Hoarding Taskforce Manifesto

A better response to hoarding in Scotland is possible

TASKFORCE hoarding

Iriss

Hoarding disorder is a mental health condition, not a lifestyle choice. Focusing on the material items alone doesn't work. Hoarding is about what happens inside someone's head.

We know that items can sometimes be a solution to people's problems and a response to trauma or loss, or the result of decisions un-made. We need to see the person first, not the stuff, to make real progress.

We also need to take a whole system approach – across agencies and across portfolios – to support prevention, earlier intervention and much better use of limited funds, whilst doing no harm and acting on the evidence.

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Introduction

The Manifesto of the Hoarding Taskforce (Scotland) is aimed at senior leaders in national and local posts in Scotland – Ministers, MSPs, Chief Officer Groups, Integration Joint Boards (IJBs) and Health and Social Care Partnerships (HSCPs) with decision-making power and influence.

It asks for **leadership to drive positive change**, identifies opportunities and asks you to take the tangible steps we have set out. **A better way is possible**.

Presently, our response to hoarding is crisis driven and siloed as the Independent Review of Adult Social Care (Feeley, 2021[1]) makes clear. **We need to take a preventative and whole system approach for better outcomes and cost savings**, looking across disciplines, portfolios and life trajectories. We also need to listen to the evidence and build ways of working that are about 'what people need', not just what currently exists? **If it's not person-centred and doesn't work for people, it doesn't work for anyone**.

Other than a small number of specialist practitioners, **strategic planning and mainstream practice has not caught up with the evidence on what works and is needed**. We need to understand the implications of the evidence for what we need to stop doing and what we need to do instead if we are to provide the person-centred and trauma-informed services required. We also need to understand what this means for how we commission services,

1 Feeley (2021) Independent Review of Adult Social Care in Scotland. Edinburgh: Scottish Government

what data we need to collect and the learning infrastructure and cultures essential for supporting workers and a transdisciplinary approach.

A **transdisciplinary approach** is one that underpins a whole system approach with a focus on collaboration, co-design, and continuous shared learning across disciplines to tackle complex real-life problems as they evolve. It's also founded on common frameworks, principles, knowledge and tools.

Our operating context

CONTEXT MATTERS

We understand that our current response to hoarding disorder (HD) and many other issues is crisis driven. This is a natural response to limited funding. However, an **exclusive focus on crisis is a trap we must escape**.

LEADERSHIP MATTERS

We know from the evidence that evidence alone doesn't bring change! As humans we are resistant to change or simply don't know where to start with 'wicked' problems that involve multiple-partners in complex, inter-connected and ever-changing systems with no simple fix. **Frontline practitioners tell us they do not feel empowered to act on their own**, so leaders must create the conditions.

COLLABORATION MATTERS

An effective response to hoarding requires the engagement of many partners across the system – with social work, social care, housing, health, mental health, environmental health, Police Scotland, Scottish Fire and Rescue, community groups, the third sector and experts by experience all having a role to play in supporting people with HD. But we also need support from policy-makers, funders and leaders with executive powers and influence.

PREVENTION MATTERS

Fifteen years on from the Christie Commission (2011) which called for shifting resources to prevention and optimising the use of resources through collaboration, the time has come to make this real. Otherwise we continue shoring up problems for the future and generating costs due to the system's inability to handle issues earlier.[2]

Taskforce ambitions

- Reduce suffering and improve outcomes and life trajectories for people who hoard and others affected.
- Shift expenditure from crisis to earlier intervention and prevention to make more effective use of funds across the **whole system**.
- Support workers to respond confidently and competently.

Manifesto ethos and structure

This Manifesto **shares the Taskforce's learning**, gathered over a course of two years with input from Taskforce members, engagement with over 200 stakeholders from different disciplines and subject experts with research, practice knowledge and lived experience.

This Manifesto identifies **clear asks** in support of progress. But it is not just an ask, it is an **offer of partnership** to work with the Taskforce. None of us have all the answers, but we believe that by working together we can make a difference.

Email the Taskforce with any questions, or to arrange a call or meeting:
hoarding.taskforce@iriss.org.uk

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2 The 2011 Christie Commission report on the future delivery of public services in Scotland highlighted that a staggering 40% of all local public service spending was absorbed by **failure demand** — costs incurred due to the system's inability to handle issues effectively the first time.

This Manifesto sets out:

- **What is hoarding and why does it matter?**
- **Why our response has to change**
- **Our asks of you and others**
- **What the Taskforce can offer**

What is hoarding and why does it matter?

