



OLDHAM SAFEGUARDING ADULTS BOARD & OLDHAM SAFEGUARDING CHILDREN PARTNERSHIP

Responding to Hoarding Guidance



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Subgroup

With thanks to Brighton & Hove, East Sussex, Southend, Essex and

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1 Introduction

- 1.1 The legislative definition of self-neglect encompasses hoarding. The [Care Act Statutory Guidance 2014](#) states that self-neglect ‘*covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and include behaviour such as hoarding.*’ ‘Where someone demonstrates lack of care for themselves and/or their environment and refuses assistance or services. It can be long standing or recent’. As such, the Oldham Safeguarding Adults Board (OSAB) and Oldham Safeguarding Children Partnership (OSCP) [Self-Neglect Policy, Procedures and Guidance](#) (Appendix A) and [Self-Neglect Toolkit](#) (Appendix B) should be utilised when practitioners are responding to hoarding behaviour.
- 1.2 This guidance has been developed to set out in further detail an understanding of the issues of hoarding behaviour and the path practitioners should take to risk assess and safeguard the individual using a person-centred, outcome focused, solution-based approach. A person-centred approach supports the right of the individual to be treated with respect and dignity, and, as far as possible, to be in control of their own life. The views and feedback from the multi-agency attendees of an OSAB ‘We Need to Talk about Hoarding’ conference in 2024 have been incorporated.
- 1.3 This guidance applies to all those who may come across hoarding behaviour 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 individual and any child(ren), while meeting the requirements and duties of individual agencies.

2 Aims of Guidance

- 2.1 The aims of this guidance are to:
- Gather and share information on the complex personal and spatial issues arising from hoarding behaviour from different perspectives including the individual with hoarding behaviour, professional and community perspectives.
 - Develop multi-agency solutions which maximise the use of existing services and resources and which may reduce the need for compulsory solutions.
 - Ensure that when formal solutions are required, there is a process for planning solutions tailored to meet the needs of the adult(s) and/or any child(ren).
 - Establish best practice and improve knowledge of legislation that relates to hoarding behaviour.

3 What is Hoarding?

- 3.1 Hoarding is a form of self-neglect behaviour. It involves acquiring or saving lots of things regardless of their objective value. An individual who hoards, might have very strong positive feelings whenever they get more items; feel very upset or anxious at the thought of throwing or giving things away; or find it very hard to decide what to keep or get rid of. The reasons people hoard will vary from person to person and may result from underlying factors such as dementia or brain injury, or be triggered by significant life events, such as trauma and loss.
- 3.2 Hoarding can be the result of, for example, difficulty processing information, difficulty performing particular tasks, low motivation, physical illness, the impact of addictions, other health problems, dementia, depression, schizophrenia, bipolar disorder, learning disability or obsessive-compulsive disorder. For example, where a person who feels they have to check and recheck documents and therefore ignore piles of papers to avoid their checking rituals. Or a person with a contamination obsession may prevent them from touching things that have fallen to the floor, creating clutter in the home.

- 3.3 As such, there should be no automatic assumption that the hoarding behaviour relates to a mental health condition, and in seeking to understand and provide support, the starting point must be the unique circumstances of the person concerned.

4 What is Hoarding Disorder?

- 4.1 it is increasingly recognised that hoarding can be a condition by itself, as well as sometimes being a symptom of other mental health problems. Hoarding Disorder is a psychiatric condition associated with the distress of discarding possessions, and the impact this has on the individual's ability to function and maintain a safe environment for themselves or others. The World Health Organisation's International Classification of Diseases, 11th Edition (2018) defines hoarding disorder as "characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value".
- 4.2 As so few individuals with hoarding behaviour have a formal diagnosis of hoarding disorder, this guidance uses the descriptor of 'individual with hoarding behaviour'. It is important to remember that over 90% of all individuals with hoarding behaviour have other mental health and physical health issues and would meet the criteria in an assessment based solely on a level 5 or above on the [Clutter Image Rating](#) (Appendix C). Therefore, it is important to holistically assess social care and other needs.
- 4.3 Hoarding disorder is distinct from the act of collecting and is also different from individuals whose property is generally cluttered or messy. The main difference between an individual who hoards and a collector is that an individual with hoarding behaviours have strong emotional attachments to their objects which are well in excess of their real value. Hoarding does not favour a particular gender, age, ethnicity, socio-economic status, educational/occupational history or tenure type. Anything can be hoarded, in areas including the individual's property, garden or communal areas.

5 Types of Hoarding

5.1 Inanimate Object Hoarding

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

5.2 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 individual with hoarding behaviour 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, individuals who hoard animals are often unable to take care of themselves. The homes are often eventually destroyed by the accumulation of animal faeces and infestation by insects. Animal hoarding is not classified under Hoarding Disorder.

5.3 Data Hoarding

This is a relatively new area and may include the accumulation of computers, electronic storage devices, mobile phones and the need to store copies of emails and other information in electronic format.

