



Hoarding Policy and Procedure

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Manual Version Control

Version	Date	Author/Amender	Details
1.0	December 2021	Katie Burton	First Draft - Hoarding Policy and Procedure
1.1	February 2022	Joe Day	First Review. Re-ordered and added some detail
1.2	October 2022	Katie Burton	Second draft, reordered, formatted, inclusion of risk assessment and action tracker.

1. Policy Aims

- 1.1 The primary aims of Pickering and Ferens Homes (PFH) Hoarding Policy are:
- i) To keep residents safe and provide a comfortable and clean home environment in which to live
 - ii) To try to ensure that our residents do not cause a nuisance to their neighbours
 - iii) To protect PFH's assets by preventing and tackling hoarding issues which may result in:
 - a) Damage to the property
 - b) An inability to complete statutory requirements such as electrical inspections
 - c) Increased fire risk
 - d) Increased risk of damp/mould or infestations
 - iv) To support any residents impacted by hoarding by providing appropriate support and interventions, as required, to restore a safe living environment.

2. Background

2.1 A high percentage of people who 'hoard' are single, isolated and suffer from underlying mental health conditions. A large number of people who 'hoard' also self-neglect and this can be exacerbated by their living conditions; they may encounter problems such as having nowhere to prepare meals or wash themselves, or they may be unable to access their bed.

2.2 It is extremely difficult to help people who do not recognize that they are hoarding and who continue to 'up-fill' with additional items. The best outcome is generally achieved with people who recognize that they are hoarding and accept help and support. A consensual and supportive approach is more effective in resolving (or containing) hoarding issues and enforcement action should always be a last resort.

3. Types of hoarding

3.1 There are three main types of hoarding (OCD UK, 2017):

- i) **'Prevention of harm hoarding'** – the person fears harm will occur if they throw things away e.g. people collecting the bins will be injured by sharp edges of discarded cans or glass; or someone may be contaminated from a discarded item.
- ii) **'Deprivation hoarding'** – the person feels they may need the object later, sometimes because of previous experience of deprivation e.g. just after the Second World War, many people across Europe had nothing, so everything became valuable and reusable.
- iii) **'Emotional hoarding'** – for some people, hoarding is emotional where, perhaps because of past traumatic experiences, they believe objects hold a special emotional significance e.g. a loved teddy bear which can be trusted more than people.

3.2 Hoarding as a disorder. Hoarding becomes a disorder when people collect an excessive number of items regardless of value (things many people consider rubbish) and store them chaotically to the point where it:

- Encroaches significantly on living space which cannot be properly used and presents the potential for trips and falls and for large piles to topple over etc.
- Causes significant distress and negatively impacts on quality of life and relationships with others.
- Increases loneliness and social isolation as people who hoard are usually reluctant to have visitors or allow anyone access to their home.
- Presents a health and safety risk for example difficulty cleaning leads unhygienic conditions and possibly animal or insect infestations. A property which is filthy and/or verminous under The Public Health Act 1936 (Section 83) can cause problems to neighbours by spreading pest infestations, producing offensive smells, and/or making the environment unhygienic.
- Presents a fire risk (see also the Erosch Fire Safety in Sheltered and Retirement Housing guide) for example blocking exit routes and affecting fire fighters' ability to tackle a fire. The amount of flammable material (which may also be close to ignition sources such as gas fires or cookers) also increases the risk to the individual's property as well as to surrounding properties.
- Impacts on the individual's personal hygiene.

4. Who is affected by Hoarding Disorders?

4.1 Around 2%-5% of the population suffers from hoarding disorder. Whilst it appears to affect men and women equally as well as all races, ethnicities and cultures, it is nearly 3 times more common in adults aged 55-94, compared to adults aged 33-44.

4.2 Hoarding symptoms appear in early life and increase if not treated. Around 75% of people with a hoarding disorder also have a mental health condition which may include dementia; 20% of people with hoarding disorder also have Obsessive Compulsive Disorder. (International OCD Foundation, 2017).

4.2 Most studies into hoarding disorder however focus on older adults and hoarding may only become a problem in later life when more possessions have been accumulated and older people are more likely to come into contact with services who identify a hoarding issue.

