

Brent Safeguarding Partnership

SELF-NEGLECT TOOL KIT



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Introduction

Aims & Objective

This toolkit provides a person-centered, solution-focused approach for multi-agency teams – including housing, social care, and health workers – working with individuals who hoard or self-neglect. It emphasizes collaborative, integrated methods to achieve meaningful, sustainable outcomes by involving individuals throughout the process. The toolkit offers adaptable guidance, assessments, and process maps, references relevant legislation, and encourages professional judgment in selecting appropriate tools.

This toolkit aims to guide the practitioner through decisions and considerations for safeguarding purposes when supporting someone who self neglects. The toolkit hopes to promote investigation, enquiry, and information sharing about hoarding and self-neglect from multiple perspectives; coordinate responses and support; provide structured, consistent support to individuals; and clarify agency responsibilities while maximizing resources to enhance wellbeing.

Who is the toolkit for?

All involved agencies are expected to collaborate fully to achieve the best outcomes for individuals who hoard or self-neglect, while fulfilling their own responsibilities. This toolkit is especially useful for housing, care providers, health workers, GPs, and social care professionals.

Supporting resources

Brent High Risk panel: If a referral to the High Risk Panel is necessary, this toolkit should also be read in conjunction with the amended **High Risk Panel Referral Form** and Brent High Risk Panel Protocol Guidance Notes.

Homelessness & Self-neglect: The toolkit will build on **“Identifying and working with Self-Neglect in people experiencing homelessness”** guidance document.

Pan-London Safeguarding Procedures: A The Pan-London information sharing agreement applies, this was agreed by all partner agencies at the Safeguarding Adults Board. A link to the **Pan-London procedures** can be found below:

Link to policy can foudn on the Brent Safeguarding Partnership website [here](#)



WORKING WITH THOSE WHO SELF NEGLECT AND HOARD



Self Neglect



What is self neglect and why does it happen?

Self-neglect is when an adult fails — intentionally or unintentionally — to meet their own essential needs for health, safety, and wellbeing. It can include neglecting personal hygiene, nutrition, medical care, or maintaining a safe living environment. This behaviour may put the person’s health, safety, or even life at risk.

Possible causes are varied and often complex. They may include physical health problems (e.g., chronic illness, pain, reduced mobility), cognitive impairments (such as dementia or brain injury), mental health conditions (including depression, anxiety, personality disorders), substance misuse, grief or trauma, cultural or personal beliefs, and the impact of long-term isolation. For some, it reflects a conscious lifestyle choice; for others, it is linked to loss of capacity, coping difficulties, or a decline in executive functioning.

Spotting the signs



Consistently poor personal hygiene (e.g., body odour, unwashed hair or skin).



Social withdrawal, low mood, or signs of confusion.



Noticeable weight loss or malnutrition.



Unsafe or unhygienic living conditions (e.g., lack of heating, infestations, persistent dirt).



Wearing dirty, damaged, inappropriate clothing for the season.



Untreated or worsening medical conditions. Refusal of essential services, medication, or care.

When working with self-neglect, a sensitive, person-centred approach is vital — balancing respect for autonomy and lifestyle choice with safeguarding duties. Building trust, understanding the individual’s history and values, and engaging relevant multi-agency partners are key to effective intervention.

How can you provide support?

Coordinate with Other Professionals

Share concerns you may have with GP, district nurses, social workers, housing officers, or other relevant agencies and consider multi-agency meetings to plan a joined-up approach, ensuring consistent messaging from all professionals to avoid confusion or mistrust.

Offer Practical, Acceptable Support

Suggest small, non-intrusive changes (e.g. help home-based services such as cleaning, meal delivery, personal care, arranging a GP appointments) rather than large life changes. Arranging health checks and support to attend appointments (transport, reminders, accompaniment) can make positive improvements. It can also be beneficial to link them to community resources like lunch clubs, befriending schemes, or volunteer visitors to reduce isolation.

Assess and Understand Needs

Try to carry out a holistic assessments covering physical health, mental health, cognition, and daily living. In conversations, explore potential underlying causes — such as pain, depression, bereavement, or mobility issues.

It can be helpful to involve advocates if the person has difficulty engaging or communicating their wishes.

Respect Autonomy but Plan for Safety

Discuss risks openly while respecting the person’s right to make unwise decisions if they have capacity, but monitor for changes in capacity that might require reassessment. Be sure to keep safeguarding processes in mind where risks to health, safety, or wellbeing are severe

Tips for engaging with those who are Self-neglecting

01 Build Rapport

Build rapport and learn when the self-neglect began, including whether things were ever different and what led to the change. Avoid discussing solutions until trust is established — early intervention makes change more achievable.

03 Self Esteem

Explore how the person feels about themselves and their living situation, including the reasons behind it. Understand their emotional attachment and what feelings or needs the current situation may be fulfilling.

05 Strength based approach

Use a strengths-based approach to identify a person's positive qualities and their preferred way to manage risk, while documenting capacity and consent clearly. Encourage self-awareness through scaling questions and help separate identity from behaviors to empower positive change by focusing on their strengths.

02 Social Connection

Identify past activities, work, or education the person enjoyed and support re-engagement with community life. Social connection and structure can help them reflect on their situation and reduce the impact of trauma, loss, or neglect.

04 Take your time

Take gradual steps with plenty of encouragement, focusing first on safety and wellbeing. Collaborate to identify priorities, make the environment safe, and support the person in deciding what to address first, using positive reinforcement throughout. Understand relapse is normal and support them to start again



Dos & Don'ts

- **Empathise:** Put yourself in their shoes. Consider how you'd want others to speak to you when you're feeling angry, frustrated, resentful, or embarrassed.
- **Use supportive language:** Reduce defensiveness and build motivation by recognizing progress and framing concerns positively (e.g., "It's great you've kept a clear path — now let's make sure it's wide enough for emergency responders.>").
- **Highlight strengths:** Acknowledge positive aspects of the person, their behavior, or home to build trust and cooperation (e.g., "What a beautiful painting," "I see you care deeply for your cat.>").
- **Prioritise safety and organisation:** Start by focusing on safety and organising possessions. Save conversations about discarding items for later stages.
- **Mirror language:** Use the same terms they use for their possessions (e.g., "your collections" if they say "my collections").
- **Don't touch items without permission:** People who hoard often feel deeply connected to their possessions. Always ask before handling anything.
- **Avoid arguing or persuading:** Trying to convince them to change often backfires, reinforcing their attachment to items.
- **Watch your non-verbal cues:** Avoid expressions or body language that may seem judgmental, like frowning or grimacing — they will likely notice.

MSP Guidance for Self-Neglect and Hoarding Cases

Making Safeguarding Personal (MSP) is a core principle of adult safeguarding under the Care Act 2014. It means safeguarding should be done with the person, not to them — focusing on outcomes they value, not just managing risk from a professional perspective.



What Does MSP Mean in Practice?

Person-led: The individual is at the centre of decision-making.

Outcome-focused: Prioritises what matters to the person, not just service processes.

Strengths-based: Builds on what the person can do and what support networks they have.

Rights-respecting: Upholds autonomy, dignity, and choice — even if someone makes unwise decisions (if they have capacity).

Applying MSP in Self-Neglect and Hoarding

Build Trust First:

- Go at the person's pace.
- Engage through curiosity and compassion, not judgement.
- Avoid overwhelming with professionals or services at the start.

