



Hoarding Toolkit

A multi-agency approach to working with people who display hoarding behaviours

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Contents

Introduction.....	2
When Using the Toolkit	3
Relevant Legislation:.....	3
Underpinning Principles.....	3
Common reasons why people hoard	3
Cognitive-behavioral Model of Hoarding Disorder (Skeketee & Frost, 2006) ..	5
Characteristics of hoarding behaviours	6
Classification: Is it hoarding, collecting, chronic disorganisation or squalor? ..	6
Skills needed to help with hoarding behaviours.....	7
Clutter Image Ratings:.....	9
HOMES: Multi -disciplinary Hoarding Risk Assessment	21
How to talk to someone who displays hoarding behaviours: Do’s & Don’ts .	23
Example questions and engagement tips	25
Support Information	26
Useful Organisations and Resources	27
Further reading and research.....	28
Safeguarding Adults Guidance	28
References.....	29
Notes.....	30

Hoarding Guidance for Professionals

Introduction

1.1 **Definition:** In 2018 the World Health Organisation (WHO) published a revised edition of the International Classification of Diseases (ICD section 11) which now includes hoarding disorder as a distinct mental health condition separate from Obsessive Compulsive Disorder (OCD).

“Hoarding disorder is characterised by accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value. Excessive acquisition is characterised by repetitive urges or behaviours related to amassing or buying items. Difficulty discarding possessions is characterized by a perceived need to save items and distress associated with discarding them. Accumulation of possessions results in living spaces becoming cluttered to the point that their use or safety is compromised. The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning” (World Health Organisation, 2018)

1.2 This toolkit is designed to support professionals in Wigan Borough to facilitate effective multi-agency working with adults who exhibit hoarding behaviours. The aim of this toolkit is to work with individuals who hoard and who have capacity. Hoarding behaviours can sometimes start in the teenage years or earlier. Professionals need to consider whether appropriate referral to Children’s Services is required.

1.3 Building a positive relationship with individuals who hoard is critical to achieving change for them and in ensuring their safety and protection.

1.4 All partner agencies (Mental Health Services, Adult Social Care, Housing Services, Greater Manchester Fire and Rescue Service, and Primary Care Services) must take all reasonable steps to work with the individual and address the risks when they have been made aware themselves.

1.5 Promoting a person-centred approach supporting the right of the individual to be treated with respect and dignity, and be in control of, as far as possible their own life. The focus should be on person centred engagement and risk management. All professionals have an equal duty to recognise the significant time investment required to work with the person to achieve a safer life. Enforcement should be a last resort.

1.6 This toolkit is designed to support professionals in the Wigan Borough to facilitate effective multi-agency working with adults who are at risk of harm because of hoarding, risk taking behaviour or refusal of services.

When Using the Toolkit:

1.7 When using the toolkit as lead professional you will need to establish the following:

- Does this risk impact on other people in the community?
- What are the persons views?
- Have they been informed of this process and have they been asked to take part? If not, why not? (Record decision and why it was made)
- How current is your information – and how reliable is it?
- When was the person last seen and by whom?
- How long has this risk behaviour been occurring?
- What are the current risks, and can they be managed with an alternative response?
- Is this behaviour connected to life history, family or social connections which contribute to the levels and intensity of the associated risk?

1.8 This guidance makes reference to Wigan Safeguarding Partnership [Self- Neglect Guidance for Professionals](#) and should be read in conjunction with this guidance

Relevant Legislation:

2.1 In terms of relevant legislation, refer to Wigan Safeguarding Partnership [Self-Neglect Guidance for professionals](#) for further information.

Underpinning Principles:

3.1 Please refer to Wigan Safeguarding Partnership [Self-Neglect Guidance for professionals](#) for further information.

Hoarding is not a lifestyle choice

Common reasons why people hoard:

- Being brought up in a confusing or chaotic home
- Cognitive issues that affect decision making and problem solving
- Lack of control over other areas in their life
- Excessive guilt about waste
- Abuse
- Bereavement – research suggests this is the most common contributor to hoarding
- Chronic disorganisation
- Historical or recent trauma or crime
- Empty nest syndrome
- ADHD – 30%
- Autism Spectrum Disorders
- Genetics and family history - hoarding behaviours often run in families
- Sentimental reasons – to help recapture a time when life felt good and secure

- **Mental health issues**

There are several factors which might contribute to individuals displaying hoarding behaviours such as Clutter, Acquiring Saving/ having difficulty discarding items:

- **Vulnerability Factors:** These factors include the way that individuals process information. This relates to issues such as perception, memory, attention and decision- making processes. Early experiences and core beliefs might also influence behaviour. For example, feelings of unworthiness, helplessness and being unlovable. Personality also impacts behaviour. Individuals may be perfectionists, be paranoid or have experienced anxiety sensitivity. Mood states, such as depression and anxiety might affect vulnerability. Some people might have experienced trauma or social phobia.
- **Belief Attachments:** Beliefs can be categorised within several areas:
 - Beliefs about possessions, for instance items having use, beauty or sentimental value.
 - Beliefs about vulnerability involves feelings of safety, comfort and loss for the individual
 - Beliefs about responsibility. This relates to waste and loss of opportunity.
 - Beliefs about memory include mistakes and lost information.
 - Beliefs about personal control.
- **Emotional Reactions:** Negative emotions, such as feelings of sadness, grief, anxiety, fear, guilt and shame might result in hoarding behaviours.

Hoarding is usually a symptom of something else.

Finding out the reason(s) is the most important.

