



Cambridgeshire and Peterborough Multi-agency Protocol for Working with People with Hoarding Behaviours

(This document used should be used alongside the Multi-Agency Adult
Safeguarding Procedures)

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East of England Ambulance Service **NHS**
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1.0 Introduction

- 1.1 This protocol offers clear guidance to staff working with people who exhibit hoarding behaviors. It sets out a framework for multi-agency partners to work together, using an outcome focused, solution based model. This protocol has been developed in partnership with a range of statutory and non-statutory partners across Cambridgeshire and Peterborough.
- 1.2 The Care Act 2014 recognises hoarding as one of the manifestations of self-neglect and requires all public bodies to safeguard people at risk. To deal with the risks effectively requires a collaborative and integrated approach between agencies.
- 1.3 The protocol recognizes that responding to a situation which involves a person compulsively hoarding is highly complex, as it involves risk to life, is subject to more than one area of legislation and involves the health and wellbeing of the person at risk and any others in the household. It therefore requires a multi-agency approach.
- 1.4 This protocol aims therefore to ensure this collaborative approach through coordinated multi agency partnership working with people who exhibit hoarding behaviors, in a way that is meaningful to the person who has hoarding behaviors and their families and in a way that reduces duplication of effort for the agencies involved. The protocol aims to facilitate positive and sustainable outcomes for people who demonstrate hoarding behavior, by involving them in the process of managing their behavior at all stages.
- 1.5 It is recognised that people who display hoarding behaviour are at high risk of injury or death as a result of a fire. Cambridgeshire Fire and Rescue Service (CFRS) emergency call data analysis shows that this is the case, with fire fatalities across the County during and a growing number of serious injuries in recent years. National research supports these findings (Fire Statistics Monitoring by the Department of Community and Local Government).
- 1.6 The risk of a fire starting is increased due to combustible materials being stored close to, or in contact with heat sources such as light fittings, smoking materials cookers and heaters, and when electrical appliances are permanently plugged in and switched on under several layers of clutter.
- 1.7 This risk is increased further when the clutter reaches extreme levels and when utilities such as electricity and gas are disconnected and lead to unsafe practices such as using camping stoves and candles. Entry and exits can be restricted, and present additional risk to neighbours by the increased likelihood of fire moving to adjoining properties. The structural integrity of the building may be compromised during and after fire fighting operations, due to the absorption of water by the hoarded materials.
- 1.8 CFRS, Cambridgeshire County Council, Peterborough City Council, Cambridgeshire and Peterborough NHS Foundation Trust, Registered

Social Landlords and other community focussed organisations wish to work together to reduce the significant risks associated with hoarding and to promote health, safety and wellbeing.

- 1.9 Self-neglect, which includes hoarding, is currently covered in training through the 'Making Safeguarding Personal' course run by Cambridgeshire County Council (see the County Council Safeguarding training website).

2.0 Organisations the Protocol Applies To

- 2.1 This protocol applies to all staff working in organisations which have signed up to the protocol in Cambridgeshire. This includes Peterborough.
- 2.2 Note that the protocol stands as good practice guidance for any organisation that has identified a hoarding issue, including during the course of providing housing management, support and domiciliary care and for any other agency delivering services in the course of which their staff may come across a person with hoarding behaviour.
- 2.3 The agencies signed up to the protocol include and are not limited to:

Cambridgeshire Fire and Rescue Service
Cambridgeshire County Council
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire Home Improvement Agency
Cambridge City Council
Circle Housing
CHS Group
Care Network Cambridgeshire
East of England Ambulance Service
Fenland District Council
Mind in Cambridgeshire
Recovery College East
South Cambridgeshire District Council
Peterborough City Council

- 2.4 By signing the protocol each agency is committing to engaging fully in partnership working to achieve the best outcome for the person who displays hoarding behaviour, while meeting their own requirements and professional duties.

3.0 Aims of the Protocol

- 3.1 The aims of this protocol are to:
 - 3.1.1 Provide guidance on investigating, sharing and understanding information about the risk and challenges related to hoarding, from different professional and community perspectives; and to improve inter-agency knowledge of the legislation that relates to hoarding behaviour and to work with incidents in an evidence based, structured, systematic, co-ordinated

and consistent way across the professions involved.

- 3.1.2 Establish best practice in working with people who display hoarding behaviour, so that staff know how to provide a personalised response in each case which is most likely to gain the best outcome for the person whilst reducing risk, and that respects the person's rights, choices and autonomy.
- 3.1.3 Develop multi-agency solutions, maximising the use of existing services and resources of professional support and monitoring (e.g. Housing Officers, care and support workers, property maintenance) and focussing on prevention and modification of hoarding behaviours, aiming to reduce the need for formal or compulsory solutions.

4.0 Definition of Hoarding

- 4.1 'Hoarding' is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). Pathological or compulsive hoarding is a specific type of behaviour characterised by:
 - Severe "cluttering" of the person's home so that it is no longer able to function as a viable living space.
 - Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
 - Significant personal distress or impairment of work or social life (Kelly O (2010) What is hoarding? Journal of Hoarding)

5.0 General Characteristics of Hoarding Behaviour

- 5.1 One or more of the following may be observed:
 - **Fear and anxiety:** compulsive hoarding may have started as a learned behaviour or following a significant event such as bereavement. The person hoarding believes that buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to full panic attack with sweats and palpitations.
 - **Long term behaviour pattern:** possibly developed over many years, or decades, of 'buy and drop', collecting and saving, with an inability to throw away items without experiencing fear and anxiety.
 - **Excessive attachment to possessions:** People who hoard may hold an emotional attachment to items that most people would feel is inappropriate.

