

## Hoarding, Mental Capacity and the Role of the Court of Protection



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# WHAT WE WILL COVER

- An introduction to hoarding
- An introduction to the COP and its powers
- An introduction to the Mental Capacity Act 2005 ('MCA 2005')
- An introduction to relevant information
- Best interests
- A hoarding case study: A Local Authority v X [2023] EWCOP 64
- Lessons from the case of X
- When to apply to COP
- How to approach difficulties in assessing mental capacity
- Powers of the COP and how to manage underlying issues of hoarding
- Useful resources



## AIMS OF THIS SESSION

1. Understand when an application to the Court of Protection should be made, even if there is limited evidence regarding a client's mental capacity
2. Understand how to approach the difficulties in assessing a client's mental capacity
3. Understand what the powers of the Court of Protection are, and how the underlying issue of hoarding in a client's home can be managed



# AN INTRODUCTION TO HOARDING

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# HOARDING VS COLLECTING?

Table 1: Differences between people who self-identify as collectors and those who self-identify as hoarders

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

Source: British Psychological Society: <https://explore.bps.org.uk/content/report-guideline/bpsrep.2024.inf240b/chapter/bpsrep.2024.inf240b.4>

- No one size fits all approach



- Clutter Image Ratings (Internation OCD Foundation) :  
<https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf>
  - In general, clutter that reaches the level of picture # 4 or higher impinges enough on people's lives that we would encourage them to get help for their hoarding problem



# HOARDING DISORDER

*“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.” (ICD-11)*

- NB Not every service user who hoards will have an existing diagnosis of hoarding disorder. Hoarding may co-occur with OCD or be part of OCD.



# THESE CASES MAY COME TO YOUR ATTENTION...

- Neighbours
- Landlords
- Environmental health
- Fire Brigade
- Family/friends
- GP
- Police
- Local authority professionals





# AN INTRODUCTION TO THE COP AND ITS POWERS

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# THE COP

- What is the Court of Protection?
    - Created by MCA 2005
    - Superior court of record (s.45, MCA 2005)
    - Inquisitorial not adversarial (*Re A (by her litigation friend, the Official Solicitor)* [2024] EWCA Civ 572 at §91)
    - Best interests decisions about those who do not have capacity (as defined in the MCA 2005)
    - Some decisions are excluded (s27-29 MCA 2005)
  - Where is the court?
  - Who can apply?
  - Who is 'P'?
  - P must be over 16 (s2(5) MCA 2005)
- Parties – Local Authority, NHS Trust, family members, P
- Tier 1 – District Judge, Tribunal Judge
  - Tier 2 – Circuit Judge
  - Tier 3 - High Court (all HCJ can deal with COP and some cases must be dealt with in the HC).
- Understanding a case reference:
    - AC and GC (Capacity: Hoarding: Best Interests) [2022] EWCOP 39
    - A Local Authority v X [2023] EWCOP 64



# POWERS OF THE COP

- Declarations regarding capacity – s15
- Decisions/orders – s16
- Dealing with a challenge to a standard authorisation –s21A
- Powers re deputies – s16
- Powers re LPA – ss22-23
- Advance decisions to refuse treatment
- Powers re EPA – schedule 4
- Interim orders (if there is reason to believe that P lacks capacity)
- Other powers incl. getting further information - s49



# AN INTRODUCTION TO THE MENTAL CAPACITY ACT 2005 ('MCA 2005')

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# PRINCIPLES FROM THE MCA 2005

Section 1 sets out general principles:

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## 1 The principles

[...]

- (2) *A person must be assumed to have capacity unless it is established that he lacks capacity.*
- (3) *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.*
- (4) *A person is not to be treated as unable to make a decision merely because he makes an unwise decision.*
- (5) *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.*
- (6) *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.*



# CAPACITY

- Existing diagnosis may be relevant
- But formal diagnosis not required before the court can be satisfied of a finding of a lack of capacity (*An NHS Trust v ST & Anor* [2023] EWCOP 40 at [97]).
- A diagnosis does not always mean a lack of capacity (e.g. *Re Z* [2016] EWCOP 4)
- Mental Capacity Act 2005 ('MCA 2005') & *The MCA Code of Practice* (issued by the Lord Chancellor under s.42 of the MCA 2005)



# DETERMINING INCAPACITY

- ‘Core determinative provision’ (see *A Local Authority v JB* [2021] UKSC 52 at [65])
  - s.2(1):  
*“a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter **because of** an impairment of, or a disturbance in the functioning of, the mind or brain”*
  - E.g. psychiatric illness, learning disability, dementia, brain damage, coma, confusion, shock, drugs, fatigue
  - Because of = causative nexus
- A Local Authority v JB* [\[2021\] UKSC 35](#) [65-79]
- Is P unable to make a decision for himself in relation to the matter? (with support if required) If not,
  - If they cannot, is there an impairment or disturbance in the functioning of their mind or brain?
  - Is so, is the person’s inability because of the impairment or disturbance?



