

Hoarding Toolkit

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This page gives some guidance on hoarding, and what to do if you encounter it. If you meet someone who you feel is hoarding, or at risk of slipping into hoarding behaviour, please

1. **Talk with the person** – find out more about them, their reasons and what is a good approach for them
2. **Get help** – to enable the person to take steps with the support they need. They don't need to feel alone; there is help to tackle it, and people who can support both you and the person in question.
3. **Get help** – to enable the person to take steps with the support they need

Locally, we want:

- To help people start on their pathway out of hoarding.
- For the journey to be positive and long-lasting.
- To help partner organisations, individuals and family members find out how best to approach hoarding

What is hoarding?

Hoarding is having so many things that you cannot manage the clutter where you live and find it difficult or impossible to throw things away.

You might hoard because you feel a strong need to keep things. But your connection to these things can cause you distress. And the impact of hoarding can affect your day-to-day life.

Hoarding disorder is a mental health problem that a doctor can diagnose. But you might also experience hoarding as part of another mental or physical health problem.

Causes of hoarding

No one knows exactly what causes hoarding, but there are lots of theories. Different people will have different reasons for their own experiences. It's likely to be a combination of factors.

Difficult feelings:

Hoarding can be related to difficult experiences and painful feelings. You may find these hard to express, face or resolve. Some people say hoarding helps them cope with other mental health problems, or distracts them from feeling very anxious, upset or afraid. There can sometimes be a link between hoarding and impulse control. This is when you find it almost impossible to resist certain actions, such as buying items.

Perfectionism and worrying:

If you hoard things, you might feel very worried about making mistakes – also known as perfectionism. You might also find it hard to make decisions, plan ahead or work out how to do tasks. These could be possible reasons why some of us are more vulnerable to hoarding. For example, you might struggle to sort or group

your things into types, or to decide what to keep or throw away. The idea of this might seem so difficult or upsetting that it feels easier not to try.

Childhood experiences:

Some researchers believe hoarding can relate to childhood experiences of losing things, not owning things, or people not caring for you. This might include experiences like:

- Money worries or living in poverty in childhood.
- Having your belongings taken or thrown away by someone.
- Hardship, emotional abuse or neglect. For example, if your basic needs weren't met, or people didn't treat you with warmth or support

These experiences might make you feel more connected to your belongings or make it hard for you to organise them.

Trauma and loss:

You might be able to link the start of your hoarding to a traumatic period in your life. This could include:

- Being abused, bullied or harassed, including experiencing racism
- Breaking up with a partner
- Experiencing physical health problems
- Losing someone close to you
- Feeling extremely lonely or isolated
- Experiencing long periods of stress, or feeling stressed a lot

For some of us, these experiences could make your hoarding worse if you started doing it before a traumatic period.

Family history or habits:

It's common for those of us who hoard to have family members who share this behaviour, such as a parent or sibling. Some studies suggest that certain genes could make you more vulnerable to hoarding. But family links are very complicated. If you grew up around hoarding, you might have learned some of these habits and behaviours. You could also hoard without any other family members who have problems with hoarding. If you live with someone who hoards, this can result in you having more clutter in your home overall. You might find it really difficult to make changes because you disagree with each other on what to keep or throw away.

(Ref: www.MIND.org.uk)

1. The Amount of Clutter

Hoarding can be defined as the “*excessive collection and retention of any material to the point that it impedes day to day functioning*” (Frost & Gross, 1993). It is essential to look at the reasons which lie behind the behaviour to best know how to support the individual.

Hoarding disorder is distinct from the act of ‘collecting’ or keeping your home in a generally cluttered or messy state. Anything may be hoarded by the person at their home – inside or outside the property.

Hoarding has no relation to gender, age, ethnicity, socio-economic status, educational or occupational history, or tenure type.

The Clutter Index

The clutter index provides a way to assess the extent of the collection and gives a shared scale and language for everyone who is involved to use. It also helps to illustrate how things change over time.

