is at risk from fire or would have difficulties reacting or escaping if a fire occurs. If any concerns are highlighted, please contact us for a free Home Fire Safety Visit so that we can provide specialist advice tailored to the person's needs. There may also be things that you can do to reduce the risk locally, such as not using candles or ensuring heaters are appropriately placed.¹⁶

Access the assessment form here:

https://www.londonfire.gov.uk/media/2041/london-firebrigade_person_centred_fire_risk_assessment_checklist.pdf

¹⁶ <https://www.london-fire.gov.uk/safety/carers-and-support-workers/fire-risk-checklist/>