# INABILITY TO MAKE A DECISION

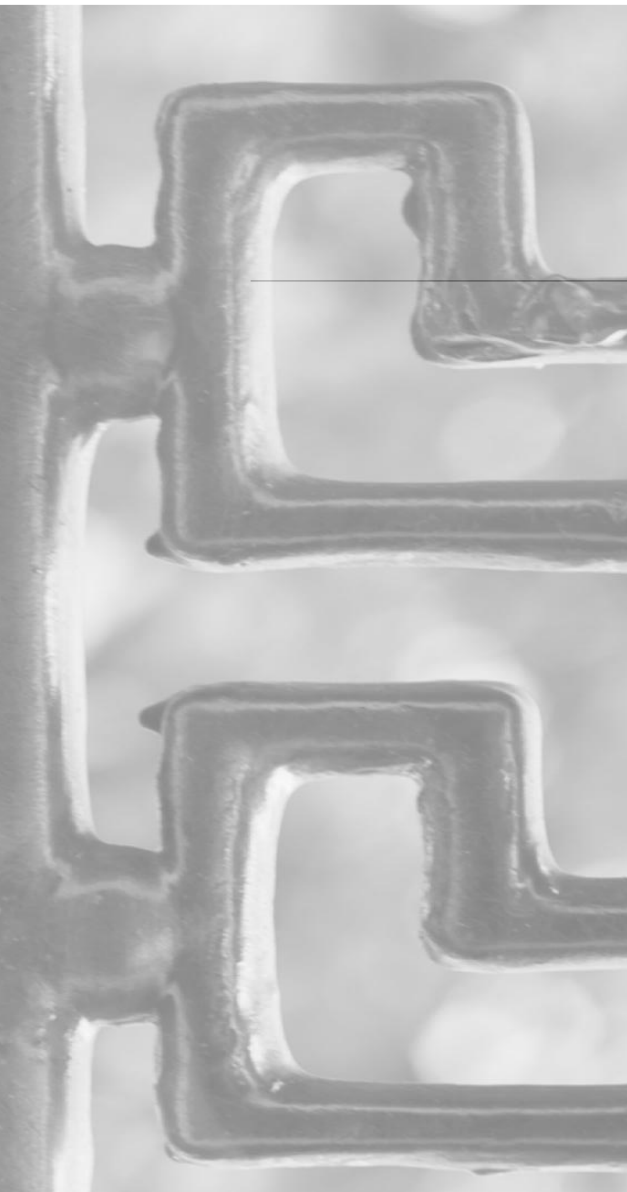
- ‘Functional test’

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## 3 Inability to make decisions

- (1) *For the purposes of section 2, a person is unable to make a decision for himself if he is unable–*
- (a) *to understand the information relevant to the decision,*
  - (b) *to retain that information,*
  - (c) *to use or weigh that information as part of the process of making the decision, or*
  - (d) *to communicate his decision (whether by talking, using sign language or any other means).*
- (2) *A person is not to be regarded as unable to understand the information relevant to a decision if he is able to understand an explanation of it given to him in a way that is appropriate to his circumstances (using simple language, visual aids or any other means).*
- (3) *The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent him from being regarded as able to make the decision.*





- Capacity is time specific and decision specific (*JB* at [82])
- NB:
  - it does not matter if the impairment is temporary or permanent (s2(2))
  - A lack of capacity cannot be established merely by reference to (a) a person's age or appearance, or (b) a condition of his, or an aspect of his behaviour, which might lead others to make unjustified assumptions about his capacity (s2(3))
  - s2(4) – questions about lack of capacity - standard of proof is balance of probabilities



# RELEVANT INFORMATION

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# RELEVANT INFORMATION

- Will vary depending on the particular decision e.g. contact, residence, care, education, marriage
- Will include the reasonably foreseeable consequences of the decision or the failure to make the decision (s3(4))



