

<b>LONDON BOROUGH OF CAMDEN</b>	<b>WARDS:</b> All
<b>REPORT TITLE</b> Camden's Approach to Hoarding and Self-neglect	
<b>REPORT OF</b> Report of the	
<b>FOR SUBMISSION TO</b> Health and Adult Social Care Scrutiny Committee	<b>DATE</b> 10 February 2026
<b>SUMMARY OF REPORT</b>  <p>This report describes Camden's approach to hoarding and self-neglect - reflecting its wider Adult Social Care vision to support people to live safely, with dignity and independence, in the place they call home.</p> <p>Camden's Adult Social Care services are leading a joined-up, multi-agency response which is strengths-based, relational and trauma-informed.</p> <p>Since January 2026, a new multidisciplinary model is providing consistent, person-centred and therapeutic support, with strong resident involvement and strategic oversight to improve outcomes and prevent crisis.</p> <p><b>Local Government Act 1972 – Access to Information</b></p> <p>No documents that require listing have been used in the preparation of this report</p> <p><b>Contact Officer:</b>  Michael Christov  Portfolio Lead Adults and Health  London Borough of Camden  5 Pancras Square, London, N1C 4AG  Michael.Christov@camden.gov.uk</p>	
<b>RECOMMENDATIONS</b>  <p>That the Committee note and discuss Camden's approach to responding to hoarding behaviours.</p>	

Signed: *Michelle Head*

Date: 30/01/2026

## 1. Purpose of Report

- 1.1. To provide a general introduction into hoarding and self-neglect in Camden and an overview of how Adult Social Care has driven a joined-up approach between several service areas to respond to hoarding behaviours and for the committee to note and comment on the progress outlined in this report.

## **2. Introduction**

- 2.1. Camden's approach to hoarding and self-neglect sits within its wider vision for Adult Social Care: enabling people to live safely and with dignity in the place they call home, stay connected to what matters to them, and receive the right support when life becomes harder. Adult Social Care plays a vital role in preventing crisis, reducing isolation and supporting independence, particularly where people face complex challenges linked to health, disability, trauma or social disadvantage.
- 2.2. Hoarding is recognised as a form of self-neglect under the Care Act 2014 and can have serious consequences for individuals, neighbours and communities, including risks to health, safety and wellbeing. Hoarding behaviours are often shaped by trauma, mental ill-health, physical decline and social isolation, and can worsen outcomes by increasing shame, withdrawal and barriers to accessing support.
- 2.3. Adult Social Care has led a joined-up, multi-agency response across housing, health, environmental services, safety partners and the voluntary sector. The approach is grounded in Camden's *What Matters* framework, which is strengths-based, relational and trauma-informed, placing residents' identity, aspirations and control at the heart of decision-making. By focusing on what people can do, rather than what they cannot, the approach supports autonomy, dignity and long-term independence.
- 2.4. In response to rising demand, increasing costs and inconsistent past provision, Camden has commissioned a new multidisciplinary model from January 2026. This replaces ad-hoc deep-clean arrangements with specialist, trauma-informed services that combine practical interventions with therapeutic support, tailored aftercare and coordinated multi-agency working through a 'Team Around Me' model. Resident voice and co-production have been central to the design and commissioning of this approach.
- 2.5. Strategic oversight will be provided through a new Hoarding Steering Group, ensuring learning is embedded, prevention strengthened and practice continually improved. Together, this approach supports Camden's ambition for adult social care that intervenes earlier, reduces crisis, and enables residents to remain safe, connected and supported in their own homes.

