



Hoarding /Clutter Toolkit

November 2023

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Review due:

November 2024

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Hoarding/Clutter guidance for all staff

Introduction

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). **It is not a lifestyle choice.**

“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” (WHO, 2018)

Table indicating DSM-5 Classifications of Hoarding

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)

Please be aware that the hoarding may not just be in the person’s home. This can overspill into the person’s workplace, friends or family’s homes, storage units, outbuildings etc.

This toolkit is designed to support all staff in the 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 mental capacity.

It is now widely recognised that enforced clear outs/deep cleans do not work.

They do not change the hoarding behaviours.

The clear out is another loss, it is extremely traumatic and will only make things worse.

The space will more than likely return to an even more cluttered level than before. The individual will probably be even more suspicious of services and more likely to refuse support. The failure rate of deep cleans is near 100% (Bratitotis, 2011)

Hoarding behaviours can sometimes start in the teenage years or earlier. Professionals need to consider whether a referral to Children's Services is required.

Building a positive relationship with individuals who hoard is critical to achieving change for them and in ensuring their safety and protection. Trauma Informed practice goes hand in hand with supporting people who hoard/clutter and helps create space for change.

The 6 principles of working in a trauma informed way are:

Safety, Trust, Choice, Collaboration, Empowerment, Cultural Consideration

All partner agencies (Mental Health Services, Adult Social Care, Children's Services, 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. It is essential that agencies work together using a multi-disciplinary approach as this offers the best opportunity to support individuals.

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.

People living with this issue need a much more proactive style of engagement from services. We might need to involve others around the individual, family, neighbours, carers and other agencies that have concerns to ensure a thorough assessment and intervention plan. If the adult has 'sustainable difficulty' in understanding and engaging with any social care process, including a safeguarding enquiry, the local authority must ensure that there is an appropriate person to help them. If there is not, arrangements for an independent advocate should be made. Refusals of services leave us working reactively to resolve each crisis as they occur rather than proactively engaging.

Please also consider both the physical and mental health impacts hoarding/clutter may have on people and on the people around them. Consider specific services to support the individual for example bereavement counselling, talking therapies or peer support/groups. People around the individual might not recognise themselves as a carer and we should signpost to appropriate support.

When Using the Toolkit:

When using the toolkit, 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 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?

Underpinning Principles:

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

Some common reasons why people hoard:

- Trauma or crime
- Bereavement – research suggests this is the most common contributor to hoarding
- Cognitive issues that affect decision making and problem solving
- Neurodiversity
- Lack of control over other areas in the person's life
- Excessive guilt about waste/Eco Hoarding
- Abuse
- Chronic disorganisation
- Empty nest syndrome
- Genetics and family history
- Sentimental reasons – to help recapture a time when life felt good and secure
- Mental health issues

Hoarding disorder boundaries with OCD, the autistic spectrum, psychotic disorders, affective disorders (mood disorders), eating disorders, obesity, dementia, learning disabilities and addictions.

Executive Functioning difficulties

Executive function is an umbrella term for skills such as planning, problem solving, mental flexibility, working memory, impulse control, emotional regulation, multi-tasking and switching focus, as well as for the initiation and monitoring of actions. These skills are controlled by an area in our brain called the frontal lobe.

People with executive impairment can often present very well in a formal assessment of cognition and mental capacity. They can often mask their difficulties and are often unaware they are doing so. Despite this, there are often signs that they still struggle in day-to-day life. This is known as the 'frontal lobe paradox'.

An example of this difficulty: where a person with an acquired brain injury gives superficially coherent answers to questions, but it is clear from their actions that they are unable to carry into effect the intentions expressed in those answers. In other words, they are good in theory but poor in practice. Skills cannot be transferred from verbal discussion to action.

When executive functioning is impaired, it can contribute significantly to hoarding behaviours.

There are several other 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. 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.
- **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. 'Eco hoarding'. This relates to waste and loss of opportunity
 - Beliefs about memory include making mistakes and lost information
 - Beliefs about personal control
- **Emotional Reactions:** Negative emotions, such as feelings of sadness, grief, anxiety, fear and guilt might result in hoarding behaviours.

Hoarding behaviours are for some people a coping mechanism to deal with trauma. As professionals we do not always need to know about the triggers for these behaviours. In some cases, we may already know or suspect the root causes of the hoarding behaviours. If not we must approach this topic with sensitivity and caution.

It is recommended that these issues are addressed through therapeutic interventions if the person feels able to. 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). ICDs are characterised by the inability to resist an urge or impulse even though the behaviour is dangerous or harmful. Compulsive buying or acquiring can form a major part of hoarding and is considered to be an ICD.

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.

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 increases quality of life.

