



HOARDING POLICY AND PROCEDURE

Responsible Director: Head of Homes and Wellbeing

Responsible Manager: Head of Homes and Wellbeing

Last updated: February 2018

Next update: **Under Review**

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1. PURPOSE

- 1.1 NCHA is committed to ensuring that our estates are places where people want to live and feel safe by maintaining estates according to the 'Managing Your Estate' Service Standard. As part of that, it is necessary to ensure that the safety of tenants is paramount and that they all live in comfortable conditions.
- 1.2 The Hoarding Policy and Procedure ('the policy') supplements NCHA fire safety policy arrangements and contributes to the health and safety management system and complements the Adult Safeguarding Policy.
- 1.3 The purpose of the policy is to provide guidance in managing tenants and residents who are identified as people with hoarding tendencies.

2. RESPONSIBILITIES

- Estate Officers
- ASB Officers
- Contractors
- NCHA Maintenance
- Service Managers
- Housing Managers
- Housing Officers
- Scheme Managers

3. GENERAL PRINCIPLES

- 3.1 It is recognised amongst professionals that work with hoarding that agency intervention has a low success rate, and that reoccurrence of hoarding is high.
- 3.2 Multi agency approaches are often the most effective, and long term support is recommended.
- 3.3 Legal intervention, where mental capacity exists and the impact on others is material should be kept to a minimum as it is often not cost effective.
- 3.4 In the most extreme situations, where the individual presents such a risk to himself and others, and where it is suspected that a mental health condition exists, it may be appropriate to request a Mental Health Act Assessment is carried out by the appropriate mental health professional. The appropriate person will be able to enter the home with a warrant under Section 135 of the Mental Health Act and remove the individual for an assessment.

4. REFERENCES

C01 ASB and Hate Crimes Policy
CO1b ASB Procedure
C06 Estate Management Policy
B19 Safeguarding Adults Policy
Care Act 2014
Health & Safety Fire Safety Management Policy

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5. INTRODUCTION

- 5.1 Hoarding became recognised officially in 1980. It was believed hoarding developed as a rare side effect of Obsessive Compulsive Personality Disorder (OCD). In 1996 hoarding became a larger focus for psychologists and in 2013 it became its own recognised disorder under the Mental Health Act.
- 5.2 There has been an increase in the number of reported hoarding cases and NCHA has seen a few in recent years. If hoarding goes unnoticed for a number of years, the consequences can become uncontrollable. The property becomes unliveable often resulting in the person having none of the basic amenities that are required such as access to a working bathroom.
- 5.3 Other issues may also arise such as the risk of a fire occurring and the ability for people living within the property to evacuate safely. Fire can also spread to neighbouring properties if the level of hoarding is severe or if flammable items such as gas containers are being stored. There is additionally a high risk to fire fighters when they attend the scene.
- 5.4 Providing help for tenants who have hoarding tendencies can often be difficult as tenants may not engage, they may label themselves as something else (such as a collector), or they may fail to realise that they have an issue. It can also be difficult to find support from the right department e.g. Environmental Health, Social Services, Mental Health, etc.
- 5.5 Many, if not all, cases will have a need for a multi-agency approach so that each case can be dealt with in an effective and co-ordinated way with input from relevant organisations.

6. CHARACTERISTICS OF A PERSON WITH HOARDING TENDENCIES

- 6.1 It can be difficult to identify a person who has hoarding tendencies as the indicators are not always clear and not all people carry the same characteristics. People with hoarding tendencies may accumulate items for:
 - Sentimental value – emotional attachment or to remember an important life event
 - Utility value – the item could be useful
 - Visual value – the item is considered to be attractive or beautiful
 - Circumstantial – outside circumstances may have resulted in items having to be stored within the property until an alternative place can be found
- 6.2 However, items kept by people with hoarding tendencies can often differ from those kept by the general population and the behaviour differs in extent. The issue may be 'acquisition' of additional items or inability to discard existing items (including rubbish). Some people with hoarding tendencies manifest the following characteristics:
 - Isolated or extremely private individuals, often living alone.
 - Showing signs of self-neglect and/or 'eccentric' behaviour.

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- Experienced loss or trauma – death of a close relative, separation or divorce, redundancy or other serious life event.
- Embarrassment of letting people into the property.

