North Lanarkshire Adult Protection Committee

South Lanarkshire Adult Protection Committee

“It’s not just stuff”

A multi-agency good practice guidance on how to support people affected by hoarding in North & South Lanarkshire

https://publicprotectionnl.co.uk/

www.adultprotectionsouthlanarkshire.org.uk

This guidance was approved by the:	North Lanarkshire Adult Protection Committee	South Lanarkshire Adult Protection Committee
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1. Introduction

This document is intended to provide initial guidance for any practitioner from any North and South Lanarkshire organisation who might come into contact with people who are affected by Hoarding Disorder and other chronic conditions that result in clutter or disorganisation. Usually, practitioners will have come into contact with the individual because they are providing support (e.g. practitioners from social work, housing or voluntary sector staff) and a hoarding issue may only come to light as a result of their involvement with the person in relation to other issues.

This guidance is intended to provide a concise overview of what hoarding is and some of the issues that practitioners should take into account when supporting or providing a service to people affected by hoarding.

For those who are not directly working with those affected by hoarding, this guidance will provide information on how to identify hoarding issues and provide some helpful signposting information.

This guidance should be read in conjunction with the Neglect and Hoarding toolkit.

2. What is hoarding disorder?

It is difficult to know exactly how many people are affected by hoarding disorder, but a comprehensive review reported a global prevalence of around 2.5% (Postlethwaite et. al, 2019 in Fay and Parsons, 2026). This translates to around 1 or 2 people in every 100 having a problem with hoarding.

However, it is widely acknowledged that this is a conservative estimate, as many people who hoard may not have insight into their situation or may be ashamed of their circumstances which often prevents them from seeking help.

Hoarding disorder is a recognised mental health condition. Until recently, hoarding disorder was thought to be a form of obsessive-compulsive disorder (OCD), however it is now recognised as a distinct condition and is classified as a mental disorder in the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5) (American Psychiatric Association, 2013) and International Classification of Diseases (ICD-11).

Hoarding Disorder:

Hoarding Disorder is characterised by excessive acquisition and difficulty discarding due to a perceived need to save items regardless of use or value (Fay & Parsons, 2026).

“Hoarding disorder is characterised by an accumulation of possessions due to excessive acquisition of or difficulty discarding possessions, regardless of their actual value. Excessive acquisition is characterized by repetitive urges or behaviours related to amassing or buying items. "Difficulty discarding possessions is characterized by a perceived need to save items and distress associated with discarding them. Accumulation of possessions results in living spaces becoming cluttered to the point that their use or safety is compromised. "The symptoms result in significant distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.”
(International Classification of Diseases (ICD-11), World Health Organisation) Hoarding Disorder | OCD-UK

Similarly, the NHS defines hoarding disorder: “where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter. The items can be of little or no monetary value.”

3. Why people hoard

Hoarding disorder is a complex mental health condition which rarely relates to a single cause and, as shown in the model below, can involve overlapping psychological, genetical neurological, and environmental factors, including vulnerabilities such as traumatic life events (Sanchez, 2023 in Fay and Parsons, 2026).

The reason for hoarding can be complex – it is normal for us all to experience the desire to collect and keep items that are important to us.