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



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Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



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Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



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(International OCD Foundation's [Clutter-Image-Ratings.pdf](#))

How the person feels

The guide below helps describe a person's attitude towards their possessions. This is useful for describing the issue to other agencies and will help when creating an action plan.

- A. **Good or fair insight:** The person recognises that hoarding-related beliefs (relating to difficulty discarding items, clutter or excessive acquisition) are problematic. The person recognises these as their own.
- B. **Poor insight:** The person is mostly convinced that hoarding-related beliefs (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the contrary. The person might recognise a storage problem but has little self-recognition or acceptance of their own hoarding.
- C. **Absent insight:** The person is convinced that hoarding-related beliefs (relating to difficulty discarding items, clutter or excessive acquisition) are not problematic despite evidence to the

contrary. The person is completely accepting of their living environment despite the various risks to safety and health.

- D. **Detached with assigned blame: The person has been away from their property for an extended period. The person has formed a detachment from the hoarded property and is now convinced a 'third party' is to blame for the condition of the property, for example a burglary has taken place, or it is the result of squatters or other household members.**

2. Where to Turn

The Peterborough Multi-Disciplinary Hoarding Forum

The Multi-Disciplinary Hoarding Forum meets approximately every 3 months for professionals who support people who hoard to come together and seek advice, best practice and guidance from others. It is an open forum where everyone can present situations without revealing the person's identity. You can present scenarios without revealing the resident's identity, or with their consent, we can discuss a particular client's circumstances in greater detail. A Data Sharing Agreement is in place and confidentiality is key. No notes are taken, it is down to the individual to take away their own conclusions on actions they will take. The multidisciplinary nature of the forum allows for a wide range of knowledge and experience.

Representatives on the Forum are from the following organisations:

- PCC – Housing Programmes Team
- PCC – ASC Adult Early Help
- PCC – ASC Community Long Term Team
- PCC – ASC Review Team
- PCC – Safeguarding Team
- PCC – Reablement Team
- PCC – Pollution Control Team - tbc
- Cambridgeshire Fire & Rescue
- Older People's Mental Health Team
- STARS Reablement Team
- Primary Mental Health – Exemplar Project
- Care Network
- PCN Personalised Care Lead & Social Prescribers
- P3 Charity – Multi-disciplinary Floating Support
- Cambridgeshire Ambulance Service - Tbc

If you want to bring a case to a Hoarding MDT please email Julia Potkins, Housing Programmes Officer at julia.potkins@peterborough.gov.uk who will forward the Referral Form and add you to the Agenda of the next meeting.

For the individual & their supporters

The [MIND guide to hoarding](#) is good for professionals and for individuals, their friends and family. It includes good links including self-help ideas. Other agencies may be able to help, including the voluntary and community sector. Some are listed here with an outline of what they can do:

The Fire Service can install smoke alarms in accessible rooms and give fire safety advice particularly on electrical, kitchen, candles, electric blankets, fires and heaters.

Registered Providers of Social Housing have tenancy support teams who can visit a person to inspect the property and assess support needs, possibly refer to the Floating Support service. They can make sure the person is maintaining tenancy conditions, fulfilling responsibilities, and can consider enforcement if needed.

Cross Keys Homes (Making Space) run their specialist Making Space hoarding support group several times a year. This support takes place over 15 weeks and is based on the 'Buried in Treasures' approach which aims to help participants understand their behaviour and discard unneeded items. They talk about the emotional factors that fuel hoarding in a safe, non-judgemental setting. The Making Space group is open to everyone, not just those living in Cross Keys homes. If you would like to refer someone or require further information, please contact community@crosskeyshomes.co.uk

PCC's Housing Programmes Team based within ASC. A discretionary grant is available to expedite a discharge from hospital or an interim care setting when the patient cannot return home due to the condition of the property. The grant can also be used to mitigate high risk situations and prevent potential hospital admission due to self-neglect of the home or due to a property being severely hoarded.

GPs can carry out assessments and refer to appropriate mental health teams, working with their social prescribers.