4.3 Hoarding might also be a symptom of Diogenes Syndrome, a behavioural disorder that affects older adults. The main symptoms are excessive hoarding, dirty homes, and poor personal hygiene, as well as withdrawal from life and society

5. Persons at Risk of developing hoarding disorders

5.1 Potential 'risk factors' for hoarding disorders include:

- Being widowed, divorced or never married, and living alone
- Loneliness and social isolation
- Co-morbid (i.e. a medical condition that co-occurs with another) physical or mental health issues e.g. schizophrenia, dementia, obsessive compulsive disorder, traumatic brain injury,

bipolar disorder, intellectual disabilities, Asperger's syndrome, and attention deficit disorder

- Estrangement from family
- Stressful life experiences including death of a partner
- A deprived childhood
- A family history of hoarding
- Having grown up in a cluttered home and never learned to prioritise and sort items. 80% of people who hoard grew up with a family member who hoards.

6. Assessing the risk to residents and staff

6.1 A set of questions (appendix 3) has been designed to assess the level of hoarding and therefore the risk to the resident. It is important that wherever possible the safety of our residents is maintained and they are supported to achieve this; the form is designed to help inform future actions to be taken with the agreement of the resident.

6.2 It is also important to recognise that staff dealing with hoarding issues can be exposed to risky, upsetting and challenging environments. It is important that initial reports or investigations attempt to identify wherever possible, the level of risk to which a member of staff may be exposed. Staff may feel it appropriate to undertake visits in two's, and wear protective clothing if necessary, at least in the first instance.

7. Hoarding and Older People

7.1 Although it doesn't necessarily follow older people are more likely to hoard, they might be more likely to want to keep objects from the past with sentimental value. If they are downsizing, they may also have too many items for their new space but do not wish discard anything. It is therefore vital that those supporting older hoarders demonstrate their appreciation of this to build a constructive relationship based on trust and work together to develop an appropriate solution.

7.2 Older people may also:

- Have limited mobility which may impact on their ability to clear and manage accumulated clutter.
- Have or be developing dementia which makes it difficult to sort and dispose of items.
- Be at greater risk of tripping or falling over clutter.
- Be more likely to not allow workers into their property to undertake repairs

8. Hoarding and the law

8.1 The Care Act Statutory Guidance (<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>) formally recognises self-neglect as a category of abuse and neglect and within this identifies hoarding. This provides a clear basis for intervention and for local authorities to provide a safeguarding response. See also the Erosh Adult Safeguarding Good Practice guide (<http://www.erosh.co.uk/resources/adult-safeguarding-2/>).

8.2 Under the Care Act 2014 (<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>) the local authority must make enquiries it considers necessary (or ask others to make enquiries) where there are reasonable concerns about the abuse or neglect of an adult in their area with care

and support needs (whether or not these needs are being met) and are unable to safeguard themselves.

8.3 The Equality Act 2010 places a duty on all public authorities to take account of a person's disabilities including physical and mental disabilities.

8.4 In summary, PFH has a duty to support its residents affected by a hoarding disorder, and the local authority has a duty to provide support to residents impacted by hoarding. Hoarding is more prevalent amongst older people and can create higher levels of risk amongst older people. As such, PFH must have appropriate policies and procedures to support anyone impacted by hoarding.

9. Interventions

9.1 PFH will use the following tools throughout the process to assess, investigate and secure the most appropriate support for the resident. This includes:

Appendix 1 [Clutter Rating](#)

Appendix 2 [Fire Service referral](#).

Appendix 3 [Hoarding Risk assessment questions](#)

Appendix 4 [Action Plan](#).

9.2 In 2008 the International OCD Foundation developed a [Clutter Image Rating Scale](#) to help identify the problem (please see appendix 1).

9.3 PFH's approach to assessing and dealing with reports of hoarding is to use the Clutter Rating in conjunction with best practice approaches as detailed in this policy.

Assessing a property against the Clutter Rating:

A) Clutter rating between 1 and 3:

Although not deemed to be a hoarding issue, the resident may still require additional support and intervention.

- Staff should visit and complete the risk assessment form with the resident, jointly assess the resident's surroundings using the Clutter Rating. This may help the resident to acknowledge the problem and be more open to intervention.
- Build trust with the resident and/or their family through a supportive and non-judgemental approach.
- Ensure the appropriate services are in place for the resident to enjoy their home safely, including an automatic referral to the Fire Service (with the resident's consent)
- Bi-monthly welfare checks should take place so that the risk of further hoarding is reduced, additional support may be identified, and relationships can be maintained.
- All visits, conversations and actions taken should be logged against the resident's record.