- **Indecisiveness:** people who hoard struggle with making a decision to discard items that are not necessary to keep, including rubbish. E.g. tins, newspapers, magazines, bottles.
- **Unrelenting standards:** people who hoard will often find fault with others, or require others to perform to excellent standards while struggling to organise themselves and to complete daily living tasks.
- **Socially isolated:** people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals.
- **Large number of pets:** some people who hoard may keep a large number of animals. These may become a source of complaints by neighbours. They may 'rescue strays'.
- **Mentally competent:** people who hoard are typically able to make reasonable decisions that are not related to the hoarding.
- **Extreme clutter:** hoarding behaviour may prevent the person from using several or all the rooms of their property for their intended purpose.
- **Churning:** people with hoarding behaviour may move items from one part of their property to another, without actually discarding anything.
- **Self-Care:** a person who hoards may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home. Some people who hoard will use public facilities in order to maintain their personal hygiene and appearance.
- **Poor insight:** a person who hoards will typically see nothing wrong with their behaviour and the impact it has on themselves and others.(see **Appendix 1**)

5.2 The Chief Fire Officers Association produced a document to dispel myths about hoarding (see **Appendix 2**).

6.0 Hoarding and Mental Health

6.1 Hoarding can be a symptom of an underlying mental disorder. Hoarding is classified under the International Classification of Disorders system as a mental or behavioural disorder (ICD 10). Hoarding Disorder is distinct from the act of 'collecting' or keeping your home in a generally cluttered or messy state.

6.2 The main difference between a person who has hoarding behaviour and a collector is that people who have hoarding behaviour have strong emotional attachments to their items, and these attachments are well in excess of the real value of the items. Anything may be hoarded by the person at their home – inside or outside the property. Hoarding has no relation to gender, age, ethnicity, socio-economic status, educational or

occupational history, or tenure type.

6.3 Commonly hoarded items include things like:

- **Inanimate objects** – these are the most commonly hoarded items and may be one type of object, or a collection of a mixture of objects such as old clothes, newspapers, magazines, books food, containers, bills, receipts or letters, clothes, toys, videos, DVD, CDs, or even medical equipment.
- **Animal Hoarding** – this is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder may be unable to recognise that the animals could be at risk, because they feel they are rescuing them. Often animal hoarders may feel like they are the only ones capable of caring for the animals, so may not be willing to find alternative accommodation for them, yet at the same time be unable to care for them. The environmental health conditions that having so many animals may create can be so bad that they may be considered to amount to animal cruelty and be punishable by law. The homes of people who hoard animals may be characterised by an accumulation of animal faeces and infestation by insects.
- **Data Hoarding** – this is a recent phenomenon, about which there is little research. People that hoard data may present with same issues that are symptomatic of hoarding, for example excessive data storage equipment – computers and other electronic storage devices, and paper.

7.0 Safeguarding and Hoarding

- 7.1 The Care Act 2014 (Statutory Guidance, Chapter 14) recognizes ‘self-neglect’ as a category of abuse and requires public agencies to act to mitigate the risks. The Care Act describes self-neglect as a wide range of behaviors, i.e. neglecting to care for one’s personal hygiene, health or surroundings and includes behavior such as hoarding. (Chapter 14 of the Care Act 2014 replaces the previous guidance contained in ‘No Secrets’.)
- 7.2 Self-neglect may affect people in different ways and at various times in their lives. It is important to recognize that in the majority of cases, self-neglect is best addressed through care/support/treatment delivered by health and social care services. This might include interventions as appropriate under the Mental Capacity Act 2005 or the Mental Health Act 1983. Non health and social care professionals identifying a person with hoarding behavior should seek the advice of health/social care services.
- 7.3 Where the adult may not engage with any services, or where there may be challenges in delivering care and support, self-neglect may persist and in some circumstances the risks to the individual may increase and could have a significant impact on the person’s wellbeing. Where the issue of self-neglect is already quite extreme, i.e. when it is recognized as presenting a significant risk to the health or wellbeing of the adult or any members of the family living with them, including children, and when the usual care, support and treatment options have been unsuccessful in reducing the risks, the issue should be referred to the Cambridgeshire County Council safeguarding team for advice.

8.0 Mental Capacity and Hoarding

- 8.1 When a person's hoarding behavior poses a serious risk to their health and safety, professional intervention will be required. With the exception of statutory legal requirements, any intervention or action proposed must be with the person's consent.
- 8.2 The Mental Capacity Act 2005 provides a statutory framework for people who may lack capacity to make their own decisions.
- 8.3 The Act has five statutory principles to serve the person's 'best interests', which underpin the legal requirements:
- A person must be assumed to have capacity unless it is established that they lack capacity.
 - A person is not to be treated as unable to make a decision unless all practical steps to enable them to make a decision have been taken without success.
 - A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
 - An act done or decision made, under this act for or on behalf of a person who lacks capacity, must be done or made in his or her best interests.
 - 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.
- 8.4 In cases of extreme hoarding behavior, the very nature of the person's environment must mean that professionals question whether the person has capacity to consent to their proposed action/intervention, and this should therefore trigger a capacity assessment. This is supported by the MCA code of practice, which states that one of the reasons why people may question a person's capacity to make a specific decision is "the person's behavior or circumstances cause doubt as to whether they have capacity to make a decision" (4.35 MCA Code of Practice, p.52).
- 8.5 Any mental capacity assessment carried out in relation to hoarding behavior must be time specific, and relate to a specific intervention/action, in line with the Act. The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention/action, and this person is referred to as the 'decision-maker'. Although capacity assessments sometimes require input from other people and professionals, it is the responsibility of the decision maker to coordinate and 'own' the capacity assessment overall.
- 8.6 Where the person is subject to multi-disciplinary care, the professional with greatest responsibility for the specific decision is likely to be the decision maker and should ideally assess capacity. Where this is in doubt agreement should be sought within the multidisciplinary team. If it is evidenced that a specialist capacity assessment (such as by a psychologist) is needed, and which is being relied on for this decision, the decision-maker must be satisfied

that this assessment is fit for purpose. Due to the complexity of such cases, there must be a 'best interests meeting' with relevant professionals to oversee the process. The decision-maker is responsible for making the final decision about the person's capacity.