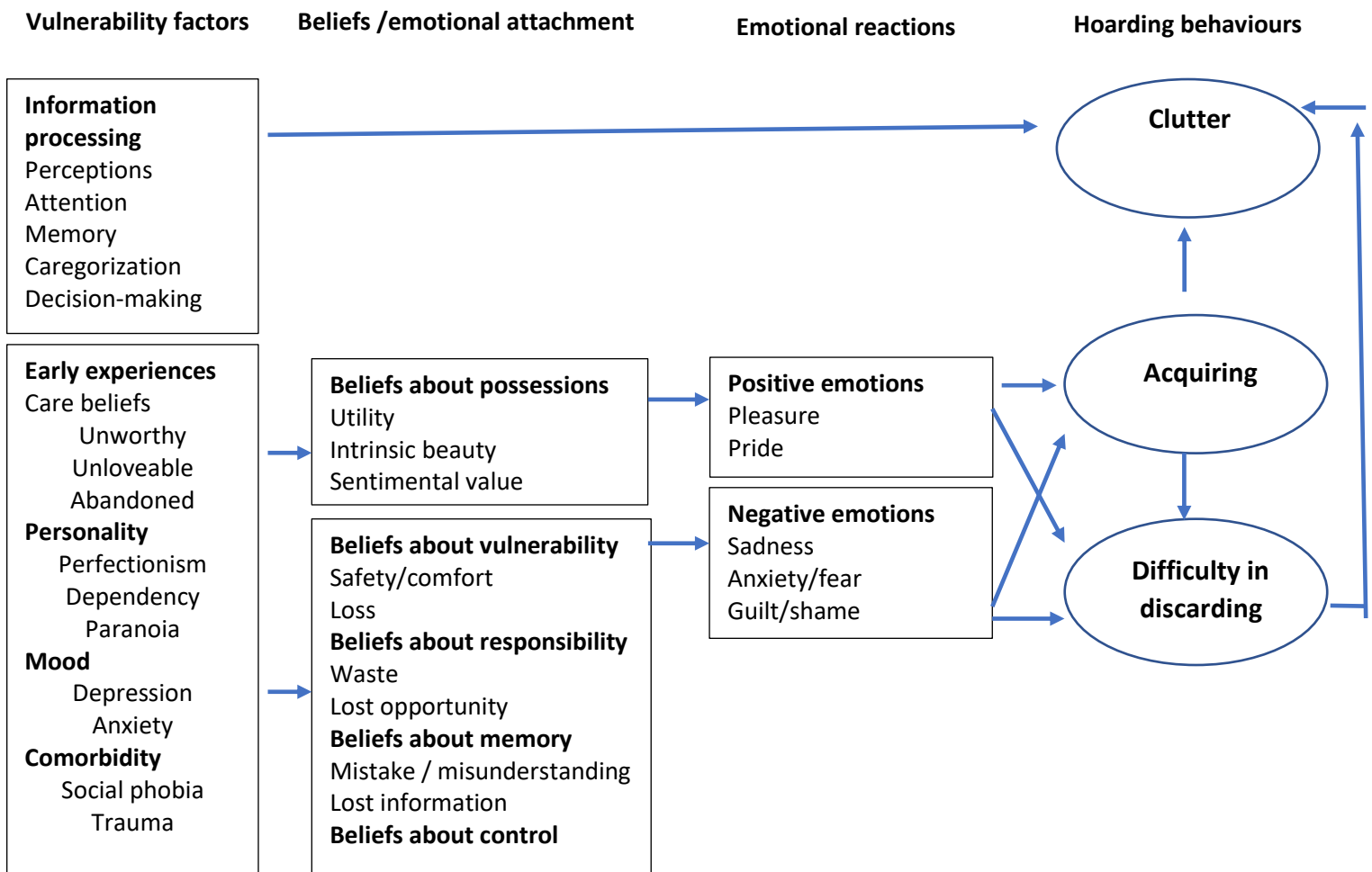
It is recommended that these issues are addressed through therapeutic interventions. For example, issues could be due to attachment, trauma, loss, bereavement, self-esteem and motivation. Furthermore, it is also recommended that professionals do not start a conversation about decluttering until this therapeutic process has occurred.

Research (Frost et al, 2006) points to the excessive acquisition part of hoarding disorder as being linked to Impulse Control Disorder (ICD). ICD's are characterised by the inability to resist an urge or impulse even though the behaviour is dangerous or harmful. Compulsive buying, which can form a major part of hoarding, is considered to be an ICD.

It is now widely recognised that enforced clear outs do not work. **They do not change the hoarding behaviours.** The clear out is another loss, it is too traumatic, and the space will more than likely return to an even more cluttered level than before.

It is essential to work together with the individual on their life skills, rather than purely focussing on the clutter. The person-centred approach may be more likely to reduce future occurrence of hoarding behaviours.

Cognitive-behavioral Model of Hoarding Disorder (Skeketee & Frost, 2006) (below)



Characteristics of hoarding behaviours:

Hoarding behaviour is typically manifested in three ways:

- **Acquisition:** Acquisition might include compulsive buying and/or the accumulation of items. The motivations for this can be complex and needs 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 professionals 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 a person 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 so 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. People who hoard 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 put away in cupboards 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'.

Simply working to clear the hoarding 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 types of items hoarded vary just as much as the reasons why, and the level of personal acceptance that this is of concern.

The emotions stirred up when attempting to discard hoarded items can be too distressing and/or leave the person 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 person and so is avoided.

Classification: Is it hoarding, collecting, chronic disorganisation or squalor?

