

Hoarding – Safeguarding Week 2025

Introduction to The Hoarding Team ,Serious Case Reviews and Tools :
Carole Lee- Principal Occupational Therapist

Case Study : Gina Smallbone - Hoarding Social Care Worker, Reading
Borough Council

Working with Hoarding Behaviours :Sarah Martin, Hoarding Disorders UK





Definition of Hoarding and legal duties

Hoarding is now recognized as a distinct mental health disorder in ICD-11 (and DSM-5)

It is estimated that around 2-5% of the population in the UK hoard and that around 1.2 million people in the UK have a hoarding disorder.

The diagnostic criteria :

Persistent Difficulty Discarding Items

- Individuals experience ongoing difficulty discarding or parting with possessions, regardless of their actual monetary value.

Perceived Need & Distress

- This difficulty is driven by a strong perceived need to save items and significant distress when attempting to discard them.

Accumulation Leading to Clutter

- The inability to discard possessions results in accumulation that congests and clutters active living areas, making them unusable for their intended purpose.

Functional Impairment

- Hoarding behavior causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Care Act 2014 – Definitions of Self-Neglect & Hoarding

Statutory Guidance Definition (Appendix 1):

- “Self-neglect covers a wide range of behaviour – neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.”

SCIE guide adds:

- Inability or unwillingness to manage one’s personal affairs.”

Care Act guidance (Appendix 1):

- “Obsessive hoarding creating potential mobility and fire hazards; ... refusing to allow access... for example, staff working for utility companies.”

Trafford SAB (2024-25) defines hoarding as:

- “Excessive collection & retention of any material to the point that it impedes day-to-day functioning.”

Indicators

- Repeatedly refusing care or access to services, neglecting domestic environment, hygiene, pets, or finances
- Chronic squalor (vermin, blocked facilities, fire hazards) arising from hoarding behaviors

POSSIBLE INDICATORS OF
SELF-NEGLECT MAY
INCLUDE:



Being unable or unwilling to provide adequate care for self.



Malnutrition or dehydration; little or no fresh food in the fridge or food that is off or very out of date.



Living in 'squalid' or insanitary conditions for example, infested property or lack of functioning utilities.



Neglecting household maintenance creating hazards or fire risk.



Untreated or improperly attended medical condition, non-compliance with required health or care services



Inability, or unwillingness to take medication or treat illness or injury.



Coming into repeated contact with services because of seemingly capacitated but high-risk decision making and risk taking.

Care Act Section 9 : Assessment of Adult's Needs

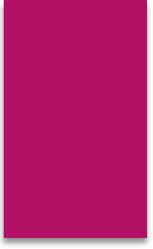
Applies whenever an adult appears to have care/support needs:

“Where it appears to a local authority that an adult may have needs for care and support, the authority must assess:

- (a) whether the adult does have such needs, and
- (b) if so, what those needs are.”

Assessment must occur regardless of perceived eligibility or the adult's financial resources.

Must involve the adult, their carer, and anyone nominated to support them.



The Care Act 2014 places a statutory duty on local authorities to safeguard adults at risk of abuse or neglect.

Local authorities must conduct safeguarding enquiries under Section 42 for adults at risk of abuse or neglect.

Including risk assessments, mental capacity evaluations, and implement safeguarding plans under the Care Act.

Section 42 enquiries are mandatory, emphasizing timely and thorough responses to cases like self-neglect and hoarding.

Multi-Agency Collaboration

Effective safeguarding requires collaboration between health, housing, environmental health, and emergency services to address complex risks.

Accountability and Documentation

Maintaining accurate records and defensible decisions ensures transparency and accountability in safeguarding practices.

Person-Centered Ethical Care

Balancing individual autonomy with harm prevention ensures ethical safeguarding aligned with legal standards.

Mental Capacity Act 2005

The Care Act 2014 does not itself set out mental capacity law—that is covered by the Mental Capacity Act 2005. However, the Care Act requires local authorities to consider mental capacity during assessments and safeguarding enquiries.

Care Act Section 9 (Assessment of Needs):

When assessing care and support needs, practitioners must consider whether the person has capacity to make decisions about their care.

Care and Support Statutory Guidance:

“Where there is doubt about a person’s capacity to make decisions, an assessment under the Mental Capacity Act 2005 must be carried out.”

Safeguarding (Section 42):

Mental capacity is central to safeguarding decisions, including self-neglect and hoarding cases. If a person lacks capacity, best-interest decisions and advocacy duties apply.



How it all started : Hoarding Teams Journey

Impact of self-isolation and Covid restrictions

Exacerbation in the use of hoarding as a coping mechanism due to stress

Lack of access to community services to meet their day-to-day needs/provide respite from their hoarded environment e.g. Café's, swimming pool, public toilets and voluntary sector links

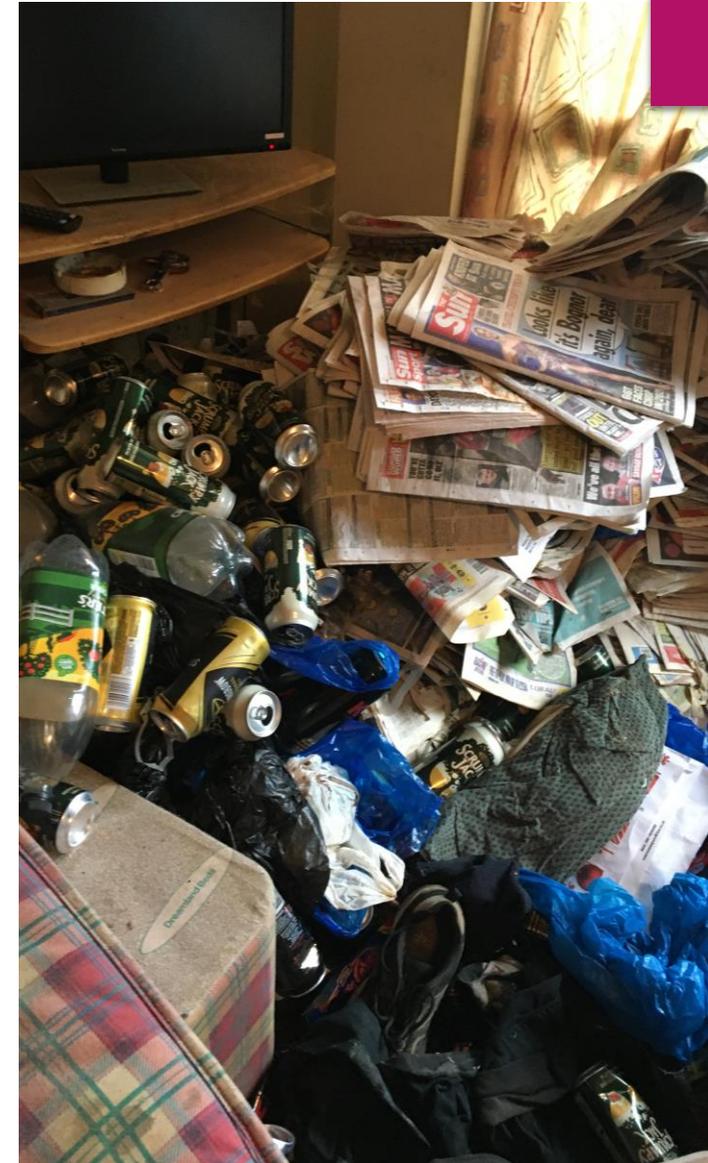
Physical deconditioning preventing removal of items from homes

Increased use of online shopping as a coping strategy

Reaching crisis point' and coming to the attention of statutory services due to ill-health e.g. at hospital discharge

Inability to rely on family members or friends who would visit less often/not at all.

