



HOARDING: A REPORT INTO BEST PRACTICE



Foundations

MAY 2021 / WRITTEN BY NORBERT MAGOS

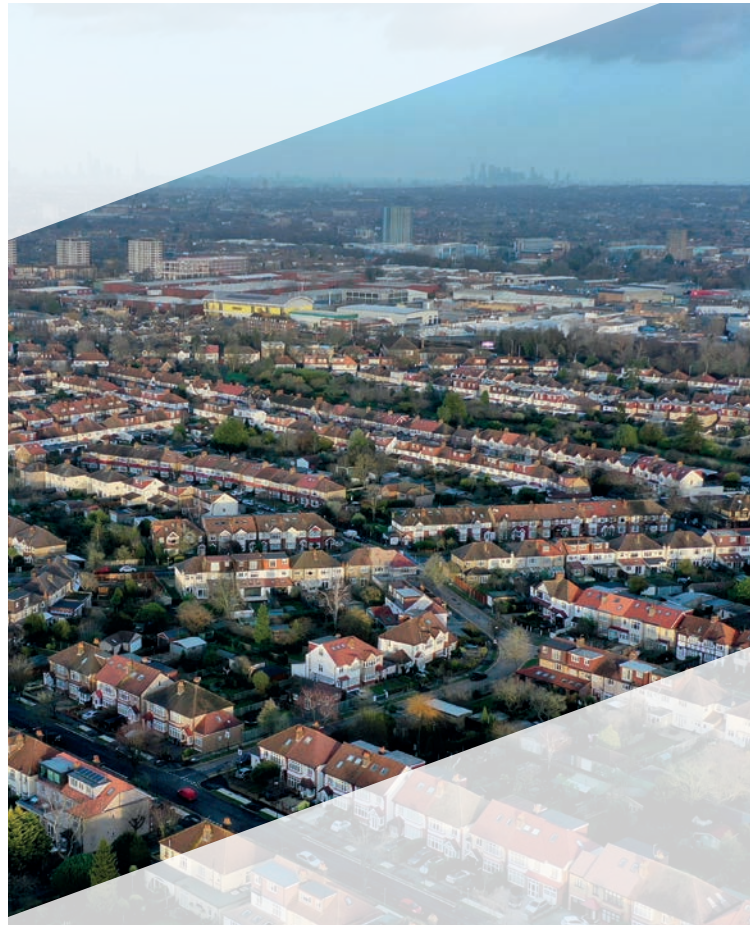


About Us

Foundations is the National Body for Home Improvement Agencies in England. This means that we're contracted to oversee a national network of nearly 200 Home Improvement Agencies (HIAs) and handy person providers across the country.

It's a role we've held since 2000, and since 2015 we've also been supporting local authorities to improve how they deliver Disabled Facilities Grants (DFGs) - whether they use a HIA or not. Our vision is a thriving range of Home Improvement Agencies – supporting people to live safe, independent and happy lives in the home of their choice.

Foundations' role on informing policy and design is twofold. On the one hand we advise and support government in delivering on part of its commitments to vulnerable older and disabled people in their own home. At the same time, we help local authorities to adopt housing assistance policies and commission services sensitive to local priorities and needs.



- **Improving outcomes for people living with a hoarding condition is a core aim of our 2021 workplan.**
- **We want to see more multi-agency protocols to support people living with hoarding tendencies.**
- **We want to increase the number of RRO policies with dedicated resources to hoarding.**

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INTRODUCTION

Introduction

Hoarding is a condition which is often misunderstood and it is therefore often not fully recognised. As a result, many local services fail to provide an adequate response to people with hoarding tendencies.

The impact of hoarding can however be significant and risks which are associated with the condition may include:

- Delays in hospital discharge and associated additional costs of 'bed-blocking'.
- Fire hazards.
- Poor physical and mental health and possible safeguarding issues.
- Costs to local services (health, housing and social care), particularly where inappropriate responses are used with associated risks of a reoccurrence of the condition and/or exacerbation of an existing situation.

It is important therefore both to understand hoarding and to develop appropriate and effective responses to meet the needs of people with hoarding tendencies.

Report Aims

This report sets out to explore why hoarding should be an issue for local authorities, how they could respond to the needs of hoarders and what these services look like in practice.

The purpose of the project is to improve the understanding of hoarding as an issue, to identify what services are currently delivered and to support the development of good practise in the delivery of housing-focused services for people with a hoarding tendency.

Various terms are used with regard to hoarding. In this report the term used is people with a hoarding tendency.