- 8.7 If after assessing mental capacity it is found that the person does lack capacity to consent to the specific action/intervention, then the decision-maker must be able to demonstrate that they have met the requirements of the 'best-interests checklist' and that a formal mental capacity assessment has been undertaken which demonstrates that the person lacks capacity to make an informed decision.
- 8.8 The mental capacity assessment would be in addition to the generic risk assessment, and would follow Cambridgeshire County Council guidance. (The generic risk assessment form is provided in Appendix 2 below.)
- 8.9 In particularly challenging and complex cases, it may be necessary to refer to the Court of Protection to make the 'best interests' decision. The new Court of Protection was set up under the Mental Capacity Act 2005. It can make decisions on whether people have capacity in relation to particular decisions, make decisions on their behalf, appoint or remove people who make decisions on people's behalf.

9.0 Information Sharing

- 9.1 For agencies to work collaboratively and effectively to reduce the risks of hoarding behavior, information will need to be shared.
- 9.2 Sharing information must be in line with the Data Protection Act 1998, under which we all have the responsibility to ensure that personal information is processed lawfully and fairly. All people have a right to view any information held about them. Practitioners should consider this when they are recording information about a person.
- 9.3 There are various formal information sharing agreements in Cambridgeshire under the Cambridgeshire Information Sharing Framework, which includes the following though not limited to: Safer Peterborough Partnership, Cambridgeshire and Peterborough Safeguarding Adults Boards, Multi-Agency Safeguarding Hub (MASH).
- 9.4 Each agency will ensure that when it shares information about hoarding, this is done on a 'need to know' basis and that all information is transferred in a secure format. This means for example that CFRS will share information with the housing provider and vice versa. If the housing is provided by a private landlord efforts will be made to share the information with the landlord in the interest of mitigating risk. If it is a more significant case of hoarding, information may also be shared with Cambridgeshire County Council Safeguarding Board.
- 9.5 For the purposes of this protocol we have adopted the following principle:
 - 9.5.1 Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Therefore the

person's written consent should be obtained before sharing information and it should routinely be explained what information may be shared with other people or organizations. The person's wishes should always be considered.

9.6 People 'at risk' within the terms of the Care Act 2014

9.6.1 Acting to protect a person who under the Care Act 2014 would be deemed to be an adult at risk is based on the general principle that any incident of suspected or actual abuse may need to be shared with relevant others. Where members of the person's family, children or older relatives, or neighbors, are at risk, the matter is dealt with in the best interests of those people and if necessary information is shared without the consent of the person with the hoarding behavior.

9.6.2 In the case of an adult at risk within the terms of the Care Act 2014, it is important to remember that information given to an individual member of staff belongs to the organization and not to that individual member of staff. An individual member of staff cannot give personal assurance of confidentiality to a person at risk.

9.6.3 Any need to protect the interests of an organization must not override the need to protect the person(s) at risk.

9.6.4 Whilst working within the principles of maintaining confidentiality is very important, it must not lead to a failure to take action to protect of a person at risk of self-neglect, abuse or harm.

9.6.5 Decisions about which information is shared and with whom, need to be taken on a case by-case basis. Regardless of whether information is shared with or without the consent of the person at risk, the information shared should be:

- Necessary for the purpose for which it is being shared, i.e. shared only with those who have a need for it
- Justifiable and proportionate
- Accurate and up to date
- Shared in a timely fashion
- Shared accurately
- Shared securely

9.6.6 When data is shared, the receiving organization will retain the data, within data protection requirements, only for as long as is relevant for their input, and then it is destroyed. It is expected that the lead team in the case would keep the details of the case for as long as necessary and within data protection requirements.

10.0 Multi-agency meetings and action planning

10.1 Hoarding behavior is a complex condition which significantly impacts on the person's daily life and the circumstances in which they live. This protocol recognizes that a multi-agency approach is often best for the person, the property and the community because it will deliver the most comprehensive, consistent and personalized action to resolve or modify the hoarding issue and will avoid duplication of agency effort and potentially wasted resources.

- 10.2 Multi-agency meetings will identify the lead agency, be documented and agree an action plan which contains goals and timescales. All parties involved will agree their role. The action plan needs to be informed by the person with the hoarding behavior, taking into account their views about how changes can realistically be achieved and risks reduced. Ideally the person will be present at the meeting. The plan will take account of the time needed to build trust to maximize the likelihood of success. The action plan should be signed by the individual to indicate their agreement to it and their willingness to accept support and engage with the relevant agencies. The idea is to work in a sensitive way with the person to enable them to engage in agreeing a realistic plan. If the person will not engage then the professionals concerned will need to agree a plan which will continue to try to engage the person and which in cases of significant health and safety risk could include enforcement of actions without the person's agreement, but this is a last resort. (See sections 13, 14 and 15. The plan will include a realistic pace of change/reduction in the amount of hoarded items. The priority must always be mindful of health and safety in relation to the wellbeing of the person and their neighbours, so these risks must be dealt with as a matter of priority. A longer timescale is acceptable for lesser risks.
- 10.3 Priority risks are for example: combustible items piled up near the central heating boiler, items blocking exit routes, routes to the toilet and washing facilities and essential appliances such as the cooker, items covering electrical sockets and switches.
- 10.4 The lead agency is responsible for checking progress with the person against the plan and, as necessary, arranging reviews with the multi-agency group and ideally with the person present, where further actions can be agreed to make progress.
- 10.5 Note that the forms of intervention may differ between tenanted and individual owned properties. Social landlords have employees that are responsible for housing management, including working with residents with anti-social behavior. Social care and support organizations may be involved delivering support or personal care to people who are renting their home or own it, and at least their involvement in monitoring the hoarding issue should be sought, if they cannot do more to encourage the person to modify their behavior. Likewise, friends, relatives and supportive neighbors may be helpful in negotiating changes in behavior, supporting the person to make the changes and monitoring the situation and raising issues.
- 10.6 The types of Personal Protective Equipment (PPE) recommended should also be noted in the action plan. Relevant PPE should be worn as required to suit the conditions when supporting an individual to clear items from their home. The types of PPE commonly used are:
- Protective suit
 - Disposable gloves
 - Safety boots (with soles that provide protection against injury from sharp objects)
 - Air filter mask
 - Eye protection
 - Respirator
 - Alcohol hand gel

