



Hoarding Practice Handbook

2026



City of Westminster



Preface

Hoarding can present significant public health concerns and is often hidden but has physical, mental, and social implications affecting the individual, their family, and neighbours. There are many risks associated with hoarding which makes it a public health and housing imperative to address these risks which can be life-threatening to the individual and others.

The importance of addressing individuals' wellbeing as it relates to hoarding can be observed from the risks presented by the issue. As this handbook will demonstrate there are many physical, housing, hygiene, mental health and fire safety risks associated with hoarding which unless identified and addressed appropriately can continue for a considerable period of time.

However, with considered public health intervention and multi-agency working by relevant agencies

hoarding issues can be identified and efforts made to support the individual and address the presenting risks. As a first step this Practice Handbook attempts to address this by bringing together services and sharing best practice to find solutions.
– Patrick Rigabie, Bi-Borough Head of Public Health (April 2026)

Health and Wellbeing Hub for WCC Staff

officesharedservice.sharepoint.com/sites/HealthandWellbeingHub/SitePages/Wellbeing-@-Westminster.aspx

Wellbeing Hub for WCC Residents

www.westminster.gov.uk/health-and-social-care/wellbeing-hub

KCW Health and Wellbeing Strategy 2023-2033

[www.westminster.gov.uk/sites/default/files/media/documents/625_1 - Health %26 Well Being Strategy Doc RBK 2023_008.pdf](https://www.westminster.gov.uk/sites/default/files/media/documents/625_1_-_Health%26WellBeingStrategyDocRBK2023_008.pdf)



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This practice handbook has been produced to support Westminster Housing staff involved or engaged with residents due to concerns about hoarding. The information is presented as guidance to support the revised Housing Management procedures introduced in June 2026.

The handbook is focused on common challenges that may become apparent when working with residents who present with hoarding behaviours. It also provides a useful reference for staff when working with other professionals and agencies in a multi-agency, multi-disciplinary context. The portable document format (PDF) format makes the handbook easily accessible via desktop computers, tablet devices or smartphones. Future editions will be hosted on a dedicated SharePoint hub site.

Throughout the handbook there are underlined hyperlinks that will take you directly to the relevant sections or link you to reliable online resources where you can find even more information. Staff are encouraged to become familiar with the existing operating procedures for their service and know how to report hoarding concerns to neighbourhood teams.

I would like to thank colleagues in Housing and Commercial Partnerships, Adult Social Care, Mental Health and from across the wider council who supported and contributed to this piece of work. The support of our partners at Look Ahead (Edward Alsop Court), Single Homeless Project, St Mungo's, Riverside (Queen Mary's) and Westminster Women's Safe Space who participated in working groups or allowed me to visit their facilities, is also greatly appreciated. Without your support and passion for achieving positive outcomes for Westminster residents and families, this practice handbook would not have been possible.

Clinton Alder

HOARDING AND SELF-NEGLECT STRATEGIC LEAD

Introduction

All residents should as a minimum, expect to live in a safe, warm secure home that is well-maintained. To support this commitment our Housing teams are undergoing a period of transformation with regard to service delivery. We're shaping our service to be more customer-focused and are committed to continual learning and development ensuring that residents remain at the heart of everything we do.

Our new **Homelessness and Rough Sleeping Strategy** prioritises prevention and early intervention, developed in partnership with people who have experienced homelessness, with the aim of preventing homelessness and ending rough sleeping in Westminster. The **Westminster Housing Compact** launched in 2025 unites the council and social housing providers to tackle the housing crisis head-on.

We have four commitments to help achieve our aim:

- 1. Early Prevention** – We will ensure quality information, advice and early support is available within communities to keep people in their homes.
- 2. Crisis Response** – We will provide timely practical and person-centred advice and support to prevent homelessness.
- 3. Re-housing and Recovery** – We will improve re-housing and recovery support within quality temporary and supported accommodation.
- 4. Re-settlement** – We will provide personalised and targeted re-settlement support.

Westminster City Council and the Royal Borough of Kensington and Chelsea have developed a **Bi-Borough Self-Neglect & Hoarding Strategy** with a **Hoarding Toolkit**. Published by the Safeguarding Adults Executive Board in September 2025 the strategy outlines clear multi-agency pathways, ensuring shared responsibility for assessing risks and collaboratively planning person-centred interventions in relation to hoarding behaviours. The Hoarding Toolkit provides useful engagement tools for frontline staff

and emphasises person-centred and trauma-informed practices.

An overarching objective of this strategy is to support a consistent and collaborative multi-agency approach to supporting adults who are experiencing self-neglect and hoarding and to work alongside individual agencies own policies and procedures for self-neglect and hoarding.

The **KCW Health and Wellbeing Strategy 2023-2033** outlines how agencies can work together to improve residents' living standards and health outcomes by ensuring they live in healthy and safe homes that meet their needs. The goal is to prevent, reduce or delay a range of physical, mental and social needs from developing. Early intervention helps reduce the need for long-term care and support, hospital admissions and mitigates risks associated with home fire safety. It can also reduce instances of self-neglect, anti-social behaviour, infestations and overdue repairs that can have a significant impact on local communities. In high-risk cases access to specialist support to addresses the underlying causes of hoarding can help to achieve sustainable outcomes and improve the wellbeing of the individual.



WHAT IS SELF-NEGLECT?

The **Care and Support Statutory Guidance (14.17)** defines self-neglect as “covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.”

The following indicators of self-neglect is not an exhaustive list, but it can include:

- Living in very unclean, sometimes infested and verminous circumstances.
- Neglecting household maintenance creating fire risks or hazards, e.g. rotten floorboards, lack of boiler, dangerous electrics.
- Poor personal hygiene and poor health, e.g. unkempt appearance, long fingernails and toenails, pressure sores, malnutrition and dehydration.
- Poor diet and nutrition, e.g. little or no fresh food, or mouldy out-of-date food, and there is evidence of significant weight loss.
- Declining prescribed medication or help from health and/or social care services.
- Collecting a large number of animals who are kept in inappropriate conditions.
- Financial debt issues which may lead to rent arrears and the possibility of eviction.
- Not managing finances, such as prioritising the purchase of alcohol or substances over buying food and paying utility bills.
- Excessively cluttered environment which poses a fire risk and access difficulties.

WHAT IS HOARDING?

Hoarding can be described as the excessive collection and retention of any material to the point where it impedes day to day functioning (Frost and Gross, 1993). Those who experience hoarding have a persistent difficulty in discarding or parting with possessions because of a perceived need to save them. Hoarding behaviour can become a concern for others when health and safety is threatened by the nature or number of items accumulating within, and sometimes overflowing from, the property of the person who is hoarding.

Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out many items that would appear to hold little or no value.
- Severe cluttering of a person’s home (rated 7 – 9 on the **International OCD Foundation Clutter Rating**) is usually at a point when rooms can no longer be used for their intended purposes.
- There will be signs of significant distress or impairment of work or social life.

Hoarding was previously considered a form of Obsessive-Compulsive Disorder (OCD) but 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**.

The diagnostic criteria for hoarding disorder includes the following;

1. Persistent difficulty with discard of objects or possessions, regardless of their actual value.
2. Difficulties with discard are due to a perceived need to save the possessions and due to the distress created by discard.
3. Accumulation of clutter that congests living areas and compromises the functioning of the living area.
4. Presence of clinically significant psychological or emotional distress or impairment to social or work functioning (or any other area).
5. The hoarding is not attributable to any other medical condition.
6. The hoarding is not better accounted by the symptoms of another mental health problem.

All of the criteria must be met to receive a diagnosis of Hoarding Disorder.

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.**

Not everyone who owns lots of possessions exhibits hoarding behaviour and a chronic disorganisation can be caused by numerous factors and a range of conditions, including, for example, autism, acquired or traumatic brain injury, stroke, dementia, post-traumatic stress disorder (PTSD), obsessive compulsive personality disorder, anxiety or depression.

When engaging with tenants they may report that, while not identifying as a person who hoards, there is a legitimate reason for accumulating a large number of items in their home.

Some common reasons for the accumulation of items:

- The person has downsized to a smaller property
- Inherited the items and possessions of a deceased person
- Sentimental value e.g. used to belong to parents, children etc.
- 'Looking after' the items for a friend, relative or other person/s
- Collecting items to send 'back home' or abroad in a container
- Simply overwhelmed by the task/s required to improve conditions
- Unable to physically undertake tasks required to improve conditions
- Nobody in their support networks or locally who might be able to assist
- Not willing or able to consider using commercial storage facilities
- Hoarding pets or animals due to social isolation and/or loneliness

HOARDING DISORDER

Hoarding Disorder (HD) is a clinical diagnosis of a mental health condition. To receive a formal diagnosis the person must meet the diagnostic criteria. However, very few people are formally diagnosed with HD. Therefore, we must distinguish hoarding disorder from what may appear to be hoarding behaviours or other

reasons for accumulating a large number of items including collecting. Where HD has been clinically diagnosed according to the criteria, the person may be entitled to receive care and support from Mental Health Services.



The World Health Organisation define hoarding disorder as follows:

"Hoarding disorder is characterised by accumulation of possessions due to

excessive acquisition of or difficulty discarding possessions, regardless of their actual value.

Excessive acquisition is characterized by repetitive urges or behaviours related to amassing or buying items. Difficulty discarding possessions is characterized by a perceived need to save items and distress associated with discarding them. Accumulation of possessions results in living spaces becoming cluttered to the point that their use or safety is compromised. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning."

Click [here](#) for A Psychological Perspective on Hoarding (The British Psychological Society).

HOARDING OR COLLECTING?

In contrast to people with hoarding problems, collectors typically keep their possessions well-organised, and each item differs from other items to form interesting and often valuable groupings. Further, an important purpose of collecting is to display the items to others who appreciate them. People with HD are seldom able to accomplish such goals.

Hoarding	Collecting
Avoidance of discard	Discard by trading to improve collection
Widespread unstructured and excessive acquisition across object categories	Themed and structured limited acquisition in discernable category
High sense of responsibility and sentimentality	Lower sense of responsibility and sentimentality
Discard difficulties are long-term	Discard difficulties fluctuate
Large physical size of the hoard	Small physical size of the collection
Disorganised and chaotic display (shame and humiliation)	Organised display (pleasure and pride)
High emotional distress	Low emotional distress
High social, occupational and relational impairment	Low social, occupational and relational impairment
No shared interest with others about the objects kept	Common shared interest with a group who also collect

Table: Differences between people who self-identify as collectors and those who self-identify as hoarders

Terminology

Our understanding of hoarding behaviours continues to develop based on academic studies and feedback from those with lived experience of hoarding. We acknowledge the social stigma, shame or embarrassment often attached to being referred to as a “hoarder”, and that people with hoarding behaviours do not identify themselves with the term. Similarly, the use of terms such as ‘blitz clean’ or ‘clearance’ can deter people from engaging with services. Always consider the language and terminology used when engaging with residents and when completing assessments and reports. Mirroring the language or terminology used by the resident when describing their own circumstances is advisable in most cases.

Fire Risk

Hoarding can present a significant risk to those living in the affected property and to the residents of neighbouring properties due to the increased fire loading and the reduced ability to escape in the event of a fire or other emergency. Early intervention and prevention are key to reducing or managing the risks associated with fire and keeping our communities safe.

Early identification and assessment of the risk level is critical to ensuring the safety of residents and of Fire and Rescue Services. As a responsible landlord we must consider the damage that could be prevented and the financial costs associated with relocation, decants and repairs.