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. We also need to consider if the person has the psychological ability to tolerate intervention. Hoarding behaviours are often someone's coping mechanism, the hoard is often a symptom of something else. **This issue is anxiety based and the more pressure we put on people the more likely they are to hoard.** Fixed timescales will increase anxiety, **progress must be at the individual's pace. There are no quick fixes or short-cuts.**

People with hoarding behaviours can be difficult to engage, we need to earn their trust. As professionals we should question ourselves on how we engage individuals. There should be an equal balance of power between the professional and the person you are supporting. Before closing down cases due to non-engagement it is recommended that open and honest conversations take place about why people are refusing support. Have a discussion about the advantages and disadvantages of accepting support to explore all sides of the issue. **We must identify and address the barriers to accepting support.** We are always aiming for early intervention before people reach crisis point. Consider a multi-agency approach and when there are significant concerns the safeguarding and risk management process needs to be followed. This would apply for homes that have rooms 7, 8 or 9 on the Clutter Image Ratings but do not automatically discount scores of 4,5 or 6. Use your professional judgement.

Ask yourself -

- Why does this person keep refusing support?
- Does this current situation have a connection to a previous traumatic experience?
- What skills can I use to help this person feel safe and create a connection?
- How can I enable this person to feel empowered and have choice in the way they are engaging with me?
- How can we create a relationship based on trust? Asking “how would you like me to work with you?” can be a good starting point.

Re-allocating cases to another worker rather than closing them down is recommended, the approach of someone else might be able to make that connection with the individual.

If there is no alternative and a deep clean needs to be considered, it is recommended that the impact of the clear-out be risk assessed and we provide post clearance support. We also need to be able to evidence that other avenues were discussed and tried before this action was taken.

Are we mis-labelling people as ‘hoarders’?

There are other reasons someone’s home may be full of belongings. It is important to obtain a history to establish whether the hoarding is long established and linked to a psychological disorder or whether it is linked to loss of mental capacity, a learning disability or life events.

Hoarding Disorder:

Excessive acquisition, difficulty discarding, very strong emotional attachments to items.

Consider: talking therapies, peer support, supporting the process of change, work on reducing the number of items coming into the home, de-cluttering in very small steps.

Collectors:

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

Consider: Work on reducing the number of items coming into the home, support to find ways of reducing the collections, find the right strategies for organising that suit the person.

Chronic disorganisation:

Chronic disorganisation can be caused by many factors which affect a person's ability to plan, organize and de-clutter including conditions such as:

- Neurodiversity
- Physical ill health – for example Fibromyalgia and Chronic Fatigue Syndrome
- Mental ill health – for example anxiety, depression, bi-polar, PTSD, OCD

Consider: Generally, less emotional attachment to objects and less issues with acquisition. Support to find organising styles that suit the individual. De-cluttering in smaller stages, for example focusing on one type of material at a time, e.g. this week empty crisp packets, next week empty bottles. Remember that non-verbal communication can play a big part when interacting with individuals, particularly for people who are neurodiverse. Sometimes this issue comes in waves or cycles. Identify and address the triggers for this behaviour. Referrals to mental health or specialist services as required, i.e. Chronic Fatigue/ME Service or Learning Disability teams.

Squalor:

“The state of being extremely dirty and unpleasant, especially as a result of poverty or neglect” (Oxford English Dictionary, 2019).

