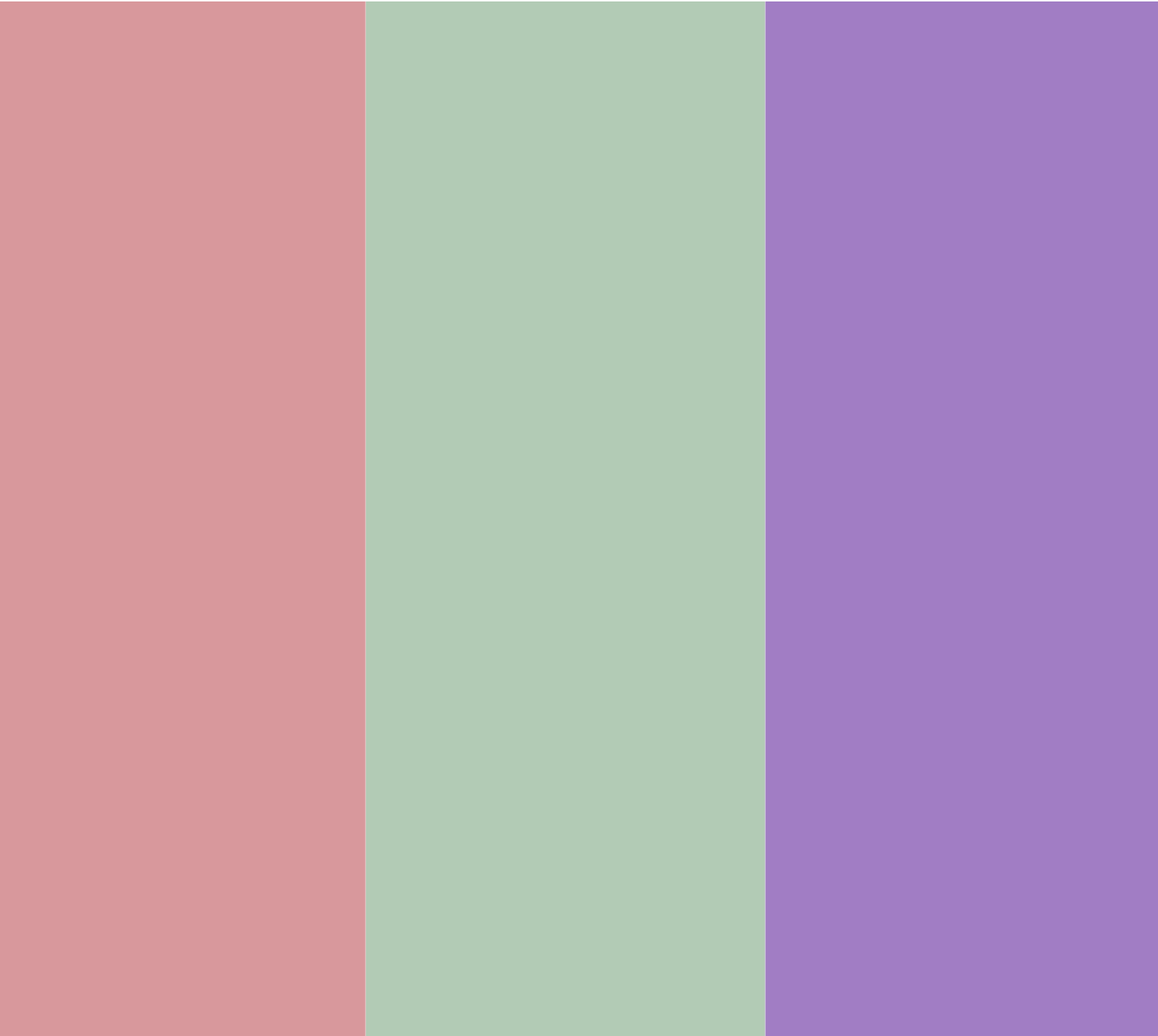


Good Practice Guidance - Identifying and Responding to Hoarding



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1. Purpose of document

To support good multi-agency practice in identifying and responding to hoarding.