6.3 However, some people with hoarding tendencies may be well-presented to the outside world, appearing to cope with other aspects of their life quite well and giving no indication of what is going on behind closed doors.

6.4 Health implications can be:

- Living in squalid conditions, infestations and associated diseases.
- Limited cooking, bathing, heating facilities – sometimes no connected utilities at all.
- Self-neglect leading to other medical complications.
- Lack of mental capacity leading to unwise decision making.
- Anxiety and depression.
- Serious risk to life.

6.5 Associated disorders may include:

- Post-Traumatic Stress Disorder (PTSD).
- Obsessive Compulsive Disorder (OCD).
- Dementia.

7. INTERVENTION AND ENFORCEMENT MEASURES

7.1 Support

7.1.1 Where family and friends are already involved and willing to cooperate, their assistance can be valuable and it can give useful insight into a case, for example, where the issues may be traced to historical or learned behaviour. However, this involvement may raise tension with the individual and Data Protection implications will need to be considered. The priority has to remain on engaging the tenant personally, wherever possible.

7.1.2 Where an individual is already engaging with a support service, it would be practical to work alongside this existing arrangement, especially where there is an established relationship, as people with hoarding tendencies are frequently mistrustful of new services intervening.

7.1.3 Where the individual is not currently engaged, but appears willing to accept assistance, it may be possible to engage floating support to work with them for a limited period. Floating support maybe offered even if other support measures are in place.

7.1.4 Where support is offered and refused, it is important to note this in records as this may be crucial evidence later if legal action is required. A joint meeting of agencies may be useful at this point.

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7.1.5 It is important that with any hoarding case a referral is made to Mental Health. As hoarding is now a recognised mental illness, Mental Health will need to be involved from the very beginning, if they are not already. **Hoarding is also a safeguarding issue because it is identified as an example of self-neglect in the statutory guidance to the Care Act 2014.**

7.2 Capacity

7.2.1 It should be assumed that every person has the capacity to make decisions, unless they have been tested and found to lack capacity. Any test of capacity must be with regard to the particular decision being made at that time. This means that a person may be able to make decisions about one aspect of their life but may lack the capacity in another. In cases of hoarding, focus on the decision making processes for this aspect where they lack capacity.

7.2.2 Be aware of the 5 principles of the Mental Capacity Act:

1. Every adult has the right to make his/her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions
4. Best interests – anything done for or on behalf of people without capacity must be in their best interests
5. Least restrictive intervention – anything done for or on behalf of people without capacity should be an option that is less restrictive of their basic – as long as it is still in their best interests

7.2.3 An initial mental capacity test does not need to be taken by a health professional – see appendix 4 for the initial Mental Capacity Assessment form. This is a two stage test – to check whether there is an impairment of or disturbance of the mind, sufficient to affect capacity decisions and then to test whether it is affecting this particular decision. Where the initial mental capacity test appears to indicate a lack of capacity, the assessment should be documented. A referral may then be made to the relevant organisation. Capacity can be re-assessed, when appropriate, as an individual's capacity may change over time, in very different circumstances and for different decisions.

7.3 Clearance

7.3.1 Where the individual is willing to engage, it may be possible to help them to plan and manage their own clearance or engage with an organisation that can assist them. The involvement of the individual in the process can be more time-consuming as they will often need time and help to assess each item. However, including them in the process can be more successful in the long term.

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7.3.2 It is important that you get the individual starting to clear items in the first instance before a full scale clean is arranged. It is also important that for any agreed clearance, a disclaimer (**Appendix 10**) is signed so that if any disputes arise at a later date, there is evidence to state that the individual was aware of what was going to occur.

7.3.3 To aid with clearance, you may need the assistance of a cleaning team or a specialist team plus the hire of a skip and other requirements. Quotes will be needed and set against the budget before work can go ahead. The final decision to clear a property must sit with the estate officer. In the majority of cases, it will be important to work with the tenant and get them to clear their property with help. In some cases, a specialist clearing team will be needed:

- If the hoarding is at such an extent that the structure of the building is unsafe.
- There is an imminent risk to life due to materials hoarded.
- There is an imminent risk to others.

