

UNDERSTANDING HOARDING TOOLKIT



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Aims

- To provide information about hoarding and how it may present within the homeless population.
- Provide pointers on how staff can support a client who is hoarding.
- To explain the importance of a multi-agency approach.
- To provide pointers on hoarding risk assessment and management.

Introduction

In 2013, Hoarding disorder was classified as a mental health disorder, separate from obsessive-compulsive disorder¹. Hoarding disorder affects approximately 1.5% to 5% of the general population, and currently, there is limited research into hoarding and homelessness. The first research paper found that 18.5% of people experiencing homelessness report hoarding symptoms, more than three times the prevalence of the general population².

Hoarding presents health and safety risks, fire risks, environmental health risks, mould, impeded escape routes, and infestations. It can ultimately lead to the breakdown of tenancy agreements and eviction for the client. It can therefore lead to family breakdown and homelessness, with one issue being that the individual will lack references to obtain future accommodation.

Hoarding will be accompanied alongside self-neglect as they are intertwined. Self-neglect is when a person is **unable or unwilling to care for their essential needs**. Self-neglect is a lack of self-care to an extent that it threatens the personal health and safety of the individual and possibly others in the vicinity. It is defined as '**an extreme lack of self-care**', which might be accompanied by hoarding and the result of other issues such as mental health and addictions³.

Hoarding is often distressing to work with and can feel like a struggle for staff. Watching clients deteriorate, and at the same time feeling powerless to help: the client themselves may refuse help, and at the same time, it is difficult to get support for clients who hoard (half of the people reported to social housing for hoarding deny the sanitation concerns⁴). In addition, there is no one-size-fits-all approach to work with those who hoard, which means it can be harder to know what to do. This toolkit aims to help staff understand and support those who hoard.

It is suggested that whilst referring to those experiencing homelessness and hoarding, staff refer to hoarding as hoarding issues/problems, as opposed to hoarding disorder.

Understanding hoarding

Hoarding is defined as the **persistent** difficulty discarding possessions (regardless of the value), resulting in an **accumulation** of belongings causing severe clutter and obstruction/congestion of living areas, which creates **significant distress and impairment in functioning**.

This difficulty of discarding possessions is due to a perceived need to save the items to keep themselves safe, and the distress associated with discarding them. If living areas are uncluttered, it is only because of the interventions of third parties (family, cleaners, local authorities). Hoarding symptoms are not due to another medical condition, such as a head injury or another mental disorder (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder)⁵.

¹ <https://www.psychiatry.org/patients-families/hoarding-disorder>

² https://journals.lww.com/ionmd/abstract/2020/10000/prevalence_of_hoarding_behavior_among_formerly.11.aspx

³ <https://www.scie.org.uk/self-neglect/at-a-glance>

⁴ https://journals.lww.com/ionmd/abstract/2020/10000/prevalence_of_hoarding_behavior_among_formerly.11.aspx

⁵ <https://www.ocduk.org/related-disorders/hoarding-disorder/clinical-classification-of-hoarding-disorder/>

Many people with hoarding disorder also experience issues with cognitive functioning, including indecisiveness, perfectionism, procrastination, disorganisation, and distractibility, which in turn impact their functioning and their hoarding (and their ability to tidy up!).

Research suggests that people report the onset of hoarding symptoms around the age of 13, so hoarding is a lifelong difficulty that starts early on in an individual's life. It becomes progressively worse as the individual gets older and usually presents to services under duress, often by professionals. Due to the lack of insight, it is unusual for individuals to ask for help.

Humanising hoarding

We all collect and save things from a young age. We all have sentimental beliefs about objects that we hold on to, e.g., holiday treasures, items of clothing for a young child. Our phones are cluttered with photos we would struggle to erase. The only difference for those who experience hoarding is the intensity of their emotional connection to items. Spend a moment considering what you hold on to due to sentimental issues. If you want to understand hoarding, try getting rid of something sentimental and pay attention to how it impacts you. Do you go back to retrieve it after getting rid of it?

Those who hoard are a highly stigmatised group – you just need to watch a couple of minutes of [this YouTube video](#) on Hoarders to understand why. However, they can also be extremely creative, with lots of ideas of how to use the items they've collected. Jean Piaget, the renowned developmental/child psychologist, was a hoarder who was also extremely bright.