2. What is hoarding?

Hoarding has been classified as a medical condition since 2018 and is a recognised mental illness¹. The NHS definition of hoarding is as follows: “A hoarding disorder is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value.”²

Hoarding disorder is distinct from the art of collecting and it is also different from people whose property is generally cluttered or messy. Hoarding is considered a significant problem if:

- The amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms.
- The clutter is causing significant distress or negatively affecting the quality of life of the person or their family – for example, they become upset if someone tries to clear the clutter and their relationship suffers.

Hoarding can involve the collection of:

1. Inanimate objects - This is the most common type of hoarding. This can consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers, or papers.
2. Animal hoarding - This is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The person who hoards 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. As well, the homes of people who hoard animals are often eventually destroyed by accumulation of animal faeces and infestation of insects.

The person may keep the items for reasons that are not obvious to other people, such as for sentimental reasons, or feeling the objects appear beautiful or useful. People with a hoarding disorder have a very strong emotional attachment to the things they have hoarded. As such, it can be challenging and complex for professionals trying to support the person to be safe and protected.

Research indicates that between 2% and 5% of the UK population show significant levels of hoarding, making hoarding behaviours more common than people might think. Hoarding is found across all ages, ethnicities, genders and religions, challenging stereotypes that it is generally associated with older people. It may be

¹ [Clinical Classification of Hoarding Disorder](#)

² [NHS - Hoarding Disorder](#)

however that it is older people who come to the attention of professionals more often due to other issues associated with ageing. Potentially only 5% of people who hoard come to the attention of professionals.

Hoarding has a significant impact on the people living with and around the person, not just the person themselves, making it a Public Protection issue.

3. Why do people hoard?

The reasons why someone develops hoarding disorder may not be clear.

The adult may be able to link the start of their hoarding to a traumatic period in their life³. This could include:

- Being abused, bullied, or harassed, including experiencing racism.
- Breaking up with a partner.
- Experiencing physical health problems.
- Losing someone close to you.
- Feeling extremely lonely or isolated.
- Experiencing long periods of stress or feeling stressed a lot.

However, it does not always follow that people who experience the above will go on to hoard. There can be a complex interaction of different factors that lead to hoarding and the reasons may never be fully known.

Studies suggest that hoarding tendencies might sometimes run in families⁴. That means that certain genetic factors might cause individuals to have strong emotional attachment to possessions, which may lead to hoarding behaviours.

Research has also shown that people growing up in a cluttered environment and chaotic household might experience hoarding tendencies in adult age, as they might struggle to prioritise and organise their possessions.

Lack of financial security in childhood may lead to someone feeling an increased need to accumulate items in later life.

People struggling with loneliness can sometimes find comfort in having lots of material possessions, as acquiring things might provide them with emotional fulfilment.

However, this is in contrast to when excessive clutter is due to a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired, and people with learning disabilities, mental health issues or people developing dementia may be unable to categorise and dispose of items.

³ [Mind](#)

⁴ [The Etiology of Hoarding Disorder: A Review](#)

4. What are the risks from hoarding?

- House fires – increased likelihood and difficulty leaving the house in a fire.
- Potential for floor collapse due to overloading.
- Infestations of vermin and insects.
- Self-care issues – lack of access to a bathroom or kitchen.
- Tripping/falls.
- Social isolation as the person does not want anyone to visit them at home due to feelings of shame and embarrassment.
- Child Protection issues due to impact of a poor environment on children.
- Adult Support and Protection issues due to risk of harm to adults with vulnerabilities.
- Challenging access for support organisations and emergency services.
- Tenancy agreement breaches leading to evictions.
- Anxiety, depression and stress (which, in turn, leads to increased hoarding).