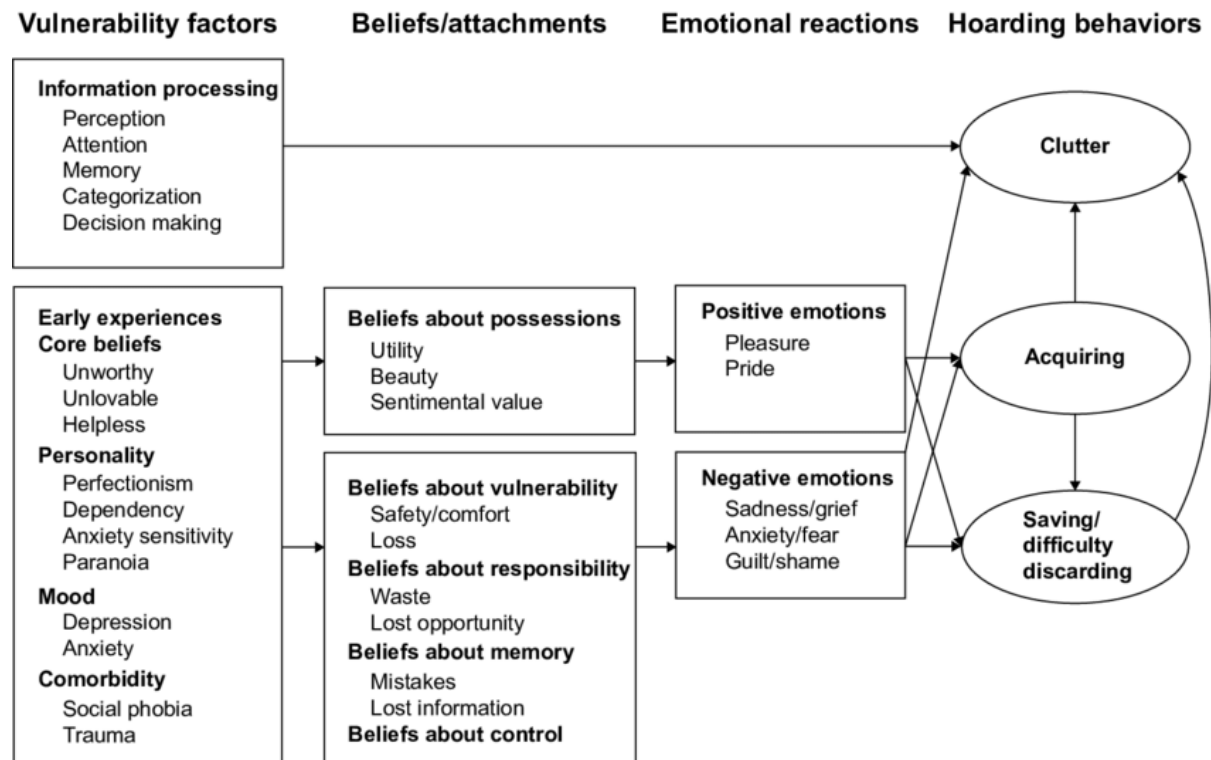
Squalor: Filthiness, degradation from neglect; can be domestic (in the home) and/or personal (characterised by lack of personal hygiene) (Bratotiis et al. 2011).

Squalor can be separate issue from hoarding. Often linked to self-neglect, mental health or addiction issues.

Consider: what is behind this behaviour? How can we add in support? Consider whether to refer to Wigan Adults Safeguarding Board and Partnership [Self-Neglect Guidance for professionals](#) for more information and guidance.

Of course, there may be a combination of the 4 reasons above, each case is truly unique. Establishing the reason for the behaviour will inform the best way to intervene.

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



Skills needed to help with hoarding behaviours:

- Non judgemental
- Trust
- Patience
- Persistence
- Continuity of involvement
- Humour
- Active listening
- Sensitive approach
- Respectful

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. Past present and Future. Tell me about your past, what are the issues 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 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
Finding something that motivates the individual	Linking to the persons interests and engages with them
Agreeing a plan	Planning might start as agreeing a regular visit and develop from there. What are the person's goals?
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 perhaps another professional or a member of the person's network
External influences	Recognising and working with the possibility of enforcement action but this must be a last resort once all other options have been tried and documented. Remember this is an anxiety based issue and more pressure will often equal more hoarding behaviours.
Understanding non engagement	When we use a trauma informed approach we begin to understand and accept that behaviour is a form of communication. As professionals we need to be curious about the ways that individuals present, and the impact of those underlying reasons have on their current behaviour. It is the role of the professional to find ways of engaging with the person, build a connection and create a relationship where the individual feels safe to work with us. Understanding non engagement with services (wigansafeguardingadults.org)

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 levels of clutter. You could use them as a conversation starter by asking the person to score the rooms in their home. They can also be used to determine what type of support is appropriate dependent upon the level of belongings.

Clutter Image Rating: Bedroom

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Living Room

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale: Bathroom

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



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale: Kitchen

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



1



2



3



4



5



6



7



8



9

The following responses to hoarding/clutter are recommended.

- Ensure you are knowledgeable and confident to give support regarding hoarding, free training is available to staff from all agencies and organisations. See pages 27 and 28 for more information.
- Adopt a multi-disciplinary approach to supporting people. These cases can be complex and this can be long-term work with individuals. When all agencies involved work together this offers a better chance for success.
- Identify and address any barriers to accepting support – what are people’s fears?
- Be patient – accept there may be some resistance from people at first. Progress may be slow to get going. Progress stalling or going backwards is to be expected at times.
- Highlight and give praise for all progress however small.
- A referral to psychological services (with consent) may be appropriate [Services in Wigan | Greater Manchester Mental Health NHS FT \(gmmh.nhs.uk\)](#)
- Signpost to peer support.
- An understanding that the issue is not a lifestyle choice. For anyone to change their hoarding behaviours there is a lot of emotional work to do. We need to support people through the process of change. New life skills need to be learnt, self-belief, resilience and how to deal with difficult emotions for example. It is not simply a matter of de-cluttering or tidying up.
- Support people to retrieve their personal identity. Often people get lost in their possessions and need support to re-discover hobbies or try new activities.
- Manage your expectations as a professional – remember we are trying to support the person to live **their** best life.
- Think about how we measure success – all cases are unique. Small changes can make a big difference when working to reduce risks and increase quality of life.