Hoarding is not a deliberate choice, and it is generally linked to a stressful life event that the individual has had difficulty dealing with. There are strong links between Adverse Childhood Experiences (ACEs), trauma, and hoarding. For example, there could have been early loss of attachment figure, poverty, material deprivation, or neglect.

Activity: Consider how an individual's early life history may impact someone trying to throw away items.

Meaning of possessions

It is useful to consider what possessions could mean to the people hoarding so that we can understand why it is difficult to let things go. This table illustrates some of the meanings and benefits that items can provide to individuals.

Beauty	<i>It's so pretty, unique.</i> Finding aesthetic appeal in unusual objects
Memory	<i>I will forget without it.</i> Belief/fear that memories will be lost without the object, wanting to return to a previous happier time

Utility/opportunity/uniqueness	<i>It is/ might be useful.</i> Seeing the usefulness in almost anything, seeing opportunities where others don't
Sentimental	<ul style="list-style-type: none"> Emotional attachment Believing items will be lonely or sad - Attaching emotional significance, anthropomorphism (<i>'the chair will be sad if I get rid of it' 'the chair maybe lonely if I don't take it home with me'</i>). Wanting to care for something e.g., animals
Comfort and safety	<i>It helps me keep/feel safe.</i> Shopping as emotional comfort; source of safety, the high of shopping blocks out negative feelings and memories
Identity/ validation of self-worth	<i>It is part of me.</i> Objects are part of the person and who they represent or want to become, 'aspirational hoarding', e.g., magazines - wanting to learn
Control	Concerns that others will control one's possessions e.g., could have been forced to throw away items when younger
Opportunity	<i>Will help me achieve success/ achieve happiness</i>
Responsibility/waste	<i>It must not be wasted.</i> Not wasting items, polluting the environment
Socialising	Buying/collecting provides social contact not available in other ways

Measuring hoarding symptoms

It is possible to measure hoarding levels using a variety of scales. If used sensitively, questionnaires could be used to raise insight and awareness and ask thoughtful questions about what is driving the person's hoarding. Measuring hoarding levels via the Clutter Image Rating Scale (CIR) can also be useful to explain the levels when applying for support with someone's hoarding.

- [Clutter Image Rating Scale \(CIR\)](#); provides a pictorial representation of the amount of hoarding, which is rated 1-9.
- [Saving Inventory Revised \(SI-R\)](#); 23-item self-report measure examining difficulty discarding, clutter, and excessive acquisition.
- [Hoarding Rating Scale \(HRS\)](#); 5-item self-report measure examining clutter, difficulty discarding, acquisition, distress, and interference.
- [Savings Cognition Inventory \(SCI\)](#); 24-item self-report measure examining emotional attachment, control, responsibility, and memory.

How can services work with hoarding?

- Focus on solutions and not the problem
- Understand that the behaviour may never change and that it can take years to treat.
- Raise insight and awareness about hoarding within the team.
- **Allow the client to feel they still have control over the situation.**

- Consider where the client is on the [cycle of change](#) and their ability to make change. If they are at the precontemplation stage they will not be able to see that there is a problem with their hoarding, but if they are in contemplation they could be starting to see that hoarding is causing problems for them.
 - You can ask, *'What do you see is the problem, if there is a problem at all?' 'if your living arrangement changed, how would this affect you?'*
- A trusting relationship with workers is critical. Be open and transparent, and support with a compassionate, non-judgemental attitude. Continuity of workers may also help with developing a trusting relationship if this is a possibility.
- It takes an assertive outreach approach – the staff member needs to go to the client and not expect the client to come to them.
- Try and understand **the function of the hoarding for the individual. Work on other ways of seeing the problem.** Consider this in reflective practice – consider what we know about their history (poverty from a young age?). What precedes acquiring behaviours? What happens after someone acquires? What does the client say when you bring up discarding items? How do they react? As staff build up a pattern and try and understand what is going on for them.
- Communicate risks compassionately with clients and avoid making judgements about the hoarding. Making threats and getting into a power dynamic about their hoarding will probably mean the client digs their feet in further and refuses to discuss anymore.
- Warning letters to the client about their hoarding need to be empathetic, for the points made in the point above.

How can staff support the client?

