



Self-Neglect 7 Minute Briefing

SELF-NEGLECT AND HOARDING

This briefing is part of a series on self-neglect. Each briefing should be read alongside your Safeguarding Adults Board multi-agency policy, procedures, and practice guidance.

DEFINITION OF THE HOARDING

Hoarding disorder was previously considered to be a form of Obsessive-Compulsive Disorder (OCD). Hoarding is now considered to be a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. However, hoarding can also be a symptom of other mental disorders.

Hoarding disorder is distinct from the act of collecting and is also different from people whose property is generally cluttered or messy. It is NOT simply a lifestyle choice and can be caused by traumatic life experiences.

The main difference between a hoarder and a collector is that hoarders have strong emotional attachments to their objects which are higher than the real value.

3 TYPES OF HOARDING

- **Inanimate objects** – this could include one type of object or a collection of a mixture of objects such as old clothes, newspapers, books, food, containers, or papers.
- **Animal hoarding** – this is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.
- **Digital hoarding** – there is little research on this matter, but it could include data collection equipment such as computers, electronic storage devices or papers or it could include a need to store copies of emails and other information in an electronic format.

5 DIAGNOSTIC CRITERIA FOR IDENTIFYING A CASE OF HOARDING DISORDER:

- Persistent difficulty discarding or parting with possessions, regardless of their monetary value
- This difficulty is due to a perceived need to save items and the distress associated with discarding items
- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas
- The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The hoarding is not attributable to another medical condition or mental disorder

MENTAL CAPACITY

Learning from Safeguarding Adult Reviews in cases of self-neglect often focuses upon the lack of the practical application of the Mental Capacity Act. Understanding the mental capacity of the person is crucial to managing risks associated with hoarding. This will often require a Mental Capacity Assessment. Practitioners should ensure that the risks around a particular decision are clearly and honestly explained to allow the person to make an informed choice. This might involve telling someone that they are putting their life at risk. Learning from cases has also highlighted the need to consider whether a person has “executive capacity” – a person’s ability to implement a decision they have made.



KEY LEARNING



HOW TO RECOGNISE HOARDING

- Evidence of fear and anxiety which may have started as a learnt behaviour or a significant event such as bereavement
- Long term behaviour pattern
- Excessive attachment to possessions
- Indecisiveness
- Unrelenting standards
- Socially isolated – should also consider if they are refusing home visits and insisting on office-based appointments
- Large number of pets
- Extreme clutter
- Self-care – they may appear unkempt and dishevelled.
- Poor insight

A MULTI-AGENCY RESPONSE

Self-neglect cases often require a multi-agency response, whether this is under safeguarding adults’ procedures or as part of multi-disciplinary working more generally. There needs to be a clear understanding of the person’s needs as a whole. A team-around-the-person approach often works well, with a small core group of professionals established to closely monitor risks and agree plans to manage risks. When someone is neglecting their home environment there are many organisations that are likely to be crucial to understanding and managing risks, for example: GP’s, Mental Health Services, Housing, Fire & Rescue Service, Police, RSPCA / Animal Welfare etc.

KNOW WHEN TO SEEK SUPPORT / ESCALATE

Where concerns persist and/or risks increase, there might be a need to seek additional advice and support.

This might be from legal services, senior managers and/or safeguarding/MCA specialists.

VALUE INFORMAL CARERS

Informal carers can greatly reduce risks associated with hoarding.

However, they need to be visible to professionals and appropriately supported.



? QUESTIONS FOR YOU TO CONSIDER ?

- As people may see clutter differently, Hoarding UK have published a [Clutter Image Tool](#) to support professional judgement. This will also help identify any deterioration of self-neglect.
- To support the Clutter Image Tool assessment, guidelines have been produced to support good practice in managing the balance between protecting adults from self-neglect and their right to self-determination.
- Do you understand the causes of the person's hoarding and their lived experience?
- Have you communicated and shared information with professionals in other agencies? Have you considered your local multi-agency safeguarding adults' policy and procedures?
- Are you clear about any informal carer arrangements? Have informal carers been offered support in their caring role?
- Have you assessed the person's mental capacity in relation to hoarding and the subsequent risks? Has this been done recently, and has it been formally recorded?
- Have there been full and frank conversations with the person about the risks of hoarding?

LINKS TO FURTHER INFORMATION

- [Hoarding UK](#) – 020 3239 1600; info@hoardinguk.org
- [RSPCA](#) – 03001234999
- [MIND](#) – 0300 123 3393
- [Ann Craft Trust Advice & Information](#) – 0115 951 5400
- [Social Care Institute for Excellence](#)