Heightened sense of scrutiny by neighbours as they are at home more throughout the day, leading to further withdrawal from their communities.



Background and Funding Process

Impact of Hoarding and Self-Neglect

The pandemic increased hoarding and self-neglect, risking physical and mental health and raising agency costs.

Prevalence and Priority

Between 2% and 5% of the population have hoarding disorders, making intervention a key priority.

Funding and Project Initiation

Initial Funding of £58,030 in 2021 enabled a part-time project worker, training and multi-agency collaboration to address hoarding.

Strategic Multi-Agency Response

Project focuses on understanding hoarding impact, creating support pathways, and providing training to agencies.

Key Findings from RBC Safeguarding Data

Prevalence of Hoarding Disorder

About 26% of self-neglect cases involved hoarding disorder, with over half being owner-occupiers

Often identified during crises.

Role of Emergency Responders

Emergency services raised alerts for over half of hoarding cases, showing their key role in identifying risks.

Long-term Social Care Engagement

Individuals interacted with multiple social care workers over 7.5 years, showing sustained engagement without resolution.

Hospital Discharge and Support Gaps

Unsafe environments delayed hospital discharge for 15.6% of patients, highlighting need for better support and coordination.

Risks identified

- ▶ poor sanitation and cleanliness,
- ▶ poor nutrition from the inability to cook safely,
- ▶ inability to use rooms as intended,
- ▶ continuation or exacerbation of mental health conditions,
- ▶ isolation and loneliness,
- ▶ pests and vermin,
- ▶ fall hazards,
- ▶ smells, mold and noxious fumes.
- ▶ Increasing fire risk
- ▶ Lack repairs and maintenance leading to homelessness
- ▶ antisocial and expensive to both the local community and the local authority.
- ▶ increase the risk of crime due the property appearing to be unattended,
- ▶ potential hazard for neighbours

Team Objectives and Responsibilities

Primary Team Purpose

Provide assertive outreach and support for individuals at high risk from hoarding and self-neglect to improve health and safety outcomes.

Core Responsibilities

Develop protocols, promote clutter assessments, deliver training, and offer advice for complex hoarding cases across agencies.

Statutory and Person-Centred Duties

Conduct needs assessments, mental capacity evaluations, risk assessments, and advocate for individuals using a person-centred approach.

Collaboration and Additional Tasks

Engage with MDTs, safeguard vulnerable individuals, encourage GP involvement, and act as a resource for professionals and the public.



Eligibility and Barriers to Effective Support

Challenges in Specialist Services

Specialist psychological services are limited and often too costly, restricting access for those with hoarding behaviours.

Funding and Intervention Constraints

Time-limited grants hinder sustained intervention, complicating long-term support for individuals affected by hoarding.

Relapse Risks Post-Discharge

Temporary deep cleans post-hospital discharge do not prevent relapse, with a 97% chance of returning hoarding behaviour.

Need for Trust and Tailored Support

Building trust requires consistent effort, and mental health services must enhance outreach with personalized care pathways.



Insights from Stakeholders and Practice Experience

Holistic Case Management

The team uses a broad approach considering multiple health and care indicators, preventing service gaps and promoting prevention.

Challenges of Deep Cleans

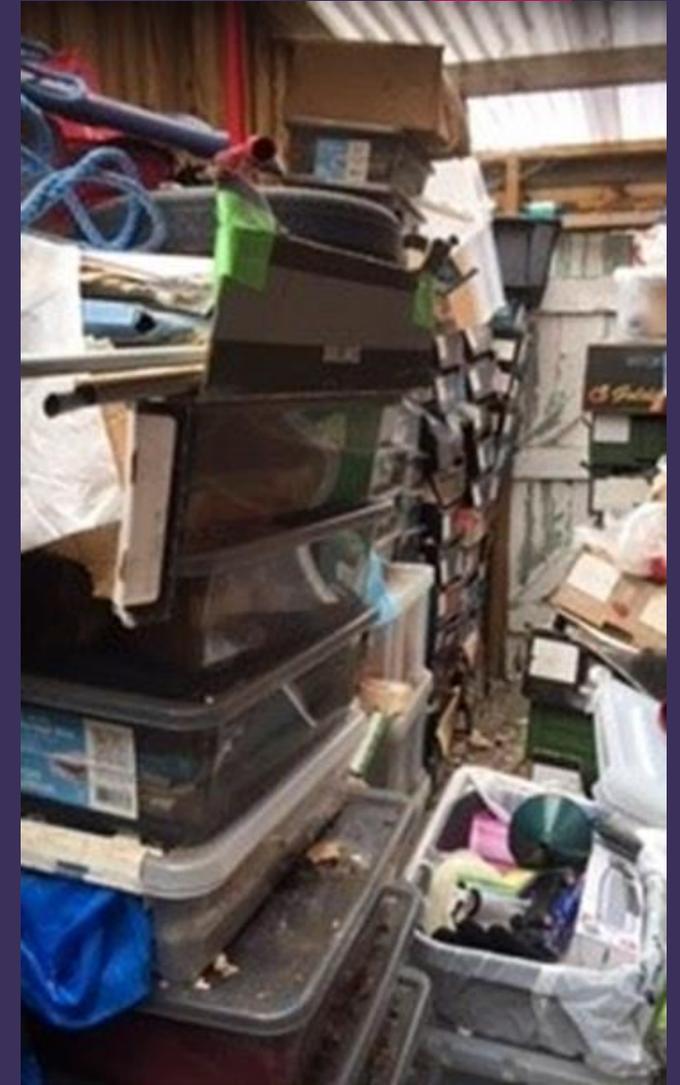
While deep cleans are sometimes necessary, they can traumatize individuals and damage trust, complicating engagement.

Multi-Disciplinary Support

Sustainable change requires ongoing support and collaboration using legal tools and agency-specific resources.

Training and Resource Optimization

Consistent training and efficient resource use enable effective practice and allow other teams to tackle broader issues.