Listen to the Person's Goals:

- What do they want to change (if anything)?
- What are their priorities or fears (e.g. eviction, losing belongings)?
- Use motivational interviewing or trauma-informed approaches.

Balance Risk with Respect for Autonomy

- If the person has capacity, they have the right to live in risk — but we still have a duty to try to reduce harm.
- If they lack capacity, act in their best interests, including considering their values and past wishes.

Work Collaboratively

- Involve the person in planning and reviewing interventions.
- Share decisions, don't impose them.
- Encourage family or trusted others where appropriate.

Use Legal Tools Proportionately

- Apply powers only when needed to prevent serious harm — and always explain clearly why.
- Consider advocacy (IMCA or Care Act advocate) to support voice and rights.

More information can be found on various legal tools on page 31 of this toolkit.



Example: MSP in Action

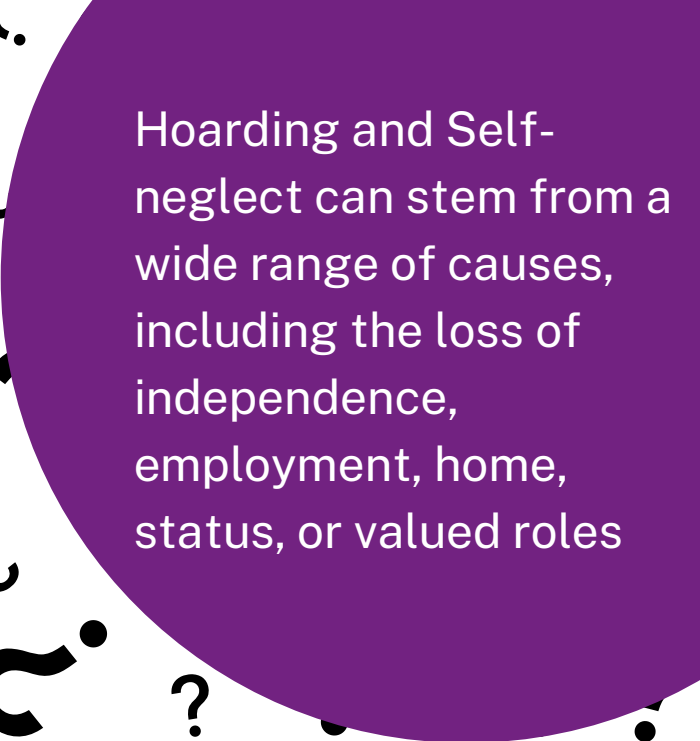
Instead of:

“We need to clear your home immediately — it's a fire hazard.”

Try:

“We're worried about your safety — how do you feel about your home? Would you be open to working together to make it a bit safer, starting with one room?”

MSP doesn't mean doing nothing or ignoring risk. It means doing the right thing, in the right way, with the person involved as much as possible. In self-neglect and hoarding, this often takes time, patience, and creativity — but it can lead to more meaningful, lasting outcomes.



Hoarding and Self-neglect can stem from a wide range of causes, including the loss of independence, employment, home, status, or valued roles



Hoarding: The 'Why'

When trust in people is lost, individuals may form strong attachments to objects or animals, which provide a sense of security, stability, and control. Coping behaviours can include collecting possessions, maintaining strict control over items, using substances for relief, rejecting traditional medical care, and attaching sentimental value to belongings.

Trauma and loss affect both psychology and brain function. Individuals may operate in a constant state of “fight, flight, freeze, or flop,” with reduced ability to plan, organise, or maintain order. This prolonged crisis state reinforces hoarding and self-neglect behaviours, and self-neglect can become a form of self-harm used to manage emotional distress.



The risks of these behaviours are significant, including fire hazards, falls, unsafe living structures, poor nutrition, insanitary conditions, and potential harm to self or others. Without sensitive and timely intervention, physical and mental health will deteriorate, and the risk of premature death increases.

What can we do?



Effective intervention requires early engagement to prevent escalation to legal or compulsory action. Communication must be patient, non-judgemental, and centred on the individual's own values and priorities. The person should be fully involved in decisions affecting their life, in line with the Mental Capacity Act, and plans should be tailored to their specific needs and coping style.

A coordinated, multi-agency approach is essential, bringing together housing, health, social care, repairs, and community services.

Practitioners should take time to understand the meaning and sensory value of possessions for the person, recognising that sudden removal of belongings can be deeply destabilising

Long-term success depends on building safe alternatives to harmful coping strategies. Encouraging purposeful activities, fostering community belonging, and providing consistent positive feedback can help rebuild self-worth. Immediate safety risks, such as fire or falls, must be managed sensitively, balancing the need for safety with respect for personal autonomy. Change should be gradual and supported over time, with progress monitored and plans adapted to sustain improvements in wellbeing.

Hoarding insight characteristics

Use this guide as a baseline to describe the client's attitude towards their self-neglect and hoarding. Provide additional information in your referrals and reports to enable a tailored approach that is relevant to you client.

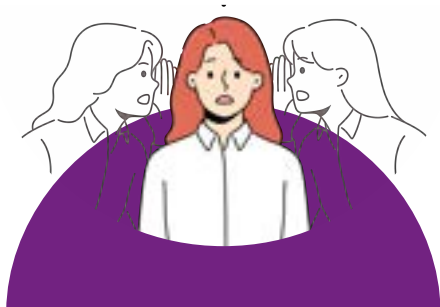


Good or Fair Insight

the client recognises that their self-neglect / hoarding – related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The client recognises these behaviours in themselves

Poor Insight

The client is mostly convinced that their self-neglect / hoarding – related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client might recognise a storage problem but has little self – recognition or acceptance of their own hoarding behaviour.

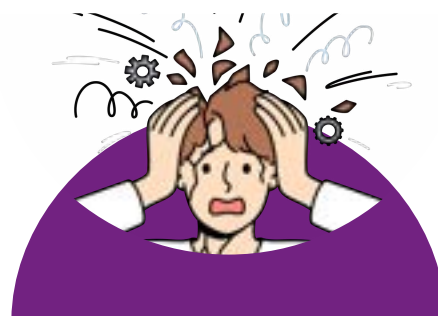


Absent (delusional) insight

The client is convinced that their self-neglect / hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The client is completely accepting of their living environment despite it being a hoard and possibly a risk to health

Detached with assigned blame

The client has been away from their property for an extended period. The client has formed a detachment from the property and is now convinced a third party is to blame for the condition of the property. For example, a burglary has taken place, squatters or other household members.





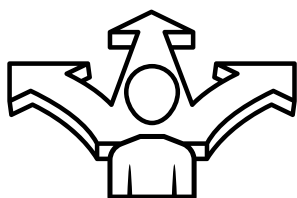
Assessing decisional and executive capacity

In self-neglect cases, assessing mental capacity is essential to understanding risk and planning safe, lawful interventions. While someone may appear to understand the risks and consequences of their choices, they may struggle to act on them — this is where executive capacity becomes important. A person might say they want support but be unable to follow through due to cognitive issues, mental illness, or disorganised thinking.

In the context of self-neglect, decisional capacity refers to a person's ability to understand the nature and consequences of a decision, while executive capacity is their ability to translate that understanding into action and manage the practical aspects of their life. A person can have decisional capacity but still struggle with executive function, leading to self-neglect despite understanding the risks.



Decisional Capacity:



- Understanding: This involves grasping the relevant information about a situation and the potential outcomes of different choices.
- Reasoning: This refers to the ability to weigh the pros and cons of different options and make a logical choice based on that analysis.
- Appreciation: This involves recognising how the decision applies to one's own circumstances and the potential impact on their life.

