

As part of Safeguarding Awareness Week, this update will look at Hoarding behaviour

Hoarding behaviour affects 2-5% of the population, or 1.2 million people in the UK; however it is a hidden disease. There are misconceptions around hoarding; such as its strong links to OCD and its prevalence among older people. However, the majority of hoarding sufferers have moderate to severe depression, not OCD; and hoarding indicators can start in the late teenage years. Often it is when individuals become elderly and infirm that they are unable to cope with the effects that hoarding has on their lives.

Symptoms of a hoarding disorder can include emotional attachment and distress over parting with possessions, regardless of value or usefulness, allowing possessions to interfere with day to day life and relationships, and social isolation. Often these attachments can begin with trauma and loss, parental attachment and control issues, and information processing deficits.

Hoarding can be a difficult condition to address for professionals. Often the first indication that there is a hoarding issue will come as a result of a safeguarding concern. This can come from a variety of sources such as the fire brigade, child protection, reablement teams, housing or pest control. These referrals to social services often come without the individual's knowledge or consent (although consent needs to be obtained where possible), as people who hoard often feel that they do not have a problem and what they do in the privacy of their own home is not for others to judge. Through raising a safeguarding concern due to concern about the impact on others and high degree of risk, social services are made aware of a situation which may endanger an individual's safety and wellbeing, or the safety and wellbeing of others.

Safeguarding duties apply equally whether a person lacks mental capacity or not. So, while an individual's wishes and feelings are central to their care and support, agencies must share information with the local authority for initial enquiries to take place. Enquiries may take place even when the person does not wish information to be shared, to ensure abuse and neglect is not affecting others, or that a crime has not been committed. This is essential as people who hoard may not recognise the level of self-neglect or the impact that their behaviour has on themselves, their children and relatives or their neighbours.

Safeguarding concerns are often raised in relation to someone at risk of losing their home through non-compliance with tenancy terms. This can be because the hoarding behaviour has resulted in vermin and infestation in other flats or in the communal areas; or because the fire brigade have indicated a high risk to life if a fire was to break out in the flat. In the UK, 40% of fatalities due to house fires are in the homes of people who hoard.

Safeguarding concerns regarding hoarding behaviour also commonly come from children's services, where the children of people who hoard are found to be living in unsanitary or unworkable living situation. Hoarding can often interfere with the use of bathroom facilities, the kitchen, or bedrooms, and the regular maintenance of hygiene and regular meals.

Social services intervention into the lives of people who hoard must be done with care and time. Blitz cleans or decluttering services are likely to be resisted by individuals and people who are forced to have these measures taken will often continue to hoard until the problems reappear, and be less willing to engage with professionals in the future. There are charities and services that work with individuals to provide counselling and then, when the individual is ready, decluttering services. There are examples in local authorities where this counselling and decluttering service is paid for through a direct payment, so that individuals have choice and control over how their hoarding behaviour is mitigated. A good result for someone who has a hoarding behaviour may not be perfectly clean and tidy home, but a flat where the bathtub can be used, the bed can be slept in, and the cooker be used without risk.

The issue with safeguarding concerns is often that the issue is presented to the local authority at a crisis stage; either the housing department or private landlord has already served notice to quit, or a hospital wishes to discharge a patient home only to find that the home is not appropriate for recovery, or child protection measures have already been instigated. With the help of an advocate and/or a support worker experienced in hoarding behaviours, social workers can put together an action plan to present to the agencies involved, to get hearings or decisions delayed until improvement is seen in the living conditions.

In order to reach people before such crisis points and before there is a need to raise a safeguarding concern, there needs to be partnership working between the different organisations and agencies in a locality. To that effect, Kingston has a working group and a revised Hoarding Protocol (launched today) to start the liaison work with its partners, to ensure that individuals get the support they need in a timely manner.

If you are interested in becoming a member of planned working group, please get in touch with Gemma Blunt - Corporate Head of Service for Safeguarding Adults: gemma.blunt@kingston.gov.uk

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