## **3. Overview of Hoarding and Self-Neglect Behaviours**

- 3.1. Hoarding refers to the acquisition of items with an associated inability to discard things that appear to others to have little or no monetary value, to the point where it interferes with use of living space or activities of daily living.
- 3.2. Hoarding is considered a form of self-neglect due to its impact on the adult and others. Self-neglect encompasses a broad range of behaviours where an adult neglects their personal hygiene, health, or living environment. The Care Act 2014 formally recognises self-neglect as a category of abuse and neglect and as such, hoarding requires safeguarding action.
- 3.3. Hoarding can be so excessive that it can affect the adult's health and wellbeing, can cause their property to become inhabitable and potentially have a knock-on effect on neighbouring properties increasing the heightened risk of fire and infestations.
- 3.4. There is no clear point at which lifestyle patterns become self-neglect however it covers a wide range of behaviour and may often involve interplay between mental, socio-economic and physical issues.
- 3.5. There are various reasons and explanations as to why an adult may self-neglect by hoarding. Hoarding can be triggered not only by undiagnosed or diagnosed mental health issues but by a traumatic experience, physical and nutritional deterioration, diminishing social networks and/or economic resources. Hoarding disorder is also a recognised psychiatric condition itself.
- 3.6. Conditions that can indicate signs of self-neglect and hoarding can include but are not limited to:
  - extreme clutter, empty food packaging, books or papers stacked up in living spaces (clutter image rating scale can be found [here](#))
  - facilities such as bathrooms, kitchens and bedroom that are no longer fit for purpose because they are being used as storage
  - exits are blocked and it is extremely difficult to navigate around the property
  - hoarding of animals and issue related to their excrement
- 3.7. Hoarding behaviours can impact people in various ways, Hoarding behaviours can display as coping mechanisms for overwhelming emotional experiences but can then worsen other life outcomes including:
  - **Isolation:** People may withdraw from friends, family and services due to fear of judgment or embarrassment about their living conditions.
  - **Falls & injury risk:** Cluttered living spaces increase the likelihood of trips, falls and injuries, particularly for people with mobility or health issues.
  - **Emotional distress:** Hoarding can cause ongoing anxiety, overwhelm and distress linked to loss of control and fear of change.
  - **Loss of relationships:** Strained living conditions and withdrawal can damage relationships with family, friends and neighbours.

- **Worsened life outcomes:** Hoarding can compound existing health, social and financial challenges, limiting opportunities for recovery and stability.
- **Disease risk:** Unsanitary conditions can increase exposure to infections, infestations and other health risks.
- **Depression:** Persistent isolation, shame and loss of functioning can contribute to or worsen depression.
- **Additional Self-neglect:** Hoarding may result in an inability to maintain personal hygiene, nutrition and a safe living environment.
- **Fire risk:** Excessive clutter significantly increases fire hazards and can block escape routes in an emergency.
- **Loss of dignity:** Living in unsafe or unmanageable conditions can undermine a person's sense of pride, autonomy and self-worth.
- **Trauma:** Hoarding is often linked to past trauma and can be further exacerbated by distressing interventions or loss of possessions.
- **Suicide risk:** Severe hoarding, combined with isolation and mental ill-health, can increase vulnerability to suicidal thoughts or behaviours.
- **Shame:** Feelings of embarrassment can prevent people from engaging with health, care and support services, or allowing others into their home – this can delay diagnosis and treatment.
- **Stigma:** Negative assumptions and misunderstanding about hoarding can lead to discrimination and further social exclusion.
- **Delayed hospital discharge:** Unsafe or unsuitable home environments can prevent timely discharge from hospital, leading to longer hospital stays and poorer recovery outcomes.

#### 4. What we know from data and evidence about hoarding in Camden

- 4.1. There have been major increases in the number of residents identified with hoarding behaviour in Camden
- 4.2. The number of people receiving a deep clean has increased by 37% from 2018-19 to 2022-23. However, spend by all teams on deep-cleans and de-cluttering has more than doubled over the last five years. The average cost per deep clean has therefore increased from £840 in 2018-19 to £1,365 in 2023 – 24.<sup>1</sup>
- 4.3. Data shows that on average residents identified with hoarding behaviour are having 1.6 deep-cleans and one resident has had 21 deep-cleans over the past 6 years. The cost of deep-cleans to Adult Social Care over the last five years has been a total of £1,013,351. Spend is fairly balanced across the neighbourhoods. Services outside of Adult Social Care have also commissioned deep-clean services which amounted to £129,250 for 2022 – 23.<sup>2</sup>
- 4.4. Local data shows more people between the ages 50-64 use deep-clean services and that these services are more likely to be accessed by males