Psychological well-being service (also known as IAPT) aims to make psychological therapies more accessible to people experiencing common mental health problems such as depression and anxiety. They can be found, [here](#) and people can refer themselves into the service.

Safeguarding: if you have concerns about abuse or neglect, you can make a safeguarding referral using [this link](#)

Environmental Health – Pollution Team at the City Council will consider serving legal notices under various Acts, and if not complied with can consider 'works in default'. Action mostly depends on complaints being received, or where the issue in one property affects other properties and people. Look at the guidance on Premises Prejudicial to Health and report using [this link](#)

Voluntary agencies can offer advice, including debt advice, and support including for example gardening services, befriending, well-being activities and volunteering opportunities. Contact by using [this link](#)

Animal welfare organisations and visit to do well being check of animals at the property and educate person on animal welfare if needed. They can provide advice / assistance on re-homing if needed or consider removal of animals to a safe environment and even take legal action for animal cruelty if appropriate. **Wood Green Outreach Services** can support with animal welfare, including animal hoarding and helping if someone feels they can no longer care for an animal. Link [here](#) to the "pet promise" page on Wood Green's website.

Where money is an issue

Some tips:

- Try to maximise the income of the individual through welfare benefit review, debt advice and support with utilities. Consider organisations that can help such as the Local Energy Advice Partnership (LEAP) at applyforleap.org.uk
- A discretionary grant is available to expedite a discharge from hospital or an interim care setting when the patient cannot return home due to the condition of the property. The grant can also be used to mitigate high risk situations and prevent potential hospital admission due to self-neglect of the home or due to a property being severely hoarded. Contact Adult Early Help at adultsocialcare@peterborough.gov.uk
- If someone has a care and support plan through Adult Social Care, ask if the property condition has been considered in the assessment. Can a cleaning call be added to the care package.
- Get quotes, more than one to give a fair reflection, for help with cleaning or clearing. Encourage saving towards a solution.
- Consider if someone may need support with compulsive buying. There are lots of good online advice sights and apps. Cognitive behavioural therapy can also benefit.
- Speak to landlords, both social and private. Social housing Tenancy Sustainment Teams may be willing to support with costs/interventions.

- Home Improvement Agencies may be able to support with Handy Person Services, particularly where there is a wider aim such as reducing the risk of trips and falls or hospital admission. Contact Peterborough Care & Repair at careandrepair@peterborough.gov.uk

It's important to:

- Look at what someone is hoarding in a non-judgmental way.
- Show curiosity – ask what is collected and why.
- Use the same language as the person who is collecting – for example we'd suggest if the individual talks about their 'treasures', try to use the same term.
- Find out why the collection is important to the person, what value do they see in it?

3. How to Address the Collection

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



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Pointers for Clutter index: Level 1 to 3

- Listen to their story – why are these items important to them?
- Self-help may work best, we suggest following the approach in the [MIND guide to hoarding](#). This level of clutter generally means the habit is less entrenched and there is less of a "habit" as yet. It's a great moment to stop the clutter increasing to a more serious level.
- Suggest taking regular photos to encourage a positive measure of progress using the clutter index.
- Involve others if needed, for example:
 - Professionals can attend a Hoarding Forum to get informal support and advice

- Community and voluntary agencies may be able to help – have a look at [Keep Your Head](#) and [How Are You](#) web pages
- Consider cleaners who support a positive response to hoarding. There are some cleaning services that work specifically with people who hoard, all are ‘paid for’ services.
- Enlist the person’s supporters to help prevent escalation.

Pointers for Clutter index: Level 4 to 6

- A habit has formed, possibly longstanding.
- This may need deeper exploration as to the reasons behind the collection. The person may well reveal a medical reason or a mental health issue which has led to the collection building in conversation.
- It’s important to both care and to confront. Listen carefully to the person’s feelings about their possessions (in a non-judgmental way) while guiding them to think about the risks and challenges a collection like this can bring.
- Some help from other people will probably be needed, consider referring into the Hoarding Forum.
- Offer advice about risks and safety, if it is a concern, consider asking Cambridgeshire Fire & Rescue for a fire safety check (with the consent of the person).