Executive Capacity:

- Planning and Organisation: This includes the ability to plan a course of action, organise necessary tasks, and break down complex actions into manageable steps.
- Initiation and Inhibition: This involves starting and stopping actions when appropriate and resisting impulsive or inappropriate behaviours.
- Self-Monitoring and Awareness: This is the ability to monitor one's own behaviour, recognise errors, and make adjustments as needed



Capacity assessments in self-neglect should always consider not just understanding, but the person's ability to act safely and consistently.

Independent Advocacy: People who lack capacity or have substantial difficulty being involved in the s42 enquiry, who do not have an 'appropriate individual' to support them, should be referred for Independent Advocacy to support them to be able to express their views.

don't forget



Questions to assess decisional and executive function of capacity for self-care and self-protection

The following prompts will help you to pose useful questions to help you to gain a better understand of where someone may be with their capacity.

Personal needs and hygiene: *Bathing, dressing, toileting, and mobility in home*



Decisional capacity

Appreciation of problems

If you had trouble getting into the bathtub, how could you continue to bathe regularly without falling?

Consequential problem solving

Has it been difficult, or do you need assistance, to wash and dry your body or take a bath?

Executive capacity (verification of task performance)

Physical or visual examination of hair, skin, and nails with consent. Gait evaluation and screening for balance problems and recent falls



Condition of home environment: Basic repairs/maintenance of living area and avoidance of safety risks

Decisional capacity

Appreciation of problems

- Do you have any trouble getting around your home due to clutter, furniture, or other items?
- It is important to make basic repairs to one's home; do any parts of your home need repairs?

Consequential problem solving

What if your heating [or hot water, washing machine, etc] stopped working; how would you fix the problem?

Executive capacity (verification of task performance)

Third party reports of the home environment or a home safety assessment performed by an occupational therapist, fire service, domiciliary care agency, community health professional or other service.

Activities for independent living: Shopping and meal preparation, laundry and cleaning, using telephone, and transportation.



Decisional capacity

Appreciation of problems

Going to the store is important for buying food and clothing for everyday life. Do you have any problems going to the store regularly?

Consequential problem solving

If you needed to call a friend [a taxi or other service] to take you to the store, how would you do that? What other ways could you get what you needed (online shopping)?

Executive capacity (verification of task performance)

Ask individual to show you how they would use a phone to call a friend or other service to ask for a ride. [Individual should demonstrate all steps for making a call and getting information. Ask them to show you how they would go about placing online orders.

Medical self-care: Medication adherence, wound care, and appropriate self-monitoring



Decisional capacity

Appreciation of problems

Check awareness that people who forget to take their medications may end up having a worse health condition or need to see the doctor more often. Do you have problems remembering to take medications?

Consequential problem solving

Consider if you had to have someone give your medications to you and watch you take them [or not]. How would this affect your everyday life?

Executive capacity (verification of task performance)

Ask to see all medication bottles from home, even empty ones. Health professionals and domiciliary carers can review medication fill and refill dates and pill counts or request a home medication assessment.

Financial affairs and estate: Managing cheque book, paying monthly bills, and entering binding contracts

Decisional capacity

Appreciation of problems

- What difficulties do you have paying your monthly bills on time?
- Who can assist you with paying your monthly bills or managing your finances?
- How do you manage your payments (card, cash cheque)?

Consequential problem solving

- How could asking [cite individual] to help you with paying your bills be better than managing your monthly income and paying bills by yourself? What would happen if things continued as they are?
- Are there any reasons why asking [cite individual] to manage your income might not help or might make things worse for you?



Executive capacity (verification of task performance)

Third party reports of bank statements, uncollected debts, or bills. Can formally assess performance with routine financial tasks, such as 1-or 3-item transactions, including calculating change or conducting a payment simulation.

Service User Engagement

Supporting people who are self-neglecting and refusing to engage is one of the most challenging areas of adult safeguarding, especially under the UK's Care Act 2014 framework. The balance between respecting autonomy and preventing harm requires persistence, sensitivity, and multi-agency coordination. **Sometimes “success” is maintaining a tenuous but open connection, so that help can be accepted when the person is ready.**

Engagement Strategies

When someone refuses help, traditional "service-led" approaches often fail. Instead, aim for relationship-based practice:

Build trust over time

- Start with low-pressure contact (e.g., short visits, casual conversation) with a focus on listening, not persuading. Avoid leading with “we’re here to fix” — lead with curiosity and respect.

Use “motivational interviewing” principles

- Explore their values and priorities rather than imposing yours. Help them articulate discrepancies between their goals and current situation.

Make every contact count

- Even if they reject direct help, offer small, practical support (e.g., helping with post, providing tea). These acts can be “door-openers” for deeper work later.

Risk Assessment & Harm Reduction

- If you can't eliminate risk, focus on reducing risk to a tolerable level. Try to agree clear plans for “what to do if...” situations.

Creative, Persistent Outreach

- Vary who visits (sometimes a different professional is more acceptable) and time visits to when the person is most receptive, making good use of community connectors — neighbours, faith groups, shopkeepers — to maintain contact.

Risk Assessment & Harm Reduction

- If you can't eliminate risk, focus on reducing risk to a tolerable level. Try to agree clear plans for “what to do if...” situations.

Capacity & Coercion

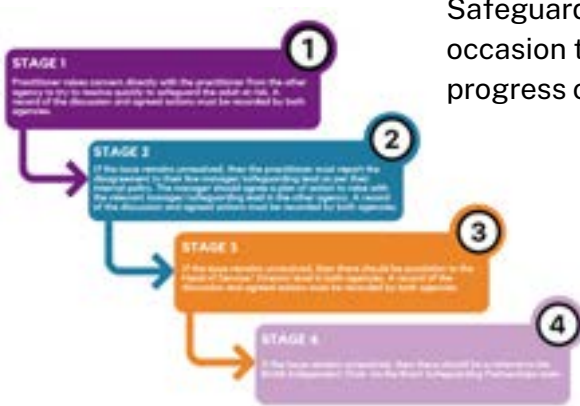
This could look like family, friends, or others discouraging engagement to maintain control. **Loss of autonomy** – feeling forced into interventions, even if well-meaning. **Coercive relationships** – exploitation, abuse, or control limiting freedom to accept support.

- Use gentle, private conversations to identify whether someone is preventing engagement.
- Offer an advocate to support decision-making, particularly if there are doubts about capacity or evidence of coercion

Self-Care for Professionals

These cases can be emotionally draining and frustrating. Be sure to use supervision regularly. Accept that change may be slow or minimal despite your best efforts and focus on incremental progress, not perfection.

Professional Challenges



Safeguarding can be a complex area of work, and so it is understandable that, on occasion there could be disagreements between agencies on how a case should progress or be managed.

There needs to be a clear focus on resolving any issues, together. It is essential that individual agencies do not absolve their responsibilities for a person who is at risk of harm. **Section 6 of the Care Act 2014** requires local authorities to cooperate with other Partner organisations — such as the NHS, police, probation, prisons, and other local authorities — to promote the wellbeing of adults with care and support needs. Partners must also cooperate when requested, unless doing so would conflict with their duties or harm their functions.

If multi-disciplinary meetings have been held, and an agreed plan cannot be reached which is affecting the progress and risk to the individual, this can be escalated to help reach a suitable solution.