11.0 The approach to take

- 11.1 Bearing in mind the complexity of hoarding behavior, especially the fact that it tends to be rooted in anxiety disorders, it is important that the approach taken to tackle the issues that the behavior raises is humane.
- 11.2 The person with hoarding behavior may well not respond favorably to a simple clearance of their property. Such action is likely to be extremely upsetting for them and will almost certainly exacerbate any mental ill health and add to their stress.
- 11.3 Clearing items is unlikely to be a solution in the longer term. The way forward is by providing sensitive support and working with the person to make positive changes. Other agencies may also need to be involved (see section 12 below about multi-agency meetings and action planning).
- 11.4 Every hoarding situation will be different, although there may be similarities. Staff need to consider the particular circumstances and individual views of the person with hoarding behavior, to develop a personalized and supportive approach to resolving the situation. Such an approach is most likely to achieve a positive outcome.
- 11.5 The member of staff identifying the hoarding concern needs to visit the person and do the following:
 - 11.5.1 Assess the level of clutter - using the Clutter Image Rating (CIR) tool (see **Appendix 5,6,7,8**)
 - 11.5.2 Assess the risks using the Guidance Questions, Premises Risk Assessment Checklist; Risk Assessment form and Scoring Tool (see **Appendix 9**)
 - 11.5.3 Assess the Hoarding Insight Characteristics of the person with hoarding behaviour (see **Appendix 1**)
- 11.6 Depending on the results of these assessments then do the following:
 - 11.6.1 For CIR score 1-3:
 - Provide advice to the person about risks and safety, ask for fire safety advice from Cambridgeshire Fire and Rescue Service
 - Encourage the person to self-refer to agencies (list to be provided) for assistance (**Appendix 3**)
 - Ideally complete an action plan based on the results of the CIR, risk and hoarding insight characteristics assessments.
 - 11.6.2 For CIR score 4-9:
 - Instigate a multi-agency meeting with the relevant agencies present. The main agencies and the types of action they may take are listed in Appendix 4 Relevant Agencies and Responses.
 - Complete an action plan based on the results of the CIR, risk and hoarding insight characteristics assessments. The action plan, and when it will be reviewed, will be agreed at the multi-agency meeting and a next meeting date will be arranged.

12.0 Clearances

- 12.1 Enforced clearance of items against the will of the person with the hoarding behavior will only be undertaken when these four points are satisfied:
- other approaches have been exhausted
 - the risks caused by the hoarding warrant clearance
 - the agreement of the multi-agency group has been obtained
 - it is proportionate to the scale of the issue.
- 12.2 By 'proportionate' we mean the areas of highest fire risk may be the only areas that need to be cleared, and not the whole house. For the rest of the property it may be just enough to clear sufficient areas to enable the person to access all of the rooms and their facilities.
- 12.3 The action plan should note the relevant agency that will work with the person with hoarding behaviour and provide support during any clearance process, at the same time encouraging the person to tackle some of it on their own. It is important to encourage the person to engage with actions to clear the property in a way that they can 'own', working if possible with family, friends and voluntary agencies. Finding out what will motivate the person to participate in the clearance is important – for example Cambridgeshire Housing Improvement Agency completing home improvements subject to clearance of clutter.
- 12.4 There are a few simple tips that will support the person and that can be adapted to suit their needs and preferences, for example:
- Start the clearance in one important area first, for example around the cooker, or heating source.
 - The 'fifteen minute rule' - set the timer for 15 minutes to clear clutter. Once this has been completed encourage the individual to do something they like to do and then return to undertake another fifteen minutes later the same day.
 - Wall chart - complete a wall chart to note every bag of clutter that leaves the property, e.g. 10 bin liners of clothes to the charity shop, 2 bags of medicines to the doctor's surgery, 1 bag of books to a charity shop.
- 12.5 Clearances that require a third party to come in to facilitate the work are likely to need to be paid for by the person with hoarding behaviour. Currently partnership working with the National Probation Service is being trialled. The person can source and employ a contractor themselves, or the district council may arrange for a company to do the job and recharge the person. If enforcement action is needed to carry out a clearance, it will be recharged to the person.
- 12.6 As enforced clearance is a last resort and is often not a longer term solution (because it is highly likely that hoarding behavior will continue regardless), following a clearance the multi-agency group must identify how ongoing/regular support will be provided in an Endeavour to prevent the re-accumulation of hoarded items.

13.0 Environmental Health Powers

- 13.1 This section outlines legal routes that might be taken to resolve a hoarding issue. The agencies using this Hoarding Protocol see legal enforcement action as a last resort, only to be utilized when all other efforts are exhausted.

Public Health Act 1936, Section 79: Power to require removal of noxious matter by occupier of premises

The Local Authority (LA) will always try and work with a householder to identify a way to reduce or eliminate hoarding, however in cases where the resident is not willing to co-operate the LA can serve notice on the owner or occupier to “remove accumulations of noxious matter”. Noxious not defined, but usually is “harmful, unwholesome”. No appeal is available. If not complied with within 24 hours, the LA can do works in default and recover expenses.

Public Health Act 1936, Section 83: Cleansing of filthy or verminous premises

Where any premises, tent, van, shed, ship or boat is either:

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

Filth is a euphemism for excrement, animal or human. Due to case law the definition of “prejudicial to health” is limited and means “likely to cause a threat of disease”. It does not include the likelihood of personal injury. Nuisance has its common law meaning of something which materially interferes with the use of another’s land.

