



Cheshire East Hoarding Tool Kit

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Contents

Section	Title	Page
1	Purpose of the Toolkit	3
2	What is Hoarding?	4
3	Factors associated with Hoarding	6
4	Hoarding Disorder	8
5	Care Act 2014 – Self-Neglect and Safeguarding	9
6	Mental Capacity and Self-Neglect	9
7	Responding to Hoarding	9
8	Assessment Tools	11
9	Information Sharing	11

Appendix	Title	Page
1	Hoarding Rating Scale	
2	Hoarding Image Rating Scale	
3	Example questions for practitioners to assess risks	
4	Hoarding Risk Framework	
5	Hoarding Assessment Record	
6	Support Services	





1. Purpose of the Toolkit

This toolkit complements the Multi-Agency Self-Neglect and Hoarding Policy and Guidance, providing practical resources and guidance for agencies to support individuals where hoarding is affecting their living environment which may be affecting their health and wellbeing and other aspects of their lives. It sets out a framework for organisations in Cheshire East to work in partnership using an outcome focused, solution based model to be able to support individuals who hoard.

Aims of the Guidance and the Toolkit:

The purpose of the policy and practice guidance and toolkit is to promote the person's wellbeing, to reduce risk and where possible prevent serious injury or death of individuals who appear to be self-neglecting/hoarding by ensuring that:

- Individuals are empowered as far as possible to retain choice and control whilst also enabling them to understand risk and the implications of their actions and/or behaviours to themselves or others
- There is a shared, multi-agency understanding and recognition of the issues including those involved in working with individuals who self-neglect/hoard
- There is effective multi-agency working and practice and concerns receive appropriate prioritisation
- That all agencies and organisations uphold their duties of care and share information appropriately
- There is a proportionate response to the level of risk to self and others
- Agencies promote a person-centred approach which supports the right of the individual to be treated with respect and dignity, and to be in control of, and as far as possible, to lead an independent life
- There is a commitment to raise awareness about Self-Neglect within Communities
- Agencies will be able to respond to situations of self-neglect, hoarding and high risk using proportionate and relevant legislation. Actions and decisions will be recorded to promote transparency and accountability
- Enable practitioners to support individuals through a range of tools for assessment and support
- All agencies will work together to support the Adult at Risk







2. What is Hoarding?

Hoarding is a complex condition where people accumulate items and have difficulty getting rid of unnecessary items. It is estimated that 2-5 % of the UK population are affected by hoarding¹. However, hoarding is a well-hidden condition, a lot of people are embarrassed and do not want the society to know about them, so the true number of people affected by hoarding is unknown. According to Hoarding UK, only 5% of people who hoard are known to agencies.²

Compulsive hoarding means excessively acquiring items and not being able to throw them away, resulting in unmanageable amounts of items. The items can sometimes appear to be of little or no value to other people but can hold a high worth to the individual. Hoarding can include dry goods such the accumulation of items such as newspapers, correspondence and other belongings; sometimes it could be a collection of specific items such as electrical goods or scrap materials; it can include live animals and birds; as well as wet goods such as food waste or even excrement.

The reasons why someone begins to hoard are not well understood but hoarding tends to persist because of the 3 connected problems:

- 1) collecting too many items
- 2) difficulty getting rid of items
- 3) problems with organisation

These problems can lead to significant amounts of clutter which can severely limit the use of living spaces, pose safety and/or health risks, and result in significant distress and impairment in day-to-day living.

Collecting Too Many Items

- Too much shopping is the most common way that people who hoard collect items, often they buy a lot of unnecessary items on sale or buy in bulk.
- Roughly 1 in 2 people who hoard report excessively collecting free things.

¹ Pertusa A, Frost RO, Fullana MA, Samuels J, Steketee G, Tolin D et al. Refining the diagnostic boundaries of compulsive hoarding: A critical review. *Clinical Psychology Review*. 2010; 30(4):371 - 386. Available from: 10.1016/j.cpr.2010.01.007

² Singh, Hoarding UK. *Promoting Choice and Control in Hoarding Disorder*. Available from: http://www.hoardinguk.org/2.html (accessed 27 Nov. 14)





• The collection can also occur without any effort—for instance, food wrappers or the packing material that comes with new purchases.

Difficulty Getting Rid of Items

- The hallmark of hoarding behaviour is not being able to let go of things. Throwing away, selling, giving away, or even recycling can be very difficult for people who hoard.
- Clothes, newspapers, and books are the most hoarded items, but the list can include almost anything.
- The most frequent reason for saving things is to:
 - 1. <u>Prevent waste</u>- people who hoard avoid discarding things that might have value, they believe than an item may 'come in handy one day' or they save it 'just in case'.
 - 2. <u>Fear of losing important information</u>- they save newspapers, magazines, brochures, and other information-laden papers even if they are outdated.
 - 3. <u>Emotional attachment</u>- people who hoard often associate items with specific people, places, events, or they consider an object to be part of their identity
 - 4. <u>Characteristic of the object</u>- they like the way the object looks, the colour, texture, and shape.