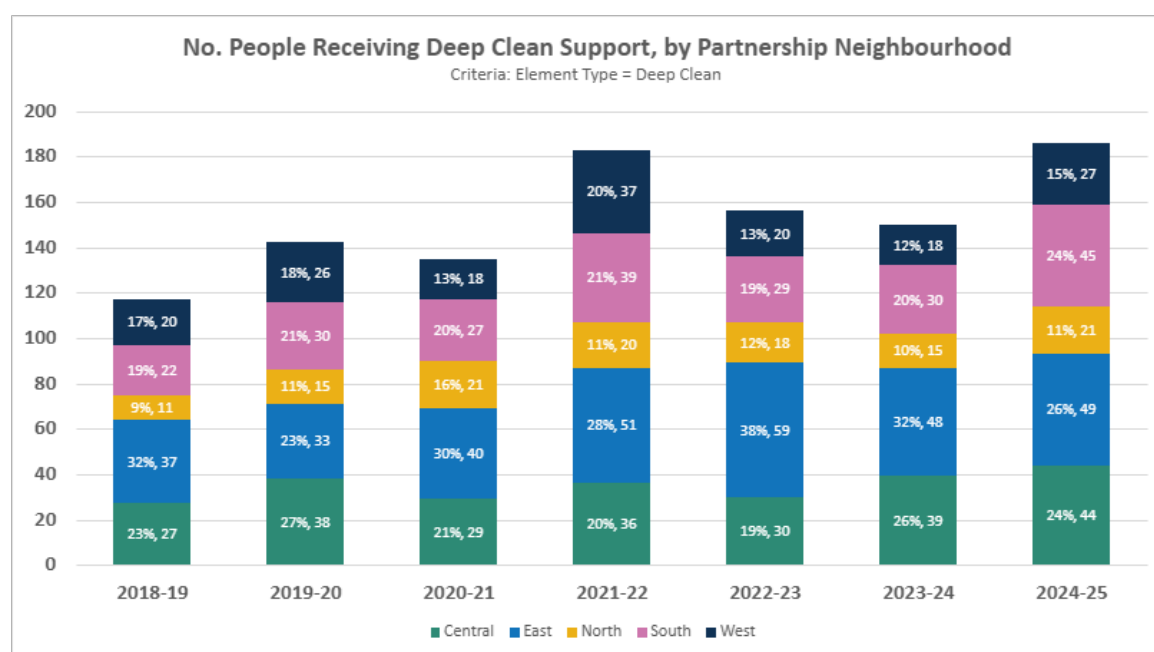
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<sup>1</sup> Oracle data

<sup>2</sup> Mosaic and Oracle data

(66% compared to women at 34%).<sup>3</sup> A large proportion have physical and/or mental health support needs. A 2021 report by Foundations entitled 'Hoarding: A report into best practice' stated that research shows that 92% of people with hoarding behaviours has at least one other additional mental health condition.

- 4.5. Research shows that only around 5% of people with hoarding behaviour are known to services. Gaining access to properties has also been shown as extremely challenging due to the shame surrounding hoarding behaviours.<sup>4</sup>
- 4.6. The number of deep-cleans commissioned for residents vary per neighbourhood area<sup>5</sup>:



- 4.7. In Camden, hoarding has featured within Safeguarding Adults Review (SAR) learning as a contributory factor alongside self-neglect and disengagement. A recent SAR is the most relevant local example. While hoarding was not the sole focus of the review, the case included cluttered living conditions and increasing environmental and fire risk. The learning reinforced the importance of professional curiosity, timely escalation when risk increases, and coordinated multi agency working, particularly between adult social care, housing, fire safety and health partners. The review also highlighted the need for clear recording of decision making and rationale where individuals decline support, but risks remain.
- 4.8. Teams within Camden Council working on SARs have contributed to national learning around self-neglect, hoarding and the application of 'Making

<sup>3</sup> Mosaic data

<sup>4</sup> <https://hoardinguk.org/about/hoarding>

<sup>5</sup> Mosaic and Oracle data

Safeguarding Personal<sup>6</sup>, informing national briefings that emphasise strengths-based engagement, legal literacy, and the use of safeguarding frameworks alongside housing and environmental health powers. Camden's practice developments, including multi agency self-neglect pathways and clearer escalation arrangements, reflect this learning and align with themes identified nationally.