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

Public Health Act 1936, Section 84: Cleansing or destruction of filthy or verminous articles

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

Environmental Protection Act 1990, Section 80: Dealing with Statutory Nuisances (SNs)

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

Section 79 (1)

- (a) any premises in such a state as to be prejudicial to health or a nuisance

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

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

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

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

Prevention of Damage by Pests Act 1949, Section 4: Power of LA to require action to prevent or treat rats and mice

Notice may be served on the owner or occupier of land/premises where rats and/ or mice are or may be present due to the conditions at the time or there maybe materials in the property that would cause rats and mice to be attracted to the land. The notice may be served on the owner or occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbors them and carry out structural works.

The LA may carry out works in default and charge for these. This power tends to be used for clearing gardens.

13.2 Environmental Health Assessment Tool Guidelines. These guidelines may be used to help assess whether it is possible to engage Environmental Health:

	Questions	Yes/No
1	Given Environmental Health have a duty to serve a legal notice(s) under some circumstances, would formal intervention by Environmental Health be helpful at this stage?	
2 a	Are there pests (particularly rats and mice) at the property including the garden?	
2 b	Are there materials at the property likely to attract rats or mice i.e. food left over night or items they could next in?	
2 c	Does the property have a strong odor that materially affects neighboring properties?	
2 d	Is the property filthy? (human or animal excrement)	
2 e	Is the property rented and in disrepair? Could works be done amongst the 'clutter'?	
2 f	Is the property in disrepair and affecting neighboring properties i.e. damp, drainage, structural damage?	

If the answer to Q1 is yes and there are one or more 'yes' answers to Q2, the case can be referred to Environmental Health. Note that the thresholds at

which different Environmental Health Teams across the County apply their powers may differ. It may be that although a case is referred to Environmental Health action might not be taken. When there is no complainant, action may not be taken.

14.0 Fire Safety

- 14.1 Hoarding poses a significant risk to both the people living in the property and those living nearby.
- 14.2 Where hoarding is identified (regardless of the risk rating), the person needs to be advised of the increased risk and a safe exit route. Appropriate professional fire safety advice must be sought via a home safety visit by the Fire Service whenever hoarding is identified.
- 14.3 Information about the property should be shared with Combined Fire Control (CFC) to ensure that the relevant operational fire staff are suitably knowledgeable to respond appropriately in the case of a fire.
- 14.4 The CFC record will be updated with information about risk reduction e.g. through modification of the hoarding behavior or clearance of the items. .

15.0 The Police

- 15.1 The Police may be called to properties where there are hoarding issues for a variety of reasons. These reasons may include, but are not limited to: concern for the welfare of the person(s) occupying the property; anti-social behavior issues; reports of theft/burglaries at the premises.
- 15.2 Police action will depend on the concerns that they have for the person(s) and may include the following:
 - 15.2.1 Where there is concern for a person's mental health, consideration will be given to contacting their GP and/or referring direct to mental health services. Where the concern is immediate then the person should be encouraged and supported to attend their GP or the nearest Accident and Emergency provision, assistance from the Ambulance Service being sought to support these actions. Where the person is in their own home (this includes the garden), Police Officers have no powers to detain them under the Mental Health Act 1983, and case law stipulates that the Mental Capacity Act 2005 is not intended to be used to remove a person from their own home for the purposes of obtaining an assessment under the Mental Health Act.
 - 15.2.2 Where there are concerns for a person's physical health, the Ambulance Service should be contacted for support and removal to hospital if appropriate. This may include use of powers to force entry under s17 of the Police and Criminal Evidence Act 1984 (PACE) to protect life. Where necessary, Police Officers would support Ambulance staff to remove the person under s5 of the Mental Capacity Act 2005.
 - 15.2.3 Where there are concerns in respect of safeguarding of any persons within the property that don't require immediate action, a form 102 should be submitted to MASH in respect of adults and a form 101 should be submitted

in respect of children. Where immediate action is required officers will need to obtain advice/guidance in respect of the best course of action in respect of adults, but can consider the removal of children under an emergency Public Protection Order.

- 15.2.4 Where a person's behavior or hoarding activities constitute anti-social behavior, then officers should follow the Cambridgeshire Police Force policy, which will include discussing the issues at the local multi-agency problem-solving/risk management meeting to agree the best course of action.
- 15.2.5 Where the person has reported theft from the property or a burglary, this will be dealt with in line with current guidance to Police Officers, although ascertaining what has been stolen and obtaining evidence to support an investigation may be hampered by the conditions both within and outside the premises of a person with hoarding behavior.
- 15.2.6 The Police will support other agencies when taking enforcement action based on the risk, threat and harm posed by the person's general behavior and their anticipated behavior in response to any enforcement action.

Practical Advice for Practitioners

Appendix 1

Guidance on Hoarding Insight Characteristics

Use the guide below to describe the person's attitude towards their hoarding behaviour. This is useful for describing the issue to other relevant agencies and will be helpful to know when creating an appropriate action plan.

Good or fair insight:

The person recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The person recognises these behaviours as their own. .

Poor insight:

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

Absent (delusional) insight:

The person is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The person is completely accepting of their living environment despite the various risks to safety and health.

Detached with assigned blame:

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

APPENDIX 2

Hoarding Myths and Truths

(Source: Chief Fire Officers Association CFO)

Myth: Removing clutter and property will remove the issue of hoarding.

Truth: Large scale removals without the person with hoarding behavior's permission do not work. Instead this is likely to have a long term negative impact on their mental health. The short-term, quick fix approach also does not deal with core issues. Large scale clean-ups, even with the person's permission may not work.

Myth: Fires in hoarding properties will behave in the same way as they do anywhere else.

Truth: Fires were contained to the room of origin in 90% of all residential fires. In hoarding homes, however, that percentage dropped to 40%, indicating that hoarded materials promote the spread of fire through a dwelling.

Myth: Hoarding only takes place in certain types of property.