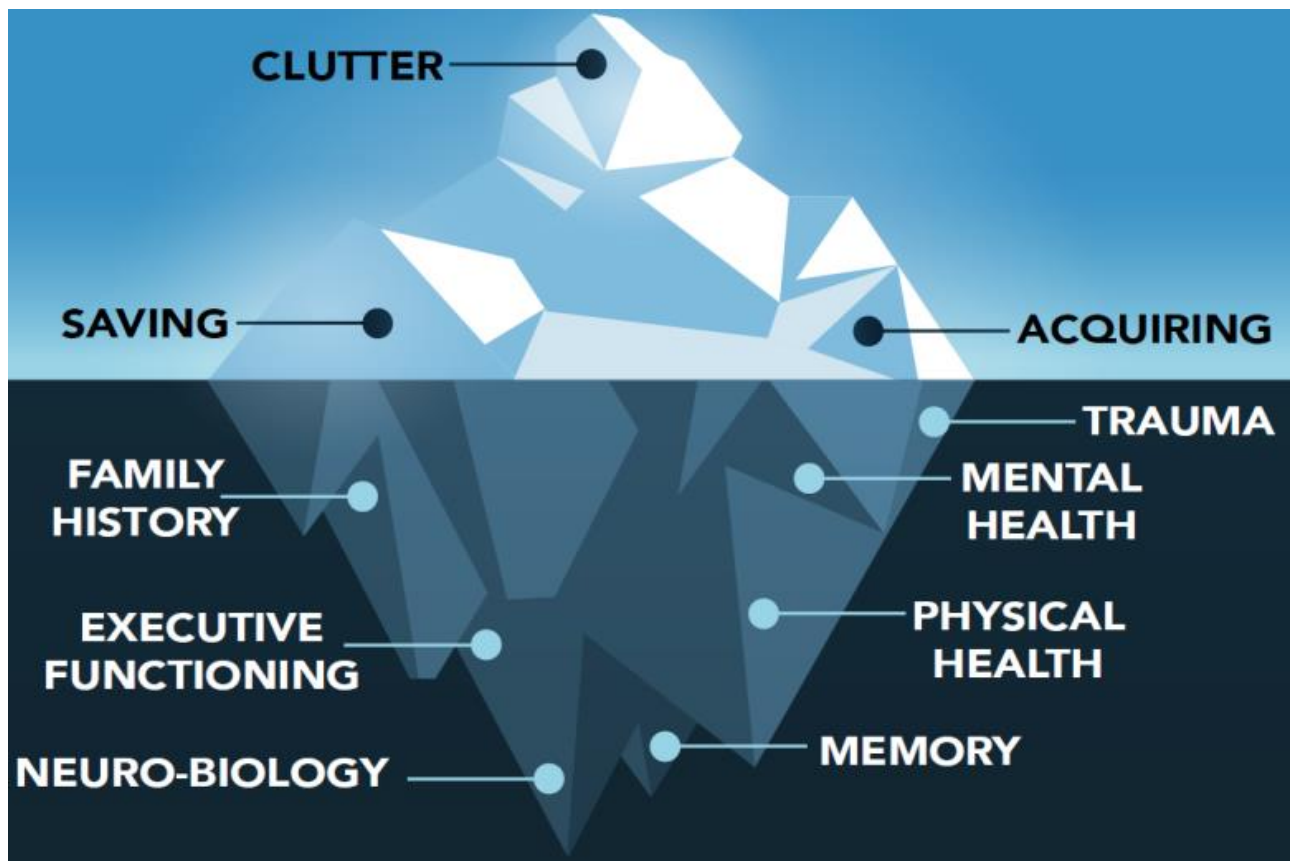
5.4 Diogenes Syndrome

This is a condition characterised by self-neglect and where the individual, usually an older person, struggles to manage their personal care needs and their immediate environment.

6 Causes, Triggers and Characteristics of Hoarding Behaviour

- 6.1 To effectively support an individual with hoarding behaviour, practitioners need to consider and be curious about the causes and triggers that may be behind the behaviour. Appropriate care or support of an underlying condition may reduce the hoarding behaviour.
- 6.2 Hoarding behaviour is typically manifested in the following ways:
- Acquisition - Compulsive buying and/or the accumulation of items. Motivations for this can be complex and need time to understand. Often reasons for hoarding are deeply entrenched and connected to personal loss or trauma, often going back to childhood. It is important for practitioners not to form judgements and to take time to try to identify why the individual hoards.
 - Saving - There are three common reasons for saving: 'sentimental' which can be motivated by grief and refers to the emotional attachment an individual feels toward an object i.e. it may become linked to a happy memory or someone they love and miss; 'instrumental' which can often stem from a history of having experienced deprivation, or of having had possessions forcibly taken from them in the past and therefore items are saved 'just in case I need them' or to guard against 'being without' again in the future; 'intrinsic' or 'aesthetic' where items are saved because they are seen as too beautiful to be discarded.
 - Disorganisation - Items of value are mixed in with rubbish and items of no apparent value. Individuals with hoarding behaviour often have difficulty with information processing, categorisation, sequencing tasks and decision making. They may also believe that they have a poor memory which leads to items being stored where they are visible instead of being put away i.e. 'if I put them away, I won't be able to see them and if I can't see them, I won't remember I have them and they will be lost to me'.
 - Significant Distress - The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.
- 6.3 General characteristics of hoarding behaviours include:
- Fear and anxiety: hoarding behaviour may have started as a learnt behaviour or following a significant traumatic event such as bereavement. The individual hoarding collects compulsively as a coping mechanism i.e. 'I feel bad and collecting this makes me feel better'. Attempts to discard hoarded items can induce distressing feelings varying from mild anxiety to a full panic attack and/or dissociation.
 - 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: Individuals with hoarding behaviours may hold an significant emotional attachment to items.
 - Indecisiveness: Individuals with hoarding behaviours struggle with the decision to discard items that are no longer necessary, including items which may seem to have no value.
 - Socially isolated: Individuals with hoarding behaviours can be socially isolated for a range of reasons, including shame. They may refuse home visits from others including professionals, in favour of office-based appointments and/or declining support and services.
 - Large number of pets: Individuals with hoarding behaviours may have a large number of animals that can be a source of complaints by neighbours. They may see themselves as a 'rescuer of strays'.
 - Mental capacity: Individuals with hoarding behaviours 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 individual's property from being used for their intended purpose.
 - Churning: hoarding behaviour can involve moving items from one part of an individual's property to another, without ever discarding anything.
 - Self-care: while some individuals with hoarding behaviours may appear unkempt and dishevelled, due to lack of toileting or washing facilities in their home, some individuals will use public facilities, in order to maintain their personal hygiene and appearance.