Pointers for Clutter Index: Level 7 to 9

- At this stage, everyone needs to work together to help the person plan their way out of this level of clutter. The Hoarding Forum is the best place to approach to get support on this and may recommend a multi-agency meeting.
- It’s probably an epic and longstanding issue and almost certainly hints at underlying issues.
- There need to be persistent and consistent messages that this cannot continue, however in parallel with the need to tackle the level of possessions in a way that will not lead to additional trauma and mental health difficulties for the collector.
- This level of hoarding **cannot** be tackled by one person alone – it will need a number of partners to bring their influence to bear if the person is to make a change.
- At this stage, you may want to consider their mental capacity in order to understand the risks better.
- If this person has mental capacity but is not responding, consider raising your [safeguarding concerns](#).

Tips

- The level of insight the person has about their own behaviour will affect your approach. People who are at the first two stages on the “insight” scale will be much easier to work with than those who have much less insight. The less insight a person shows, the more you will need to involve other agencies to ensure there is a clear and consistent message about the possessions.
- The earlier we can get alongside a person who hoards, the more likely we are to reach a good outcome for all concerned, in a way which helps in the long term – not just treating the symptoms.
- Bearing in mind the complexity of hoarding behaviour, especially the fact that it tends to be rooted in anxiety disorders, it is important that we take a sympathetic approach.
- The person with hoarding behaviour may well not respond favourably to a simple clearance of their property. In fact, this is likely to be extremely upsetting and will almost certainly exacerbate any mental ill health and add to their stress.
- Clearance is also unlikely to be a solution in the longer term, as it often leads to trauma followed by a continued need to gather items, if the root cause(s) have not been explored.
- Once some cleaning has been completed in cooperation with the resident, consider what might help them maintain their new habits and ensure they do not “slip back”. One idea is for a cleaner to visit regularly but not too frequently, to help keep things tidy and to keep an eye on bad habits returning.
- Just to be certain – cleaning includes wiping surfaces, removing cobwebs and emptying bins. Any collection of items in the property might be boxed up or put to one side while an area is cleaned, but the possessions are not removed.
- Clearance is removing possessions to go to the tip or in a skip. You do not want to confuse the two terms because it will have a profound effect if someone is expecting a tidy up and wipe of surfaces, but finds their possessions have all been removed instead.

- In some situations, the property needs a deep clean. In others, there also needs to be a clearance – often one area at a time. It is very important that if you are considering arranging either **cleaning** or **clearance**, the person in question understands the terms you are using, and they agree to whichever action they are happy with.
- A more specific situation is where there is a squalid collection of items associate with drug or alcohol misuse – of no sentimental or significant value and may be a direct risk to health for example contaminated needles. In this case, it is best to approach the agencies which support people with substance misuse issues. The web page for Aspire in Peterborough is [here](#).

Risk

- Depending on the extent, there may be a risk to the resident, and to neighbours, when hoarding occurs.
- This includes increased risk of fire, due to storage of flammable materials particularly if they are kept close to heat sources such as cookers or fires. Also risk of getting trapped or crushed, should a pile of good fall onto the person, and the risk of fire crews and ambulance teams being unable to access the property if access routes are blocked.
- This is why the Hoarding Protocol outlines a 'care-confrontational' approach – balancing care for the individual against concern for their safety, and that of neighbours and visitors.
- Individual organisations which get involved will have ways to assess risk and guidelines on how they will do that assessment. The Hoarding Protocol also includes a helpful risk assessment tool.
- If you are helping someone who is hoarding, we'd suggest that in conversation with the person, you balance a caring and inquiring approach with outlining some of the risks posed, to encourage them towards taking action and/or seeking help.