Outstanding Strategic Goals and Value-Based Practice

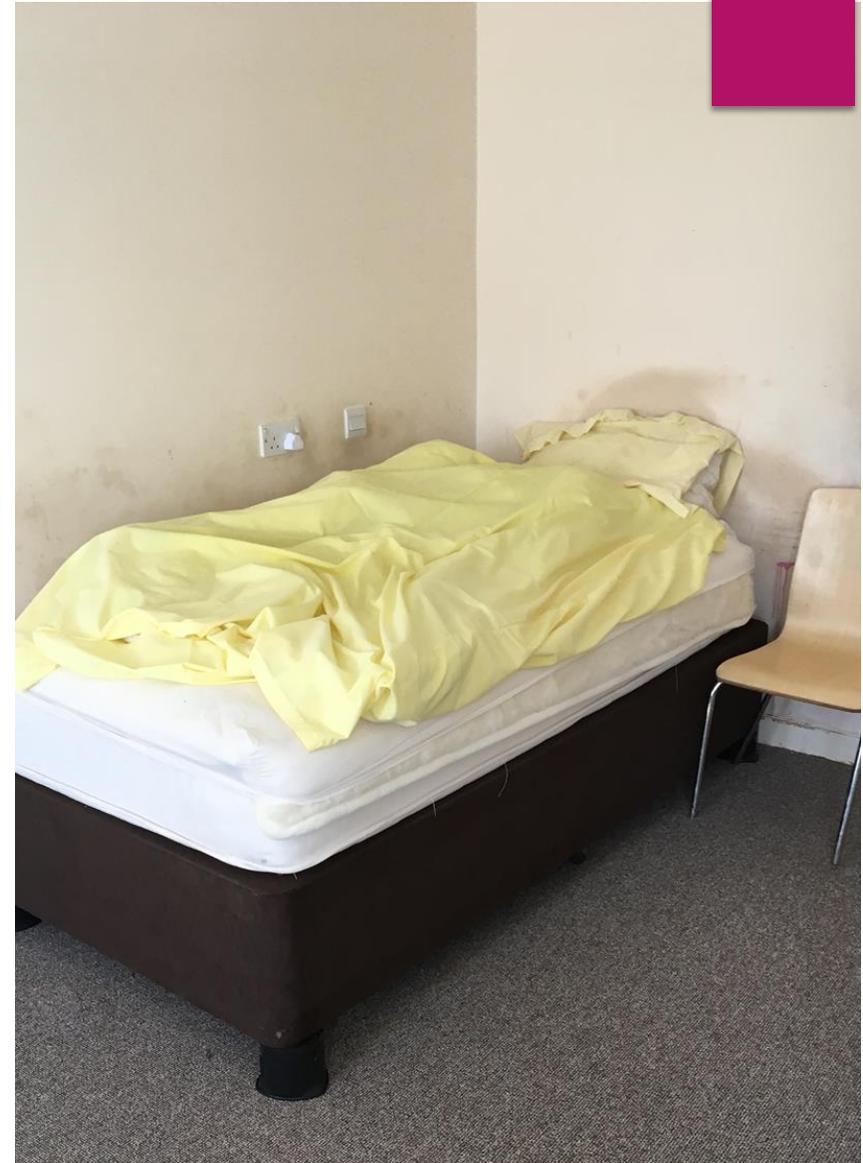
Specialist Providers : Securing permanent specialist and trained providers to offer outreach and ongoing support to reduce safeguarding concerns and hospital admissions is a key future goal.

Start a hoarding steering group : Multi-Agency Collaboration, continuous training, and systemic improvements foster sustainable outcomes and build community trust.

Continue to share Ethical Practice and Person-Centered Care :Balancing self-determination with harm prevention through trauma-informed, person-centered, and defensible decision-making.

Outcome of project for target group

- ▶ Promoted independence and support for a marginalized group of people who traditionally refused support and are hard to engage with.
- ▶ Increase access to services to support mental wellbeing , reduce social isolation and stigma
- ▶ Increased access to community and health services
- ▶ Prevent crisis and hospital admissions through preventative work
- ▶ Enabling people to stay healthy and active in their community and at home
- ▶ Virtual online training which includes self-management by Hoarding UK will be available to the target group
- ▶ Linking into other forms of support post dealing with immediate hoarding issues e.g. referring to befriending support and flag warning signs at early stages and prevent any potential relapse
- ▶ By connecting with befriending support, we can provide meaningful occupation and improve mental health
- ▶ Understand the local impact and capture statistics



DSM -5-Reductionism and Person-Centred Practice

- ▶ Why is this Criticized?
- ▶ Loss of Context: DSM-5 focuses on symptoms, not the meaning of possessions, cultural factors, trauma history, or social isolation.
- ▶ Agency & Identity: People who hoard often attach emotional, relational, or cultural significance to items.
- ▶ Labeling them as “disordered” can strip away their sense of agency.
- ▶ Over-medicalization: Frames hoarding as a psychiatric issue, potentially ignoring social determinants like poverty, bereavement, or disability.
- ▶ One-size-fits-all interventions: Leads to standardized treatments (e.g., CBT) that may not address underlying causes or personal narratives.

	DSM-5 Approach	Holistic / Person-Centered Approach
Focus	Symptom-based diagnosis (difficulty discarding, clutter, distress)	Understanding personal meaning, cultural context, and life history
View of Hoarding	Psychiatric disorder requiring clinical treatment (e.g., CBT)	Complex behavior linked to trauma, identity, relationships, and social factors
Intervention Style	Standardized, medicalized interventions	Flexible, relationship-based, collaborative planning with the individual
Agency & Autonomy	Risk of labeling and reducing person to diagnosis	Emphasizes dignity, choice, and empowerment while managing risk
Underlying Causes	Often overlooked; focus on symptoms	Explores grief, poverty, disability, attachment to possessions, social isolation
Outcome Goal	Symptom reduction and functional improvement	Improved quality of life, social inclusion, and meaningful engagement

Mental Capacity Challenges

- ▶ Mental Capacity assessments are very complex – a report from Bristol University (Policy Report 76) found that ‘professionals sometimes used capacity to justify not intervening in cases of probable self-neglect, therefore leaving people at considerable risk. Social care practitioners with excessive workload pressures may be at risk of using capacity as a tool for ‘disposing’ of cases, whether consciously or unconsciously. In the cases covered in the SAR’s, assessments lacked a thorough consideration of executive capacity.’

Mental Capacity Challenges continued

- ▶ When working with adults whom self-neglect, the starting point is always to consider whether the individual concerned has mental capacity to make decisions about their own wellbeing, and whether or not they are willing and able to care for themselves (in accordance with the principles of 'Making Safeguarding Personal').
- ▶ It is vital to be precise about the decision or decisions being considered.
- ▶ Impact on executive function:
- ▶ Some individuals who hoard will acknowledge they have some hoarding behaviours but have deficits in executive functioning with planning, and decision-making difficulties. This may limit the ability of individuals with hoarding disorders to discard and organize their possessions.
- ▶ **Individuals with significant hoarding have been found to have more difficulty initiating and completing tasks and problems with indecision.**
- ▶ Some people do not recognise any risks and have no awareness

Mental capacity in the literature

- ▶ Not only the ability to understand and reason through the elements of a decision in the abstract
- ▶ But also the ability to realise when a decision needs to be put into practice and execute it at the appropriate moment – the **'knowing/doing association'**
- ▶ Selecting relevant information and using or weighing it in the right context, in the moment and therefore in planning, problem solving

Signposts to best practice in MCA and Hoarding

- ▶ Carol SAR (Teeswide SAB): the concept of “executive capacity” is relevant where the individual has addictive or compulsive behaviours. This highlights the importance of considering the individual's ability to put a decision into effect (executive capacity) in addition to their ability to make a decision (decisional capacity).
- ▶ Howard SAR (Isle of Wight SAB) and the Ms H and Ms I SAR (Tower Hamlets SAB) highlight people who are driven by compulsions that are too strong for them to ignore.
- ▶ Their actions often contradicted their stated intention to control their alcohol use: i.e. they were unable to execute decisions that they had taken.
- ▶ Ruth Mitchell SAR (Plymouth SAB):
- ▶ To assess Ruth as having the mental capacity to make specific decisions on the basis of what she said only, could produce a false picture of her actual capacity. She needed an assessment based both on her verbal explanations and on observation of her capabilities, i.e. “show me, as well as tell me”. An assessment of Ruth's mental capacity would need to consider her ability to implement and manage the consequences of her specific decisions, as well as her ability to weigh up information and communicate decisions