- 6.4 The graphic below illustrates the hidden parts of hoarding behaviours, which are the underwater portions of the iceberg. The hidden parts include associated trauma and mental health struggles.



Source: Appendix B, Statement from Kathy in New York, at B-015.

7 Good Practice When Working with Individuals with Hoarding Behaviour

- 7.1 Once hoarding behaviour has been identified a timely response is required, it is important at the outset to be mindful that the individual may be experiencing a range of emotions such as embarrassment, shame, guilt, anxiety, or depression. Equally, the individual may not see the hoarding as a problem and therefore not experience these emotions about their behaviour. They may experience extreme attachment to some items and suffer feelings of sadness, loss, grief, and bereavement in contemplating these items no longer being around as well as confusion as to why this needs to happen.
- 7.2 It is important to seek to understand hoarding behaviour from the perspective of the individual and to work collaboratively in seeking solutions to the problems they would like to address, taking a patient, empathetic, respectful and non-judgemental approach. This includes avoiding negative or devaluing language and behaviours, words like 'mess', 'rubbish', 'garbage' and 'junk' and avoiding grimaces and frowns. Highlight strengths, such as pathways through the property and mirroring the language they use to refer to items, such as their 'things' or 'collection'. The use of phrases or terms such as 'losing control of your home environment' rather than the term hoarding has been identified as a feature of successful interventions and encouraging people to accept care and support.
- 7.3 It is important to explore and understand the individual's life history and circumstances, and their possible connections to current hoarding behaviours. Recognise that underlying reasons for an individual's hoarding behaviours may be linked to earlier life experiences or traumas or be occurring within in the context of complex relationships. For more information about a trauma informed approach, see the [OSAB Trauma Informed Practice Guidance](#).

- 7.4 The sequence of interventions may be as crucial as the steps themselves. In some cases, mental health and wellbeing support may need to be put into place and worked through before the individual is able to take further practical steps in relation to safety or de-cluttering. In some cases, long-term and sustained support may be needed. It is important to consider the impact of interventions such as de-cluttering on an individual and to be aware of the potential long-term and unintended consequences. Consideration should be given to short-term goals ('quick wins') building up to long-term goals designed to prevent future issues.
- 7.5 Simply clearing the hoard as a 'one off' action is known not to have lasting impact and can cause and exacerbate the long term situation by reinforcing mistrust. Agreed standard practice must be to work with the individual and to agree a strategy which reduces risk and works to minimise future problems. The emotions stirred up when attempting to discard hoarded items can be too distressing and/or leave the individual feeling vulnerable and insecure. In addition, difficulty with decision making and not being able to break a task down into smaller steps could mean that the process of clearing hoarded items is overwhelming for the individual and so avoided.
- 7.6 It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many individuals, particularly older people, who self-neglect may lack the ability and/or confidence to ask for help and may also lack others who can advocate or speak for them. Where there is a belief that the adult may not have the relevant mental capacity, they should be assessed under the Mental Capacity Act, making sure that sufficient information is provided to the individual to enable informed decision making. There should be formal assessment of capacity, including enabling the adult to demonstrate understanding, the weighing of potential risks, benefits and solutions, and making a choice including the ability to put decisions into effect. For more information, see the OSAB Mental Capacity Act Policy and Procedure.
- 7.7 Mental capacity is a key factor in understanding an individual's circumstances and how they respond in practice. That is:
- When an individual is presumed to have mental capacity or has been assessed as having capacity, their autonomy must be respected, and efforts should be directed to building and maintaining supportive relationships through which agencies can in time be negotiated if required.
 - When an individual has been assessed not to have capacity to understand and make specific choices and decisions, interventions and services can be provided in the individual's best interests.
- 7.8 Practitioners must also be alert for signs of undue pressure or coercion being exercised, or of other circumstances preventing the individual giving free or informed consent. Practitioners may need to find creative ways to address risks and needs as although interventions contrary to the individual's wishes may be supported in some situations by legislation, it must be necessary and proportionate. It is also important to understand the function-specific nature of capacity, so that the apparent capacity to make simple decisions is not assumed automatically in relation to more complex ones.
- 7.9 Practitioners must consider the impact of executive functioning issues and if the individual struggles to complete any of the following:
- Ordering and sorting
 - Attending appointments
 - Managing emotions
 - Responding to correspondence
 - Forgetting important information
 - Managing multiple tasks
 - Having a strong sense of identity
 - Sustaining attention for the duration of a conversation
 - Preventing triggers
 - Managing relationships
 - Coping with rejection or being let down

- Being flexible

These could all result in burn out, fight, flight, freeze, or flop responses which can impact on decision making. Practitioners need to think about reasonable adjustments which may be required in order to support the individual. For more information about mental capacity see the [OSAB Mental Capacity Act Policy and Procedures](#).

7.10 For more good practice guidance, see the [OSAB & OSCP Self-Neglect Toolkit](#) (Appendix B).

8 Team Around the Adult and Information Sharing

8.1 The Importance of Multi-Agency Working

Hoarding is a complex condition, and it is likely that more than one agency will come into contact with the individual with hoarding behaviour, with those various agencies holding a range of knowledge and information. It is also recognised that not all individuals with hoarding behaviour will receive support from statutory services. The partnership approach should be used to enable powers and abilities of different agencies to be effectively applied. The response needs to be proportionate to the level of risk to the individual and others, the [OSAB Tiered Risk Assessment and Management \(TRAM\) Protocol](#) can be used to support informed multi-agency risk assessment and an approach where a Lead Professional is identified that can build a relationship with the individual.