Due to the volume of items and in some cases, the behaviour or actions of the adult, key safety considerations include but are not limited to the following:

- Fire loading which increases the intensity of a fire and the chances of structural failure – Promotes the rapid spread of fire and smoke from the property to communal areas and other properties.
- Evacuation routes are blocked or made impassable making safe evacuation more difficult increasing the risk of potential injuries or fatalities to residents and Fire and Rescue Services.
- Capping or removal of smoke/heat detection heads that would provide early warning of smoke or fire within a property – In a purpose-built block where no communal detection system is required, this would enable a fire to build, and spread, faster

before any warning is given to other residents, increasing risk to life.

Self-neglect can increase fire risks in a variety of ways, such as cooking with flammable items stored near hobs, portable heaters being close to things that can burn, electrical wiring may be old or damaged, the use of open flames or candles in cluttered homes – Poor physical health or reduced mobility and mental health issues which have not been addressed by primary healthcare services may also contribute to an increased fire risk.

Vulnerability factors may not be as immediately apparent as common fire risks but must be considered in all cases where hoarding behaviours have been identified, particularly with older people and those with physical disabilities or mental health problems.

FIRE RISK VULNERABILITY FACTORS

Note: This list is not exhaustive

Person	Behaviour	Environment
Older person	Risky smoking practices	Multiple ignition sources
Frailty	Alcohol and/or drug misuse	Living alone
Being bed bound	Self-neglect and/or hoarding	Smoke alarms not present / not working
Poor physical health	Has difficulty engaging with care and support services	Cluttered / hoarded home environment
Reduced mobility / falls	Unsafe cooking practices	Portable heaters / open fires
Poor mental health	Lack of awareness of consequences of risk taking	Candles / naked flames
Cognitive impairment, including dementia resulting in a lack of capacity to understand fire risks	Mobility issues particularly where the baseline has changed due to recent hospital admission e.g. health episode such as stroke	Unsafe electrics / wiring / overloaded electrical sockets
Sensory impairment		Use of electric blankets
Reduced physical ability to be able to respond to a fire and/or escape unaided		Use of oxygen cylinders and air mattresses
Use of emollient creams		Use of incontinence products
		Evidence of previous fires / scorch marks

Westminster Housing Management and the Fire Safety Team work in partnership with the London Fire Brigade, Adult Social Care and Public Health to raise community awareness of the risks and safety measures that will help reduce the number of incidents and fatal fires.

HOME FIRE SAFETY

London Fire Brigade can provide a free Home Fire Safety Visit (HFSV) to all Westminster residents. The resident or a professional must first complete the online [Home Fire Safety Checker \(HFSC\)](#) to get to the HFSV booking stage where appointments are made.

Tip: A joint visit with London Fire Brigade and Housing Officer can be arranged particularly in cases where the resident may require support or encouragement to engage with the process. When completing the online Home Fire Safety Checker, the resident (or the referrer) will be asked to complete a web form. A section of the form requests information about the proposed home fire safety visit.

- "Are you booking this visit for yourself?"
- "What's the postcode of the home you'd like us to visit?"
- "Getting in touch to arrange your visit"

When these details have been completed the referrer will be contacted to arrange a suitable date and time for the [joint] home visit to take place.

During the home visit LFB can provide smoke or heat alarms and any other equipment deemed appropriate. They will also provide residents with information and advice on how to reduce the risk of fires and evacuate the property in the event of an emergency.

LFB will make up to three attempts to complete the HFSV following a referral, and feedback will be available to the referrer upon request. To check the progress or outcome of a Home Fire Safety Visit contact LFB via email at SWCFSHFSV@london-fire.gov.uk.



LFB may provide equipment to residents depending on need including;

- Smoke alarms
- Heat alarms
- CO2 alarms
- Fire retardant bedding (single or double)
- Fire retardant throws
- Ash trays
- Arson reduction letterbox

London Fire Brigade maintain an Operational Risk Database (ORD) which is used to identify and prioritise their response to incidents at high-risk properties. To support this and improve partnership working between LFB and the Fire Safety Team, all council properties with a [Clutter Image Rating](#) of 4-9 should be referred for a Home Fire Safety Visit where possible.

The [London Fire Brigade website](#) contains general advice on fire safety within the home, and their [Hoarding Behaviour](#) leaflet contains useful advice for people who hoard, their loved ones and neighbours.

In Westminster there are two London Fire Brigade stations located at;

- 📍 Paddington – 156 Harrow Road, W2 6NL
- 📍 Soho – 126 Shaftesbury Avenue, W1D 5ET

HIGH RISK INDIVIDUALS

London Fire Brigade categorise an individual as being “very high risk” if they have all of these six characteristics:

1. Smoker
2. Living alone
3. Over 60 years old
4. In receipt of care (informal, formal or both)
5. No working smoke alarms in their home
6. User of mobility aids, or chair/bed bound

A very high-risk individual can also be identified if they are at risk or are a victim of arson.

Where practitioners’ own risk assessment processes identify that an individual has all of the six characteristics and may fall into the very high-risk category, they may also call LFB on ☎ **0208 536 5955** 24/7 to book a HFSV. This HFSV will be carried out within four hours.

If you want to book a Home Fire Safety Visit you should call the below numbers

Monday to Friday, 9am to 5pm:

☎ call **0800 028 4428**

Monday to Friday, 5pm to 9am and weekends:

☎ call **020 8536 5955**

Once called a triage will take place over the phone.

Where required, consider if a joint visit would be of benefit, for example, if an adult requires encouragement and support to engage with a visit from LFB. This has the added benefit of the practitioner hearing the advice the adult received from the HFSV.

A joint visit would also need a risk assessment from the LFB to ensure the visit is safe to do, for example in extreme hoarding cases/ biohazards present and so on. A joint visit would normally be the Station Commander from the local station or could be an appliance from the local station.

SMOKING CESSATION

Westminster City Council commissions a FREE Smoking cessation service for residents. The **One You** service offers a **Be Tobacco Free** programme available either as a personal one-to-one programme or in a group setting. Alongside expert behaviour change support from a dedicated coach the service also provides:

- Free access to stop smoking aids such as Nicotine Replacement Therapy (NRT)
- Free access to Vapes
- Support to get prescription only medications (e.g. Cytisine and Varenicline)

The service also provides Very Brief Advice training for front line staff to learn about how to encourage a quit attempt within 30 seconds using a framework designed by the National Centre for smoking Cessation Training. For further information [click here](#).

Westminster locations:

- 📍 Sutherland Avenue
- 📍 Church Street
- 📍 Connaught Square/St George’s Fields
- 📍 Buckingham Palace Road

In order to attend one of these venues, the resident must sign up to the service via the sign-up form or give the team a call on ☎ **0808 175 6385**. Residents can sign up here themselves or be referred by a professional with their prior consent.



Awaab's Law - Hazards in Social Housing Regulations 2025

Awaab's Law came into effect on 27 October 2025. Named after two-year-old Awaab Ishak, who tragically died due to prolonged exposure to mould in his home, this new law places a legal duty on social landlords to act quickly on damp and mould hazards. Everyone has a role to play.

If you see or hear about damp, mould, or condensation in a tenant's home – whether during a visit, a phone call, or even in passing – **please report it immediately using our webform.**

Under Awaab's Law, we must meet the following timeframes:

- **Emergency hazards** (e.g. where there is an immediate risk to life or serious harm): Investigate and complete safety work within 24 hours of becoming aware.
- **Significant hazards** (e.g. serious damp and mould that poses a health risk): Investigate within 10 working days of becoming aware.
- Provide a written summary of findings within three working days of completing the investigation.
- Complete relevant safety work within five working days of the investigation concluding.
- Begin or take steps to begin any further preventative work within 5 working days of the investigation concluding.
- If further work cannot begin within 5 days, it must start as soon as reasonably practicable and within 12 weeks.
- If the property cannot be made safe within the required timeframes, suitable alternative accommodation must be provided.

Let's work together to make sure every home is safe, warm, and healthy.

Environmental Health (Residential)

There are various health and safety risks that can occur in homes, such as leaks, damp and mould, faulty electrics, pest infestations, or fire safety concerns. These issues can pose serious hazards to residents' health and wellbeing.

Under the Housing Act 2004, local councils have a legal duty to act when a Category 1 hazard (the most serious risk) is identified and discretionary powers for Category 2 hazards. Councils can issue formal notices requiring landlords to carry out repairs or improvements within a specified timeframe. Enforcement options include Improvement Notices, Prohibition Orders, and, in urgent cases, Emergency Remedial Action. These powers are exercised following an inspection under the **Housing Health and Safety Rating System** (HHSRS), which assesses 29 types of hazards.

If you think there is a health hazard in your home, you should notify the landlord. If they do nothing, you should notify them again and inform them that you will be contacting Environmental Health if they do not try to fix the hazard by a certain date. If you believe your landlord isn't taking your concerns seriously you can log a complaint with the council's residential environmental health team: **Report a private housing issue.**

ROLE AND RESPONSIBILITY

Environmental Health's role is primarily enforcement focused. They do not provide ongoing support or work directly with residents to resolve underlying issues. Their responsibility is to ensure compliance with health and safety standards.

It is important to note that enforcement action is not limited to landlords. If a resident is found to be the cause of a public health issue, they may also receive an enforcement notice.

The main clients are leaseholders, private owners and landlords or residents living in private rented accommodation. Where any

of these groups are the subject of a Self-Neglect and Hoarding referral sent to Adult Social Care, Environmental Health could be identified as the lead agency.

Residential Environmental Health will be the lead agency where the resident is:

- Living in a 'filthy or verminous' environment
- and all of the below:
- Not known to Adult Social Care
- Not considered vulnerable or to have mental health issues
- Not a Westminster Council tenant

To make a referral or request attendance at multi-agency meetings under the Self-Neglect and Hoarding pathway, email: Environmental Health Duty: RES@westminster.gov.uk or visit the team in person at: **15th Floor, Westminster City Hall, 64 Victoria Street, SW1E 6QP.**

COUNCIL MANAGED PROPERTIES

Housing Management and TMO's are generally responsible for addressing hoarding and self-neglect concerns arising from Council managed properties. However, in some high-risk cases there may be a role for Residential Environmental Health, due in part to the need to prioritise cases where the environmental risks impact upon neighbours.

HOUSING HEALTH AND SAFETY RATING SYSTEM (HHSRS)

All privately rented property in Westminster should be free from significant hazards that can affect the health and wellbeing of residents and visitors. Environmental Health Officers respond to complaints and proactively inspect privately rented properties to ensure they are free from hazards.

The Housing Health and Safety Rating System (HHSRS) is a system for assessing the health and safety risks in dwellings, and is a method used to inspect properties in Westminster.



The principle of HHSRS is that any residential premises (including the structure, means of access, and any associated outbuilding, garden or yard) should provide a safe and healthy environment for any potential occupier or visitor. HHSRS is a risk assessment process and

is comprehensive in its coverage of key health and safety risks in dwellings.

In very broad terms, the Rating System works by assessing the risk associated with certain housing-related hazards and if the likelihood of harm is significant, the council may take action to ensure that the risk is removed or reduced.

The hazards are arranged into four main groups depending on the kind of threat to health. These groups are divided further, depending on the nature of the hazards themselves.