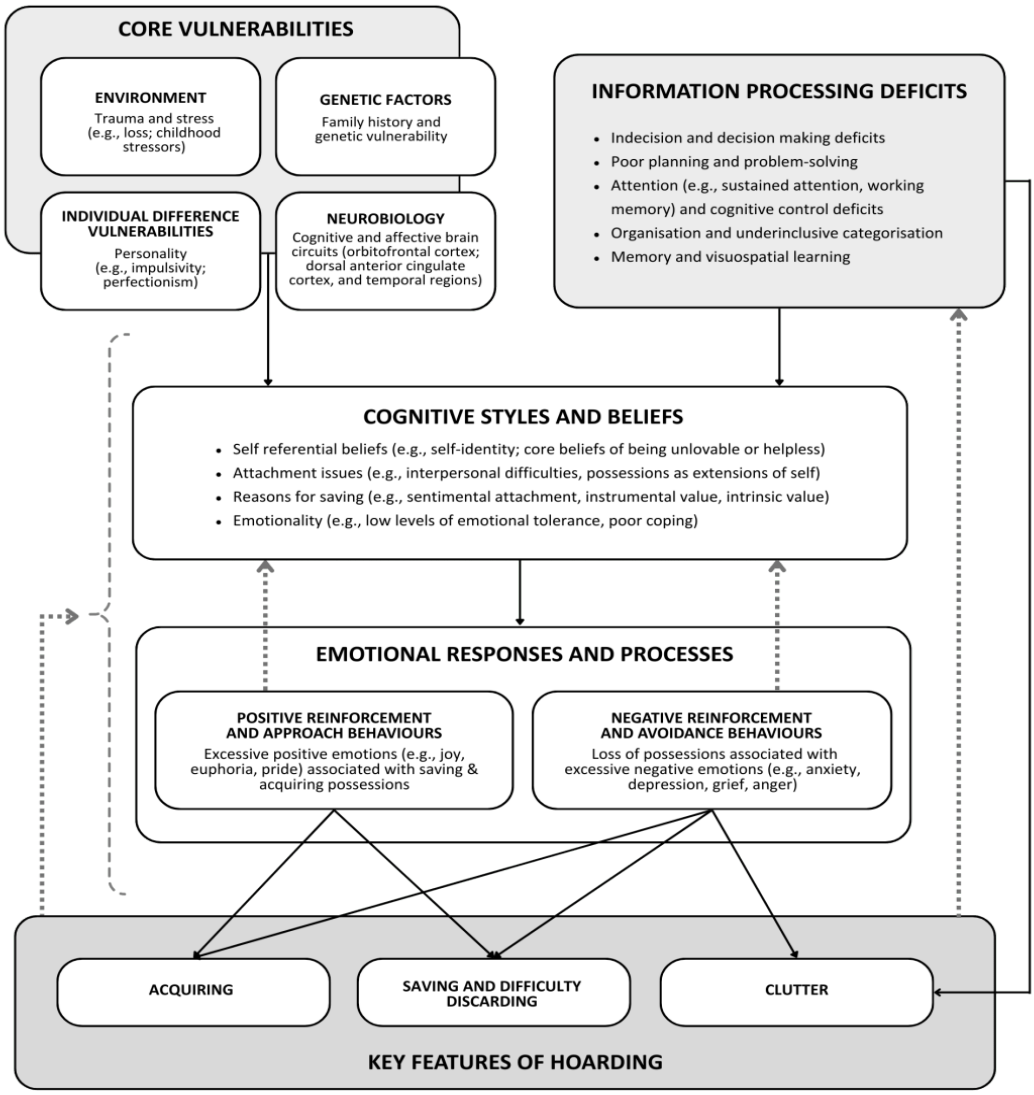
Evidence would suggest that people who hoard, often experience significant emotional attachment to objects and this therefore makes these objects hard to part with.

Hoarding can start as early as the teenage years and gets more noticeable with age (Mind Website, accessed January 2026). For many, hoarding becomes more problematic in older age due to often increased frailty, but the problem is usually well established by this time.

There is also evidence that suggests that hoarding can often run in families with genetics and environmental factors playing a role.

It is important to recognise that not all clutter is linked to hoarding disorder. A person who lives in a cluttered and chaotic home could be ‘chronically disorganised’ as a result of other conditions including psychological and neurodevelopmental disorders such as ASD, ADHD, traumatic brain injury or cognitive impairment.

Alternatively, someone could be ‘situationally disorganised’ – following a traumatic life event. It is however important to know that hoarding behaviours due to other mental health conditions or circumstances may appear similar to hoarding disorder and that this often stems from executive dysfunction, cognitive rigidity and emotional regulation (Stuart et al, 2021, in Fay and Parsons, 2026). Hoarding can frequently accompany other mental health disorders, like depression, social anxiety, bipolar disorder and impulse control problems. A majority of people with compulsive hoarding, can identify another family member who also has the same problem.