B) Clutter rating of 4 and above:

- The steps detailed in A) above should take place.
- Where clutter reaches picture 4 or above, the individual is deemed to have a hoarding problem and requires help.
- Help should include interventions from PFH and professional organisations as detailed in sections 9-11 and is likely to include a referral to the local authority's Safeguarding Adults team.
- Monthly welfare visits should take place as a minimum while the hoarding issue is deemed to be 'serious' (4 or above on the clutter rating).
- All visits, conversations and actions taken should be logged against the resident's record.

9.4 Individuals who engage in hoarding activities often don't recognise they have a problem and will often have multiple needs, which means that different services need to work together to provide support. Take-up of services by hoarding individuals is often extremely low because they tend to be resistant to interventions and refuse help. The following agencies or services might be involved:

- Environmental Health services
- Adult Social Care
- Community Mental Health Team
- Police
- Fire Service
- GP's
- Voluntary groups
- Case workers
- Occupational Therapists
- Safeguarding Adults lead
- The aims of any intervention is to:
 - Tackle environmental issues such as infestation, health and safety, fire safety etc.
 - Tackle social issues such as loneliness and social isolation, social exclusion etc.
 - Tackle Health and wellbeing issues
 - Support the person to live independently in their home and achieve a good quality of life.
 - Avoid statutory and enforcement action
 - Reduce associated clearing, cleaning and repair costs

9.5 All staff who visit clients should be able to identify signs of hoarding becoming a problem (e.g. complaints from neighbours about smells/pests; complaints about the condition of a property/garden), and report their concerns so early interventions may prevent escalation.

10. PFH's approach to working with hoarders

10.1 PFH undertakes to work with the resident in a positive and productive manner. We will do this by working with the resident to develop an action plan, ensuring their full involvement and agreement. The action plan (appendix 5) should be completed in all cases and be realistic, achievable and capable of being monitored, and may involve:

- Key people in the individual's life e.g. family or friends

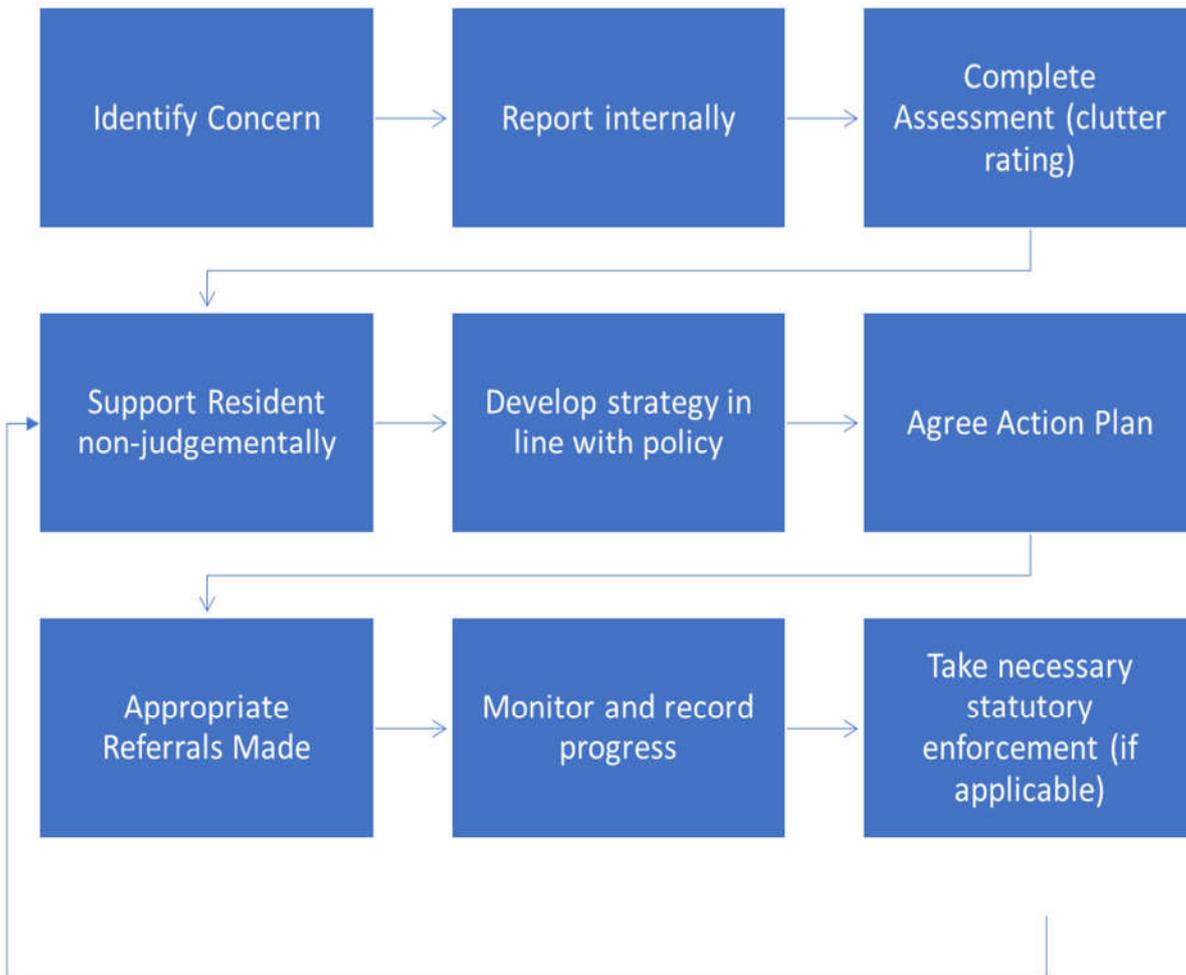
- Home safety checks from the local Fire Service
- Referral to relevant statutory and/or voluntary support services
- Clearing/removing of possessions or a plan to do so
- Transfer to more appropriate accommodation.