A | Physiological requirements

1. Damp and Mould Growth
2. Excess Cold
3. Excess Heat
4. Asbestos (and MMF)
5. Biocides
6. Carbon Monoxide and Fuel Combustion Products
7. Lead
8. Radiation
9. Uncombusted Fuel Gas
10. Volatile Organic Compounds

B | Psychological requirements

11. Crowding and Space
12. Entry by Intruders
13. Lighting
14. Noise

C | Protection against infection

15. Domestic Hygiene, Pests and Refuse
16. Food Safety
17. Personal Hygiene, Sanitation and Drainage
18. Water Supply

(cont.)

D | Protection against accidents

19. Falls Associated with Baths etc.
20. Falling on Level Surfaces etc.
21. Falling on Stairs etc.
22. Falling Between Levels
23. Electrical Hazards
24. Fire
25. Flames, Hot surfaces etc.
26. Collision and Entrapment
27. Explosions
28. Position and Operability of Amenities etc
29. Structural Collapse and Falling Elements

LOCAL AUTHORITY ENFORCEMENT OPTIONS

1. Serve an improvement notice

This is a possible course of action for dealing with category 1 or 2 hazards and must at the very least remove category 1 hazards. It will not require work to start sooner than 28 days from when the notice is served. It may, if necessary, be suspended until an agreed date or event. For example, it could be suspended until the current occupant moves out of the property. It can cover more than one hazard and perhaps require different completion times. Once the necessary work has been done to their satisfaction, the authority must revoke the notice. Failure to carry out the required works in the Improvement Notice within the specified time frame is a criminal offence. The recipient of a notice could be an owner or landlord or managing agent.

2. Make a prohibition order

This is a possible course of action which can be taken to deal with a category 1 or 2 hazard. It might prohibit the use of part or all of the premises for various specified reasons. This might be appropriate:

- Where the conditions are a serious threat to health and/or safety, but practical repairs are not possible because of cost or other reasons;
- To limit the maximum number of people who occupy the dwelling because of defects or where the facilities, e.g. washing, sanitary etc., are unsatisfactory for the number of people who live there; and
- To prohibit the use of a dwelling to a particular vulnerable group (until such time as improvements have been made).

As with improvement notices, prohibition orders can also be suspended and made to come into operation after a specified event (such as when an occupant moves in or out of a property). The notice is served on the property with copies to all interested parties.

3. Emergency action

Where a category 1 hazard has been identified, and the local authority is satisfied that the hazard involves an imminent risk of serious harm to the health or safety of occupiers, the local authority can use emergency measures to get work done or prohibit the use of the dwelling (or a part) in order to protect any occupiers or visitors. Using its powers, the authority can carry out immediate remedial action, and though it is possible to appeal, in practice, any appeal is likely to be heard after the action has been taken. The authority can also serve an emergency prohibition order, which has immediate effect.

4. Serve a hazard awareness notice

This option is advisory action where the authority wants to draw attention to the need for improvements. Usually it is reserved for lower-level hazards, but it could be a possible response to a category 1 hazard. The notice must give details of the hazard concerned and what is needed to deal with it, though there is no legal obligation to do the remedial works. Other enforcement notices could follow a hazard awareness notice, for example in circumstances where a hazard score increases over time.

5. Demolition orders

Requiring demolition of the property is another of the possible responses to category 1 hazards, though this is extremely rare.

6. Clearance

The local authority may look at a range of Category 1 hazards in a residential area and how far such buildings are dangerous or harmful to health or safety of the people who live there and therefore issue a declaration for clearance of an area. A clearance area is an area which is to be cleared of all buildings and is extremely rare.

Leaseholders

A leaseholder has legal ownership of a dwelling they have purchased, but the structure of the building itself and any communal areas are owned by, and remain the responsibility of, a freeholder. Most people who purchase a flat (dwelling) within a building will be leaseholders. In cases where the 'right to buy' scheme has been exercised; the freeholder of the property will be the local authority. Leaseholders can be resident or non-resident depending on where they normally reside. They may also rent their properties to a third-party in the private rented sector, either directly or through a letting agent or property management company.

In general, where the local authority is the freeholder, Leasehold Operations are responsible for engaging with leaseholders in relation to the upkeep of their dwellings and common parts (including major works), and for the collection of applicable service charges. Leaseholders are responsible for maintaining the dwelling, electrical and gas servicing and internal repairs as set out in the [Westminster Leaseholder Handbook](#).

The Leaseholder Handbook doesn't refer to hoarding specifically but addresses fire safety, the appropriate use of dwellings and household insurance cover with statements such as:

"Keep all escape routes in your home and in the communal areas clear of storage and obstructions."

"Only use the rooms in your property for the purpose they are intended."

"Your lease requires you to have your gas heating and hot water appliances checked and serviced annually by a Gas Safe installer and to provide us with proof that this has been done. Aside from health and safety implications, failure to adequately maintain your gas appliance can adversely affect your household insurance cover."

"Emergency Planning – Always follow the advice of the emergency services."

See [Council Leaseholders](#) for more information.

GAINING ACCESS

The local authority generally has no right of entry into dwellings owned by a leaseholder and/or rented to a third-party, whether directly or through a letting agent or property management company.

There are, however, circumstances in which it may be necessary to gain access to a person known or suspected to be experiencing, or at risk of abuse or neglect. The legal powers for gaining access are provided by the Mental Health Act 1983, Mental Capacity Act 2005, Care Act 2014, PACE 1984, Serious Crime Act 2015 and inherent jurisdiction of the High Court.



Social Care Institute of Excellence guidance on [the law and gaining access](#).

Where the tenant does not meet the requirements of these legal provisions we rely on positive engagement to address the issues of concern.

When this approach has failed and the concerns result in a "filthy and verminous" dwelling, which may also affect communal areas of the building or gardens, there may be an enforcement role for Environmental Health. Under the HHSRS ratings system leaseholders, private owners and landlords could be served an enforcement notice by Environmental Health where private rented accommodation is not free from significant hazards that can affect the health and wellbeing of residents and visitors. If a resident is found to be the cause of a public health issue, they may also receive an enforcement notice.

Home Improvement Agency

Westminster Home Improvement Agency (HIA) can provide support for residents living in a hoarded property in line with our Grant Policy under the following circumstances.

EMERGENCY ASSISTANCE DISCRETIONARY GRANT

Any works required to relieve imminent risk to health resulting from a falls risk, unwholesome and/or verminous conditions that are injurious to health and fire loading resulting in a serious risk. To qualify for support residents must meet the following criteria.

Applicants must:

- Be aged 60 or over (unless the applicant is the parent, guardian or foster parent of a child aged less than 16).
- Be an **owner-occupier** or a **private tenant** with a repairing obligation. The HIA will check and verify the tenure. It is the tenant's responsibility to provide a copy of their tenancy agreement confirming they are a tenant with a repair obligation.
- Occupy the home as the principal or only residence;
- On the date of application be suffering from a lack of adequate space heating or hot water provision or the presence of a Category 1 Hazard, or imminent risk to health must be determined by a suitably qualified officer.
- Be in receipt or eligible to receive means tested benefits – Note it is the responsibility of the resident or the professional supporting them to provide the required evidence – e.g. letter from the Department for Work and Pensions (DWP).

ELIGIBLE WORKS

Heating: any works considered necessary to repair or replace the hot water or heating provision. On completion an

internal air temperature of 21 degrees must be capable of being efficiently maintained in the main living room and 18 degrees in the bedroom/s (when external temperatures are below freezing point) and sufficient hot water at a suitable temperature is available.

Category 1 Hazards: Any work considered necessary to remove hazards that are an imminent risk to health and safety in relation to fire, electrical safety, gas and combustion applicable safety and water supply.

Hoarding and Self Neglect: Any works required to relieve imminent risk to health resulting from a falls risk, unwholesome/verminous conditions that are injurious to health and fire loading resulting in a serious risk.

PAYMENT

Works will be carried out by a contractor appointed by the council and payment will be made directly to the contractor.

The amount payable in any single home shall not exceed £5,000 in any financial year and shall not exceed more than £8,000 in any five consecutive financial years (unless exceptional circumstances).

Unless written permission is provided by the council no payment will be made for works that have been carried out prior to grant approval.

ADVICE FOR PROFESSIONALS WORKING WITH RESIDENT WHO DON'T MEET THE HIA CRITERIA

The Home Improvement Agency can be contacted for advice and information. Please email the team HIA@westminster.gov.uk. We can offer professional support and advice to any colleagues working with residents in hoarded properties who don't meet the HIA criteria.



WHAT IS MENTAL CAPACITY?

Mental capacity is the ability to make a decision. This includes the ability to make a decision that affects daily life – such as when to get up, what to wear or whether to go to the doctor when feeling ill – as well as more serious or significant decisions.

It also refers to a person's ability to make a decision that may have legal consequences – for them or others. Examples include agreeing to have medical treatment, buying goods or making a will.

The starting point must always be to assume that a person has the capacity to make a specific decision. Some people may need help to be able to make or communicate a decision. But this does not necessarily mean that they lack capacity to do so. What matters is their ability to carry out the processes involved in making the decision – and not the outcome.

What does 'lacks capacity' mean?

Whenever the term '*a person who lacks capacity*' is used, it **means a person who lacks capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken.**

This reflects the fact that people may lack capacity to make some decisions for themselves but will have capacity to make other decisions. For example, they may have capacity to make small decisions about everyday issues such as what to wear or what to eat but lack capacity to make more complex decisions about financial matters.

It also reflects the fact that a person who lacks capacity to make a decision for themselves at a certain time may be able to make that decision at a later date. This may be because they have an illness or condition that means their capacity changes. Alternatively, it may be because at the time the decision needs to be made, they are unconscious or barely conscious whether due to an accident or being under anaesthetic or their ability to make a decision may be affected by the influence of alcohol or drugs.

Finally, it reflects the fact that while some people may always lack capacity to make some types of decisions – for example, due to a condition or severe learning disability that has affected them from birth – others may learn new skills that enable them to gain capacity and make decisions for themselves.

WHAT ARE THE STATUTORY PRINCIPLES?

The Act sets out the five '*statutory principles*' – the values that underpin the legal requirements in the Act. The Act is intended to be enabling and supportive of people who lack capacity, not restricting or controlling of their lives. It aims to protect people who lack capacity to make particular decisions, but also to maximise their ability to make decisions, or to participate in decision-making, as far as they are able to do so.

The five statutory principles are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an **unwise decision**.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Unwise Decisions

People have the right to make decisions that others might think are unwise. A person who makes a decision that others think is unwise should not automatically be labelled as lacking capacity to make a decision.

ASSESSING CAPACITY

Anyone assessing someone's capacity to make a decision for themselves should use the two-stage test of capacity.

Stage 1 - Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It doesn't matter whether the impairment or disturbance is temporary or permanent.)

Stage 2 - If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?

Examples of an impairment or disturbance in the functioning of the mind or brain may include the following:

- A diagnosis of Hoarding Disorder (HD)
- Conditions associated with some forms of mental illness
- Dementia
- Significant learning disabilities
- The long-term effects of brain damage
- Physical or medical conditions that cause confusion, drowsiness or loss of consciousness
- Delirium
- Concussion following a head injury, and
- The symptoms of alcohol or drug use.

Hoarding disorder can be considered an impairment in or disturbance of the functioning of the mind or brain for the purpose of the Mental Capacity Act 2005 (as amended), and the Mental Health Act 1983 (as amended) as it also fits the definition of "*mental disorder*".

