**Resident services hoarding policy**

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| **Department**: | Housing & Environment (asset management) |
| **Policy date/last update:** | June 2025  |

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# Introduction

This document sets out the London Borough of Ealing’s policy which is to be followed where hoarding has been identified in secure tenants or tenants living in temporary accommodation in properties owned and managed by the council (referred to as “tenants” in this policy).

It details how we will effectively assess and manage all hoarding cases and help vulnerable tenants involved to find long-term solutions to reduce hoarding in the future.

This document is to be read in conjunction with the hoarding procedure document which outlines the steps to be followed in hoarding cases.

This document applies to the council’s housing service.

# Policy objectives

The purpose of the policy is to provide clear guidance on managing cases of hoarding, and identifying any mental health disorder associated with hoarding, so that they are dealt with in a consistent manner.

We are committed to dealing with hoarding and will work in partnership with statutory and voluntary organisations to provide advice and support to customers affected by this behaviour.

# Definition of hoarding

The NHS define hoarding disorder as where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value.

In 2013, hoarding was reclassified as an identifiable disorder, hoarding disorder, and under the Care Act 2014 is treated as a mental illness. Hoarding may also be a symptom of other mental health problems; studies show that between 50-92% of people who hoard suffer from at least one other mental health disorder. Psychiatric disorders associated with hoarding include:

* depression
* psychotic disorders, such as schizophrenia
* obsessive compulsive disorder (OCD)
* dementia
* bipolar disorder
* learning disability
* autism and related disorders
* drug and alcohol dependency
* personality disorder

Hoarding can also be a symptom of underlying physical health problems which can co-exist with any of the above mental health issues.

# What does hoarding look like?

Hoarding involves acquiring an excessive number of items and storing them in a chaotic manner, usually resulting in unmanageable amounts of clutter. [The Clutter Rating](https://www.london-fire.gov.uk/media/1608/clutter-image-ratings.pdf) demonstrates the build-up of hoarded items in a kitchen, bedroom, and dining room. The hoarded items can be of little or no monetary value and are frequently items such as paper, clothes, food, and animals. Hoards can be classified as ‘dry hoards’ (paper, furniture, records, clothes etc) and ‘wet hoards’ (hoards that include food, liquids, faeces, urine, and animals). Items build up on floors, along walls and in some cases take over entire rooms in residential properties.

Living in such cluttered conditions means it often becomes almost impossible to keep a property in a clean and sanitary condition, particularly if animals are also present. Such properties are prone to rodent and insect infestations, mould, and blocked drains. Minor repairs are often unlikely to be completed or reported.

# Who may be affected by hoarding?

On average, between 3-5% of the national population are seriously impacted by hoarding. Looking at the national average, we can estimate that there are between 330-550 households living in Ealing Council owned properties that are seriously impacted by hoarding, at the time of writing. Hoarding doesn’t correlate with specific socioeconomic groups, gender, or background, however it is more commonly seen among people who single and often those who are divorced or widowed.

Studies have shown that there are often links between family and childhood with hoarding. Up to 50% of people with hoarding behaviours have a family member with hoarding or obsessive-compulsive disorder, while many people with hoarding disorder have had a deprived childhood and/or experienced trauma in childhood.

Additionally, people with certain personality types are more likely to develop hoarding disorder. For example, a person who is a perfectionist or reclusive, may start to hoard after a major stress or change in their lives.

**The following are the different types of hoarders:**

* general hoarder - may hoard anything
* ordinary hoarder - mainly hoards objects
* specialist hoarder - hoards one or more specific categories of items
* Diogenes’ Syndrome (also known as senile squalor) - extreme self-neglect, domestic squalor, social withdrawal, compulsive hoarding of rubbish and lack of shame
* Diogenes’ Syndrome ‘by proxy’ - where hoarding has led to the neglect of another elderly person sharing the same accommodation. This is an example of (unintentional) elder abuse
* animal hoarder - hoards animals that they cannot care for/neglects
* scarcity mentality hoarder - obsessed with a lack of something. Belief that there are only so many of a certain item in the world so they must collect it
* frugality indecision hoarder - belief that nothing should be wasted
* frozen indecision hoarder - finds decision making extremely difficult