10.2 We will achieve this by:

- i) **Notifying partners** - PFH will notify relevant partners e.g. local fire service (see Appendix 2) which may want to ensure there is a Personal Emergency Exit Plan/Personal Emergency Evacuation Plan (PEEP) in place (Retirement Plus schemes only, and updated at least annually) and available to the Fire & Rescue Service. The PEEP should include information (which should be identified by anyone who engages with residents) relating to their contribution to likelihood of fire or fire development; their capacity to respond to a fire alarm or sign of fire; and their ability to escape.
- ii) **Objective Assessment** - PFH Will ensure a careful, objective assessment of each individual case and avoid making assumptions or judgements about why the person is hoarding. Initial “screening” should assess the severity of the hoarding and be followed with a full in-depth assessment.
- iii) **Support from family or friends** - PFH will gather as much information as possible from families, neighbours, friends etc. and engage them as a way of offering support and advice in a less formal or threatening way. A family member or friend may be able to persuade the person hoarding to accept help.
- iv) **Record keeping** - PFH will keep accurate and up to date records of all concerns; any action taken or planned; referrals, monitoring; and progress. This is important for monitoring progress, working with other agencies or organisations, and in case any legal action becomes necessary. Photographic evidence may be gathered; the individual should be made aware of this and their consent sought, although not required. Records should also be kept of any attempts to contact the individual and any written correspondence with the individual.
- v) **Support agencies** - PFH will consider existing local statutory or voluntary organisations, self-help and support groups in the area which might already offer assistance (especially at an early stage where hoarding is not serious) e.g. home care services, floating support services, cleaning services etc.
- vi) **Staff training** - PFH will ensure their staff are appropriately trained in Health and Safety. Dealing with a hoarding incident, as well as protecting the health and safety of the person hoarding, can also expose staff to health and safety risks. Staff should be trained in, clear about and follow their organisation’s health and safety policies and procedures and complete appropriate risk assessments.
- vii) **Communication** – Staff will maintain regular communication with the resident and other parties involved. It is important to keep momentum and ensure the resident is adequately supported. In addition, PFH should accommodate where possible, the express wishes of the hoarder when making visits, for example if the resident requests that only female staff enter their home.

10.3 The person hoarding does have a legal right to refuse intervention or treatment except where there may be particular violations e.g. a significant fire risk to the property or surrounding properties. If a person does not have capacity, they may be referred to Social Services. PFH staff will seek advice from the Adult Safeguarding team and if necessary, legal advisers if in any doubt about how best to protect the person who is hoarding from self-harm or neglect but within the law.

11. Summary of Key Activities by PFH Staff



12. Statutory Action

12.1 If statutory action is necessary (when all other options have been explored), this will be clearly explained. Use of compulsory powers can give rise to ethical issues for example mental capacity, and can be difficult to apply particularly when the person hoarding does not accept the problem so are not likely to respond positively to enforcement and might obstruct the process.

12.2 Statutory powers relate to for example: mental health/mental capacity, environmental health, fire-safety, anti-social behaviour, powers of entry/warrants, the Licence (Letter of Appointment), possession and eviction, enforcement notices etc.

