



Hoarding Policy

Date of approval	Pending
Responsible director	Paul Seymour, Executive Director – Customers & Communities
Policy monitoring body	Customer Experience Committee
Resident input into policy date	25th February 2025
Date for policy review	28th February 2028
Linked strategies/policies	Safeguarding Policy Living and Ageing Well Strategy
Version/date	11th March 2025
Owner	Victoria McDowell, Head of Community & Neighbourhood Development

1. Introduction

- 1.1 This policy sets out the approach to be adopted by Wythenshawe Community Housing Group (“WCHG”, “we”) about all customers affected by hoarding to ensure that all are treated fairly and receive adequate support and guidance to resolve any issues or live safely with their hoarding condition.
- 1.2 For the purpose of this policy, hoarding refers to behaviours associated with excessive accumulation and difficulty discarding possessions. Simply having a large number of items in a property does not necessarily indicate hoarding. It is essential to assess the situation in the context of self-neglect and overall well-being to determine appropriate support and intervention.
- 1.3 Hoarding is understood to affect between an estimated two to five per cent of the population, equating to 1.2 million people in the UK.
- 1.4 Symptoms of hoarding behaviours may include:
 - emotional attachment and distress over parting with possessions, regardless of monetary value, worth, usefulness or need.
 - allowing possessions to interfere with daily life, relationships, friends, family and social interaction.
- 1.5 Hoarding can significantly impact a person’s ability to function independently and pose a high level of risk for themselves and others. It can cause high levels of distress for those sharing a home with or living close to the person who hoards and can cause difficulties for communities working with people who hoard. When people self-neglect and feel distressed, they may seek comfort in obtaining and keeping possessions; when faced with isolation, they may seek closeness to things they feel attached to.
- 1.6 WCHG understands the impact hoarding behaviour can have on customers, their neighbours, the property and the environment. We will take a robust yet sensitive and fair approach to dealing with the consequences of hoarding behaviour. We will work with customers and statutory agencies to manage the impact and risks the behaviour poses on the customers, their neighbours, and the property.
- 1.7 We will provide a person-centred, tailored approach to customers who display hoarding behaviours. We will use a trauma-informed approach to build trust, offer choice, collaborate, empower and ensure that risks are fully understood and managed.

2. Definition

2.1 WCHG has adopted the NHS definition of Hoarding as:

“A hoarding disorder is where someone acquires an excessive number of items and chaotically stores them, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value.”

Hoarding is considered a significant problem if:

- the amount of items that interfere with everyday living – for example, the person cannot use their kitchen or bathroom and cannot access rooms.
- The items cause significant distress or negatively affect the person's quality of life or their family. For example, they become upset if someone tries to clear their items, which may negatively impact their relationship and cause it to break down.
- The safety of the person, neighbour or wider community is compromised.

3. Context

3.1 All colleagues entering our customers' homes and WCHG properties (including Wythenshawe Works colleagues and contractors) should immediately report any hoarding-related concerns to the Living Well and Tenancy Audit teams for investigation and follow-up.

3.2 The policy is shared with all contractors through our procurement portal, linked to our safeguarding obligations.

3.3 Hoarding concerns can be reported by anyone who recognises risks to a person's well-being or safety. This includes the individual themselves, family, friends and neighbours, who may see the impact on daily life. Professionals such as social workers and healthcare staff can identify hoarding issues within their day-to-day work.

3.4 Fire and rescue services may report cases where hoarding creates a fire hazard. All reports should be handled sensitively, ensuring the person receives appropriate support and intervention, balanced with the safety of neighbours/ wider community.

3.5 Customers who may be hoarding may show signs of self-neglect. Individuals who self-neglect may go without food, water, warmth, adequate sleeping space, and access to toileting and bathing facilities. They may require medical treatment. Further problems such as poor personal hygiene, unpaid utility bills and debts and neglect of their own safety and that of others may become evident. Housing professionals must be professionally curious and are able to recognise presenting issues, where the underlying cause may be hoarding.

3.6 Self-neglect can occur as a result of dementia, brain damage, depression and psychotic disorders. It may result as a result of substance misuse or abuse or misuse of prescribed medication. Individuals who self-neglect often do so as a result of illness, trauma, abuse, neglect, domestic abuse or bereavement. We will use a trauma-informed approach to support individuals in attempting to regain a sense of safety and empowerment through

developing a trusting professional relationship. We will help individuals contemplate change and re-engage in the broader community, including health and social care support. We will encourage and signpost individuals into therapeutic well-being services where appropriate.

- 3.7 The impact of self-neglect can be significant for the individual, the family, and the broader community. Public health issues such as toxic substances, rats, flies or other vermin, exposed wiring, damp and mould, structural decay and increased fire risk can pose serious risks to others.
- 3.8 When hoarding is identified, we will try to engage with the customer to address the issue. We will always seek consent to ensure appropriate care and support interventions are offered. When there is a high-risk safeguarding concern, we will carry out our lawful duties and refer to statutory and health services, with or without the individual's consent, to ensure they are safeguarded.