# RELEVANT INFORMATION

- The relevant information includes the reasonably foreseeable consequences of deciding one way or another (or failing to decide)
- Those reasonably foreseeable consequences can include not just the consequences for P but also, where relevant, the consequences for others
- It is not necessary for the person to comprehend every detail of the issue. It is sufficient if she comprehends and weighs the salient details relevant to the decision





# RELEVANT INFO: RESIDENCE

- 1) what the two options are, including information about what they are, what sort of property they are and what sort of facilities they have;
- 2) in broad terms, what sort of area the properties are in (and any specific known risks);
- 3) the difference between living somewhere and visiting it;
- 4) what activities P would be able to do if he lived in each place;
- 5) whether and how P would be able to see their family and friends if they lived in each place;
- 6) in relation to the proposed placement, that they would need to pay money to live there, that they would need to pay bills, and that there is an occupancy agreement with terms that they must comply with
- 7) who they would be living with at each placement;
- 8) what sort of care they would receive in each placement in broad terms, and any differences
- 9) the risk that family might not want to see P if they chooses to live in a particular placement.

The following does not form part of the relevant information: the cost of the placements and the value of money; the legal nature of the tenancy agreement or licence; and, what their relationship with family might be in 10 or 20 years' time if P chooses to a decision they do not agree with



# RELEVANT INFO: CARE

- 1) what areas they need support with,
- 2) what sort of support they need,
- 3) who will be providing the support,
- 4) what would happen if they do not have any support or refuse it and
- 5) that carers might not always treat them properly and that they can complain if they are not happy about their care.

The following does not form part of the relevant information: how care will be funded, and the overarching arrangements for monitoring and appointing care staff work.



# RELEVANT INFO: THE HOARD

- Traditionally the court considered P's capacity to make decisions about their property and affairs
- AC and GC (Capacity: Hoarding: Best Interests) [2022] EWCOP 39
  - Is X able to make decisions regarding their items and belongings?



# AC AND GC (CAPACITY: HOARDING: BEST INTERESTS) [2022] EWCOP 39 – THE RELEVANT INFORMATION

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.





Capacity can fluctuate ***A Local Authority v PG*** [2023] EWCOP9

If P lacks capacity to conduct proceedings, in COP litigation friend or ALR (r.2.1, COP Rules 2017).

- Civil Procedure Rules 1998 provide (CPR21.1): *A protected party must have a litigation friend to conduct proceedings on his behalf*”.
- A protected party is defined as “*a party, or an intended party, who lacks capacity to conduct the proceedings*” (CPR 21.1(d)).

Lacking capacity to conduct proceedings is not the same as inability to give evidence.

- Cannot assume that because someone lacks capacity to make one type of decision, they lack it in relation to another decision.
- ***N.B. Sheffield City Council v E*** [2004] EWHC 2808 (Fam); [2005] Fam. 326 §49