Avoiding some pitfalls

Some hoarding myths and truths can be found [here](#)

Example Situations & Conversations

A person with long standing trauma, for example someone who was in care themselves, or have had a child taken into care, can lead that person to collect things by way of replacing something that's missing.

There are also conditions where people cannot process cause and effect (some personality disorders fit here), where the individual cannot see that their actions have led to what they see. They presume some other reason for the collection.

There are as many reasons to hoard as there are people who hoard, so here are some examples:

I started off thinking "that might be useful" but all the useful things have piled up and now it's out of control

I am a collector of things, but health issues mean I can't manage my collection any more

It's all too much, I just can't face dealing with it (someone with depression could fall into this)

I am a compulsive buyer (which is a compulsive disorder)- My collection is just a side effect of my purchases

I don't feel any emotional attachment to these objects but because of my OCD I need to do things ritually by numbers, which helps control my anxiety

I'm very attached to all my possessions, they all have meanings and hold memories for me - I couldn't bear to be parted from them

A Case Study

Mrs I is a 69-year-old asthmatic, suffering from depression and severe fatigue. She was living alone in a 1 bed retirement housing scheme owned by Cross Keys Homes. She has one daughter who lived in London, so it was difficult for family to support Mrs I.

Mrs I was originally referred to the Housing Programmes Team in 2023 by Peterborough City Council's Adult Early Help Team. The Housing Programmes Officer made several attempts at that time to contact Mrs I, including telephone calls and unannounced visits without success. Contact was made with the daughter to arrange a visit but at the agreed date and time the door was not answered.

A second referral was received by the Scheme Manager at the Retirement Housing complex. Discussions took place regarding the support that could be provided by Cross Keys during any intervention and after the intervention was completed.

There had been a small fire in the kitchen due to the client starting to cook and then falling asleep leaving the food on the oven. Luckily, the fire was detected early before it spread through the property.

The property was very neglected, cluttered and dirty with rotten food on the kitchen floor in a box where Mrs I had not placed it in the fridge/freezer. There was a high risk of falls due to clothing and other items on the floor which was heightened by the Mrs I's limited mobility. Mrs I's depression was so severe that she did not have the motivation to get out of her chair and she reported that she spent the majority of the day and night, asleep.

Following the inspection of the property it was determined that Mrs I was eligible for discretionary grant funding from the Council to prevent the risk of falls and a potential hospital admission. The Housing Programmes Officer asked Cross Keys Homes for support for their tenant and the Scheme Manager arranged for their cleaning contractor to conduct regular cleaning calls, paid for by the client, following the grant funded intervention to help to maintain a safe home environment for Mrs I. Cross Keys Homes Rangers also provided support with relocating some of the items to a garage that the client rented.

The grant funded intervention took 2 days and included re organising the remaining possessions safely and clearing the bed so Mrs I could sleep in her bed rather than in the reclining chair in the living room. Once the property was re organised the contractor completed a thorough deep clean of the living room, kitchen and bathroom.

Mrs I was absolutely thrilled with the outcome of the grant funded work and has said that now her home is beautiful she feels so much better. She said she had lived in a poor environment for so long and she could not see any way of getting to this point.

Feedback was also received from the Scheme Manager. *"I would like to say how professional he (Housing Programmes Officer) was and finally to meet someone who took time to work with myself and a tenant. The contractor visited the tenant yesterday and did a wonderful job. It's so nice to see the tenant smiling and saying how happy she is now. When I spoke to her this morning it was as if it was a different person."*

The Cambridgeshire and Peterborough Safeguarding Partnership Board have produced guidance on hoarding, a Hoarding Risk Assessment Tool, and a Multi-agency Protocol for Working with People with Hoarding Behaviours. To find out more go to the webpage: [Hoarding | Cambridgeshire and Peterborough Safeguarding Partnership Board \(safeguardingcambspeterborough.org.uk\)](https://safeguardingcambspeterborough.org.uk) where you can also find an ADASS Self Neglect & Hoarding Learning Support Document and details of Hoarding & Safeguarding Adults Training.