[black arrows indicate direct associations, whereas grey dashed arrows indicate reinforcement feedback loops]

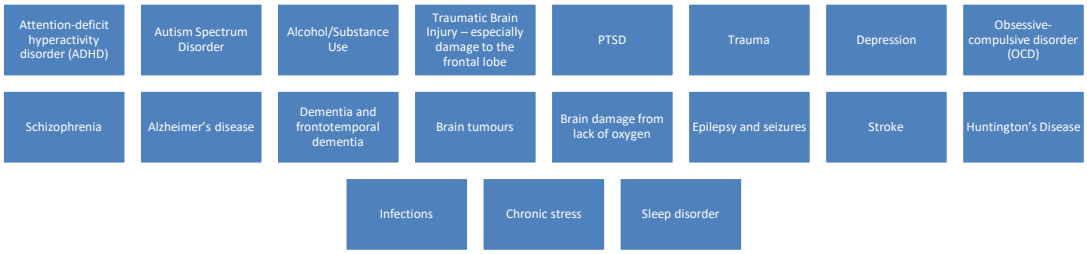
The Aetiological Model of HD [recreated from source] (taken from Fay and Parson, 2026)

Executive function

As outlined above some people who hoard may have executive dysfunction. Executive functioning is controlled by the frontal lobe of our brain. It includes a multitude of mental processes that enable us to **communicate**, **attend**, **focus**, and **multitask**; it helps us **remember** and **apply information**, **plan and achieve** goals, and **make healthy decisions** for ourselves and others. Importantly, these types of skills are related to the physical development of our brains.

This executive functioning wheel outlines the eight areas that our executive functioning controls.

If our frontal lobe is for any reason compromised, executive dysfunction may occur. This can happen for a number of reasons. The below is not an exhaustive list but outlines different situations and conditions where executive dysfunction may occur.



If you are concerned about someone potentially experiencing executive dysfunction, please consider the above tool and you can read more about executive dysfunction and hoarding here. It may also be helpful to support the person to consider seeking medical support and advice.

4. Signs of a Hoarding Disorder

Although signs of hoarding disorder vary from person to person, there are general characteristics that are often present. Frost and colleagues (1996, in Fay and Parson, 2026) developed a cognitive-behavioural model which highlights five key features relating to hoarding disorder:

- difficulty discarding
- excessive acquiring
- problems with organisation and decision-making
- emotional attachment to possessions
- avoidance of distressing behaviours like discarding.

Someone who has a hoarding disorder may:

- Keep or collect items that may have little or no monetary value, such as mail, carrier bags, or items they intend to reuse or repair
- Buy/acquire new items and store these (sometimes unopened)
- Find it hard to categorise or organise items
- Have difficulties making decisions
- Struggle to manage everyday tasks, such as cooking, cleaning and paying bills
- Become extremely attached to items, refusing to let anyone touch, borrow or discard them
- Have poor or sporadic relationships with family or friends due to their living condition

Items people may hoard

Some people with a hoarding disorder will hoard a range of items, while others may just hoard certain types of objects.

Items that are often hoarded include:

- Books
- Clothes
- Newspapers and magazines
- Leaflets and letters, including junk mail
- Bills and receipts
- Containers, including plastic bags and cardboard boxes
- Household supplies
- Food

Some people also hoard animals, which they may not be able to look after properly. Occasionally people can hoard bodily fluids (urine etc.) within their home – this may sometimes be due to limited or no access to amenities due to belongings within the home.

Hoarding of data has also become more common. This is where someone stores huge amounts of electronic data and emails that they're extremely reluctant to delete.

5. When hoarding becomes problematic

Hoarding is different from collecting. Both activities involve acquiring items to which a person gives special value that may go beyond the item's actual monetary worth. Collectors tend to organise and display items carefully and are usually proud of their items and like to talk about them or show them off. People who hoard often feel concerned and/or embarrassed about their living situation and may avoid inviting people into their homes. In most situations, hoarding is only problematic if it causes distress, impacts the wellbeing of the person or is a health or safety issue for the person or people around them – for example neighbours and wider communities. People may also only have issues with hoarding behaviour at an especially stressful time in their lives or they may have chronic hoarding disorder.