HD is a significant mental health issue, affecting large numbers

Hoarding disorder (HD) is classified as a distinct and complex mental disorder. It is estimated to affect 2.5-5% of the population[3] (approximately one-in-forty or 63,000-125,000 people in Scotland). These figures are likely to be a huge underestimate given the level of shame and stigma associated with hoarding behaviour, made worse by misinformation and insufficient public or professional knowledge. People who hoard may lack information also, and not understand their behaviours or where to seek help. The same can be said of family members or carers.

We are on a learning journey together

HD was only classified as a discrete mental disorder in 2013 by the American Psychiatric Association (DSM-5) and recognised by the World Health Organisation (ICD-11) in 2022. This means our knowledge of HD isn't all it could be and it is commonly misunderstood and rarely clinically diagnosed.

HD is characterised by excessive acquisition and difficulty discarding due to a perceived need to save items regardless of use or value, with distress

3 Postlethwaite, Kellett, & Mataix-Cols (2019): Conducted a systematic review and meta-analysis of 11 studies covering over 53,000 participants, establishing a 2.5% prevalence rate of hoarding disorder in the general population.

and impairment caused by living spaces 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).[4] **Up to 92% of those with HD have at least one other mental health diagnosis** (Archer and colleagues, 2019; Harrison and colleagues, 2021).[5]

Problematic levels of clutter are not always the result of HD, and can be due to chronic disorganisation (CD) and cognitive and emotional differences – common to people with Autism Spectrum Disorder, ADHD, traumatic brain injury or hydrocephalus. Discomfort with change, sensory sensitivities or difficulties with emotional regulation can make decision-making and the physical process of sorting, cleaning or discarding utterly overwhelming without support. People with CD need help too.

The human cost

Hoarding is associated with: depression and low self-esteem; isolation and loneliness (due to stigma and shame); lack of access to services; delays to important home maintenance tasks; increased risk of death if a fire breaks out; increased risk of trips, falls and injury in the home; infestations; debt; loss of tenancy; relationship-issues; and sometimes, difficulties maintaining employment. Poor self-care is sometimes associated with HD, but more often with Diogenes syndrome, aka self-neglect.

4 Frost RO and Hartl TL (1996) **A cognitive-behavioral model of compulsive hoarding**. *Behaviour Research and Therapy*, 34(4), 341-350

5 Archer CA, Kyara M, Garza K et al (2019) Relationship between symptom severity, psychiatric comorbidity, social/occupational impairment, and suicidality in hoarding disorder. Journal of Obsessive-Compulsive and Related Disorders, 21, 158-164

Children and young people are affected too

Hoarding is too often seen as an adult only issue, but this is not so. It can put children and young people at risk of harm and neglect. It can affect school performance or relationships with peers and generate significant distress and anxiety. This is especially so if young people are thrust into adult roles too soon to care for an adult with hoarding behaviours. Or they may be care experienced and have complicated emotional relationships with belongings or have never learned how to manage them.[6]

Currently the voices of children and young people are largely missing from this debate, with this raising key questions as to how effective we are at identifying and responding to their needs.

Neighbours and communities

For those living adjacent to people with HD issues around fire safety, and sometimes environmental health concerns due to vermin can be a concern along with its potential impact on property values. This can create tensions between neighbours who don't understand that hoarding is a mental health condition, or because they don't know how to help the person who hoards or help themselves.

6 Holistic Hoarding in Wales is leading the way in developing expertise in this area. It has developed the HATCH tool to improve safety for children in hoarded homes and has a dedicated Family Caseworker.

Why our current response needs to change

Crisis point is too late

Currently it is at crisis point that people who hoard become known to services. This may be due to a trip, a fall, needing to go into hospital, or that they are at risk of eviction, have unmanageable debt or because a safeguarding concern has been raised. This normally **follows decades of hoarding behaviours** that usually (but not always) begin in adolescence, often as a result of traumatic life experiences. **By adulthood, behaviours are entrenched and the human suffering and financial costs have accrued**.

Siloed working means poor use of funds

Siloed working doesn't reveal the impact of behaviour in one part of the system on another, or the ripple effect. The following illustrative examples (over) help demonstrate this.

For the NHS HD may only be revealed when an adult has acute health care needs and has to go into hospital. It's then that a healthcare professional may determine that their home is unsafe for them to return to. This results in delayed discharge or transfer to an intermediate care unit, for someone otherwise ready to return home. This generates significant financial costs to the NHS. Audit Scotland (2026)[7] estimated that the average daily cost of a hospital bed was £618.12. For every extra week in hospital, this amounts to £4,326.84. This compares with a day rate of £144.72 for a nursing home and £126 for a residential care home placement, which can also be used as a temporary or longer-term measure.