Hoarding is having an emotional attachment to items. Professionals should avoid having any preconceptions when working with individuals who hoard. The American Psychiatric Association (APA) classifies hoarding within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) *

DSM-5 criteria	
Criterion A	Persistent difficulty with discard of objects or possessions, regardless of their actual value
Criterion B	Difficulties with discard due to a perceived need to save the possessions and due to the distress created by discard
Criterion C	Accumulation of clutter that congests living areas and compromises the functioning of the living area
Criterion D	Presence of clinically significant psychological or emotional distress or impairment to social or work functioning (or any other area)
Criterion E	The hoarding is not attributable to any other medical condition
Criterion F	The hoarding is not better accounted by the symptoms of another mental health problem

(APA , 2013)

Table indicating DSM-5 Classifications of Hoarding (above)

Collectors:

Collectors will typically display their collections in a proud and organised way and spend time and energy on their collection. A collection becomes an issue when it impacts adversely on the use of functioning areas in the home. It can become impossible to organise possessions easily and rooms cannot be used for their intended purpose. As a professional, you should ask “have the collections got out of hand?”

Chronic disorganisation:

Chronic disorganisation can be caused by numerous factors which inhibit a person’s ability to plan, organise and de-clutter including medical conditions such as:

- Autism & ADHD/ADD
- Fibromyalgia and Chronic Fatigue Syndrome
- Mental illness – anxiety, depression, bi-polar, PTSD, OCD
- In some cases, both hoarding and chronic disorganisation might exist

Squalor

“The state of being extremely dirty and unpleasant, especially as a result of poverty or neglect” (Oxford English Dictionary, 2019). Squalor is a separate issue from hoarding. Professionals need to consider whether to refer to Wigan Safeguarding Partnership [Self-Neglect guidance](#) for more information and guidance.

Skills needed to help with hoarding behaviours:

- Trust
- Patience
- Persistence
- Continuity of involvement

- Humour
- Active Listening
- Non judgemental
- Discretion
- Sensitive approach
- Respect

The approach	Examples of what this might mean in practice
Building rapport	Taking the time to get to know the person, refusing to be shocked
Moving from rapport to relationship	Avoiding knee-jerk responses; talking through with the person their interests, history and stories. Tell me about your past, what the issues are in the present and what are your hopes and wishes for the future
Finding the right tone	Being honest whilst also being non-judgemental; expressing concern but whilst separating the person from the behaviour
Going at the individual's pace	Moving slowly and not forcing things, showing concern and interest through continued involvement over time and understanding what the person can emotionally cope with
Agreeing a plan	Making clear what is going to happen, planning might start as agreeing a regular visit and develop from there
Finding something that motivates the individual	Linking to the persons interests and engages with them
Starting with practicalities	Providing small practical help at the outset helps to build trust
Bartering	Linking practical help to another element of agreement (e.g. If I can replace your heater would you go to the see the doctor?)
Focusing on what can be agreed	Finding something to be the basis of initial agreement that can be built on later
Keeping company	Being available and spending time to build up trust
Straight talking	Being honest about potential consequences
Finding the right person	Working with someone who is well placed to get engagement – another professional or a member of the person's network
External levers	Recognising and working with the possibility of enforcement action but this must be a last resort

A Person- centred approach is vital.

Clutter Image Ratings:

The Clutter Image Rating Tool (adapted from Frost, Tonlin, Steketee et.al., 2008) is a valuable tool which can be used to determine the level of hoarding and to start a conversation around the risk which hoarding might pose to the individual and to others.

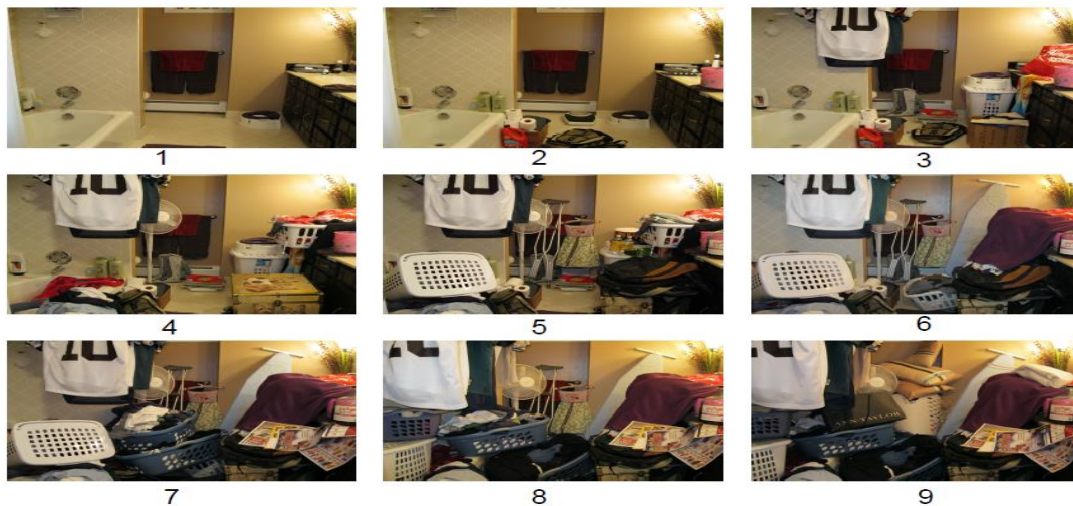
Clutter Image Rating: Bedroom

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



Clutter Image Rating Scale: Bathroom

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



Clutter Image Rating: Living Room

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



Clutter Image Rating Scale: Kitchen

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



Clutter Images 1-3:

Signpost and provide information and advice:

- Given that the amount of hoarding will be very low at this level, a professional judgement should be made on whether or not any intervention is necessary. Concerns may arise, however, if there has been a recent and otherwise unexplained increase in clutter, or whether there is a decrease in the number of personal possessions or a lack of functioning facilities, which may indicate self-neglect. The best intervention is likely to be preventative, collaborative, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual. Signposting might include advising the individual to contact relevant organisations that might be able to assist with repair and maintenance, or removal and cleaning. A professional could make contact with these organisations themselves. It is important to consider the positives and strengths of the person who displays hoarding behaviour which might enable them to manage their well-being and safety.