7.3.4 If a cleaning company is arranged to go in, it is important that photos are taken of everything that it taken out of the property and that a disclaimer is signed by the individual that states they are happy with what has been removed from the property. If the individual does not have the mental capacity to sign such a document, this needs to be signed by either a family member or by a support worker.

7.3.5 There may be some cases where NCHA will pay for the clearance of the property. In order for this to occur, the following criteria must be met:

- The property causes a serious risk to life.
- The individual does not have the capacity to make decisions or understand the decisions they need to make.
- The individual does not have the capability to clear the items due to disability/impairment.
- Apparent and assessed lack of financial resources.

7.3.6 If the property is causing a serious risk to life and the individual has capacity and capability then the cost for clearance will be recharged to them. This will have to be reviewed on a case by case basis in conjunction with the Service Manager.

7.4 Enforcement

7.4.1 In some cases enforcement action may be required in line with the terms of the tenancy. This may be in the form of an injunction and or possession order to:

- Gain access to the property.
- Examine/execute necessary work.

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- Gain possession of the property.

7.4.2 Enforcement action would usually only be taken where:

- Other action has been attempted and refused or failed.
- There are limited options available due to the tenure of the property or the status of the individual.
- The case poses serious and immediate risks that require a legal resolution.

7.5 Support

7.5.1 Short sharp solutions may resolve immediate issues that need to be dealt with but tend not to be sustainable. Hoarding behaviour can often return if the underlying cause is not dealt with. Some support solutions include:

- Action plan to be put into place in the first instance.
- Support package.
- More frequent visits from the estate officer.
- Regular updates/ meetings with relevant agencies.
- Domiciliary or healthcare package.
- A cleaner on site every week to help keep on top of cleaning.
- Counselling.
- Cognitive behaviour therapy.
- Assistance with moving home or property adaptation.
- A home safety check by Fire and Rescue Service.
- Power of attorney or authorised advocacy provision.

8. PARTNERSHIP WORKING

8.1 Joint Agency Meetings

8.1.1 Joint agency meetings should be held in order to discuss cases where:

- There is currently no agency involvement
- Support is needed from other involved agencies to assist the individual

8.1.2 Where the individual is already known to one or more agency, these should be met with to discuss the best course of action. Where the individual is not known to other agencies, this meeting will help to establish the best agency/agencies to assist the individual.

8.1.3 These meetings should be arranged locally. If the case is particularly complex, then consideration should be given to pass it through to the JAG/Vulnerable People Forum following the relevant referral process.

8.2 Mental Health

8.2.1 Mental Health will need to be involved with any hoarding case. If the tenant already has a Mental Health coordinator then these will need to be contacted and kept

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informed of any issues and any plans put into place. If they are not involved, the tenant should be referred to them and followed with engagements to discuss the issues surrounding the referral.

8.3 Fire and Rescue Service

8.3.1 The Fire and Rescue Service should be informed of any high risk hoarder, especially if they are within a property which may affect others if something were to occur, such as a block of flats. Referrals should be made through the Fire Safety and First Aid Officer in the first instance.

8.4 Joint Agency Meeting Representatives

8.4.1 The meeting should be comprised of named representatives from a range of organisations. The following services should be in attendance:

- NCHA
- Environmental Health
- Adult Services
- Fire & Rescue Service
- Community Nurses
- Police
- Community Protection Officers

8.4.2 It is also prudent to ensure that there are no safeguarding issues within any case. If it is felt that there are safeguarding issues, the case will need to follow the safeguarding referral process.

9. TRAINING

9.1 Training will be provided for all members of staff who have the potential to have to manage a hoarding case. In most cases this will be estate officers. Training will focus on how the Policy works and how best to offer the help and advice needed in all cases. Hoarding cases can often be difficult and the training will need to reflect this.