The Brent escalation policy details the steps that need to be taken and outlines the stages of escalation. You can find the form to submit a final stage escalation [here](#).

ASSESSING SELF NEGLECT & HOARDING





A Multi-agency approach

Self-Neglect and Hoarding – Key Expectations for Multi-Agency Working

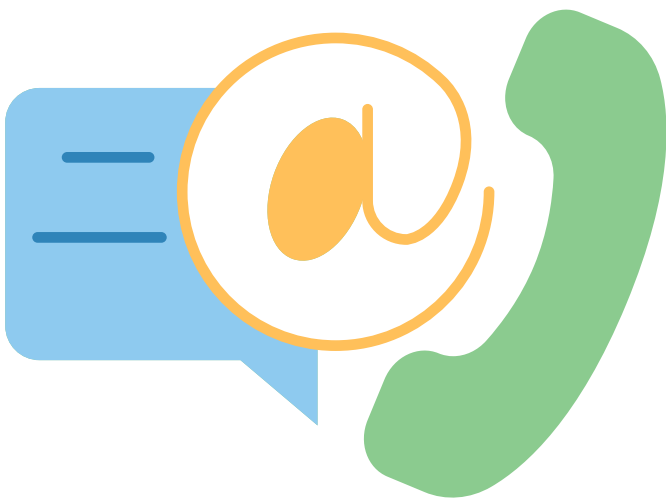
The BSAB strategic priorities sets out that self-neglect and hoarding must be treated as a shared responsibility across agencies. The key expectations are:

- All partner agencies are expected to engage when asked by the lead agency, where appropriate.
- The agency holding the case is responsible for arranging a multi-agency meeting, following the agreed framework.
- Each agency should keep clear data on self-neglect and hoarding to help shape services, support decisions, highlight trends and gaps, and track local practice.
- A professionals meeting should be held at the earliest opportunity with multi-agency partners. The lead agency should have explored ways of working with the person and involved other partners where possible – but early referrals are still encouraged if needed.
- Consent should be sought before discussing a case with other agencies. If consent is refused, the reasons and legal grounds for sharing information anyway must be clearly recorded.

Purpose and Approach

The goal is to reduce risk and prevent serious harm – including death – for individuals showing self-neglect or hoarding behaviours by ensuring:

- People are supported to understand the risks of their actions to themselves and others.
- Agencies share a clear understanding of the challenges involved.
- Multi-agency responses are proactive, coordinated, and prioritise risk appropriately.
- All work is underpinned by Making Safeguarding Personal (MSP) principles.
- Agencies fulfil their duty of care.
- Responses are proportionate to the risks involved – for both the individual and others.



Making Safeguarding Referrals for Self Neglect & Hoarding

The following should help professionals identify when and how to refer concerns about self-neglect or hoarding to the Local Authority under the Care Act 2014 and understand what to include in that referral. It applies across health, social care, housing, emergency services, and voluntary sector roles.

When to Consider a Safeguarding Referral

A safeguarding referral should be made when an adult with care and support needs is unable to protect themselves from harm or neglect due to those needs (e.g., mobility issues, cognitive impairment, mental ill health). You should also refer when living in conditions that pose a significant risk to their health, safety, or wellbeing or they are creating serious risk to others, such as fire hazards, infestation, blocked escape routes, or structural dangers.

Where Hoarding is present, a referral **must** be made when the clutter reaches Level 3 (CIR 7–9), however referrals **can be made** at an earlier stage as they should be based on risk and inability to protect oneself, regardless of clutter level.

Examples of referral triggers:



- Living spaces blocked by clutter, restricting movement and access to essential facilities.
- Severe infestation, rotting food, or waste accumulation posing infection or vermin risk.
- Hoarding of flammable materials increasing fire risk to the individual and neighbours.
- Refusal of critical medical care or support despite clear evidence of harm or deterioration.
- Dangerous structural damage due to weight of accumulated items.

How to Make a Safeguarding Referral

- Contact the Local Authority Safeguarding Adults Team
- Clearly state “Self-Neglect and/or Hoarding Concern” in your submission so it is routed correctly.
- Use the official safeguarding referral form or designated phone line.
- Gather Key Information and Personal details (name, address, date of birth, contact info).
- Clear description of concerns – include dates, locations, and what you observed, indicating if you believe the situation is urgent and why.
- Identify any immediate risks (e.g. severe weight loss, refusal of support, structural collapse, high fire load).
- Detail actions already attempted and agencies currently involved, with any supporting documents
- Share Relevant Evidence and include photographs (if appropriate and with consent or lawful basis)

What happens next?

The Local Authority assesses if the concern meets Section 42 Care Act criteria for a safeguarding inquiry. You may need to provide more details, attend meetings, or contribute to action plans. Continue working with the individual, as gradual change requires consistent contact to build trust and document all actions and decisions clearly in your organisation’s records.

REMEMBER! →

Safeguarding is not about removing autonomy – it’s about balancing respect for the person’s choices with the duty to prevent serious harm. In self-neglect and hoarding cases, early and coordinated action can prevent crises, protect health, and preserve dignity.

Assessing Hoarding

The following prompts will help guide you at what to look for when it comes to assessing the state of a property where self neglect and hoarding could be occurring

Property structure services and garden area

Assess the access to all entrances and exits for the property. (Note impact on any communal entrances & exits). Include access to roof space. Assess the garden; size, access and condition.



- Can the occupant escape from all rooms in the event of a fire or other emergency?
- Is there a clear plan of what to do in the event of a fire or other emergency and does everyone in the home know it?
- Does the property have a working smoke alarm?

Carry out a cursory visual assessment of the condition of the services within the property e.g. plumbing, electrics, gas, air conditioning, heating; this will help inform your next course of action.

- Are the services connected?

Household Functions

Assess the current functionality of the rooms and the safety for their proposed use. e.g. can the kitchen be safely used for cooking, can the occupier(s) properly use the bathroom/ WC or does the level of clutter within the room prevent their normal use.

- Select the appropriate rating on the clutter scale.
- Please estimate the % of floor space covered by clutter
- Please estimate the height of the clutter in each room



Animals and Pests

Are there any pets at the property?

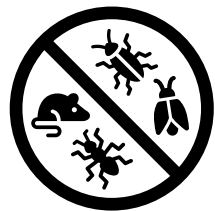
Are the pets well cared for; are you concerned about their health?

Is there evidence of any infestation? e.g. bed bugs, cockroaches, fleas, rats, mice, etc.

Are animals being hoarded at the property? If so, are they healthy and being well looked after.

Are outside areas seen by the resident as a wildlife area?

Does the resident leave food out in the garden to feed foxes etc.



Safeguard of Children & Family

Do any rooms rate 7 or above on the clutter rating scale? Does the household contain young people or children?



Personal Safety

Following your assessment do you recommend the use of Personal protective health and equipment (PPE) at future visits? Please detail.

Following your assessment do you recommend the resident is visited in pairs or with the Police?



Health and Safety

Assess the level of sanitation in the property.

Are the floors and work surfaces clean and are readily cleansed?

Are you aware of any odours in the property, or rotting food?

Does the resident use candles, portable electric, gas heaters or cooking appliances?

Did you witness a higher than expected number of flies and other insects?

Are household members struggling with personal care?

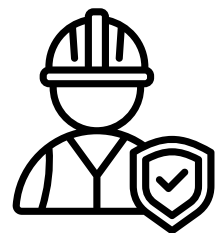
Is there random or chaotic writing on the walls on the property?