## **5. Our approach**

- 5.1. Driving Camden's response to hoarding is Adult Social Care's 'What Matters' approach, which recognises that people are experts in their own lives, and that their strengths and connections are a vital part of keeping them healthy and independent. By focusing on what people can do, rather than what they can't do - we support people, carers, families, and communities to focus on what really matters to them and collectively, we find the best solutions to the difficulties they face. The approach is underpinned by three pillars:
  - Being strength-based
  - Working in a relational way
  - Considering the impact that trauma might have on the people we support
- 5.2. 'What Matters' is at the core of a range of support available to support residents with hoarding behaviours. It's likely that a range of teams from across the Council and partner organisations will be involved in supporting a resident with hoarding behaviour. This includes Adults Social Care, Housing, Estate Services, Pest Control, Resident Safety, Environmental Health, Repairs, Home Care and Supported Living. Support might include:
  - Personalised packages of therapeutic support to help with the underlying causes of hoarding behaviour
  - Providing an occupational therapy assessment and support to help address physical limitations and remove barriers
  - Help with property management and repairs as residents may benefit from help to arrange maintenance to their home
  - Practical support around decluttering and cleaning
- 5.3. Family Group Conferencing (FGC) has also been utilised to support residents. An FGC is a family meeting where families and the resident's community network make plans and decisions about meeting the support needs of a child or adult. The meeting is organised and run by an independent co-ordinator. They provide information and facilitate conversation but does not make any decisions for the family. The family produce a plan for support during a private family session. 'Family' has a broad scope and includes the person concerned, parents, extended family, friends and community who are concerned and care about the person.

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<sup>6</sup> A sector-led initiative that is person centred, outcome-focused approach to adult safeguarding

- 5.4. Given that many people with hoarding behaviours have co-occurring and mutually reinforcing support and/or care needs, where possible, Camden will support residents through case conferences or multi-agency meetings. Using the 'Team Around Me' model, the resident is put at the centre of their support, ensuring that their personally identified goals and challenges are central to any actions being agreed and taken. One of the aims of creating a person-centred plan is to prevent decluttering work becoming traumatising to the resident. By bringing different professionals, services and sectors together, they can ensure goals are shared, each service is clear on what action they should be taking, and ensure any challenges and risks are discussed and managed collaboratively.
- 5.5. Practitioners have achieved good outcomes with residents taking this approach. An example includes a resident called Mary (named changed to protect their identity) who previously was a professional musician but in recent years faced significant challenges. Her flat had become severely neglected, making it impossible for her to use her kitchen or bathroom. Her piano was buried under piles of belongings. Her friend referred her to Camden for support. Her Social Worker met with her a few times, building up an understanding of Mary's life and her interests. Conversations centred on Mary as a musician, not a hoarder. This built Mary's confidence, and she was able to create her own goals, such as decluttering to enable her to play the piano again.
- 5.6. The Social Worker also worked collaboratively with other services which meant they were able to secure a substantial home improvement grant to renovate Mary's kitchen, bathroom and toilet. To ensure sustainability, Camden convened a Family Group Conference. Family, neighbours, and professionals came together to create a robust ongoing support plan, including specialist input, Occupational Therapy intervention, a key safe, and a support package. As a result, Mary has taken up her piano again and is able to invite friends to her home.
- 5.7. Within the council, practitioners developed a Hoarding Community of Practice as a test and learn in the East Integrated Neighbourhood Team. These included facilitated sessions that brought together local health, care, housing, children and families and Voluntary Community Sector professionals to discuss shared challenges around hoarding. Feedback from colleagues was that they found the sessions useful so the Community of Practice will continue on an on-going basis.

## **6. Commissioning services to support residents with hoarding behaviours**

- 6.1. The council have commissioned services from January 2026 that re-design the support offered to residents that is based upon strong partnerships across services and is trauma informed. The aim is to provide more holistic, therapeutic support for residents that improve their health outcomes.