Inside hoarding homes, cultural norms of family life are squeezed out as parents become entrenched in the flow and placement of objects. Where severe hoarding exists, families rarely have space for shared activities, or they are forced to combine spaces inappropriately, such as when an older child has to sleep in the same bed as a parent. Sometimes children are forced to live in one space that serves multiple functions. A vacant spot on a couch is used for sleeping, doing homework, watching television, and eating. Children may think that if they talk about their family situation, they could lose their parents and homes. Early in life, children of parents who hoard are confused by their parents' behaviour. Parents can show clear signs of devotion, especially in areas that do not compromise hoarding. However, it can reduce their access to a functioning physical home where they can play, learn, and relax, and they internalise the message that their parent's objects are more important than they are.

5. Identification of the severity of the hoarding

Identifying and classifying hoarding behaviour can be subjective and what it means may vary from person to person. The layout of each home is different, and items may be stored at different levels within a room.

The use of the Clutter Image Rating Scale (CIRS)⁵ was developed by psychologists specialising in the treatment of people who hoard, to provide a common language to describe the extent of the clutter. The CIRS is a rising pictorial scale of nine photos showing clutter in three rooms: the living room, bedroom, and kitchen (see Appendix 1). It is an internationally recognised assessment tool.

6. How to respond to hoarding

Be aware of how the person may react

When working with someone who hoards, it is important to be aware of some of the thoughts and feelings that people who hoard might have. For example:

- "If I discard this, I will lose the memory."

⁵ [Clutter Image Rating School](#)

- “This may come in handy later.”
- “This may gain in value.”
- “This item needs rescuing.”
- “This object is a part of me.”
- “This object has a family tie.”
- “These items make me feel safe.”
- “I do not have time to sort through these things.”

Some of the associated behaviours may include:

- Trust issues.
- Lack of distress about the situation (until asked to discard).
- Lack of insight into the issue.
- Excessive acquisition.
- Being unable to discard items.
- Difficulty organising.
- Difficulties in decision making.
- Attachment to items.
- Perfectionism.
- Avoidance.
- Justification (e.g. the flat is too small).

Historically, hoarding has been viewed as a ‘lifestyle choice.’ However, it is important to recognise that hoarding is a diagnosable mental condition in its own right. The forcible clearing of an adult’s home can be very traumatic for a person who hoards. It can in turn lead to the person acquiring more things to make them feel better. It is also likely that a person who has experienced a forced clear will struggle to trust those who try to help them in the future.

If someone appears to be reluctant to engage with support, this should not be a reason to withdraw your support and instead can be the starting point of relationship-based work. Focus on getting to know the person, learning about the adult’s life experiences, and exploring what the trigger was for hoarding and how long the person has been living like this.

Understand the level of insight the adult has about their hoarding

People who hoard may not share your concerns about how problematic their hoarding is and the risks they may be facing. There may be a family history of hoarding which has normalised these behaviours. There may also be an element of shame involved that prevents people who hoard from asking for or accepting help.

It is important to understand what level of insight the adult has about their hoarding. This can range from the following:

- Good or fair insight: The adult recognises that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter, or excessive acquisition) are problematic. The adult recognises these behaviours in themselves.
- Poor insight: The adult is mostly convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter, or excessive acquisition)

are not problematic despite evidence to the contrary. The adult might recognise a storage problem but has little self-recognition or acceptance of their own hoarding behaviour.

- Absent (delusional) insight: The adult is convinced that hoarding-related beliefs and behaviours (relating to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary. The adult is completely accepting of their living environment despite it being hoarded 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 third party is to blame for the condition of the property (e.g. a burglary has taken place, squatters, or other household members).