# Impact of hoarding

Hoarding not only causes isolation, loneliness and mental health problems but also poses significant health and safety risks. The risks associated with complex hoarding include:

* environmental conditions that are a risk to health
* severe risk of collapse (hoarded items and structural)
* serious fire loading in property
* increased slips trips and falls hazards
* risk to professionals – responding emergency services, support workers, and maintenance workers
* inability for utility services to carry out routine maintenance (e.g. gas/water)
* additional risks to neighbours and visitors to the property
* impact on family especially children growing up with parents with a hoarding disorder

# Fire safety

Those who suffer from hoarding disorder and have clutter in their home are far more likely to suffer injuries or death in a fire. In 2014, the Chief Fire Officers Association (CFOA) published research which found that 25% - 30% of fire deaths in the UK were occurring in households occupied by hoarders. Figures published by London Borough of Islington show that there were 272 hoarding related fires, 10 fatalities and 41 hoarding related injuries in the borough between 2010 – 2015.

The increased fire risk is due to several reasons:

* hoarded items can make it difficult to navigate within properties and block exit routes
* hoarded combustible materials can cause fire and smoke to spread rapidly

The CFOA found that fires are contained within the room of origin in 90% of cases for ordinary residential homes, but only 40% of homes with hoarding. This increases the risk that the fire may spread outside of the property, a particular danger if the property is within a block of flats or in a built-up area.

Another important factor are the difficulties the fire service face while tackling fire in properties with hoarding. This includes:

* difficulty in gaining access to the property
* difficulty in making progress through hoarded materials
* difficulty in locating casualty
* difficulty in locating Gas and Electricity shut offs
* fires being hotter due to higher quantities of flammable materials within the property
* difficulty in applying water to seat of the fire

# Impact on resources

While 3-5% of the population are seriously affected by hoarding, the impact on council resources is disproportionately high. Supporting people who hoard is complex, and there’s no one-size-fits-all solution to meet their needs. As a result, ongoing monitoring and support are essential, which can place considerable demands on staff resources.

Hoarding cases can also be very costly for housing providers as housing repairs, building repairs due to structural damage, deep cleaning, waste removal and legal fees may be required in some cases. London Borough of Islington estimates spending £10,000+ in tenancy intervention costs. Meanwhile Catalyst Housing Association has calculated the average cost of a hoarding case from start to finish as approximately £45,000.

# Ealing’s response to hoarding

Early intervention is crucial to identify potential hoarders and help prevent extreme hoarding from developing. Hoarding usually begins to affect people who are in their 30s. However, people who do seek treatment tend to be older and the average age of hoarders who come to the attention of services is 50. By this time the problem is usually well-established.

Hoarding is an extremely hidden issue, potentially only 5% of all hoarders come to the attention of services. However, as a housing provider we are uniquely placed in that we access resident’s properties through repairs, annual gas safety check, housing officer visits, and sheltered housing welfare checks.

All staff and contractors that enter a property are responsible for reporting hoarding cases. If the clutter is 3 or more on the [Clutter Rating Image Scale](https://www.london-fire.gov.uk/media/1608/clutter-image-ratings.pdf), please contact the relevant housing hub. The relevant housing officer (HO) or sheltered housing officer (SHO) will be informed and will then investigate the report by carrying out a home visit and completing the Hoarding Assessment Form (Appendix 1).

# Referrals to London Fire Brigade

Where an HO/SO becomes aware of hoarding in a property, they are required to investigate the resident’s wellbeing and the scale of the hoarding. HO/SO’s must make referrals to the London Fire Brigade (LFB) where the [Clutter Rating Image Scale](https://www.london-fire.gov.uk/media/1608/clutter-image-ratings.pdf) is 4 or higher or where it is less than 4 but there are flammable, hazardous, electrical, or other unusual risk items. If fire alarms are not working at the property HO/SHO’s must refer to the repairs team or fire safety team. The repairs/building safety team will arrange and carry out a home visit at the property, advise the tenant regarding any fire safety concerns and provide safety equipment where necessary. Further advice and support can also to obtained from the fire safety team within housing compliance.