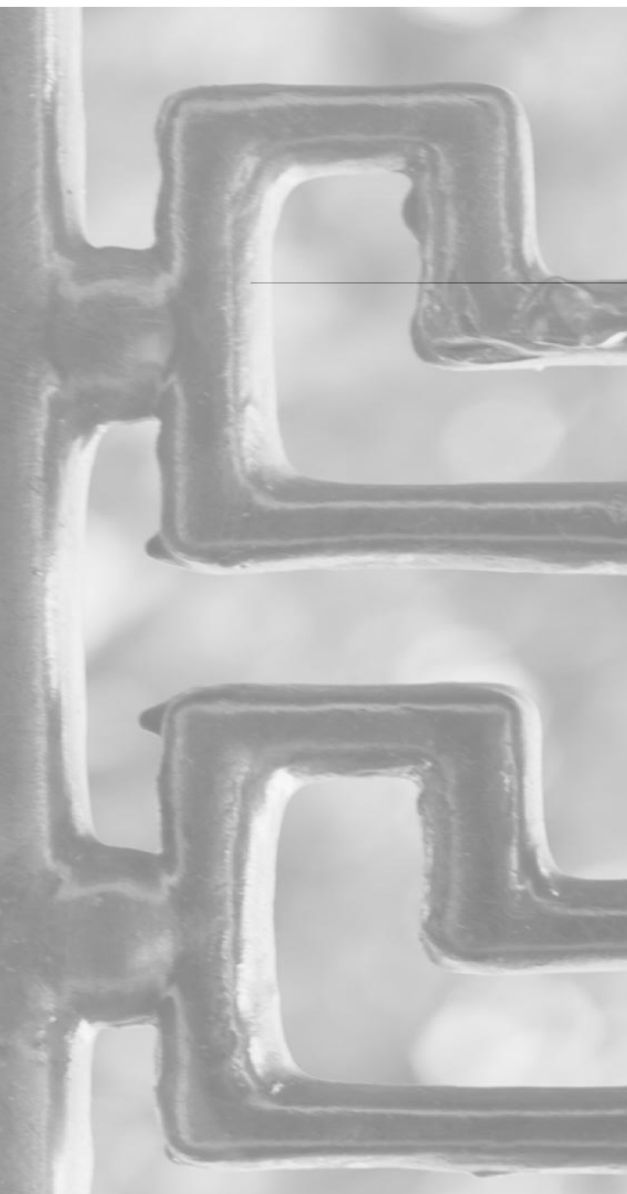
# BEST INTERESTS

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# BEST INTERESTS (SECTION 4, MCA 2005)

- all steps and decisions taken for someone who lacks capacity must be taken in the person's best interests.
- Consider whether P will at some time have capacity in the future, when that will be **(s4(3))**
- As far as reasonably practicable, permit and encourage P to participate/improve his ability to participate in any act done for him and any decision affecting him **(s4(4))**
- **S4(6)** Consider so far as is reasonably ascertainable—
  - (a) the person's past and present wishes and feelings (and, in particular, any relevant written statement made by him when he had capacity),
  - (b) the beliefs and values that would be likely to influence his decision if he had capacity, and
  - (c) the other factors that he would be likely to consider if he were able to do so.
- **S4(7):** You must take into account, if it is practicable and appropriate to consult them, the views of—
  - (a) anyone named by the person as someone to be consulted on the matter in question or on matters of that kind,
  - (b) anyone engaged in caring for the person or interested in his welfare,
  - (c) any donee of a lasting power of attorney granted by the person, and
  - (d) any deputy appointed for the person by COP,as to what would be in the person's best interests and, in particular, as to the matters mentioned in subsection (6)



- The Mental Capacity Act 2005: Code of Practice
  - §5.13, the Code recognises the wide and flexible range of factors that may be relevant to a best interests' decision:

"Not all factors in the checklist will be relevant to all types of decisions or actions, and in many cases other factors will have to be considered as well, even though some of them may then not be found to be relevant."

- Aintree University Hospitals NHS Foundation Trust v James and others [\[2013\] UKSC 67](#). At [39] and [45] Baroness Hale stated:
  - *'The most that can be said, therefore, is that in considering the best interests of this particular patient at this particular time, decision-makers must look at his welfare in the widest sense, not just medical but social and psychological ..... they must try and put themselves in the place of the individual patient and ask what his attitude to the treatment is or would be likely to be; and they must consult others who are looking after him or interested in his welfare, in particular for their view of what his attitude would be.'* [...]
  - *'The purpose of the best interests test is to consider matters from the patient's point of view. That is not to say that his wishes must prevail, any more than those of a fully capable patient must prevail. We cannot always have what we want. Nor will it always be possible to ascertain what an incapable patient's wishes are. .... But insofar as it is possible to ascertain the patient's wishes and feelings, his beliefs and values or the things which were important to him, it is those which should be taken into account because they are a component in making the choice which is right for him as an individual human being.'*