Good Practice Principles

Theme	Examples
Moving from rapport to relationship	Take time to get to know the person, refuse to be shocked. Be kind and compassionate towards the adult about their situation.
Finding the right tone	Avoid knee-jerk responses, talk through their interests, understand their history and stories. Use respectful language when talking to the person about their hoarding (e.g. avoid describing the items as rubbish, acknowledge and respect how the adult talks about the clutter).
Going at the individual's pace	Move slowly and not forcing things; continued involvement over time. Start small with agreed daily goals and make a plan with the person that causes the least distress.
Agreeing a plan	Make clear what is going to happen; a weekly visit might be the initial plan.
Finding something that motivates the individual	Link to interests (e.g. hoarding for environmental reasons, link to recycling initiatives). Talk to the person who hoards about what the home might be like if there was less clutter and how this may impact their life. Praise any achievements no matter how small.
Starting with practicalities	Provide small practical help at the outset may help build trust.
Negotiating	Link practical help to another element of agreement – bargaining.
Focusing on what can be agreed	Find something to be the basis of the initial agreement, which can be built on later.
Keeping company	Be available and spending time with the person to build up trust. Check out if there are any local befriending services that might be appropriate.

Straight talking	Be honest about potential consequences.
External levers	Recognise and work with the possibility of enforcement action.
Record keeping	Make sure that you keep good records of your involvement with the adult in line with your agency procedures, which should include the adult's views, risk assessment, plan and support provided.

Appropriate and sensitive use of relevant legislative frameworks

If you are concerned that an adult is at risk of harm due to hoarding, you should refer to the [East Lothian and Midlothian Multi-agency Adult Support and Protection Procedures](#). You should make a referral to Adult Social Work, specifying that this is an Adult Support and Protection referral, and provide sufficient detail about the concerns you have about the risk of harm to the adult. Support and intervention will be considered under the Adult Support and Protection (Scotland) Act 2007.

If you are concerned that the adult may lack decision making capacity (in relation to some specific decisions), you should make a referral to Adult Social Work for consideration of intervention under the Adults with Incapacity (Scotland) Act 2000.

If you are concerned that the adult is at risk because of mental health issues and may require care and support, you should make a referral to Adult Social Work for consideration of intervention, including under the Mental Health (Care and Treatment) (Scotland) Act 2003. Social Work will assess what legislation is most appropriate to be used in the circumstances and will seek the co-operation of other agencies in the assessment.

Housing and Environmental Health Legislation may be able to be used to assist manage specific concerns about the physical state of the property and impact on neighbours.

It is important that the use of any legislation to address and respond to hoarding is undertaken in a trauma informed and multi-agency basis, to ensure that the adult is not further traumatised.

Use the Good Practice Checklist for Managerial Oversight of Hoarding Cases

This can be found at Appendix 2.

7. Specific Roles and Responsibilities

Adult Social Work

Adult Support and Protection processes follow the key principle that any intervention is the least restrictive that will provide benefit to the adult. Hoarding can be long-standing and

deeply entrenched as a way of coping with trauma and the Adult Support and Protection process should consider how to manage the risk in a trauma informed way. This may pose challenges for assessing and managing risk as the adult may not allow Council Officers⁶ or other professionals into their home. In such a situation taking a multi-agency approach is crucial.

Building trust is key in getting the adult to engage with services, and agencies should identify who is best placed to build a relationship with the adult. In practice, any professional who has the adult's trust should be supported to develop a more productive relationship with them. It should be recognised that this will require a longer-term approach as people who hoard do not respond quickly to brief interventions and short-term support.

Where the level of risk is identified as severe, careful and trauma informed consideration should be given to the use of powers under the Adult Support and Protection (Scotland) Act 2007. These powers can include:

- Forced entry by a warrant.
- An assessment order to remove the adult to a place where risk can be assessed.
- A removal order to remove the adult from the home to a place of safety.

The principle of benefit to the adult must be met before any application of the above will be granted. In practice, this could further traumatise the adult and therefore careful consideration of the benefit to the adult should take place.

In any intervention, the adult's ascertainable wishes and feelings (past and present) must be taken into account⁷.