APPENDICES AND GUIDANCE

Appendix 1 – The Hoarding Process and Notes

Appendix 2 – First visit expectation

Appendix 3 – Initial contact letter

Appendix 4 - Hoarding screening assessment

Appendix 5 – Clutter rating table

Appendix 6 – Clutter image rating: Kitchen

Appendix 7 – How to identify someone with hoarding tendencies

Appendix 8 – Initial Mental Capacity Assessment form

Appendix 9 – Nottinghamshire Fire & Rescue Service referral form

Appendix 10 – Action plan form

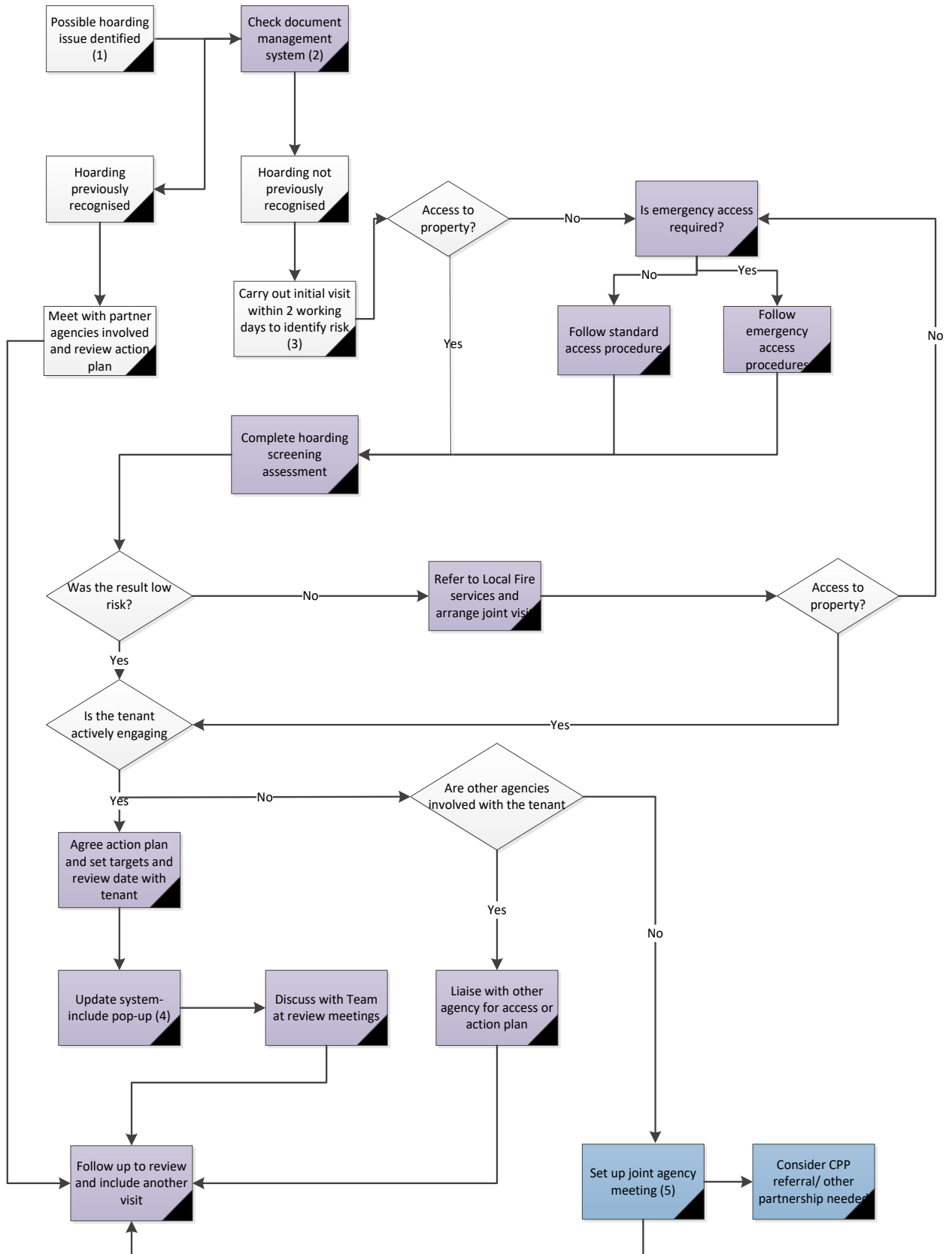
Appendix 11 – Contact list

Appendix 12 – Disclaimer

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APPENDIX 1 – The Hoarding Process

HOARDING PROCESS



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Notes

These numbered notes refer to the numbered boxes in the flow chart above:

1. A hoarding issue can be brought to your attention through many different variants such as:
 - Tenancy visits
 - Repair visit/Gas service
 - Complaint from neighbours
 - External agency contact
 - Fire Service initiatives
2. You are asked to check the tenancy file to see if there are any previous reports of hoarding tendencies if you are not already aware of any being raised, and to see if there are any agencies involved with the tenant.
3. There are tools in the appendices of this policy to assist with completing the initial hoarding assessment. Use the clutter rating table and the initial assessment form to help you come to a conclusion.
4. Adding a marker to the person on the system is a good way of keeping track of people who have a tendency to hoard if they should move property. It also advises people visiting the property that there is a recognised person with hoarding tendencies as this can often impact on repairs.
5. A joint agency meeting is a meeting set up by the estate officer with agencies which may be relevant to the case such as Adult Services, Environmental Health, Fire Service, Mental Health, to ensure the case is dealt with by the correct person(s) and to ensure that the individual receives the support they need.

Please note that the process is a guidance process only and that every individual should be handled on a case by case basis.

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APPENDIX 2 – First visit expectations

If you have a new case, an assessment will need to be carried out which means that the individual will need to be written to. Please use standard letters (an example of which is in appendix 2) to arrange a visit.

If the individual cannot be written to, please contact the individual using the letter in appendix 2 as a guide for the script.

The expectation of the first visit is to establish a good relationship with the individual and to see what targets you can set. Do not expect for all of the items to be cleared immediately, or before your next visit as this will cause the individual to disengage.

During the first visit use the action plan as in appendix 7 to set some targets for the individual with deadlines to meet them. For example, fill 2 black bags with items that you no longer need in one week. Re-arrange a visit and on the second visit in one week's time, throw those two bags away.

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APPENDIX 3 – Initial contact letter

My Ref:

Your Ref:

Date:

ADDRESS

Dear Sir/Madam,

I would like to arrange a meeting with you to discuss your support needs to ensure that NCHA is supporting you in the correct manner.

The meeting can either take place at your home or at your local housing office, this is your choice. You can also bring someone along to support you if required, like a member of the family, a friend or a support worker.

Please contact me on Tel: 0115 xxxxxxx so that we can arrange a suitable time to meet.

I look forward to hearing from you.

Kind regards

<Signature>










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APPENDIX 4 – Hoarding screening assessment form

Reference number		Name	
Housing Office		Date	
Personal information			
Name of tenant			
Age		Gender	
Address being referred			<input type="checkbox"/> House <input type="checkbox"/> Flat <input type="checkbox"/> Bungalow
Please remember to take photos of the property if possible			
Disability	<input type="checkbox"/> Mobility Wheelchair user Stick user Short distance	<input type="checkbox"/> Impairment Hearing Sight Other	<input type="checkbox"/> Mental Health Dementia Limited capacity Any other diagnosis
<input type="checkbox"/> None			
Language			
Screening questions			Yes
No			
Are items limiting the free movement and/or entrance/exit to the property?			
Is the functionality of the bathroom/kitchen limited?			
Is the person living in one room?			
Are items spilling over into the garden?			
Are items spilling over into the communal area?			
Are items stacked in such a way that they are a risk?			
Have there been complaints from the neighbours?			
Are neighbouring properties affected in any way?			
Are there pest control issues?			
Are there any urgent health and safety issues e.g. outstanding gas safety check?			
Does this person have a history of hoarding?			
Are there any agencies already involved?			
Person questions			
Are there any rooms that you cannot get into?			
Are your utilities/heating disconnected?			
What are you using for heating?			
Do you have any urgent repairs which need to be done?			
Have you suffered any trauma in the past i.e. loss of family?			
Do you have any regular visitors to your property i.e. family?			
Do you have any support in place from family/friends/support worker?			
Are you aware that this is considered hoarding and is hazardous to your health?			