Truth: Hoarding can be found in all property types. Hoarding in high rise premises pose very particular risks to the community and to fire fighters. Hoarding in privately owned residences creates some specific issues with regards to the application of legislation.

Myth: People with hoarding issues can't see all the stuff and dirt, they don't mind it.

Truth: People with hoarding behaviors can see the clutter but are able to mostly mentally block it out. This has been called clutter blindness. When a person does begin to recognize the problems, this can be a sign they are ready for change and help.

Myth: There is nothing we can do about it.

Truth: With the proper support, help and guidance, hoarding problems can be resolved.

Myth: People with hoarding issues love their belongings more than their family.

Truth: People with hoarding behaviors have a strong attachment to belongings for a range of reasons. This attachment is likely to be stronger than the average person's. The difficulty discarding is as a result of these complex issues, but does not reflect that the person's love for those in their family is lesser. Simply that it is too difficult a process for the person to deal with.

Myth: People with hoarding issues are just dirty and lazy. It's a 'life-style' choice.

Truth: Usually just the opposite is true. In fact, people with hoarding behaviors have often undergone a traumatic experience and/or had a huge period of instability in their lives. Incorrect interventions can often cause further trauma because the relationship with the belongings acts as a coping mechanism, discarding this haphazardly often results in retriggering of the trauma and/or escalation of the behaviors.

Myth: All people with hoarding issues have Obsessive Compulsive Disorder (OCD).

Truth: Hoarding Disorder has been classified by the American Diagnostic Statistical Manual (DSM) and is published in the International Classification of Diseases (ICD). A unique classification was seen to be necessary because interventions which have succeeded in OCD were not as effective treating hoarding behaviors.

Myth: People only hoard things at home.

Truth: Communal areas, gardens, storage spaces, friend's/neighbor's homes and vehicles can also be used. There is legislation in place, in regard to all but storage spaces, which would mean that belongings which created unacceptable clutter could be in breach of a range of laws. Hoarding in offices and other business premises is not uncommon, and can lead to blocked escape routes and increased risk of a fire.

Myth: Evicting people with hoarding issues teaches them a lesson and stops them hoarding again.

Truth: Being evicted is a traumatic experience, and can create such anxiety for a person with hoarding issues that their tendency to hoard can increase. This too does not deal with the core issues. As such, it can be seen as simply shifting the problem.

Myth: People with hoarding issues don't like to talk about it.

Truth: There are currently support groups across the UK, although more support is needed.

Myth: All people with hoarding issues live in squalid conditions or own numerous pets or both.

Truth: Most people with hoarding issues do not live in unhygienic conditions, nor are they animal hoarders.

Myth: Every room in a hoarder's home is packed full of stuff.

Truth: People with hoarding tendencies may have part of their home which are less cluttered, or live with people who aren't hoarders and who do what they can to keep parts of a home tidy.

Myth: People with hoarding tendencies are uneducated and have lower levels of intelligence.

Truth: Hoarding is found within all populations.

Myth: Everyone with lots of clutter is a hoarder.

Truth: Just because someone owns lots of stuff or lives in a cluttered home, doesn't necessarily mean they're a hoarder.

APPENDIX 3

Relevant Agencies and Responses

Fire Service	<p>Install interlinked smoke alarms in each accessible room Gives Fire safety advice on particularly on Electrical, kitchen, candles, electric blankets, fires and heaters</p> <p>0800 917 9994 firefire@cambsfire.gov.uk</p>
Environmental Health	<p>Note separate checklist for whether Environmental Health may become involved (section 14 above).</p> <p>Will consider serving notices under Environmental Protection Act 1990, Prevention of Damage By Pests Act 1949 or Housing Act 2004</p> <p>Will consider 'Works in Default' if notices not complied with by occupier</p> <p>Contacts via:</p> <p>Fenland District Council South Cambs District Council East Cambs District Council Cambridge City Council Huntingdonshire District Council Peterborough City Council</p>
Social Landlord	<p>Visit person to inspect the property and assess support needs Referral to local Floating Support Service to assist in the restoration of services to the property where appropriate. Ensure person is maintaining tenancy conditions Enforce tenancy conditions relating to tenant responsibilities If person refuses to engage serve Notice of Seeking Possession under Ground 13 to Schedule 2 of the Housing Act 1988</p>
Private landlord	<p>Inform Housing Advice Team at the City/District Council if a private landlord has a tenant with hoarding behaviour and is not aware of it. Housing advice teams have the knowledge and ability to challenge any unlawful evictions that might result from hoarding behaviour.</p>
Voluntary agencies	<p>Offer debt advice Support for person with hoarding behaviour Gardening services</p>
GP	<p>Visit person – carry out assessment and refer to appropriate mental health teams – consider mental health crisis concordat</p>
Police	<p>Complete and submit MASH 101 form or protocol referral form</p>

	Consider legal action
Ambulance service	Complete and submit MASH 101 form or protocol referral form
Animal Welfare RSPCA	Visit property to undertake a wellbeing check on animals at the property Educate person regarding animal welfare if appropriate Provide advice / assistance with re-homing animals Consider removal of animals to a safe environment Take legal action for animal cruelty if appropriate
Safeguarding Adults and Safeguarding Children and young people under 16 years	In the case of concerns about abuse or neglect, make a safeguarding referral as appropriate to the adult or children safeguarding team
Home Improvement Agencies\ adaptations services	Visit occupier to assess suitability of accommodation\identified need for adaptations or repairs Assess housing options (including potential relocation) Work with occupier or other agencies on a strategy to assist in clearance (as appropriate) to enable agreed works to be planned and completed Administer and oversee construction and fixed housing equipment projects agreed with the client (or responsible adult\agency)

