

**Safeguarding Adults Board**

**Responding to Hoarding Behaviour Framework**

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**Part 1 – Practitioner Guidance**

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## Introduction

This framework promotes collaborative multi-agency working in response to hoarding behaviour that reduces the risk of abuse or neglect. It provides practical guidance that any professional coming into contact, or working with, someone who is displaying hoarding behaviour can consider where appropriate as well as to increase their overall knowledge and awareness.

The framework emphasises a person-centred and strength-based approach, in recognising that the relationship formed with an individual and ensuring their views and outcomes are central is key to effective engagement. In addition, it is recognised that 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 around 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 be aware of the potential long-term and unintended consequences.

**The framework is divided into three sections and is not intended to be read or used in its entirety but to provide guidance and further resources in a range of areas that relate to hoarding behaviour.**

**Part 1.** **Practitioner Guidance** - This first section provides practitioners with general guidance around hoarding behaviour; recognising the different types of hoarding behaviour and the causes and nature behind it, key elements around working with hoarding behaviour, key points in relation to the relevant legislation and a flowchart. This supports practitioners to have a consistent and joined up approach to assessing risk and supporting people, use best practice in engaging individuals in the process and support a preventative multi-agency approach that reduces the need for compulsory intervention.

**Part 2. Practitioner Resources –** The second section offers practical resources that professionals can utilise in following the guidance outlined in Part 1. This includes example questions to ask people about their hoarding behaviour, clutter image rating tool and the accompanying guidance, which will support good practice and effective risk assessment and action planning.

**Part 3. Contacts, External Resources and Legislation –** The final section provides a list of local and national contact details for organisations that may need to be involved as part of a multi-agency approach to hoarding behaviour. There are also links to further reading and resources in relation to hoarding behaviour as well as further details of the relevant legislation outlined in Part 1.

**Hoarding behaviour is complex and involves self-neglect. This Protocol should be read in conjunction with the self-neglect guidance on the Pan-Sussex Policies and Procedures website.**

[**Sussex Safeguarding Adults Policy and Procedures Self-neglect guidance**](https://sussexsafeguardingadults.procedures.org.uk/pkoox/sussex-safeguarding-adults-procedures/sussex-multi-agency-procedures-to-support-adults-who-self-neglect)

## Aims

* 1. To create a safer and healthier environment for the individual and others affected by the hoarding behaviour, e.g., next-of-kin, friends, or neighbours.
	2. To develop the use of a consensual, flexible, and creative approach that is person-centred, and strengths based.
	3. To promote a working in partnership and multi-agency approach that should seek to involve family or other next-of-kin, friends, as well as statutory and non-statutory organisations such as housing and environmental officers, health professionals, charities, and voluntary sector organisations. The Department of Health and Social Care have issued guidance on Strengths Based Approach.[[1]](#footnote-1)
	4. To incorporate the use of relevant legislation, policies, procedures, and resources as part of a planned approach with agreed and co-ordinated actions and a lead professional identified as required.
	5. To ensure that the least restrictive option approach is utilised, in accordance with individual rights under the Human Rights Act (1998), unless there is evidence of a clear risk of significant harm. In this instance a non-consensual intervention may need to be considered.

## Identifying Hoarding Behaviour

**What is Hoarding Behaviour**

 The first step in responding to hoarding behaviour is identifying that hoarding may be occurring.

Hoarding behaviour is defined as the excessive collection and retention of any material to the point where 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 many items that would appear to hold little or no value and would be considered rubbish by other people.

Severe cluttering of a person’s home (rated 7-9 on the International Clutter Rating) is usually at a point when rooms can no longer be used for their intended purposes.

There will be signs of significant distress or impairment of work or social life (Kelly 2010)

 **There are several types of hoarding:**

* **Inanimate objects**: This is the most common and may consist of hoarding either one type of object or a mixture: old clothes, newspapers, food, containers.
* **Animal hoarding:** This is an increasing area and is often accompanied by the inability to provide minimal standards of care. The person is unable to recognise the animals are at risk and feel that they are saving them. The accumulation of animal faeces and pest or insect infestations is a particular issue.
* **Data hoarding:** This is a relatively new area and may include computers, electronic storage devices, the need to store copies of emails and other information in electronic format.
* **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.

Hoarding behaviour can become problematic for several reasons. It can take over the person’s life, making it difficult for them to get around their property. It can impact their personal care routines (as well as the routines of others living at the property), leading to an increased risk of self-neglect and ill-health. It can also impact their relationships and interactions with others (such as professionals who visit), leading to isolation and loneliness.