Understand that you will have different goals for the client surrounding the hoarding, so consider how to work on decision making collaboratively. Get alongside the individual, and if you've worked with similar clients, it could be useful to let them know, *'I've worked with clients who have experienced a similar situation to yourself.'*

- If you are able to, work slowly with the client
- Don't argue with them or take over decisions
- Don't touch anything without permission
- Don't tell the person how they should feel.
- Use the clients' language – hoarding can be a stigmatising word to some people (they may use collecting instead)
- Avoid threatening/controlling/ dominating: explain clearly why this needs to be done and stress that you are coming from a place of care with their safety in mind
- Empathise with the client and validate their beliefs about their possessions. *"I can see these things mean a lot to you, and it's going to be hard to part with them, but I'm here to help".*
- Help the individual to be more flexible in their thinking – *"I'm not saying you're wrong in your opinion, but work with me to see whether [your suggestion] could help..."*
- Print off the top tips for collecting so the client has a copy (appendix 1).

Ask the clients what their goals are around their collecting. Examples include:

- Understanding why I collect.
- Improve my decision-making so that I can have fewer things in my room.
- Make a living space I can use (e.g., sleep on my bed).

Examples of questions around goals could include:

- *'Tell me how you acquire things; what do you buy/ collect, where and when?'*
- *'If your living environment changed, what could you then do?'*
- *'Can you tell me what things are most important to you in your room? If you were told you had 10 minutes to evacuate your room, what would you take with you?'*
- *'What are the objects or things in your room that would be easiest for you to remove?'*
- Use the clutter rating scale and ask the client *'Where are you now? Where would you like to be? What would need to happen for you to reach that number on the scale?'*

Questions for problem solving for compulsive buying

- *Does it fit with my own personal values?*
- *Do I have a real need for this item, not just a wish to have it?*
- *Do I already own something similar?*
- *Am I only buying this because I feel bad (angry, depressed, lonely, etc) now?*
- *In a week, will I regret getting this?*
- *Could I manage without it?*
- *If it needs fixing, do I have enough time to do this, or is my time better spent on other activities?*
- *Will I actually use this item in the near future?*
- *Do I have a specific place to put this?*
- *Is it of good quality? (accurate, reliable, attractive)*
- *Will NOT getting this help me solve my hoarding problem?*

Key questions to ask when deciding whether to get rid of an item

- *When was the last time you needed it?*
- *When was the last time you used it?*
- *How likely is it that you will use it in the future?*
- *What is your track record of using items like this?*
- *What is the impact of keeping things in relation to your collecting?*

Questions to ask when a client has agreed to remove items

- Try small goals which are client-centred, e.g., what feels doable today?
- Where do you want to start? Where can we start that's realistic?
- 'We are just going to focus on xxxx place in the room' (joint support and goal setting)
- What would be the best place to start that means you can live in this space in the most comfortable way?

Tolerating distress exercises

Provide exercises that could help the client tolerate the distress of getting rid of clutter.

- Exposure therapy for hoarding disorder involves exposing the patient to the distress of possibly discarding an item they may later want. Thus, clients are exposed to the sense of uncertainty they experience when deciding whether or not to discard a possession.
- Finding other activities that provide a source of enjoyment, pleasure or connection (what would you like to do instead of going to the charity shops on Saturday?)
- Take a picture of the items, and remove them from the room and see how that feels?
- Visualisation exercises: if the room were uncluttered, what would that be like? Feelings? Thoughts and beliefs?

Risk considerations and questions to ask

There are numerous potential complications due to hoarding in services. Many of these are health & safety risks that will need to be managed. Whilst it is better to avoid total decluttering because it can be traumatic, sometimes it is necessary if there is a very severe fire or safety risk.

Risks due to hoarding include:

- Legal/Financial problems (credit card debt from buying, storage unit fees if used)
- Risk of accidents due to clutter
- Food contamination
- Infestation
- Risk of fire
- Impeded escape routes – access for emergency services and any professionals
- Offensive smell
- Impacts on social network: family, carers, risk of social exclusion
- Threatens the safety of residents
- Notice to quit and potentially experience homelessness

Questions to ask about risk include:

- Work with the client to decide what can be removed to keep the space safe – understand that total decluttering will be traumatic for the client, so move slowly if possible. *‘What shall we agree about the safety of your room – what is our agreement to keep it safe?’*
- If they can’t answer these questions surrounding the risk, you can ask their permission to tell them what you consider the risks to be. Share your concerns about the risks clearly; help the client think through and problem solve with you about how to manage these risks
- Is there structural damage to the floors, walls, roof, or other parts of your living space?
- Does any part of your room/house pose a fire hazard? Heating/ lighting/ gas/ candles/ smoking/ lighter fluid.
- Has a fire ever started by accident?
- Would medical emergency personnel have difficulty moving equipment through your room/home?
- Are exits from your room/home blocked?
- Is it unsafe to move up or down the stairs or along walkways, or in your room?
- Is your water working? If not, how do you keep yourself clean?
- Is your heat working? If not, how do you keep yourself warm?