Disorganisation

- Many individuals who hoard can't organise their possessions. These problems may be associated with information processing, problems with attention, categorisation, and decision-making.
- Attempts at organising usually result in hours of moving possessions from one place to another without any effective result.
- The disorganisation can result in piles of possessions throughout the home that consist of mixtures of worthless and valuable items, complicating attempts to de-clutter.





3. Factors associated with hoarding

It is difficult to know exactly who is more likely to hoard. However, research has found that there are some factors that have been associated with hoarding.

- The presence of a family history of hoarding or being brought up in a cluttered home increase the likelihood that the person will begin hoarding at some point in life. This is because they have previously been exposed to such an environment and thus do not regard hoarding as a problem.
- The experience of deprivation either in earlier life or in the current situation means that the person is likely to keep things that are not needed and eventually lead to hoarding.
- People suffering from mental health conditions such as anxiety, depression, obsessive-compulsive disorder, and social phobia often show signs of hoarding and these people are an important group where targeting therapy to their underlying condition may help with the hoarding.
- People with dementia may be unable to make decisions about what to retain and what to dispose of, or may collect items to recreate or maintain memories.
- Isolated people with no family or friends tend to accumulate unnecessary objects which could be linked to their lonely situation.
- Traumatic life events are a contributory factor to hoarding tendencies and hoarding may be associated with feeling unsafe.³
- People who struggle to cope with stressful events such as death of a loved one often find it difficult to discard things as they tend to develop emotional attachment to their belongings and are unable to throw anything away.

It is difficult to provide a profile of someone who hoards, although it is possible that they may have some or all the following characteristics:

- keeps or collects items that are of no monetary value, such as junk mail and carrier bags, or items they intend to reuse, or repair finds it hard to throw anything away and just move items from one pile to another
- finds it hard to categorise or organise items
- has difficulties making decisions (procrastination)
- articulate and high level of intellect

³ Cromer, K.R., Schmidt, N.B., & Murphy, D.L. Do Traumatic Events Influence the Clinical Expression and Course of Compulsive Hoarding? *Behaviour Research and Therapy* 2007; 45(11): 2581-2592.





- struggles to manage everyday tasks such as cooking, cleaning, and paying bills because of feeling overwhelmed with the volume of the hoarded belongings
- becomes extremely attached to items, refusing to let anyone touch or borrow them
- does not socialise with other people
- has a family history of hoarding

Some studies suggest that hoarding often starts in the teenage years (as early as 13 or 14), where broken toys or school papers may be collected. The hoarding then worsens with age.





4. Hoarding Disorder

Hoarding disorder was previously considered a form of Obsessive-Compulsive Disorder (OCD). Hoarding is now considered a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013 but does not appear in the ICD 10 (World Health Organisation, 2010). However, hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice. The main difference between a person who hoards and a collector is that people who hoard have strong emotional attachments to their objects which can be more than the real value.

The diagnostic criteria for hoarding disorder (HD) are:

- i. Persistent difficulty discarding or parting with possessions regardless of actual value,
- ii. Difficulty is due to perceived need to save items and distress associated with discarding them,
- iii. Difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use.
- iv. Hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning,
- v. The hoarding is not attributed to another medical condition (e.g., brain injury, stroke)
- vi. The symptoms are not better accounted for by the symptoms of another DSM 5 disorder (obsessions in OCD, decreased energy in major depressive disorder, delusions in schizophrenia or other psychotic disorders, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder)

Hoarding can be very severe and life threatening. Beyond the mental impact of the disorder, the accumulation of clutter can create a public health issue by completely filling people's homes and creating fall and fire hazards.





5. Care Act 2014 – Self Neglect and Safeguarding

The Care Act 2014 statutory guidance has formally recognised self-neglect as a category of abuse and neglect, which could lead to the raising of a safeguarding concern. Individuals who self-neglect can now be supported by safeguarding adults approaches if appropriate as well as receiving more general support from practitioners.

For more information about self-neglect and safeguarding under the Care Act, and raising a safeguarding concern, refer to the Multi-Agency Self-Neglect and Hoarding Policy and Guidance.

6. Mental Capacity and Self Neglect

When concerns about self-neglect are raised, there is a need to be clear about the person's mental capacity in respect to the key decisions in relation to the proposed intervention.