Clutter is a defining feature of hoarding disorder, and to be considered clinically significant, evidence must show that it is causing significant distress and impairment, due to the living spaces being so severely cluttered that they cannot be used for important daily living functions such as sleeping, food preparation and washing or bathing (Frost and Hartl, 1996). This is an important distinction, since, if the volume of clutter does not impair a person's daily living activities, it is not considered problematic and any intervention should be focused on implementing preventative measures (Fay and Parsons, 2026).

A hoarding disorder can become problematic for several reasons. It is important to recognise that while a number of difficulties can arise as a result of hoarding behaviours, the individual themselves may not consider this to be a problem. Often people will come to the attention of services due to concern raised by others (neighbours, family members) rather than the person approaching services for help directly. This is important to recognise as it underlies a number of barriers or issues which can arise when working with people who experience Hoarding Disorder, including low motivation to change, resistance to help and support, and feelings of shame.

Practical difficulties from having so many items and materials in their home can make it difficult for a person to mobilise within their home. This can detrimentally affect someone's personal hygiene, health and ability to engage with day-to-day activities. Often, as a result, their performance at work may suffer and interpersonal relationships can become strained.

The person hoarding may feel unable to have visitors or allow trades people in to carry out essential repairs, which can cause issues with the function of the home, as well as increase isolation of the person.

People who hoard often suffer emotionally as a result of these factors, but this can be exacerbated because of the perceived stigma and shame they feel because of the condition of their living environment.

The collection of belongings can also pose a health risk to the person and anyone who lives in or visits their house. In addition, there can be environmental impacts which go beyond the home and on occasion, Environmental Health Services may have to consider its legislative responsibilities to address the impact on neighbours and the wider community.

A Local Authority or Social Landlord may also have a responsibility to other tenants living in the vicinity.

6. Case Studies

When considering these scenarios, you may find it helpful to consider what your role in a similar situation would be. Also think about what may have helped or hindered services to engage with Sue and James.

Sue's Story

Sue was born into a family who experienced a number of challenges. Her father had addiction issues for many years, and her mother had a long history of mental ill health. During Sue's childhood there was often domestic abuse. The house Sue grew up in was often untidy. Nothing of value remained in the house for very long, either getting broken or going missing. Sue never invited friends from school to her home and worked very hard to try to ensure that no one found out about the issues at home.

Sue was an extremely sad and lonely child but never took up the offers of going to other children's homes or attending school friend's parties etc, as she was always worried that a return invitation would be expected. Sue excelled at school, which was a haven for her – away from the chaos of home. She was delighted to gain a place at university and saw moving out of home as a real opportunity to make a fresh start and finally make some friends. However, Sue experienced severe panic attacks and crippling anxiety, which led to her having to give up her place at university. She was struggling to accept offers of mental health support.

Sue moved back home and, shortly afterwards, her mother died. Her father then had a series of short-term relationships and the house remained untidy, dirty and chaotic. At 27 years old, Sue moved into her own flat. Sue saw this as a really positive new start for her. Over time, Sue began to find it difficult to part with items (regardless of their financial worth) and over a couple of years it became very difficult for Sue to use most of the rooms in her flat due to the accumulated clutter.

By the time Sue was in her fifties, her home was so cluttered that the ceiling of the flat below had begun to sag due to the weight of the items in her flat. The Local Authority had threatened Sue with eviction if she did not clear her flat of clutter. Sue had a visit from a Housing Officer who she did not initially allow into her home. Over a few weeks she felt more confident that the Housing Officer was there to help her. Over time Sue was able to allow the worker into her home, and they began to slowly remove some items from the house and arrange for some items to be taken away. The housing officer used a careful approach with Sue and did not touch or remove anything without Sue's permission. When explained to her Sue understood the impact that the items in her flat were having on the downstairs flat.