The [London Fire Service](#) should be notified about any property with a clutter image rating of 5 or above. They offer the following fire safety advice for individuals who hoard:

1. Install Working Fire Alarms

Ensure fire alarms are installed and functioning. If none are present, the Fire Service can install them free of charge.

2. Avoid Open Flames

Encourage individuals to avoid lighting candles or tea lights. LED flameless candles are a safer alternative.

3. Ensure Safe Heating

Ensure the property has appropriate heating systems. Discourage the use of portable heaters, candles, or gas hobs for heating. If portable heaters are necessary, ensure they are used safely, with no items placed on or near them.

4. Safe Smoking Practices

If the individual smokes, encourage them to smoke outside, never in bed or places where they might fall asleep. Ensure they use proper ashtrays with a small amount of water at the bottom. Discourage the use of counterfeit cigarettes, which lack self-extinguishing properties. If they vape, recommend using reputable brands to reduce fire risks.

5. Close Doors at Night

Advise individuals to close internal doors before sleeping. A closed door can delay the spread of a fire by 10–20 minutes, potentially allowing enough time for evacuation.

6. Accessible Emergency Contact

Ensure there is a reliable way to contact emergency services from the bed, such as a mobile phone or telecare equipment.

7. Inspect Electrical Equipment

Regularly check for faulty electrical equipment or overloaded sockets/extension leads. Be cautious with portable electric heaters.

8. Switch Off at Night

Encourage the habit of switching off electrical equipment at the mains during the night to reduce fire risks.

9. Skin Cream Fire Risks

If the individual smokes and uses emollient skin creams, their fire risk increases. Review this [7-minute Safeguarding Adults Executive Board briefing](#) for guidance on mitigating this risk.

10. Declutter with Support

Contact the Local Authority to explore support options for clearing clutter.

11. Develop an Escape Plan

Work collaboratively to create a clear and practical escape plan.

12. Book a Home Fire Safety Visit

Arrange a [free home fire safety visit](#) offered by the Fire Service. This service provides tailored advice and assistance. Try to attend the visit to support the individual in implementing the recommendations.

A link to Westminster City Council's hoarding risk assessment will be added when it is published. In the meantime you could use [Barnsley Council's risk assessment](#) to guide you.

What can be done to limit the impact when items need to be removed?

There will be times when items need to be removed due to health & safety risks (see support services table in this document for companies that can help with removal). Here are some pointers on what can be done to limit the impact on the client.

- Give lots of warning.
- Remind them gently and compassionately of the concerns regarding their personal safety and explain that you have a duty of care to keep them safe and other residents safe.
- Empathise with how difficult it must feel to part with those possessions.
- Ask the client what they need to survive the difficult feelings associated with those possessions being moved on (e.g. do they need to call someone? Go for a walk? Be alone?)
- Ask the client if they need extra social support (is there someone they care about who could be with them during that time?)
- Check in with them the following day and provide a kind, listening ear.
- How is their mood and anxiety? Are they in crisis, and do they need support from a mental health team?
- Link them in with services they can call to talk about their distress, such as Samaritans or Silver Line (for those over the age of 55).

Capacity and hoarding

The Mental Capacity Act 2005 states there should always be a presumption of capacity, unless the adult has been assessed and found to lack capacity for a particular decision. Assessing the person's decision-making whilst taking account of the risks and safety implications of the decisions being made is a crucial aspect of risk management.

The Acts five principles should always be observed:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
4. Best interests - anything done for or on behalf of people without capacity must be in their best interests; and
5. Least restrictive intervention - anything done for or on behalf of people without capacity should be an option that is less restrictive. This includes considering whether there is a need to act or make a decision at all, and whether there are less restrictive options available.

You will need to identify the decision you are assessing, e.g., are they able to make decisions about their belongings and items?

