1.0 INTRODUCTION

1.1 The Care Act 2014 statutory guidance includes self-neglect as a new type of abuse. This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry, an assessment should therefore be made on a case by case basis.

1.2 This guidance sets out an understanding of the issues of hoarding and details the path a practitioner should take to risk assess and safeguard the individual using an outcome focused, solution based model.

1.3 This guidance applies to all those who may come across hoarding as part of their day to day duties. There is an expectation that everyone engages fully in partnership working to achieve the best outcome for the adult and any child(ren), while meeting the requirements and duties of individual agencies.

2.0 DEFINITION

2.1 Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people;
- Severe “cluttering” of the adult’s home so that it is no longer able to function as a viable living space;
- Significant distress or impairment of work or social life (Kelly 2010).

2.2 The Royal College of Psychiatrists states that hoarding can be an illness in its own right, known as hoarding disorder. However, it is important to remember that not all hoarders have mental health issues and many would not meet the criteria in an assessment.
3.0 TYPES OF HOARDING

There are three types of hoarding:

- **Inanimate objects**: This is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.

- **Animal hoarding**: Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to an inability to care for the animals in the home, people who hoard animals are often unable to take care of themselves. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.

- **Data hoarding**: Data hoarding could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

4.0 GENERAL CHARACTERISTICS OF HOARDING

- **Fear and anxiety**: compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The adult hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

- **Long term behaviour pattern**: possibly developed over many years, or decades, of “buy and drop”. Collecting and saving, with an inability to throw away items without experiencing fear and anxiety.

- **Excessive attachment to possessions**: people who hoard may hold an inappropriate emotional attachment to items.

- **Indecisiveness**: people who hoard struggle with the decision to discard items that are no longer necessary, including rubbish.

- **Unrelenting standards**: people who hoard will often find faults with others, require others to perform to excellence while struggling to organise themselves and complete daily living tasks.

- **Socially isolated**: people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from individuals including professionals, in favour of office based appointments or declining support / services.
• **Large number of pets**: people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed “rescuer of strays”.

• **Mental capacity**: people who hoard are typically able to make decisions that are not related to the hoarding.

• **Extreme clutter**: hoarding behaviour may prevent several or all the rooms of an adult’s property from being used for its intended purpose.

• **Churning**: hoarding behaviour can involve moving items from one part of an adult’s property to another, without ever discarding anything.

• **Self-care**: an adult who hoards may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home. However, some people who hoard will use public facilities, in order to maintain their personal hygiene and appearance.

• **Poor insight**: an adult who hoards will typically see nothing wrong with their behaviour and the impact it has on them and others.

• **Absent (delusional) insight**: the adult is convinced that hoarding-related beliefs and behaviours are not problematic despite evidence to the contrary. The adult is completely accepting of their living environment despite it being cluttered and possibly a risk to health.

• **Detached with assigned blame**: the adult has been away from their property for an extended period. The adult has formed a detachment from the hoarded property and is now convinced a 3rd party is to blame for the condition of the property. For example a burglary has taken place, squatters or other household members.

• **Good or fair insight**: The adult recognises that hoarding-related beliefs and behaviours are problematic. The adult recognises these behaviours in themselves.

### 5.0 MENTAL CAPACITY, RISK OF SAFETY AND SAFEGUARDING

#### 5.1 Mental Capacity

The Care Act 2014 was updated in respect to hoarding in 2016 and identified that not all cases of self-neglect need to go to a Safeguarding S42 enquiry – particularly if the situation is not impacting on the person’s wellbeing, does not impact on others, or is not a result of abuse or neglect.

#### 5.2 Early intervention is important in tackling any emerging issues by providing the right support at the right time. In most cases, this is achieved by services working together and may take the form of a multi-agency meeting involving the individual who will consider risks and support required.
5.3 **Fire safety**  
Hoarding may pose a significant fire risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified regardless of the risk rating, adults need to be advised of the increased fire risk and identify a safe exit route. Appropriate professional fire safety advice must be sought.

5.4 **Safeguarding referral**  
Where the risk to the safety and wellbeing of an adult or others is becoming more critical, a more formal safeguarding adults approach will be required and a safeguarding concern should be raised. Staff referring to safeguarding should also consider mental capacity and the level of hoarding seen.

5.5 A capacity assessment should be considered which includes:

- Does the person understand they have a problem with hoarding?
- Are they able to weigh up the alternative options? E.g being able to move around their accommodation unhindered, being able to sleep in their bed, take a bath, cook in their kitchen, sit down on a chair/sofa?
- Can the person retain the information given to them? (e.g., if the accommodation is cleared, you would be able to move around your accommodation etc.);
- Can the person communicate their decision?

5.6 Any capacity assessment is clearly documented on case records.

5.7 **Safeguarding Children**

5.7.1 Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue.

5.7.2 Where a child is residing in a property with a parent/carer who hoards, the interests of the child are paramount; where there are concerns that the child is at risk of significant harm the child must be referred to Children’s Social Care.
6.0. THE REFERRAL PROCESS FLOWCHART

6.1 The flowchart below can be used to aid staff in deciding if a case requires a safeguarding referral:

Suspected/known hoarder identified

Does the case involve children?

Yes

Is there evidence of harm/significant harm?

Yes

Complete a referral to children’s Social Care

No evidence of significant harm but additional support needed

Refer to early help services

No

Is there evidence of harm/significant harm?

Yes

Complete a Safeguarding adult referral

No evidence of significant harm but additional support needed

Organisation to liaise with partner agencies to seek support for the individual
6.2 Staff can use the rating tool below to help grade the severity of clutter in a room and consider if this is hoarding and whether a safeguarding referral is required.

1. **Clutter Image Rating Scale - Bedroom**

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

   ![Clutter Images](image_url)

   1  
   2  
   3  
   4  
   5  
   6  
   7  
   8  
   9
2. Clutter Image Rating Scale – Lounge

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3. Clutter Image Rating Scale – Kitchen

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