

# HOARDING

**Background:** A person who hoards: experiences great difficulty in getting rid of their possessions, which may or may not have value in the eyes of others; left to themselves, fills living areas with clutter so that they can no longer be used as intended; experiences significant distress; experiences restrictions to social, occupational or daily living activities, and/or presents significant risk to their own safety or that of others, because of hoarding. Hoarding is distinct from 'collecting', an activity not usually associated with the harms that result from hoarding. Many people who hoard continue to acquire items despite lack of space.

**Why it matters:** Hoarding is a behaviour that can constitute self-neglect when it is extreme (including animal hoarding). Self-neglect is a category of abuse under the SPB's Multi-Agency Adult Safeguarding Procedures. Hoarding disorder was given its own mental health classification in 2018. The impact on individuals, families & society can be significant, resulting in substantially restricted social & home living activities, poor sanitation (with resulting health risks), the possibility of eviction, increased danger of fires and death. Research suggests that as many as 6% of the population may meet the criteria for hoarding. Hoarding is found across socioeconomic classes and men and women are equally likely to hoard.

**Questions to consider:** How do you build relationships that will help you find out about people's reasons for accumulating possessions? Are you familiar with the principles of the Capacity and Self-Determination (Jersey) Law 2016? Read the Research in Practice briefing [Working with people who hoard: Frontline Briefing \(researchinpractice.org.uk\)](http://researchinpractice.org.uk). Self-help advice for hoarders is available at [www.helpforhoarders.co.uk](http://www.helpforhoarders.co.uk)



**Information:** Hoarding behaviours often start in childhood or adolescence but may not develop into moderate or severe hoarding until later in adulthood. Hoarding has been linked to having experienced traumatic life events. Surrounding oneself with 'clutter' may be an attempt to reconstruct a sense of security. There is also evidence that hoarding shows strong familial heritability, whether through upbringing, genetic pathways, or both. It is therefore important to consider the person's life history within assessment. Hoarding challenges those involved to address risk while working with the person's strengths, wishes, feelings and beliefs using a Making Safeguarding Personal approach.

**What to do:** A relationship-based, person-centred approach that focuses on a person's strengths can help to reduce anxiety and build trust. This may take time, as developing trust can easily be shattered by trying to move too quickly toward removing items if the person has not yet given agreement. Where hoarding is identified as an issue and there are children involved, contact the [Children and Families Hub](#). Read the SPB's [Self-Neglect Pathway](#). Contact the Single Point of Referral or Safeguarding Adults Team for advice or complete a SPOR referral form or [Raising a Safeguarding Concern \(Adults\) Form](#).

People who hoard often find it very difficult to make large reductions in the hoard. The priority is harm reduction rather than complete clearance. Sometimes specific steps to reduce risks can be agreed (eg moving objects away from a heat source) that deal with immediate risks, such as fire, while helping to build trust for working towards further changes. Any action proposed must be with the person's consent where they have mental capacity, unless there is a risk to others (eg fire) or public health concerns (eg vermin infestation). Agencies that may provide support include Jersey Fire Service, Environmental Health, Andium Homes, JSPCA, Mental Health & Jersey Talking Therapies.

People may hoard a variety of things such as papers, household objects or consumables. Some have been known to hoard organic matter such as bodily waste or rotten food although squalor may build up in a hoarding situation without being deliberately hoarded. Some medical or mental health conditions can also give rise to hoarding. Comprehensive assessment should evaluate whether conditions or disabilities may be contributing to the hoarding, so that appropriate intervention can be planned.