To support effective multi-agency working in a complex situation, and particularly where getting access to the home may be difficult, an Inter-agency Referral Discussion may be beneficial as this can quickly bring Social Work, Police and Health together to share information, assess the level of risk and develop an interim safety plan. This can be done alongside any Adult Support and Protection Inquiry.

A decision to hold an Adult Support and Protection Case Conference is made by Adult Social Work. If held, it should always have multi-agency attendance and participation. In time, it may be recognised that management of high and likely levels of risk is not currently possible under the Adult Support and Protection process, as it is not providing any benefit to the adult. In such a situation, the Chair of the Adult Support and Protection Case Conference should establish if there is consensus that the Adult Support and Protection process should end. At this point, support to the adult should continue on a case management basis, which should involve longer-term support with the aim of gaining sufficient trust to support the adult to change their behaviour.

⁶ A Council Officer is a specially trained Social Worker who is able to undertake specific functions under the Adult Support and Protection (Scotland) Act 2007.

⁷ Section 2(b) of the Adult Support and Protection (Scotland) Act 2007.

If necessary, a referral under the Escalating Concerns Procedure⁸ should be considered to ensure that all risk management options have been exhausted and/or to ask for extraordinary risk management.

Health

A GP can make a referral to an Adult Mental Health Psychological Therapies Service for psychology input. The service will undertake psychological assessment of the adult's current mental health and psychological wellbeing and suitability for, and ability to engage in, psychological therapy. The service can provide individual psychological treatment or group psychological therapy for moderate to severe mental health difficulties⁹.

Housing

Housing professionals take a supportive, person centred approach to addressing hoarding, recognising it is a mental health and tenancy concern. They work with tenants to find suitable solutions that ensure their safety and wellbeing, as well as that of their neighbours. This is with the aim of building trust and offering practical support, which may be regular check-ins or referrals to agencies.

Where there is a health or fire risk, housing professionals work in partnership to create a co-ordinated approach to ensure interventions are safe and effective.

Eviction is seen as a last resort in housing. Housing staff will typically make significant efforts to support tenants and prevent homelessness by giving extended timeframes for property improvement if needed.

Tenancy Agreements and Housing Legislation require local authority housing to be kept in a 'reasonable state of cleanliness' and for the condition of the house or common parts not to have "deteriorated because of the fault of you, your sub-tenant or somebody in your household." If the Local Authority finds this to be the case, proceedings for eviction may be initiated through the Court.¹⁰

Where it can be shown that the adult does not have capacity (in relation to some specific decisions) and damage to the property was not purposeful, it is essential that housing professionals take a multi-agency approach. This involves seeking to meaningfully engage with the tenant and explore all alternative avenues other than eviction.

Housing Professionals such as Housing Officers and Property Maintenance Teams are in a key position to be able to identify early indicators of hoarding behaviour, support the individual to access help, and avoid eviction.

Each housing situation will vary depending on the type of ownership or tenancy. Tenants who are in social rented accommodation will have an allocated Housing Officer in the Local Authority or Housing Association who should be consulted. For owner-occupiers or tenants in the Private Rented Sector, housing support can be more complex. Housing Options Scotland¹¹ can provide housing support.

⁸ [Escalating Concerns Procedure](#)

⁹ [Adult Mental Health Psychological Therapies Service](#)

¹⁰ Section 14 of the Housing (Scotland) Act 2001, Schedule 2

¹¹ [Housing Options Scotland](#)

Environmental Health

Environmental Health may be consulted in relation to private sector owner occupiers or tenants who are thought to be hoarding in circumstances where their actions are spilling beyond their home and are thought to be causing a negative environmental impact. Hoarding can result in outcomes prejudicial to health which, when affecting others, may, in certain circumstances be deemed a statutory nuisance by Environmental Health.

The Local Authority has a duty:

- To inspect their areas from time to time to detect statutory nuisance.
- Where a complaint of nuisance is made from someone living in the area, carry out a reasonable investigation.
- Where a statutory nuisance is established, to require remedial action and, where appropriate, serve an abatement notice.