# Person-centred risk assessments

As part of their role HO/SO’s are responsible for completing person-centred risk assessments (PCRA’s) with all tenants, while prioritising vulnerable tenants. (appendix 3) This assessment helps to identify hoarding and negligent fire safety practises amongst tenants. While conducting a PCRA at a property officers should look for signs of hoarding and ask the residents whether there is a build-up of clutter in the property. If there are signs of hoarding, please refer to the [Clutter Rating Image Scale](https://www.london-fire.gov.uk/media/1608/clutter-image-ratings.pdf) and complete the hoarding section on the PCRA form accordingly. Review dates for PCRA’s are up to the discretion of the officer but cannot be more than annually.

Once completed PCRA’s are sent to the fire safety team within housing compliance, who examine each document. If a tenant has received a medium or high-risk level or if the fire safety team, has cause for concern with the PCRA, the tenant will be referred to the housing vulnerability panel. This panel looks at all forms of vulnerability which affect fire safety including hoarding.

More complex hoarding cases are brought to the Ealing multi-agency risk assessment anel (MARAC). HO/SHO’s may make referrals to the Ealing MARAC, please see Appendix 5 for referral form. The completed referral form should first be sent to relevant manager to sign off on. If relevant manger gives their approval referrals should then be sent to ESAB@ealing.gov.uk and please copy the Operations Manager (Resident Services) into the email. The HO/SO or Team Leader will be asked to attend the meeting to present the case at the monthly meeting.

# Treatment for hoarding

Hoarding disorder can be challenging to treat as people who hoard often do not see it as a problem and those who do realise that they have a problem can be reluctant to seek help as they feel ashamed or humiliated about their hoarding. It is vital that hoarding is tackled as it will not go away by itself.

The first key step in helping a tenant is to encourage them to seek help from a doctor. If they are not registered with a doctor their NHO or HSO should help them to register. The doctor and patient can then determine the best course of treatment. If the tenant is reluctant to contact their doctor, then the HO/SHO should encourage them to contact the Hoarding UK helpline for support and advice (see Appendix 4).

The main treatment for hoarding disorder is cognitive behavioural therapy (CBT). The HO/SHO may make a referral to the tenant’s GP to refer to: Ealing Talking Therapies IAPT where CBT treatment is available. However, treatment for hoarding should not always be hoarding specific as mentioned above hoarding can be symptomatic of other mental health disorders. Effective treatment of the primary condition should be prioritised and may reduce the impact of the hoarding symptoms.

We will work with partner agencies to reduce hoarding and compulsive behaviour by:

* supporting customers who are known or suspected hoarders or those who have a particular mental health disorder
* raising awareness of hoarding and other mental health disorders
* providing appropriate levels of training to staff, including basic awareness
* adopting a robust approach towards managing cases of hoarding and mental health disorders
* signposting those affected by hoarding to appropriate support agencies
* working closely with the Fire Service and other agencies such as the adult social care service to identify, monitor and reduce cases of hoarding and compulsive behaviour disorders

# Resources

Additional help is available, including access to group support and advice services:

* **Hoarding UK** provide a range of services including a support helpline, group sessions (now online using Zoom), advice, and resources on their website to help people to overcome hoarding. See Appendix 4 for details.
* **Mind HFEH** (Hammersmith, Fulham, Ealing, Hounslow) facilitate a Hoarding Peer Support Group open to all people who suffer from problems related to hoarding. The support group meet twice monthly, with two-hour peer support group sessions. See Appendix 4 for details.

# Effectively managing hoarding cases

Self-neglect and hoarding are complex areas and can be challenging for HO/SOs. Demonstrating confidence, persistence and resilience is key to effectively managing cases. Engaging in practical but unpleasant tasks is sometimes necessary to manage cases for example assertive outreach. The support teams and multi-agency colleagues is therefore critical, for sharing ideas and debriefing.