The [OSAB Partner Agency Safeguarding Roles and Responsibilities Profiles](#) have been written by representatives from each OSAB partner agency with the aim of improving multi-agency understanding of each other's safeguarding roles and responsibilities, and avoiding any delays in delivering person-centred safeguarding responses. These can be used to consider which agencies may be involved with an individual with hoarding behaviours, or which agencies to refer to, or seek advice from.

It is good practice for members of the Team Around the Adult (TAA) to not disengage with the individual with hoarding behaviours and the TAA process once a task is completed. Where possible, practitioners should continue to provide a balance around sensitivity and safety, not just of the individual but other members of the community.

8.2 Team Around the Adult

A multi-agency Team Around the Adult (TAA) approach that involves all those who are in contact with the individual with hoarding behaviour enables joint responsibility and a coordinated approach to be developed. This leads to improved planning, communication and information sharing in creating a flexible and creative approach that assists the individual with hoarding behaviour to achieve positive outcomes.

Each agency needs to take responsibility for their role in supporting the individual to address issues caused through hoarding behaviours. The risk should be monitored making proactive contact with the individual to ensure that their needs and rights are fully considered in the event of any changed circumstances. This approach involves identifying practitioners and agencies who may be best placed to take forward specific tasks in supporting the individual in responding directly to their hoarding behaviour or in meeting related needs. This could include voluntary or non-statutory agencies with expertise in this area.

8.3 Information Sharing

The Data Protection Act (DPA) 2018 sets out the framework for data protection law in the UK. The Data Protection Act sits alongside the General Data Protection Regulation (GDPR) as the legislation that regulates information sharing. Hoarding behaviour may pose a serious risk to health and safety, and professional intervention may be required. This could include making referrals to health or Mental Health services (such as a GP, Nurse, or therapist), which would necessitate the sharing of information between practitioners and

agencies. In working collaboratively with people and utilising a Making Safeguarding Personal (MSP) approach, consent should always be sought in relation to information sharing. However, hoarding is a complex condition, and consent may not be given for a range of reasons.

Confidentiality is an important principle that enables individuals to feel safe but the right to confidentiality is not absolute. If an individual refuses consent to share information, their wishes should be respected but there are instances where the sharing of information can still legally take place when it is necessary to do so, and there are adequate safeguards in place to protect the security of the information.

OSAB have developed a [Data Sharing Agreement](#) and a [7-Minute Briefing](#) which provide further information in relation to information sharing in the context of safeguarding.

9 Risk to Others

- 9.1 The impact or consequences of hoarding behaviours may sometimes also place others at risk and there may be a need to take actions, to ensure the rights and safety of others are also protected. It is important for all practitioners to identify if there are any others who may be at risk from instances of hoarding behaviour. If there are other adults living at the property who could be considered at risk under the Care Act, a safeguarding referral may need to be made to the Adult Multi-Agency Safeguarding Hub (MASH). If there are children living at the property a referral may need to be made to the Children's MASH. For more information on supporting cases involving children, see section 10. For information about cases where there are fire safety risks, see section 11.
- 9.2 Where an individual with hoarding behaviour poses a risk to others, it remains important to work with them as far as possible to support them to bring about change in their circumstances. However, actions may be necessary that are contrary to their wishes, including the enforcement actions of agencies to protect the safety of others. Practitioners should seek to explain to the individual why the actions have had to be taken and talk through the implications for the individual concerned.

10 The Impact of Hoarding on Children, Young People and Families

10.1 Implications for Safeguarding Children

Growing up in a hoarding property can put a child at risk by affecting their development and, in some cases, leading to neglect, which is a safeguarding issue. The needs of the child at risk must come first and any actions practitioners take must reflect this.

Where children live in the property, and the hygiene conditions within the property present a serious and immediate environmental or health risk to children or the physical accommodation places the child in danger, a referral to Children's Social Care should always be made, with consideration of contacting the police on 999 if the risk to the child/children is immediate.

Impacts that Hoarding can have on a child include:

- Social isolation: not being able to have friends over.
- Reduced living space: children may have to use one space for multiple uses and purposes, such as sleeping, eating, homework, watching television and playing.
- Anxiety: this may develop due to a parent's behaviour towards objects. Children may get anxious living within a household with many objects that they are unable to touch.
- Health: asthma, allergies, headaches etc. which can be due to dust, the cleanliness of the property and the items that are being hoarded.
- Fire risk: being trapped in a fire.
- Bitten/infection by pests.

- Developmental delay: not having the space to explore and develop significant milestones like crawling, cruising, walking etc.
- Risk of accidents/injury.
- Lack of access to cleaning facilities: bathroom, toilet, shower.
- Lack of access to cooking facilities: food preparation, sterilising of baby bottles.

10.2 Support and Intervention for Children

When working with families where there are concerns about hoarding simply working to clear the hoard is known not to have lasting impact and can cause and exacerbate the long-term situation by reinforcing mistrust. Children's agencies need to consider this guidance and the [OSAB & OSCP Self-Neglect Policy, Procedures and Guidance](#) and how agencies can work together to support hoarded households where there are children. Agreed standard practice must be to work with the individual and to agree a strategy which reduces risk and works to minimise future problems.

The risks and impacts of hoarding for safeguarding children must always remain paramount. An impartial assessment of the scale of clutter and hoarding is vital in assessing the impact of hoarding on children and in determining if there is a safeguarding concern that warrants Children's Social Care involvement or Early Help support.

The [Clutter Image Ratings](#) (Appendix C) must be utilised to support any referral to Children's Social Care or Early Help for hoarding. This ensures that there is a common understanding of the risk posed, The clutter image ratings can also be used to demonstrate improvements in hoarding behaviours.

10.3 Think Family

It is the responsibility of all practitioners across all services to address the support required and to ensure the safety of everyone living in a household. A multi-agency 'Think Family' approach can be effective in helping families and is most effective in improving outcomes. This includes practitioners in adults' services being able to identify children's needs, and staff in children's services being able to recognise adults' needs. Such services are viewed positively by families and practitioners alike.