Then, carry out the capacity assessment (you can use the [Mental Capacity Assessment Screening tool](#) to guide this), ensuring the following four questions are answered:

- Does the person understand the information given to them about this specific decision? E.g., *Do they understand they have an issue with hoarding?*

- Can the person retain the information relevant to this specific decision? E.g., *Can they retain information such as what would it be like if they could sleep in their bed if they removed the clutter?*
- Can the person use and weigh the information relevant to this decision? E.g., *Are they able to consider the alternatives such as keeping clutter away from exits so they leave in an emergency? When weighing up the alternatives are they able to use this in practice [ie keep the exit clear?]*
- Can the person communicate their decision (this is not just via verbal communication)?

If the answer to one of these is no, the person lacks capacity about that specific decision and a decision in their best interests (and least restrictive) may be required.

If needed, the Court of Protection (COP) has the power to make an order regarding a decision on behalf of an individual. The COP is responsible for deciding whether someone has the mental capacity to make a particular decision for themselves. A hoarding and capacity case which was taken to COP can be found here [AC and GC \[2022\]](#); where the court concluded the individuals lacked capacity to make decisions about their belongings and best interest decisions were made. This meant that house-clearing and cleaning services could enter the property to dispose of perished items/ hazardous levels of belongings. Applications to the **COP are via social services**, so you will need to refer them to social services if they haven't already.

Relevant legislation

The following legislation could be useful when supporting clients experiencing hoarding.

- **The Care Act (2014) statutory guidance** – self-neglect is included as a category under adult safeguarding.
- **Article 8 of the Human Rights Act 1998** gives us a right to respect for private and family life. However, this is not an absolute right and there may be justification to override it, for example, protection of health, prevention of crime, protection of the rights and freedoms of others.
- **Mental Health Act (2007) s.135** – if a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety.
- **Mental Capacity Act (2005) s.16(2)(a)** – the Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity.
- **Public Health Act (1984) s.31-32** – local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases.
- **The Housing Act 1988** – a landlord may have grounds to evict a tenant due to breaches of the tenancy agreement.

Where can staff refer for support?

- A referral to social services for a Care Act assessment may be needed if the person is **unable to look after themselves due to their hoarding**. A referral to social services will need to meet 3 criteria, further details are in the [HHCP Social service referral toolkit](#). [The Voice of Stoke toolkit](#) can be completed with staff, client and the Care Act assessor.
- A safeguarding referral to Westminster Social Care may be *needed if you are worried about someone's safety surrounding their hoarding*. Section 42 of the Care Act 2014 states that each local authority must make enquiries, or ensure others do so, if it believes an adult is, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom. However, [Care and Support statutory guidance](#) states, *"It should be noted that self-neglect may not prompt a Section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this without external support"*.
- **Therefore, hoarding is one of the issues, under the self-neglect umbrella, that safeguarding teams may not be able to help with.** This could be due to on the whole, thresholds are increasing due to a reduction in the number of resources available. It is also possible that those hoarding and living on their own take priority over those living in supported accommodation.
- The Westminster City Council Self-neglect and hoarding protocol states (14.3) If following a case conference and risk assessment the person is still at moderate to high risk of harm, the person may not be engaging or, there is difficulty in engaging other agencies, the case should be referred to the Hoarding/Self-neglect Panel by the Lead Agency.
- Treatment options for individuals who hoard are limited and not well studied. However, research has shown that CBT can be effective, along with some antidepressants and peer-facilitated therapy. Anyone who would like to access counselling/pre-treatment can email clch.homelesshealthcounselling@nhs.net.
- Support groups and forums for hoarding are also available, and details can be found here: <https://hoarding.support/seek-help/therapists-groups/>.

Multi-disciplinary team working

Given the complexity of hoarding issues, it is essential that the lead organisation runs an MDT meeting and involves partner agencies in discussions around a support plan to achieve the best outcomes for adults who are hoarding.

Points to note about MDT meetings:

- The lead organisation involved in supporting the individual will usually chair and organise a multi-agency meeting.
- Anyone involved in the client's care can be invited to a multi-disciplinary case conference
- Each practitioner brings their knowledge about the person/ or their area of specialist knowledge, to jointly create an action plan.
- If any services supporting a client are struggling to attend, you can remind them that they have a duty to do so. See [section 6 of the Care Act 2014](#).

- There is an [MDT Case Conference toolkit](#) which provides more information about how to run them along with a case conference record template. There is also an [Information sharing and confidentiality agreement template](#) that can be used to be GDPR compliant.