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Hoarding is an increasingly costly and complex issue for local authorities to deliver service solutions for. There is currently little research and best practice case studies available as resources. Foundations commissioned this report to research underlying issues and provide a blueprint for a cohesive and integrated service response to support people with a hoarding tendency.”

Paul Smith

Director, Foundations

EXECUTIVE SUMMARY

Executive Summary and Recommendations

As this research demonstrates, hoarding is a complex issue resulting from an underlying mental health condition but with potentially widespread impacts. A multi-agency, multi-level response is therefore required to provide an effective response.

Key elements of an effective hoarding service include:

- A specialised hoarding service with a dedicated caseworker coordinating the approach.
- Funding for decluttering, preferably delivered by a specialised hoarding company.
- Ongoing support to prevent relapses, for example the provision of CBT, group therapy or peer support.
- Established referral networks and well-maintained partnerships.
- Close cooperation with enforcement services, the NHS, Fire Services.
- A local hoarding protocol setting out the steps of intervention and eligibility for services.

Although the provision of such services is not without cost, the risks and costs both to local services and the individuals concerned may be significantly higher. The development of multi-agency working and effective protocols together with the provision of dedicated resources should be seen as the essential elements in the development of an effective local response to the needs of people with a hoarding tendency.

Acknowledgments

I would like to express my appreciation to Dave Eldridge for his valuable and constructive suggestions during the planning and development of this research work. His willingness to give his time so generously has been very much appreciated.

I would also like to thank the staff who participated in the interviews and especially Olive Quinton, CEO of Lofty Heights CIC, whose contributions helped to inform the project.

1 HOARDING



1. Hoarding as a condition

The word 'hoarding' was not used to describe human behaviour until the 1960s. Since then its definition has been changing significantly as the science on the subject has developed. According to Frost and Steketee a hoarder is a person who collects but fails to discard possessions that appear to have little or no value, whose living space becomes unfit for purpose and who experiences 'distress or impairment' in functioning as a result of the clutter.²

For a long time, hoarding was not recognised as a disorder but as one of the diagnostic criteria for Obsessive-Compulsive Personality Disorder. This only changed in 2013 when the

Diagnostic and Statistical Manual of Mental Disorders (DSM) changed its definition resulting in the recognition of hoarding as a specific mental health condition. (DSM is the standard classification of mental disorders used by mental health professionals in the United States and elsewhere.) It's thought that around 1 or 2 people in every 100 have a problem with hoarding that seriously affects their life.³

The latest research shows that hoarding is often but not always present with Obsessive Compulsive Disorder (OCD) and that almost everyone with a hoarding tendency (92%) has at least one additional mental health condition. This is important because hoarding is one of the more easily recognisable mental health conditions.

² Steketee, Gail, and Randy Frost. *Stuff: Compulsive hoarding and the meaning of things*. Houghton Mifflin Harcourt, 2010.

³ <https://www.nhs.uk/conditions/hoarding-disorder/>

2 WHY IS HOARDING AN ISSUE?

Identifying people with a hoarding tendency can help not only to deal with issues directly related to the hoarding but other existing conditions that would otherwise remain hidden. An effective tool that can help the diagnosis of hoarding is the Clutter Image Rating Scale, an objective scale which can be useful not only to the professionals but to the clients as well. This tool differentiates between 9 levels of clutter, and it is generally recognised that above level 4 professional help is recommended.⁴

2.1 The Personal and the System Point of View

Hoarding is a condition that if left unchecked can escalate to a level that can have a significant impact both to the individual and the surrounding community.

From the person's point of view, it can be detrimental to the health of the individual because of some of the conditions which are associated with hoarding: poor sanitation and cleanliness, poor nutrition from the inability to cook safely, inability to use rooms as intended, continuation or exacerbation of mental health conditions, isolation and loneliness, pests and vermin, potential fall hazards, smells, mould and noxious fumes. Hoarding can also present a risk to the property by increasing fire risk and by making repairs and maintenance impossible

because of difficulties in safely accessing the property or particular rooms within it.

From the system's point of view, hoarding can become antisocial and expensive to both the local community and the local authority. A hoarded property can increase the risk of crime due the property appearing to be unattended, and an accumulation of clutter, especially organic material, may create a nuisance and potential hazard for neighbours and may attract pests and vermin. An accumulation of material may additionally pose a danger to people who might be entering the building, which could include relatives/friends and other people who might need to visit i.e. from the local council and emergency services.

In terms of costs, a poorly managed hoarding case can create extra costs for statutory services in terms of staff time, enforcement action (including court hearings), cleaning, repairs and costs of other associated issues such as homelessness or ill health. A particular concern for the Health Service is delayed discharges of patients who have a hoarding tendency and whose homes may not be suitable for a patient to be discharged to. This can result in increased costs for health services and may block access to hospital beds for other patients.

