

**Hoarding**

Hoarding is a sign of self-neglect. The person may present with a compulsion to accumulate belongings or animals, usually storing them in a manner that appears chaotic. Hoarding behaviours can make parts of the home unusable and unhygienic, create fire and safety risks, and negatively affect a person’s quality of life.

The term hoarding should be used sensitively as the person may place a high emotional value on these items. Individual should be described as “a person who hoards” rather than as a “hoarder.”

**Support and Safeguarding**

The [HSAB Self-Neglect and Hoarding Policy](https://www.herefordshiresafeguardingboards.org.uk/documents/self-neglect-and-hoarding-policy-and-practice-guidance) and the [Complex Adults Risk Management](https://www.herefordshiresafeguardingboards.org.uk/documents/carm-final-herefordshire-june-2022) framework, provide guidance and pathways to supporting individuals.

If professionals are unable to engage the person with support and this is likely to result in significant harm, a [safeguarding referral](https://www.herefordshiresafeguardingboards.org.uk/concerned-about-an-adult) under S42 of the Care Act 2014 should be made.

**“Nothing about me, without me”**

Due to the nature of self-neglect, engagement may take time and fluctuate. Individuals often decline support and may not identify that they need support. This may be misinterpreted as unwillingness to engage.

When practitioners fail to find ways to engage with an individual, there can be serious implications for that person’s health and wellbeing. To support engagement, practitioners should:

* Start with the assumption that the individual is best placed to judge their wellbeing.
* Understand the meaning of the individual’s self-neglect in the context of their life history.
* Pay close attention to individual’s views, wishes, feelings and beliefs.
* Focus on consistent professional support, with professionals who the individual responds to best.
* Be mindful of language and use respectful terminology – for e.g. “belongings” not “clutter.”
* Use statements which help them link self-neglect to current difficulties e.g. ‘Your house has been very cold during my last three visits and I’ve noticed your cough seems much worse.’

**Further Reading & Resources**

[HSAB Self-Neglect and Hoarding Policy and Practice Guidance](https://www.herefordshiresafeguardingboards.org.uk/documents/self-neglect-and-hoarding-policy-and-practice-guidance)

[SCIE self-neglect at a glance](https://www.scie.org.uk/self-neglect/at-a-glance?gclid=EAIaIQobChMIxNHD8dyj8AIVg_uyCh0xMQO9EAAYASAAEgJKKvD_BwE)

[Care Act Statutory Guidance - Safeguarding](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1)

[Hoarding Disorders UK – Clutter Image Ratings](https://hoardingdisordersuk.org/research-and-resources/clutter-image-ratings/)

[Home Fire Safety Checks – Fire and Rescue Service](https://www.hwfire.org.uk/safety-and-advice/home-safety/hfsv/)

[HSAB Complex Adults Risk Management](https://www.herefordshiresafeguardingboards.org.uk/documents/carm-final-herefordshire-june-2022)

**Practice Principles**

* “No wrong door” – every contact is an opportunity for intervention; all agencies work with the person rather than referring them elsewhere.
* Understanding the person’s ‘story’ and how they came to be in their current situation is critical to supporting them to move on from self-neglect. This also helps to make sense of seemingly unwise or inconsistent responses to offers of help.
* People have the right to refuse support. Refusal does not mean that all intervention stops; a multi-agency plan should be put in place to build a relationship and offer support.
* Focus on preventing abuse and neglect, preventing or delaying the development of needs for care and support, and reducing needs that already exist.

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**Mental Capacity**

Balancing the duty to protect the individual from significant harm with the duty to respect their freedom of choice can be both stressful and challenging.

Practitioners must establish whether the person has capacity to make and enact decisions about their wellbeing and whether they are able or willing to practicably care for themselves.

If a person is assessed as lacking capacity in relation to their self-care they can no longer be described as self-neglecting. Any further actions will need to be undertaken in their best interests under the Mental Capacity Act with regard to the key principle of the least restrictive option.

**What is Self-neglect?**

Self-neglect covers a wide range of behaviour relating to care for one’s personal hygiene, health or surroundings. It can be associated with behaviour such as hoarding, substance use and rough sleeping or homelessness. Self-neglect typically features:

* Lack of self-care to an extent that it threatens personal health and safety.
* Lack of care of one’s environment – this may result in unpleasant or dirty home conditions and increased risk of fire.
* Refusal of services that could alleviate the above.