These scenarios create other ripple effects: the loss of a bed for another patient requiring treatment or rehabilitation; increased waiting times. It also has a negative impact on the mental health of the person with HD, who is 'stuck' in hospital but wants to go home, and prolonged time in hospital increases their risk of infection, reduced mobility and independence.

For local authorities there may be additional and significant costs associated with re-housing people, even if temporary, while their home is being made safe for them to return to. Or for councils and housing associations, where 'the last resort' of instigating eviction procedures has been reached, the considerable legal costs associated with this.

There is also staff time spent being tied up in court and litigation, traumatising vulnerable people, rather than time spent supporting them and others with their tenancies.

7 Audit Scotland (2026) **Delayed discharges: A symptom of the challenges facing health and social care**. Accounts Commission and Auditor General.

Key crisis interventions don't work and are harmful

Enforced clearouts are still used prolifically as a solution to hoarding (Kysow and colleagues, 2024).[8] What professionals once thought were helpful, we now know, aren't. But this presents an opportunity – **earlier intervention can be funded by the money we don't spend on enforced clearouts**.

Enforced clearouts represent system failure

A crisis response and a 'last resort' when every other part of the system has been 'unable' to act earlier leading to avoidable pressures across health, social care, housing, and the emergency services.

Enforced clearouts don't work

100% of people who experience an enforced clearout will regress to hoarding behaviours and more rapidly than before without any support with behaviour change (Bratiotis and colleagues, 2011).[9] It can also result in 'the revolving door' of repeat clearouts.

Enforced clearouts are expensive and a poor use of funds

The average cost of clearing a hoarded home in the UK in 2024 was between £3,500 and £4,000 with more extreme cases being as high as £25,000 (Clean Team Scotland, 2024).[10] They represent low value care: ineffective, inefficient, and unwanted (Verker and colleagues, 2018). This can be spent in better ways.

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8 Kysow K, Woody S and Bratiotis C (2024) **Clean-outs as a strategy for community agencies to address hoarding**. University of British Colombia

9 Bratiotis C, Schmalisch C and Steketee G (2011) The hoarding handbook. Oxford University Press, Inc.

10 Clean Team Scotland (2024) What is the average cost to clean a hoarder house

Enforced clearouts are harmful

They are coercive interventions, done to a person and at a point of crisis and vulnerability. They traumatise the individual, damage trust with professionals and show little regard for a person's personal autonomy, rights and belongings. To the person with lived experience, hoarding is a 'solution' to their problems in that it makes them feel safer, secure and more in control of their environment (even if only temporarily). People often feel a strong sense of identity from their belongings – as if they are a part of themselves – or they provide comfort and predictability in the face of uncertainty. An enforced clearout, carried out at speed and scale, creates enormous damage.

Enforced clearouts are linked to suicide ideation and completion

We need to seriously consider the level of suicidal ideation reported from people threatened with or who have experienced them.[11] At worst we know they can be fatal and people have died by suicide.

Enforced clearouts don't respect human rights

They are not consistent with Scotland's commitment to internationally recognised human rights, the UN Convention on the Rights of Persons with Disabilities (UNCRPD), nor do they accord with the shift from substitute to supported decision-making with everyone able to exercise their legal capacity. The Adult Support and Protection (Scotland) Act 2007 also advocates 'the least restrictive' option.

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11 Bratiotis, C., Woody, S. & Lauster, N. (2019). **Coordinated community-based hoarding interventions: Evidence of case management practices**. Families in Society: Journal of Contemporary Social Services, 100(1), 93–105. [This is endorsed by other firsthand accounts from practitioners working with people with HD and experts by experience.]

Leading for change: our asks of you

We ask for **bold and collaborative leadership**. Those in leadership roles have the privilege of being able to take decisive steps that shape how we commission services and shape cultures – by setting the tone for compassionate and effective approaches to reduce stigma, to putting and keeping 'hoarding' on the agenda, and by creating the shared infrastructure and space to **foster cultures of learning and improvement across disciplines**.

This section of the Manifesto lays out our **10 asks of you**...

Ask 1

Support a transdisciplinary approach

To foster a transdisciplinary approach, we keep hearing that key principles and practices must under-pin cross-agency working to drive up standards and to help everyone know who can do what. For more on this, read the **Insight** evidence summary and **Spotlight on Fife** blog post from Iriss.

Our asks:

- We need national guidelines – Taskforce members could help pilot and refine them.
- We ask you to invest in training for workers, support creation of a national training framework, linking levels of knowledge and required to skills and roles.[12]
- We need local communities of practice at strategic and practice level to share learning, foster innovation and improvement, and promote coordination and shared accountability.

