



## **Tool 3 - BSAB Hoarding- Guidance for Practitioners**

This tool is designed to help practitioners think about how to work with people who may be hoarding and can be used with any of the other self-neglect tools.

1.1 Hoarding is marked by an obsessive need to acquire and keep things. People start to hoard or collect for different reasons. They individual may have lived in poverty for a period of time (e.g. as a child in wartime), they may have experienced grief or loss; of a partner or child, the breakdown of a relationship, or loss of employment. They may have experienced another serious life event, which triggered their behaviour.

1.2 There may be a family history of hoarding or the individual may have grown up in a cluttered home and never learned to prioritise and sort items.

1.3 Compulsive hoarding may have started as a learnt behaviour – buying or collecting things may have helped relieve anxiety or fear they were feeling. Hoarding may, in effect, have become a comfort blanket. Attempts to reduce the hoard may therefore induce feelings of anxiety or panic.

1.4 The behaviour may be a symptom of another, underlying condition, e.g. an individual with mobility problems who can't physically clear the items they have acquired, a person with learning disabilities or in the early stages of dementia may be unable to categorise and dispose of items, or there may be underlying mental health conditions present, such as depression, Post Traumatic Stress Disorder (PTSD), psychotic illness or Obsessive Compulsive Disorder (OCD).

1.5 Whatever the reason for hoarding, the individual will often have an excessive emotional attachment to their possessions. This may be in terms of:

- a) **Sentimental value** – associated with important memories
- b) **Utility value** – belief the items could be useful in the future
- c) **Visual value** – consider the items to be attractive in some way

1.6 Many people who hoard don't see it as a problem or have limited insight into the impact it's having on their life or on the people around them. Some people do realize it's a problem, but feel embarrassed or guilty about it and so are reluctant to seek or accept help.

1.7 An individual with a hoarding disorder may be well presented to the outside world and they may cope with other aspects of their life fairly well, with no indication of what is occurring behind closed doors.



## 2) There are three primary types of hoarding:

<b>Inanimate objects</b>	Food and containers, clothes or shoes, bags, jewellery, toys, videos, DVDs or CDs, newspapers, magazines and books, medical equipment
<b>Animals</b>	Often with an inability to provide minimal standards of care. The behaviour is driven by a desire to 'save' the animals and the individual is unable to comprehend any risk to the animals
<b>Data</b>	A relatively new phenomenon, which may present with the storage not only of data itself, but with the hoarding of data collection equipment such as computers, electronic storage devices or

2.1 Individuals who hoard often share common characteristics. They are more likely to be unmarried, or be isolated and very private people, often living alone. They will typically alienate family and friends and may be embarrassed to have visitors both professional and personal. They may show signs of self-neglect and/or 'eccentric behaviour'. They may have poor relationships with others, often finding fault with them; requiring others to function at a high level whilst struggling to organise their self.

2.2 An individual with a hoarding disorder may also struggle to manage everyday tasks. They may struggle with the decision to discard items that are no longer needed, including rubbish. At its extreme, their hoarding behaviour may prevent some or all of the rooms in a property being used for their intended purpose. In some cases, the individual may simply move items from one part of the property to another, without ever discarding anything. The individual may appear unkempt and dishevelled due to a lack of, or inability to access, toileting or washing facilities in their home. Some individuals though will use public facilities and maintain personal hygiene and their appearance to the outside world, despite an extremely cluttered home environment.



### 3) Risk

3.1 Hoarding poses significant risk to people living within the property and can also pose a risk to people living nearby.

3.2 Those living in the property should always be advised of the increased fire risk and be encouraged to identify a safe exit route. Referral for professional fire safety and fire prevention advice must be made as a priority.

3.3 Information shared with them allowing crews to respond appropriately in an emergency. Fire Services can provide support and guidance as well as fire safety equipment and be part of a multiagency response.

3.4 Evidence of animal hoarding at any level should be reported to the RSPCA.

### 4) Response

4.1 Hoarding is a complex condition and requires a multiagency response.

4.2 Any professional working with an individual who may have or appear to have a hoarding condition should ensure they complete the **Comprehensive Assessment** and use this tool to inform decision making.

4.3 When talking to an individual that hoards, practitioners should be mindful of the language they use. They will not be receptive to negative or judgmental comments and use of such language will present as an additional barrier to engagement.

4.4 It is also important for practitioners to be mindful of the emotional attachment the individual is likely to feel towards their hoarded items. Language used should not make negative reference to the items, e.g. “rubbish” or “junk” as again, this will create a barrier to engagement.

4.5 Practitioners should be mindful of non-verbal communication and how this can be as detrimental as the spoken word.

4.6 Mindful of the value of the items to the individual, practitioners should avoid making suggestions about discarding items as whilst well intended these are likely to be poorly received. Attempts to try to persuade the individual are likely to result in the exact opposite. Practitioners should only touch the individual’s belongings with the permission of the person.

4.7 Practitioners should be respectful and try to reflect the language used by the individual when referring to their possessions, e.g. “my belongings”, “my things”.

4.8 The initial focus of any intervention should be on safety and how to organise the possessions to minimise risk – work around discarding can come later when a relationship has been formed and the immediate safety needs have been addressed.



4.9 In doing this, practitioners should be mindful of the language they use and be mindful of motivational words focused on problem solving rather than using words that are likely to trigger defensiveness. Be conscious of highlighting strengths and positive features or behaviours as this will help to build a good relationship which is the foundation of all work with self-neglect.

Some useful websites and documents

[https://www1.bps.org.uk/system/files/Public%20files/DCP/a\\_psychological\\_perspective\\_on\\_hoarding.pdf](https://www1.bps.org.uk/system/files/Public%20files/DCP/a_psychological_perspective_on_hoarding.pdf)

<https://hoardingdisordersuk.org/>

<https://hoardinguk.org/>

<https://www.rcpsych.ac.uk/>

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