Best practice for a 'Think Family' approach includes:

- Early intervention prevents problems becoming entrenched; the practical help, advice and emotional support which many parents value can often be given without referral to specialist services. Children and young people also prefer an informal approach.
- In order to access services, parents must feel reassured that they are not being judged or stigmatised and be helped to overcome their fears of having their children removed. 'I do have a sort of feeling of being ashamed of having difficulties. It's not something I talk about'.

There are three situations where the Think Family approach can be applied:

1. Families with adults and children, where adult and children services need to work in partnership with each other as well as in partnership with the family to ensure that the needs of all members of the family are met effectively.
2. Intergenerational families consisting of all adults, e.g. older parent(s) living with adult children with mental health needs, learning and/or physical disabilities. As people are living longer and are supported in the community intergenerational families are becoming more common.
3. Families with multiple needs (e.g. educational, health, and social) with large numbers of agencies working with them. In these cases it is important for practitioners to work in a way that is family led and best meets the needs of the family.

For more information, see the [OSAB 7-Minute Briefing about the Think Family approach](#).

11 Fire Safety

- 11.1 Greater Manchester Fire and Rescue Service (GMFRS) are required to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in their area. The involvement of fire services is a key element in both a multi-agency and preventative approach towards hoarding behaviour.
- 11.2 Hoarding behaviour may increase fire risks due to a variety of reasons; cooking is unsafe when flammable items are stored near hobs or ovens, portable heating units may be too close to things that can burn, electrical wiring may be old or chewed on by pets and damaged wires can start fires, open flames, or candles in homes with excess clutter are very dangerous, and blocked pathways and exits may hinder escape and rescue from a fire.
- 11.3 Hoarding behaviour also impacts on firefighters and increases their risk of harm if a fire does occur. Firefighters cannot move swiftly through a home filled with clutter and could become trapped if exits are blocked or injured by objects falling on them. The weight of stored items, especially if water is added to put out a fire, can increase the risk of building collapse, and clutter could impede the search and rescue of people and pets.
- 11.4 Professionals working with individuals with hoarding behaviours should consider the following fire safety steps to help keep someone safe:
- Try to ensure the individual has working smoke alarms and if not encourage them to book a [GMFRS Home Fire Safety Assessment \(HFSAs\)](#), where specially trained advisors offer a range of advice around home safety including the reduction of accidental injury and identifying health and wellbeing, such as escape routes, electrical safety, and specialist equipment.
 - Encourage the individual not to light candles or tea lights of any kind. A safer option would be LED flameless candles.
 - Try to ensure the individual has appropriate heating, so that they are not using portable heaters, candles, or gas hobs to heat their property. If portable heaters continue to be used try and ensure items are not placed on top of, or too close to them.
 - If possible, encourage the individual, if they are a smoker, to smoke outside, not to smoke in bed or where they could fall asleep, and to use proper ashtrays.
 - Work with the individual to develop an escape plan.
- 11.5 The involvement of GMFRS, as early as possible, enables assessment and consideration of any unacceptable fire risk and to develop strategies to minimise significant harm caused by potential fire risks. It also ensures compliance with the Fire Services Act and strengthens the operational risk assessment when dealing with incidents and fires where hoarding behaviour is occurring.
- 11.6 For more information, see the [GMFRS Hoarding Safety Tips](#) (Appendix D).

12 Responses to Hoarding Behaviour

12.1 Challenging Views

Practitioners should be willing to challenge views including but not limited to:

- Perceiving or expressing that this is a lifestyle choice.
- Relying on previous assessments or decisions about eligibility, engagement, risk or capacity.
- Challenges from the individual with hoarding behaviours and/or their family for interventions that reduce risk.
- Attempts to disengage whilst still at risk of significant harm.
- The perception that this behaviour is normal for the individual.

- Ensuring assessment under the Care Act is robust when determining if an individual has care and support needs. The Care Act eligibility criteria are an individual with needs arising from a physical or mental impairment or illness, whose needs mean that they are unable to achieve two or more 'specified outcomes' and consequently there is a significant impact on their wellbeing. The specified outcomes include 'maintaining a habitable home environment' and 'being able to make use of the home safely'; these specified outcomes must be considered.

12.2 Key Practice Principles and Procedures

The key practice principles (Section 7) and procedures (Section 8) set out in the [OSAB & OSCP Self-Neglect Policy, Procedures and Guidance](#) should be utilised when practitioners are responding to hoarding behaviour. These include the response to the declining of support and services, the response to low levels of engagement, formal multi-agency responses and when local Adult Safeguarding Policy and Procedures should be utilised.

12.3 Clutter Image Ratings

[Clutter Image Ratings](#) (Appendix C) support an impartial assessment of scales of clutter and hoarding. These were produced from a study and are used widely across the world. The ratings are via The International OCD Foundation and were originally from a study by Frost RO, Steketee G, Tolin DF, Renaud S. Development and validation of the Clutter Image Rating. Journal of Psychopathology and Behavioural Assessment.

Clutter Image Ratings can be used as a tool to rate the scale of the clutter and possible interventions required:

- Clutter that reaches a rating of 4 or higher should trigger a discussion and report to Adult Social Care with consent if the individual with hoarding behaviour lives alone.
- Clutter that reaches a rating of 4 and above should trigger a Safeguarding Adult Referral without consent if a child/children live in the property or others live in the property.
- Clutter that reaches a rating of 5 and over should be reported to GMFRS with consent for a Home Fire Safety Assessment or a marker can be placed on the property where consent is not given (they need to know where the person usually sleeps).
- Clutter that reaches a rating of 7 to 9 should trigger a Safeguarding Adult Referral with or without consent.