Success isn't all about de-cluttering. I'm now happier, less anxious, more open to accepting support and that's a big change for me. Belongings group member

- If hoarding poses a fire risk, a referral to GMFRS may be appropriate for a preventative fire risk assessment. Refer homes that have rooms with clutter scores of 5 or above. **Please always joint visit - do not just refer on, your support will be needed.** Click here to make a referral: [Partner Information - Greater Manchester Fire Rescue Service](#)
- Complete a risk assessment (once a rapport established, definitely not on your first visit) and consider if flexible timeframes need to be in place. What needs to happen if nothing changes or the risks increase? Risk assess at the start, middle and end of involvement. See page 18.
- Have a plan – this might be under the risk management process but be prepared to make changes with all plans as needed, keep options for support open.
- An assessment of mental capacity and a needs assessment is essential to establish how best and on what basis to intervene. When an individual has mental capacity, it is essential to work with them and understand their wishes and feelings. If the individual lacks mental capacity a best interest decision may be necessary but should still take into account the wishes of the adult at risk as far as these can be ascertained.
- If the individual lives in rented accommodation they may need support in liaising with the landlord if threatened with eviction or there are other tenancy related issues. [Private housing \(wigan.gov.uk\)](#) or [Housing support \(wigan.gov.uk\)](#) for council properties.
- The individual may need support to liaise with environmental or pest control services [Environmental problems \(wigan.gov.uk\)](#).
- In cases of animal collecting, where there is a serious impact on the adult's health and wellbeing or the animals' welfare or the health and safety of others the worker should collaborate with the RSPCA and public health officials. Although the reason for animal collecting may be attributable to many reasons including compensation for a lack of human companionship and the company the animals may provide, consideration has to be given to the welfare of the animals and potential public health hazards. www.rspca.org.uk

Clutter Images 1-3:

Signpost and provide information and advice: with consent

Given that the amount of hoarding will be 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 a lack of functioning facilities, which may indicate self-neglect or cognitive problems.

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. The professional could make contact with these organisations themselves with consent from the individual. 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. Signpost to support/peer support organisations.

Clutter image Levels 4-6:

Discussion with manager and referral to other services: with consent

[Refer someone for an assessment of care and support \(wigan.gov.uk\)](http://wigan.gov.uk)

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. A referral also to Children's Services will be needed for clutter scores 5 and upwards if there are any children in the home. A Safeguarding Children Alert should always be raised. [Professional referrals – for children \(wigan.gov.uk\)](http://wigan.gov.uk) 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 they must be notified. [Partner Information - Greater Manchester Fire Rescue Service](#). A home fire safety risk assessment is needed. * Please always joint visit, do not just refer on *

Environmental Health, the Council's Housing Department or Landlord's input might also be necessary if the level and the nature of hoarding poses any relevant hazards and there are concerns regarding breaches to any tenancy agreements. 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 if 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. Signpost to support/peer support organisations.

Clutter image Levels 7-9:

Raise a safeguarding concern: with or without consent

<https://apps.wigan.gov.uk/adultsafeguardingreferrals/>

The household environment will require intervention with a collaborative multi-agency approach (risk management response 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. Individuals are often unaware of the implications of their hoarding actions and may not recognise the risk the environment 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 persuasive 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. This should be clearly recorded within a risk management plan. A Mental Capacity Act assessment is essential to determine how any intervention should be applied.

Signpost to support/peer support organisations. Consider the Vulnerable Adults Risk Management (VARM) process under the MAPPT (Multi Agency Prevention and Protection Team) Team at Wigan Council email: MAPPT@wigan.gov.uk.

The Care Act 2014, Chapter 14 states, *partners should ensure that they have the mechanisms in place that enable early identification and assessment of risk through timely information sharing and targeted multi-agency intervention*. The VARM process supports multi-agency working around vulnerable adults deemed to have mental capacity, who do not meet the criteria under the care act and do not have care and support needs but who are at risk of serious harm or death through self-neglect, risk taking behaviours or refusal of service.

VARM criteria:

- The person MUST have mental capacity to make decisions and choices
- The person does not meet the criteria for section 42 safeguarding (Care Act 2014)
- A risk of serious harm (which is life threatening and/or traumatic) or death
- There is a significant risk to the health and safety of others in the community