12 The National Trauma Training programme is one example, where this approach has been helpful.

Ask 2

Review policies and portfolios for inclusion

Hoarding is widespread, complex, and costly – so why does it remain absent from most national and local policies and ministerial portfolios? It needs to be visible and embedded within these to bring people the help that they need.

HD intersects with various policy areas, across housing, health, mental health, social care, Fire and Rescue, environmental health, public protection of children and adults, Suicide Prevention, and young carers and unpaid carers. Policies should also understand the links between Autism Spectrum Disorder (ADD), ADHD and neurodivergence with HD and chronic disorganisation.

It also means reframing HD as a **long-term** mental condition and one that **affects people across the life-span** from children and young people to those nearing the end of life.

Our ask:

- Review your policies and portfolios to ensure people with HD are included to make them visible and bring them the help they need.

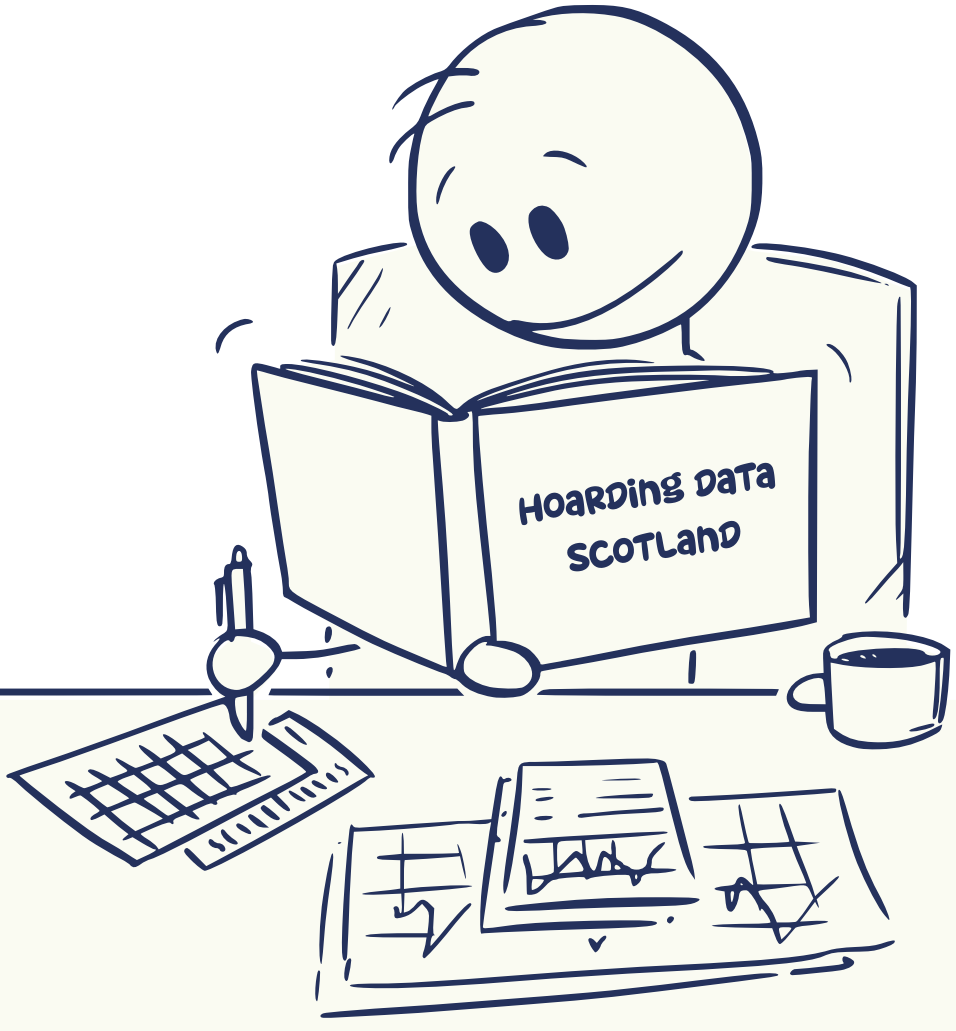
Ask 3

Collect data to drive progress

Without better national data, we cannot design effective policy, plan or improve on practice and expenditure. Some local pockets of data exist, but Scotland lacks the full picture.

Across a range of policy and service areas we need better data on:

- **Prevalence** – to make people with HD more visible in our services and in our waiting lists.
- **Outcomes** – to assess and improve the effectiveness of our responses
- **Financial spend** – on the costs of clearouts and recurring clearouts for the same person on the costs of delayed discharge and ripple effects (the legal costs of eviction or re-housing).



This also needs to be data that doesn't look at outcomes and expenditure in isolation at a single point in time, but across a system. Otherwise this inhibits a shared understanding of how HD intersects with health, mental health, housing, social work and social care, fire safety or environmental health.