4. Legislation

- 4.1 WCHG refer to or considers some or all of the following legislation when addressing hoarding behaviour cases, depending on the individual or household circumstances.
 - The Care Act 2014
 - The Mental Capacity Act 2005
 - The Mental Health Act 1983
 - The Equality Act 2010
 - The Human Rights Act 1998
 - The Fire Safety Act 2021
 - The Public Health Act 1936
 - The Public Health Act 1961
 - The Environmental Protection Act 1990
 - The Landlord and Tenant Act 1985
 - The Housing Acts 1985, 1988 & 2004
- 4.2 The Care Act 2014 recognises hoarding as one of the manifestations of self-neglect and that it requires all public bodies to safeguard people at risk.
- 4.3 The statutory guidance (The Care Act 2014) identifies self-neglect as a safeguarding responsibility covering various behaviours. Self-neglect is neglecting to care for one's personal hygiene, health, or surroundings—this also includes behaviour such as hoarding.

5. Policy Statement

- 5.1 To effectively manage risks and support our customers, we work in collaboration with statutory and voluntary agencies.
- 5.2 Where family or friends are already involved and impacted and willing to cooperate, we encourage their assistance. However, in doing this, we will always comply with GDPR

principles. Our priority is to engage with the customer personally, wherever possible.

- 5.3 To ensure colleagues visiting a property are kept safe from hazards, we may, in some situations, ask customers to clear space to allow access for repairs, safety checks, or essential maintenance.
- 5.4 If access cannot be granted due to hoarding, we will work collaboratively with the individual to find a suitable solution. Solutions may include support from specialist companies to clear necessary areas. In high-risk situations, we may arrange for someone to temporarily stay in alternative accommodation to ensure essential work can be safely completed. We sometimes call this action a 'decant.'
- 5.5 We will consider the impact our requests could have on the customer's mental health. We will approach all situations of hoarding sensitively using a trauma-informed approach.
- 5.6 We will ensure that an individual displaying hoarding behaviour understands our approach of offering support whilst ensuring that we meet our legal health and safety obligations as landlords to protect and maintain their health and safety and our assets.
- 5.7 As a landlord, we must complete health and safety checks and ensure that properties are free from hazards. Hoarding can contribute to fire hazards, blocked exits, and poor ventilation. A lack of ventilation is a key factor in damp and mould growth, and excessive hoarding may prevent proper air circulation.

6. Assessing Risk

- 6.1 There are no prescribed characteristics of a person who self-neglects, and no 'evidence-based' risk factors have been identified in the UK. There are no specific screening tools for practitioners. Therefore, all tools and models are currently developed and used from practice and experience, including those used in this policy.
- 6.2 We will assess risk using the Hoarding Icebreaker assessment (See Appendix 1) and the Hoarding Identification Chart (See Appendix 2). Greater Manchester Fire and Rescue Service uses the 'Clutter Index Rating Scale' to assess the risk level. We will use this risk rating scale but refer to it as a 'Hoarding Identification Chart.'
- 6.3 When a potential case of hoarding is highlighted, WCHG will conduct an initial assessment, provided the customer is willing to engage with the assessment process. Reasonable attempts will be made to persuade the customer to engage with WCHG, and relevant support will be offered.

7. Risk Assessment Level

7.1

High Risk – Hoarding Identification Level 7 – 9

Severe and considerable health and safety dangers are present.

Action:

1. Raise an immediate If In Doubt.
2. A safeguarding referral must be made to Adult Social Care (and where appropriate Children’s Social Care).
3. An email referral will then be sent to the Tenancy Audit team at TenancyAudits@wchq.org.uk to open a case and work in collaboration with the individual/family and appropriate multi-agency partners.

Medium Risk – Hoarding Identification Level 5 – 7

Immediate risks and hazards present. Rooms are unable to be used for their intended use.

Action:

1. Raise an immediate If In Doubt.
2. An email referral will then be sent to the Tenancy Audit team at TenancyAudits@wchq.org.uk to open a case and work in collaboration with the individual/family and appropriate multi-agency partners.

Low Risk – Hoarding Identification Level 1 – 4

The property may appear to have items gathered in areas. Rooms can be used for their intended use.

Action:

1. An email referral is to be sent to the Tenancy Audit team at TenancyAudits@wchq.org.uk

8. Enforcement

- 8.1 We acknowledge that forcing a customer who hoards to participate in large clearances without their will can often lead to the exacerbation of the individual’s condition and have a long-term negative impact on their mental health and well-being.
- 8.2 We recognise that an individual’s hoarding behaviours can significantly and negatively

impact others living in the property, neighbours and the property itself; therefore, tenancy enforcement may be necessary. This may include the use of:

- Civil Injunctions
- Possession Proceedings
- Liaising with environmental health for enforcement and public protection.