⁴ <https://hoardingdisordersuk.org/research-and-resources/clutter-image-ratings/>

3 METHODOLOGY

3. Methodology

In order to identify best practise the project used four sources of data. First, a survey was sent out to local councils that Foundations already had an established relationship with. In this survey, respondents were asked a series of questions on what services they provide for people with a hoarding tendency. Respondents were then asked to rate these responses in accordance with their perceived effectiveness on a scale from 1 to 5. This survey also included some general questions about the number of hoarding cases which were dealt with each year and whether there were efficient referral services across local agencies.

The second element was a semi-structured interview that was conducted with some of the survey respondents to follow up on their answers and also with other leading experts

working in the field of hoarding. These interviews were recorded and transcribed before the relevant information was extracted.

Finally, to provide additional data the project looked at publicly available housing assistance policies and at academic research.

“As with most mental illnesses, there is no ‘one size fits all’ approach to hoarding. Some instances require a practical, hands-on approach – particularly difficult if the individual hoards animals and the property is a classified bio-hazard. Others need time to be taken to talk things through, before they will even contemplate moving items.”¹

4. An Overview of Existing Responses

4.1 Housing Assistance Policies

The screening of housing assistance policies showed that relatively few councils have specific policies for hoarding. Examples of initiatives focused on people with a hoarding tendency include:

- West Sussex County Council has a 'deep clean and clearing service' for residents with a disability in cases where the costs are not expected to be over £2500;
- Watford Borough Council has a similar policy but differentiates between different levels of hoarding. Interventions take place in cases where the hoarding is level three or level two (as measured by the Clutter Image Rating scale) when there are children involved as well. Having such criteria can be effective at directing the available resources to those who need it the most.
- South Gloucestershire Council's policy notes that housing staff will work with colleagues from the Anti-Social Behaviour and Community Safety Team on cross-cutting cases where housing conditions and tenant and/or landlord behaviour negatively impact on the community.
- North Lincolnshire Council has a loan available for removing hazards in homes in order to prevent avoidable emergency admissions.
- Guildford Borough Council has a grant available to remove hoarded materials from homes in situations where this is necessary

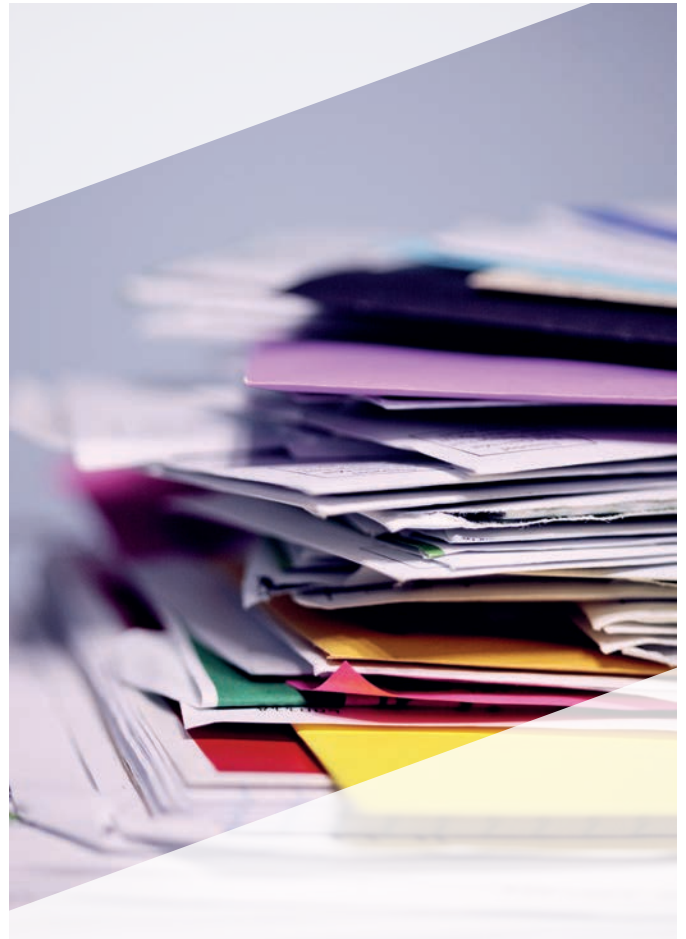
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AN OVERVIEW OF EXISTING RESPONSES

to enable a hospital discharge.

- Gravesham Borough Council has a more general grant available for people with hoarding tendencies that can be quickly accessed through a handyperson service after a referral from a health professional.