We recognise the significant gaps in our knowledge in this emergent field. **This presents opportunities for academics and funders of research** – so, for example, we are not blind to the needs of children and young people affected, or the experiences of people with HD across the lifespan and at key transition points, such as needing to receive care at home or go into a care home. Or that there is more to learn about tailoring psychological or therapeutic approaches in health to individuals if we want better outcomes, as O'Brien and Laws, 2025 identify.[13]

Our ask

- We challenge public bodies to get better at collecting data on HD to inform planning, improvement and future spend.

13 O'Brien E and Laws KR (2025) Decluttering minds: psychological interventions for hoarding disorder-A systematic review and meta-analysis. Journal of Psychiatric Research, 181, 738-751

Ask 4

Fund innovation and evaluation to inform future spend

To change we need to innovate, to innovate we need to learn. Otherwise we risk defaulting to what we have always done when we know this isn't working.

We constantly hear that the **services or roles we need are simply 'not there'** (and certainly not the ones that people want to engage with). But the implications from the current evidence on what is required and what good practice looks like are clear:

The evidence shows that sustainable change for someone with HD emerges through long-term, relationship-based support that emphasises trust, collaboration, emotional safety, and gradual progress over time. Only this way can a person develop lasting strategies and behaviour change. **This requires a person-centred, trauma-informed approach and a package of practical, emotional, psychological or therapeutic support and from a skilled and trained practitioner, not a cleaner**. What does this look like?

- Based on experience, this takes 18-24 months – with little but regular contact by a skilled professional working alongside someone in their own home to declutter.
- It begins with developing trust, and finding out about the person and their circumstances. It doesn't hone in on the symptoms ie the clutter.
- It aims to understand what is driving their behaviour, what will motivate them to change and to sustain new behaviours.

- It takes a realistic harm reduction approach and doesn't try to 'fix people'.
- It understands a person's readiness and capacity for change – so as not to overwhelm them by trying to do too much too soon or in the wrong order, particularly when they are likely to have co-existing conditions or other life challenges.
- It respects people's rights and agency – working with, and not doing to them.

Ultimately, **we need to slow down to speed up**, and **spend money differently – earlier and spread differently to avoid crisis (and repeat) crisis interventions**.

And learning from the 'Housing First' approach that provides housing without preconditions, a stable base and unconditional access to support services for people when they are ready, we would ask that hoarding is treated in the same way and like other long-term mental health conditions. This means that people who hoard would not be at risk of eviction while they are being supported.[14]

We can learn from the Early Intervention Framework (EIF) introduced in 2021 by Victoria in Australia[15], which funds pilots and builds in robust evaluation to track:

- Outcomes for people with HD and others affected.
- Cross-portfolio expenditure and estimated savings ***across the system***, supported by academic researchers with economic expertise.