9. Training

9.1 We will provide Hoarding Awareness training to all colleagues who access customer homes, including contractors. This is to ensure colleagues can recognise and report concerns relating to hoarding.

10. Responsibility

10.1 The Executive Director of Customers & Communities (Paul Seymour) shall be responsible for implementing and reviewing this policy.

10.2 The Head of Service) shall be responsible for the overall compliance and day-to-day implementation of this policy.

11. Consultation, Monitoring and Review

11.1 We will consult with all the relevant key stakeholders, including customers, colleagues, other residents, and key partners, on all our policies to tackle hoarding and improve its effectiveness.

11.2 We will seek customer feedback and regularly monitor and review all reported hoarding cases, including the numbers, progress, and outcomes of cases.

11.3 The Customer Experience committee will review this policy every two years or earlier if a significant change has occurred to an existing applicable regulatory or statutory provision.

12. Equality and Diversity

12.1 We will ensure that the Hoarding Policy and procedure are accessible to all customers and will consider the different needs of our customers when considering action.

12.2 We will provide support to residents who have difficulty managing their tenancy due to mental health issues, learning disabilities, physical disabilities, special needs or old age.

13. Associated Policies, Procedures and Strategies

- Safeguarding Policy
 - Damp & Mould Policy
 - Health & Safety Policy
 - Fire & Building Safety Management Policy
 - Gas maintenance and Safety Maintenance Policy
 - Repairs Policy

- Tenancy Management Policy
- Equality & Diversity Policy
- Data Protection Policy
- Anti-Social Behaviour Policy
- Rechargeable Repairs Policy

Appendix 1 – Ice Breaker Form



CLUTTER, DISORGANISATION & HOARDING BEHAVIOURS

Ice-Breaker Form

Empowering people to start a conversation with their GP/doctor, clinician, professional or other trusted person, and get practical advice, treatment, and support to feel better

For instructions on how to complete the form, and information about preparing for the conversation with your trusted person, please refer to our website www.hoardingicebreakerform.org

Dear Trusted Professional

I have a problem which is affecting my health & wellbeing

The problem applies to: Me Someone I live with A family member Other

(Tick all the boxes that apply)

I / they have:

A difficulty stopping acquiring things and accumulating them.	
Persistent difficulty or distress discarding or parting with personal possessions.	
Strong urges to save items.	
Areas full of possessions – eg. living areas, gardens, sheds, vehicles, etc.	
Areas where normal use of the space is difficult or impossible (eg. access to or use of toilet, kitchen, boiler, radiators, heating, hot water, lights, etc).	
Safety risks* inside or outside the home (eg. slip/trip/fall hazards; fire risks; blocked doors/windows/stairs; mould; faulty/broken electrical or gas equipment; rats/mice; overgrown garden, etc). Please explain your answer on the next page.	
Children, adults and/or animals that are not being looked after properly.	
Become overwhelmed and find making progress to reduce the problem difficult.	
Been reluctant to talk to people who say they want to help, and/or not permitted them to enter the property or the areas affected.	
Severe difficulty with things like timekeeping, prioritising, planning, organising (eg. paperwork or paying bills on time), making phone calls; making decisions.	
Been told to make changes (eg. by a family member, landlord, Environmental Health Officer, etc), and that action will be taken if nothing is done by a certain date.	

SAFETY INFORMATION



The **Clutter Image Rating (CIR)**** shown here (in a bedroom) is a scale used to give an approximate measurement of levels of "clutter" in a room (1 to 9).

What number (level) on the **Clutter Image Rating Scale** is the most cluttered area that is affected, or you are concerned about?

Please show your trusted person photos or videos of the areas affected, so they can advise you better.

Click [HERE](#) to view, download or print a FREE version of the full set of Clutter Image Rating images (Kitchen, Bedroom, Living Room), devised by Jordana Muroff, Patty Underwood and Gail Steketee for Group Treatment for Hoarding Disorder: Therapist Guide, Appendices © Oxford University Press 2014 (the CIR is on the Treatments That Work section of the Oxford Clinical Psychology website).

In what year did you first realise it had become a problem, and why?

***What safety risks are there?**

Who or what else is affected or involved (eg. young children, adult relatives, pets, friends, neighbours, Police, local authority, etc) and how?

Please add additional relevant information on other sheets of paper.

I'm now at the stage at which I need to appeal to you to help me because:

(Tick all that apply)

I feel unwell because of this situation.	
I feel distressed, and/or indecisive about what to do to make things better.	
It's hard for me / them to talk about this.	
I feel alone and need support.	
Other people don't seem to understand.	

Appendix 2 – Hoarding Identification Char

Clutter Image Rating Scale: Kitchen

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