The concerns with the structure of the below flat were addressed and with Sue's permission the neighbours were made aware of some of her issues.

The Local Authority halted eviction proceedings when they were made aware that Sue was attempting to deal with the clutter. Over time, Sue was able to use her home more easily and safely and the items in her home were kept to a reasonable level, with continued support. Sue went on to accept a referral to be supported with her mental ill health.

James' Story

James is in his mid-seventies and is an owner- occupier of a flat within a block where the other residents are Local Authority Tenants. His hoarding was having an impact on the neighbouring properties and on his ability to move around the home. James had also become very isolated and did not go out very often. It was clear that this was having a significant impact on James' mental health, physical health and self-care. Following a number of visits from social work James agreed to be supported to contact a national Voluntary Sector Organisation for support with his Hoarding Disorder. He was initially supported by the support provider to attend meetings and after a number of months he felt more confident and was able to attend himself.

James was initially struggling to engage with his support package, and it took time for staff to build up a relationship with him. Initially the staff would meet with James out with his home to get to know a bit about him. James eventually allowed workers into his home, and they created a plan on what James felt that he could achieve. James' support staff worked with James in his pace to support him with his personal care. This included therapeutic work in terms of cleaning his home. James was very reluctant to allow them to remove anything from the property. One staff member noticed that he had a shed in the garden and asked if they could move some of the contents from the house into the shed. The gentleman agreed, but when the staff looked at the shed it was also full of bags and assorted items. At this point the staff suggested they empty the shed and transfer items from the house that he wished to keep into the shed. James agreed with this proposal, so the staff checked the shed was watertight before they started to move items chosen by James out into the shed. The staff secured the shed and agreed with James that they would come back the next day to help clear some more items from the house.

By this time the staff had started to build up trust with James, as he felt that they had his best interests at heart, were moving at his pace and only acting with his agreement. It was also agreed at this point that the items he wanted to keep would be restricted to one room, which meant the rest of the house was habitable and safe. Throughout this time, one member of staff worked closely alongside James; to help reduce his anxiety and to reassure him he was in control and that only items he had chosen would be disposed of. In time, the situation in the house was much improved and James's relationship with his neighbours was also much better.

7. Supporting People

This section should be read in conjunction with the Hoarding and Neglect Toolkit which has been developed by North and South Lanarkshire Adult Protection Committees to support practitioners in assessing and responding to the care and support needs of people who hoard.

Currently, there is no established care pathway for hoarding disorder in Scotland or across the UK. However, supporting people where hoarding is identified as a concern, requires a multi-agency response. Working with people who hoard requires a unified and trauma informed response, where the person is at the centre and involved in the process.

Before we consider if or how items and full houses can be managed or reduced, it is important to approach home visits and discussions regarding hoarding and full houses in a respectful and considered way. Given the underlying reasons why people hoard, it is recommended to not only seek permission to enter the home environment but also regarding whether you can touch or move any items before you enter. This can help the person feel less anxious or distressed.

Not only can people who experience Hoarding Disorder become very distressed at the thought of parting with items which they have been hoarding, they can understandably become distressed and upset about others seeing their clutter and being within their home environment. Consequently, it is not uncommon for someone to appear reluctant about seeking or accepting support, or to be wary about considering that their hoarding behaviours are a concern.

Consideration needs to be given to why someone may appear to be reluctant to engage with professionals. Often people may appear **unwilling** to engage with services however they may be **unable** to engage for a variety of reasons. As discussed throughout this guidance, many people who hoard may feel ashamed and/or concerned about the way their home is, they may have experienced significant trauma and/or they may not trust professionals due to past experience.

Assessment and support utilising trauma informed practice

It is important that any assessment, planning and intervention follows a trauma informed approach. Relationship based practice and understanding of a person's life events is crucial to improve the opportunities of success and engagement. Trauma informed practice is grounded in the understanding that trauma affects people's neurological, biological, psychological and social development.