MCA 2005 (s.2(1)): Hoarding can amount to an "*impairment of, or disturbance in the functioning of, the mind or brain.*" Case law such as *London Borough of Croydon v KR* [2019] EWCOP 2 and *A Local Authority v PB* [2011] EWCOP 2675 confirm hoarding/self-neglect can impair capacity for decisions about living conditions and care.

MHA 1983 (s.1(2)): Hoarding falls within the broad definition of "*mental disorder*". *Re PS*

[2007] EWHC 623 and *Southend v Meyers* [2019] EWHC 399 (Fam) show that behaviours appearing to be lifestyle choices may in fact be manifestations of mental disorder, impacting decision-making.

Important to remember:

- Capacity must be assessed for specific decisions at specific times - hoarding disorder doesn't automatically mean lack of capacity for all decisions.
- Court of Protection applications are only appropriate when there's evidence of incapacity for specific hoarding-related decisions where best interest's determinations are needed.
- Always apply the least restrictive option principle.

What does the Act mean by 'inability to make a decision'?

A person is unable to make a decision if they cannot:

- Understand information about the decision to be made (the act calls this 'relevant information')
- Retain that information in their mind
- Use or weigh that information as part of the decision-making process, or
- Communicate their decision (by talking, using sign language or any other means).



In simple terms, a person with capacity must be able to achieve all the above actions.

Who should assess capacity?

The person who assesses an individual's capacity to make a decision will usually be the person who is directly concerned with the individual at the time the decision needs to be made. This means that different people will be involved in assessing someone's capacity to make different decisions at different times.

For most day-to-day decisions, this will be the person caring for them at the time a decision must be made. For example, a care worker might need to assess if the person can agree to being bathed. Then a district nurse might assess if the person can consent to have a dressing changed.

More complex decisions are likely to need more formal assessments. A professional opinion on the person's capacity might be necessary. This could be, for example, from a psychiatrist, psychologist, a speech and language therapist, occupational therapist or social worker. But the final decision about a person's capacity must be made by the person intending to make the decision or carry out the action on behalf of the person who lacks capacity – not the professional, who is there to advise.

Any assessor should have the skills and ability to communicate effectively with the person. If necessary, they should get professional help to communicate with the person.



MCA Guidance in relation to Self-Neglect and Hoarding

This guidance aligns with the Mental Capacity Act 2005 and its related [Code of Practice](#), which holds statutory authority. All health and social care staff must adhere to the MCA Code of Practice when assessing capacity.

Self-Neglect in the Care Act 2014

Self-neglect covers a range of behaviours that manifest as an unwillingness or inability to care for oneself and/or one's environment. This broad definition is reflected in [Care Act 2014 Care and support statutory guidance](#), which includes self-neglect as a category under adult safeguarding and states that:

"This covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding..."

Since self-neglect encompasses such a wide range of behaviours, the relevant information that a person needs to understand, retain and use or weigh, will vary from case to case.

The presumption of mental capacity

As per the first principle of the MCA, a person must be presumed to have mental capacity to make their own decisions. However, the Mental

Capacity Act Code of Practice states that one of the reasons why people may question a person's capacity to make a specific decision is *"the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision"* (4.35, MCA code of practice, p52). Arguably, extreme hoarding or self-neglect behaviour meets this standard, and an assessment of capacity should take place.

RELEVANT INFORMATION: HOLISTICALLY APPROACHING HOARDING

A 2022 decision made by the Court of Protection in the case of AC and GC [2022] EWCOP established what information was relevant in a hoarding situation. The decision encouraged practitioners to look beyond the items in a property and see the person as a whole.

The following information was identified as relevant to the decision in respect of one's items and belongings;

1. **Volume of belongings and impact on use of rooms:** the relative volume of belongings in relation to the degree to which they

impair the usual function of the important rooms in the property for the individual concerned (and other residents in the property) (e.g. whether the bedroom is available for sleeping, the kitchen for the preparation of food etc). Rooms used for storage (box rooms) would not be relevant, although may be relevant to issues of (3) and (4).

2. **Safe access and use:** the extent to which the individual concerned (and other residents in the property) are able or not to safely access and use the living areas.
3. **Creation of hazards:** the extent to which the accumulated belongings create actual or potential hazards in terms of the health and safety of those resident in the property. This would include the impact of the accumulated belongings on the functioning, maintenance and safety of utilities (heating, lighting, water, washing facilities for both residents and their clothing). In terms of direct hazards this would include key areas of hygiene (toilets, food storage and preparation), the potential for or actual vermin infestation and risk of fire to the extent that the accumulated possessions would provide fuel for an outbreak of fire, and that escape and rescue routes were inaccessible or hazardous through accumulated clutter.
4. **Safety of building:** the extent to which accumulated clutter and inaccessibility could compromise the structural integrity and therefore safety of the building.
5. **Removal/disposal of hazardous levels of belongings:** that safe and effective removal and/or disposal of hazardous levels of accumulated possessions is possible and desirable on the basis of a "normal" evaluation of utility.

The court determined that it was in AC and GC's best interest to enable the family to be supported to have house-clearing and cleaning services enter the property to clean it and make it safe to occupy.

DECISIONAL AND EXECUTIVE CAPACITY

While the Mental Capacity Act 2005 does not explicitly address executive capacity, it

should be considered as part of the functional tests. Decisional capacity involves discussing decisions, while executive capacity reflects the ability to act on them. Early consideration of capacity, including executive ability, is essential when addressing self-neglect concerns and agency interventions. This includes paying attention to executive capacity, namely whether the individual can implement a particular decision and manage the consequences.

"The ability to think, act, and solve problems, including the functions of the brain which help us learn new information, remember and retrieve the information we've learned in the past, and use this information to solve problems of everyday life."

Cobb, J, in *A Local Authority v AW* [2020] EWCOP 24

ADVOCACY

Where individuals face substantial difficulties in participating in mental capacity, safeguarding, or support processes, the local authority must facilitate their involvement. If a suitable friend or family member is unavailable, an independent advocate should be arranged. Respect for the person's wishes and beliefs needs to be central, both in best interests' decision and in adult safeguarding, in line with making safeguarding personal. Creative, sensitive approaches are essential in engaging with individuals who self-neglect and/or hoard, focusing on understanding their perspectives and preferred solutions.

LEGAL INTERVENTIONS

There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.

LEGAL FRAMEWORKS

Public authorities, as defined by the Human Rights Act 1998, must act fairly, proportionately, rationally and in line with the principles of the Care Act 2014, the Mental Capacity Act 2005, the Human Rights Act 1998 and, where appropriate, consideration should be given to the application of the Mental Health Act 1983. Where appropriate, concerns may be referred to the Court of Protection. In rare cases, where the individual has capacity to make the decision in question, but is unable to exercise choice, for example – appears to be acting under duress, consideration should be given to making an application under the Inherent Jurisdiction of the High Court.

INDIVIDUALS WITH CAPACITY CHOOSING TO DECLINE SUPPORT



If an individual has capacity to make decisions but refuses services, the MCA no longer applies.

It is important to consider in multi-agency partnership settings which agency is best placed to work with an adult who is disengaging to build links and trust. If a person has capacity to make decisions about their care or treatment, is refusing to engage and there remains on-going significant harm to a person's health, safety or wellbeing, then there are benefits to convening a multi-disciplinary meeting to ensure all available powers and duties are considered. Again, this needs to be balanced and proportionate and take into account a person's right to self-determination.

However, high-risk cases may require assessing criteria for possible detention under Section 2 of the Mental Health Act 1983 or, as a last resort, initiating proceedings under the High Court's inherent jurisdiction.

INDIVIDUALS LACKING CAPACITY TO MAKE DECISIONS

For adults who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act 2005 allows decisions to be made on behalf of the person in their best interests. In

urgent cases, where there is a reasonable belief that a person lacks mental capacity to make the relevant decision (and this has not yet been satisfactorily assessed and concluded), and the home situation requires urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.

Where an individual refuses any intervention, especially if the action may deprive the person of their liberty. Deprivation of Liberty Safeguards (DoLS) applications should be considered if hospital or care home placement is involved. Care managers should seek legal advice if Court of Protection involvement is necessary. In general, the more restrictive the intervention, the greater the need to seek an order from the Court of Protection.

ASSESSING ABILITY TO MAKE A DECISION

- Does the person have a general understanding of what decision they need to make and why they need to make it?
- Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- Is the person able to understand, retain, use and weigh up the information relevant to this decision?
- Can the person communicate their decision (by talking, using sign language or any other means)? Would the services of a professional (such as a speech and language therapist) be helpful?

PEOPLE WITH FLUCTUATING OR TEMPORARY CAPACITY

Some people have fluctuating capacity – they have a problem or condition that gets worse occasionally and affects their ability to make decisions. For example, someone who has manic depression may have a temporary manic phase which causes them to lack capacity to make financial decisions, leading them to get into debt even though at other times they are perfectly able to manage their money. A person with a psychotic illness may have delusions that affect their capacity to make decisions at certain times but disappear at others.

Temporary factors may also affect someone's ability to make decisions. Examples include acute illness, severe pain, the effect of medication, or distress after a death or shock. This is not a substitute for the Act or case law. Nothing in it is intended to be, or should be, relied upon as legal advice.

Linked Guidance

- 🌐 [Mental Capacity Act Guidance in relation to Tenancy Agreements](#)
- 🌐 [Mental Capacity Act Guidance in relation to Managing Fire Risk](#)



If you require any further MCA advice and guidance, please contact [Lynn Tan](#) Mental Capacity Act Lead, Bi-Borough Safeguarding and Workforce Development Team.

Care Act Eligibility

Local authorities **must** undertake a needs assessment for any adult who appears to have any level of needs for care and support, regardless of whether or not the local authority thinks the individual has eligible needs.

The purpose of a needs assessment is to identify the needs and outcomes that an adult wishes to achieve in their day-to-day life, whether those needs are eligible for care and support from the local authority, and how the provision of care and support may assist the adult in achieving their desired outcomes.

An assessment **must** be person-centred, involving the individual and any carer that the adult has, or any other person they might want involved.

An individual may lack capacity to request an assessment or lack capacity to express their needs. The local authority **must** in these situations carry out supported decision making, supporting the adult to be as involved as possible in the assessment, and **must** carry out a capacity assessment and take best interest decisions. The requirements of the Mental Capacity Act and access to an Independent Mental Capacity Advocate apply for all those who may lack capacity.

Considering the person's strengths and capabilities

At the same time as carrying out the assessment, the local authority must consider what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve. In considering what else might help, authorities should consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help.

Whole-family approach

The intention of the whole family approach is for local authorities to take a holistic view of the person's needs, in the context of their wider support network. The approach **must** consider both how the adult or their support network or the wider community can contribute towards meeting the outcomes they want to achieve, and whether or how the adult's needs for care and support impacts on family members or others in the support network.

Refusal of Assessment

An adult with possible care and support needs or a carer may choose to refuse to have an assessment. The person may choose not to have an assessment because they do not feel that they need care or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment.

However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so. The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, any abuse or neglect.

Where an individual with urgent needs approaches or is referred to the local authority, the local authority **should** provide an immediate response and meet the individual's care and support needs.

Following this initial response, the individual **should** be informed that a more detailed needs assessment, and any subsequent processes, will follow. The Care Act contains powers for local authorities to meet needs urgently without having first carried out an assessment, where that is necessary.

ELIGIBILITY CRITERIA

In considering whether a person's needs are eligible for care and support, local authorities must consider whether:

(a) The adult's needs are due to a physical or mental impairment or illness. This includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illnesses and brain injuries.