APPENDIX 4

Additional contacts who may be able to assist people with hoarding behaviours

Cambridge CVS	alan@cambridgecvs.org.uk
Hunts Forum	info@huntsforum.org.uk
Kings Lynn & West Norfolk Care & Repair	jo.russell@west-norfolk.gov.uk
East Cambs Care & Repair Services	marie.beaumont@eastcambs.gov.uk
Team Lead Hunts Community Occupational Therapy	carol.claxton@nhs.net
Children's Occupational Therapy representatives	heidi.bartlett@nhs.net mary.read@nhs.net
OT Therapy Lead	pat.davison@nhs.net
Team Leader City Therapy Team/Complex Housing OT	veronica.lauerman@nhs.net
Area Lead for Cambridge and South Cambs Therapy Services	karen.hurst@ccs.nhs.uk
Private Sector Housing Officer Fenland DC	shammond@fenland.gov.uk
Housing Manager (Housing needs and allocations at Hunts)	jon.collen@huntsdc.gov.uk
Cambridge & district volunteer centre	info@cam-volunteer.org.uk
Cambridge Besom Project	thebesomincambridge@gmail.com
Age UK	lynne.byrne@ageukcambridgeshire.org.uk ; gloria.culyer@ageukcambridgeshire.org.uk
Care Network Cambridgeshire	admin@care-network.org.uk

APPENDIX 5

Clutter Image Rating (CIR) Tool

Use the clutter image rating (CIR) (see Appendix B) to assess what level the person's hoarding behavior is at. The flow chart below summarizes the process to be followed. If in doubt, please ask your supervisor/manager for assistance.

First point of contact by professional with the resident:

Conduct Risk Assessment (**Appendix 2**)
Assessment using CIR - Clutter Image Rating (**Appendices 6, 7 & 8**) use photographs as guidance to identify level of clutter

CIR 1-3 = Low Risk

Offer advice, sign post to other agencies (see **Appendix C** for relevant agencies responses)
Arrange fire safety check with Cambridgeshire Fire and Rescue Service
Enlist person's supporters to help modify issue and prevent escalating
Consider arranging an inter-agency meeting to follow up to prevent worsening

CIR 4-6 = Medium Risk and **CIR 7-9 = High Risk**

Convene multi-agency meeting - with action plan as the outcome and lead agency identified and roles of each party identified (see **Appendix 4** for relevant agencies responses)
Ascertain via MASH which partners already involved
For CIR 7-9 – Consider GP and mental health assessment

Monitor and review

Lead agency for the case checks progress and triggers further multi-agency meeting(s) if issues start up again or escalate

Images 1-3 indicate Low risk – self referral (see Appendix 6)

Images 4-6 indicate Medium risk Multi-agency meeting (see Appendix 7)

Images 7-9 indicate High risk Alert 24hrs and Multi-agency meeting (see Appendix 8)

APPENDIX 6 Clutter Image Rating - Bedroom

Please select the photo that most accurately reflects the amount of clutter in the room



1



2



3



4



5



6



7



8



9

APPENDIX 7 Clutter Image Rating – Living Room

Please select the photo that most accurately reflects the amount of clutter in the room



1



2



3



4



5



6



7



8



9

APPENDIX 8 Clutter Image Rating - Kitchen

Please select the photo that most accurately reflects the amount of clutter in the room



1



2



3



4



5



6



7



8



9

APPENDIX 9

For guidance on how to determine the Risk score, please see the Risk Assessment Tool below

The generic Risk Assessment Form and Risk Scoring tool is attached in this appendix. Please use the Guidance Questions and the Premises Risk Assessment Checklist here to help to complete the Risk Assessment form and to work out the scoring.

Risk Assessment Tool (9a)

Step 1:

Determine the Likelihood (L) – what is the likelihood of harm occurring?

Likelihood Score	Description
Rare (1)	This will probably never occur (once every few years)
Unlikely (2)	Do not expect this to occur (once in a year)
Possible (3)	May occur occasionally (one or two times a year)
Likely (4)	Will probably occur, but not a persistent issue (one two times a quarter)
Almost Certain (5)	Will undoubtedly occur frequently (daily/weekly occurrence)

Step 2:

Determine the Consequence (C) – what is the consequence of the harm occurring?

Choose the domain. This will be either the harm to the individual or to the service/organization. Then choose the most appropriate consequence based on the information known at the time.

		Domain	
		Harm to person	Harm to Service/Organization
Consequence Score and Definitions	No Harm (1)	<ul style="list-style-type: none"> No harm/negligible (e.g. bruise/graze) No time off work 	<ul style="list-style-type: none"> Loss of service <8hrs Financial loss <£1,000 No publicity
	Minor (2)	<ul style="list-style-type: none"> Minor treatment required (e.g. First Aid) Time off work <7 days 	<ul style="list-style-type: none"> Loss of service >8hrs Financial loss £1,000-£5,000 Media enquiries
	Moderate (3)	<ul style="list-style-type: none"> Short term harm (e.g. fracture/ serious burn) Time off work >7 days RIDDOR reportable (specified injury, lost time incident, disease) Reportable safeguarding incident 	<ul style="list-style-type: none"> Loss of service > 1 day Financial loss £5,000-£10,000 Local media coverage RIDDOR reportable (dangerous occurrence) Reportable incident to external regulator (e.g. CQC, HCA, OFSTED)
	Severe (4)	<ul style="list-style-type: none"> Long term/permanent harm: permanent lessening of bodily function (e.g. loss of limb) 	<ul style="list-style-type: none"> Loss of service > 1 week Financial loss £10,000-£100,000 National media coverage <3 days Service closed by regulator
	Catastrophic (5)	<ul style="list-style-type: none"> Death as a direct result of the incident 	<ul style="list-style-type: none"> Permanent loss of service Financial loss >£100,000 National media coverage >3days Prosecution

Step3: Calculate the risk score –Risk score (RS) = Likelihood (L) x Consequence (C)

Using the scores that you got in steps 1 and 2, use the table below to determine the risk score

		Consequence (C)				
		No Harm (1)	Minor (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Likelihood (L)	Rare (1)	1	2	3	4	5
	Unlikely (2)	2	4	6	8	10
	Possible (3)	3	6	9	12	15
	Likely (4)	4	8	12	16	20
	Almost Certain (5)	5	10	15	20	25