If there are any doubts about the person's mental capacity, especially regarding their ability to 'choose' their living conditions or refuse support, then where possible a mental capacity assessment should be undertaken. In extreme cases of self-neglect and/or hoarding, the very nature of the environment should lead practitioners to question whether the individual has capacity to consent to the proposed action or intervention and trigger an assessment of that person's mental capacity.

Practitioners from agencies that aren't health or social care should request support from Adult Social Care (tel: 0300 123 5010) for assistance with a mental capacity assessment.

7. Responding to Hoarding

Agencies will meet individuals who hoard by various means and often multiple agencies can work separately with the affected individual to solve the immediate problem. For example, fire services may become aware of a person's hoarding problems following a fire in the house because of accumulated flammable items. Patients who are discharged home from hospital may require aids and adaptations to their properties due to worsening physical health, and hoarding may be identified during the home assessment.

Although agencies may become involved for different reasons, the underlying intention is the same—to protect the safety and wellbeing of individuals affected by hoarding. It is important that agencies work as a team with the individual.





There is no medical intervention that has shown to be effective in people who hoard. It is important that services working with individuals who hoard understand the characteristics and reasons why they hoard. Simply asking the person to tidy up or removing the items for them does not solve the underlying problem.

Agencies should establish a supportive relationship: providing support and guidance and working with the individual will provide more sustained results.

Agencies should engage with the individual to establish the extent of the hoarding and how it is affecting their wellbeing, to be able to assess whether there is a safeguarding risk to them or anyone else as a result of the hoarding. There are assessment tools available within this toolkit (*Appendices 1 to 3*) to support agencies with this.

The assessment should ideally be carried out by someone who has an established professional relationship with the individual; however it may not always be appropriate for the identifying agency to undertake this assessment (for example, short term unrelated services such as practical help services); in these cases, an assessment can be undertaken by Cheshire East's Housing Wellbeing Service.

Individuals who are at **no risk or low risk** of injury or death because of hoarding can be given simple advice about organisation and the risks of hoarding. *Appendix 6* provides details of agencies that may be able to provide different types support options.

Individuals who are at **medium or high risk** of self-neglect, death, or injury because of their hoarding will score highly on the assessment scales. Hoarding is likely to cause significant impairment in their day-to-day activities and may have a significant impact on their health and social life. Under Section 42 of the Care Act 2014, Safeguarding duties apply to an adult who meets the following criteria:

- has needs for care and support (whether or not the local authority is meeting any of those needs),
- is experiencing, or at risk of, abuse or neglect,
- because of those care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

All safeguarding concerns must be reported to Adult Social Care **regardless of whether the person has consented to this**; Adult Social Care will then assess how to proceed, considering the person's wishes and the circumstances of the concern.

8. Assessment Tools





The following assessment tools are available for practitioners to use with individuals to assess the level, nature, and impact of hoarding. Practitioners should select the tool that works best for them and the individual concerned; ideally a combination of assessment tools should be used to form a more comprehensive assessment.

- Appendix 1 Hoarding Rating Scale
- Appendix 2 Hoarding Image Rating
- Appendix 3 Guidance Questions for practitioners
- Appendix 4 Levels of Intervention
- Appendix 5 Assessment Record

Appendix 6 details the agencies and their eligibility criteria that may be able to provide support, depending on the outcome of the assessment.

9. Information Sharing

Information sharing is covered by the <u>Safeguarding Adults Board Multi Agency</u> <u>Information Sharing Policy</u>, the Care Act 2014, the Care and Support Statutory Guidance 2018 and General Data Protection Regulations 2018. Practitioners must **always** seek the consent of the adult at the heart of the concern before acting or sharing information. However, it should be explained that consent could be overridden if the risk is significant (serious harm, injury, or death).

If there is any doubt about whether to share information, advice should be obtained from your organisation's information governance lead. Things to consider are:

- Adequate recording: has the consent of the adult been obtained and if not why
- What information was shared and with whom, how was the request received and recorded, and how was the decision made to share the information
- If third party information is involved, was consent obtained and if not, which exemptions are applied
- All agencies involved must follow the appropriate statutes and guidance.

Under the General Data Protection Regulations, organisations have the responsibility to ensure that personal information is processed lawfully and fairly. All adults have a right to view any information held about them. Practitioners should consider this when they are recording information about the adult.





Appendix 1

HOARDING RATING SCALE (HRS)

The 'Hoarding Rating Scale' can be used as an initial assessment while assessing the nature and severity of hoarding. This assessment tool can be given either as a self-report form or as part of a discussion depending on the capacity of the individual to complete the form themself.

1) Because of the number of possessions in your home, how difficult is it for you to use the rooms in your home?