Says one thing, does another? Executive dysfunction

NICE
guideline

- *'The completion of tasks that involve several steps or decisions normally involves the operation of mental processes known as 'executive functions'. If these executive functions do not develop normally, or are damaged by brain injury or illness, this can cause something called 'executive dysfunction'. This involves a range of difficulties in everyday planning and decision-making, which can be sometimes hard to detect using standard clinical tests and assessments.'* (NICE, Decision-making and mental capacity, p.42)
- A person may give give coherent answers in an interview, but be unable to translate their intentions into action – they may talk the talk but be unable to walk the walk. So how do we deal with this issue?
- ***'Structured assessments of capacity for individuals in this group (for example, by way of interview) may therefore need to be supplemented by real- world observation of the person's functioning and decision making ability in order to provide the assessor with a complete picture of an individual's decision-making ability.'*** NICE guidance para 1.4.19 cited in *Sunderland City Council v AS and Others* [2020] EWCOP 13

<https://www.nice.org.uk/guidance/ng108/resources/decisionmaking-and-mental-capacity-pdf-66141544670917>

Executive
Function –
observation
is important

West Berkshire SAB risk assessment tools and RBC Hoarding Protocol

The toolkit supports practitioners to consider risks, capacity and prompts them to consider public interest (risk to others) and vital interest (risk of serious harm or distress or risk to life) issues.

- ▶ [RBC Safeguarding Manual](#)
- ▶ <https://www.reading.gov.uk/adult-care/protecting-adults/hoarding-and-self-neglect/>
- ▶ [Hoarding-Protocol-30-11-22-AMDENDED-18-04-2023_.docx](#)
- ▶ [Self-Neglect | West of Berkshire Safeguarding Adults Board](#)
- ▶ [Self-Neglect-and-Hoarding-Safeguarding-Pathway-Toolkit-V.1.2.pdf](#)

Overview of RBC Hoarding Protocol

- ▶ **Key points – Definition of hoarding**
- ▶ **Types of hoarding**
- ▶ **Characteristics of hoarding**
- ▶ **Hoarding insight descriptors**
- ▶ **Impact of executive function**
- ▶ **Good practice guidelines**
- ▶ **Legal framework**
- ▶ **MDTs**
- ▶ **Clutter index**
- ▶ **Tools**
- ▶ **Non-engagement**
- ▶ **Resources**

Example of toolkit completed “BOB”



Self- Neglect and Hoarding Safeguarding Pathway Toolkit

This toolkit, based on the Wokingham Borough Council toolkit, has been approved by the West of Berkshire Safeguarding Adults Board, to support professionals across the West of Berkshire in their decision making when considering if a safeguarding concern should be raised in response to concerns in regards to vulnerable adults that are or are at risk of self-neglecting and/or hoarding.

The toolkit will ask you to consider the following areas of vulnerability by assessing them under Standard/Moderate/High, guidance is provided throughout:

- Vulnerability
- Property
- Health & Safety
- Household functions
- Impact for Others
- Impact for Person Concerned
- [Clutter Scale Tool](#) – using the Clutter Image Rating provided by Hoarding Disorders UK
- Mental Capacity

On completion of the toolkit a total risk score will be obtained and advice on what action should be taken regarding the total score is provided.

Use of this tool is **not** a substitute for using your professional judgement. This completed document should accompany any referrals and or safeguarding concerns to Adult Social Care (ASC).

The partnership has completed 2 example toolkits based on fictitious cases [Mr Brown](#) and [Mrs Red](#), please refer to for best practice examples of completed toolkits.

Further information on the partnerships safeguarding policy in regards to self-neglect can be found [here](#).

The client will be known as Bob (synonym)

Vulnerability			
<i>Select one from the list below</i>			
Rating	Guidance	Tick As Appropriate	Rationale For Decision
Standard	No 'care and support needs' as defined by Care Act 2014, no concerns over mental capacity about accommodation and support needs.		
Moderate	Has 'care and support needs' as defined by Care Act 2014, may have mental illness or cognitive decline, may or may not have mental capacity about accommodation and support needs, may have some insight into the problems they face and may be accepting of care and treatment.	X	<p>Bob admitted to us that he has been placed on sertraline for depression although he chose not to continue with this and stopped the medication. Bob's demeanour throughout the visit was the low mood. He spoke about him wanting to give up and just die. The police welfare check was the 'wake up' call he needed. His facial expressions gave me the impression he was feeling low. He spoke about being overwhelmed by the collection and not knowing where to start.</p> <p>Bob is unable to take care of his personal needs. At present he states he washes in the kitchen sink with boiled water from the kettle. He has no running hot water due to the boiler breaking. The only heat source he has is from the cooker that he warms himself over this. Bob is independent in the home but will not leave the home due to fear of people breaking into his home.</p> <p>Bob is aware of the situation he is in and willing to engage. He thought he would not be entitled to support so never asked for it.</p> <p>I believe he would meet the threshold for self-neglect under safeguarding from the information above.</p>
High	Has 'care and support needs' as defined by Care Act 2014, has mental illness or cognitive decline, lacks or is likely to lack mental capacity regarding accommodation and support needs, lacks insight into the problems they face and may nor may not be accepting of care and treatment.		

Property

Select one from the list below

Rating	Guidance	Tick As Appropriate	Rationale For Decision
Standard	Entrances, exits all accessible, functional smoke alarm in situ <i>or</i> Fire Service referral made, household services functional and no concerns about safety, garden is accessible and functional		
Moderate	Only main entrance blocked, interior doors missing or blocked open, one household service is not functional or may not be safe, no functional smoke alarm in situ, garden not accessible, indoor items stored outside, evidence of light structural damage or damp		
High	Limited access due to extreme clutter, interior doors missing or blocked open, garden inaccessible and extremely overgrown, lack of functional smoke alarm, more than one household service not functional or may not be safe, clutter impacting on ventilation, structural damage or outstanding repairs including damp, indoor items stored outside	X	<p>Bob has made a start on clearing his hoard however there is limited access around the property. In the living room there is a dim light. There is a small access into the room with no seating. The Hoard is floor to ceiling of storage boxes. In the kitchen there are areas Bob can make ready meals and toast. This is surrounded by boxes. There is no smoke detector and with Bob using the electric hob to keep warm there is a fire risk. Bob has a gas combi boiler and there was no carbon monoxide detector. There was no access to the garden by the back door due to the boxes in the way. The bathroom was cluttered but had access to the toilet. I asked Bob if the toilet works, and he said it did. There was no running water to the sink as the cold-water tap had broken off, he showed us this. The shower was surrounded by boxes. He said the shower no longer works. There was a bathtub and again he said he is not able to use this. The roof of the bathroom was a temporary roof made up of wood and rested on mental brackets. Bob explained the bathroom room was 'beyond repair.' The dining room was floor to ceiling with boxes with a small access to the room. I asked about this room, and he said there was tools and garden tools in the boxes. I noticed holes in the walls through to the living room. The access to the stairs was clear but the carpet was thin and slippy <u>slippy</u>. The first bedroom had a single bed surrounded by storage boxes. There was writing across the walls like "have a better 2018" and more. The next bedroom was the clearest room there was storage boxes filled with toys and Christmas decorations with a bathtub and a large bean bag. There were also holes in the wall through to the master bedroom. The master bedroom has some clutter on the sides with open books and coins. One side of the bed was clear. The windows to the property are wooden and single glazed. The windows do not open and there is a moisture build up. There was damp around the windows. The home had no ventilation it was cold. Bob placed incense sticks around the home to 'mask' the smell.</p>