The Risk Score (RS) indicates the level of risk

1-6 = green

7-15 = amber

16-20 = red

Example: If a risk was unlikely/severe, the risk score would be:

Unlikely (2) x Severe (4) = 8

This example would be an amber risk

Date of visit and risk assessment	
Name of person whose property is visited and their date of birth	
Address and contact details	
Type of dwelling e.g. freeholder or leaseholder, tenant (include name of landlord)	
Names of household members and dates of birth	
Pets – number and type	
Agencies currently involved - statutory and non-statutory	
Name and signature of person carrying out the Risk Assessment and date	
Their employer/organisation name and contact details	
Signature of person whose premises are the subject of the risk assessment and date	

Risk Assessment (9c)

Guidance Questions to ask the person when assessing risk at their property:

You may need to adapt questions to suit the person and sensitivity of the situation.

- How do you get in and out of your property?
- How safe do you feel living here?
- Does anyone else live here?
- Do you have regular visitors? children/grandchildren
- How is there health?
- Are they taking any medicines? what for
- Any mobility issues? Any mobility aids they should be using but can't because of access issues?
- Have you ever had an accident, slipped, tripped up or fallen? How did it happen? How have you made your home safer to prevent this from happening again?
- (Where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards): How do move safely around your home?
- Has a fire ever started by accident? How did it start? What happened?
- How do you get hot water, lighting, heating in here? Do these services work properly? Have they ever been tested?
- Do you ever use candles or an open flame to heat and light here or cook with camping gas?
- How do you manage to keep yourself warm? Especially in winter?
- When did you last go out in your garden? How safe do you feel to go out there? If not, why not?
- Are you worried about other people getting in to your garden to try and break-in? How worried are you? Has this ever happened?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Have you ever seen mice or rats in your home? Whereabouts? Have they eaten any of your food? Have you seen them upstairs?
- Can you prepare food, cook and wash up in your kitchen? How do you manage?

- Do you use your fridge? Can I have look in it? How do you keep things cold in the hot weather?
- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok? Do you wash, bath or shower?
- Where do you sleep? Can you show me where you sleep? Can I see your upstairs rooms? (If there are any): Are the stairs safe to walk up?
- What do you do with your dirty washing?
- Are you able to change your bed linen regularly? When did you last change them?
- How do you keep yourself warm at night? Have you got extra coverings to put on your bed if you are cold?
- Are there any broken windows in your home? Any repairs that need to be done?
- Do you find it difficult to use some of your rooms because of the number of possessions you have? If so, which rooms?
- How do you feel about discarding things? How difficult or easy is it to discard thing, or recycle, sell, give away?

Appendix (9d)

Risk Assessment checklist

Premises Risk Assessment Checklist		Tick and notes
1. Fire Service	<ul style="list-style-type: none"> • Are there working smoke alarms? How many and where? • Is the cooking area clean and free from clutter? • Is the area around the fire/heater free from clutter? • Are candles being used? • Evidence of inappropriate use and/or overloading of electrical extension cables? • Are exit routes, hallways and stairs blocked or difficult to pass due to the clutter? 	
2. Property structure, services & garden area 3. Household Functions	<ul style="list-style-type: none"> • Limited access to the property due to extreme clutter • Garden not accessible and extensively overgrown • Services not connected or not functioning properly • Concern with the integrity of the electrics • Property lacks ventilation due to clutter • Unsafe storage with risk of toppling or breakage causing personal injury • Evidence of structural damage or outstanding repairs, or damp, with risk of excessive loads on the upstairs floors or loft space • Interior doors missing or blocked open • Evidence of indoor items stored outside • Evidence of outdoor items being stored inside • Property is not maintained within terms of lease or tenancy agreement where applicable • Clutter is preventing the use of rooms for their intended purpose • Inconsistent levels of housekeeping throughout the property • Room(s) scores 4 - 9 on the clutter image scale • Rooms not used for intended purposes or very limited • Beds inaccessible or unusable due to clutter or infestation • Toilets, sinks not functioning or not in use • Household appliances are not functioning or inaccessible • Broken household items not discarded e.g. broken glass or plates • Evidence of outdoor clutter being stored indoors • Concern for declining mental health 	

	<ul style="list-style-type: none"> • Person at risk due to living environment • 	
4. Health and Safety	<ul style="list-style-type: none"> • Kitchen and bathroom are not kept clean, human urine and or excrement may be present • Evidence of insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • Evidence may be seen of unclean, unused and or buried plates, dishes, pots and pans etc. • Inappropriate quantities or storage of medication. • Concern for declining mental health 	
5.Safeguarding of Children & Family members	<ul style="list-style-type: none"> • Family members also living at property <p>Hoarding scale 4-9 requires a Safeguarding referral to the adult and children teams as appropriate</p>	
6. Animals	<ul style="list-style-type: none"> • Pets at the property are not well cared for • Animals at the property at risk due the level of clutter in the property • Person is not unable to control the animals • Animal living area is not maintained and smells • Animals appear to be under nourished or over fed 	

<p>7. Environmental Health</p> <p>Environmental Health has a duty to serve a legal notice(s) under some circumstances.</p> <p>If the answer to Q1 is 'yes' and there are one or more answers 'yes' to Q2, then refer to Environmental Health</p>	<p>Q1. Would formal intervention by Environmental Health be helpful at this stage?</p> <p>Q2. Are there:</p> <ul style="list-style-type: none"> • Materials at the property likely to attract rats or mice i.e. food left over night or items they could nest in? • Spider webs in property • Does the property have a strong odour that materially affects neighbouring properties? • Is the property filthy? (human or animal excrement) • Is the property rented and in disrepair? Could works be done in the 'clutter'? • Is the property in disrepair and affecting neighboring properties i.e. damp, drainage, structural damage? 	
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