Let us think about the case study of Sue:

Trauma informed practice principles	What can you do?
Safety Across her life, Sue has experienced feelings of being **emotionally and physically unsafe due to:** • domestic abuse • addiction within the household • chaos, neglect, and unpredictability • emotional isolation As an adult, her **home became a place where she can control her environment**, because her childhood home was unsafe and unpredictable. The clutter may provide a sense of protection and stability.	• Be mindful of body language, tone, and seating arrangements. • Build the relationship slowly • Begin interactions by explaining **who you are**, **your role**, and **what will happen next**. • Not entering until Sue allow it • Maintaining calm, predictable interactions • Avoiding sudden changes or forced entry • Reassure Sue that nothing will be removed without consent • Ask Sue what helps her feel safe. This may reduce Sue's anxiety and help her feel emotionally and psychologically safe enough to begin engaging.
Trustworthiness and transparency Sue's early experiences involved broken trust, instability, and inconsistent behaviour from the adults around her. Trust may have become dangerous for her.	Consider how you can: • Be open about **processes**, **limitations**, and **timescales**. • Turn up when you say you would. • Be consistent in tone and approach. • Be honest about the risks and concerns you have.

	• Keep clear boundaries. • Do not break promises – for example remove items without Sue's consent or make promises you cannot keep. • Follow through with what you say you'll do. • Provide information in plain language and check understanding. • Be transparent about information sharing and consent. This will over time, hopefully support Sue to feel trust in professionals. Trust is the gateway to change.
Autonomy and Choice Sue grew up with **very little choice or control**, in a home dominated by other people and with a lot of instability. Her hoarding behaviour later became a coping mechanism that protected her from the fear of losing control again.	• Offer **choices** wherever possible (timing, location, method of communication). • Support Sue to identify her own strengths. • Ask what she would *prefer* or *what feels manageable* – let Sue set the pace. • Allow Sue to decide what information should be shared with her neighbours. • Reinforce small successes to build confidence and agency. This can support Sue to restore a sense of control that she had lacked for most of her life.
Collaboration Partnership reduces power imbalances and supports empowerment.	• Use **collaborative language** ("Let's work on this together"). • Involve Sue in decisions wherever possible. • Work with Sue to reduce any clutter. • Move slowly and respond to her emotional state. • Recognise when you may need to take a step back and give Sue space. • Validate her experience. • Sue should be involved in communication with neighbours. • Share concerns about any risks. • Respect Sue's autonomy and pace. • See the relationship itself as a therapeutic, stabilising factor. This creates a shared, not a service-led plan, which is essential for long-term change.
Empowerment Sue began her adult life wanting a fresh start but carried an enormous burden of shame, loss, anxiety, and fear. Her hoarding was not the problem—it was the strategy that helped her cope.	• Recognising Sue's strengths: surviving childhood trauma, excelling academically, living independently • Validate her feelings rather than criticise her behaviour • Support her to make changes at her own pace • Recognising the effort that she is making • Gradually increase her confidence so she feels able to accept mental health support

The fundamental ethos underpinning trauma informed practice should be considered when working with people who hoard. More information on trauma informed practice can be found here.

Consideration should also be given to existing support frameworks such as Self-directed Support and how this may be utilised to support people to meet their outcomes in the long-term.

When assessing and supporting someone who hoards, it is important to understand that change does not happen instantly and it will take time and often relapses before sustainable change occurs. The cycle of change theory considers this in more detail and also helps us recognise that small improvement should be celebrated and continued motivation is required to support change and improvement.

It is crucial to set realistic and achievable goals without overwhelming.

Supporting someone with hoarding disorder is not about clearing the clutter – it should be about understanding the reason behind it. This requires a sensitive approach that uses trauma informed principles and professional curiosity. For more information on professional curiosity please watch this bite-sized session.

Clear outs and deep cleans – what is good enough?

The UK average cost of clearing a hoarded home is between £3,500 and £4,000 with more extreme cases being as high as £25,000 (Clean Team Scotland, 2024 in Fay and Parson 2026). It is generally not a good idea to get extra storage space or call in an agency to provide a quick clean-up of a property. This won't solve the problem, and clutter often builds up again quickly.