(b) The effect of the adult's needs is that the adult is unable to achieve one or more of the following outcomes:

1. Managing and maintaining nutrition
2. Maintaining personal hygiene
3. Managing toileting needs
4. Being appropriately clothed
5. Being able to make use of the home safely
6. Maintaining a habitable home environment
7. Develop and maintaining family or other personal relationships
8. Accessing and engaging in work, training, education or volunteering
9. Making use of necessary facilities or services in the local community
10. Carrying out any caring responsibilities the adult has for a child

When considering if an adult is "unable" to achieve these outcomes, local authorities must also be aware that the regulations provide that "being unable" to do so includes any of the following circumstances, where the adult:

- Is unable to achieve the outcome without assistance.
- Is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety.
- Is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health and safety of the adult, or of others.
- Is able to achieve the outcome without assistance but takes significantly longer than would normally be expected.

(c) Finally, local authorities must consider whether, as a consequence of the person being unable to achieve one of the outcomes above there is, or is likely to be, a significant impact on the adult's wellbeing.



An adult's needs are only eligible where they meet all three of these conditions.

Record-keeping

Following their assessments individuals must be given a record of their needs or carer's assessment, including the views of the individual. A copy must also be shared with anybody else that the individual requests the local authority to share a copy with. Where an independent advocate is involved in supporting the individual, the local authority **should** keep the advocate informed so that they can support the person to understand the outcome of the assessment and its implications.

APPEALS/COMPLAINTS

It is important that individuals have confidence in the assessment process and the wider care and support system. Therefore, any individual should be able to make a complaint and challenge decisions where they believe a wrong decision has been made in their case.

SAFEGUARDING

The Care Act 2014 formally recognises self-neglect as a category of abuse and places a duty of cooperation on all agencies to work together to support adults who are self-neglecting and/or hoarding. The Care Act emphasises the importance of early intervention and preventative actions to minimise risk and harm. Central to the Care Act is the wellbeing principle and focusing on decisions which are person-led and outcomes-focussed. The principles are important considerations when responding to cases involving self-neglect..

Under **Section 42 of the Care Act**, a safeguarding enquiry is required when the person who is self-neglecting meets the statutory criteria below:

- The adult has needs for care and support (whether or not the local authority is meeting any of those needs), and
- Is experiencing, or is at risk of abuse or neglect, and
- As a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

However, the **Care and Support Statutory Guidance (14.17)** states:

“self-neglect may not prompt a Section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support”.

This recognises that Section 42 enquiries are primarily aimed at adults who are experiencing abuse or neglect caused by a third party, and a safeguarding response in the first instance may not be the most effective approach to respond to the self-neglect and engage with the adult to facilitate effective and longer-term change.

Decisions are made on a case-by-case basis, but in the first instance the Self-Neglect and Hoarding (SNAH) pathway will be used. Situations

which present with a lower level of risk, and can include adults who are not in receipt of health and social care services, and have not been known to Adult Social Care (ASC) previously, are addressed through other pathways, such as:

- Engaging the adult in a Care Act (needs) assessment.
- Signposting to alternative services or community resources.
- Arranging for mental health services and support.
- Contact with community health services, such as GP.

Professional judgement and risk assessment is key in determining the level of intervention required. Any factor or issue may move a lower risk case into a higher threshold which would warrant consideration under safeguarding procedures and/or consideration of other legal remedies. Where there are indicators that the level of risk is likely to change, appropriate action should be taken or planned.

Significant indicators of risk include:

- Previous use of ‘blitz cleans’ or ‘specialist agencies’ to address hoarding
- Risks of fire to self and/or others associated with hoarding, smoking, use of portable heaters and candles, overloaded electrical sockets, lack of smoke alarms etc.
- Inadequate or non-working plumbing, heating, washing or toileting facilities.
- Difficulties in professionals being able to effectively engage with the person.
- History of traumatic life events, significant substance misuse or self-harm.
- History of safeguarding concerns or the person being vulnerable to exploitation.
- Little or no informal support networks - socially isolated and/or largely reclusive.
- High amount of multi-agency referrals received within a 6–12-month period.
- Fluctuating capacity and/or lack of executive capacity (or functioning).
- Financial hardship including risk to tenancy or home security risks.
- Committing criminal offences, such as public order offences, including anti-social behaviour, hate crime, offences linked to petty crime, etc.

- Chronic health conditions - Non-compliance with medication or treatment.
- History of non-engagement with ASC or Mental Health Services

The SAEB has produced **Safeguarding Referral Practice Guidance**, which provides advice on when safeguarding concerns should be raised, including in relation to self-neglect.

Safeguarding concerns or requests for assessment under the Care Act must be referred to Adult Social Care on **020 7641 2500** or email **adultsocialcare@westminster.gov.uk**.

Hospital Discharge

When a resident is hospitalised, Housing, ASC, Mental Health, and hospital services must collaborate to ensure the resident's housing and care needs are managed effectively. This applies to residents already open to these services or those presenting with care and support needs.

Notification of Hospitalisation:

- Services supporting the resident (e.g. Housing, ASC, MH) must be notified as soon as possible. Notification can come from the hospital, family members, or the GP.
- The Income Team (for Housing Management residents) or Rent Income Team (for Temporary Accommodation residents) must review the resident's rent/payment accounts.
- For temporary accommodation residents, the Temporary Accommodation Placements Team must be informed so they are aware the property will not be occupied during the hospital stay.
- Hospital Social Workers should review any care packages to determine if adjustments are needed (e.g., suspending home care during the hospitalisation).

The Hospital Social Workers will take over the functions of ASC while the resident is in hospital.

- For patients open to substance misuse services, specialised nurses are available to provide support. The Substance Use Team also conducts hospital visits to hospitals within the tri-borough area.

Planning for Discharge

Proper planning is crucial to ensure residents return to safe, stable housing with the support they need to avoid readmission.

Discharge Notification:

- The Hospital Discharge Team must notify services of the discharge date once set.



- Housing Services should assess the resident's housing situation to ensure it is safe, maintained, and ready for their return.
- If the resident is homeless or at risk of homelessness upon discharge, the Housing Solutions Team must be notified to explore housing options, including supported housing.
- ASC and Mental Health services should review and adjust care plans as needed (e.g., resuming home care or arranging mental health support).
- The Tri-Borough Hospital Team supports discharge pathways, including reablement, new or increased long-term care packages, bedded rehabilitation, and residential care.

Multi-Disciplinary Discharge Planning:

For complex cases, a multi-disciplinary meeting should be arranged to discuss the resident's post-discharge needs. Attendees may include the Discharge Hub, social workers, therapists, Housing, family members, and Substance Use Teams (if applicable).

The meeting should focus on:

- The resident's housing status: Is their current housing appropriate? Do they need adaptations or repairs before returning?
- The resident's care needs: Does the existing care package (if any) need to be resumed or modified?
- Any mental health interventions: If the resident was admitted due to a mental health crisis, mental health professionals should outline the aftercare required to prevent future crises.

Complex Discharges

For residents with complex needs (e.g., mental health, physical disabilities, homelessness), a detailed discharge care plan must be developed with input from hospital staff, CAS In-Patient Flow Social Workers, and Housing (if applicable).

If returning home is unsafe (e.g., due to hoarding or hazardous conditions), the Housing Solutions Team should consider alternative arrangements, such as temporary accommodation.

The Hospital Social Work Team will oversee the discharge plan. Once the resident has settled, their care will be transitioned back to ASCH. For substance users, discharge plans are led by MH locality teams.

Contact details for various Westminster Housing Teams [can be found here](#).

Post-Discharge Support

It is important to provide ongoing support after discharge for successful reintegration into the resident's home and community. This includes:

- **Follow-up Visits:** Housing Officers should assess whether the resident has settled and address any urgent housing concerns (e.g., repairs).
- **Preventative Services:** Residents should have access to tenancy sustainment and community mental health services. Multi-agency case reviews may be used to monitor high-risk cases.
- **Care Plan Adjustments:** Ensure adaptations and ongoing support are provided as needed.

Contact details

St Mary's Hospital Team

☎ **Telephone:** 020 33312 2171 /26749

✉ **Email:** hospitaldischarge@westminster.gov.uk

Chelsea & Westminster Hospital

☎ **Telephone:** 020 3315 8797

✉ **Email:** opsouthhospitals@rbkc.gov.uk

Charing Cross Hospital Team

☎ **Telephone:** 020 3311 1803

✉ **Email:** Hospital.notifications@lbhf.gov.uk

Mental Health Services

Mental Health Services in Westminster are provided by **Central North West London NHS Trust** (CNWL) health professionals supported by local authority Social Workers (ASC MH).

CNWL health professional's treat severe and enduring mental illness and manage community-based treatment, which often involves prescribing or administering appropriate medication. CNWL health professionals include Consultant Psychiatrists, Community Psychiatric Nurses (CPN), Occupational Therapists, Peer Support Workers who provide time-limited practical support and Peer Employment (and training) Advisors.

The Westminster Community Mental Health hubs are located at:

Queens Park and Paddington Community Mental Health Hub

Queens Park and Paddington Hub (QPP)

📍 7a Woodfield Road, London W9 2NW

☎ **Telephone:** 020 7266 9700

✉ **Email:** cnwl.westminsterqpphub@nhs.net

South Westminster Community Mental Health Hub

Central and North West London NHS Foundation Trust

📍 190 Vauxhall Bridge Road, London SW1V 1DX

☎ **Telephone:** 020 7854 4162 020 7854 4243

✉ **Email:** cnwl.westminstersouthhubreferrals@nhs.net

The Social Workers are responsible for addressing the Care Act eligible needs of adults with **severe mental illness** who are open to secondary mental health services (see Primary Care Network below), previously known as CMHT's. The ASC MH Social Workers are based in locality teams in the North and South of Westminster.



Severe mental illness (SMI) refers to people with psychiatric problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired. Schizophrenia, schizoaffective disorder, psychosis and bipolar affective disorder are often referred to as an SMI. A table of conditions the NHS consider as Severe Mental Illness is available [here](#).

CNWL - Primary Care Network and Single Point of Access

The Central and North West London **Single Point of Access** (SPA) Team takes all adult mental health referrals where there are concerns for an individual's mental health and can provide advice and support to help you decide whether a referral is appropriate:

☎ **Telephone:** 0800 0234650

✉ **Email:** cnw-tr.spa@nhs.net

Once the referral is received the SPA Team will screen and triage to decide next steps including whether a full assessment is required. If it is, they will pass the referral to the relevant CNWL Mental Health Team for further triage and assessment.

If the SPA Team consider that a more urgent mental health intervention is required they may ask for the CNWL Home Treatment Team (HTT) to undertake an urgent face-to-face assessment with the adult.

If following further assessment by the PCN CNWL Mental Health Team there are concerns about someone's mental health to the extent that treatment care and support in the community will not keep the person or others safe, an assessment may be considered under the Mental Health Act 1983. This approach will only be taken when all other less restrictive forms of treatment, care and support have been tried and treatment in psychiatric hospital is deemed necessary under the compulsion of the Act.

A referral would then be made to the Westminster Central Approved Mental Health Professional (AMHP) Team who will coordinate the assessment. If the assessment arises out of hours the referral would be made to the **Emergency Duty Team (EDT)**, which is staffed with AMHPs. Referrals to EDT are made via the WCC contact centre – **0207 641 2388**.



Dial 999 if there are serious and escalating concerns that a resident is going to harm themselves or others.



If a resident is not currently open to secondary mental health services (PCNs) they do not meet the ASC MH criteria.