14 Johnsen S, Blenkinsopp J and Rayment M (2022) Scotland's Housing First Pathfinder Evaluation: Final Report

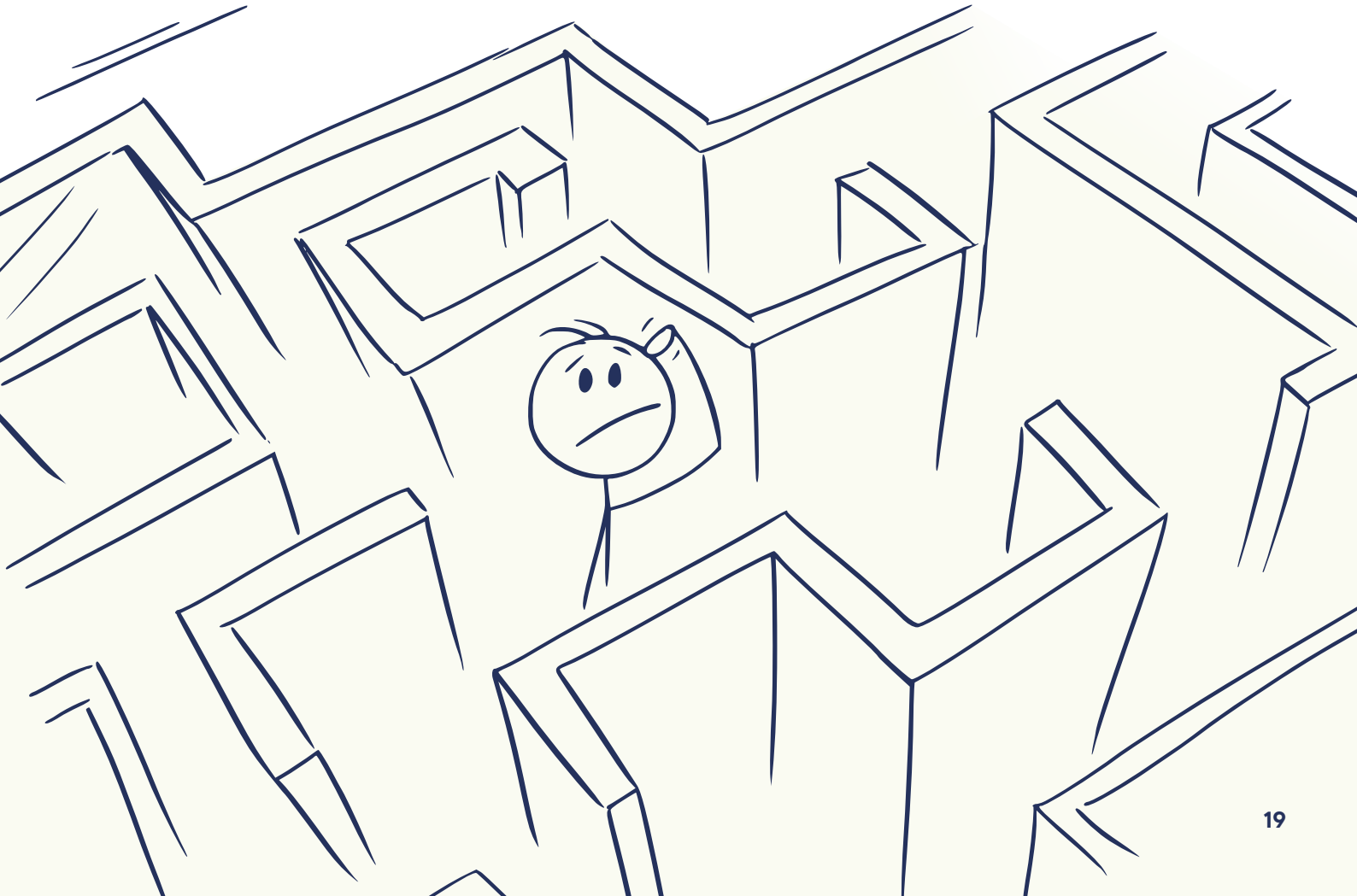
15 Early Intervention Investment Framework and Hard choices ahead? Budget Challenges Facing the Next Scottish Government – UofG Spotlight

The EIF framework bakes in collaboration at the start by looking across the whole system. It's also person-centred, because it tracks the cohort, and if it doesn't work for people, it doesn't work at all!

We need to end siloed working where all services are rationing, but no one is saving, and inform future expenditure at a larger scale.

Our ask

Fund a pilot – to provide the type of service the evidence shows is needed, building in an evaluation that tracks outcomes, expenditure, and estimated savings across the whole system to inform future expenditure at scale.



Ask 5

Commission differently (spend differently, spend better)

We must shift expenditure from crisis to prevention. Consider what you could do with the **same money, spent differently**? Think what you could do with the money you **didn't spend** on enforced clearouts – especially if this was the third clearout for the same person? And ask yourselves, how could we do this as a multi-disciplinary group, pooling budgets to support more flexible and preventative spend, to allow for **expenditure that relies on professional judgement not tick box criteria** that tends to privilege crisis expenditure and little else?

Our ask

We challenge leaders to set targets and expectations of shifting 5-10 % of their budget from crisis intervention to preventative spend.

But we also know that the **specialist services we need don't exist**. These specialist roles are being carried out by independent practitioners, but **specialist roles are in short supply** or are scattered within a small number of third sector organisations, where sustainable funding and capacity is a real issue, and the postcode lottery is real.

This is part of the commissioning challenge for social work or social care. It needs a multi-pronged approach that is developed by:

- Investing in training as highlighted
- Creating a national training framework, whereby the level of training required is linked to the skill and knowledge needed for different roles (including specialist ones), to provide accreditation and quality assurance
- Linking the procurement of services to training certification, to ensure high quality support
- Learning from the evidence from the pilot we propose.

Quality assurance matters, but in the Taskforce's work we have discovered that it can be both an enabler or a barrier to procuring services.

QUALITY ASSURANCE AS AN ENABLER

Cleaning or decluttering services commissioned through current procurement processes, may not require workers to be trained in understanding hoarding behaviours, or what constitutes an effective response.[16] While some are excellent and knowledgeable, quality can be extremely variable.

Our ask

Commissioners should be asking that those on procurement lists to have an appropriate level of training, matched to the role and task. A quality mark might also be considered.