In particular hoarding behaviour can:

* Make cleaning very difficult, leading to unhygienic conditions and encouraging rodent or insect infestations.
* Pose a fire risk and block exits in the event of a fire occurring
* Restrict access to key parts of the property and cause trips or falls
* Cause injury if large piles of items fall or collapse

**Causes of Hoarding**

Hoarding behaviour can occur for a range of reasons; for example as a result of trauma, mental health issues, substance misuse, advancing age, social isolation, sensory deprivation or loss, a cognitive impairment, significant life events or personal choice. Someone who hoards is different from a collector; people who hoard have strong emotional attachments that outweigh their actual or monetary value and people from all backgrounds can display hoarding behaviour.

To effectively support someone who is hoarding professionals 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.

Not everyone who owns lots of possessions exhibits hoarding behaviour and chronic disorganisation can be caused by numerous factors, which inhibit a person’s ability to plan. These include conditions such as Autism, Acquired or Traumatic Brain Injury, Stroke, Dementia, Fibromyalgia and Chronic Fatigue syndrome, Anxiety or depression, post-traumatic stress disorder (PTSD), bipolar disorder and obsessive-compulsive disorder (OCD).

 [**You can find read more about causes of hoarding, at the Mind Charity website**](https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/causes/?gclid=EAIaIQobChMInOTdx6ej8AIVi813Ch01nACZEAAYASAAEgI7vfD_BwE)

**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 may feel that buying or saving things will relieve the anxiety and fear that they feel. The hoarding becomes their comfort blanket.

**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 objects:** People who hoard may hold a strong emotional attachment that is difficult to understand to items.

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

**Unrelenting standards:** People who hoard may often find faults with others, requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks.

**Social Isolation:** People who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professional in favour of office-based appointments.

**Large number of pets:** People who hoard may have many animals that can be a source of complaints by neighbours. They may be self-confessed ‘rescuers’ of strays.

**Mental capacity:** People who hoard are typically able to make decisions that are not related to hoarding behaviour.

**Extreme clutter:** Hoarding behaviour may be in more than one room, or all rooms, and prevent them from being used for their intended purpose.

**Churning:** Hoarding behaviour can involve moving items from one part of the property to another without ever discarding them.

**Self-care:** A person who hoards may appear unkempt and dishevelled due to a lack of access of bathroom or washing facilities in their home. However, some people who hoard will use public facilities to maintain their personal hygiene and appearance.

**Poor-Insight:** A person who hoards will typically see nothing wrong with their behaviour or the impact of this.

**The practitioner resources in section two of the framework should be used in conjunction to support the identification of hoarding behaviour and to assess the overall situation and level of risk.**

## Working with People displaying Hoarding Behaviour

 Once hoarding behaviour has been identified where 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 person 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.

 it is important to seek to understand hoarding behaviour from the hoarder’s perspective and to work collaboratively in seeking solutions to the problems they would like to address, taking a 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 matching 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.

 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.

 **A** **Multi-Agency Approach**

 Hoarding is a complex condition and it is likely that more than one agency will come into contact with the person, with those various agencies holding a range of knowledge and information. It is also recognised that not all individuals who hoard will receive support from statutory services.

 A multi-agency approach that involves all those who are in contact with the person enables joint responsibility and a co-ordinated approach to be developed leading to improved planning, communication and information sharing in creating a flexible and creative approach that assists the person to achieve positive outcomes.

 It incorporates identifying professionals and agencies who may be best placed to take forward specific tasks in supporting the person 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.

 **Risk to Others**

 It is important for all professionals 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 concern may need to be raised with the local authority.

 It is important for professionals to ‘think family’ and ‘to see the child’ and consider whether there are any children affected in the hoarding behaviour, such as by living at the property. Growing up in a property where hoarding behaviour is taking place can affect their development, and in these situations a Safeguarding Children alert should be raised with the relevant local authority.

 **You find further information regarding safeguarding children at**

[**https://www.brighton-hove.gov.uk/families-children-and-learning/child- protection/child-protection**](https://www.brighton-hove.gov.uk/families-children-and-learning/child-%09protection/child-protection)

**Fire Safety**

 Fire services (East Sussex and West Sussex Fire and Rescue Services) 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.

 Hoarding behaviour increases 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.

 Hoarding behaviour also impacts firefighters and increase 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.

 **Professionals working with hoarding behaviour should consider the following fire safety steps to help keep someone safe.**

Try and ensure the person has working smoke alarms and if not encourage them to book a [home fire safety visit](https://www.esfrs.org/your-safety/home-safety-visits/) (if in Brighton and Hove or East Sussex) or if in West Sussex a [Safe and Well Visit](https://www.westsussex.gov.uk/fire-emergencies-and-crime/west-sussex-fire-and-rescue-service/home-fire-safety/safe-and-well-visit/#request-a-visit) (if in West Sussex).