Effective engagement with the individual is always the starting point in all cases.

When council staff engage with adults displaying symptom of hoarding disorder, the following steps should be followed:

* confirmation that the individual has the necessary information in a format that they can understand
* confirmation that the individual can understand options and consequences of their choices
* commitment to listening to reasons for mistrust, disengagement, refusal and their choices
* foster a trusting relationship by engaging in conversations over a significant period to build-up a trusting relationship
* engage with family, advocate, other professionals to support engagement with the individual
* involve solicitors, receivers, Court of Protection appointed deputies or representatives if the individual has them in place
* determine whether plan for agreed actions / outcome for person who has fluctuating capacity was put in place during a time when they had capacity to make that decision
* Ensure the individual can attend meetings where possible

The family member or carer of an adult at risk of hoarding should be engaged where the adult at risk has provided consent. This will include being part of planning, decision making processes and whether they are willing and able to provide support for the individual. The Care Act establishes duties for carers and in relation to carers assessments.

While carrying out risk assessments for cases involving hoarding, the Clutter Rating Image Scale must be used and referred to in the assessment. All possible intervention options should be examined including alternative options to manage risk. Intervention options should be tailored to meets the needs of the individual as far as possible and show a clear understanding of the risk assessment. Other professionals involved in the case should be included in the process and information may be shared with them.

We will always consider the mental capacity of the individual and whether they need support in their decision making or, following an assessment in which the individual lacks capacity whether a best interest decision might be appropriate.

We will use a range of interventions to resolve issues of hoarding, including working with various statutory and other agencies such as social services, GPs, Community Mental Health Teams, in house Mental Health Link officer, or floating support.

Ealing HO/SO’s must log hoarding cases on the housing management IT system which may be shared with partner agencies such as the Fire Service. Risk assessments and a Personal Emergency Evacuation Plan (PEEP) will be completed for those in sheltered accommodation and high-rise blocks and may be used when making referrals to partner agencies. Serious cases may be referred to the Ealing MARAP.

We may consider taking legal action such as seeking an injunction, serving a breach of tenancy letter or a notice of seeking possession of the property as a last resort and only if all other interventions have failed. This would only be used to compel an individual to remove risk and/or permit service access.

Training: Induction and refresher training will be carried out for all relevant staff to make sure that they are aware of this policy and separate procedure.

Equality Impact analysis: This policy has undergone an equality impact assessment to ensure that Ealing does not illegally discriminate and that it is accessible to everyone.

Ealing Council will follow legislation and guidelines regarding data protection and confidentiality. Information will be passed to statutory agencies where required by law. In other circumstances, wherever possible personal sensitive information will be confidential.

# Refusal to engage

Refusal by hoarders to engage with HO/SHOs or other professionals can pose real challenges. Good professional practice is to explore all remaining avenues for the individual to engage. This is because being met with a “shut door” is in the nature of hoarding disorder and hoarding behaviour.

It is worth remembering that non-engagement is not exclusive to those suffering from hoarding disorder. It should be treated within the same practical, professional, and legal framework as someone who suffers from any other condition or disorder (for example, alzheimer’s disease, schizophrenia etc).

Actions which can help with engagement in self-neglect and hoarding cases include:

| **Theme**  | **Examples**  |
| --- | --- |
| Building rapport  | Spending time to getting to know the person, refusing to be shocked by self-neglect, hoarding  |
| Moving from rapport to relationship  | Avoiding knee-jerk responses to self-neglect, talking through the persons interests, history and personal stories  |
| Finding the right tone  | Being honest while also being non-judgmental, separating the person from their behaviour  |
| Going at the individual’s pace  | Moving slowly and not forcing things; continued involvement over time to build trust  |
| Agreeing a plan  | Making a clear plan on what is going to happen; a weekly visit might be the initial plan  |
| Finding something that motivates the individual  | Linking to interests (e.g. hoarding for environmental reasons, link into recycling initiatives)  |
| Starting with practicalities  | Providing small practical help from the start may help the person and in turn build trust  |
| Bartering  | Linking practical help to another element of agreement – bargaining  |
| Focusing on what can be agreed  | Finding something to form the basis of the 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 of self-neglect, hoarding  |
| Finding the right person  | Working with someone who is well placed/suited to improve engagement  |
| External levers  | Recognising the possibility of enforcement action  |

It is important to consider in multi-agency partnerships who may be best placed to work with the person who is disengaging and can build the most links to resolving the concerns.