Health & Safety

Select one from the list below

Rating	Guidance	Tick As Appropriate	Rationale For Decision
Standard	Property cleans with no odour, no rotting food, no flies or insects, no concerning use of candles, occupants self-caring or receiving appropriate support, appropriate quantities of medication stored and within use by date, use of personal protective equipment not required		
Moderate	Kitchen and bathroom not clean, evidence of offensive odours, unsafe cooking environment, no rotting food, no concerning use of candles, occupants struggling to maintain personal care, some concerns over quantity of medication or storage or use by date, light insect infestation, personal protective equipment required	X	I chose substantial risk due to the lack of electricity in the home with the holes through the wall, electricity wires could be compromised. The boiler is broken and there is no carbon monoxide detector so there is a substantial risk here. The sinks were clean, and the toilet was useable. Bob is struggling to maintain personal care and suggested he has not bathed in years. There was a distinct smell of damp in the bathroom however he masked this with incense sticks. There are limited food preparation areas in the kitchen however the kitchen sink was clean. I did not spot any signs of infestations however the home was dark, and I required my phone torch to see.
High	Human or animal urine or faeces present, excessive odour, evidence of rotting food and/or food waste, unwanted or discarded household items, glass or crockery, inappropriate quantities, or storage of medication, concerns over integrity of gas or electric supply, heavy insect infestation or visible rodent infestation		

Household Functions

Select one from the list below

Rating	Guidance	Tick As Appropriate	Rationale For Decision
Standard	All rooms can be safely used for intended purpose, all rooms rated 0-3 on clutter index, property maintained in accordance with any lease or tenancy agreement, no risk of action by Environmental Health		
Moderate	Kitchen and bathroom not clean, evidence of offensive odours, unsafe cooking environment, no rotting food, no concerning use of candles, occupants struggling to maintain personal care, some concerns over quantity of medication or storage or use by date, light insect infestation, personal protective equipment required	X	<p>Bob has access to his bed, toilet, and a small area of the kitchen. He can prepare simple ready meals and toast as these areas were clear.</p> <p>Bob has no access to hot water due to the boiler break down. He is using the rung on the cooker to keep warm.</p> <p>Bob is currently washing in the kitchen sink.</p> <p>No other room can be used for their function due to the clutter. There is a small entrance to each room.</p>
High	Clutter blocking access or causing obstruction and preventing use of rooms for intended purpose, room(s) rated 6-9 on clutter index, bed(s) inaccessible due to clutter or infestation, toilets/sinks not functioning/usable, no safe cooking environment, household appliances not functioning, occupant using candles, no evidence of housekeeping, broken items not discarded, property not maintained in accordance with lease or tenancy agreement and risk of notice being served by Environmental Health		

Impact for Others

Select one from the list below

Rating	Guidance	Tick As Appropriate	Rationale For Decision
Standard	There are no other people or animals in the household. Or others are present but there are no concerns around impact on them	X	Bob is a single man. His daughters have left home. Bob said They will not visit him due to the state of his home. Bob does not have pets.
Moderate	There are children or other adults in the household and the current situation may be impacting on their health or wellbeing. Hoarding likely to be on clutter scale 4 to 7. A multiagency approach may be helpful		
High	There are children or other adults with care and support needs in the household and the current situation is impacting on their health or wellbeing. Hoarding likely to be on clutter scale 7 to 9		

Impact for Person Concerned

Select one from the list below

Rating	Guidance	Tick As Appropriate	Rationale For Decision
Standard	Person concerned is accepting support and accessing appropriate services. No carer issues. Person concerned has access to community and social interaction and can contribute to activities of daily living (with appropriate support). Personal hygiene is adequate		
Moderate	Access or engagement with support is limited or sporadic. There are some concerns around the health or wellbeing of the person concerned. Limited social interaction, no carer present. Ability to contribute to activities of daily living is compromised and personal hygiene is becoming an issue		
High	Person concerned is not engaging with appropriate services and/or is refusing care and support. Health is deteriorating and wellbeing is affected daily. Person is isolated and is not managing activities of daily living. Hygiene is poor and causing problems	X	<p>Bob said he felt isolated, his children do not visit, and he does not go out. Bob said he lives in fear of someone breaking into his home, so he does not go out. He relies on food parcels.</p> <p>I am concerned about Bob's low mood and before the police visit, he declined support from his GP (General Practitioner). Bob is recovering from prostate cancer and has had surgery for this. He spoke about his low mood and wanting to die. He said he tried sertraline, but it gave him headaches, so he stopped. I explained there use and how they work so he was able to understand why he was given these. Bobs facial features remained stoic throughout the visit. I believe Bobs wellbeing will continue to deteriorate without intervention. Bob complained that he has reduced mobility in his left hand he demonstrated he could not lift his left hand above his shoulder.</p> <p>Bob looked dishevelled he wore a beanie hat and large jacket with jeans. Bob said he has not bathed in years and maintains hygiene with a wash in the sink.</p>

Clutter rating scale (search clutter image rating index)

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

Using the [Clutter Scale Tool](#), please score each room below

To complete this section please refer to the [Clutter Scale Tool](#) created by Hoarding Disorders UK which will provides example images to rate the clutter scale.

Score – Risk Key **Standard** 1-3, **Moderate** 4-5, **High** 6-9

Room	Clutter Score	Is access /exits compromised?	How high does the clutter reach?	Risk
Bedroom 1	4	No	Floor to ceiling in storage boxes.	Fire risk. Risk of mould. Trip hazards due to darkness of the room.
Bedroom 2	4	No	Floor to ceiling in storage boxes.	Fire risk Risk of mould due to poor ventilation. Trip hazards due to darkness of the room.
Bedroom 3	8	No	Floor to ceiling in storage boxes.	Holes in wall. Electricity cables could be at risk. Risk of mould due to poor ventilation. Trip hazards due to darkness of the room.
Bedroom 4				
Hallway	2	No	Floor to ceiling in storage boxes.	Risks of falls due to thin carpet and bits on the floor. The floorboards were weak on the top landing. The space was dark with low lighting.
Kitchen	5	No	Floor to ceiling in storage boxes.	Fire risk due to Bob warming himself over the cooker. Risk of mould due to no extractor fan or ventilation. Trip hazards due to darkness of the room.

Bathroom	6	No	Floor to ceiling in storage boxes.	Mould risk and risk of the ceiling falling in. Not safe. Trip hazards due to darkness of the room.
Cloakroom	2	No	Floor to ceiling in storage boxes.	Front door was broken by the police and integrity of the door is weakened. Trip hazards due to darkness of the room.
Lounge	8	No	Floor to ceiling in storage boxes.	Trip hazards due to darkness of the room. Risk of mould due to no ventilation. Trip hazards due to darkness of the room.
Dining room	8	No	Floor to ceiling in storage boxes.	Trip hazards due to darkness of the room. Risk of mould due to no ventilation. Trip hazards due to darkness of the room.
Other room Back door/boiler	8	Yes – access to the boiler cupboard has ladders in the way. Back door has no access.	Floor to ceiling in storage boxes.	No fire or carbon monoxide detector. No exit if a fire should happen. Trip hazards due to darkness of the room.

Adult Safeguarding Review (SAR)s

An analysis of safeguarding adult reviews between April 2017-March 2019 co-produced and delivered by the LGA, and ADASS (association of directors of adult social services) in England found ;

Of the 231 reviews used in the sample, 45% were self-neglect

Some types of abuse and neglect were positively associated with one another. For example, domestic, financial, physical and emotional abuse consistently occur together.