* where specially trained advisors from the Fire Service 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 person not to light candles or tea lights of any kind. A safer option would be LED flameless candles.
* Try and ensure the person 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.
* Encourage the person, if possible, that if they are a smoker that they smoke outside, never smoking in bed or where they could fall asleep, and that they use proper ashtrays.
* Work with the person to develop an escape plan. If they have mobility issues suggest they sign up for [Carelink](https://www.brighton-hove.gov.uk/carelink-plus) (Brighton and Hove), [Lifeline](https://www.eastsussex.gov.uk/social-care/support-to-stay-at-home/technology-to-stay-safe-and-independent) (East Sussex), or [Telecare Service](https://www.westsussex.gov.uk/social-care-and-health/social-care-and-health-information-for-professionals/adults/west-sussex-telecare-service/) (West Sussex).

 The involvement of fire services, and at any early point if 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.

 **Information Sharing**

The Data Protection Act (DPA) 2018 sets out the framework for data protection law in the UK. It came into effect in May 2018 and updates and replaces the Data Protection Act 1998. The Data Protection Act 2018 sits alongside the General Data Protection Regulation (GDPR) as the legislation that regulates information sharing. These place greater significance on organisations being transparent and accountable in relation to their use of data.

 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 professionals and organisations. 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 people to feel safe but the right to confidentiality is not absolute. If an adult 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.

 **The Brighton and Hove, East Sussex and West Sussex SABs have developed a pan-Sussex Information Sharing Guide and Protocol, which provides further information in relation to information sharing.**

[**Pan-Sussex SAB Information Sharing Guide and Protocol**](https://www.bhsab.org.uk/wp-content/uploads/sites/2/2020/09/Sussex-Information-Sharing-Guide-and-Protocol-v1.pdf)

**Responses to Hoarding Behaviour**

 Woking with people who display hoarding behaviour and utilising a person-centred and strength-based approach can involve a range of outcomes, which may include;

* Working with the person to liaise with their landlord, utility companies or statutory authorities if they are threatened with eviction or essential services being stopped.
* Working with the person to identify any physical health, mental health or social care needs and making appropriate referrals on their behalf.
* Working with the person over time to support them in clearing, or reducing, their hoard.

 However, there may be instances where the person is not able or willing to engage but where the level of risk is felt to necessitate immediate action. This may include the use of legislative duties and/or powers, which would be undertaken as a last resort;

* Arranging a multi-agency meeting with all professionals and agencies involved with the person to agree a co-ordinated intervention plan.
* Referring to local Hoarding Panels and/or multi-agency risk management (MARM) processes for guidance and support.
* Referring to statutory agencies to consider the use of relevant legislative duties and/or powers
* Raising a formal safeguarding concern with the local authority Adult Social Care department.

 Contact details for agencies and organisations referenced in this section can be found in Part 3 of this Hoarding Framework. There is also a Hoarding Flowchart at the end of this section (on Page 14).

## Relevant Legislation

 Full details of relevant legislation can be found in Part 3 of this Hoarding Framework but below is a summary of the most relevant duties and powers that should be considered in working with people displaying hoarding behaviour.

 **Mental Capacity**

 The Mental Capacity Act (2005) provides a statutory framework for people who may lack the mental capacity to make decisions by themselves. The Act contains five statutory principles that are legal requirements:

1. **A person must be assumed to have capacity unless it is established that they lack capacity.**
2. **A person is not to be treated as unable to make a decision unless all practicable steps have been taken without success.**
3. **A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.**
4. **An act done, or decision made, under this act for, or on behalf of, a person who lacks capacity must be done, or made in his or her best interests.**
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 as effectively achieved in a way that is less restrictive of the person’s rights and freedom of action.**

 These principles clearly identify that professionals should always start with assuming the person has mental capacity to make decisions. However, doubts about capacity may arise due to; behaviour, environment, circumstances, or concerns raised by a third party. When a person’s hoarding behaviour poses a serious risk to their health, safety, or wellbeing this may lead the professional to question whether they are able to make capacitated decisions to consent to the proposed action or intervention and trigger a Mental Capacity assessment.

 When considering mental capacity, and whether a mental capacity assessment may need to be undertaken, there is a two-stage test that must be evidenced:

* **Does the person have an impairment of the mind or brain or is there some sort of disturbance affecting the way their mind or brain works (whether the impairment or disturbance is temporary or permanent)?**
* **If so, does the impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made?**

 Capacity can fluctuate and it is important to remember that any mental capacity assessment is time and decision specific. In situations relating to hoarding behaviour any assessment will be regarding whether the adult has capacity to make decisions in relation to their hoarding behaviour – so, do they understand there is a significant hoarding issue (such as the impact this is having on their wellbeing); are they able to retain the information discussed or provided to them, are they able to consider or weigh- up this information (such as the potential consequences of this as well as possible alternative options) and finally whether they can communicate their decision. It is essential that any mental capacity assessment that is undertaken in relation to hoarding behaviour is clearly recorded.