Are there unreasonable amounts of medication collected? (Prescribed or over the counter?)

Is there evidence of illegal drug use?

Is the resident aware of any fire risk associated to the clutter in the property?

Is there faecal matter, urine or other body fluids visible within the property?



Clutter Image Rating (CIR) Scale



The Clutter Image Rating (CIR) Scale is a visual assessment tool used to measure the severity of clutter in a person's home. It was developed by Dr. Randy Frost and colleagues as part of research into hoarding and excessive clutter.

The scale consists of a series of photographs depicting rooms (typically a bedroom, kitchen, and living room) arranged in order of increasing clutter levels — usually from 1 (no clutter) to 9 (severe clutter). Each photo represents a standard reference point for how cluttered a room might look, helping both clinicians and individuals objectively assess clutter severity.

How to Use the CIR

Select the Room: The scale includes separate sets of images for different room types. Choose the set that matches the room you're assessing (e.g., bedroom).

Compare Visually: Stand in the room (or look at a clear photo of the space) and compare what you see to the images on the scale.

Rate the Clutter: Identify the image that most closely matches the level of clutter present. Note that intermediate levels can be recorded if the clutter falls between two photos.

Record and Track: Write down the number for each room. This can help monitor changes over time, guide treatment planning, or serve as a discussion point in therapy.

Clutter Image Rating Scale – Examples

People have varying perceptions of what a cluttered home is. Images are provided to help individuals identify the level of clutter in a property using a clutter image rating scale, which includes key intervals and intermediate stages. A detailed version of the scale can be found at <https://hoardingdisordersuk.org/clutter-image-ratings/>.





The Clutter image rating is not a diagnostic tool by itself, but it provides an objective, standardized way to describe clutter levels, which is especially useful in cases where subjective descriptions might differ widely

How to Apply the Clutter Image Rating Scale

Level 1 At Clutter image ratings 1-3 the household environment is considered reasonable. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.

Example: Rating 01

Low Clutter

- Floors and furniture surfaces are clear.
- Items are put away neatly.
- The room looks tidy and organized.

Example: Rating 03

Mild Clutter

- Some items on furniture or floor — a few piles of clothes, books, or papers.
- Surfaces are partly covered but usable.
- The space still looks generally tidy but slightly messy.

Level 2 At Clutter image ratings 4-6 the household environment requires professional assistance to resolve the clutter and the maintenance issues of the property.

Example : Rating 05

Moderate Clutter

- Many items scattered on floors and furniture.
- Some pathways may be narrowed.
- Surfaces are mostly covered with objects.
- The room feels “busy” and disorganized.



Level 3 At Clutter image ratings 7-9 the household environment will require intervention with a collaborative multi-agency approach, with the involvement from a wide range of professionals. This level of hoarding constitutes a safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses

Example: Rating 07

Severe Clutter

- Floor is largely covered with clutter — few clear walking paths.
- Furniture may be blocked or difficult to use.
- Piles may be unstable.
- Rooms are still accessible but not easily usable for their intended function.

Example: Rating 09

Extreme Clutter

- Almost no clear floor space.
- Furniture buried or inaccessible.
- Clutter may reach waist or chest height in places.
- Room may be unsafe to move around in.

Level 1



Score 1-3

Clutter Image rating 1-3

Property structure, services & garden area

- All entrances and exits, stairways, roof space and windows accessible.
- Smoke alarms fitted and functional or referrals made to LFB to visit and install.
- All services functional and maintained in good working order.
- Garden is accessible, tidy and maintained

Household functions

- No excessive clutter, all rooms can be safely used for their intended purpose.
- All rooms are rated 0-3 on the Clutter Rating Scale
- No additional unused household appliances appear in unusual locations around the property
- Property is maintained within terms of any lease or tenancy agreements where appropriate.
- Property is not at risk of action by environmental health.

Health and safety

- Property is clean with no odours, (pet or other)
- No rotting food
- No concerning use of candles
- No concern over flies
- Residents managing personal care
- No writing on the walls
- Quantities of medication are within appropriate limits, in date and stored appropriately.

Safeguard of children & family members

- No concerns for household members.

Animals and pests

- Any pets at the property are well cared for
- No pests or infestations at the property

Personal health and safety

- No personal protective equipment(PPE) required • No visit in pairs required.
- Referral to Trading Standards with person's consent

Actions by agency

Agency holding the case

- Discuss concerns with resident
- Raise a request to the fire and rescue service to provide fire safety advice (**consent is generally required at this stage before referring to fire services, unless there are clear safeguarding or public safety concerns.**)
- Refer for care act assessment if appropriate.
- Refer to GP if appropriate

Social landlords

- Provide details on debt advice if appropriate to circumstances
- Refer to GP if appropriate
- Refer for support assessment if appropriate.
- Provide details of support streams open to the resident via charities and self-help groups.
- Provide details on debt advice if appropriate to circumstances
- Ensure residents are maintaining all tenancy conditions

Practitioners

- Complete Hoarding Assessment
- Make appropriate referrals for support
- Refer to social landlord if the client is their tenant or leaseholder

Emergency services

- Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.

Level 2



Score 4-6 Clutter Image rating 4-6

Property structure, services & garden area

- Only major exit is blocked
- Only one of the services is not fully functional
- Concern that services are not well maintained
- Smoke alarms are not installed or not functioning
- Garden is not accessible due to clutter, or is not maintained
- Evidence of indoor items stored outside
- Evidence of light structural damage including damp
- Interior doors missing or blocked open

Household functions

- Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose.
- Clutter is causing congestion between the rooms and entrances.
- Inconsistent levels of housekeeping throughout the property
- Some household appliances are not functioning properly and there may be additional units in unusual places.
- Property is not maintained within terms of lease or tenancy agreement where applicable.
- Evidence of outdoor items being stored inside

Health and safety

- Kitchen and bathroom are not kept clean
- Offensive odour in the property
- Resident is not maintaining safe cooking environment
- Some concern with the quantity of medication, or its storage or expiry dates.
- No rotting food
- No concerning use of candles
- Resident trying to manage personal care but struggling

Safeguard of children & family members

- Hoarding on clutter scale 4-7 doesn't automatically constitute a Safeguarding alert
- Please note all additional concerns for householders
- Properties with children or vulnerable residents with additional support needs may trigger a safeguarding alert under a different risk.

Animals and Pests

- Pets at the property are not well cared for
- Resident is not able to control the animals
- Animal's living area is not maintained and smells • Animals appear to be undernourished or over fed
- Sound of mice heard at the property.
- Spider webs in house
- Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • Refer to RSPCA for advice and guidance.

Personal health and safety

- Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.
- Personal protective equipment required.

Level 2

Actions by agency

Agency holding the case

- Refer to landlord if resident is a tenant
- Refer to environmental health
- Raise a request to the fire and rescue service to provide fire prevention advice
- Provide details of garden services
- Refer for support assessment
- Referral to GP
- Referral to debt advice if appropriate
- Refer to animal welfare if there are animals at the property.
- Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
- Consider the benefits of requesting a Care Act assessment even when hoarding has not yet reached Level 3.

Practitioners

- Complete Hoarding Assessment, if not already undertaken.
- Refer to “Guidance for Hoarding Guidance Questions to Ask”
- Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.