# Blitz cleans

Blitz cleans refer to the clearing out of all or most of hoarded materials from a property. As one of the most popular responses to hoarding they often feature repeatedly in individual’s case notes or history. There are some circumstances where a blitz clean is necessary to deal with environmental health or fire safety concerns. However, this should be the exception rather than the rule as blitz cleans are particularly distressing for hoarders and may exacerbate their symptoms. It does not offer a long-term solution for the hoarding sufferer because it does not address the cause of the hoarding behaviour. Without a longer-term solution such as hoarding specific CBT and/or other professional intervention the individual usually resumes their hoarding activities. A business case may be required to be presented on such cases, with a plan on future prevention.

# Statutory

In some cases, intervention may be necessary where there are concerns regarding abuse, neglect, or self-neglect, and/or environmental health. Legislation can be utilised in these circumstances by health agencies and local authorities. Legislation should only be used where there are compelling reasons to do so and then only to the minimum degree necessary, respecting tenant’s autonomy as much as possible.

# Mental Capacity Act (2005)

Landlords dealing with a hoarder must first determine whether they are likely to be considered to have capacity or not. This will affect what powers can be enforced against the hoarder, and in which court the case should be heard. The Act states that a person lacks capacity over a specific decision if they cannot do one or more of the following four things:

1. understand information given to them
2. retain that information long enough to be able to make the decision
3. weigh up the information available to make the decision
4. communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand

Every effort should be made to find ways of communicating with someone before deciding that they lack capacity to make a decision based solely on their inability to communicate.

# The Care Act (2014)

The legislation sets out how people’s care and support needs should be met and introduces the right to an assessment for anyone in need of support. The Act’s “wellbeing principle” spells out a local authority’s duty to ensure people’s wellbeing is at the centre of all it does.

Section 42 of The Care Act states that local authorities must:

* make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom; and
* co-operate with partners to protect the adult, and in turn each relevant partner must also co-operate with the local authority

The guidance states that the 6 principles of safeguarding work apply in respect of hoarding:

1. empowerment
2. prevention
3. proportionality
4. protection
5. partnership
6. accountability

Self-neglect is now seen as a separate form of abuse and neglect under with specific duties on the Local Authority in relation to self-neglect. The Care and Support Statutory Guidance defines self-neglect as: ‘a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

# Public Health Act

The principal power to deal with filthy and or verminous premises is contained in Section 83 of the Public Health Act 1936 which states: 'Where a local authority, upon consideration of a report from any of their officers, or other information in their possession, are satisfied that any premise:

* are in such a filthy or unwholesome condition as to be prejudicial to health, or
* are verminous,

The local authority shall give notice to the owner or the occupier of the premises requiring him to take steps as outlined in the notice to remedy the conditions of the premises. The steps which are required to be taken must be specified in the notice and may include:

* cleansing and disinfection
* destruction or removal of vermin
* removal of wallpaper and wall coverings
* interior of any other premises to be painted, distempered, or whitewashed

There is no appeal against a section 83 notice and the local authority has the power to carry out the works in default and to recover costs by means of a re-charge against the property.

The council’s property regulation team should be consulted for any hoarding cases that are considered filthy and verminous.

# Equality Act (2010)

Under section 6(1) of the Act, a person is classed as having a disability if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities. The Act places a duty on all public authorities to:

* have due regard, when carrying out their functions by taking steps into account of a disabled person’s disabilities, even where that involves treating disabled persons more favourably than other persons
* eliminate unlawful discrimination and unlawful harassment of disabled people
* improve the equality of opportunity for disabled people

Landlords cannot discriminate on the grounds of disability when they are making an offer to rent a home to someone or when managing the rental of the accommodation.