0	1	2	3	4	5	6	7	8
Not at all difficult	ı	Vild		Moderate		Severe		Extremely difficult
2) To what everyday		o you have	diffic	ulty discarding	or re	ecycling, selling	, givin	g away)
0 No difficulty	-	2 ∕/ild	3	4 Moderate	5	Severe	7	8 Extreme difficulty
3) How ofte	en do you a	acquire mor	e poss	essions?				
0	1	2	3	4	5	6	7	8
No problem	(o	Mild ccasionally- less than weekly)		Moderate (regularly- once or twice		Severe (frequently- several times per week)		Extreme (very often- daily)
4) Is your h	ome causii	ng you emo	tional	distress?				
0	1	2	3	4	5	6	7	8
None/ not at all		Mild		Moderate		Severe		Extreme
5) Does talk	ing about	this cause y	ou dist	tress?				







Interpretation of Hoarding Rating Scale (HRS) results

Questions	Threshold indicating possible hoarding	Typical scores for individuals with hoarding disorder
1. Clutter	3	5
2. Difficulty discarding	4	5
3. Acquisition	2	4
4. Distress (1)	3	5
5. Distress (2)	4	5
6. Interference	3	5
Total HRS/ 48	17	29

Practitioners should not rely on this assessment alone when deciding whether to make a safeguarding referral; all other assessments and risk factors should be considered.





Appendix 2

Hoarding Image Rating Scale

This is a very simple tool which is commonly used in the initial assessment of hoarding and throughout the intervention process to monitor progress. This questionnaire should be completed objectively by both the individual and the practitioner. Select a picture that most closely matches a specific room. If any one of the three rooms score a 4 or greater, this indicates a significant risk of having a hoarding disorder.

Practitioners should not rely on this assessment alone when deciding whether to make a safeguarding referral; all other assessments and risk factors should be considered.





Clutter Image Rating: Bedroom Please select the photo that most accurately reflects the amount of clutter in your room.







3











8



9





Clutter Image Rating: Living Room

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















8







Clutter Image Rating: Kitchen

























Appendix 3

Example Questions for Practitioners to assess risks

Listed below are examples of questions you could ask where you are concerned about someone's safety in their home. **These are not meant to be prescriptive** – not all questions will be appropriate or necessary, and there will be other presenting issues which are not covered in these examples.

FIRE RISKS	Notes
How do you get in and out of your home? Do you feel able to get out if there is a fire?	
How do you heat your home? Do you ever use an open fire or portable heaters such as calor gas heaters or fan heaters? Where do you store the gas canisters?	
Has a fire ever started by accident?	
Do you ever burn any materials in the home, e.g. papers?	
Have you got working smoke alarms? When were they last checked? Where are they?	
ACCIDENT PREVENTION	





Have you ever had an accident, slipped, tripped, or fallen? How did it	
happen? Have you made your home safer to prevent this from	
happening again?	
How do you move safely around your home (where the floor is	
uneven or covered, or there are exposed wires, damp, rot, or other	
hazards)?	
Are the stairs safe to go up and down? (handrail, carpet condition,	
lighting, hoarding, uneven or rotten steps)	
Is anything stacked high that could fall on you?	
Do you have any difficulty using any of your rooms because of the	
amount of belongings in there?	
SECURITY AND ACCESS	
Can you access your outside space safely? Can you reach your bins	
ok, and can you get them to the pavement ready for collection?	
Can you shut and lock your doors and windows properly?	
Have you had any difficulty with unwanted visitors or people	
attempting to get into your home or garden?	
RISK OF INFECTION	





Do you have a surface where you can prepare food? Somewhere to	
dispose of food waste?	
Does your cooker work? Are you able to use it? How do you prepare	
meals?	
Does your fridge work, can you access it?	
Can you get hot water?	
Can you access the kitchen sink for washing up and preparing food?	
Can you access a wash hand basin after using the toilet? Are you able	
to use the bath or shower?	
STRUCTURAL SAFETY	
Are there any problems with your home, e.g. falling roof tiles, broken	
windows, rotten window frames, dripping guttering, damp, mould,	
etc?	
Any problems with the electrics, gas, or water? All sockets working	
ok? Enough sockets in kitchen?	
PHYSICAL HEALTH	





Practitioners should not rely on this assessment alone when deciding whether to make a safeguarding referral; all other assessments and risk factors should be considered.





Appendix 4

Hoarding Risk Framework

This is an easy, at-a-glance framework to be able to assess the risk arising from hoarding in properties and decide the most appropriate referral route. Practitioners should not rely on this assessment alone when deciding whether to make a safeguarding referral; all other assessments and risk factors should be considered.