 It is also important to remember that considering someone’s capacity to make an informed decision in relation to hoarding behaviour, and self-neglect in general, can be complex and challenging to assess. The person that the person may have difficulty carrying out specific tasks, even when they appear to understand, retain, and weigh up appropriate information.

 **Further guidance on mental capacity and self-neglect can be found in the Sussex Safeguarding Adults Policy and Procedures.**

 **[2.8 Sussex Multi-agency Procedures to Support Adults who Self-neglect | Welcome to Sussex Safeguarding Adults Policy and Procedures](https://sussexsafeguardingadults.procedures.org.uk/pkoox/sussex-safeguarding-adults-procedures/sussex-multi-agency-procedures-to-support-adults-who-self-neglect%22%20%5Cl%20%22s2848)**

 **Care Act**

 The Care Act 2014 replaced numerous previous pieces of legislation in seeking to provide a coherent approach to adult social care in England. Local authorities (and their partners in health, housing, welfare, and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people.

 The Care Act includes a clear legal framework for how local authorities and other parts of the system should protect adults with care and support needs that are experiencing, or at risk of, abuse or neglect. The categories of abuse and neglect identified within the Care Act include self-neglect, which the accompanying statutory guidance states may include neglecting to care for one’s personal hygiene, health, or surroundings through behaviours such as hoarding.

 Professionals and agencies who support vulnerable people have a key role in the recognition and prevention of hoarding and other forms of self-neglect. Early intervention is the most effective response and if it is considered that the person may have care and support needs the local authority has a duty to undertake an assessment of these and to determine whether any services need to be provided to meet any eligible care and support needs.

 In situations where there is more established hoarding behaviour, and the person is experiencing or at risk of significant self-neglect, a formal safeguarding concern may need to be raised. Further information on safeguarding can be found in the Legislation section of this Hoarding Framework (Contacts, External Resources and Legislation).

 **The Brighton and Hove, East Sussex and West Sussex SABs have developed pan-Sussex Safeguarding Adults Threshold Guidance, which provides advice and support on the identification of safeguarding, including self-neglect.**

[**Sussex Safeguarding Adults Thresholds: Guidance for Professionals (bhsab.org.uk)**](https://www.bhsab.org.uk/wp-content/uploads/sites/2/2022/02/Sussex-Safeguarding-Adults-Thresholds-Guidance-Print-Version.pdf)

 **Mental Health Act**

 The Mental Health Act may be applicable in cases of self-harm or self-neglect where the person is suffering from a mental disorder. In 2007 the term ‘personality disorder’, which may be present in cases of self-harm, now comes under the definition of mental disorder.

Certain powers are available where there is reasonable cause to believe the person has a mental disorder, is being ill-treated or neglected, or is unable to look after themselves. This allows a Police Officer, with either a Doctor or Approved Mental Health Practitioner, to enter the premises and remove the person to a place of safety for a period of up to 72 hours with a view to an application being made under part II of the Act, or other arrangements for their treatment or care. Further information on the Mental Health Act can be found in Part 3 of this Hoarding Framework (Contacts, External Resources and Legislation).

 **Environmental Health and Protection**

Environmental Health and Protection has certain powers, which may be able to be used when hoarding behaviour is occurring and consideration should also be given to their involvement as part of a multi-agency approach. In situations where the person is not engaging and there is a need to inspect, survey or undertake work at a property this may include gaining power of entry. The relevant local authority Environmental Health or Environmental Protection department should be contacted, and the details of the specific legislation can be found in Part 3 of this Working with Hoarding Behaviour Framework (Contacts, External Resources and Legislation).

 **Public Health**

 The local authority will always try to work with householders to identify a solution to hoarding issues. However, in situations where there is non-engagement they can serve a notice requiring the cleaning and disinfecting of premises which are filthy or verminous. If the owner or occupier does not comply with the notice the local authority may carry out the work in default, but this is restricted to the cleaning and removal of filthy items. The local authority can also cause any person to be removed to a temporary shelter or house with or without their consent.

 **Animal Welfare**

 Under the Animal Welfare Act it is an offence to be cruel to animals, as well as if their welfare needs are not met. Education will be undertaken in the first instance in working with people to improve their knowledge and awareness of how to look after animals but improvement notices alongside monitoring are further actions that can be undertaken.

## Hoarding Flowchart



1. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778134/stengths-based-approach-practice-framework-and-handbook.pdf> [↑](#footnote-ref-1)