Conversely, some types of abuse, such as self-neglect and neglect/omission, appeared unrelated to all other types.

'Top' poor practice was around mental capacity

Professionals sometimes used capacity to justify not intervening in cases of probable self-neglect, therefore leaving people at considerable risk.

Social care practitioners with excessive workload pressures may be at risk of using capacity as a tool for 'disposing' of cases, whether consciously or unconsciously

In the cases covered in the SARs, assessments lacked a thorough consideration of executive capacity.

Theme	Key Findings
Prevalence & Risk	Self-neglect is the most frequent category in SARs; hoarding affects ~1.5–6% of UK adults. Risks include fire, health deterioration, homelessness, and social exclusion.
Systemic Failings	Common issues: poor governance, weak interagency coordination, inadequate record-keeping, flawed mental-capacity assessments, and siloed services.
Practice Principles	Effective approaches: persistent engagement, holistic assessment, family involvement, legal literacy, and multi-agency collaboration.
Hoarding Beyond Diagnosis	Hoarding is not just a DSM-5 disorder; possessions hold cultural and emotional meaning. Labels can stigmatize and reduce agency—person-centered practice is essential.
Learning & Workforce Gaps	Lessons from SARs often not implemented; workforce needs better supervision, training, audits, and curiosity-driven culture.

Ursula SAR: Brief Overview

- ▶ Ursula was in her early 70s, living alone in a privately owned home.
- ▶ Highly private; communicated mainly by text or from behind the door.
- ▶ Home severely cluttered: blocked access, rotting food, vermin, structural decay.
- ▶ Multiple agencies involved: Adult Social Care, Police, Fire Service, GP, Environmental Health, CMHT.
- ▶ Despite outreach, engagement was minimal; Ursula resisted hoarding discussions.
- ▶ December 2023: Ursula was found deceased in her home after years of isolation and self-neglect.

Learning Outcomes from Ursula SAR

- ▶ Persistent outreach alone is insufficient – creative, respectful engagement needed.
- ▶ Avoid assumptions – intelligence and autonomy can coexist with severe self-neglect.
- ▶ Recognize meaning behind behaviors – autonomy, trauma, and identity matter.
- ▶ Ensure multi-agency coordination and clear communication.
- ▶ Include lived experience voices in reviews for deeper insights.
- ▶ Consider neurodiversity and tailor interventions accordingly.

Making Safeguarding Personal & Ethical Practice

- ▶ Recognize emotions and meaning behind self-neglect and hoarding for effective interventions.
- ▶ Embed practitioner values and ethical considerations in decision-making.
- ▶ Ensure accountability: practitioners and managers must provide defensible decisions.
- ▶ Balance self-determination vs. prevention of harm—avoid assumptions about lifestyle choices.
- ▶ Build rapport, explore trauma and loss; avoid unrealistic timeframes that hinder effective work.
- ▶ Emphasize workforce development and consistent training
- ▶ Good practice includes:
 - ▶ Discussion with the person
 - ▶ Multi-agency meetings
 - ▶ Mental capacity and risk assessments
 - ▶ Use of all legal options

Findings from Micheal Preston-Shoots research into self-neglect and Hoarding

- ▶ Self-neglect and Hoarding are deeply intertwined—representing profound personal, social, and systemic challenges.
- ▶ The need for holistic, persistent direct engagement with individuals in distress, supported by well-coordinated, legally intelligent interagency systems.
- ▶ A move beyond diagnostic labels, incorporating individuals' own meanings and contexts to promote dignity and agency.
- ▶ The importance of learning from thematic reviews and strengthening workforce and governance to prevent repeated failures in safeguarding vulnerable adults.



Theme**Key Findings****Prevalence & Risk**

Self-neglect is the most frequent category in SARs; hoarding affects ~1.5–6% of UK adults. Risks include fire, health deterioration, homelessness, and social exclusion.

Systemic Failings

Common issues: poor governance, weak interagency coordination, inadequate record-keeping, flawed mental-capacity assessments, and siloed services.

Practice Principles

Effective approaches: persistent engagement, holistic assessment, family involvement, legal literacy, and multi-agency collaboration.

Hoarding Beyond Diagnosis

Hoarding is not just a DSM-5 disorder; possessions hold cultural and emotional meaning. Labels can stigmatize and reduce agency—person-centered practice is essential.

Learning & Workforce Gaps

Lessons from SARs often not implemented; workforce needs better supervision, training, audits, and curiosity-driven culture.

A More Nuanced Ethical Literacy

Respect for Autonomy Entails:

- ▶ Questioning lifestyle choices respectfully; care-frontational questions
- ▶ Dialogue towards positive autonomy; maximize ability to see options and make careful choices

Protection Does Not Mean:

- ▶ Denial of wishes and feelings
- ▶ Removal of all risk
- ▶ Autonomy does not mean abandonment; Protection entails proportionate risk reduction

Useful links

<https://www.reading.gov.uk/adult-care/protecting-adults/hoarding-and-self-neglect/>

West of Berkshire Safeguarding Adults Board website:
<https://sabberkshirewest.co.uk/practitioners/self-neglect-self-neglect-and-hoarding-safeguarding-pathway-toolkit-14.2.2023.docx-blank.docx>

<https://sabberkshirewest.co.uk/practitioners/self-neglect-Self-Neglect-and-Hoarding-A-Guide-to-Safeguarding-and-Support-|The-Journal-of-Adult-Protection-|Emerald-Publishing>

<https://sabberkshirewest.co.uk/wp-content/uploads/2025/04/Ursula-SAR-Final-V.1.1.pdf>

Delegate pack slides for CSAB conference 8th March 2023 - self-neglect and mental capacity

Work by the Uni of Bristol [PolicyBristol PolicyReport76 Adult-Safeguarding-practices Lariviere.pdf](#)

Wigan safeguarding : [hoarding-safeguarding-pathway-toolkit-v10.docx \(live.com\)](#)

Further research and interesting publications by Braye, Orr & Preston-Shoot identified recurring issues in self-neglect cases: reliance on mental-capacity assumptions, poor persistence, inadequate assessments, failure to uncover underlying meanings or family dynamics, and siloed interagency responses , as well as highlighting good practice and challenges of working with hoarding and self-neglect

- ▶ [Working with people who self-neglect: Practice Tool \(2020\) | Research in Practice](#)
- ▶ [Self-Neglect and Hoarding: A Guide to Safeguarding and Support | The Journal of Adult Protection | Emerald Publishing](#)
- ▶ [Safeguarding Adults Reviews – themes and implications from a national analysis: in discussion with Professor Michael Preston-Shoot – Mental Capacity Law and Policy](#)
- ▶ [Second national analysis of safeguarding adult reviews, Final report: Stage 2 analysis](#)
- ▶ [Safeguarding adult reviews: informing and enriching policy and practice on self-neglect | ScienceGate](#)

Working with Hoarders

- Traditional approaches of blitz cleaning, threat of eviction, prosecution etc rarely work in the long term and can cause distress .
- All work must be built relationship based. Built on trust.
- Understanding the person's history and wishes. What does the way they are living tell you about them- what is important, what 's changed for them, what's their mental and physical health?
- Do they have capacity?
- Resource- intensive but it can stop escalating or repeated interventions and reduce risk to life.
- Modest changes can be really important changes. One change at a time
- Animals
- Advice does not work, assess capacity for insight, motivation to change. Denial is a normal stage in a change process, not a personality trait.
- No blame, no judgemental behaviour, no arguments- Imagine yourself in their shoes.
- Find their strengths, interests, concerns and build on them.
- Focus initially on safety and organisation of their possessions, not discarding.
- Risk Assessment tool, use it to build a protection plan.
- multi_Disciplinary interventions- Share information, share risk.