A HOARDING CASE  
STUDY: A LOCAL  
AUTHORITY V X [2023]  
EWCOP 64

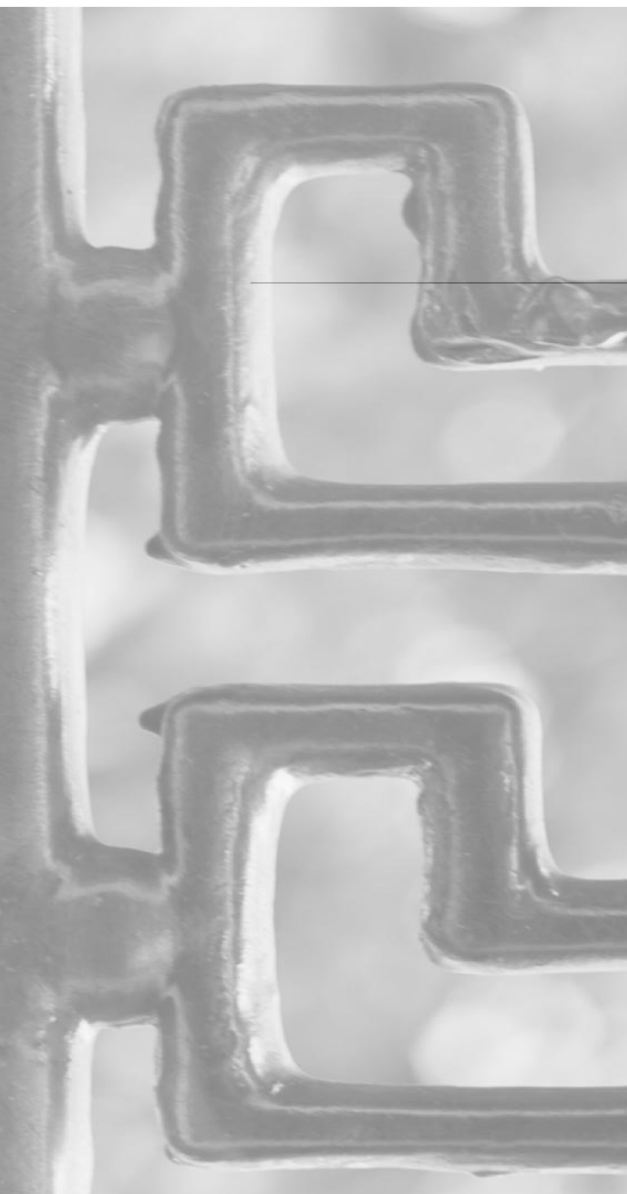
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# CASE STUDY: A LOCAL AUTHORITY V X [2023] EWCOP 64 (JUDGMENT: 16/08/23)

## Facts:

- X lived in a rented flat for over 27 years and had a longstanding diagnosis of OCD
- Level 9 clutter in the flat, fire risk, risks of trips, emergency services would not be able to get in
- 2 years spent by different agencies to address the risks posed by the hoarding in the property.
- No access granted since 2007
- Originally LA sought order allowing access to X's home to declutter, repair and monitor. No change despite 'strenuous and creative efforts'
- Initially, EH served notices and warrants to enforce clearance, access refused
  - Case was considered anti-social behaviour and was discussed at multi-agency meetings
  - Environmental Health Department exercised powers under the Public Health Act 1936
  - X was served with a notice under section 83 of the Public Health Act
    - *TAKE NOTICE that the [name of the local authority] (hereinafter called "the Council") being satisfied that the premises situated at [X's address] of which you are the [occupier] are in such a filthy or unwholesome condition as to be prejudicial to health and verminous HEREBY REQUIRE you in pursuance of Section 83 of the Public Health Act 1936 (as amended by Section 35 of the Public Health Act 1961) within **90 days** from the service of this Notice to take steps specified in the Schedule attached hereto to remedy the condition of the said premises by cleansing and disinfecting them.*
- X was distressed about the prospect of being removed/her possessions being disposed of, and threatened self-harm
- At this hearing, the LA sought an order to temporarily remove X from her home to enable decluttering and repairs



### Outcome (Theis J):

- Took a holistic approach to capacity
- Agreed with the OS that limiting capacity to decisions about items and belongings risked the focus being too narrow
- Considered X's capacity to make decisions about her residence, care/support and items and belongings
- Relevant information included:
  - the obligations under the tenancy agreement;
  - what areas X needs support with;
  - what type of support;
  - what are the consequences if X does not have that support or she refused it;
  - the volume of belongings and the impact on use of rooms;
  - safe access and use; creation of hazards;
  - safety of the building and the removal or disposal of hazardous levels of belongings.