12.4 Potential Outcomes

Working with individuals with hoarding behaviour and utilising a person-centred, trauma-informed and strengths-based approach can involve a range of outcomes, which may include:

- Working with the individual with hoarding behaviour to liaise with their landlord, utility companies or statutory authorities if they are threatened with eviction or essential services being stopped.
- Working with the individual with hoarding behaviour to identify any physical health, mental health or social care needs and making appropriate referrals on their behalf.
- Working with the individual with hoarding behaviour over time to build a relationship and understand the individual to support them in clearing, or reducing, their hoard (these are key practice principles detailed in the [OSAB & OSCP Self-Neglect Policy, Procedures and Guidance](#)).

13 Relevant Legislation

- 13.1 Below is a summary of the most relevant duties and powers that should be considered in working with individuals with hoarding behaviour.

13.2 Care Act 2014

Section 9: Where it appears that an individual may have care and support needs, Local Authorities have a duty to undertake an assessment. The individual should be involved in the assessment, as well as anyone else appropriate nominated by the individual, and it should focus on their wellbeing and the outcomes they wish to achieve. If the individual is assessed as having eligible needs, the Local Authority must decide whether they have a legal duty to arrange or provide care and support to meet these needs. There is a legal duty if:

- they have care and support needs as a result of a physical or a mental condition
- because of those needs, they cannot achieve two or more of the outcomes specified in the national regulations
- as a result, there is a significant impact on their wellbeing

Under section 10 of the Care Act there is also a duty for Local Authorities to assess any carers involved.

Section 11: This section outlines the circumstances under which a local authority is not required to carry out a needs assessment if an adult or a carer refuses one. However, there are exceptions where a needs assessment must still be carried out, such as when the adult lacks capacity or is at risk of abuse or neglect.

Section 42: The Care Act places a duty on local authorities to make safeguarding enquiries, or cause others to do so, if it believes that an individual (aged 18 or over);

- Has care and support needs (whether or not the local authority is meeting those needs)
- Is experiencing, or at risk of, abuse or neglect
- As a result of their care and support needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The scope of the enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances. It will usually start with asking the individual their views, wishes and desired outcomes, which will often determine what next steps to take.

The Care Act defines ten different types of abuse and neglect. However, the type most likely to be seen in relation to hoarding behaviour is self-neglect. This is an extreme lack of self-care and can include neglecting to care for one's personal hygiene, health or surroundings, a failure to seek help or access services (to meet needs) or an inability to avoid harm.

13.3 Mental Capacity Act 2005

Section 1:

- Principle 1 - A person must be assumed to have capacity unless it is established that they lack capacity. Capacity must be considered in relation to a particular decision at a particular time. The starting point is always the presumption of capacity, even if this is quickly disproved on assessment.
- Principle 2 - A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success. In order to justify any intervention it needs to be shown that practicable steps have been taken to support the person make a decision. Practicable steps include alternative forms of communication, providing all relevant information in an accessible format and involving anyone else who could support the person to express their views. Even if the person is assessed as lacking capacity they should still be involved as far as possible in making decisions.
- Principle 3 - A person is not to be treated as unable to make a decision merely because they make an unwise decision. People have a right to make a decision which may be regarded as unwise or eccentric and this must not be regarded as evidence of a lack of capacity.
- Principle 4 - An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests. This should include encouraging the person to participate in the process, identify all the relevant circumstances (that the person would be likely to consider in making the decision), finding out the person's views (any past views they may have expressed), avoid discrimination, and consult others.

- Principle 5 - Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be effectively achieved in a way that is less restrictive of the person's rights and freedom of action. Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

Section 2: This defines a lack of capacity as someone being unable to make a material decision for themselves because of either a temporary or permanent impairment of, or a disturbance in the functioning of, the mind or brain. It also makes it clear that a lack of capacity cannot be established merely by reference to a person's age, appearance, or any other condition or aspect of a person's behaviour which might lead others to make unjustified assumptions about capacity. It also states that any decision about capacity must be made on the balance of probabilities.

Section 3: This defines that a person is unable to make a capacitated decision for themselves if they are unable to; (a) understand information relevant to the decision, (b) retain that information, (c) use or weigh that information in making a decision, and (d) communicate that decision.

These above two sections establish a two-stage functional test that must be completed when undertaking a formal mental capacity assessment.

Section 4: This section focuses on making decisions in the best interests of the person and a checklist of considerations that must be taken into account. This includes the need to ensure that best interest decisions are not based on the person's age, appearance, condition or behaviour. It should encourage the person's participation, take into account their past and present wishes and feelings, and consult with anyone else involved in supporting the person.

13.4 Environmental Health

Environmental Health have a range of powers which can be used in responding to hoarding behaviour and some of these are listed below.

Public Health Act (1936)

Section 79: Power to require removal of noxious matter when by occupier of premises. The Local Authority will always try and work with a householder to identify a solution to a hoarded property, however in cases where the resident is not willing to co-operate the Local Authority can serve notice to an owner or occupier 'to remove accumulations of noxious matter'. Noxious is not defined, but usually is 'harmful, unwholesome'. No appeal available. If not complied with in twenty-four hours the Local Authority can do works in default and recover expenses.

Section 83: Cleansing of filthy or verminous articles where any premises, tent, van, shed, ship or boat is either; (a) Filthy or unwholesome so as to be prejudicial to health; or (b) Verminous (relating to rats, mice, other pests including other insects, their eggs and larvae. The Local Authority serves notice requiring clearance of materials and objects that are filthy, cleansing of surfaces, carpets, etc. within twenty-four hours or more. If not complied with Environmental Health can carry out works in default and charge. No appeal against notice but an appeal can be made against the cost and reasonableness of the works on the notice.