Hoarding Case Study

Safeguarding Adults Week
17th – 21st November 2025

Introduction

Gina Smallbone – Hoarding Social Care Coordinator

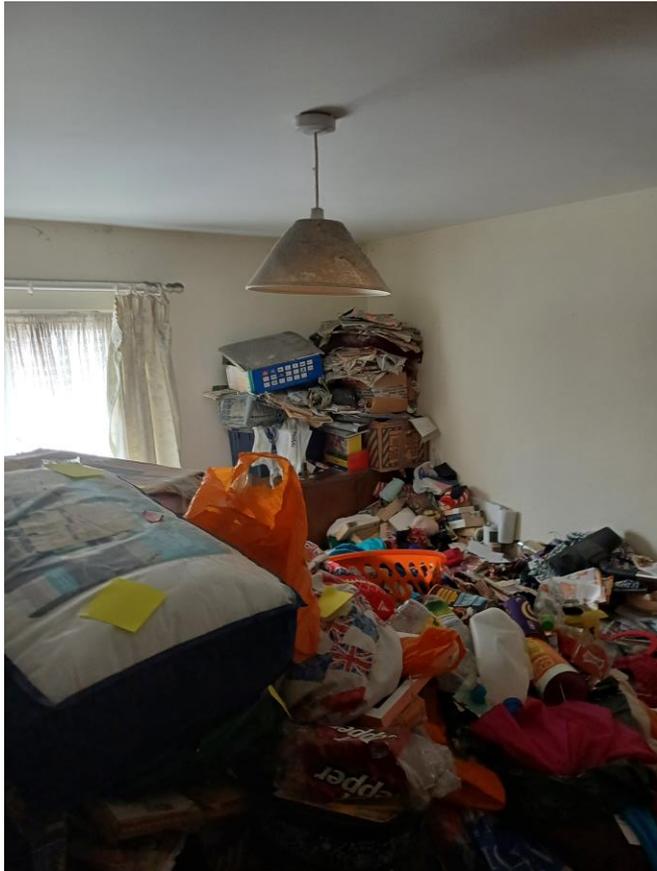
Case study – Background

- 59-year-old lady who lives in a 2nd floor 2-bedroom Housing Association Flat . Her teenage son lived with her following her divorce.
- At the age of 18, her son left for University and has lived away from home since. Prior to him leaving for University, he lived for 5 years with his Grandparents. Her son had told his Grandparents that the property was becoming cluttered.
- There were 2 previous safeguarding referrals, one in 2018 and another in early 2024, both were closed with no further action. In February 2025, a new referral was received from the Housing Association.
- The Housing Association raised concerns due to this lady having no heating and hot water. Gas engineers and electrical contractors had gone out to complete works and safety checks but due to the level of hoard they were unable to gain access to the property. Concerns were raised for self-neglect and hoarding.
- This lady's case was then opened to the Advice and Wellbeing Hub. Works began to get this lady to engage. After some time, this lady agreed to a deep clean. Attempts to obtain a quote for this was difficult. Access to the property was near to impossible as the front door barely opened, and there was just a small space to climb in.
- It became apparent that due to the level of hoard and the time this would take, this lady could no longer reside at the property, this therefore leaving this lady homeless. Thankfully, her parents were able to take her in for the interim.
- In August, the case was passed to the Hoarding Pathway, the complexity of the case was growing, and further intervention was going to be needed.

Case study – Early intervention

- The deep clean had just begun when I took over the case. Within in days, I received a call Rob at M&R Services telling me he needed me on site, due to the severity of this hoard being a lot worse than he first thought.
- This lady had hoarded the flat to Clutter level 9, The kitchen and bathroom were inaccessible and were not useable. There was no access to cooking facilities, bathroom facilities, or a bed. Newspapers dating back to 2003 were found.
- The hoard within this property amounted to approximately 20 years' worth of mostly newspapers and magazines, along with many day-to-day possessions that she had accumulated.
- This property was an extremely high risk for fire.
- Following my initial visit to the property, I contacted this lady and her parents and arranged to visit. It very quickly became clear that this lady lacked insight into her hoarding, she did not see the risk and couldn't understand why she couldn't be left alone to live this way. It became apparent that a deep clean wasn't going to be enough. This lady needed specialised hoarding support.

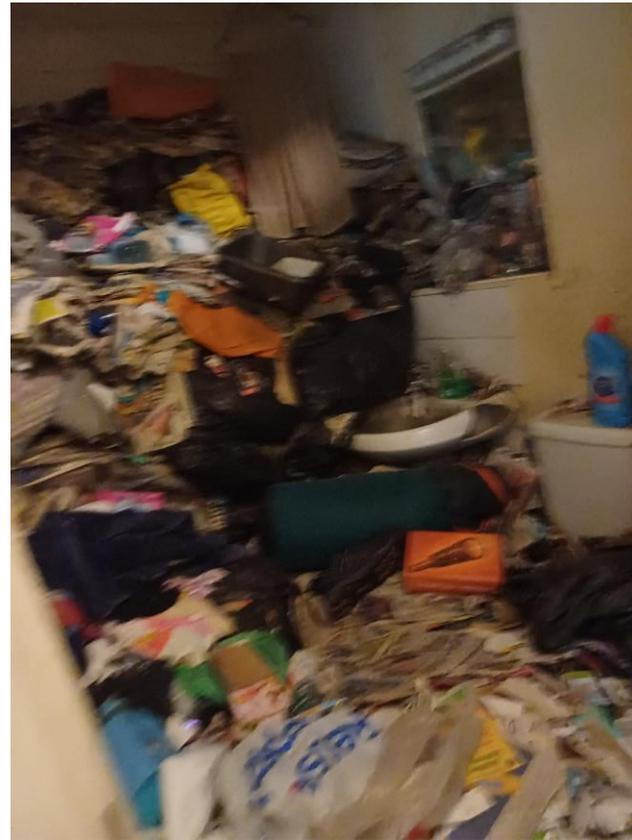
Case study – Before images Bedrooms



Case study – Before images Kitchen



Case study – Before images Bathroom



Case study – Before images Lounge



Case Study – Challenges

- This lady was very averse to any intervention, be it Adult Social Care, Fire and Rescue Service or Health Professionals.
- This lady had spent years refusing entrance to any contractors from the housing association, isolating herself from anyone who had the power to help.
- This lady has a high level of rent arrears, along with her hoarding she was breaching her tenancy. This put this lady a high risk of eviction, a court order was in place, and her housing association were issuing threats to proceed in the eviction. This added additional complications, it was vital that we worked closely with the housing association to ensure this lady didn't lose her property.
- This lady has no funds to contribute to any of the intervention needed, receiving the minimum amount of UC with barely enough money for food and bills.
- Due to not engaging with Health Professionals, this lady is deemed at fit to work by UC and the Job Centre. Though it very quickly became apparent that working, is not an option for this lady but getting her to the GP to confirm this was and still is proving to be a challenge.