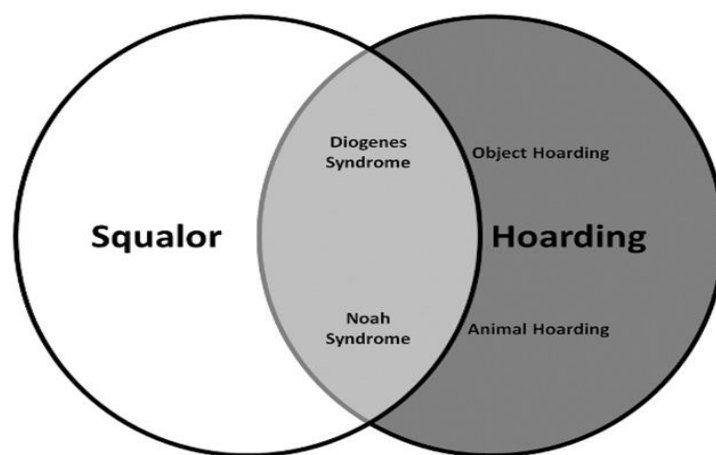
VARM referral: [Wigan policy and procedure \(wigansafeguardingadults.org\)](https://wigan.gov.uk/adultsafeguardingadulthood)

Animals/Animal Collecting/Noah Syndrome

Animal Collecting is defined by the Hoarding of Animals Research Consortium (HARC) as:

- Having more than the typical number of companion animals
- Failing to provide even minimal standards of nutrition, sanitation, shelter and veterinary care, with this neglect often resulting in illness and death from starvation, spread of infectious disease and untreated injury or medical conditions
- Denial of the inability to provide this minimum care and the impact of that failure on the animals, the household and human occupants of the dwelling
- Persistence, despite this failure, in accumulating and controlling animals

Evidence of animal collecting at any level should be reported to the RSPCA, www.rspca.org.uk



Responsibilities for pets

The Care Act 2014 - Section 14.170 – 14.174

Local authorities must take all reasonable steps to protect the moveable property of a person with care and support needs who is being cared for away from home in a hospital or in accommodation such as a care home, and who cannot arrange to protect their property themselves.

Protecting property includes arranging for pets to be looked after when securing premises for someone who is having their care and support needs provided away from home and who has not been able to make other arrangements for the care of their home or pets.

Hoarding/Clutter Risk Assessment

** Please complete this together with the individual/family once a good rapport has been established **

Client name _____ **Address** _____

Health

Can't use bath/shower	<input type="checkbox"/>	Can't prep food	<input type="checkbox"/>	Presence of rotten food	<input type="checkbox"/>
Presence of insects/rodents	<input type="checkbox"/>	Can't access toilet	<input type="checkbox"/>	Can't sleep in bed	<input type="checkbox"/>
Presence of faeces/urine	<input type="checkbox"/>	Presence of mould or damp	<input type="checkbox"/>	Rubbish bins overflowing/missing	<input type="checkbox"/>
Can't use cooking facilities	<input type="checkbox"/>	Can't use sink	<input type="checkbox"/>	Can't use fridge	<input type="checkbox"/>
Medication issues	<input type="checkbox"/>	Can't locate equipment needed	<input type="checkbox"/>	No heating	<input type="checkbox"/>
Skin integrity	<input type="checkbox"/>	Personal hygiene	<input type="checkbox"/>	Attending appointments	<input type="checkbox"/>
Alcohol issues	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>	Memory issues	<input type="checkbox"/>
Other	<input style="width: 100px;" type="text"/>	Other	<input style="width: 100px;" type="text"/>	Other	<input style="width: 100px;" type="text"/>

Obstacles

Can't move freely/safely	<input type="checkbox"/>	Piles/avalanche risk	<input type="checkbox"/>	Access at front/back blocked	<input type="checkbox"/>
Stairs	<input type="checkbox"/>	Risk of slips/trips/falls/crush	<input type="checkbox"/>	Clutter outside	<input type="checkbox"/>

Mental health

Acknowledges risks	<input type="text" value="Y/N"/>	Defensive or angry	<input type="checkbox"/>	Confusion	<input type="checkbox"/>
Acknowledges consequences	<input type="text" value="Y/N"/>	Anxious or apprehensive	<input type="checkbox"/>	Social isolation	<input type="checkbox"/>
Stigma/Shame	<input type="checkbox"/>	Self-harm	<input type="checkbox"/>	Other	<input type="checkbox"/>

Structure & Safety

Unstable floors	<input type="checkbox"/>	Leaking roof	<input type="checkbox"/>	Electrical issues/ overloaded sockets	<input type="checkbox"/>
Running water	<input type="checkbox"/>	Plumbing issues	<input type="checkbox"/>	Flammable items near heat source	<input type="checkbox"/>
Caving walls/ceilings	<input type="checkbox"/>	Gas/heating issues	<input type="checkbox"/>	Blocked exits	<input type="checkbox"/>
Storage of weapons	<input type="checkbox"/>	Risks to neighbours or public	<input type="checkbox"/>	Storage of hazardous materials	<input type="checkbox"/>

Other issues

Debt	<input type="checkbox"/>	ASB/Harassment	<input type="checkbox"/>	Threat of eviction/ homelessness	<input type="checkbox"/>
Scams	<input type="checkbox"/>	Family relationships/ Friends/neighbours	<input type="checkbox"/>	Large number of animals	<input type="checkbox"/>