- 6.2. The approach will put the identity, aspirations and interests of the resident at the heart of all decisions. This approach is based on our learning from practice, putting Camden at the forefront of change and puts our residents at the heart of our practice.
- 6.3. To better support residents with hoarding behaviours, Camden has developed a new multi-disciplinary model to ensure all future deep-clean interventions are trauma informed, strengths-based and person centred, as well as providing opportunities to intervene earlier. Services have been commissioned to deliver the new model which commenced in January 2026.
- 6.4. Previously there had been no contract in place for deep cleans, and all deep-cleans and house clearings were commissioned on an ad-hoc basis. Whilst this delivery model provided some positive outcomes for residents, it didn't provide value for money, and some residents reported a lack of equality in accessing the service.
- 6.5. Camden therefore wanted to commission a service that aligns with our What Matters approach and provides value for money. Commissioning deep-cleans or decluttering on an ad hoc basis is expensive and does not support the resident with the underlying reasons for their hoarding behaviours. This leads to repeat deep-cleans or decluttering, increasing costs further. A new model was developed for tender which included a therapeutic support element. The aim of which is to achieve better outcomes for residents not only in reducing hoarding behaviours but also to mitigate the impact it has on other health outcomes.
- 6.6. The model was developed in partnership with colleagues across Adult Social Care, Housing, Mental Health Social Workers and Environmental Health.
- 6.7. Commissioners also undertook a series of one-to-one interviews with residents who had experienced hoarding challenges. Feedback from those who had previously accessed deep cleaning and hoarding support emphasised the importance of services being delivered in a trauma-informed, respectful and person-centred manner. Residents highlighted the need for individuals to feel safe, supported and in control throughout the process. The learning directly shaped the requirements set out in the service specification, particularly in relation to safeguarding, equality of access and the integration of therapeutic support alongside practical interventions.
- 6.8. Camden have met with residents who have, or are planning to have, support with hoarding behaviour. They have provided insight into the factors that should be included into approaches to support people with hoarding behaviours:
  - Allowing the resident to be in control and to understand fully what is happening
  - When arranging a deep clean it is important to think about the pace of the work and that the resident determines the right pace for them



- Considering if the work can be broken down in shorter sessions. Due to health issues, the resident may tire easily, and may not be able to continue
- Working to timescale, not rushing and allowing time for the resident to sort through things and capturing photos of important items
- Accepting a resident for who they are and treating them with respect and dignity.

6.9. Following feedback, the model below was developed to provide residents with support with hoarding behaviours:

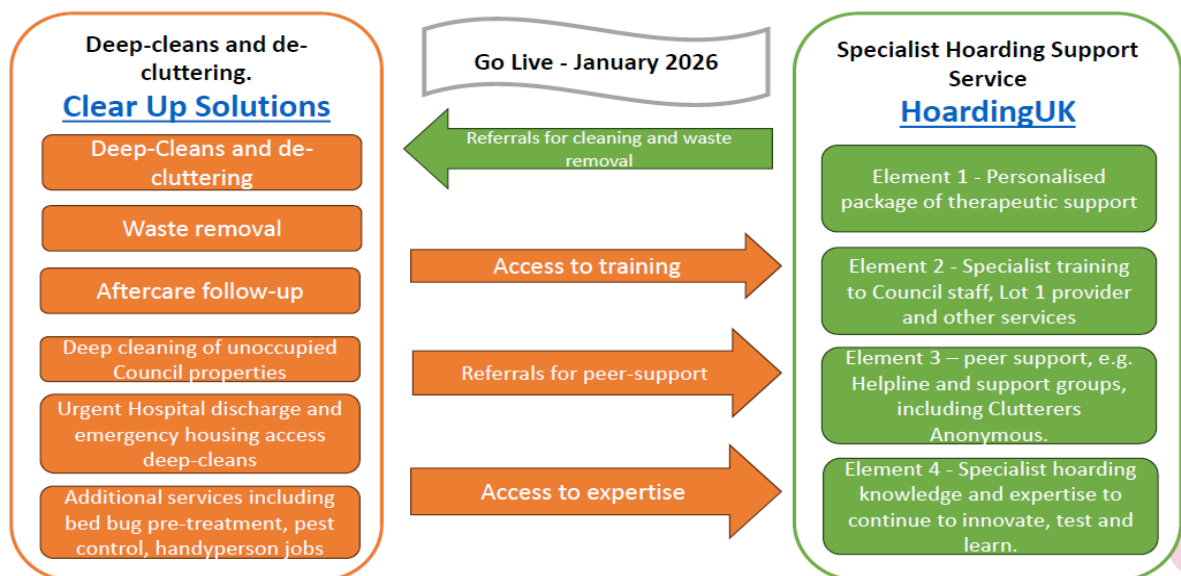
- Commission two new specialist contracts
- Team Around Me Model
- Set up a new Hoarding Steering Group