Level 1 (Clutter Image 1-3)	Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to age and circumstances.
Property structure, services & garden area	<p>All entrances and exits, stairways, roof space and windows are accessible</p> <p>Smoke alarms fitted and functional or referrals made to GMFRS to visit and install.</p> <p>All services functional and maintained in good working order.</p>
Household functions	<p>No excessive clutter, all rooms can be safely used for their intended purpose.</p> <p>All rooms are rated 1-3 on the clutter rating scale.</p> <p>No additional unused household appliances appear in unusual locations around the property.</p> <p>Property is maintained within terms of any lease or tenancy agreements where</p>

	<p>appropriate.</p> <p>Property is not at risk of any action by Environmental Health.</p>
Health and Safety	<p>Property is clean with no odours, (pet to other)</p> <p>No rotting food</p> <p>No concerning use of candles</p> <p>No concern over flies</p> <p>Resident is managing their personal care</p> <p>Quantities of medication are within appropriate limits, in date and stored appropriately.</p>
Safeguarding Adults and Children (Think Family)	<p>No concerns for household members</p>
Animals and pests	<p>Any pets in the property are well cared for.</p> <p>No pests or infestations at the property.</p>
Personal Protective Equipment (PPE)	<p>No PPE required</p>
ACTIONS	
Referring Agency	<p>Discuss concerns with resident as precaution</p> <p>Refer to GMFRS for home safety check (if necessary)</p> <p>Signpost to community and voluntary sector services.</p>
Environmental Health	<p>No action</p>
Social Landlords	<p>Provide details on debt advice if necessary</p> <p>Refer to GP if appropriate</p> <p>Provide details of any support streams - such as housing and tenancy related support</p> <p>Ensure resident is maintaining all tenancy conditions</p>
Practitioners	<p>Refer to social landlord</p>

	<p>Signpost to community and voluntary sector services.</p> <p>Refer to GP if appropriate for any health assessment or consultation.</p>
Emergency services	GMFRS undertake home safety check and feedback to referrer if necessary
Animal Welfare	No action unless advice requested.
Safeguarding	No action unless other concerns of abuse or risk of harm is reported

(Adapted from Kingston Safeguarding Board, Self-Neglect & Hoarding Protocol, 2019)

Clutter image Levels 4-6:

Discussion with manager and referral to other services with consent:

- At this level, hoarding starts to become problematic. A referral should be made to the key agencies necessary to address action, if any agreed previous interventions have not been successful. The best intervention is still likely to be a consensual, collaborative one, utilising friends, family, neighbours; health care assistants; district nurses or the voluntary sector, to engage and support the individual. **From Level 5 upwards, the fire loading in the room exceeds the threshold set by Greater Manchester Fire and Rescue Service (GMFRS) and the Fire Brigade must be notified.** The Fire Service will need to carry out a fire safety check. Environmental Health and the Council's Housing Department input might also be necessary if the level and the nature of hoarding poses any relevant hazards. If there is a risk of fire, or of carbon monoxide poisoning, then an urgent multi-agency planning meeting should be arranged as soon as possible. A safeguarding concern should be considered regarding self-neglect if the resident consents to it or consent needs to be overridden. A Mental Capacity Act assessment needs to be considered to determine how any intervention should be applied bearing in mind the MCA 2005 key principles.

Level 2 Clutter image rating 4-6	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
Property structure,	Only major exit is blocked.

<p>services & garden area</p>	<p>Only one of the services is not fully functional.</p> <p>Concerns that property is not maintained.</p> <p>Smoke alarms are not installed or not functioning.</p> <p>Garden is not accessible due to clutter or is not maintained.</p> <p>Evidence of indoor items stored outside.</p> <p>Evidence of light structural damage including damp.</p> <p>Interior doors are missing or blocked open.</p>
<p>Household functions</p>	<p>Clutter is causing congestion in the living spaces and is impacting on the use of rooms for their intended purpose.</p> <p>Clutter is causing congestion between the rooms and entrances.</p> <p>Rooms score between 4-5 on the clutter scale.</p> <p>Inconsistent levels of housekeeping throughout the property.</p> <p>Some household appliances are not functioning properly and there may be additional units in unusual places.</p> <p>Property is not maintained within terms of lease or tenancy agreement where applicable.</p> <p>Evidence of outdoor items being stored outside.</p>
<p>Health and Safety</p>	<p>Kitchen and bathroom are not kept clean.</p> <p>Offensive odour within the property.</p> <p>Resident is not maintaining safe cooking equipment.</p> <p>Some concern with the quantity of medication, or its storage and expiry dates.</p> <p>No rotting food.</p> <p>No concerning use of candles.</p> <p>Resident trying to manage personal care but is</p>