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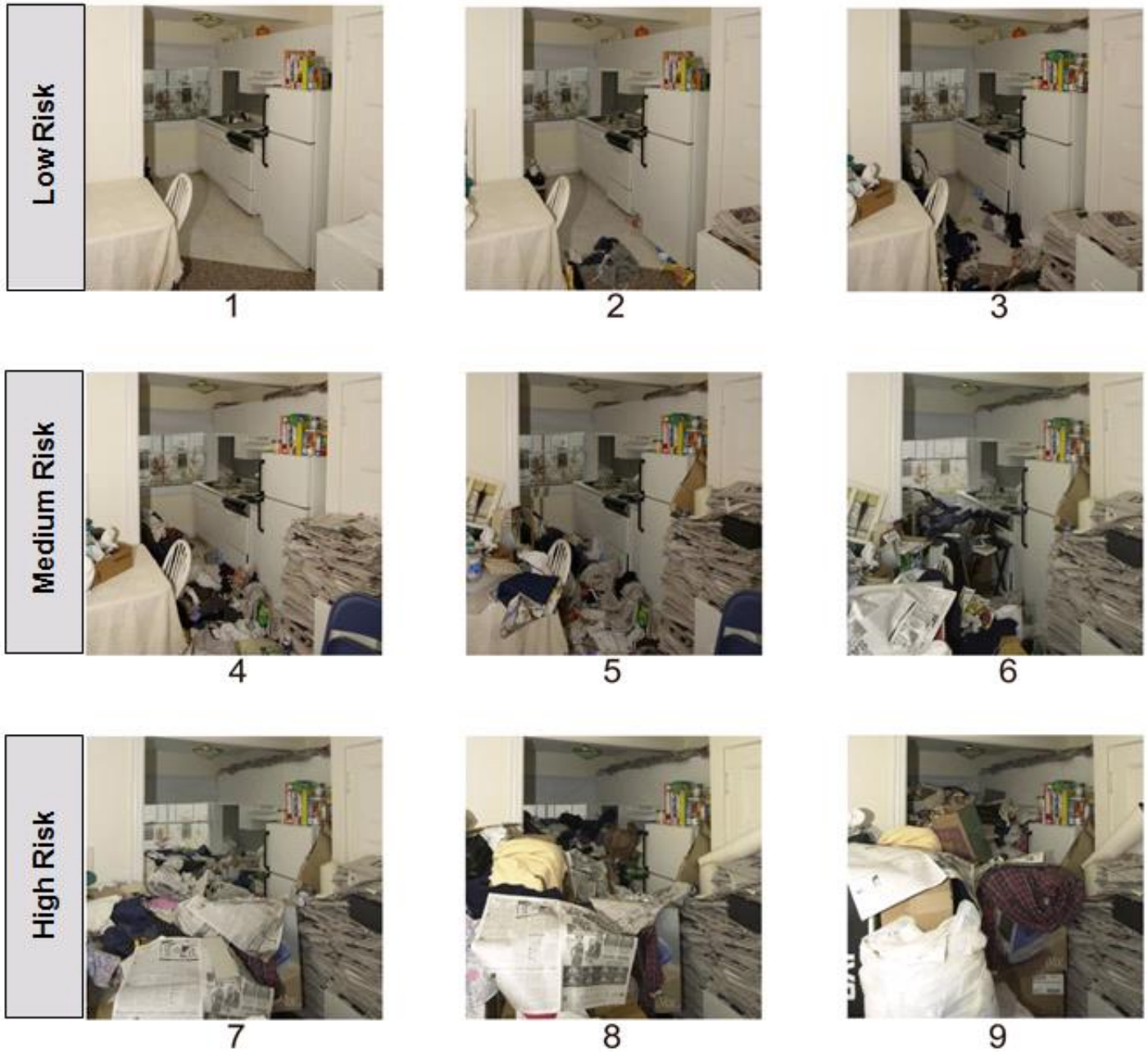
APPENDIX 5 - Clutter Rating table

Low Risk	   <p style="text-align: center;">1 2 3</p>
	<ul style="list-style-type: none"> • All doors, stairways and windows accessible • All utilities functional • No evidence of pests • Clutter obstructs some functions of key living area – looks untidy • Safe and maintained sanitation conditions
Medium Risk	   <p style="text-align: center;">4 5 6</p>
	<ul style="list-style-type: none"> • Blocking of doors, some windows, possibly a major exit • Some utilities not being used e.g. shower now blocked/disconnected • Light infestation of pests (e.g. bed bugs, lice, fleas, rats etc.) • Clutter obstructing functions of key living space, stairs, entrances and hallways • Evidence of non-maintained sanitation conditions (e.g. food preparation surfaces heavily soiled, lots of dirty dishes, obvious odours which irritate) • Evidence of burns to the carpet, clothing etc.
High Risk	   <p style="text-align: center;">7 8 9</p>
	<ul style="list-style-type: none"> • Whole rooms not accessible, exits blocked, windows not able to be opened • Utilities cut off (e.g. no heating, gas capped etc.) • Heavy infestation of pests (rats seen/heard/reported by neighbours, cockroaches, fleas etc.) • Key living spaces not available for use, person living in one room • Evidence of urine/excrement in room, rotting food, very unsanitary conditions • Evidence of previous fire or burns in the carpet, clothing etc.