Environmental health can deal with statutory nuisances such as water penetration, odours, drainage issues, insect nuisance and accumulation of refuse.

Under Section 30 of the Housing (Scotland) Act 2006, a Local Authority can serve a Work Notice on the owner of any house which it considers to be sub-standard (fails to meet the Tolerable Standard and/or is in a state of serious disrepair). The notice sets out the work which the Local Authority thinks is necessary to bring the house up to, or keep it in, a reasonable state of repair including meeting the Tolerable Standard.

Under the Prevention of Damage by Pests Act 1949 (Section 4) the Local Authority has the power to serve a notice on an owner or occupier of land and/or premises where rats and/or mice are or may be present due to the condition of the property and/or land. A reasonable period of time is given to undertake works including treatment, removal of materials that may feed or provide harbourage and undertake structural works.

In instances where items in the home or the fabric of the building becomes infected, infested, or contaminated the Local Authority has powers under the Public Health etc. (Scotland) Act 2008 to require certain steps to be taken to require disinfection, disinfestation or decontaminate to prevent, or prevent the spread of, infectious disease or contamination.

In all cases, statutory powers can be difficult to apply and should in cases of hoarding only be used where there are compelling reasons to do so and then only to the minimum degree necessary.

Police

If Police attend a home and come into contact with someone who hoards and where they believe the adult is at risk of harm, they should make a referral to Adult Social Work under Adult Support and Protection. A report may be made to the Procurator Fiscal by Police in the case of animal neglect.

Scottish Fire and Rescue Service

Hoarding carries a risk of home fire. The Scottish Fire and Rescue Service (SFRS) can be contacted to provide advice and guidance, and the adult should be offered a Home Fire

Safety Visit. The making of the offer and the adult's response should be clearly recorded. During the visit, the SFRS Officer can provide the following:

- Identification of potential fire risks in the home.
- Information about bedtime routines.
- Give advice about creating a robust escape plan.
- Give advice and testing of smoke alarms.
- Fire resistant materials and sprays to reduce risk of fire.
- Onward referral to partners, including particularly Adult Social Work, for further support and advice.
- The installation of smoke alarms in line with Scottish legislation.

Scottish SPCA

The Scottish SPCA can be contacted if an animal is being neglected and suffering.¹²

The Animal Health and Welfare (Scotland) Act 2006 places a duty of care on pet owners and others responsible for animals to ensure that the welfare needs of their animals are met.

The Scottish SPCA can remove animals to secure their welfare and prevent further suffering.

A report may be made to the Procurator Fiscal by Police in the case of animal neglect, and the Scottish SPCA may provide evidence to support consideration of a ban from looking after animals.

¹² [Scottish SPCA](#)

8. Appendix 1 – Clutter Image Rating Scale

Clutter Image Rating Scale: Kitchen

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



1



2



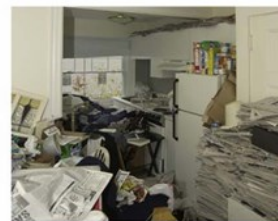
3



4



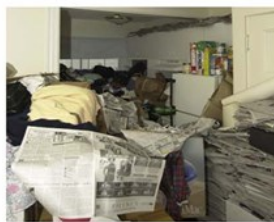
5



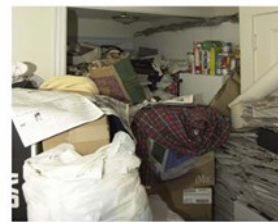
6



7



8



9

Clutter Image Rating: Bedroom

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



1



2



3



4



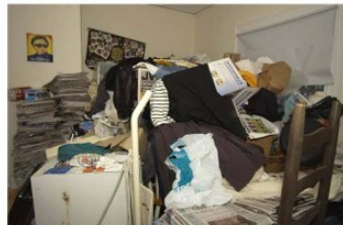
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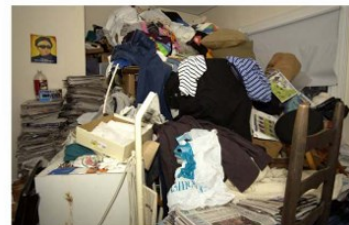
6



