



HOARDING DISORDER AND FIRE SAFETY



WHY IS THIS AN ISSUE IN WINDSOR & MAIDEHEAD?

- In July 2024, a fire broke out in a block of flats in Calcot, Reading. The fire-affected flat was dangerously cluttered. It is believed that the daisy-chaining of electrical appliances and extension leads together with a longstanding collection of clutter posed a serious fire risk. The householder (a smoker) and two of her neighbours were hospitalised with significant smoke inhalation.
- in May 2017, a woman with limited mobility who was known to have smoked in bed, was found deceased when the Fire and Rescue service attended a fire at her home in Berkshire.

HOW WIDESPREAD IS HOARDING?

- Hoarding is highly prevalent (approximately 2-5% of the population – that is potentially between 1.3 – 3.3 million people in the UK alone) and when severe, is associated with substantial functional disability and represents a great burden for the sufferers, their families and society[1].
- The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the book which contains all officially recognised mental disorders, was published in 2013 and included a new diagnosis named "Hoarding Disorder." This diagnosis would apply to hoarding that occurs in the absence of, or independently from, other organic or mental disorders.
- Hoarding Disorder appears to affect men and women at similar rates.
- Hoarding Disorder is believed to be a universal phenomenon with consistent clinical features in all races, ethnicities, and cultures around the world.
- The numbers where Hoarding Disorder has been identified following an assessment are bound to be a fraction of the wider prevalence.

[1] Dr David Mataix-Cols, PH.D., on the hoarding.support website

DO HOARDERS HAVE MORE NEEDS THAN OTHER GROUPS?

Some aspects of Hoarding disorder are:

- Persistent difficulty with discard of objects or possessions, regardless of their actual value.
- Difficulties with discard are due to a perceived need to save the possessions and due to the distress created by discard.
- Accumulation of clutter that congests living areas and compromises the functioning of the living area.
- The hoarding is not better accounted by the symptoms of another mental health problem.

Hoarding leaves a person (and others) at high risk of accidents. Piles of belongings can become unstable and slide or fall. This can lead to people being trapped or seriously injured. Piles of objects can put strain on the physical structure of the property with disastrous results. Ceilings can collapse as a result of the weight of stored possessions, doorways can be damaged and walls weakened.

If a person is unable to access hot water or a bathroom or simply a sink, self-care becomes increasingly unlikely and difficult. The person may find it difficult to wash clothes or keep themselves clean. This can exacerbate difficulties with isolation if the person increasingly avoids contact with other people.

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- Alternatively, they may engage in more acquisition behaviours, buying new clothes in the absence of any readily available clean clothes in the home. Difficulties accessing the kitchen may lead to problems with eating and drinking. This can range from people who are unable to heat any food up, or keep anything used for eating clean, or store food in unusual places where it may rapidly deteriorate, be forgotten or be eaten when well past its best.
- Difficulties with organisational abilities regarding bill-paying can lead to services being removed, increasing risk that the home cannot be heated or that the phone is disconnected. The person may be aware of faults in the heating or water system, that lead to them turning off their own water supply in an attempt to prevent further problems. If this becomes a long-standing solution, the person can end up living without essential services and support.
- These examples of Self-neglect are clearly linked to safeguarding risks and may indicate a person has needs for care and support and must be considered in relation to the Care Act 2014.

WHAT CAN I DO AS A PRACTITIONER WORKING WHERE HOARDING IS AN ISSUE?

- Every agency and organisation has a health and safety obligation and a duty of care to identify and respond to potential fire risks, wherever they exist.
- Personalisation means recognising people as individuals and putting them at the centre of their own care and support. This includes respecting decisions they may make due to their personal preferences. However, practitioners and agencies need to remain mindful that personalisation is an approach; it does not and should not override a Duty of Care.
- Be aware that hoarders have specific mental health needs
- Share your concerns: observe, identify, record and report fire risks
- Make a referral to the Fire & Rescue Service for a Home fire safety checks (these are called 'Safe and Well' visits). Acting on your fears and/or suspicions, qualified fire prevention staff will risk-assess the circumstances you are concerned about.
- Any practitioner can complete the Safeguarding Risk Framework Tool. It forms a part of the multi-agency risk management framework that has been developed to provide support and guidance for everyone on how to manage cases where there is a high level of risk but where the circumstances may sit outside the statutory adult safeguarding framework.

SOURCES OF SUPPORT

HoardingUK does not require that a person identify as 'a hoarder'. HoardingUK supports anyone who either wants to make change themselves or is engaged in a process of enforced change. The charity has a comprehensive range of group or individual training for those directly affected by hoarding, as well as those who want to help them (family, health and social care practitioners).

For those feeling distressed by hoarding, they might want to consider seeking treatment. A growing number of mental health professionals are aware of hoarding disorder. Professionals will know that they need to help those affected to take things at their own pace. And they will not pressure anyone to make changes faster than they want to. The first step is to talk to a GP. They will know what is best to address the issue. Their solutions might include talking therapies or medication to help.

TRAINING FOR PRACTITIONERS

The 'At Risk Programme' (ARP) is delivered free of charge by Royal Berkshire Fire & Rescue Service. For more information, and to book a place on the ARP training visit: <https://www.rbfrs.co.uk/your-safety/arp/>