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APPENDIX 6 – Clutter Image Rating: Kitchen

Suggested risk is shown at left hand side



Images courtesy of Oxford University Press USA (Abstract from Compulsive Hoarding and Acquiring: Therapist Guide by Gail Steketee and Randy O Frost)

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APPENDIX 7 - How to identify a person with hoarding tendencies

It can often be difficult to identify a person with hoarding tendencies until the situation has become so severe that it begins to affect surrounding properties. However it does not have to get to this stage if certain criteria are adhered to. If the following questions can be answered with a 'yes', this is often an indication that someone may need additional support.

Does the tenant live alone?

Often people who have hoarding tendencies live alone. This is not always the case however statistics show that people are more likely to have hoarding tendencies if they live alone.

Is the tenant over 50?

Statistics show that people with hoarding tendencies are more likely to be over the age of 50; however this is not always the case.

Does the tenant have a lack of repairs raised?

Often people who have hoarding tendencies will not allow access to their homes. In addition, as items build up, repairs go unnoticed and therefore unreported.

Does the tenant refuse access for home visits?

People with a tendency to hoard can feel embarrassed by the state of their home or can often feel protective about their items that they are keeping therefore will not allow people to see the property in case they are then asked to remove it.

Does the tenant have a disability or limited mental capacity?

Often people with a tendency to hoard have some sort of disability or a limited mental capacity which means that they are either unable to keep on top of cleaning within their property or have a very different view and feel that the property does not need cleaning as they are still able to manoeuvre in some way, however difficult and limited this may be.

Have there been reports of any kind of infestation within the area?

Often people with a tendency to hoard will keep items which most people may consider to be rubbish. Their properties can be unclean and this can draw the attention of vermin such as rats, fleas and cockroaches. This can impact on the whole neighbourhood.

Have utilities been disconnected?

Quite often electrical and gas supplies will have been disconnected at the property.

Are there items spilling over into the garden area?

With severe hoarding, the property will be so over-stocked that the tenant will begin to store items in the garden.

Are access/egress routes obstructed?

This is more relevant for less severe hoarding. Blocked exits are a good indication that hoarding may become a severe issue. Of course, this also depends on gaining access to the property.

Are they living in one room?

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Living in one room is often a strong indication of hoarding, or maybe a support issue. To aid with this identification the person will seem to be sleeping and cooking within the one room and, quite often also going to the toilet and storing the waste as there will be nowhere suitable to dispose of it.

Does the property have an infestation of any kind?

Infestations can be rats, fleas, cockroaches or other unpleasant insects.

Use the form in appendix 1 to help identify a person with hoarding tendencies and to begin the process to assist the tenant.

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Record of Mental Capacity Screening				
<p>It should be assumed that every person has the capacity to make decisions, unless they have been tested and found to lack capacity for a particular decision. Initial testing should be recorded on this form whenever there is doubt about a person's ability to make a particular decision, and where a decision is likely to have lasting consequences.</p> <p>If you complete this form and undertake the tests of capacity listed below you are acting as a possible 'decision maker' with regard to the particular decision, on behalf of the named tenant/client.</p> <p>The tests may need to be carried out over more than one occasion and once your initial assessment has been carried out you may wish to make a referral to Mental Health for a formal assessment.</p>				
Tenant Name:		Property Ref:		
Completed by:	Job title:	Date:		
Assessment of capability		Yes	No	N/A
Is the tenant in comfortable surroundings (i.e. reasonable time of day, at home, calm, quiet, etc.)?				
Does the tenant have an impairment of the mind or brain (e.g. clinical diagnosis of dementia, learning difficulties, brain damage or severe mental illness)?				
Can the tenant understand information about the decision to be made?				
Can the tenant retain that information in their mind?				
Can the tenant use or weigh that information as part of the decision making process?				
Can the tenant communicate their decision (e.g. by talking, sign language etc.)?				
Referral to Mental Health	Yes	No	Date:	