	struggling.
Safeguarding Adults and Children (Think Family)	<p>If the adult at risk, is at risk of harm as a result of self- neglect, raising a safeguarding concern may be necessary.</p> <p>Follow Wigan Safeguarding Partnership Multi agency Self-Neglect Guidance.</p> <p>Consider arranging a professionals meeting.</p> <p>Think family - Children and other adults in the property with additional support needs may trigger a safeguarding concern under a different risk (e.g. are their concerns with neighbourhood harassment (psychological abuse).</p>
Animals and pests	<p>Pets at the property are not well cared for.</p> <p>Resident is not able to control the animals.</p> <p>Animals living area not maintained and smells.</p> <p>Animal(s) appear undernourished or over fed.</p> <p>Evidence of mice in property.</p> <p>Large amount of spider webs in house.</p> <p>Light insect infestation.</p>
PPE	Latex gloves, boots or needle stick safe shoes
ACTIONS	
Referring Agency	<p>Consider referring to the landlord if the resident is a tenant if appropriate</p> <p>Consider referral to Environmental Health if the resident is a freeholder</p> <p>Refer to GMFRS for home safety check</p> <p>Provide details of garden services</p> <p>Refer for Care Act assessment</p> <p>Referral to GP</p> <p>Consider referral to debt advice is appropriate</p> <p>Consider referral to animal welfare</p>

	If appropriate, consider raising a safeguarding concern
Environmental Health	Inspect property and decide an appropriate course of action. Consider serving relevant notices following pathway and process relevant to Environmental Health legislation
Social Landlord	Visit resident to inspect property and gather more information regarding support needs. Ensure resident is maintaining tenancy conditions If appropriate consider, enforcement of tenancy conditions relating to residency responsibilities Ensure appropriate information sharing with all agencies If appropriate, consider attending any professional meetings
Practitioners	Take part in professionals meeting Ensure agency needs assessment and risk assessment guidelines and requirements are followed.
Emergency services	GMFRS home safety check referral completed Take part in professionals meeting
Animal welfare	Visit property Refer resident to animal welfare organisations Take any necessary action
Safeguarding	Follow safeguarding procedures, ensure professionals meeting has or will take place. If any types of abuse evident, apply procedures and undertake enquiries if appropriate. Consider advocacy referral. If safeguarding procedures do not assist or take steps to reduce risk and escalating to higher clutter image, See Wigan Safeguarding

(Adapted from Kingston Safeguarding Board, Self-Neglect & Hoarding Protocol, 2019)

Clutter image Levels 7-9

Raise a safeguarding concern – See Wigan Safeguarding Partnership Self-Neglect Guidance for further details:

- The household environment will require intervention with a collaborative multi-agency approach (multi-agency planning meeting), with the involvement from a wide range of professionals. These levels of hoarding constitute a safeguarding concern, due to the significant risk to health of the householder(s), surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.
- In these cases, it is still likely that a consensual, collaborative approach; utilising friends, family, neighbours, health care assistants, district nurses or the voluntary sector, to engage and support the individual will be most effective for this level of hoarding. Anyone who is able to enter the property due to an established professional relationship should be utilised. If a significant risk is present, then the meeting should consider whether or not a coercive intervention is necessary, and if so, how it can be applied lawfully and quickly. The meeting should weigh risk to others equally with risk to the individual themselves and also consider whether there is a need for action to preserve life. A Mental Capacity Act assessment is essential to determine how any intervention should be applied.

<p>Level 3</p> <p>Clutter image rating 7-9</p>	<p>Household environment will require intervention with a collaborative multi agency approach with the involvement of a wide range of professionals and agencies. This level constitutes and safeguarding concern. Refer to Wigan Safeguarding Partnership Self-Neglect Guidance.</p>
<p>Property structure, services & garden area</p>	<p>Limited access to property due to extreme clutter</p> <p>Evidence of clutter seen at approach to property inside windows and/or within garden and/or outdoor space (e.g. driveway)</p> <p>Garden not accessible and overgrown</p> <p>Services not connected or functioning</p> <p>Property lacks ventilation</p>

	<p>Evidence of structural damage including damp</p> <p>Interior doors are missing or blocked open</p> <p>Evidence of indoor items stored outside.</p> <p>Structure appears unsafe and risk of damage to surrounding property and areas (e.g. roof looks unstable)</p>
<p>Household functions</p>	<p>Clutter is obstructing the living spaces and preventing the use of rooms for their purpose</p> <p>Room(s) scored 7-9 on clutter image scale</p> <p>Rooms not used for intended purpose</p> <p>Beds inaccessible</p> <p>Entrances, hallways and stairs are blocked or difficult to pass</p> <p>Toilets and sinks not functioning or can be used</p> <p>Household appliances not functioning or inaccessible.</p> <p>Resident has no safe cooking facilities</p> <p>Resident is using candles</p> <p>Evidence of outdoor clutter stored inside</p> <p>No evidence of housekeeping</p> <p>Broken items not discarded appropriately</p> <p>Property is not maintained within terms of lease or tenancy agreement</p>
<p>Health and Safety</p>	<p>Bodily fluids and excrement may be present</p> <p>Excessive odour in and out property</p> <p>Rotting food present</p> <p>Unclean, buried and broken dishes</p> <p>Broken household items not discarded</p> <p>Medication is stored inappropriately used in appropriately and/ or medication is not in date.</p> <p>Concern re. Electrical integrity</p>