95. The evidence from a number of different sources speaks with one voice and establishes the following:

- (1) As a result of the symptoms of her mental disorder X is unable to use and weigh the relevant information regarding her residence, in particular the impact of her actions on the tenancy agreement she has and the risks on her continuing to be able to reside there unless there is any change. The evidence from the local authority establishes that. It sets out the repeated attempts by the housing and environmental services, over many years, to gain access to the flat, which X consistently and persistently thwarted.
- (2) Over an extended period of time, lasting over 5 years, X has been unable, due to the severity of the symptoms of her mental disorder, to use and weigh the information that she needs support to a sufficient level to enable her to engage in any meaningful way with that support. The evidential foundation for this rests on the detailed involvement of AB between May 2022 to March 2023. Their structured, staged, creative and cautious plans demonstrated their flexibility. X was unable to engage in any meaningful way with this holistic approach, including the therapeutic support offered.
- (3) In relation to her items and belongings, X has shown over an extended period of time the symptoms of her mental disorder prevent her from engaging with any intervention to bring about any change in the chronic situation regarding her items and belongings. The evidence establishes that situation within the home has not changed and remains at the highest level of clutter rating. X demonstrates no insight into the situation she lives in, the inherent risks that exist for her in that situation continuing and has demonstrated a complete inability to weigh in the balance information relevant to making decisions in regard to managing her items and belongings.
- (4) By virtue of her OCD and Hoarding Disorder, X is unable to understand the problem that would, in turn, enable her to obtain, receive and understand relevant information about it which would include advice. She cannot weigh the information in the balance when reaching a decision. As a result of the symptoms of her mental disorder, she is unable to understand the initial problem, namely what to do regarding the level of hoarding at her property. Without that understanding she cannot have litigation capacity that would require her to weigh up the needs for clearance and the risks of her squalid living conditions continuing unchanged.
- (5) In Ms G's detailed capacity assessment, which is not the subject of challenge, she concludes X lacks capacity with respect to making decisions about her property and financial affairs. That is supported by the analysis of impulsive purchasing of items and the impact they have on the health and safety concerns, and restricted movement within X's property.



- Decided X lacked capacity to make decisions about her residence, care/support, items and belongings, to make decisions about her property and financial affairs and conducting proceedings.
- Regarding BI:
  - Considered X's wishes and feelings
  - X has lived in squalid conditions for a long time
  - Risks to X of remaining
  - No further support that can be given that would bring about change
  - decluttering could only happen in the absence of X, despite her objections to being removed = in X's BI to be temporarily removed and for the decluttering plan to be implemented (restraint as a last resort)
  - Plan was for X to return to the property after decluttering