Support services

Organisation	Contact details
Age UK - telephone befriending for loneliness for over 60 years	https://www.ageuk.org.uk/services/befriending-services/sign-up-for-telephone-befriending/
Clouds End – a quote can be provided for one to one support for hoarding.	https://www.cloudsend.org.uk/hoarding-support-services/
Help for Hoarders - support groups, online forum	www.helpforhoarders.co.uk
Hoarding disorders UK	www.hoardingdisordersuk.org
House clearing company	https://www.clutteredhouseclearance.com/how-much-does-house-clearance-cost/
Law Centres Network - defend legal rights of people who cannot afford a lawyer	www.lawcentres.org.uk
National Gas Leak Emergency Service	0800 111 999
Mind Community Befriending Service	https://www.bwwmind.org.uk/local-mind-services-london/community-mental-health-services/befriending-service/
Relate - help and support with relationships, counselling, telephone support	www.relate.org.uk
RSPCA	www.rspca.org.uk
Samaritans	Phone: 116 112
The Silver Line – support, information, friendship and advice for anyone 55 years+ who may feel lonely or isolated	0800 470 8090 https://editorial.thesilverline.org.uk/

Further reading and resources

- A link to the WCC hoarding risk assessment template will be provided when it is published.
- A link to the WCC protocol will be provided when it is published.
- [CBT for hoarding workbook](#)
- [Hoarding toolkit – how to recognise the signs and when to get help](#)
- [Overcome compulsive hoarding podcast](#)
- https://www.safeguardingdurhamadults.info/media/10924/Hoarding-Toolkit/pdf/Hoarding_Toolkit.pdf – Durham LA providing a comprehensive strategy document on working with hoarding
- A more structured approach to self-help groups called the Buried in Treasures Workshop has been developed in America, with resources and a book to guide facilitators ([Frost et al., 2011c](#); [Frost et al., 2012](#)). The structured workshops run for 13 weeks
- [Video - My Protective Fortress - A Community Approach to Hoarding \(video featuring facilitators and attendees of 'Buried in Treasures' workshop\)](#)

Appendix 1 – Top tips for collecting

1. Have a look at the Clutter Image Rating to assess your space and whether it is unusable for its intended purpose. Acknowledge and identify the problem.
2. Tell someone you trust about the problem and ask for help. Staff are happy to help, and there are people and organisations that can give you the practical and emotional support you may require.
3. Find an area to declutter, such as a box, a cupboard, your car, or even an entire room. Setting small, manageable goals will help you recognise your progress.
4. Focus on that specific area daily for at least 15 minutes, gradually increasing the duration and frequency. Starting is often the hardest part, but once you begin, you may find it easier to continue. Persist each day until the area is fully cleared.
5. Decide whether to keep or discard an item within 10-20 seconds. Spending too much time considering an item can increase your attachment to it, leading to keeping possessions you might otherwise let go.
6. Schedule regular decluttering sessions each week or day.
7. Take "before and after" photos to give yourself a sense of pride as you make progress.
8. Take personal responsibility for your progress. While support is helpful, you need to be the driving force behind the project.
9. Set guidelines for anyone assisting you, such as ensuring the final decision on all items is yours. Provide them with clear instructions, like recycling newspapers older than a week but keeping all letters and photos. Establish rules for yourself, too, such as discarding 50% of the items in a given area.
10. Remember that the discomfort of letting go of items is temporary. Test this by discarding something you would typically keep and noting your level of upset immediately, then after an hour, a day, and a week. You'll likely find the feelings subside quickly.
11. You don't need to find a home for every item. Sometimes, it's best to let things go without knowing their fate. Taking responsibility often leads to finding reasons to keep items. Free yourself by releasing these possessions.
12. Ask for support to remove items immediately, reducing the chance of accidentally keeping them. Put items out for the trash the night before collection to avoid the temptation to bring them back inside. Remove items from your home promptly to avoid changing your mind or forgetting what you've already sorted.
13. Be aware of situations where you might be tempted to acquire more items, such as in specific stores, during sales, or when someone else discards something. Be prepared to resist these temptations.

Key questions to ask when deciding whether to get rid of an item

- *When was the last time you needed it?*
- *When was the last time you used it?*
- *How likely is it that you will use it in the future?*
- *What is your track record of using items like this?*
- *What is the impact of keeping things you're collecting?*