16 This is true for those registered with the Association of Professional Declutterers and Organisers (APDO). It is also true for Personal Assistants employed through SDS of course.

QUALITY ASSURANCE AS A CURRENT BARRIER

Services wishing to respond to the service gaps we have identified – combining practical, therapeutic and tailored supports – have told the Taskforce about the barriers they have encountered. Requirements to be registered with the Care Inspectorate (CI) to be included on approved local authority procurement lists over a certain financial threshold, can be problematic. While designed to support quality, the prescribed CI registration categories that services must fit into, don't match the services needed. Currently it is serving as a block to innovation and person-centred provision.

Our ask

Review Care Inspectorate service registration categories going forward to remove blocks to innovative and person-centred provision.

This is also an opportunity to ensure that current practices are aligned with the eight ethical commissioning principles that the Scottish Government has developed in collaboration with national partners, to shift commissioning toward a more collaborative, human rights-based, and sustainable approach[17] since the Feeley review (2021), and embedded in the **Care Reform (Scotland) Act 2025**.

17 The eight ethical commissioning principles are: i) person-centred care and support ii) a human right approach iii) fill involvement of people with lived experience, iv) fair working practices v) high quality care vi) climate and circular economy vii) financial transparency and commercial viability viii) shared accountability.

Ask 6

NHS mental health support matters

We know that existing NHS mental health services are under considerable strain, with Scotland's Mental Health Partnership – 17 organisations including SAMH – calling for a 10% increase on NHS spending on mental health and a £20m 'improving mental health fund' to tackle what they call a 'nationwide mental health crisis.'[18] We acknowledge this call. We have heard frustration from some experts by experience with HD at not being able to access psychological support, or for only time-limited periods and of variable lengths in different areas.

Our ask

People with HD should have access to mental health services, with it recognised as a mental health condition.

18 Scotland's Mental Health: **It's Time for Action**.

Ask 7

Make better use of Self-directed Support (SDS)

SDS is also being under-utilised to commission individual tailored packages for people with HD or CD with assessed care needs. Alongside **In Control Scotland**, we challenge the blanket bans some areas have on using SDS funding for 'cleaning'. This misunderstands hoarding behaviours, that it's a cleaner that is necessarily required, and misunderstands SDS.

SDS was designed to provide the flexible and bespoke support that people who hoard need – particularly options 1 and 2.[19] But we agree with **Social Work Scotland** that SDS is not about its four options or resource allocation frameworks.[20] Rather SDS is meant to empower social workers to exercise their professional judgement, use their knowledge in partnership with supported people and carers to co-design personalised support, uninhibited by structural barriers and inflexible systems. We also know that SDS budgets are being cut from recent Social Work Scotland research.[21]

Our ask

Make better use of SDS as a pathway to support for people who hoard.

19 Option 1 (Direct Payment) is a cash payment for total control over arranging support, including hiring staff. Option 2 (Individual Service Fund) allows you to choose your support while a provider manages the money and arrangements.

20 **Self-directed Support – Social Work Scotland**

21 **The State and Future of Social Work and Social Care Funding in Scotland**

Ask 8

Value and resource user-led organisations and peer support

User-led groups like Clutter Chat who are valued members of the Hoarding Taskforce. They play an important role in educating others – as teachers, activists and partners in co-designing and improving services and systems. They also provide valuable peer support.

Peer support is complementary care – it works alongside professional services, not instead of them – and has an important role to play in providing what others cannot. It provides empathy and understanding from people with similar lived experience; creating hope, providing encouragement, reducing isolation and sharing strategies that contribute to longer-term self-management. The Scottish Recovery Network is advocating for a radical peer-led transformation of mental health services, and to integrate peer support workers across the NHS, social services, and community-based care.

We support the ALLIANCE and VOX Scotland's calls for a stronger third sector through more sustainable and less short-term funding. We would also highlight the particular role of user-led organisations within this.

Our ask

Support a sustainable third sector, and within this user-led organisations that provide valuable peer support.

Ask 9

Challenge stigma and raise awareness

Hoarding is not a lifestyle choice as some mistakenly believe, but a mental health condition. It **requires sensitivity to language**. The term ‘hoarder’ should be avoided as stigmatising, and belongings used instead of ‘rubbish’ or even ‘clutter’ as these words carry judgement.

Because people who hoard often feel deep shame and embarrassment, this results in them keeping their behaviours secret, it prevents them from seeking help, being identified earlier and accessing services. If we are to take a preventative approach, we need to address this by raising awareness and tackling stigma together. (We also need to plug the service gaps).

Our ask

The Taskforce will be running an awareness raising campaign in 2026 to help tackle stigma. We invite you to engage with this, and continue this work.