Whilst many councils do not mention hoarding in their housing assistance policies that does not necessarily mean that they do not have a policy in place. Often these policies/guidelines can be found in local self-neglect and hoarding protocols instead. Having such a protocol is essential for enabling an effective multi-agency response to hoarding and helping frontline staff.



- It is estimated that between 2 and 5% of the population hoard.
- This equates to at least 1.2 million households across the UK.
- It is estimated that only 5% of hoarders come to the attention of statutory agencies.
- Hoarding cases can cost anywhere from £1,000 to £60,000 to resolve.²

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AN OVERVIEW OF EXISTING RESPONSES

4.2 Survey Results

The survey was sent out to a number of local councils that Foundations had an established relationship with, primarily in London and the South East. The response rate was 16.2%.

The proportion of services offered and not offered in councils that took part in the survey

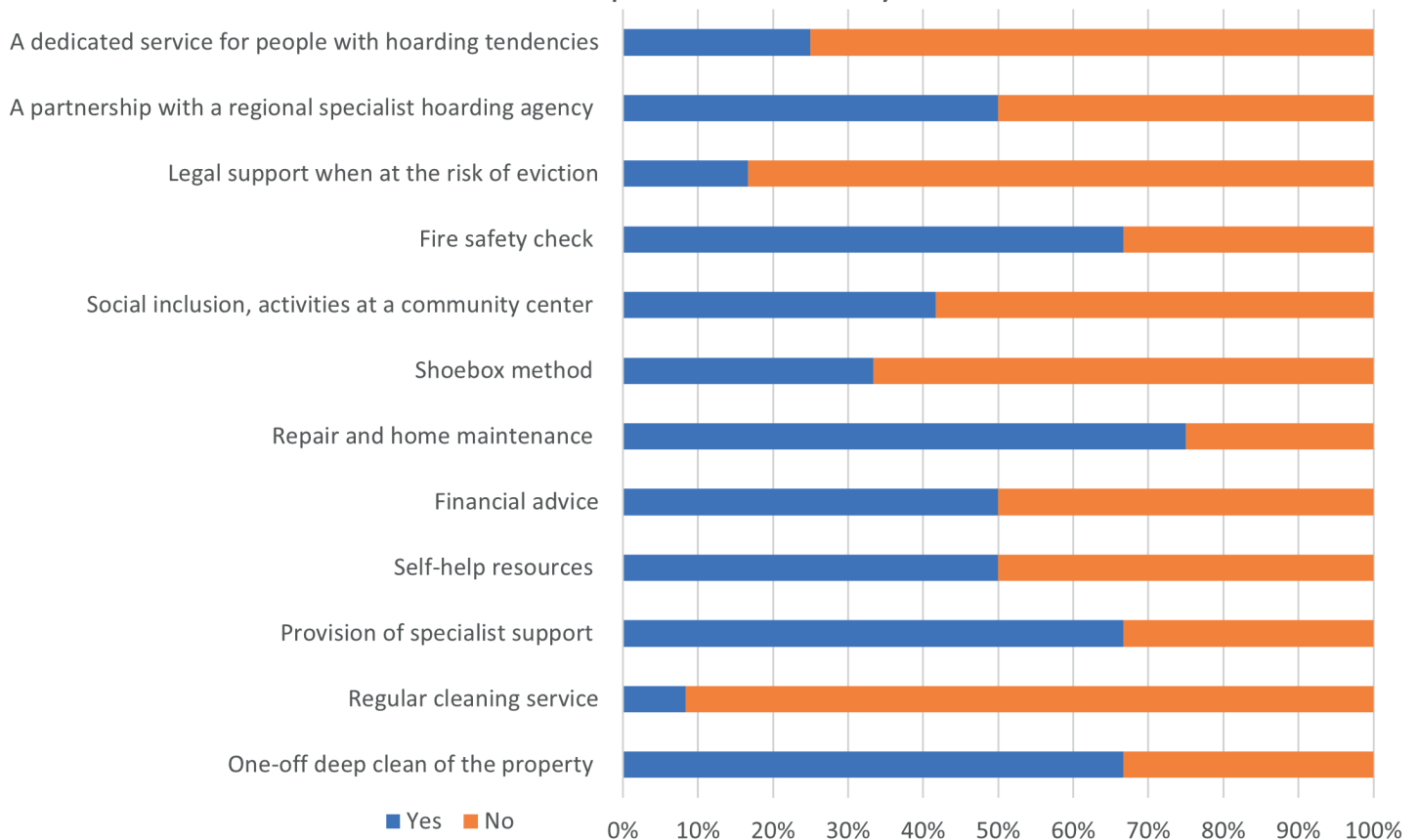


Figure 1 Source: Foundations’ survey with staff from 12 local councils in London and the south east of England