Literature tells us that to enforce deep cleans on a person with hoarding has limited success and is often detrimental to a person's physical and mental health and wellbeing. Linda Fay (2026) states the rate of the issue reoccurring for those who hoard, following an enforced 'deep clean' is 97%.

Someone may think they are helping by removing clutter or throwing items out on behalf of someone who hoards, but this is more likely to be perceived as a breach of trust and could be potentially very damaging to the relationship.

Anyone working with someone who hoards should consider how to best apply a **harm reduction approach** and assess what is good enough? Does a living area require to be completely clear of clutter? Or what is good enough to make the person safer?

For example – if someone is being discharged from hospital and they require an area at home to be clear from clutter to be safe when mobilising. Is it good enough if some of the areas are clear and clean enough to make this safer instead of cleaning the whole house? Consider what is proportionate action to take to ensure they are safe but also allow them to remain in an environment with items that are important to them.

There are times when due to significant concerns and risks for the person, neighbours and communities, a property is required to be cleaned. The same principles should still apply – working together with the person and involve them in the process as much as possible. If it is possible, clearing a home of clutter should be done in stages and over a long period of time, to limit harm to the person.

Clinical and health support

The main psychological therapy approach for difficulties with Hoarding Disorder, is Cognitive Behavioural Therapy (CBT). The therapist will help the person to understand the reasons why the clutter has built up and may explore, for example, why throwing things away is difficult, or why they have compulsively bought in the past. If desired, a systematic approach to reducing clutter is then taken. The first step is usually by supporting a person to contact their GP – the hoarding and neglect toolkit has a Hoarding Ice Breaker Form that some people may find helpful to use when approaching their GP or other health professional.

It is important to note that change does not happen overnight and engagement in formal therapy and treatment require motivation and readiness. It can often take time for the person to reach that stage where they feel able to engage. However, even if the person is not ready for therapeutic input at one point it is important to continue to revisit the possibility of this.

Often, the most helpful way for any person working to support someone with hoarding behaviours is to develop a trusting relationship, and to accept that it may require time to help support a change in behaviour and environment. Frequently, this support will be provided by someone who is not a 'mental health professional' but someone who is working alongside them with an understanding of some of the complexities that may be ongoing for people who hoard. People often report a great benefit from feeling understood and validated.

Sometimes the physical health of the adults may be the main barrier behind the home being cluttered. For example, if someone is struggling to mobilize or has a bad back and they are physically unable to manage the home, this needs to be addressed and assessed by appropriate professionals.

Scottish Fire and Rescue (SFRS)

You should also consider whether a referral to Scottish Fire and Rescue Service (SFRS) for a home fire safety visit is required if the adult is vulnerable to risk of fire. They can also provide fire safety advice regarding the prevention of fire in the home. Contact the SFRS by following the web address, https://www.firescotland.gov.uk and complete the online form to request fire prevention advice.

Further information can be found here:
Home fire safety visits | Scottish Fire and Rescue Service
Home Safety Partner Guide - DIGITAL | Scottish Fire and Rescue Service

Adult Support and Protection

If you **know or believe** that someone is an adult at risk of harm you should also consider if a referral under Adult Support and Protection (Scotland) Act 2007 should be submitted. Public bodies have a duty of care which extends to a duty to report any concerns about an adult who may be at risk of harm. Referrals can be made to North or South Lanarkshire's Social Work Service (see Appendix 1 for contact details).

"Adults at risk" under the legislation are adults who

(a) are unable to safeguard their own well-being, property, rights or other interests,

(b) are at risk of harm, and

(c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

Particular consideration should be given to the adult's **decisional and executional ability** to protect themselves. Many adults who hoard will display decisional ability but may struggle to execute decisions to keep themselves safe.

