



Hoarding Policy

2025 - 2028

Document Owner(s)
Resident Services Manager

Manual Version Control

Version	Date	Author/Amender	Details
1.0	December 2021	Resident Services Manager	First Draft - Hoarding Policy and Procedure
1.1	February 2022	Head of Home Servies	First Review. Re-ordered and added some detail
1.2	October 2022	Resident Services Manager	Second draft, reordered, formatted, inclusion of risk assessment and action tracker. DRAFT V2 Oct 2022 approved at board Feb 2023
1.3	October 2025	Resident Services Manager	Full review. Removed procedural info, added to procedure document.

1. Purpose

1.1 The primary aims of Pickering and Ferens Homes (PFH) Hoarding Policy are:

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

2. Background

2.1 According to Frost and Gross; 1993 'Hoarding is defined as 'the excessive collection and retention of any materials to the point that it impedes day-to-day functioning and creates a hazard or a potential hazard for the individual.' Generally, hoarding issues are long-term and may never be fully resolved. However, the impacts of hoarding can be managed to help people sustain their licences.

2.2 Hoarding does not always take place inside someone's home. We will also take action where the hoarding is in a garage, garden, communal area or drive.

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

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

3. Types of hoarding

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

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

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

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

4. Who is affected by Hoarding Disorders?

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

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

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

4.4 Hoarding might also be a symptom of Diogenes Syndrome, a behavioural disorder that affects older adults. The main symptoms are excessive hoarding, dirty homes, and poor personal hygiene, general self-neglect as well as withdrawal from life and society – otherwise known as

5. Persons at Risk of developing hoarding disorders

5.1 Potential 'risk factors' for hoarding disorders include:

- Being widowed, divorced or never married, and living alone
- Loneliness and social isolation
- Co-morbid (i.e. a medical condition that co-occurs with another) physical or mental health issues e.g. schizophrenia, dementia, obsessive compulsive disorder, traumatic brain injury, bipolar disorder, intellectual disabilities, Asperger's syndrome, and attention deficit disorder
- Estrangement from family
- Stressful life experiences including death of a partner
- A deprived childhood
- A family history of hoarding
- Having grown up in a cluttered home and never learned to prioritise and sort items. 80% of people who hoard grew up with a family member who hoards.

6. Assessing the risk to residents and staff

6.1 A risk assessment (included in Appendix 1) has been designed to assess the level of hoarding and therefore the risk to the resident. It is important that wherever possible the safety of our residents is maintained, and they are supported to achieve this; the form includes an action plan which is designed to help inform future actions to be taken with the agreement of the resident.

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

7. Hoarding and Older People

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

7.2 Older people may also:

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

8. Interventions

8.1 When at least one of the following occurs, we will take action to deal with the case:

- a hazard or a potential hazard (including fire, health and safety, smell or vermin) is created for the resident, those living in the property or other neighbours
- the resident's day-to-day functioning is impeded – for example, they are unable to use the kitchen or bathroom and cannot access rooms
- the impact of the hoarding is negatively affecting neighbours or has been reported as anti-social behaviour.

8.2 PFH will use the following tools throughout the process to assess, investigate and secure the most appropriate support for the resident. This includes using the Risk Assessment, Action Plan and Clutter Rating and operating procedure.

8.3 The Clutter Image Rating Scale was developed in 2008 by the International OCD Foundation to help identify the problem.

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

8.5 We will work with other key people in the individual's life e.g. family or friends and may also involve:

- Home safety checks from the local Fire Service
- Referral to relevant statutory and/or voluntary support services
- Clearing/removing of possessions or a plan to do so
- Transfer to more appropriate accommodation.
- Police
- Mental health teams
- Safeguarding Adults team or See and Solve team
- Environmental Health Department
- GP
- Adult Social Care

8.6 The aim of any intervention is to:

- Tackle environmental issues such as infestation, health and safety, fire safety etc.
- Tackle social issues such as loneliness and social isolation, social exclusion etc.
- Tackle Health and wellbeing issues
- Support the person to live independently in their home and achieve a good quality of life.
- Avoid statutory and enforcement action
- Reduce associated clearing, cleaning and repair costs

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

9.1. We will :

- i) **Notify partners** - PFH will notify relevant partners e.g. local fire service which may want to ensure there is a Personal Emergency Exit Plan/Personal Emergency Evacuation Plan (PEEP) in place (PFH Plus schemes only, updated at least annually) and available to the Fire & Rescue Service.
- ii) **Objectively Assess** - PFH will ensure a careful, objective assessment of each individual case and avoid making assumptions or judgements about why the person is hoarding.
- iii) **Seek Support from family or friends** - PFH will gather as much information as possible from families, neighbours, friends etc. and engage them as a way of offering support and advice in a less formal or threatening way.
- iv) **Ensure Effective Record keeping** - PFH will keep accurate and up to date records of all concerns; any action taken or planned; referrals, monitoring; and progress. This is important for monitoring progress, working with other agencies or organisations, and in case any legal action becomes necessary.
- v) **Liase with Support agencies** - PFH will consider existing local statutory or voluntary organisations, self-help and support groups in the area which might already offer assistance (especially at an early stage where hoarding is not serious) e.g. home care services, floating support services, cleaning services etc. We may in some circumstances feel it necessary to make a safeguarding referral.
- vi) **Train Staff** - PFH will ensure their staff are appropriately trained in Health and Safety. Dealing with a hoarding incident, as well as protecting the health and safety of the person hoarding, can also expose staff to health and safety risks. Staff should be trained in, clear about and follow their organisation's health and safety policies and procedures and complete appropriate risk assessments.
- vii) **Maintain Communication** – Staff will maintain regular communication with the resident and other parties involved. It is important to keep momentum and ensure the resident is adequately supported. Staff should accommodate where possible, the express wishes of the hoarder when making visits, for example if the resident requests that only female staff enter their home.