Please do not send SNAH referrals to CNWL SPA; this is not the agreed procedure and may cause delay in processing the referral. SNAH referrals for Westminster residents must be sent via email to adultsocialcare@westminster.gov.uk including where mental health concerns may appear to be a presenting factor.



When a resident has a 'hoarded' home environment, this doesn't mean they have a diagnosis of hoarding disorder or make them eligible for secondary mental health services.

Animal Welfare

Westminster City Council encourages responsible pet ownership. Residents must ensure that their animals' welfare is not compromised, or that the animal does not cause a nuisance to other residents, WCC staff or the public. If the pet causes significant nuisance, this can result in enforcement action which could include legal action to rehome the animal.

WCC ANIMAL WELFARE SERVICE

The animal warden service is managed by WCC Animal Welfare Team and is delivered by Noah's Ark Environmental Ltd. They provide a collection and kennelling service to support stray or lost dogs and sometimes other animals including cats.

Our wardens do not have powers to seize dogs, but they will sometimes be directed to support other agencies such as the Police and the RSPCA when requested.

The council also employ two Animal Welfare Officers (AWO's) who work in partnership with Noah's Ark Environmental to ensure we deliver on our statutory responsibilities and promote responsible pet ownership, ensuring compliance with the Animal Welfare Act 2006.

Legislation

- Animal Welfare Act 2006
- Dangerous Dogs Act 1991 (as amended 2024)
- Microchipping of Cats and Dogs (England) Regulations 2023
- Environmental Protection Act 1990
- Anti-Social Behaviour, Crime and Policing Act 2014
- Renter Rights Act

Keeping a Pet

Westminster residents are permitted to keep a pet in their property in accordance with their tenancy or lease. The WCC tenancy agreement states that tenants need permission to keep

a dog, bird or any other animal. Enforcement action may be taken against residents whose pets are causing a nuisance. Refer to the WCC 'Keeping a pet' procedure on SharePoint.

Feral & Semi-Feral Cats

Feral cats are not socialised to humans or habituated to the domestic environment. They have had little or no positive human interaction during their socialisation period of two to seven weeks of age. They are generally free-living as single or colony cats with little or no human interaction or dependency and often avoid direct human contact. They essentially behave as wild animals.

Semi-Feral cats may have been street cats or community cats at some stage with differing levels of socialisation or even household pets that were abandoned or became strays. They may tolerate a degree of direct human contact but remain guarded. They may be provided for by humans to a limited degree often entering homes or gardens in urban areas to gain access to food and water.

HOARDING AND MULTI-CAT HOUSEHOLDS

Situations can arise whereby a kitten is born into a domestic home environment but due to a lack of any form of socialisation or even social interaction within the first eight weeks of their life, the kitten grows to display behaviours more typically associated with feral cats.

Cases like these most often arise in houses where owners have large multi-cat households or when the owner suffers from mental health issues which result in cat hoarding. This leaves a unique situation where the cat has some minor socialisation to the domestic setting, albeit not a normal one, but the kitten may have had little or no interaction with people. In some hoarding situations, owners aren't even necessarily aware that the kittens have been born, let alone appropriately socialised them. These cats can become completely fearful of people, like a feral cat, but without the experience of living outdoors. It is best to address these situations on a case-by-case basis. ([Cats Protection, The Feral Guide 2021 Edition](#)).



The **Renter's Rights Act** will introduce a new right for private tenants who want to keep pets in their home from May 2026. Details on the changes can be found in this [Shelter guidance](#). This change does not apply to tenants in social housing (e.g. council tenants).

Contacts

The WCC Animal Welfare team typically operates Monday to Friday 9am-5pm. An Animal Welfare Officer is normally available on these days to discuss locally reported issues. Animal welfare issues can be reported 24/7 to animalwelfare@westminster.gov.uk or via the Council's 'Report It' portal [Report It](#).

If you have found a stray dog that needs collecting, please call **Noah's Ark Environmental**.

🕒 **Monday to Friday 9am – 5pm:**
033 3577 5070

🕒 **Weekends and after 5pm:**
01733 740426



Success Measure

Reducing Risk in a Hoarded Home

Hoarding Disorder is a recognised mental health condition which makes managing risk within the home a delicate balance between prioritising the persons emotional wellbeing while simultaneously needing to take the appropriate steps to create a safer environment. Below we have detailed some practical steps to help structure the decluttering efforts, improving safety while minimising overwhelm:

Fire & Electrical Safety

- Try to keep or make at least one clear path through the home that can be walked through easily in case of emergencies.
- Try to keep or move items away from away from heat sources and electrical appliances, like heaters, cookers or radiators, especially flammable objects such as paper, fabrics or aerosol cans.
- Have smoke alarms installed or check existing ones are working, local fire services often provide fire safety checks and do this for free.
- Plug appliances directly into the wall, instead of using extension leads, as much as possible.
- Try to keep power cords and cables out in the open so they don't get damaged or hot in enclosed spaces.

Wellbeing

- Try and establish a walking path through the key areas of home, even if it's narrow, to reduce the need of climbing over or around items.
- Try to reduce items kept on the stairs.
- Try and reduce the amount of small or loose items on the floor, to start this can be just pushing them to the side, to limit slips or falls.
- Try to keep important items, such as medication, mobile phone and purses/wallets in a designated spot that is easy to locate.

Cleaning and Hygiene

- If there are signs of pests like mice or insects, focus cleaning efforts in those spots first.
- Try and keep on top of food waste and packaging, prioritise disposing this before anything else.
- When safe to do, open a window now and then to let in fresh air.
- Avoid piling items on top of or work to uncover radiators or air vents so warm/cool air can move through spaces.
- Try to regularly check for any signs of mould or damp.



Escalation to Legal Services

Introduction

This guidance is specific to Hoarding and should not be used when considering escalation action for other tenancy breaches. Only civil injunctions and possession orders available to the landlord under a secure tenancy (as set out in Schedule 2 to the Housing Act 1985) and relevant to hoarding cases are described here.

Identification and support for residents

Housing Management procedures give guidance to staff on identifying residents at risk of eviction and how to ensure their needs are met through liaison with Adult Social Care, Mental Health Services and other relevant agencies.

Conditions of Tenancy

Westminster City Council has comprehensive Conditions of Tenancy with detailed nuisance clauses. The current tenancy agreement was introduced after full consultation with tenants and contains express clauses prohibiting various types of unacceptable behaviour.

Breach of a tenancy term is a statutory ground for seeking possession of a tenancy. We can uphold an agreement by means of an injunction requiring the tenant to comply with its terms.

Legal Pathways

When referring cases to Legal Services we must be clear about the order being sought from the Court and the grounds relied upon to secure the specific order. The available options are to seek either a form of **Civil Injunction** or a **Possession Order**.

1. Civil Injunction

An injunction is an order granted in court by a judge for a specific amount of time. An injunction contains a list of behaviours, prohibitions and orders that the defendant (person the injunction is against) must keep to. This may include behaviour that they must stop doing that has caused impact or nuisance to another person(s). It is also possible to

require a defendant to do something, rather than stop them from doing something. This is called a positive requirement. An example would be to actively move belongings from a communal area.

For some injunctions where there has been actual violence, a threat of violence or there is a significant risk of harm, a Power of Arrest may be attached. The Power of Arrest allows the police to arrest the person who has breached a term of their injunction order without the need for a warrant. It is down to the judge in court to decide whether a power of arrest should be attached to an injunction.

- Housing Related Conduct
- Standalone Civil Injunction

Prohibitions sought:

- Alarm, harassment and distress (to neighbours etc)
- Specific to facts (please explain what is required)

Positive requirements sought:

- Specific to facts (please explain what is required)

Notable features of civil injunctions:

- Obtained on the civil standard of proof (i.e. on the balance of probabilities)
- Breach is not a criminal offence
- Scope for positive requirements to focus on long-term solutions

Download the [Westminster Injunctions Factsheet](#) for more information.

2. Possession Orders

Where possession proceedings are issued under the Housing Act 1985, the court has discretion (see below) as to whether or not to grant a possession order on the basis of hoarding (whether caused by the tenant, or people who live with the tenant or visitors to the household).

In the case of tenants who hoard, we generally only use possession action where all other interventions and attempts to change behaviour have failed and where such action is both **proportionate and reasonable** in the circumstances.

Types of Possession Order

- Outright Possession Order (landlord is permitted to regain a property from the tenant who must leave by a specific date)
- Suspended Possession Order (tenant is permitted to remain in the property subject to meeting specific conditions)

Grounds for Seeking Possession

Possession action against secure tenants can be based on the **discretionary** or **mandatory** grounds available at the time. The current grounds for seeking possession are listed below.

Mandatory grounds – These grounds are mandatory which means if you can prove the ground, the court will give you a possession order to start the process of evicting the tenant.

Discretionary grounds – If you seek possession through the courts on a discretionary ground, it will be up to the court to decide whether it is reasonable to evict the tenant.

Discretionary grounds for possession

The discretionary grounds for possession available to the landlord under a secure tenancy are set out in Schedule 2 to the Housing Act 1985:

Ground 1

Rent arrears or breach of the tenancy: Rent lawfully due from the tenant has not been paid or an **obligation of the tenancy has been broken or not performed**.

Ground 2

Nuisance, annoyance, illegal or immoral use of the property: The tenant or a person residing in or visiting the dwelling house:

a) has been guilty of conduct causing or likely to cause a nuisance or annoyance to a person residing, visiting or otherwise engaging in a lawful activity in the locality (**Ground 2a includes Domestic Abuse**), or

b) When considering whether it is reasonable to grant a Possession Order on the grounds of nuisance or annoyance, the courts must give particular consideration to the **actual or likely effect** of the hoarding behaviour on the tenant and the wider community. However, the court is also required to look at “mitigating factors” such as mental health issues.

Ground 3

Deterioration in the condition of the property: Applies where the condition of the dwelling house or common parts have deteriorated due to acts of waste by, or the neglect or default of, the tenant or any other person living with him or her. Where the acts or default are those of a lodger or sub-tenant it must also be shown that the tenant has failed to take reasonable steps to remove the lodger or sub-tenant.

This ground may be appropriate in the following circumstances:

- Where the tenant has accumulated a lot of rubbish in the flat which is causing a nuisance to other residents.

Mandatory grounds for possession

The mandatory grounds available to the landlord under a secure tenancy are set out in Schedule 2 to the Housing Act 1985. This includes grounds such as serious rent arrears and anti-social behaviour that may not be appropriate in cases where hoarding is the main issue and therefore details are omitted from this guidance.

This [Shelter guidance](#) details all of the existing mandatory grounds for seeking possession.

The Anti-Social Behaviour Crime and Policing Act 2014 introduced a new absolute ground for possession of secure tenancies where ASB (including hoarding) or criminality has already been proven in another court. Unlike the discretionary grounds for possession there is no need to prove to the court that it is reasonable to grant possession.

This power will be used selectively for the most serious cases and must be authorised by senior management.

The power may be used in the following situations if the tenant, a member of the tenant's household, or a person visiting the property has been:

- Found by a court to have breached a civil injunction



In practice this means the tenant must have already been subject to a civil injunction in relation to the hoarding behaviour and associated risks **before** this ground can be used.

Factors that make it more likely that we will seek possession:

- the hoarding is continuing
- the hoarding is very serious
- the hoarding has persisted over a long period
- warnings to the tenant have been ignored
- another injunction will not prevent future problems
- extent of upset/distress caused to the community

Secure tenants have the right to request a review of the decision to seek possession.