Children and Hoarding

When we consider people who hoard we often refer to adults. However, the condition does affect younger people. Ivanov et al. (2013 in Whomsley, 2020) found prevalence rates in adolescence of hoarding at 2% of the population, a similar rate to adults. In addition, Whomsley, 2020 highlights that many people who have hoarding difficulties stated that they began hoarding in childhood or adolescence.

It is also important to consider that even if a child or young person do not have difficulties with hoarding themselves, they may live or frequent a household where someone may be hoarding.

> "The mess was everywhere and had accumulated over many years, making it too overwhelming to begin to tackle it. I felt a sense of "otherness" from my peers."
> Growing up in a hoarding household | Real stories | YoungMinds

This can in itself has significant impact on the child's psychological and physical wellbeing. it may reduce the access to a functional living environment and also limit social interaction due to feelings of embarrassment of their home environment. Given that parents have a major influence on their children's development and how they establish relationships with people and objects, having parents who hoard may also be a factor in someone developing hoarding or other difficulties themselves.

If you are concerned about a child's wellbeing and/or safety it is important to tell someone, please follow your own agencies child protection procedure and process to report your concerns to the relative social work office.

North Lanarkshire Social Work

South Lanarkshire Social Work

8. Managerial oversight and practitioner support

Working with people who hoard is often complex and require strong managerial oversight and support. Managers should assure that practitioners are skilled and supported in working with the person and that decisions are being made in tandem with them – taking into consideration multi-agency input.

Working with people who hoard can also be emotive and can have a significant impact on the people working with them. Managers need to support their practitioners by fostering a culture of reflective practice, providing a safe space to help practitioners to speak about the impact working with someone who hoard may have.

Managers must create environments that give permission for staff to acknowledge the impact of their work on them as individuals, in a way that is non-stigmatising, and which can help lead to increased support in the workplace.

In the absence of formal supervision systems, advice should be sought from an appropriate manager in the first instance.

Peer review is also important in developing a proactive culture of learning about processes, assessment and management and supports practitioners who are undertaking complex and challenging work.

9. Other legislative frameworks and key contacts

Please see the Hoarding and Neglect Toolkit for more information legislative frameworks and information on helpful contacts.

National contacts:
For further information and advice on Chronic Disorganisation and Hoarding, visit:

Hoarding Academy
Clutter Chat Charity – A peer support community to help de-clutter
https://hoardingdisordersuk.org (UK)
Home - Clouds End Hoarding Support and Training (UK)

10. Training and Key contacts

Further information on training relating to Adult Support and Protection and/or working with people experiencing Hoarding Disorder please contact:

- South Lanarkshire: Adult Support and Protection South Lanarkshire Website
  publicprotectionoffice@southlanarkshire.gov.uk
- North Lanarkshire: Public Protection North Lanarkshire Website
  adultprotectioncommi@northlan.gov.uk

Scottish Fire and Rescue offer courses in relation to being able to identify fire risks and knowing how to make a direct referral for a Home Fire Safety Visit.

Appendix 1

While phone call referrals will be accepted from any agency, a written referral form (AP1) should be completed within one working day by the person who 'knows or believes the adult is at risk of harm.' The AP1 should be emailed directly to the relevant social work team, where the adult is currently present.

South Lanarkshire social work offices email addresses:

swlohamilton@southlanarkshire.gov.uk

swloeastkilbride@southlanarkshire.gov.uk

swlorutherglen@southlanarkshire.gov.uk

swloclydesdale@southlanarkshire.gov.uk

North Lanarkshire social work officers contact details:

Locality	Contact Details	Email address for Adult Support and Protection referrals
Airdrie Locality	01236 757000	Airdriesocialworklocality-AdultProtectionreferral@northlan.gov.uk
Bellshill Locality	01698 346666	Bellshillsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Coatbridge Locality	01236 622100	Coatbridgesocialworklocality-AdultProtectionreferral@northlan.gov.uk
Cumbernauld Locality	01236 638700	Cumbernauldsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Motherwell Locality	01698 332100	Motherwellsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Wishaw Locality	01698 348200	Wishawsocialworklocality-AdultProtectionreferral@northlan.gov.uk