Capacity measurements

Awareness of clutter Y/N	<input type="checkbox"/>
Willingness to acknowledge risks to health, safety and impact on daily life Y/N	<input type="checkbox"/>
Physical ability to clear clutter Y/N	<input type="checkbox"/>
Psychological ability to tolerate intervention Y/N	<input type="checkbox"/>
Willingness to accept intervention/assistance Y/N	<input type="checkbox"/>
Has a mental capacity assessment been considered? Y/N Capacity notes:	<input type="checkbox"/>
Current protective factors - Friends/Family/Children/Professionals/Other pls detail:	

Current clutter levels Score 1 - 9 See Clutter Image Ratings pages 11 and 12

Kitchen	<input type="text"/>	Lounge	<input type="text"/>	Dining room	<input type="text"/>
Bedroom 1	<input type="text"/>	Bedroom 2	<input type="text"/>	Bedroom 3	<input type="text"/>
Bedroom 4	<input type="text"/>	Bathroom	<input type="text"/>	Hallway downstairs	<input type="text"/>
Hallway upstairs	<input type="text"/>	Attic space	<input type="text"/>	Garage	<input type="text"/>
Shed	<input type="text"/>	Outbuildings	<input type="text"/>	Storage units	<input type="text"/>
Other pls specify	<input type="text"/>	Other pls specify	<input type="text"/>	Other pls specify	<input type="text"/>

Note: Homes that have rooms with clutter scores of 5 or above must be reported to GMFRS. [Partner Information - Greater Manchester Fire Rescue Service](#), * **please always joint visit** *, do not just refer on. For homes where children live, rooms with clutter scores of 5 or above please refer to Children's Services, [Professional referrals - for children \(wigan.gov.uk\)](#). Please also consider if referrals need to be made to Housing for council properties [Housing support \(wigan.gov.uk\)](#), Private Sector Housing [Private housing \(wigan.gov.uk\)](#) for rented or privately owned or Environmental Health [Environmental problems \(wigan.gov.uk\)](#). For concerns re gas contact British Gas on 0800 111 999 or for electricity contact the electricity supplier.

Household composition

No. of adults	<input type="text"/>	Ages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of children	<input type="text"/>	Ages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of pets	<input type="text"/>	Types of animals	<input type="text"/>			
Smokers Y/N	<input type="text"/>	Consider GMFRS referral				

Detail any physical disabilities:
Languages Spoken:
Tenure of property:
Any other risks identified:
Any previous fires or near misses? Yes / No
Post risk assessment plan:
What other contingency plans have been considered?

**Please complete this risk assessment together with the individual/family
and share with any other agencies involved.**

Consider flexible time frames and what needs to happen if the risks don't change or increase.

***** Please risk assess at the start, middle and end of involvement *****

Service user _____ Date _____











Service user _____ Date _____











Professional _____ Title _____

Team _____ Date _____

How to talk to someone who displays hoarding behaviours:

Do's and Don'ts

	DO		DON'T
	Build a trusting relationship Build a rapport with the person before discussing the amount possessions someone has in their home. Remember the clutter is a symptom of a much deeper issue in most cases.		Try to address hoarding though a quick fix , such as an enforced physical deep clean. It will severely impact on the person living there, in most cases causing extreme anxiety and trauma.
	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?		Rush to discuss de-cluttering This is long term work with people and a trusting relationship needs to be built before this subject can be broached.
	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, "your things", "your collections")		Use judgmental language People are generally not receptive to negative comments about 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 way to you, especially if you already felt ashamed, scared and embarrassed.
	Use encouraging language Use language that reduces defensiveness and increases motivation to solve the problem. "It's great you have a pathway from your front door to your living room."		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 "rubbish" and "junk".
	Highlight strengths All people have strengths, positive aspects of themselves or their behaviour. Your 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 cats."		Let your non-verbal expression say what you're thinking People are likely to notice non-verbal messages that convey judgment, like frowns or grimaces and may notice negative body language.