Considerations	Level 1: No or Low Risk	Level 2: Medium Risk	Level 3: High Risk
	Household environment is considered standard. No specialised assistance is needed. MAKE REFERRAL TO NON- STATUTORY SUPPORT SERVICES (Appendix 6)	Household environment requires agency support to resolve the hoarding and the maintenance issues in the property. MAKE REFERRAL TO ADULT SOCIAL CARE.	Household environment will require intervention with a collaborative multi agency approach with the involvement from a wide range of agencies. This level of hoarding constitutes a safeguarding alert due to the significant risk to health of the individual, other occupiers, and neighbours. Individuals are often unaware of their hoarding action and oblivious to the risk it poses. MAKE A REFERRAL TO ADULT SOCIAL CARE.





Property Structure,	Assess the access to all entrances	All entrances and exits, stairways,	There is at least one exit point	Limited access to the property due
services, and garden	and exits for the property (note	roof space and windows are	that is still accessible	to extreme clutter
area	 the impact on any communal entrances and exits). Include access to roof space Visual assessment of the condition of the services within the property, e.g. [plumbing, electrics, gas, heating – are the services connected? Assess the garden – access and condition Visual assessment of condition of property 	accessible All services functional and maintained in good working order Garden is accessible, tidy, and maintained Property is reasonably maintained	 Services are not well maintained or not connected Garden not maintained or not accessible due to hoarding Evidence of indoor items stored outside Structural problems including damp, property not well maintained Interior doors missing or blocked open 	Evidence of extreme hoarding outside the property Garden not accessible and extensively overgrown Services not connected / not functioning properly Property lacks ventilation due to hoarding Evidence of structural problems or lack of maintenance
Household functions	Assess the current functionality of the rooms and the safety for their proposed use, e.g. can the kitchen be used safely for cooking or does the level of clutter within the room prevent it Estimate the % of floor space covered by clutter	No excessive clutter, all rooms can be safely used for their intended purpose All rooms are rated 0-3 on the HIR No additional unused household appliances appear in unusual locations around the property	Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose Congestion between rooms and entrances Room(s) score 4-5 on the HIR	Living spaces are obstructed and preventing the use of rooms for their intended purpose Room(s) score 7-9 on HIR Beds inaccessible of unusable Household appliances, toilets, sinks not functioning or not in use





Estimate the height of the clutter in each room		Inconsistent levels of housekeeping throughout the property Household appliances not functioning correctly, and/or additional units in unusual places	No safe cooking environment Broken household items not discarded
the property – are the floors clean, work surfaces, any odours, rotting food? Flies? Household members struggling with personal care? Excessive medication? Taking their medication? Are there smoke alarms fitted? In working order? Are candles being used? Is the individual aware of fire risk?	Property is clean with no odours No rotting food Smoke alarms fitted and functional, or a referral made to the fire service for home safety assessment No concerning use of candles or other heat device Quantities of medication are within appropriate limits, in date and stored appropriately. Taking medication in accordance with instructions	Kitchen and bathroom not kept clean Offensive odour in the property Cooking environment not safe (cleanliness, fire) Some concern with the quantity of medication, its storage, its use, or expiry dates Resident trying to manage personal care but struggling	Entrances, hallways, and stairs blocked or difficult to pass Human excrement or urine present Excessive odour in property Rotting food Concern with integrity of electrics Evidence of fire damage No clear escape route in event of fire





Safeguarding of	Do any rooms rate 7 or above on	No concerns for household	Rating 4-6 on HIR doesn't	Rating 7-9 on HIR constitutes a
children and family	the HIR?	members	automatically constitute a	safeguarding alert
members	Does the household contain young		safeguarding alert	
	people or children?		Properties with children or vulnerable residents with additional support needs may	
			trigger a safeguarding alert under a different risk	
Animals and Pests	Are there any pets at the property? Are they well cared for? Number of pets, living conditions Any evidence of infestation, e.g. bed bugs, rats, mice, etc Does the resident leave food out in the garden to feed wildlife?	Any pets at the property are well cared for No pests or infestations at the property	Pets not well cared for Individual unable to control the animals Animals living area is not well maintained Some evidence of rodents or light	Animals at risk due to level of hoarding Excessive number of animals Animals appear undernourished or overfed Heavy insect or rodent infestation





Appendix 5

Hoarding Assessment Record

This can be used to record your assessment. Remember that all adults have a right to view any information held about them. Practitioners should consider this when they are recording information about the adult.