Environmental health

- At time of inspection, environmental health officer decides on appropriate course of action
- Consider serving notices under Public Health Act 1936, Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004
- Consider Works in Default if notices not complied with by occupier

Social landlords

- Visit resident to inspect the property & assess support needs • Refer for housing related support.
- Ensure residents are maintaining all tenancy conditions
- Enforce tenancy conditions relating to residents’ responsibilities
- Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
- Refer to environmental health with details of client, landlord (if relevant) referrer’s details and overview of problems where appropriate

Score 4-6

Clutter Image rating 4-6

Emergency services

- Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
- Provide feedback to referring agency on completion of home visits.

Safeguarding adults

- No action unless other concerns of abuse are noted. A care act assessment should be conducted.
- If other notifications of abuse are of concern or have been reported, progression to safeguarding referral and investigation may be necessary.

Animal welfare

- Visit property to undertake a wellbeing check on animals at the property.
- Educate client regarding animal welfare if appropriate- seek advice from the RSPCA.
- Provide advice / assistance with re-homing animals

Level 3



Score 7-9

Clutter Image rating 7-9

Property structure, services & garden area

- Limited access to the property due to extreme clutter
- Evidence may be seen of extreme clutter seen at windows
- Evidence may be seen of extreme clutter outside the property
- Garden not accessible and extensively overgrown
- Services not connected or not functioning properly
- Smoke alarms not fitted or not functioning
- Property lacks ventilation due to clutter
- Interior doors missing or blocked open
- Evidence of structural damage or outstanding repairs including damp
- There may be evidence of internal damp and / or mould.

Household functions

- Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose.
- Rooms not used for intended purposes or very limited
- Beds inaccessible or unusable due to clutter or infestation
- Entrances, hallways and stairs blocked or difficult to pass
- Toilets, sinks not functioning or not in use
- Resident at risk due to living environment
- Household appliances are not functioning or inaccessible
- Resident has no safe cooking environment
- Resident is using candles, electric or gas heating appliances • Evidence of outdoor clutter being stored indoors.
- No evidence of housekeeping being undertaken
- Broken household items not discarded e.g. broken glass or plates
- Concern for declining mental health
- Property is at risk of notice being served by environmental health

Health and safety

- Human urine and or excrement may be present
- Excessive odour in the property, may also be evident from the outside
- Rotting food may be present
- Evidence may be seen of unclean, unused and or buried plates & dishes.
- Broken household items not discarded e.g. broken glass or plates
- Inappropriate quantities or storage of medication.
- Pungent odour can be smelt inside the property and possibly from outside.
- Concern with the integrity of the electrics
- Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.

Animals and pest

- Animals at the property at risk due the level of clutter in the property
- Resident may not able to control the animals at the property
- 1. Animal's living area is not maintained and smells
- Animals appear to be under nourished or over fed
- Hoarding of animals at the property
- Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.)
- Visible rodent infestation
- Refer to RSPCA

Personal health and safety

- Visits where personal protective equipment (PPE) required: i.e. Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent.

Safeguard of children & family members

- Constitutes a Safeguarding Alert. Please note all additional concerns for householders

Level 3

Actions by agency

Agency holding the case

- Raise safeguarding referral within 24 hours
- Raise a request to the fire and rescue service within 24 hours to provide fire prevention advice.

Social landlords

- Visit resident to inspect the property & assess support needs
- Attend multi agency HRP meeting
- Enforce tenancy conditions relating to residents' responsibilities
- If resident refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988

Animal welfare

- Notify the RSPCA for further advice and guidance.
- Visit property to undertake a wellbeing check on animals at the property.
- Remove animals to a safe environment
- Educate client regarding animal welfare if appropriate
- Take legal action for animal cruelty if appropriate
- Provide advice/assistance with re-homing animals

Practitioners

- Complete Hoarding Assessment, if not already undertaken
- Refer to "Guidance for Hoarding Guidance Questions to Ask"
- Complete practitioners' assessment tool
- Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.

Environmental health

- Refer to environmental health with details of client, landlord (if relevant) referrer's details and overview of problems
- At time of inspection, EHO decides on appropriate course of action
- Consider serving notices under Public Health Act 1936, 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

Safeguarding adults

- Safeguarding concern should progress to referral for multi-agency approach and further investigation of any concerns of abuse.
safeguardingadults@brent.gov.uk

Emergency services

- Attend multi agency HRP meeting on request
- Ensure information sharing with all agencies involved to ensure a collaborative approach and a sustainable resolution.
- Provide feedback to case holding agency on completion of home visits.

Multi-Agency Safeguarding Hub (MASH)

- Refer to MASH if children or young people present within 24 hours
Family.FrontDoor@brent.gov.uk

Score 7-9

Clutter Image rating 7-9



Level 4 High Risk Panel



Agency holding the case

If assessed as level 2 or level 3 and despite joint work the risks are not reducing or are escalating, consideration should be given to referring to the High Risk Panel. In order for the referral to be accepted, at least one Multi-Disciplinary Risk Management Meeting must have taken place and attempts must have been made to work with the person to reduce the risks.

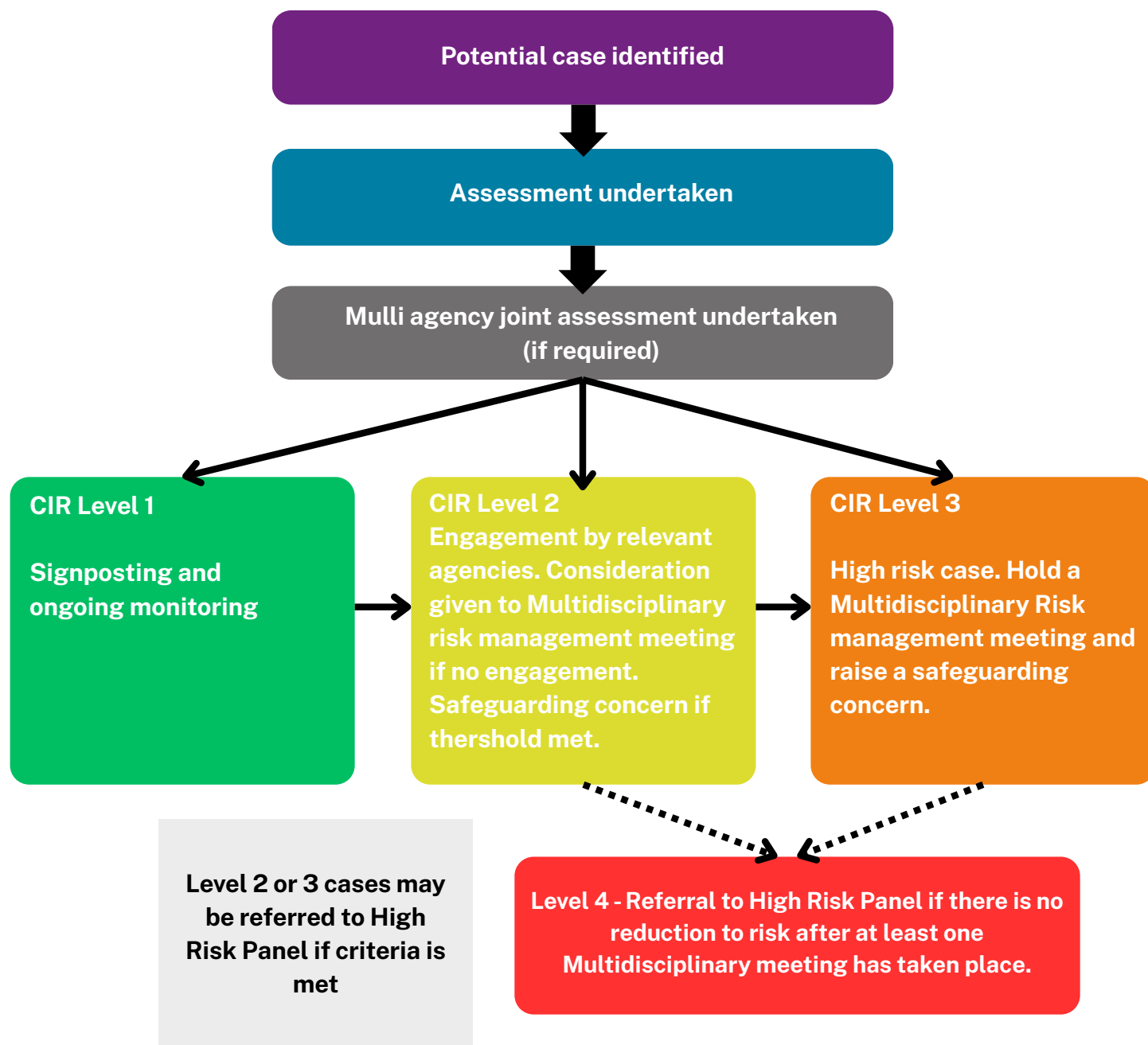
The referrer must complete the referral one week before the panel sits and must present the case in person. The referrer must complete the referral to the fullest possible extent and clearly explain why referral to the High Risk Panel is necessary, what has been attempted and why the action has not been successful.