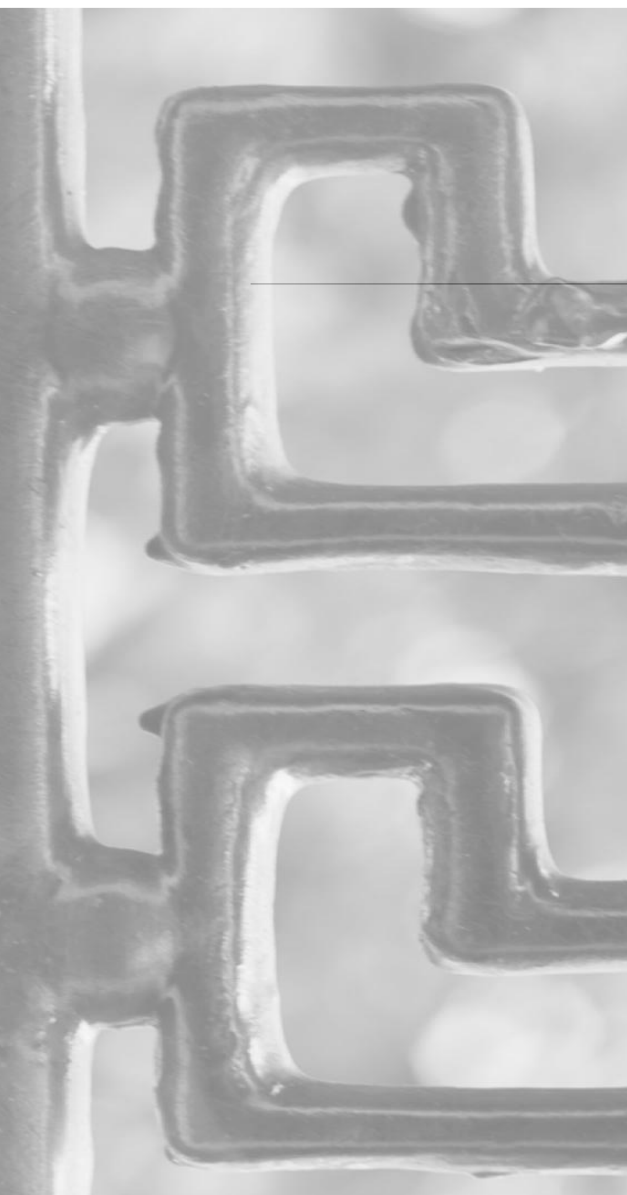
POINTS TO  
NOTE  
FROM THE  
CASE OF X

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- 1) Holistic/creative approach taken to capacity
  - Historic medical reports from treating consultant psychiatrist who had left the service
  - X would not engage with fresh assessment with an independent expert
  - Allocated social worker provided capacity evidence
- 2) Importance of involving of X in proceedings
  - Wishes and feelings were clear
  - X participated in every hearing, attending by phone, messages
  - Consider notes/emails/text messages
  - Valuables list
- 3) Need for collaborative, multi-agency working and PATIENCE
  - Not adversarial – understand what opposition means
  - Likely to involve several stakeholders inc. independent expert, specialist hoarding agency (eg Clouds End/Enabling Spaces), mental health services, police, landlord/housing provider, deputies
  - In X, professionals had been patient, creative and resilient (§101)
  - Clearance plan
- 4) Don't forget the least restrictive principle
  - Staged approach
    - E.g. Stage 1 – inspection, Stage 2 – de-cluttering with P in situ, Stage 3 – de-cluttering without P in situ (where does P go?)



- 5) Be realistic about what you can achieve
  - Take a reasonable, evidence based approach at every stage
- 6) Don't forget you are a social work expert and you know P and P's care (and other) needs well
  - In X's case, social worker's capacity assessment was key
  - Be active, not passive
  - Social worker will provide instructions to LA's legal team



X is an example of:

- Deciding when to make an application to the Court of Protection
- Considering how changes in case law can affect what is required
- Considering existing and new capacity evidence
- Using the powers of the court in X's best interests



# WHEN TO APPLY TO COP

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# WHEN TO APPLY TO THE COP:

- No need to be sure about capacity – consider whether there is there reason to believe P lacks capacity to make the decision in question
  - the importance of identifying the decision
  - what information P needs to be able to understand to make the decision
- There is difference of opinion
- The issue is particularly difficult
- The risks to P or someone else are high
- The effect of what is proposed is draconian (NB art 8 ECHR)
- Have an idea of what you are seeking and which other stakeholders might need to be involved





Reason to believe P lacks capacity to make the decision in question

- in the case of X the new medical report provided evidence of a lack of capacity to make a relevant decision
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There is difference of opinion

- X strongly objected to the clearance of her home, threatened self-harm

The issue is particularly difficult

- X had physically resisted attempts to deal with the hoard

The risks high

- It was alleged X threatened the EHO with scissors
- Fire risk and risks to X

The effect on P is draconian

- Clearly draconian if entering X's home and clearing her possessions is being considered or removal of P is contemplated