Ask 10

Engage with the Taskforce and what it has to offer

We are committed to sharing insights, research and learning to support a non-siloed, transdisciplinary approach:

- The Iriss Insight, **Hoarding disorder: towards a unified approach beyond disciplines**, brings together the most up-to-date evidence.
- Our introductory online **learning module on hoarding disorder**, hosted by Iriss, can be accessed for free online.
- We will be sharing stories of lived experience and innovation as part of our ongoing campaign in 2026-27.

We are open to dialogue on:

- How we can support the development and testing of national guidance for Scotland.
- How we can support a pilot – tracking outcomes and spending across the system.

We are committed to working collaboratively with national and local government:

- We are happy to meet with you and are open to dialogue.
- We are happy to provide inputs to your meetings or events.

Our ask

The Manifesto is not just an ask — it is an offer of partnership. Please take up this invitation.

Conclusion

HD is not a lifestyle choice. It is a complex condition rooted in trauma, mental health, grief, disadvantage and systemic gaps. Scotland has the opportunity to lead with compassion, strategy, and evidence.

We ask leaders to support the incremental steps we have identified to take decisive action that will move towards a preventative, person-centred and collaborative whole system approach that is trauma-informed and rights-respecting. This will better serve people, and make much better use of funds.

We also need to replace judgement with compassion and ignorance with knowledge, and understand the risks to people and the human suffering involved. The Taskforce will be running a campaign in support of this in 2026 and invites you to support this.

About the Taskforce

The Hoarding Taskforce (Scotland) was formed in 2024 borne of frustration and recognition that we need a better, more joined up transdisciplinary approach to address systemic failures and make best use of limited funds.

Taskforce membership spans services that come into contact with people with HD and includes: Social Work (Adult and Child Protection), Housing, Scottish Fire and Rescue, Health and Mental Health, Environmental Health, Police Scotland, Scottish Fire and Rescue, Care Inspectorate, representatives from the third sector and independent support practitioners as well as Social Work Advisers within the Scottish Government. It also contains representation from subject experts – Clutter Chat colleagues bring their lived experience, and Linda Fay from the Hoarding Academy, brings her specialist practice experience and research knowledge.

The Taskforce has also run three stakeholder events, engaging over 200 stakeholders in the Health and Social Care Partnerships who are also members of the Taskforce (Glasgow, Pan-Lanarkshire and Clackmannanshire and Stirling), to ensure that we understand challenges in real life context, in complexity and in the world we actually inhabit.

The Taskforce's work is coordinated by Iriss, a national charity. It works to support innovation, improvement and positive change and create the conditions for social work and social care to flourish, working with and alongside sectoral colleagues and experts by experience. Iriss's hoarding work is funded by the Scottish Government.

TASKFORCE hoarding

Summary of our key asks

1. We need **national guidelines**

2. We need to **invest in learning**
   - We ask for investment in training for workers, and to support creation of a national training framework, linking levels of knowledge to roles
   - We need local communities of practice at strategic and practice level to share learning, foster innovation and improvement and promote coordination and shared accountability.

3. We ask you to **review your policies and portfolios** to ensure people with HD are included to make them visible and bring them the help they need. This would include access to mental health support.

4. We challenge public bodies to **get better at collecting data** on HD to inform planning, improvement and future spend.

5. **Fund a pilot** – to provide the type of service the evidence shows is needed, building in an evaluation that tracks outcomes, expenditure and estimated savings across the whole system to inform future expenditure at scale.

6. We challenge leaders to set targets and expectations for a **5-10% budget shift from crisis intervention to preventative spend**, funded by fewer or no enforced clearouts (enforced clearouts don't work, are costly, and represent low value interventions and failure to act earlier).

7. We need to make **better use of SDS** as a pathway to support for people who hoard.

8. We need to **commission differently**:
   - Commissioners should be asking that those on its procurement lists to have an appropriate level of training, matched to the role and task.
   - We need to review Care Inspectorate service registration categories going forward to remove blocks to innovative and person-centred provision.
   - Commissioning collaboratively for better outcomes for people.

9. **Support a sustainable third sector**, and within this user-led organisations that provide valuable peer support.

10. **Engage with the Taskforce**:
    - Join our 2026-27 campaign to raise awareness and challenge stigmas, and continue this work.
    - The Manifesto is not just an ask — it is an offer of partnership. Please take up this invitation to work with and alongside us for positive change.

Find out more

We're keen to hear from anyone interested in engaging with the Taskforce.

We can offer partnership to help raise awareness, challenge stigmas and work towards positive change.

Email the Taskforce to start the conversation:
hoarding.taskforce@iriss.org.uk

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TASKFORCE hoarding

Iriss

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