If the subject has not agreed to a referral to the High Risk Panel and they are unlikely to in future due to non-engagement, please explain why you are referring without their agreement. i.e. if this is based on the risks posed, please explain what the risks are, the severity of them and why the referral is necessary.

Please find the Brent High Risk Panel guidance and referral forms to refer [here](#).

Case progression (for all agencies)

The following outlines the key steps to be undertaken by agencies when considering how to manage and escalate Self Neglect and Hoarding cases. Where hoarding is present in cases, assessment should include use of the Clutter Image Rating scale to assist standardisation and understanding of the current conditions at the property.



Where agencies do not have a standardised assessment form, a suggested form can be accessed on the Brent Safeguarding partnerships website [here](#)

Assessment questions

The below questions can be used as prompts when conducting an assessment to help professionals gain a better insight into how an individual is making decisions and how they are managing in their environment

Feelings



- How safe do you feel in your home?
- How do you about discarding items?
- Do you often desire an item even if you do not have sufficient space to accommodate that item?

Thoughts



- Do you generate lots of ideas when thinking about the use of items?
- Do you focus on the non-essential detail of items?
- Are you worried about mice / rats / pests?

Behaviours



- Do you have difficulty discarding possessions regardless of value?
- Do you have difficulty organising all of your possessions?
- Do you often rely on visual cues to remember things?
- Do you have problems deciding what to do with an item?

Circumstances



- Do you experience mental ill health?
- Do you experience physical ill health?
- Are you able to pay for services to clean / clear your home?
- Have you ever had an accident / slipped / tripped or fallen in your home?
- Do you ever use a candle / naked flame in the home?

Please indicate using the same scale of 0-10, to the extent that objects in the home interfere with your ability to do each of the following activities:

- Prepare food
- Use your fridge
- Eat at a table
- Move around without obstruction
- Exit your home quickly
- Use the toilet
- Use the shower / bath
- Use kitchen appliances
- Sleep in your bed
- Sit on your sofa / chair
- Clean the house
- Find Important things

- Has a fire ever started by accident?
- How do you get hot water, heating and lighting in your home?
- Do your utilities work properly?
- Are they due to be tested?
- Are there items / obstructions which could make it difficult to exit your home quickly in an emergency?
- Do you believe there is a problem with your home? If yes what do you think would help you?

MANAGING RISKS & LEGAL LITERACY





Fire Risks & Hoarding

Managing fire risk in cases of self-neglect and hoarding requires a coordinated, multi-agency approach that prioritises both safety and compassion. Joint risk assessments, regular home visits, and involvement of fire services can be crucial in creating tailored risk reduction plans. Ultimately, safeguarding individuals in these situations means integrating health, safety, and support strategies while ensuring legal and ethical frameworks are followed

How can you reduce fire risks for hoarders?

Because of the amount of possessions, exit routes 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.

Understand the risks

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. Because of the amount of possessions, fires will also spread much faster.

Fire safety suggestions

If you care for someone who lives in home that has become hoarded, you can help them live more safely by:

- Encouraging them not light candles or tea lights of any kind. A safer option is to use LED flameless candles.
- Ensuring they have appropriate heating so that they are not using portable heaters, candles or gas hobs to heat the home. If using portable heaters, ensuring that items aren't placed on top of, or too close to them.
- Suggest – or if you can, make sure – that they smoke outside if they are a smoker, never smoking in bed or where they could fall asleep, and that they use proper ashtrays.
- Work with them to develop an escape plan.
- Book a [home fire safety visit](#) – a free service London Fire Brigade offer to share advice and help.
- Consider risks to neighbours and visitors - both inside and outside of the property (outbuildings, vehicles etc.)
- Consider duty to inform relevant organisations and individuals of risk

Consider limited mobility

If the person is bed bound or spends most of their time in a chair, they are particularly at risk. Please consider their needs and make sure appropriate measures are taken so they can safely escape if there is a fire. Learn more about [escape plans for homes](#).

More guidance on how to support those who may have cluttered properties to reduce fire risks can be found in this [guidance document](#), produced by London Fire Brigade.



Legal and Multi-Agency Tools

When an self neglecting or hoarding and either unable or unwilling to engage with support, a range of legal tools may be used – depending on the level of risk, capacity, and the person's circumstances. These legislations help professionals manage health, safety, and safeguarding risks while upholding individual rights. Legal tools are most effective when used in combination with support, engagement, and partnership working. The goal should always be to reduce risk while preserving the person's rights and autonomy wherever possible.

Below is an overview of relevant legislations, we encourage you to explore them in further depth where you feel they would be helpful:



The Care Act 2014

- Recognises self-neglect, including hoarding, as a safeguarding concern.
- Local authorities have a duty to make enquiries (Section 42) where there's risk of significant harm.
- Supports multi-agency responses and risk panels to manage complex cases.



Mental Health Act 1983

- Where hoarding is linked to a mental disorder and presents serious risk, assessment or treatment under the MHA may be appropriate.
- Rarely used for hoarding alone, but may support a broader mental health intervention.



Mental Capacity Act 2005 (MCA)

- Assesses an individual's ability to make informed decisions about living conditions and care.
- If lacking capacity, decisions should prioritize their best interests.
- Disagreements or complex needs may require Court of Protection involvement.



The Building Act 1984

- Dangerous properties, such as those with extreme hoarding or neglect, pose risks.
- Property owners are usually given an opportunity to address the issues first.
- If they cannot or refuse, Building Control can intervene to ensure safety and recover costs via a land charge.



Fire and Rescue Services Act 2004

- Fire services can perform home safety visits to address hoarding risks.
- Enforcement actions may be taken in severe cases to protect lives.



Housing Act 2004

- Councils can act when hoarding creates hazards in the home (e.g. blocked exits, infestations, fire risk).
- Can issue Improvement Notices or carry out work and recharge the resident.
- Social landlords can issue warnings, tenancy conditions, or even possession proceedings if hoarding breaches tenancy terms.
- Usually used alongside support offers to avoid eviction.