Date of Home			
Assessment			
Agency and			
Practitioner Details			
Individual's Name			
Date of Birth			
Address			
Contact Details			
Type of Dwelling			
(e.g. detached,			
terraced, flat, etc)			
Tenure (owner,			
private rented,			
social rented, other)			
Landlord's details			
Other Household Members	Name	Relationship	DOB / Age
Pets – indicate what			
pets and any			
concerns			





Agencies currently			
involved – with			
contact details			
Non agency support			
in place e.g. family,			
friends)			
Individual's attitude			
towards their			
hoarding			
What is being			
hoarded?			
What impact is this			
having on occupiers?			
5 .			
Ple	ease indicate any	concerns about the property	
Structural damage to p	property	Room(s) incapable of being used for	
		their intended purpose	
One or more of gas / e	lectric water is	Difficulty moving around the home /	
not operational		slips, trips, and falls	
Lack of heating to prop	perty	Difficulty exiting the property in an	
		emergency	
Candles, portable heat	ters, or open	Large quantities of combustible	
fires in use		materials	
Lack of working smoke	e alarms	Risk to Neighbours / Visitors	
Standard of cleanlines	S	Wellbeing of animals	





Large quantity of animals	Animal faeces
Human faeces	External appearance of property / garden
Food waste	Physical wellbeing
Insect or rodent infestation	Safeguarding concern for adult or child
Mental wellbeing	Other concerns
What engagemen	nt has taken place so far?
Hoarding Rating	Hoarding Image Rating
Scale	Scale
General discussion regarding risks	Other (please state)
History of Agency Involvement, Complaints etc	
What outcomes does the individual want to achieve?	





What outcomes do Agencies see as the priority? RECORD ACTIONS TO BE TAKEN				
Action				





Appendix 6

Support Services

Agency	Potential Support	Examples of who would benefit from this service	Contact details
Housing Wellbeing Service (Cheshire East Council)	 Provide one to one support to help individuals who hoard to develop the skills to manage their possessions more effectively, supporting them to declutter, sort and dispose of excess and unwanted items, and develop a sustainable plan to maintain their home environment in the future. Support for individuals who Are unable to have care packages due to hoarding Have been deemed a fire risk Are unable to have disability adaptations due to hoarding Signpost/referrals to other services e.g. Health services Voluntary work Life skills /community groups Mental health Financial support Working alongside specialist cleaning contractors to provide a positive outcome for the individual. 	Anyone in the Cheshire East area with hoarding support needs.	Email PrivateHousing@cheshireeast.gov.uk Main Contact Stephanie Durber Housing wellbeing officer Tel : 01270 686209 Mob 07753 583518 Email <u>Stephanie.durber@cheshireeast.gov.uk</u>





	adultcontactteamsouth@cheshireeast.gov.uk





Agency	Potential Support	Examples of who would benefit from this service	Contact details
Adult Social Care	Practical support with hoarding issues in the South	Anyone with care and	Referrals via 0300 123 5010 or
(South) –	area (Congleton, Sandbach, Middlewich, Holmes	support needs in the South	adultcontactteamsouth@cheshireeast.gov.uk
Hoarding Support	Chapel, Crewe, Nantwich, Bunbury, Wrenbury Sound, Bickerton, Faddiley, Alsager, Scholar Green, Rode Heath and Audlem).	Cheshire area	Dave Thomas
	 Signpost to other services e.g. Health services Voluntary work Life skills Mental health Support to access funds, grants, and benefits. Referral into community groups and services. 		Tel: 01270 371292 Mob: 07827 873748
	Referral to specialist contractors for clearance.		
Homechoice (partnership between Cheshire	Access to affordable and social housing Online bidding for properties; telephone bids	Anyone who is looking to move home	Tel: 0300 123 5017 option 1 <u>www.cheshirehomechoice.org.uk</u>
East Council and Registered	accepted from people without internet access	People under occupying their home	Email: <u>cheshirehomechoice@cheshireeast.gov.uk</u>
Housing Providers)		People struggling to maintain their current home	Self-service computers available at all libraries; Delamere House (Crewe);





Guinness Partnership	 Customer support team (budgeting; benefits claims; Energy support) Caretaking Services - one-off jobs undertaken by caretakers usually recharged to customer Neighbourhood Workers – deal with new tenancies, tenancy checks, maintenance checks, low level ASB, community engagement, low level incomes, SPA referrals Mutual exchange of properties through www.homeswapper.co.uk or www.houseexchange.org.uk Supported accommodation for over 55s Care services, supported living and day care. 	Tenants living in a Guinness property.	Macclesfield Town Hall; Plus Dane offices; Peaks & Plains offices; Guinness offices Main contacts: Nic Abbott <u>Nicola.abbott@cheshireeast.gov.uk</u> Tel: 0303 1231890 Hearing or speech difficulties Text relay 18001 0303 123 1890 www.guinnesspartnership.com Email: craigwardle@guinness.org.uk Main contact: Craig Wardle Neighbourhood Team Leader
Plus Dane	Financial independence team to help with	Tenants living in a Plus Dane	Tel 0800 1692988
Housing	 budgeting, benefits, accessing specialist debt advice, reducing utility debts and ongoing costs Help into work – 1:1 support, employability programmes and training apprentices, support to access local jobs in partnership with Standguide. 	property.	www.plusdane.co.uk customer@plusdane.co.uk





