



HOARDING AND SELF NEGLECT POLICY

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1. Introduction

This policy will describe what is meant by hoarding, the types of behaviour exhibited and what the impact may be to the individual and those around them.

There are three broad approaches to addressing Hoarding Behaviour depending on the individuals involved, the issues and the level of risk.

- Single agency response.
- Multi-agency complex case management
- Under Adult Support & Protection (Scotland) Act 2007.

Through this policy we will outline the risks to the individual and others, the steps that may be taken to mitigate these risks and outline the support available, both to the individual but also to the member of staff trying to assist an adult/tenant.

This policy should be read alongside the Hoarding and Self Neglect procedure which provides further details on how the Association will act and the steps that should be taken once a tenant with Hoarding Behaviours has been identified.

2. Purpose

The purpose of this policy is to:

- Create a safer and healthier environment for the tenants and others affected by hoarding behaviour, e.g. family, neighbours.
- Create a person-centred approach to how the Association acts towards tenants exhibiting hoarding behaviour or self neglect.
- Allow the Association to work with tenants to create a clear action plan and defined milestones to ensure that all possible supportive action is provided, to minimise the need for further action.
- Support tenants to recognise hoarding behaviour and self-neglect and work towards a resolution.
- Standardise with the approach taken by the council and HSCP allowing us to maximise the use of existing services and resources to try and reduce the need for compulsory solutions.
- To establish best practice and improve knowledge of legislation that relates to hoarding behaviour

3. Definition

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day function. Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to have little or no value and would be considered rubbish by other people;
- Severe cluttering of the person's home so that it is no longer able to function as a viable living space;
- Significant distress or impairment of work or social life.

Hoarding has been recognised as a medical condition by World Health Organisation(WHO) and is considered a mental disorder in itself but can also be a symptom of other mental disorders. Hoarding Disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered. **It is not simply a lifestyle choice.** The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

Hoarding does not favour a particular gender, age, ethnicity, socio-economic status, education/work history or tenure type.

Those with hoarding disorder may be conscious of their irrational behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse and animals. Many people with hoarding disorder may be well-presented to the outside world, appearing to cope with other aspects of their lives quite well, giving no indication of what is going on behind closed doors.

Compulsive Hoarding Behaviour has been associated with health risks, impaired functioning, economic burden and adverse effects on friends and family members.

The tendency to hoard can also be a symptom of Diogenes syndrome (DS), a behavioural disorder associated with older people. Symptoms include living in extreme squalor, a neglected physical state, and unhygienic conditions. This can be accompanied by a self-imposed isolation, the refusal of external help, and a tendency to accumulate unusual objects.

Trauma has now been hypothesised by researchers as a contributing factor to compulsive hoarding, particularly Traumatic life events and early material.

4. Types and Features of Hoarding

There are typically three types of hoarding:

- **Inanimate objects:** This is the most common. This could consist of one type of object or collection of a mixture of objects, such as clothes, newspapers, food, containers, or papers.
- **Animal hoarding:** This is on the increase and often accompanied with the inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.
- **Data hoarding:** This is a relatively new phenomenon. It could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

5. General Characteristics of Hoarding

- **Fear and anxiety:** compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person who is hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard the hoarded items can induce feelings varying from mild anxiety to full panic attack with sweats and palpitations.
- **Long term behaviour pattern:** possibly developed over many years or decades of 'buy and drop'. Collecting and saving with an inability to throw away items without experiencing anxiety and fear.
- **Excessive attachment to possessions:** people who hoard may hold an inappropriate emotional attachment to items.
- **Indecisiveness:** people who hoard may struggle with the decision to discard items that are no longer necessary, including rubbish.
- **Unrelenting standards:** people who hoard will often find faults with others; requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks.
- **Socially isolated:** people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse home visits from professionals, in favour of office-based appointments.
- **Large number of pets:** people who hoard may have a large number of animals that can be a source of complaint from neighbours. They may be a self-confessed rescuer of strays.
- **Mentally competent:** people who hoard are typically able to make decisions that are not related to hoarding. That said, hoarding is now considered a stand-alone medical disorder and can also be a symptom of other mental disorders.
- **Extreme clutter:** hoarding behaviour may prevent several or all of the rooms being used.
- **Self-care:** a hoarder may appear unkempt and dishevelled due to lack of useable toileting or washing facilities at their home. Some hoarders will use public facilities, in order to maintain their personal hygiene and appearance.
- **Poor insight:** hoarders typically see nothing wrong with their behaviour and the impact it has on them and others.
- **Churning:** hoarding behaviour can involve moving items from one part of the property to another, without ever discarding them.

6. Other considerations

- Forced clean-up is not an optimal response and rarely works in the longer term.
- Meaningful engagement is the most effective tool - trusted person to engage with to affect change.
- Where animal hoarding is involved, a psychiatric assessment is usually needed.
- Diogenes syndrome is linked to brain injury, anxiety and depression so assessment needs to be thorough.
- Recognition of the impact on other people.

- Multi-agency approach can be needed.

7. Advocacy

People who hoard may not agree to engage with an advocate any more than they may agree to engage with any other professional. However, the need for advocacy should be considered and kept in mind. This is especially true if the person's situation may lead to a statutory intervention. It is essential to ensure all efforts are made to ensure the adult is consulted with and included in discussions, and with concerns raised directly with them at the earliest opportunity

8. Our approach

Our approach will be to perform an assessment of any identified hoarding situations or where a tenant is identified as being at risk of Self-Neglect. Our Tenancy Support Officer will conduct the assessment and will categorise the extent of the issue on the Clutter Image Rating Score (CIRS), which is a recognised tool for this purpose. The Tenancy Support Officer will work in partnership with the allocated Housing Officer to support the tenant to remedy the situation. The procedure to be followed is outlined in the Hoarding and Self Neglect procedure.

Tenancy Agreements and Housing Legislation require our tenancies to be kept in a "reasonable state of cleanliness" and for the condition of the house or common parts not to have "deteriorated because of the fault of you, your sub-tenant or somebody in your household". If the Association finds this to be the case, through Section 14 of the Housing (Scotland) Act 2001, Schedule 2, legal action can be raised that may result in eviction.

Housing enforcement could focus on how the Hoarding Behaviour is impacting on the fabric of the property or affecting the neighbours and will range from:

- housing officer visits; guidance and support from the Tenancy Support Officer to people who are in need, to avoid them losing their tenancy; alongside clear messages about what can occur if people do not cooperate, such as court action.
- verbal warning; referral to housing support; referral to partner agencies, including ASP; request facilities to assist in clearing a property and recharge tenant (may not transfer tenant to temporary accommodation in instances where property is unsuitable for habitation).
- Housing enforcement within factored properties would rest with Environmental Health.

Housing Officers and Asset Officers are in a key position to be able to identify early indicators of hoarding behaviour, support the individual to access help, and avoid eviction. As a result, it is essential that concerns are raised through early identification and referral.

9. Rationale

Through early identification, categorisation, agreed milestones and support we will seek to support tenants to resolve the hoarding issue and to access support to address underlying issues.

This will benefit the Association by improving the general maintenance and state of repair of our housing stock and by reducing the potential for neighbour disputes.

It will also allow an empirical data driven approach to be taken to monitoring the issue and to the progress being made by tenants to resolving the issue.