Case Study - Steps that have been taken

- A clearance of the hoard, totally around **£17,000 exc VAT**. An application to the Health and Wellbeing Grant was successful and this covered £5,000 worth of costs, the Housing Association agreed to cover an additional £5,000 also.
- 8 weeks funded B&B stay. Following many weeks of the lady staying with her parents, there was a relationship breakdown. Her parents had taken the decision to throw away some of the newspapers she had at her property. This caused this lady a high level of distress and left her feeling angry. She felt her privacy has been invaded and couldn't understand why anyone would think they were rubbish – to her these were important possessions.
- Following the initial clearance of the flat, it became clear that the flat was still inhabitable, most areas within the home were unsanitary, there was a high levels of damage to various areas, appliances were damaged, cupboard doors were broken and falling off, all damaged cause by the weight of the hoard.
- A deep clean was then agreed to bring the property to a hygienic state, an additional cost of **£1,800**.
- The housing association have a plan in place to get the repairs to the property completed.
- Due to the level of rent arrears and the choice to buy newspapers before food, the decision was taken to carry out an MCA around finance and managing a tenancy. This indicated a lack of capacity and a referral to deputies.
- A DHP application has been completed to support with rent/rent arrears.

As a result:

- RBFRS have been able to go out and ensure appropriate smoke detection is in place.
- This lady has remained engaged with our services, Regular home visits and lots of perseverance has led to a repour being built which has enabled this lady to feel safe and have trust in us and the services we provide.
- Following the funded B&B stay, this lady has been able to rebuild her relationship with her family, as the stress and worry of having her items thrown away has been removed.
- By the end of next week this lady will be back home, in an environment that is safe. She will have the appropriate Hoarding Specialist support going in twice a week, ensuring that she will be supported appropriately to prevent any further hoard.
- Further work is taking place to enable safe access to kitchen and bathroom

Case study – Current condition of the kitchen



Case Study – Next Steps

- Assist this lady in returning home, being mindful that the property is very different to when she was last there in August. This could cause a high level of distress.
- MCA around her hoarding and the risks associated with this.
- MCA around health, care and support needs.
- Weekly ongoing specialised hoarding support to ensure the hoard does not build up again and to assist her with organising the possession she kept.
- Using local charities to obtain essential appliances. The hoarding specialist providing we are using is also supporting in obtaining a fridge freezer, bed and mattress.
- Support to getting this lady seen by health professionals. There are visible physical health needs that need assessment by a GP.
- Continue with regular check ins and visits to keep trust and repour.

ANY QUESTIONS?

Working directly with individuals who have hoarding behaviour

Sarah Martin

Hoarding Disorders UK (South) CIC



Hoarding Disorders UK
Community Interest Company

What we have learnt - and we're still learning!

- Managing risk is paramount but not easy.
- Shame is a huge thing for individuals.
- 'Clean and clears ' are not effective in the long run. They re-traumatise individuals and they can often re-fill the home with belongings very quickly. It makes future work more difficult.
- Being able to trust someone is so important.
- There are as many reasons behind someone's relationship with their belongings. It's often a response to one or many traumas and also life events. Some individuals have a clear understanding about their behaviour and causes, others don't.

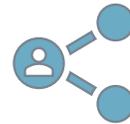
What we have learnt



Sometimes the time isn't right



Recognise and acknowledge achievements however small



We need to manage our, the clients and others expectations



We are often seeing chronic disorganisation rather than hoarding behaviour

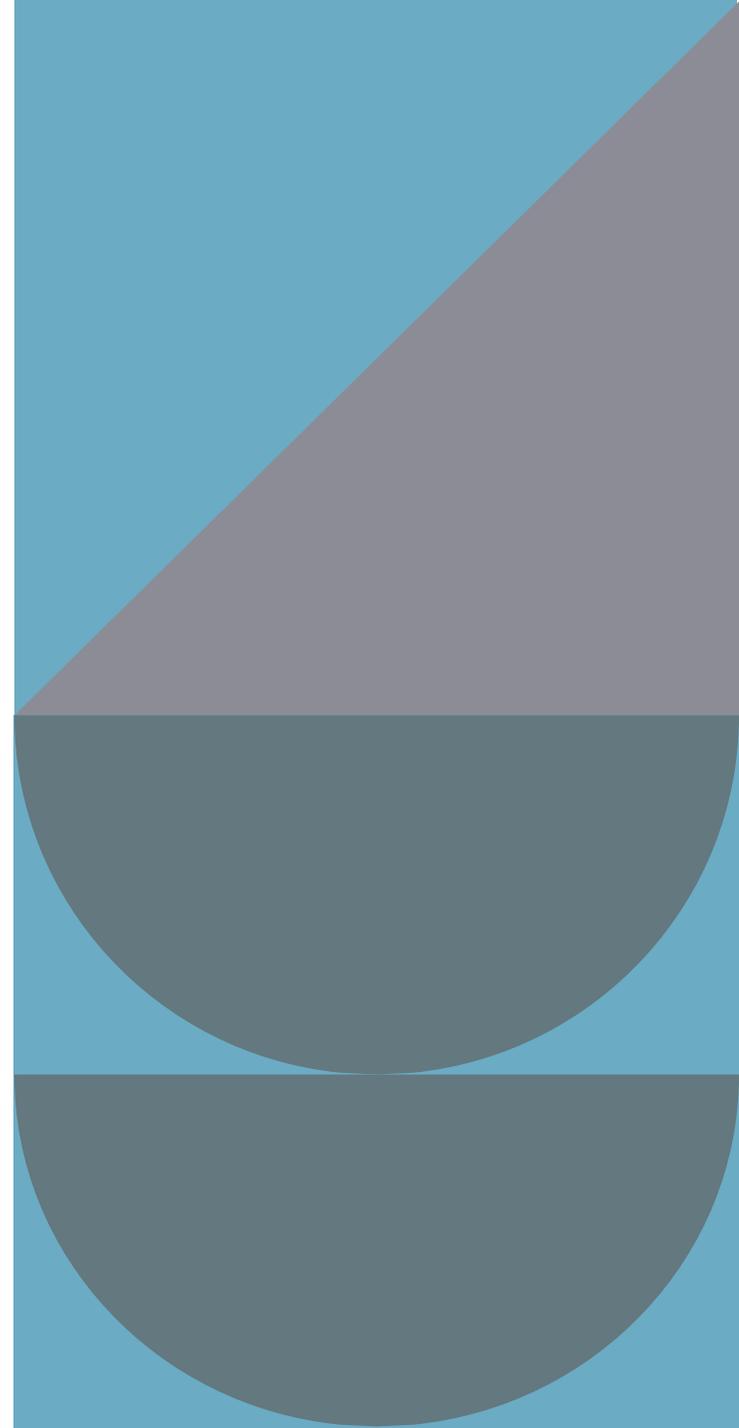
Do's

- Be mindful of language, mirror the words the client uses to describe their belongings
- Be mindful of body language, facial expressions
- Give people time to make decisions about each and every item
- Agree rules where possible i.e. junk mail
- Start small, it can be overwhelming
- Check in regularly
- What might help an individual to let go i.e. charity donations, having time to think and store items for a period of time
- Is there a goal or specific motivation? I.e. using the kitchen, having friends round, getting the plumbing fixed
- Be clear about our reason for being there, if there is one, i.e. getting a boiler checked



Don'ts

- Make judgements
- Throw anything away without permission
- Persuade or pressure



Our priorities

Risk - being mindful of the risks to individuals, others in the home, neighbours etc

Relationships - even if little seems to have been achieved it might be an intervention that paves the way for future help

Respect - remembering how it would feel having someone in our homes

Results - however small and recognising these can be different for everyone



Questions ?