	<p>Offer the opportunity to discuss the ‘why’ behind the hoarding behaviours</p> <p>Not everyone is able to address issues from their past but for some people this can be helpful. Therapeutic support should be offered i.e. bereavement counselling if appropriate.</p>	 <p>Make suggestions about the person’s belongings</p> <p>Even well-intentioned suggestions about discarding items are usually not well received. You must work at the pace of the person concerned. Efforts to persuade people into changing their behaviour can often have the opposite effect.</p>
	<p>Help to make a plan</p> <p>The person must set the goals, ideally with small targets at first to help build confidence. Recommend no more than 3 tasks on the plan at a time to avoid overwhelm.</p>	 <p>Try to persuade or argue with the person</p> <p>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>Understand that this is a process for people</p> <p>This is long term work, there are no quick fixes or short cuts. Just because we turn up at the door doesn’t mean that the person is ready for the process of change. In most cases people are ‘discovered’ rather than seeking support and the very private issue they have sought to hide becomes public.</p>	 <p>Touch the person’s belongings without explicit permission</p> <p>People often have strong feelings and beliefs about their possessions and find it upsetting when another person touches their things. You should only touch the person’s belongings if you have been given permission.</p>
	<p>Keep your focus</p> <p>Keep yourself focused on the person when you visit. They will notice if you are trying to look around at their home.</p>	 <p>Don’t threaten or put fixed timescales in place</p> <p>This puts people under more pressure, remember that the person’s go to coping mechanism is to hoard, more pressure usually means more hoarding. Threats often keep people in ‘freeze’ mode.</p>
	<p>Listen to understand</p> <p>Listen to what the individual tells you but don’t rely solely on verbal communication. Non-verbal communication such as behaviour may tell you more about what the individual is feeling. Always be willing to keep the lines of communication open especially if enforcement action is being considered.</p>	 <p>Avoid ‘large scale’ interventions</p> <p>Providing skips, deep cleans, acquiring extra storage are not recommended. These are often too much pressure for people and do not address the hoarding behaviours. Supportive intervention with much smaller steps are usually best.</p> <p>If storage options need to be considered you must ensure clear plans are in place to allow the individual access to their belongings.</p>

Engagement Tips:

- Don't discuss the hoarding/clutter when you first meet someone. Build a rapport before this subject is broached.
- Understand that emotions like shame and embarrassment may be leading to increased isolation.
- Focus on harm reduction. Our aims should be to reduce risk and increase quality of life. Move the focus away from de-cluttering at the start of the process in order to build a relationship.
- Work patiently over time at the pace of the adult.
- Practice 'unconditional positive regard' for the adult. Build rapport and empathy; 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?
- Be flexible with your engagement, you might need to undertake tasks not directly related to your job role in order to build a relationship. Support people with whatever is needed to increase their quality of life and engagement with us.

Reach out postcard examples

Please adapt to suit the circumstances.

Hi

My name is _____ and I work with the _____ team.

I understand you may have a lot of belongings in your home, and I wanted to let you know I appreciate this might be a really hard subject to talk about.

I would like to work with you, at your pace. I'm hoping by reaching out you'll talk to me, and we can find a way to have this be a process for you instead of action that may feel as if it is against you. Can we talk so that I can try to better understand what you think would work for you? Please get in touch and we can have a chat.

My number is _____, you can ring or text.

Thank you

Dear

I called round today as arranged, I'm sorry we didn't manage to catch up.

I wanted to leave this note to let you know that I understand it's probably hard to let someone into your home, and you may be worried or anxious about our appointment.

I really want to reassure you that I am on your side, I am here to help support you, not to judge or tell you how you should have your home. I just want to help and support you in any way you think will be best for you.

Any work we do together will be at your pace. Please would you send me a text to let me know you're ok and then maybe we could arrange just to have a chat on the phone to talk through things. Thank you.

Take care.

Support Information:

GMFRS Home Fire Safety Assessments

Professionals should consider whether a referral to Greater Manchester Fire and Rescue Service (GMFRS) is required. Homes with any room that is 5 or above on the clutter scores should be referred on.

GMFRS provide free informal risk assessments visits where advice about fire hazards can be obtained.

The Home Fire Risk Assessments 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 - medication, alcohol, drugs, cognition
- Escape plans – guidance on possible escape routes
- The importance of keeping routes clear
- Advice on positioning of smoke alarms

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 will trigger a safeguarding alert

However, clutter scores of 1-3 might include hidden dangers that need addressing. For example, daisy chains of extension leads attached together if there are a high number of electrical devices. (Digital hoarding is top of the list for types of items hoarded today)

GMFRS Contact Details:

Click here to make a referral: [Partner Information - Greater Manchester Fire Rescue Service](#)

- Tel: 0800 555 815
- Email: contact@manchesterfire.gov.uk

Free training is available for staff that explains the referral process and what to expect on the visit. Book here: [Fire Safety in the Home Training - Greater Manchester Fire Rescue Service](#)

*** Professionals, please always joint visit with the fire service, do not just refer on***

Relapse Prevention

Having difficulties with hoarding or clutter can be a life-long issue for some people. It might come and go dependent upon other life events. People can access services as needed. Once progress has been made with de-cluttering other support may be needed. How can we help once space has been reclaimed?

- How will progress be maintained?
- Are repairs/redecoration needed?
- Do people need more furniture?
- Would they like to volunteer? or get a job? would they like to study?
- What are their hopes, dreams and ambitions?
- How can we support them to live **their** best life?
- Would they consider being a peer support volunteer?