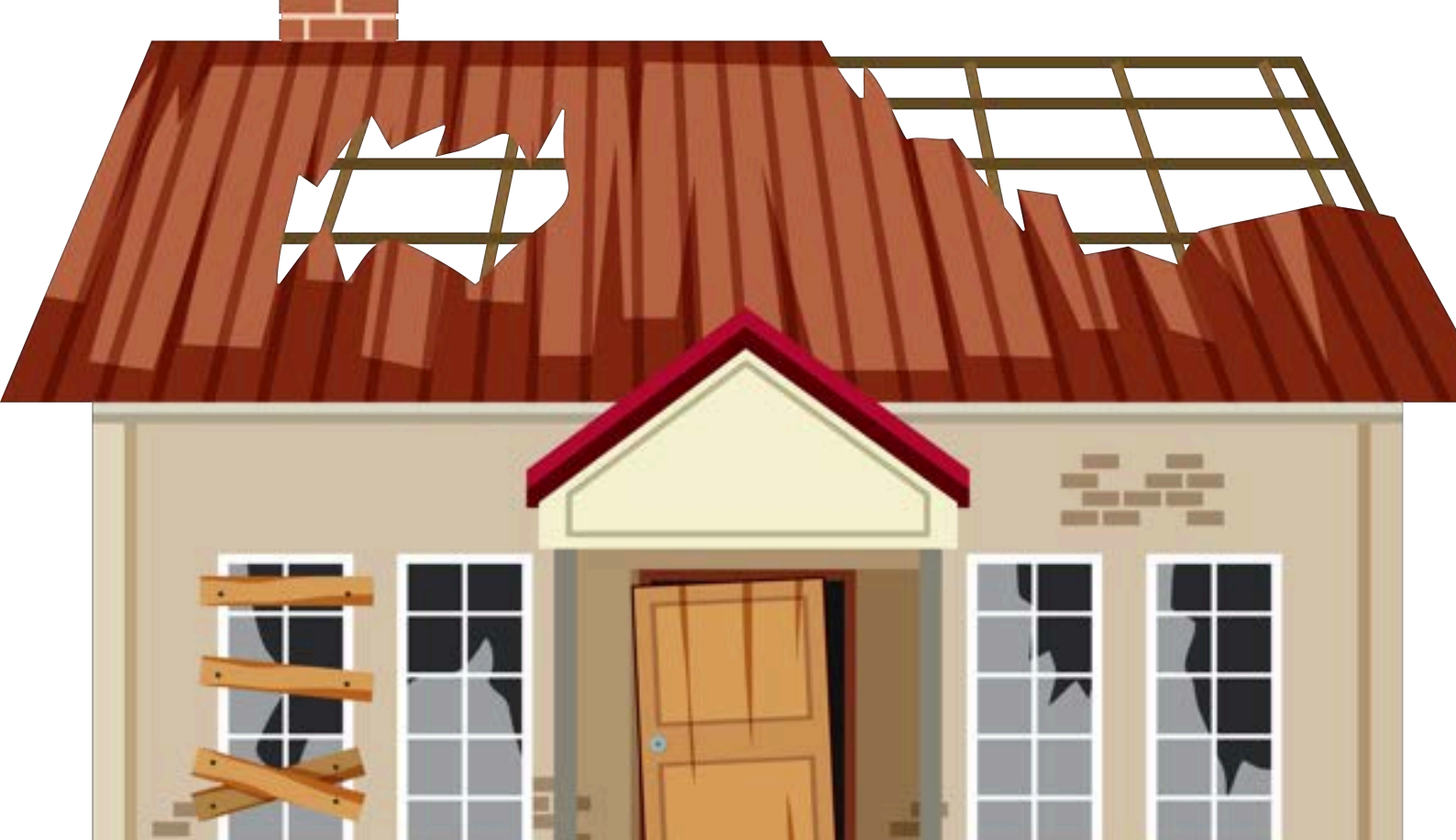
Public Health Act 1936 / 1961

- Used in severe cases where there's risk to public health, such as vermin or waste.
- Local authorities can remove rubbish or clean premises



Environmental Protection Act 1990

- Statutory nuisances involve unsafe living, harmful fumes, waste accumulation, and poor animal treatment.
- They must pose health risks or affect neighbors' enjoyment of their homes.
- Local authorities can issue an Abatement Notice to address and prevent these issues.



Self Neglect & Homelessness

A 2021 systematic review of Safeguarding Adult Reviews (SARs) linked to homelessness (40 SARs from 2011–2021) highlighted serious risks when self-neglect is not addressed. Many people in these reviews became homeless through relationship breakdown, poverty, unemployment, no recourse to public funds, domestic abuse, cuckooing, or being unable to stay in hostels due to anti-social behaviour, aggression or exploitation.

Their experiences often included adverse childhood events, trauma, mental and physical health issues, disability, substance misuse, self-neglect and sometimes suicidal thoughts.

Key practice shortfalls included:

- Discrimination and assumptions about ‘unwise choices’ preventing action.
- Poor understanding of self-neglect, especially with alcohol/substance use.
- Missing or delayed assessments of risk, mental health and care needs.
- Disagreements about mental capacity.
- Poor partnership working and lack of coordinated plans.

Practitioners should keep this learning in mind when working with people who are homeless and self-neglecting. Examples include:

- Someone with substance misuse who does not take medication for diabetes.
- A rough sleeper refusing accommodation, appearing unkempt, undernourished, or inappropriately dressed for the weather.
- An alcohol-dependent person with repeated head injuries who avoids treatment.
- Someone with suspected cancer or leg ulcers who does not attend appointments or accept care.

Effective responses require understanding, joint working and proactive planning to prevent harm.

Working together to Safeguard Adults

This toolkit was produced by Brent Safeguarding Adults Board, in collaboration with member agencies to ensure that . There has also been content input borrowed from Norwich Safeguarding Adults Board Initial toolkit.

Contact Information



Email

brent.safeguardingpartnerships@brent.gov.uk



Website

www.brentsafeguardingpartnerships.com



Key Contacts

Hoarding UK

Specialist national charity supporting people affected by hoarding behaviour

Website: www.hoardinguk.org

Helpline: 020 3239 1600

Email: help@hoardinguk.org

Clouds End CIC

Provides practical help, training, and consultancy on hoarding issues.

Website: www.cloudsend.org.uk

Email: info@cloudsend.org.uk

Shelter

Advice on housing, unsafe living conditions, and tenants' rights.

Website: www.shelter.org.uk

Helpline: 0808 800 4444 (Freephone)

Mind

Supports mental health needs, including anxiety, trauma, and depression linked to self-neglect.

Website: www.mind.org.uk

Infoline: 0300 123 3393 (Mon–Fri, 9am–6pm)

Text: 86463

Email: info@mind.org.uk

NHS Mental Health Crisis Lines

Available 24/7 in every area of England.

Find your local line: www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

London Fire Brigade – North West Area 1 (Brent Group)

Email: brentgroup@london-fire.gov.uk

Tel: 020 8555 1200 × 38778

www-prod.brent.gov.uk

Brent also has local fire stations that could be leveraged for community safety visits or collaborative risk reduction:

- **Wembley Fire Station**
591A Harrow Road, Wembley, HA0 2EG
- **Willesden Fire Station**
59a Pound Lane, NW10 2HH
- **Park Royal Fire Station**
Waxlow Road, NW10 7NU