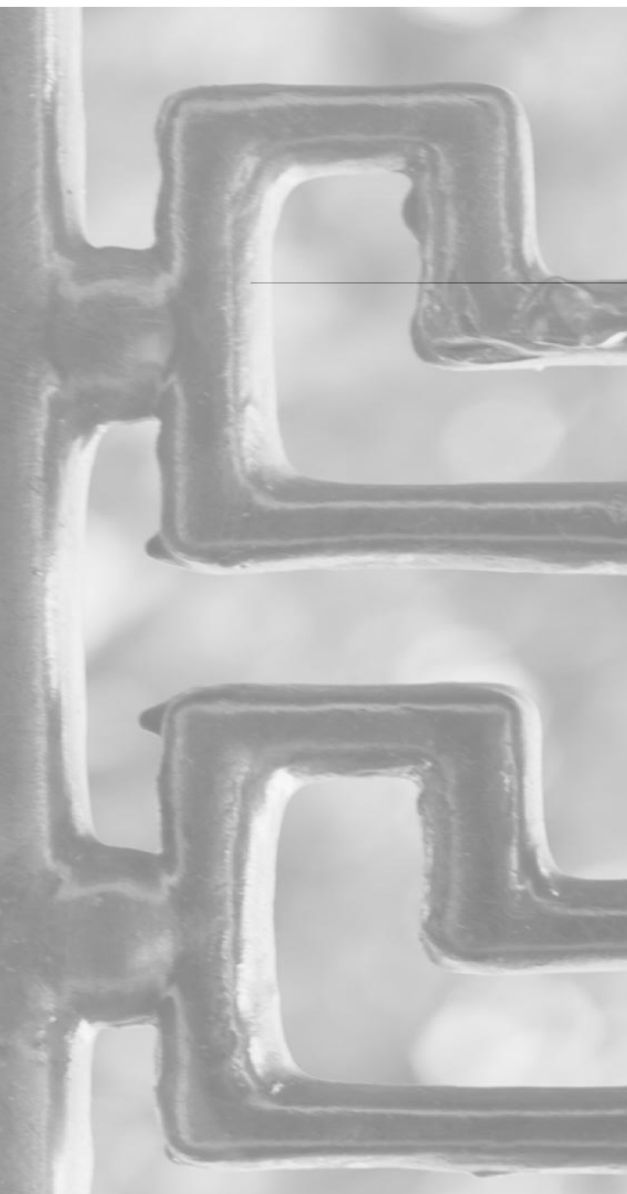
# QUESTIONS OF CAPACITY

- Does X have the mental capacity to decide whether she needs to seek professional help regarding her hoarding / regarding her mental health?
- Does X have the mental capacity to decide whether her property needs to be cleared?
- Does X have the mental capacity to decide whether to comply with the Public Health Notice?
- Does X have the capacity to decide how her property should be cleared?
- Does X have capacity to make decisions in general regarding her care and support needs and her mental health needs?
- Does X have capacity to make decisions in general regarding where to live?



## HOW TO APPROACH DIFFICULTIES IN ASSESSING A CLIENT'S MENTAL CAPACITY

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X had been formally diagnosed with Obsessive Compulsive Disorder (OCD) over 25 years ago and also meet the criteria for a diagnosis of 'Hoarding Disorder' under ICD-11.

Last admission under Section 3 of the Mental Health Act was in 2007. The view of her consultant psychiatrist at the time was that admission had proven to be ineffective and highly stressful.

In 2007 her consultant noted that she suffered from *"severe obsessive-compulsive disorder, which is exceptionally debilitating."* He observed that she could not function normally and that her contact with the outside world was minimal. She would not let anyone access her home and was herself effectively confined there.

X had collected a large amount of packages of clothing, ordered online, most of which remain unopened.

- *She is able to understand and retain information relating to concerns about safety arising in relation to her hoarding, and to the requirement for inspections to her property. I formed the impression that the severity of her symptoms is however impacting on her ability to weigh this information in the balance in coming to decisions.*
- *Her thinking in this regard is quite fixed, in keeping with other symptoms of OCD. This leads her to decide not to allow them entry to her property. This means that in my opinion she lacks capacity in relation to the decision as to whether to allow people into her property for the purposes of inspection or clearing.*

Consultant Psychiatrist from the local complex care team produced report in January 2017:

- *'... she could not function normally and that her contact with the outside world was minimal. She would not let anyone access her home and was herself effectively confined there, meaning that she could not attend the community health team base for therapy. Input from mental health services was therefore limited to supportive visits and monitoring....She has also found it extremely difficult to get rid of any belongings, meaning that over the years she has amassed many items that fill her property. For this reason she had not felt able to allow anyone enter her home for many years. In the last year this has led to something of a crisis in her conditions, following the local authority advising her that they would need to gain access to her property to carry out repairs. She is particularly concerned that they may insist on disposing of some of her belongings which would cause her acute distress'.*



- File an application on the basis that there is reason to believe that P lacks capacity to make the relevant decision, consider relevant sources including medical reports, reports from other stakeholders, social worker's assessment
- Consider s1-3 MCA 2005
- COP may grant permission to instruct an independent expert on capacity
- Will P engage?
- Consider location of the assessment
- Can P be encouraged/supported to engage by social worker/P's legal team?
- Paper-based desktop assessment?





## POWERS OF THE COP AND HOW TO MANAGE UNDERLYING ISSUES OF HOARDING

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- COP can make declarations (s15 MCA 2005), BI decisions (s16 MCA 2005), interim orders and directions (s48 MCA 2005) if there is reason to believe that P lacks capacity about the decision and it is in P's best interests to make the order
- What is required? Each case will be different
- Post-decluttering/clearance, what steps can be taken to maintain the situation and prevent the same issue from occurring again?
  - Ideas:
    - Regular care calls to tidy
    - Key safe
    - LA to have ongoing permission to enter and potentially clear
    - Ongoing support with hoarding
- NB COP has no power to order order that P's funds are used to pay for the costs of clearance/decluttering so think about how work will be



# USEFUL RESOURCES

- Open Justice Court of Protection Project:  
<https://openjusticecourtofprotection.org>
- 39 Essex Information Hub: Newsletter, Guidance Notes, Case updates: <https://www.39essex.com/information-hub>
- Hoarding Disorders UK: <https://hoardingdisordersuk.org/about-us/>
- Hoarding UK: <https://hoardinguk.org>
- Clouds End <https://cloudsend.org.uk>
- Enabling Spaces <https://www.enablingspacescic.co.uk>
- Oxford Health Specialist Psychological Intervention Centre  
<https://www.oxfordhealth.nhs.uk/ohspic/clinic/>



ANY  
QUESTIONS?

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