	<p>Overloaded electric extension cords and plugs.</p> <p>Evidence of unqualified work on electrics</p>
Safeguarding Adults and Children (Think Family)	<p>Adult at risk of imminent harm due to situation</p> <p>Children at risk of harm</p> <p>Other adults at risk at property are at risk of harm due to situation.</p> <p>May be other factors of abuse evident, or risk of abuse such as:</p> <ul style="list-style-type: none"> ● Storage of money in property in unsafe areas ● Neighbourhood victimisation
Animals and pests	<p>Animals at the property at risk due to level of clutter at the property</p> <p>Resident cannot control animals within the property</p> <p>Animals living area is not maintained</p> <p>Animals appear under nourished or over fed.</p> <p>Hoarding of animals at the property</p> <p>Heavy insect infestation</p> <p>Visible rodent infestation.</p>
PPE	Latex gloves, boots or needle stick safe shoes
ACTIONS	
Referring Agency	<p>Raise a safeguarding concern</p> <p>Referral completed</p> <p>GMFRS home safety check referral completed</p>
Environmental health	Inspect property and decide on appropriate course of action in line with EHO powers.
Landlord	<p>Visit property and inspect, speak with resident</p> <p>Attend safeguarding meetings</p> <p>Consider enforcement of tenancy conditions, if</p>

	applicable.
Practitioners	<p>Refer to guidance questions in hoarding document</p> <p>Assessment of need and risk assess</p> <p>Ensure information sharing is appropriate and timely.</p> <p>Confirm lead professional in case</p>
Emergency services	<p>Greater Manchester Fire Service home safety check</p> <p>Attend professional meetings</p>
Animal welfare	<p>Visit property</p> <p>Conduct Wellbeing Animal Check</p> <p>Consult animal welfare services for specific guidance.</p> <p>Take any required legal action</p>
Safeguarding	<p>Concern received should be progressed under statutory requirements. Use Wigan Council Policy and Procedures- please refer to Safeguarding Pathway)</p> <p>Refer to Wigan Council Children's Services if appropriate</p>

(Adapted from Kingston Safeguarding Board, Self-Neglect & Hoarding Protocol, 2019)

HOMES: Multi -disciplinary Hoarding Risk Assessment

The HOMES Multi-disciplinary Hoarding Risk Assessment (Bratotiis, 2009) provides some further useful guidance which might be used by practitioners to help with initial, brief assessment to help determine the risk, nature and parameters of the hoarding so that an organised plan and/or referral can be created. HOMES can be used in a variety of different ways depending on needs and resources.

Key points taken from this guidance framework which might prove helpful are detailed below:

- It is recommended that a visual scan of the environment is made, in combination with a conversation with the person(s) who are living in the home, to determine the effect of the clutter/hoarding on occupants' health, including mental health, the safety of their premises, and to help establish the occupants' strength/capacity to address the issues.
- Consideration should be given to:
 - The household composition- for example the number of occupants including children, number of pets if applicable, languages spoken in the home, whether any of the occupants smoke.
 - Level of Risk- for example, threat of eviction, imminent harm to self, family, pets, public.
 - Capacity- for example, awareness of clutter, willingness to acknowledge clutter and risks to health, safety and ability to remain in home/impact on daily life, physical ability to clear clutter, psychological ability to tolerate intervention, willingness to accept intervention assistance.

Key Areas to Consider	Examples
Health	Cannot access toilet cannot use bath/shower, rubbish overflow, cannot prepare food, cannot sleep in bed, cannot use fridge/sink/cooker, presence of spoiled food, presence of chronic dampness/mould, presence of rodents or insects, cannot locate medication or equipment, cannot sleep in bed, presence of urine/faeces (human or animal).
Obstacles	Cannot move freely/ safely in home, exits/entrances blocked, vents blocked/unusable, unstable piles of items
Mental Health	Does not seem to understand seriousness of problem, defensive or angry, unaware not alert, confused, anxious, apprehensive, repetition of conversations, does not seem to accept likely consequences of hoarding.
Endangerments/Threats/Risk	Threat to health and safety of child(ren), threat to health and safety of person with disabilities, threat to health and safety of

	older adult(s), threat to health and safety of pets/animals
Structure and Safety	Unstable floorboards, stairs, porch etc, leaking roof, electrical wires/cords exposed, no running water, plumbing problems, flammable items near heat source, caving walls, no heat/ electricity, storage of hazardous materials, blocked vents, unsafe electrical heaters.







(Adapted from Bratoitis, 2009)




How to talk to someone who displays hoarding behaviours:

Dos and Don'ts

DO

DON'TS

	<p>Put yourself in their shoes How would you want others to talk to you to help you manage your anger, frustration, resentment, embarrassment and shame?</p>		<p>Use judgmental language Like anyone else, individuals with hoarding behaviours will not be receptive to negative comments about the state of their home or their character (e.g. “What a mess!” “What kind of person lives like this?”) Imagine your own response if someone came into your home and spoke in this manner, especially if you already felt ashamed, scared and embarrassed</p>
	<p>Match the person’s language Listen for the individual’s manner of referring to their possessions (e.g. “my things”, “my collections”) and use the same language (i.e. “your things”, “your collections”).</p>		<p>Use words that devalue or negatively judge possessions People who hoard are often aware that others do not view their possessions and homes as they do. They often react strongly to words that reference their possessions negatively, like “trash”, “garbage” and “junk”.</p>
	<p>Use encouraging language In communicating with people who hoard about the consequences of hoarding, use language that reduces defensiveness and increases motivation to solve the problem (e.g. “It’s great you have a pathway from your front door to your living room. You’ve kept things out of the way so that you don’t slip or fall. I can see that you can walk through here pretty well by turning sideways. But the thing is that somebody else that might need to come into your home, like a fire fighter or an emergency responder. They would have a pretty difficult time getting through</p>		<p>Let your non-verbal expression say what you’re thinking People displaying hoarding behaviours are likely to notice non-verbal messages that convey judgment, like frowns or grimaces and may notice negative body language.</p>