The **Renter's Rights Act** may introduce changes to the mandatory and discretionary grounds for seeking possession, and the notice period given to tenants, when it comes into force for local authorities in May 2026. Further information can be found on the [council website](#) and in the [statutory guidance](#) produced by the Government.

Referral to Legal Services

To secure the appropriate order Legal Services must provide or check the following:

Details of breach of tenancy

- Please give details of any current breach(es) of Tenancy.
- Give dates of letters sent to tenant concerning breach (copies must be enclosed)

- Give dates of personal calls to the property and/or any interviews with tenant concerning breach. Provide copies of file notes.
- If you have any other evidence of the breach of tenancy, including letters from neighbours or photographs please provide copies.



A chronological timeline makes it easier for others to understand what actions have been taken by Housing, the tenant and other involved agencies, and to demonstrate clearly how matters have progressed and/or deteriorated over a given period of time.

Witness Statement

The application for a Civil Injunction or a Possession Order must be accompanied by a witness statement which will be served on the tenant. A lawyer will draft this witness statement based on the information you have provided above and will exhibit copy documentation.

Proportionality and Equality Checklist

Does Tenant have a disability or are they vulnerable?

- Does the tenant suffer from mental illness or any other disability?
- Is there Adult Social Care or Mental Health involvement with this tenant?
- Is there currently any reason to doubt the tenant's mental capacity?
- Are they responsible for young children and/or vulnerable dependents?

The **Proportionality and Equality Checklist**

must be completed in all instances where we are seeking an injunction or possession order due to hoarding behaviour.

Additional Information

- Has the Self-Neglect and Hoarding pathway been exhausted?
- Have Environmental Health been involved at any stage?
- Is there any additional information relevant to this case?
- Is there any Councillor or MP involvement?
- Is there any potential press interest?

Staff Wellbeing

Direct engagement with clients is usually a pleasant and rewarding experience. However, there may be occasions when a routine interaction with the client to address tenancy issues becomes more challenging, stressful and in some cases overwhelming.

Not sure how you feel? Visit the [Feelings Wheel](#) to find accurate labels for whatever you are experiencing. Labelling your emotions to feel less reactive and more in control of your feelings.

Work-related stress can have a significant impact on employee's mental health, performance and overall wellbeing. It is important that all staff know what support is available. Managers must raise awareness of local strategies in place to support the wellbeing of their staff.

THE WELLBEING HUB

Westminster employees can visit the Health and Wellbeing hub on SharePoint to access a range of resources. There you'll find information on Occupational Health and Wellbeing Clinics, Employee Assistance Programme, bereavement support, mental health first aiders, Able Futures and other helpful resources. Visit [Wellbeing at Westminster City Council](#) for more information.

Health and Wellbeing resources for Westminster residents can be found on the council's website [Find mental health support and resources in our Wellbeing Hub](#).

EMPLOYEE ASSISTANCE PROGRAMME

The Employee Assistance Programme (EAP) is a confidential independent service available 24 hours a day, 365 days a year, either by phone, email, text or online. The service offers

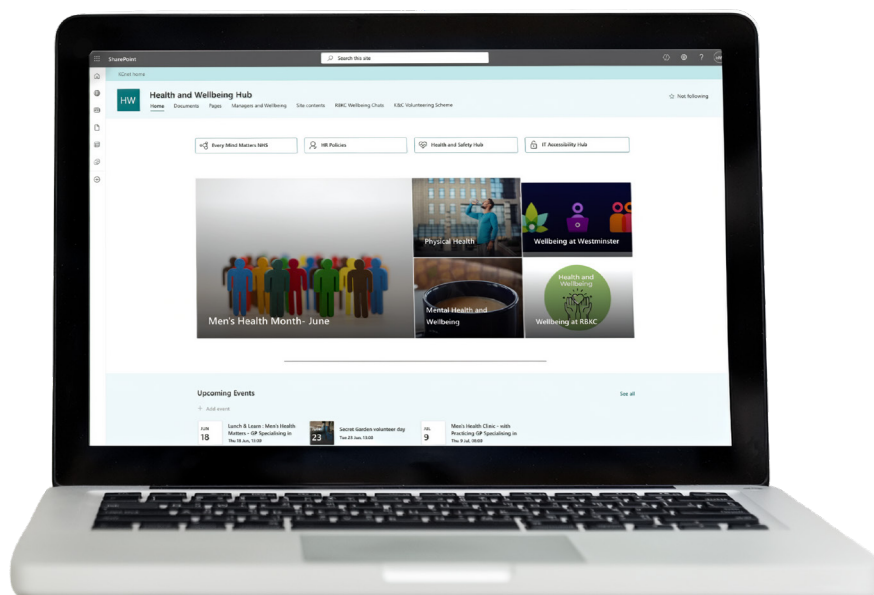
free counselling, information and support for all types of work and personal related issues and where appropriate, signposting to other resources.

The EAP is available to all employees, and it can be especially useful for Managers. The EAP can help address issues affecting the wellbeing of your employees, management concerns and all kinds of situations you may not be quite sure how to handle. It can help make your job easier and less stressful – knowing that support is available. In Westminster the service is delivered by **Vita Health Group**. Anyone who works for the council can access this service by making a self-referral.

Dependents living at the same address as you, over the age of 16, will also have access to the Vita Health helpline (on the 0800 number above). So the people you care most about, can access in-the-moment support too.

If you are a People Leader, have concerns about a team member, and would like to reach out for some advice then you will be able to call the Management Support line on 0800 111 6385 from 8am-6pm, Monday-Friday.

[Click here](#) for further information on the Employee Assistance Programme.



How to access Vita Health Group?

1. Call the 24 hr freephone helpline number **0800 111 6387**
2. Sign-up via the [website here](#)
3. Using the Vita Care app (available at the [App Store](#) or [Google Play](#))

In all circumstances you'll need to use organisational code: **WestminWell**



Wellbeing Pioneers

The Wellbeing Pioneers are a group of colleagues who are passionate about Health and Wellbeing; and

made up of people from across all areas and levels of the council. The role of the Wellbeing Pioneers is mainly to champion employee Health and Wellbeing in their business area, lead on the Health and Wellbeing Strategy, signpost colleagues to existing services and also plan initiatives or activities in their areas where time and space allow. [Click here](#) for the current list of Wellbeing Pioneers.



Staff Networks

Being part of a Staff Network is a great way to collaborate, support colleagues and raise awareness of things we have in common. Networks look at how issues affect us as staff and find innovative ways to celebrate and promote the diverse backgrounds of all staff. This helps to ensure everyone feels included in the work of the council.

- Global Majority Staff Network
- Multi-Faith Staff Network
- Family Loop (Carer's Network)
- Rainbow Network
- Accessibility Network
- Women's Network
- Young Professionals Network
- Equality Diversity & Inclusion Champions
- Wellbeing Pioneers.

Click here to [join our Staff Networks](#) or [become an EDI Champion](#) for more information on how to join Westminster Council staff networks and a list of current EDI Champions.

Self-care for Frontline Workers Toolkit

Groundswell have developed a [Self-Care for Frontline Workers Toolkit](#) to help staff working directly with clients understand and respond to the barriers they may face in practice. Although aimed at homelessness and supported accommodation pathways the toolkit provides an excellent resource for staff across all housing tenures.

The aims of the toolkit are:

- Describe how a client's behaviour can impact staff members.
- Provide information about compassion fatigue so that staff can recognise it.
- Describe how burn-out can affect both the client and staff member.
- Provide a list of self-care methods examples that could be used to reduce burn-out.

And finally... "Hoarding is not just a thing": a wordplay reproduced with permission of the author, Mr Tienga Ngale, Social Worker in the Westminster ASC South Complex Team.



Hoarding is not just a thing

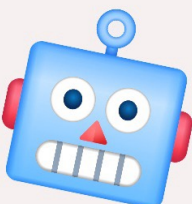
In a house of stacks and towering piles,
Where time stands still in forgotten aisles,
Newspapers yellow, trinkets rust,
Dust on dreams and layers of trust.

The walls press close, the air runs thin,
A heart too full, yet empty within.
"Just one more thing," the whisper calls,
As silence weeps through crumbling walls.

The place is stack full of crawlers
The cockroaches, insects and spiders
Their webs, sitting atop the clutter
I see them all, but not the disorder.



But then—a knock, a gentle hand,
A social worker takes a stand.
Not to judge, nor to demand,
But simply there, seeking to understand.



With patient voice and steady grace,
They help untangle time and space.
Not just the clutter, but the fear,
The wounds unseen, the ties severe.

For, hoarding is not just things confined
It's loneliness in boxes signed,
It's sorrow saved, it's love delayed,
A heart afraid to be betrayed.

Yet step by step, they clear the way,
Not just the mess, but shadows gray.
A bridge to hope, a path restored,
One opened window, one unlocked door.

So see the hands that work unseen,
The ones who mend what's torn between
The weight of stuff and weight of care.
The light is there for hope.



@TiengafN
07/09/2025



Appendices

LIST OF ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Syndrome
AMHP	Approved Mental Health Professional
ASB	Anti-Social Behaviour
ASC	Adult Social Care
ASCMH	Adult Social Care Mental Health (Teams)
BPS	British Psychological Society
CBT	Compulsive Behavioural Therapy
CLAAS	Central London Adult Autism Service
CNWL	Central and North West London (NHS Trust)
CPN	Community Psychiatric Nurse
DPA	Data Protection Act (2018)
DSM	Diagnostic and Statistical Manual (of Mental Disorders)
EAP	Employee Assistance Programme
EDI	Equality Diversity & Inclusion
EDT	Emergency Duty Team (ASC Out of Hours Service)
EWCOF	England and Wales Court of Protection
EWHC	England and Wales High Court
GDPR	General Data Protection Regulations
GP	General Practitioner (Primary Healthcare)
HD	Hoarding Disorder
HFSC	Home Fire Safety Checker
HFSV	Home Fire Safety Visit
HHSRS	Housing Health and Safety Rating System
HTT	Home Treatment Team (CNWL)
KCW	Kensington & Chelsea, Westminster
LFB	London Fire Brigade
MCA	Mental Capacity Assessment
MDT	Multi-Disciplinary Team
MHA	Mental Health Act
MMF	Man-made Mineral Fibres
MP	Member of Parliament
NHS	National Health Service
NRT	Nicotine Replacement Therapy

OCD	Obsessive Compulsive Disorder
ORD	Operational Risk Database
PACE	Police and Criminal Evidence Act
PCN	Primary Care Network (Secondary Mental Health Services)
PTSD	Post-Traumatic Stress Disorder
RBKC	Royal Borough of Kensington and Chelsea
RSPCA	Royal Society for the Prevention of Cruelty to Animals
SAEB	Safeguarding Adults Executive Board
SCIE	Social Care Institute for Excellence
SNAH	Self-Neglect and Hoarding
SMI	Severe Mental Illness
SPA	Single Point of Access (Mental Health Services)
WCC	Westminster City Council
WHO	World Health Organisation
WLDP	Westminster Learning Disability Partnership

SNHA1 REFERRAL FORM

Self-Neglect/Hoarding Alert Form (SNHA1)