12.3 Where it is appropriate to involve mental health services, this will be done at the earliest opportunity. If the person hoarding has a mental health problem putting them and/or others at serious risk of harm, a request can be made for an assessment under the Mental Health Act (1983) by an approved mental health professional and consultant psychiatrist.

12.4 If others are affected by hoarding there may be additional responsibilities to inform other agencies for example if children live in a house affected by hoarding. Other adults living with the hoarder might also be affected; they may be experiencing neglect or abuse and statutory intervention is required.

13. Clearing, Cleaning and Costs

13.1 The costs of clearing a property of hoarded materials is the responsibility of the resident and can be subject to appropriate recharge in the event of PFH organising these services. See the Recharge Policy for more information.

13.2 It is difficult to quantify costs in advance of any clearance because of the different services involved and because the scale of hoarding can vary. PFH will endeavour to discuss costs in an open and honest way.

13.3 A plan for clearing a property should be drafted with all partners, especially where the individual does not consent, specifying areas to be cleared/cleaned and items to be removed.

13.4 Clearing a property with the person present can be difficult and traumatic so, if possible, arrangements should be made for an advocate to be there to support them. Items should only be removed where it is considered absolutely necessary to prevent injury or danger of injury to any person in the property, or with prior approval from the person hoarding.

13.5 Where someone is already accessing a service, this service may meet cleaning/clearance costs. Costs involved in default of a Public Health Act Notice are paid by Environmental Health. Some costs may be reclaimed from the resident; other costs may be met by the housing provider. In a housing provider's property.

13.6 The local authority may enter a property to clear and clean through a number of enforcement routes. If the individual is willing, the housing provider may organise this on their behalf but the individual will be responsible for costs (this will be made clear). The first priority is to remove any public health hazard and create a safe living space. Without co-operation, clearance via this route can only focus on removing any public health hazard.

14. Recording and Monitoring

14.1 It is important that all conversations, visits, actions taken and letters sent as part of the hoarding case are appropriately recorded on the resident's Occupancy record, so as to assess progress and have a robust record of actions taken should enforcement be necessary.

14.2 The Area Coordinator dealing with the case will liaise with the Resident Services Manager for advice and guidance throughout, as and when necessary.

14.3 The RSM must ensure all aspects of the policy are being met, that actions or judgments of the AC are sound and the resident is receiving the most appropriate support. This will be

discussed and assessed at regular staff Check-In meetings.

14.4 The RSM will undertake spot checks on hoarding cases to ensure consistent and appropriate approach to policy is taken.

14.5 For quality assurance purposes, PFH will seek the feedback of those with whom we have worked. It should be noted however that due to the nature of PFH's involvement in such cases, there may be a lack of willingness to provide meaningful feedback, positive or negative. Prior to closing any case we will ensure that the case notes include progress made and the health, safety and compliance benefits of this progress.

15. Our Commitment to Equalities

15.1 Everyone at PFH has a responsibility to ensure that this policy is put into practice. We expect a commitment from everyone to ensure that their action does not lead to unlawful discrimination.

15.2 Deliberate acts of discrimination, including victimisation, harassment, instruction or pressure to discriminate, will result in serious disciplinary action taking place possibly including dismissal of employees and termination of contracts with external agents.

15.3 PFH can provide access to interpreters for minority languages, sign language and can organise written material in large print and Braille where required, including all documents relating to ASB. Our offices, Retirement Plus Schemes and Pop-In Centre's are wheelchair accessible. An induction loop has been provided in the main reception area and board room at our main office.

15.4 The Association will aim to ensure that no individual or group is treated less favourably on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. We aim to recognise the needs of individuals and treat each person through the complaints process with dignity and respect.

15.6 PFH will take account of the individual needs of residents who may require additional support and services in its Anti-Social Behaviour procedures so as to provide an individual complaints process where necessary.

16. Data Protection and Information Sharing

16.1 As a registered provider we have duty to share information with the relevant agencies as set out by the Crime and Disorder Act 1998. This will be done on accordance with the General Data Protection Regulations 2017 and any information sharing protocols that are in place.

17. Appendices

- 2.1. Please see **Appendix 1** [Clutter Rating](#) via this link.
- 2.2. Please see **Appendix 2** for [Fire Service referral](#).
- 2.3. Please see **Appendix 3** for a [list of questions](#) to ask.
- 2.4. Please see Appendix 4 Hoarding Risk Assessment form
- 2.5. Please see Appendix 5 for the Action Plan.