Section 84: Cleansing or destruction of filthy or verminous articles. Any article that is so filthy as to need cleansing or destruction to prevent injury to persons in the premises, or is verminous, the local authority can serve notice and remove, cleanse, purify, disinfect or destroy any such article at their expense.

Prevention of Damages by Pests Act (1949)

Section 4: Power of the Local Authority to require action to prevent or treat rats and mice. Notice may be served on owner or occupier of land/premises where rats and/or mice are or may be present due to the conditions at the time. The notice may be served on the owner or occupier and provide a reasonable period of time to carry out reasonable works to treat for rats and/or mice, remove materials that may feed or harbour them and carry out structural works.

Public Health (Control of Disease) Act 1984

Section 31: This sets out powers to deal with any premises where cleansing and disinfection of the premises, or disinfection or destruction of articles within those premises is required to prevent the spread of an infectious disease.

Environmental Protection Act (1990)

Section 79: This section defines statutory nuisances at premises with a list of matters that amount to statutory nuisances. Specific matters that are identified include issues like smoke, fumes or dust from premises, noise and light and accumulation of waste. There is also a more general category comprising 'any other matter declared by any enactment to be a statutory nuisance'.

Section 80: Authorised Local Authority officers have a power to serve notice when a statutory nuisance (as identified in section 79) is identified. The notice requires the person to abate (stop) the nuisance by a certain date and prevent it happening again.

13.5 Town and Country Planning Act (1990)

Section 215: Power to require proper maintenance of land. (1) If it appears to the local planning authority that the amenity of a part of their area, or of an adjoining area, is adversely affected by the condition of land in their area, they may serve on the owner and occupier of the land a notice under this section. (2) The notice shall require such steps for remedying the condition of the land as may be specified in the notice to be taken within such period as may be so specified. (3) Subject to the following provisions of this Chapter, the notice shall take effect at the end of such period as may be specified in the notice. (4) That period shall not be less than 28 days after the service of the notice.

13.6 Housing Act (2005)

Part 1: This gives the power to improve the housing conditions of those individuals irrespective of tenure (owner occupied or rented) where significant potential risks to health and safety from any deficiencies identified in dwellings following a Housing, Health and Safety Rating System (HHSRS) assessment. This includes for example excess cold, falls on stairs, falls on the level, pests, electrical and fire hazards.

Clause 14 covers the right to force entry for essential maintenance of gas and electricity facilities or to disconnect supplies. It provides a right:

- to enter the property at any reasonable time to inspect or carry out repairs, improvements or other work to the property or adjoining property including inspecting for pests and carry out treatment works which may be necessary and for any purpose which ensures that the conditions of the tenancy are being adhered to provided that 24 hours written notice is provided.
- In the event of an emergency the property can be entered by any means.

13.7 Fire Services Act (2004)

Section 7.2d: Fire and Rescue Services have a statutory duty to make arrangements for obtaining information needed for the purpose of extinguishing fires and protecting life and property in their area. In certain circumstances Fire and Rescue Services can serve a prohibition or restriction notice to an owner or

responsible person under the Regulatory Reform (Fire Safety) Order 2005. This does not apply to single private dwellings but can be used where there is an impact on regulated areas such as common areas of a premises.

Under 'Powers of Entry, Part 6, s44.' an authorised employee of GMFRS may do anything they reasonably believe to be necessary. Emergency access can be made to prevent a fire or other emergency. Such emergencies will include extinguishing or preventing fire, or protecting life, or property rescuing people, or protecting them from serious harm in a road traffic accident in an emergency preventing or limiting damage to property resulting from action taken.

13.8 Anti-Social Behaviour (2003)

Anti-social behaviour is defined as persistent conduct which causes or is likely to cause alarm, distress or harassment or an act or situation which is, or has the potential to be, detrimental to the quality of life of a resident or visitor to the area. Questions about whether an application for an Anti-Social Behaviour Order would be appropriate should be made to the designated police officer (it may be appropriate to involve the police in the multi-agency work), the registered social landlord or the local authority.

13.9 Anti-Social Behaviour, Crime and Policing Act (2014)

Section 2: Housing related nuisance. Any direct or indirect interference with housing management functions of a provider or Local Authority, such as preventing gas inspections, will be considered as antisocial behaviour. Injunctions, which compel someone to do or not do specific activities, may be obtained under Section 1 of the Act. They can be used to get the tenant to clear the property or provide access for contractors. To gain an injunction, the landlord must show that, on the balance of probabilities, 'the person is engaged or threatens to engage in antisocial behaviour, and that it is just and convenient to grant the injunction for the purpose of preventing an engagement in such behaviour'.

Sections 76-93: Under Part 4 Chapter 3 Anti-Social Behaviour Premises Closures states that a closure order can be issued if the court is satisfied:

- a person has engaged or is likely to engage in disorderly, offensive or criminal behaviour on the premises or
- the use of the premises has resulted or is likely to result in serious nuisance to members of the public or
- there has been or is likely to be disorder near those premises associated with the use of the premises and that the order is necessary to prevent the behaviour, nuisance or disorder from continuing, recurring or occurring.

13.10 Human Rights Act (1998)

Public authorities must act in accordance with the Convention of Human Rights, which has been enacted directly in the UK by the Human Rights Act 1998 and therefore can be enforced in any proceedings in any court.

Article 5: The Right to Liberty and Security. Everyone has the right to liberty and security of persons.

Article 8: Right to respect for Private and Family Life Everyone has the right to respect for his private and family life, his home and his correspondence. There shall be no interference by a public authority with the exercise of this right except such is permitted by the law, is for a lawful purpose e.g. is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or the protection of the rights and freedoms of others and is proportionate.

The First Protocol Article 1 – Protection of Property: Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one should be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.