	 Gardening services – recharge to customer Mutual exchange of properties through www.homeswapper.co.uk or www.houseexchange.org.uk Sheltered housing for 55+ Tenancy management officers dealing with new tenancies and tenancy checks. 		
Peaks & Plains Housing Trust	 Tenancy sustainment officers can help with clearing possessions, organising contractors, and maintaining the tenancy. Energy support advisors, e.g. fuel debt, reconnection of gas/electricity. Gardening services – in-house service for regular work (monthly); one-off jobs undertaken by contractors usually recharged to customer. Mutual exchange of properties through www.homeswapper.co.uk or www.houseexchange.org.uk Shared ownership properties Supported accommodation for over 55s. 	Tenants living in a Peaks & Plains property.	Tel: 0800 012 1311 www.peaksplains.org Email: trust@peaksplains.org





Agency	Potential Support	Examples of who would benefit from this service	Contact details
Floating Support Services (Various providers, access through a Single Point of Access)	 Drug and Alcohol to reduce their use, or support to maintain abstinence Mental Health low level floating support to individuals with a mental health support need, who need some support to become reestablished in the community. Support can be provided for a maximum of 2 years. Where a longer-term need is identified, the service will support individuals to obtain a social care assessment to ensure that their longer-term care needs are met. Re-settlement settling in a new home after moving out of hostel, hospital etc or maintaining their tenancy where they may be at risk of losing their home. Disability and Generic low level, short term floating support to a range of groups including older people, people with disabilities, HIV/Aids, gypsy/travellers, or young people. The service provides support to develop life skills or to access other services such as care services where needs are longer term. 		Tel: 01625 378219 www.cheshireeastsp.org.uk Main contacts: Karen Wild Karen.wild@cheshireeast.gov.uk Bev Broster Beverley.broster@cheshireeast.gov.uk





Agency	Potential Support	Examples of who would benefit from this service	Contact details
Housing Standards (Cheshire East Council)	Property surveys for disrepair, liaison with property owners and enforcement notices to carry out repairs Can take emergency remedial action where a hazard is so severe there is an imminent risk to health and safety Predominantly private rented sector, but services available to owner occupiers and social housing tenants Power of entry – s.239 Housing Act 2004, or with warrant under s.240 where entry is refused	Where there is disrepair in a rented property, and the disrepair is the landlord's responsibility	Tel: 0300 123 5017 option 4 www.cheshireeast.gov.uk/housing Email: privatehousing@cheshireeast.gov.uk Main contacts: Karen Whitehead Karen.whitehead@cheshireeast.gov.uk Colin Wyatt Colin.wyatt@cheshireeast.gov.uk
Care & Repair (Cheshire East Council)	 Accessing funding for disability adaptations, home repairs and heating Property survey, arranging contractors, checking completed work 	Homeowners and tenants who needs help with home repairs and/or adaptations.	Tel: 0300 123 5017 option 4 <u>www.cheshireeast.gov.uk/careandrepair</u> Email: <u>careandrepair@cheshireeast.gov.uk</u>





Agency	Potential Support	Examples of who would benefit from this service	Contact details
Handyperson Service (Orbitas)	 Small repairs and maintenance, including joinery, plumbing, security, electrical works, key safes, grab rails, light switches and plug sockets. Fitting curtain rails and blinds putting up shelves fixing broken gates etc. Charges to customers for the service – subsidised charge for key safes and grab rails prices start from £36.00 	Homeowner or private tenant who are aged over 65 or disabled, who need help with small jobs in the home	T el: 0300 123 5017 option 3 or 01270 685545 Email: <u>handy.person@orbitas.co.uk</u>
Cheshire Fire & Rescue Service Prevention Team	 Home Safety Assessments for over 65s Installation of smoke detectors, provision of fire- retardant throws / bedding for immobile and high- risk individuals Fire Risk Assessments where high risks identified, and issuing notices to relevant agencies Referrals to Age UK Cheshire / Age UK Cheshire offer advice on slips trips and fall prevention and affordable warmth. 	Homeowner or private tenants aged over 65	Tel (01606) 868700 SMS (07624) 808301 Email <u>ceadminhub@cheshirefire.gov.uk</u>





•	Bowel cancer screening discussion and heart	
	checks are offered.	