7



8



9

Clutter Image Rating: Living Room

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



1



2



3



4



5



6



7



8



9

9. Appendix 2 Good Practice Checklist for Managerial Oversight of Hoarding Cases

For use when professionals feel 'stuck':

- Professionals are struggling to engage with the person
- Professionals cannot support the person to make sustained changes in reducing the amount of clutter in the home
- Professionals cannot get access to the person's home for assessment

Checklist	✓
1. Has the adult been asked who they would like to speak to, and when and where?	
2. Are you working at the adult's pace, recognising that it can be a slow process to effect change, but can provide the best outcomes?	
3. Is there a professional that the adult trusts? Has this professional been supported to lead the work with the adult?	
4. Has anyone been able to get in the home? Who?	
5. When was the home last seen? How often?	
6. How has the clutter changed over time?	
7. What risks does the clutter pose to the adult and to neighbours?	
8. Do you know what the adult is saying about their situation?	
9. Do you know how the adult feels about their situation?	
10. Do you know what the adult wants to happen?	
11. Has there been a multi-agency meeting?	
12. Is there a multi-agency plan?	
13. Has the adult been involved in the development of the plan?	
14. Is the adult entitled to independent advocacy – has anyone contacted any of the advocacy services for advice or to make a referral?	

15. Have you considered if there any other services that could be involved?	
16. Does the adult need an assessment of their mental health?	
17. Has a referral been made for a Home Fire Safety Visit?	
18. Who else is living in the house and what is known about the impact on them?	
19. If there is someone else living in the house have referrals been made where necessary in relation to Adult Support and Protection or Child Protection?	
20. Are there any animals at risk and if so, has SSPCA been contacted for advice or referral?	
21. if the adult has been involved in ASP processes – have all possible supports been exhausted? If so, has a referral under the Escalating Concerns Procedure been considered?	
22. Has the use of different legislation been considered, and if not appropriate, why not?	

10. Appendix 3 – Additional Resources

Hear from people with lived experience of hoarding	
I'm a hoarder - it's my mess and it's who I am	1:18 minutes
Clare shares her experience of hoarding disorder to help raise awareness	1:56 minutes
Keith's story - a personal and touching film about hoarding	13:34 minutes
Tricia's story	9:13 minutes
Nigel's journey	7:40 minutes
Learn more about the impact on children	
The significance of growing up in a hoarded home	
The Hidden Lives of Children of Hoarders	
I just didn't see mess	
Hoarding and Families	
Useful websites	
https://hoardinguk.org/	The only UK National Charity solely focused on supporting people impacted by hoarding behaviour.
https://www.nhs.uk/mental-health/conditions/hoarding-disorder/	NHS information on hoarding.
https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/about-hoarding/	Mind is one of the leading mental health charities in the UK.
https://www.rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/hoarding	Royal College of Psychiatrists is the professional medical body responsible for setting and raising standards of psychiatry in the UK.
https://hoarding.academy/resources	Scottish charity providing learning and resources on hoarding.
Videos on hoarding	
Hoarding disorder - what's the psychology behind it?	1:28 minutes
Why people with hoarding disorder hang onto objects	2:25 minutes
Tips for family members of hoarding disorder sufferers	1:55 minutes
Signs of hoarding disorder	1:13 minutes

Helo for spouses of hoarding disorder sufferers	1:49 minutes
What is hoarding disorder? Is it different than OCD and autism?	15:41 minutes
Short version of self-neglect and hoarding presentation with Professor Michael Preston-Shoot	14:12 minutes