Maintenance is the stage in which people are working to prevent relapse. This also takes a huge amount of effort and peer support can be very beneficial. Let the person know that non-judgemental support is available whenever it is needed.

Local Support Offer

Peer Support Groups – ‘Belongings’

We have two peer support groups in the borough. The group is called ‘Belongings’. It meets the last weds of the month and first Monday of the month at locations across the borough. This is totally FREE and is for anyone affected by clutter or hoarding in their home. **No referral needed.**

Family, friends and supporters are welcome to attend. For more information contact Lena Gibson, Group Co-ordinator l.gibson@wigan.gov.uk or 07768988180. You can ring or text.

If you are a professional supporting someone with hoarding/clutter issues please consider coming along to the group with them in order to give your support and to learn more.

Training Offer:

Free training is available for all staff including partner and external agencies that compliments this toolkit.

- **Hoarding Awareness** Part 1 – 2 ½ hours
- **Understanding Hoarding** Part 2 – 1 day
- **Best Practice for Hoarding** Part 3 – 2 ½ hours

For course content and dates available book via iTrent if you are internal to Wigan Council or email MAPPT@wigan.gov.uk for external agencies.

Wigan Adults Safeguarding Board

- **Lunch & Learn – Hoarding** – 1 hour
- **Professional Curiosity** – 3 hours
- **Trauma and Resilience Level 2** – 2 hours

To book click here <https://www.wigan.gov.uk/Docs/PDF/WSCB/WSCB-Training-and-Development-Programme.pdf>

Hoarding Support Co-ordinator job role

The co-ordinator's job role is about providing support to upskill all staff so that they have a good working understanding of this complex issue.

Support offered includes:

- Case discussions - statutory and non-statutory
- Delivering training
- Advice and guidance around hoarding/clutter
- Support with joint visits

Hoarding Champions

We are in the process of recruiting Hoarding Champions from across all partner agencies. If you are interested, please contact MAPPT@wigan.gov.uk for further information.

Useful Organisations and Resources:

Wigan Adults Safeguarding Board and 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/>

Greater Manchester Fire & Rescue Service: [Partner Information - Greater Manchester Fire Rescue Service](#)

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

Hoarding.Support: www.hoarding.support

Hoarding UK: www.hoardinguk.org

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

Royal College of Psychiatrists: www.rcpsych.ac.uk

Children of Hoarders: www.childrenofhoarders.com

International OCD Foundation: [Obsessive Compulsive Disorder \(OCD\) \(iocdf.org\)](http://Obsessive Compulsive Disorder (OCD) (iocdf.org))

National Association for People Abused in Childhood: [NAPAC – Supporting Recovery From Childhood Abuse](#)

Hoarding Ice Breaker: [Hoarding Ice-Breaker Form – Because life's too short for your health to be ruled by hoarding, clutter or disorganisation \(hoardingicebreakerform.org\)](#)

Understanding Non Engagement: [Understanding non engagement with services \(wigansafeguardingadults.org\)](#)

RSPCA: www.rspca.org.uk

The Blue Light Project: [The-Blue-Light-Manual.pdf](#)

Further reading and research:

Braye, Suzy, Orr, David, & Preston-Shoot, Michael (2016, March). Effective practice in self-neglect: evidence from research Presentation.

Cooke, Jo. (2017). *Understanding Hoarding*. London: Sheldon Press.

Frost, Randy, & Skeketee, Gail (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*.

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

Barnett, Deborah (2018). Self neglect and Hoarding. A Guide to Safeguarding and Support. Jessica Kingsley Publishers

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

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

Van Der Kolk, Bessel (2014) *The Body Keeps the Score*. Penguin Books

Burke Harris, Nadine (2018) *The Deepest Well, Healing the long term effects of Childhood Adversity*. Mariner Books.

Perry, Bruce, & Szalavitz, Maia (2017) *The Boy Who Was Raised as a Dog*. Basic Books

Abreu, Leonor Moreita, Marques, Joao Gama, Noah Syndrome: A Review Regarding Animal Hoarding with Squalor, [Noah Syndrome: A Review Regarding Animal Hoarding with Squalor - PMC \(nih.gov\)](#)

Keith's story: a personal and touching film about hoarding: <https://youtu.be/fhmftpwNZc>

Adverse Childhood Experiences:

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_a_cross_a_lifetime?language=en

Living with Hoarding Disorder, Pop Ups with Mandy - Watch - [Episode 5 - "What have been your steps to recovery over the years?" - YouTube](#)

Safeguarding Adults Guidance:

Wigan Adults Safeguarding Board and 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

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 Adults Safeguarding Board and 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 health 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 health 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.

Acknowledgements

Many thanks to everyone who has helped with the development of this toolkit. A special mention is given to the members of the 'Belongings' Peer Support Group who have been brave enough to share their stories and generous enough share their expertise.