Adult Social Care

CONTACT DETAILS

Information & Advice Team: 020 7641 2500

Emergency Duty Team: 020 7641 2388

Email: adultsocialcare@westminster.gov.uk

DETAILS OF SELF-NEGLECT/HOARDING CASE

Name				Mosaic ID (ASC use only)	
Address					
DOB		AGE		GENDER	
SERVICE USER GROUP	Learning Disability			Mental Health	
	Older Person			Physical & Sensory	
	Substance Misuse			Other vulnerable person	
ETHNIC ORIGIN	White British	White Irish	Other White		
	White British	White Irish	Other White		
	White Traveller of Irish Heritage		White Gypsy/Roma		
	Black Caribbean	Black African	Other Black		
	Indian	Pakistani	Bangladeshi		
	Chinese	Other Asian	Other		
	Mixed White and Black African	Mixed White and Black Caribbean	Mixed White and Asian		
DATE & TIME OF REFERRAL					
TENURE	Homeowner			Leaseholder	
	Council Tenant			Private rented	
	Housing Association Tenant			Temporary Accommodation	
	Other				
SOURCE OF REFERRAL	Neighbour			GP	
	Housing			Police	
	Social Worker/ Community Nurse			London Fire Brigade	
	Floating Support Worker			Residential Environmental Health	
	Other			Hospital	

DESCRIBE THE NATURE OF THE CONCERNS REGARDING THE SELF NEGLECT OR HOARDING BEHAVIOUR Please provide as much information as possible.	Please also attach a copy of the Clutter Index Rating sheet (with score) and a completed Self Neglect and Hoarding Risk Assessment form.	
WHAT ARE THE PERSON'S VIEWS AND WISHES IN RELATION TO THE CONCERNS?		
HAS THE PERSON CONSENTED TO THIS REFERRAL?	Yes	No (please delete as appropriate)
	Unable to provide consent (please explain)	

CLUTTER IMAGE RATING SCALE

The kitchen, bedroom and living room images used by the International OCD Foundation and adopted by local authorities and Fire Services throughout the UK can be found [here](#).

Clutter Image Rating: Living Room

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



Clutter Image Rating: Bedroom

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



LEGAL FRAMEWORKS

AGENCY: COMMUNITY PROTECTION

Legal Power and Action	Circumstances requiring intervention
Enforcement Notice (S83 – 85 Public Health Act 1936) The local authority can serve a legal notice requiring the owner/occupier to cleanse the property and/or eradicate any pests on site. If the owner/occupier fails to comply the local authority can carry out the work in default and recover all costs incurred.	Filthy or unwholesome condition of premises (cleanliness not structural concerns), infestation of premises by pests, cleansing or destruction of filthy or verminous articles, cleansing of verminous persons and their clothing.
Power of entry/warrant (S287 Public Health Act 1936) Gain entry for examination/execution of necessary work required under Public Health Act. Police attendance required for forced entry.	Applies to all tenure including Leaseholders/ Freeholders.
Environmental Protection Act 1990 Authorised officers of the local authority can through the service of statutory notices on owners and occupiers of property require the abatement of a range of problems, including 'any premises in such a state as to be prejudicial to health or a nuisance' and 'any accumulation or deposit' which meets the same test. 'Premises' includes open land such as a garden.	
Prevention of Damage by Pests Act 1949 Local authorities can through service of a statutory notice require steps (such as the removal of materials providing food or harbourage) to be taken by occupiers to keep land clear of rats and mice. Whereas Public Health Act powers tend to be used for internal clearance, the 1949 Act tends to be used for clearing gardens or external areas.	

AGENCY: POLICE

Legal Power and Action	Circumstances requiring intervention
Power of Entry (S17 Police and Criminal Evidence Act 1984) Person inside the property is not responding to outside contact and there is evidence of danger.	Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb.

AGENCY: COMMUNITY PROTECTION / HOUSING / PROVIDER SERVICE

Legal Power and Action	Circumstances requiring intervention
Anti-Social Behaviour (Crime and Policing Act 2014) S1/5/6 A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in anti-social behaviour. S43 Community Protection warnings and notices can be issued where the conduct of an individual is having a detrimental effect, of a persistent or continuing nature, on the quality of life of those in the locality, and the conduct is unreasonable. The warnings and notices can require a behaviour stops or can require a different type of behaviour to occur i.e. stop collecting waste, do engage with local charities or organisations that can provide support as regards to hoarding behaviour or social isolation. Injunctions are a more significant step or escalation if the behaviour continues and cannot be controlled in any other way and possible final step before eviction proceedings.	Conduct by the tenant which is capable of causing housing-related nuisance or annoyance of any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or local authority housing.

AGENCY: PLANNING

Legal Power and Action
Town and Country Planning Act 1990 S215 Provides a power to require the owner or occupier of land which is adversely affecting the amenity of an area to return it to an appropriate condition. These powers deal with situations where the material is visible to neighbours or other persons living in the community and which is harmful to the amenity or quality of the environment.

AGENCY: HOUSING

Legal Power and Action
Housing Act 2004 Allows Local Authority Housing (LAH) to carry out risk assessment of any residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. If the hazard is a category 1 there is a duty by the LAH to take action. If the hazard is a category 2 then there is a power to take action. However, an appeal is possible to the Residential Property Tribunal within 21 days. A LAH can prosecute for non-compliance.

AGENCY: HOUSING

Legal Power and Action

Hazards in Social Housing Regulations 2025 (Awaab's Law)

Awaab's Law came into effect in October 2025. This new law places a legal duty on social landlords to act quickly on damp and mould hazards. Under Awaab's Law social landlords must meet the following timeframes:

- Emergency hazards (e.g. where there is an immediate risk to life or serious harm): Investigate and complete safety work within 24 hours of becoming aware.
- Significant hazards (e.g. serious damp and mould that poses a health risk): Investigate within 10 working days of becoming aware.
- Provide a written summary of findings within 3 working days of completing the investigation.
- Complete relevant safety work within 5 working days of the investigation concluding.
- Begin or take steps to begin any further preventative work within 5 working days of the investigation concluding.
- If further work cannot begin within 5 days, it must start as soon as reasonably practicable and within 12 weeks.
- If the property cannot be made safe within the required timeframes, suitable alternative accommodation must be provided.

In October 2026 the regulations will extend to include the following hazards where they present a significant risk of harm:

- excess cold and excess heat
- falls associated with baths etc., on level surfaces, on stairs and between levels
- structural collapse, and explosions
- fire, and electrical hazards
- domestic and personal hygiene and food safety

In 2027, the regulations will extend to all remaining HHSRS hazards (apart from overcrowding) where they present a significant risk of harm.

AGENCY: PRIVATE SECTOR HOUSING (HOUSING STANDARDS)

Legal Power and Action

Housing Act 2004

Introduced the Housing Health and Safety Rating System which is concerned with the assessment of deficiencies in the design, construction and maintenance of dwellings, but does not cover the behaviour of occupiers. Hoarders may nevertheless live in properties which are in disrepair, sometimes extreme disrepair (and poor electrical wiring may exacerbate fire risk). This can prompt action by the local housing authority, usually in the forms of improvement or Prohibition Notices and where there is an imminent risk of serious harm, their emergency variants.

AGENCY: ENVIRONMENTAL HEALTH AND PUBLIC HEALTH

Legal Power and Action

Part 2A Orders

A local authority can apply to a Justice of the Peace (JP) for a Part 2 Order if it considers it necessary to deal with a threat to human health from infection or contamination that presents, or could present, significant harm. It is for the JO to decide whether an order is necessary. If the JP is satisfied by the local authority's case, an order can be made.

This power is considered a last resort when other interventions have either failed or are not suitable.

A Part 2A Order can be made in relation to:

- A person (or persons)
- A 'thing' (or things)
- A body or human remains
- Premises
- To require a person to give information about a 'related party', 'related person' or 'related thing' as relevant to a particular case.

AGENCY: ANIMAL WELFARE AGENCIES, SUCH AS RSPCA, THE LOCAL AUTHORITY, ENVIRONMENTAL HEALTH

Legal Power and Action	Circumstances requiring intervention
Animal Welfare Act 2006 Offences (Improvement Notice) Education for owner a preferred initial step, improvement notice issued and monitored, if not complied can lead to a fine or imprisonment.	Cases of animal mistreatment/neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met.

AGENCY: MENTAL HEALTH

Legal Power and Action	Circumstances requiring intervention
Mental Health Act 1983 S135(1) Provides for a police officer to enter a private premises, if need be, by force, to search for an, if thought fit, remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. Note: Place of safety is usually a mental health unit but can be the A&E department of a general hospital, or anywhere willing to act as such.	Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being: • Ill treated • Neglected • Being kept other than under proper control • If living alone, is unable to care for self, and that the action is a proportionate response to the risks involved.

AGENCY: ALL / LOCAL AUTHORITY

Legal Power and Action	Circumstances requiring intervention
Mental Capacity Act (MCA) 2005 A decision can be made about what is in the best interests of a mentally incapacitated person by an appropriate decision-maker under the MCA. It is important to follow the empowering principles of the Act and ensure that any actions taken in a person's best interests are the less restrictive option available. Note: Where the decision is that the person needs to be deprived of their liberty in their best interests in a care home or hospital, a Deprivation of Liberty Safeguards (DoLS) authorisation may be required. In circumstances where a person is objecting to being removed from their home, or to any DoLS authorisation, referral to the Court of Protection may be needed and legal advice should be sought.	• A person who lacks mental capacity to make decisions about their care and where they should live, is refusing intervention and is at high risk of serious harm as a result.

AGENCY: ALL

Legal Power and Action	Circumstances requiring intervention
Inherent Jurisdiction of the High Court	In extreme cases of self-neglect, hoarding where a person with capacity is at risk of serious harm or death, and refuses all offers of support, interventions or is unduly influenced by someone else, application to the High Court for a decision could be considered. The High Court has powers to intervene in such cases, although the presumption is always to protect the individual's human rights. Legal advice should be sought before taking this option.

WESTMINSTER HOUSING CONTACTS

Key Housing contacts are:

Neighbourhood Teams if the resident is in permanent accommodation including Community Supported Housing schemes.

Contact the appropriate Area Service Centre directly if the tenants' home address is known. Housing Service Centres are also open 9am to 5pm, Monday to Friday. Alternatively email: housing.enquiries@westminster.gov.uk or call **0800 358 3783**.

Details for all Westminster housing teams can be found [here](#).

South Area Service Centre

📍 137 Lupus Street, SW1V 3HE

✉ housingservicessouth@westminster.gov.uk

West Area Service Centre

📍 155 Westbourne Terrace, W2 6JX

✉ housingserviceswest@westminster.gov.uk

North Area Service Centre

📍 1 Glasgow House, Lanark Road, W9 1QY

✉ housingservicesnorth@westminster.gov.uk

Central Area Service Centre

📍 24 Lilestone Street, Lisson Green Estate, NW8 8SR

✉ housingservicescentral@westminster.gov.uk

For residents in **temporary accommodation** or **supported housing** contact the Housing Needs Teams via email: hnenquiries@westminster.gov.uk

Contact Environmental Health for **homeowners, leaseholders** and residents in the **private rented sector** via email: RES@westminster.gov.uk

For residents living in **Housing Association** properties (e.g. Notting Hill Genesis, Peabody Housing or Clarion Housing) contact the respective landlord directly.

Clarion Housing

☎ 0300 500 8000

🌐 [Contact us – Clarion Housing](#)

Notting Hill Genesis

☎ 020 3815 0000

🌐 [Contact us – Notting Hill Genesis](#)

Peabody Housing

☎ 0300 1233456

🌐 [Raise a concern – Peabody](#)

Contact details for other Housing Associations currently operating in [Westminster](#).

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