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APPENDIX 9 – Fire & Rescue Service Referral form Nottingham (*adapt for your region*)

Referral form for partner agencies to refer to NFRS

SECTION 1 – DETAILS OF REFERRING AGENCY

Name of person making contact	
Contact telephone number	
Date of request	
Agency name	
Email	

SECTION 2 – CONTACT DETAILS OF INDIVIDUAL BEING REFERRED

Title		
First Name		
Family name		
Address		
Postcode		
Telephone / mobile		
E-mail		
First language		
If necessary, please include 3 rd person contact, e.g. carer / family.		
Preferred time to contact	AM	PM

Please asterisk (*) your preferred method of contact.

SECTION 3 – ABOUT THE HOUSEHOLD.

	Yes	No
Is this a lone person or single parent household?		
Does anyone smoke inside the property?		
Does anyone have a mobility problem?		
Does anyone suffer from a disability or long term health condition?		
Does anyone light fires inappropriately with matches and lighters?		
Has the occupant had a fire within the last 12 months?		
Are access and exit routes free from obstruction?		
Does the household have working smoke alarms? (one on each level)		
Do you have any other concerns? <i>E.g. scorch or burn marks, cooking practices putting them at risk, threat of arson etc. Please inform us if there is any risk to NFRS employee's e.g. violent behaviour or medical conditions.</i>		

SECTION 4 – PROPERTY TYPE

Type: Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Terrace <input type="checkbox"/> Bungalow <input type="checkbox"/> Flat <input type="checkbox"/> Caravan <input type="checkbox"/> Not known <input type="checkbox"/>
Property Ownership: Owner-occupied <input type="checkbox"/> Rented <input type="checkbox"/>
If rented is it: Family occupied <input type="checkbox"/> Shared accommodation <input type="checkbox"/> Building with common areas (Corridors, staircases, lifts) <input type="checkbox"/>

SECTION 5 – CONSENT

Consent for the Fire Service to contact them?	
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Please note we are unable to contact individuals without their consent.

Please e-mail to vulnerable.people@notts-fire.gov.uk

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APPENDIX 10 – Action plan form

Name of tenant(s):	
Address:	
Name of HPM:	
Date of initial assessment:	

Action Plan

Actions agreed		Date agreed	Complete
<ul style="list-style-type: none"> - Clear access from the front door to the living room - Fill a minimum of 2 black bags for disposal 		01/06/2014	No Yes
Tenant signature	<i>Mr. Bloggs</i>	TEM review dates	
HPM signature	<i>Mr. Smith</i>	03/06/14	17/06/14

Actions agreed		Date agreed	Complete
Tenant signature		TEM review date	
HPM signature			

Actions agreed		Date agreed	Complete
Tenant signature		TEM review date	
HPM signature			

Actions agreed		Date agreed	Complete
Tenant signature		TEM review date	
HPM signature			

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APPENDIX 11 – Contact list Nottingham (*adapt for your region*)

Organisation	Appropriate team/person	Contact details	Who we are
Nottinghamshire Fire and Rescue Service	Risk Reduction Team	0800 022 32325 Vulnerable.people@notts-fire.gov.uk	We carry out home safety checks and pass on safety messages to the general public
Adult Social Care	Adult Contact Team	0115 8838460 Adult.contactteam@nottinghamcity.gov.uk	We deal with a wide range of adult care social services
Children & Young Families	Children and Families	0115 9150800 Childrens.services@nottinghamcity.gov.uk	We help each child have the best start in life
Environmental Health		0115 9152020 Environmental.health@nottinghamcity.gov.uk	We improve the standards of safety and repair in homes
Pest Control		0115 8761166 Pest.control@nottinghamcity.gov.uk	We improve the quality of life and prevent the transmission of diseases by controlling the number of rats, mice and some insect pests
Social Services	Children's Social Services	0115 9150800 Childrens.services@nottinghamcity.gov.uk	We oversee social care services for children and young people
Nottinghamshire Police		101 or 0115 9670999	We protect people and uphold the law
Mental health	Adult Mental Health Services	0115 9691300	