10. Consents and the Mental capacity Act 2005

10.1 If the person reporting a concern believes the individual lacks capacity then the Mental Capacity Act 2005 allows them to act in their best interests, and a safeguarding, fire service or other referral may be made without the individual's consent. In addition, whether they have capacity or not, NHS England states that lack of consent can be overridden in the public interest. Staff will need to base their judgment on the facts of the case and consider the safety and well-being of the individual. <https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf>.

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

11 Enforcement and Statutory Action

11.1 Landlords are encouraged to view hoarding as a health and support issue rather than a tenancy/licence management matter. However, it may still be necessary to involve the following agencies:

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

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

11.4 It is vital that in all hoarding cases, clear and accurate records are kept. These must detail:

- contact with the resident, including any repair call outs and dates when access was refused, fire safety checks and logs etc
- the initial reports and or referral
- evidence of no improvement in or of deterioration in the condition of the property at each visit, supported by photographic evidence
- the effect on neighbours • contact with other agencies such as social services, community mental health teams and other housing providers to address the problem.

11.5 The Environmental Health department can be a critical partner in tackling hoarding and have a number of enforcement tools aimed at the landlord to tackle hoarding. However, involving them from the outset can mean that a more joined-up focus is put on finding long-term solutions. If statutory action is necessary (when all other options have been explored), this will be clearly explained. Use of compulsory powers can give rise to ethical issues for example mental capacity and can be difficult to apply particularly when the person hoarding does not accept the problem so are not likely to respond positively to enforcement and might obstruct the process.

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

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

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

11.9 Hoarding becomes a significant problem for social landlords when its impact means that the resident is in breach of or is likely to be in breach of their licence. We will always take action when we become aware that hoarding is taking place but the action we take will depend on the type of risk posed.

11.10 Whilst eviction may be used as a tool to remedy significant hoarding issues, it would always be a last resort, having exhausted all other options. We will work with the resident, support services and statutory services and in line with the Licence Management and Sustainment policy to minimise the risk of the resident's licence failing.

12. Clearing, Cleaning and Costs

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

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

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

13. Recording and Monitoring

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

13.2 The Area Coordinator (AC) dealing with the case will liaise with the Resident Services Manager (RSM) for advice and guidance throughout, as and when necessary.

13.3 The AC must ensure all aspects of the policy are being met with the support of the RSM, who will check that the actions or judgments of the AC are sound, and the resident is receiving the most appropriate support. 12.4 The RSM will have full oversight of all hoarding cases to ensure consistent and appropriate approach to policy is taken.

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

14. Our Commitment to Equalities

14.1 PFH seeks to ensure that their actions do not lead to unlawful discrimination. Deliberate acts of discrimination, including victimisation, harassment, instruction or pressure to discriminate, will result in disciplinary actions and/or termination of contracts with external agents.

14.2 We can provide access to interpreters for minority languages including sign language, and we can arrange written material in large print, Braille and first languages where necessary.

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

14.4 We will consider the individual needs of residents who may require additional support and make reasonable adjustments in line with the Equality Act 2010 and in accordance with our EDI Policy.

14.5 We will work with our contractors to ensure that any resident who feels uncomfortable with male only operatives, for example, either can opt to have a female operative, or a female accompanying the operative.

14.6 We will publicise ways of reporting hoarding concerns via the website and social media on a regular basis.

15. Data Protection and Information Sharing

15.1 It is recognised that incidents of hoarding are extremely sensitive and private incidents for victims to report and PFH shall maintain the confidentiality to the extent allowed by law and unless to do so would result in significant harm or risk of harm to any person on any cases that are reported.

15.2 PFH will however, share relevant information with local agencies such as the Safeguarding Adults team, police, Environmental Health department and other involved agencies where necessary, to deal with cases more effectively by either gathering extra evidence to carry out enforcement measures against the individual or sharing information in their, or others, interests to provide better or more effective support. The principles of UK GDPR and PFH's Data Protection Policy will apply to this Policy.

16. Associated policies

Safeguarding Policy
Asset Management Surveying Policy
Pre and Post Works Inspection Policy
ASB policy
The PFH Way
PFH Flex
Recharge Policy
Licence Management and Sustainment Policy

17. Responsibilities within this Policy

PFH Board - The Board has responsibility for approving this policy in the first instance, any major revisions and gaining assurance from the Leadership Team that it is being delivered effectively.

Chief Executive & Leadership Team

The Chief Executive and SLT have ultimate accountability in ensuring the policy is delivered and will approve any minor amendments and three yearly reviews.

Home Services Director

Responsibility for implementation of the Hoarding Policy falls to the Home Services Director.

Resident Services Manager

The Hoarding Policy and associated operational procedures will be managed by the Resident Services Manager. Ensure that the procedure is being followed by all staff within PFH.

Undertake regular reviews of the Hoarding Policy, ensuring compliance with current legislation and regulatory requirements. The policy will be reviewed every 3 years, or earlier if there are regulatory or statutory changes required.

18. Appendices

- 18.1 Please see **Appendix 1** – Action Plan, Risk Assessment and [Clutter Rating](#).