Agency	Potential Support	Examples of who would benefit from this service	Contact details
Age UK	Range of services, including:Dementia supportMoney mattersDay servicesAdvocacyWellbeing and independence 'Supporting You'Home helpExercise classes/ social activitiesHandyperson servicesTransport/shopping	Over 50s in any tenure who may need support to reduce social isolation / benefits advice / advice on a wide range of issues and access to services	Congleton, Sandbach, Alsager, Middlewich, Crewe, and Nantwich Tel: 01606 881660 Email: <u>admin@ageukcheshire.org.uk</u> Web: <u>www.ageuk.org.uk/cheshire</u> Macclesfield, Wilmslow, Poynton, and Knutsford Tel: 01625 612958 Email: <u>enquiries@ageukcheshireeast.org</u> Web: <u>www.ageuk.org.uk/cheshireeast</u>





Environmental Health (Cheshire	Information and advice regarding public health risks.	All residents who need information about how to	Email : environmentalprotecton@cheshireeast.gov.uk
East Council)	Support clearing up of properties with use of the relevant legislation if required. Pest control	reduce the risks to health. Enforcement is likely to only be used in the most severe cases where the situation is prejudicial to health.	0300 123 5015 Main Contact: Nick Kelly Tel: 01270 686 720 Email: <u>nick.kelly@cheshireeast.gov.uk</u>





Agency	Potential Support	Examples of who would benefit from this service	Contact details
Cheshire Community Action Pathfinder	 Money matters including consumer advice and how to reduce your fuel bills. Advice on tax, benefits, pensions, debts, and savings Full benefit check and support to claim any entitlements Support to complete any forms or paperwork Advice on social activities Learning IT skills Support with housing issues 	Any Cheshire east resident	<u>pathfindereast@cheshireaction.org.uk</u> Alyssa Baines Tel 07799 519431
Healthbox CIC Community Connectors	 The Community Connector role offers support and guidance on several issues offering a holistic and one stop approach. Social Isolation Debt Advice Benefits advice Housing support Signposting Advocacy Mental Health and Well Being 	Crewe residents Macclesfield residents	Crewe: Nicola Marshall nicola@healthboxcic.com Macclesfield: Tracy Stubbs tracy@healthboxcic.com www.healthboxcic.com

STOP ADULT
ABUSE



-		Hoaraing Toolkit		
Agency	Potential Support	Examples of who would benefit	Contact details	
		from this service		
Community Safety	Community wardens	Where hoarding is attracting	0300 123 5030	
		unwanted attention or	Email: safer@chashiraaast.gov.uk	
	Addressing anti-social behaviour, provide a	experiencing problems with	Email: <u>safer@cheshireeast.gov.uk</u>	
	uniformed presence to reduce fear crime,	anti-social behaviour		
	enforcement of litter and dog fouling ability to issue			
	fixed penalty notices.			
	Partnership working with PCSOs and police #			
	Attend meetings of Multi agency group			
Mental Health	The team up to six weeks support following a	Any adult living within Cheshire	South:	
Reablement	Reablement Model. This may include advice to	East who would like practical	Resource Manager : Claire Baker	
	appropriate support services. Debt management	support with social issues that are impacting on their mental wellbeing.	Telephone 01270 371285	
			mentalhealthreablementsouth@cheshireeast.	
			gov.uk	
	Housing issues Education		North:	
	Employment		Resource Manager: Emma Holland Telephone	
	Leisure activities		01625 374928	
			emma.holland@cheshireeast.gov.uk or	
	The support will focus on coping techniques and a			
	self-help approach promoting social inclusion,		debbie.mcguinness@cheshireeast.gov.uk	
	building self-esteem and goal setting.		Referrals received from; GP, SPA/ Community	
			Mental Health Teams, the Improving Access to	
			Psychological Therapies Service and the Drug	
			and Alcohol Teams, SMART.	

	STOP ADULT BUSE Cheshire Eas	t Hoarding Toolkit	Cheshire East Council		
			(Self-referrals are not accepted).		
Care Choices Directory	Guide to choosing and paying for care, including services to support people to stay at home	All residents	www.carechoices.co.uk/publication/cheshire- east-care-services-guide/		









CHANGE CONTROL

VERSION	DATE	PAGE	AMENDMENT	AUTHOR
1.2	07-Jun- 2016	37	Minor amendment – inclusion of High-Risk Forum	Karen Whitehead
1.3	19-Apr- 2018		Minor amendment – updated Referral Form	Karen Whitehead
2.0	22-Mar-21		Full review and linking to Multi Agency Self Neglect and Hoarding Policy and Guidance	Stephanie Durber and Karen Whitehead