	here. They have equipment they're usually carrying and fire fighters have protective clothes that are bulky"		
✓	<p>Highlight strengths All people have strengths, positive aspects of themselves, their behaviour, or even their homes. A visitor's ability to notice these strengths helps forge a good relationship and paves the way for working together "What a beautiful painting!", "I can see how much you care about your cat."</p>		<p>Make suggestions about the person's belongings Even well-intentioned suggestions about discarding items are usually not well received. You must work at the pace of the person concerned.</p>
✓	<p>Focus the intervention initially on safety and organisation of possessions and later work on discarding Discussion of the fate of the person's possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation. Uses the HOMES Risk Assessment to help you decide where to start. Over-focusing on de-cluttering is damaging. Remember the person is at the heart of all this.</p>		<p>Try to persuade or argue with the person Efforts to persuade individuals to make a change in their home or behaviour often have the opposite effect – the person actually talks themselves into keeping the items.</p>
			<p>Touch the person's belongings without explicit permission Those who hoard often have strong feelings and beliefs about their possessions and often find it upsetting when another person touches their things. You should only touch the person's belongings if you have been given permission.</p>

Example questions and engagement tips:

Listed below are examples of questions to ask when you are concerned about someone's safety in their own home, where you suspect a risk of self-neglect and hoarding.

One or two of these questions should be asked at any one time and must be asked over a period of time once a good relationship has been built with the individual

The information gained from these questions will inform assessment and risk management and provide the information needed to alert other agencies.

Environment:

- How do you move safely around your home (where the floor is uneven or covered, or there are exposed wires, damp, rot, or other hazards)
- Have you ever had an accident, slipped, tripped up or fallen, how did it happen?
- Has a fire ever started by accident?
- How do you get hot water, lighting, heating in here?
- How do you manage to keep yourself warm? Especially in winter?
- Are you worried about mice, rats or foxes, or other pests? Do you leave food out for them?
- Can you prepare food, cook and wash up in your kitchen?
- Do you use your fridge? Can I have look in it?

Security:

- Are you worried about other people getting into your garden to try and break-in? Has this ever happened?
- Are there any broken windows in your home? Any repairs that need to be done?
- Do you have someone you trust who is a key holder?

Health and Safety:

- How do you keep yourself clean? Can I see your bathroom? Are you able to use your bathroom and use the toilet ok?
- Can you show me where you sleep and let me see your upstairs rooms? Are the stairs safe to walk up? (if there are any)
- What do you do with your dirty washing?
- Because of the number of belongings, you have, do you find it difficult to use some of your rooms? If so which ones?
- Do you struggle with discarding things or to what extent do you have difficulty discarding (or recycling, selling, giving away) ordinary things that other people would get rid of?

Engagement Tips:

- Understand the significance to them of the self-neglecting behaviours / the hoarding to the adult, talking to them about their reasons and life-experiences.

- Focus on harm reduction, not symptom reduction. This is about risk management and assessment.
- Work patiently over time at the pace of the adult, but know when to speak the truth
- (respectfully) about potential consequences.
- Make the most of crises (and sometimes of their worries) to reduce harm and make positive changes.
- Practice 'positive regard' for the adult. Build rapport and empathy; use gentle persistence and keep continuity. Mirror their language; see things from their point of view.
- Talk about risks supportively, but also with plain-speaking, openness and honesty about the potential consequences.
- Keep in view the adult's (possibly fluctuating) mental capacity to make safety and welfare decisions.
- Engage with / co-ordinate other professionals, friends, neighbours and family to support, advise and give practical help.
- Use legal powers as a last resort and with only sound knowledge of the law and national policy.
- In all practice, be creative and flexible. e.g. are there other ways of getting cleaning done, daily medicines collected / administered and clinical treatments given to the person?

Support Information:

Greater Manchester Fire and Rescue Service Safe and Well Checks:

Professionals should consider whether a referral to Greater Manchester Fire and Rescue Service (GMFRS) is required. GMFRS provides free informal risk assessments called Safe and Well Visits, where advice about fire hazards can be obtained. GMFRS should be reporting any safeguarding concerns to Wigan Council Social Care.

In addition, GMFRS should be triggering a safeguarding alert on scores of 4 and above if a child or cared for person lives in the property (see [Wigan Safeguarding Partnership- Guidance and Policies \(Children\)](#) and [Greater Manchester Safeguarding Children Procedures Manual](#))

The Safe and Well Visits cover:

- The likelihood of having a fire – potential ignition sources
- The likely severity of a potential fire – fuel sources, environmental protection
- The ability of a person to react. Think about medication, alcohol, drugs, cognition.

GMFRS need the individual's permission to make a referral.

GMFRS Criteria for onward referral to services are as follows:

- Any clutter score over 4 out of 9 - GMFRS should report to social care.

- Scores of 7-9 - GMFRS should trigger a safeguarding alert.

However, Clutter scores of 1-3 might include dangers that need addressing. GMFRS Contact Details:

- 0800 555 815
- contact@manchesterfire.gov.uk

Talking Therapies and Support Group (Wigan borough)

A pilot project being run in the Wigan borough is currently in development. A monthly Support Group and 1:1 Talking Therapy will be being run by Reflect Therapeutic Services as soon as services return relating to the COVID-19 situation.