13.11 Mental Health Act (1983)

Section 2: Admission for Assessment Under this section someone who is suffering from a mental disorder could be admitted to hospital against their will for a period of up to 28 days if an Approved Mental Health Practitioner (AMHP) and two doctors (one of whom must be section 12 trained) confirm that: (a) the patient is suffering from mental disorder of a nature or degree which warrants detention in hospital for assessment (or assessment followed by medical treatment) for at least a limited period; and (b) He ought to be detained in the interests of his own health or safety or with a view to the protection of others.

Section 3: Admission for Treatment. Under this section someone who is suffering from a mental disorder could be admitted to hospital against their will for a period of up to six months if two doctors (one of whom must be section 12 trained) confirm that: (a) the patient is suffering from mental disorder of a nature or degree, which makes it appropriate for him to receive medical treatment in hospital; and (b) It is necessary for his own health or safety or for the protection of others that he receives such treatment and it cannot be provided unless he is detained under this section and (c) Appropriate treatment is available for him.

Section 7: Guardianship Orders. A guardianship application may be made in respect of a person on the grounds that (a) the person is suffering from mental disorder, of a nature or degree which warrants their reception into guardianship (b) It is necessary in the interests of the welfare of the person or for the protection of other persons. The purpose of guardianship is to enable the person to receive care outside hospital when it cannot be provided without the use of compulsory powers. It provides' an authoritative framework for working with someone with a minimum of constraint to achieve as independent a life as possible within the community and must be part of their overall care and treatment plan.

Section 135: If there is reasonable cause to suspect that a person believed to be suffering from a mental disorder is being ill-treated, neglected or unable to care for themselves (and living alone) an AMHP can apply to a Magistrates Court for a warrant authorising a Police Officer (with a Doctor or the AMHP) to enter a premises, if need be by force, and remove the person to a place of safety for up to 72 hours. There are strict legal procedures regarding these sections, and they would only be applicable in extreme circumstances.

14 Relevant Contacts

- 14.1 Below are contact details for organisations both across Oldham and nationally that can provide support in relation to hoarding behaviour.

Organisation	Services Provided	Contact Details
Police	Criminal acts must be immediately reported to the Police and/or emergency treatment should be sought as necessary. Non-emergency concerns can be reported by telephone or online.	Telephone: 999 Telephone: 101 Greater Manchester Police 'Report a Crime' webpage.
Health	General health information and advice: If there are specific health concerns contact the local GP surgery to arrange an appointment:	Telephone: 111 Find a GP - NHS

Adult Social Care	Local Authority Adult Social Care departments undertake a range of statutory duties under the Care Act.	Telephone: 0161 770 7777 Email: adult.mash@oldham.gov.uk Online Referral Form.
Children's Social Care	It is vital all professionals are professionally curious when working with individuals with hoarding behaviour and identify any others who may be at risk including children and to respond appropriately.	Telephone: 0161 770 7777 Email: child.mash@oldham.gov.uk Online Referral Form.
Fire Service	Greater Manchester Fire and Rescue Service undertake free Home Fire Safety Assessments (HFSAs) offering the occupier a wide range of advice around home safety, the checking and fitting of smoke alarms and specialist equipment, if required. There is also the possibility of follow up visits once an individual has been discharged from other services to ensure a situation has not declined.	Telephone: 0800 555 815 HFSA Information
Mental Health services	Pennine Care NHS Foundation Trust (PCFT) provide NHS care across Oldham for people with mental health problems and learning disabilities. They provide a range of specialist services, caring for people all of ages from children and young people through to older people, with conditions such as dementia.	Referrals to services are made via GPs. Telephone: 0161 716 2757 Email: pcn-tr.oldhampoe@nhs.net
Environmental Health	Environmental Health services within Local Authorities have certain powers which can be used in hoarding cases. The Local Authority will always try and work with a householder to identify a solution to a hoarded property, however in cases where the resident is not willing to cooperate the Local Authority can serve notice on the owner or occupier.	Telephone: 0161 770 2244 Email: ENVhealth@oldham.gov.uk
RSPCA	The RSPCA can undertake a range of tasks that include visiting properties to undertake an animal welfare check; providing education and advice around animal welfare and re-homing; and possible removal of animals and legal action if cruelty identified.	Online RSPCA Contact Form
Age UK Oldham	Information and advice for older adults struggling to cope.	Telephone: 0161 633 0213 Email: info@ageukoldham.org.uk
Mind	Information and advice for adults with mental health problems.	Telephone: 0161 330 9223 Email: office@togmind.org
Positive Steps	A charitable trust that delivers a range of targeted and integrated services for young people, adults and families. Mind and Positive Steps host a Hoarding Peer Support Group .	Telephone: 0161 621 9400 Email: info@positive-steps.org.uk

15 Further Reading and Support Options

Social Care for the Institute for Excellence (SCIE)	<ul style="list-style-type: none"> • Self-Neglect at a Glance • Self-Neglect and Adult Safeguarding: Findings from Research • Safeguarding Adults for Housing Staff
Community Care	Hoarding and Self-Neglect - What Social Workers Need to Know
Mental Health Today	Understanding a Hoarder's Narrative
Hoarding Disorders UK	hoardingdisordersuk.org
Association of Professional Declutterers and Organisers	apdo.co.uk
Hoarding UK	hoardinguk.org
Help for Hoarders	helpforhoarders.co.uk
OCD UK	ocduk.org
Clouds End CIC	cloudsend.org.uk

Appendices

Appendix A – OSAB & OSCP Self-Neglect Policy, Procedures and Guidance	Available Online
Appendix B – OSAB & OSCP Self-Neglect Toolkit	Available Online
Appendix C – Clutter Image Ratings	Available Online
Appendix D – Greater Manchester Fire and Rescue Service Hoarding Safety Tips	Available Online
Appendix E – OSAB Hoarding 7-Minute Briefing	Available Online