6.10. The objective of the new model is to create a joined-up approach across Camden to support residents with hoarding behaviour and to mitigate the impact on staff and communities. To achieve this, work will be undertaken to:

- Raise awareness and understanding of hoarding disorder across all front-line Council teams including Adult Social Care, Housing, Repairs, Community Safety, Caretaking, Pest Control and Resident Safety
- Provide specialist training to staff working with residents with hoarding behaviour including motivational interviewing and risk management
- Provide access to dedicated programmes of therapeutic support for residents with the most deep-rooted hoarding behaviour
- Put in place a new peer-support programme and telephone helpline to provide cost effective help to people with less high-risk hoarding behaviour
- Provide a consistent, high-quality, trauma-informed, person-centred approach to the delivery of deep-cleans and de-cluttering when needed
- Provide tailored aftercare to every resident having a deep-clean/de-cluttering
- Improve joint working across teams and departments centred on the goals and strengths of residents
- Bring together expertise across Camden to learn, reflect and continually improve our approach

6.11. In line with Camden's commitment to co-production and embedding resident voice, the tender evaluation process for commissioning contracts to deliver the new service included the involvement of a resident with lived experience of growing up in a household affected by severe hoarding. Their contribution provided enhanced insight into the types of approaches and service models most likely to be effective in meeting the needs of individuals and families facing similar challenges. This input ensured that resident perspectives were central to shaping and influencing the design and delivery of the service.

6.12. New contracts were awarded and commenced in January 2026 to deliver the new approach to deep-cleans and de-cluttering and to offer therapeutic support to residents who have been identified as in need:



6.13. Team Around Me (TAM) will provide the resident assessment and service set-up, and once approved, the delivery and aftercare. TAM is a strengths-based and trauma informed model for holding case conferences or multi-agency meetings, which truly puts the person at the centre of their own support. TAMs have three parts:

- 1) Person's strengths and positive updates
- 2) Remaining goals and actions to take them forward, and
- 3) Identifying and talking through any 'blocks' or challenges that remain

6.14. TAMs can include:

- Social Workers
- Housing
- Complex Care Nurse
- Voluntary Sector e.g. Age UK
- Deep clean provider
- Environmental Health
- Mental Health Social Workers
- Memory Service
- Fire Brigade
- Psychiatrist

## 7. Areas of focus and future plans

7.1. To support the hoarding work a Hoarding Steering Group chaired by Councillor Anna Wright (Cabinet Member for Health, Wellbeing and Adult Social Care) will provide strategic oversight of hoarding behaviour in Camden and how this impacts residents, communities and staff across the borough. The Group's purpose will be to ensure a shared and deep understanding of hoarding disorder in Camden, and to oversee the development and delivery of

consistent approaches that promote safety, wellbeing, and that tackle the complex root causes of hoarding behaviour

- 7.2. The Hoarding Steering Group will bring together colleagues from Adult Social Care, Housing, Environmental Health, London Fire Brigade, Public Health, Mental Health Services, Community Safety, the Council's Deep-Clean and De-Cluttering provider (ClearUp Solutions), the Hoarding Support provider (Hoarding UK) and the Voluntary/Community Sector. This will enable joined up working across the board.

## **8. Comments of the Director of Finance**

- 8.1 Finance comments are incorporated within the main body of the report.

## **9. Comments of the Borough Solicitor**

- 9.1. The Borough Solicitor has been consulted on the contents of this report and has no comment to make at this time.

## **10. Environmental Implications**

- 10.1. There are no environmental implications.

**REPORT ENDS**