Understanding Hoarding: Training Offer:

Professionals might want to consider accessing a free two- day hoarding awareness training session which is being delivered in the Wigan borough. The session covers:

- The skills needed to help
- Relevant legislation
- The impact on family members
- Animal hoarding
- Becoming a Hoarding Champion
- Providing hands on practical support to de-clutter
- Past Present Future
- Making a plan
- Do's and don'ts
- Practical challenges
- Helpful therapies
- Keeping yourself as a worker safe

To book a place on a session contact Lena Gibson, Community Capacity Officer, Deal for Communities Team - l.gibson@wigan.gov.uk

A one-and-a-half-hour basic awareness session is also currently in development.

Useful Organisations and Resources:

Wigan Safeguarding Partnership- Policies and Guidance (Children and Young People)

<http://www.wiganlscb.com/Professionals/Guidance-and-policies/index.aspx>

Greater Manchester Safeguarding Procedures Manual

<https://greatermanchesterscb.proceduresonline.com/>

The Community Book: <https://www.communitybook.org/>

Chartered Institute of Environmental Health - <https://hoardingdisordersuk.org/wp/wp-content/uploads/2018/01/Hoarding-and-How-to-Approach-It-rev-June15.pdf>

Children of Hoarders: www.childrenofhoarders.com

Compulsive Hoarding: www.compulsive-hoarding.org

Help for Hoarders: www.helpforhoarders.co.uk

Hoarding UK: www.hoardinguk.org

The British Psychological Society: www.bps.org.uk

Further reading and research:

Braye, S., Orr, D., & Preston-Shoot, M. (2016, March). Effective practice in self-neglect: evidence from research Presentation.

Cook, J. (2017). *Understanding Hoarding Behaviour*. London: Sheldon Press.

Frost, R., & Skeketee, G. (2010). *Stuff: Compulsive Hoarding and the Meaning of Things*. Mariner Books.

Holmes, S., Whomlsey, S., & Kellett, S. (2015). A Psychological Perspective on Hoarding. *British Journal of Psychology*.

Mental Health Today Understanding a hoarder's narrative ; a holistic response to this misunderstood condition.

https://www.mentalhealthtoday.co.uk/blog/disorders/understanding-a-hoarders-narrative-a-holistic-response-to-this-misunderstood-condition?utm_source=https%3a%2f%2fnews.pavpub.com%2fpavilionpublishingandmedialz%2f&utm_medium=GatorMail&utm_campaign=MHT+Ebul+191219&utm_term=Understanding+a+hoarder%27s+narrative&utm_content=93134&gator_td=v1bqoaePSOTmxMkf0TnDOPGiy3hb7kBWfHYD5kfrd7y4Q64PFS0Vvez8tQs9Rs7HF2tHXjHEAjFplxtutUGDIYDagekUNbD4ZOvO0W7Di%2bGhCRjmuUncoYc0ZISz6dIHKeIEMQpFTLBgdJQ2oAytPw%3d%3d

Reid, T. (2013). *Ordinary House*. For the Crowded House.

Singh, S., Hooper, M., & Jones, C. (2015). *Overcoming Hoarding: A Self-help guide using Cognitive Behavioural Techniques*. Great Britain: Robinson.

Tompkins, M., & Hartl, T. (2009). *Digging Out: Helping Your Loved One manage Clutter, Hoarding and Compulsive Acquiring*. Ontario: New Harbinger Publications.

Safeguarding Adults Guidance:

Wigan Safeguarding Partnership (2018) Safeguarding Adults at Risk in Wigan: A Multi Agency Policy for Protecting Adults at Risk

<http://wigansafeguardingadults.org/Professionals/Wigan-policy.aspx>

References:

Frost, R.O., Steketee, G., Tolin, D.F. *et al.* Development and Validation of the Clutter Image Rating. *J Psychopathol Behav Assess* **30**, 193–203 (2008) doi:10.1007/s10862-007-9068-7

****HOMES Risk Assessment tool: Multi-disciplinary Hoarding Risk Assessment: An initial and brief assessment to determine the nature and parameters of the hoarding issue.** Bratiotis, 2009

Kingston Safeguarding Board, Self-Neglect and Hoarding Protocol, 2019

Steketee G, Frost RO. Compulsive Hoarding and Acquiring: Therapist Guide (Treatments That Work). New York: Cambridge University Press; 2006

Timpano, K.R., Muroff, J. & Steketee, G. A Review of the Diagnosis and Management of Hoarding Disorder. *Curr Treat Options Psych* **3**, 394–410 (2016) doi:10.1007/s40501-016-0098-1

Wigan Safeguarding Partnership (2019) Self- Neglect Guidance: A Multi-Agency Approach to working with people who self-neglect.

<http://www.wigansafeguardingadults.org/Docs/Guidance/self-neglect-guidance.pdf>

Notes:

* *The Diagnostic and Statistical Manual of Mental Disorders (DSM)* is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders. *DSM* contains descriptions, symptoms, and other criteria for diagnosing mental disorders. It provides a common language for clinicians to communicate about their patients and establishes consistent and reliable diagnoses that can be used in the research of mental disorders. It also provides a common language for researchers to study the criteria for potential future revisions and to aid in the development of medications and other interventions. (DSM-5- Frequently asked questions; APA, 2019 , <https://www.psychiatry.org/psychiatrists/practice/dsm/feedback-and-questions/frequently-asked-questions> accessed 18 December 2019)