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AN OVERVIEW OF EXISTING RESPONSES

The level of effectiveness of services offered to people with hoarding tendencies



Figure 2 Source: Foundations' survey with staff from 12 local councils in London and the south east of England

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AN OVERVIEW OF EXISTING RESPONSES

Figure 1 shows that the most common service for hoarders was repair and home maintenance with 9 councils out of 12 offering it. This involves arranging essential works such as the repair of faulty heating or a leaking roof for people who could not otherwise meet the necessary cost. The effectiveness of this service was rated to be 2.7 which is on the lower end of the surveyed services. Three services are offered in 8 out of the 12 surveyed councils: Fire Safety Checks, one-off deep clean of the property and provision of specialist support. Of these, fire safety checks were rated to be the most effective with an average score of 3.3. One-off deep cleaning received a rating of 3.1, whereas specialist support received 3.0.

These numbers indicate that there is not one specific service that is overwhelmingly considered to be more effective than others. It is rather a package of interventions which together can provide effective help for people with a hoarding tendency. A similar conclusion can be drawn from the interviews conducted with experts and service providers.

The intervention that received the highest effectiveness rating was “A dedicated service to people with hoarding tendencies” with an average score of 4.5. The reason for this high rating can be found in the comment made by Lewisham’s Hoarding Development Officer

who noted that authorities often try to address only one aspect of the hoarding behaviour, for example the fire risk, without responding to the underlying issues, such as the psychological issues associated with hoarding. Moreover, such responses, if not combined and led by a specialist team, may exacerbate the issues leading to further occurrences and a higher cost to the local authority and may also result in the alienation of the client from the authorities or trauma resulting from poorly managed decluttering.



“ Many people have heard of hoarding, but this doesn’t mean that they understand it. Misconceptions about hoarding can sometimes come from the media, including TV shows – which often fail to show how varied people’s experiences of hoarding can be or how they might feel.”³

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5 CASE STUDIES



5. Case Studies

The use of in-depth interviews with service providers gave the opportunity to explore what responses are most effective when dealing with hoarding. Each interview used the same structure of questions but there was always space for the conversation to develop into other directions where an additional question seemed relevant. This section provides some examples of hoarding services and considers some of the practical issues which were identified during the discussions.

5.1 Case Study 1: Suffolk

The interview was conducted with Olive Quinton, CEO and founder of Lofty Heights CIC, a social enterprise that originally began

as a loft emptying service and now provides a hospital discharge service and a general decluttering service.

Through their loft emptying service Lofty Heights started to encounter excessively cluttered and hoarded homes and saw the negative impact that this had on the lives of individuals and the demands hoarding placed on local housing, social care, fire services and the NHS. This led to the development of the Homeward Bound Hospital Discharge Service which is designed to reduce delays in hospital discharges and prevent readmissions. This service is commissioned by two NHS Clinical Commissioning Groups. Suffolk County Council itself has a self-neglect and hoarding policy and has established a Multi-Agency Safeguarding Hub (MASH) through which people can be referred to the relevant services. This helps to

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ensure that hoarding cases are picked up by social services.

Lofty Heights receives referrals from a wide range of organisations including social services, housing providers, local and district councils and the voluntary sector on a spot purchase basis. GPs and local social prescribing schemes also make referrals but usually there is no funding to support these referrals so it is difficult for help to be provided.

Lofty Heights believes multi-agency and partnership working is key to achieving long-term sustainable outcomes and works closely with other partner agencies, regularly signposting clients (with their consent) to other services as appropriate.

The team at Lofty Heights have received training from the local Fire Service and when in properties test that smoke detectors are in working order and if not replace them. They also look for fire safety risks, such as blocked exits, overloaded sockets or wires chewed by rats and report issues to the Fire Service for follow-up by Fire Prevention Officers. Similarly, if the Fire Service finds someone who hoards they will refer them to Lofty Heights.

Experience has shown that a one-off decluttering exercise does not have a lasting effect and in almost every case the problem will

recur. In order to avoid this, Lofty Heights aims to provide longer term support to people who hoard, to gain a better understanding of what has led to the individuals hoarding behaviour and to identify the support required in order help break the cycle of hoarding.

A key aim of the service is to reduce risks of homelessness and to remove the immediate threat of enforcement action by Environmental Health. Although Lofty Heights does not currently have a dedicated mental health worker, they have found that it is essential to engage with the client in order to effectively address their hoarding tendencies. Such an approach can help to avoid any kind of trauma arising from the decluttering since the client is involved in the decision-making about what stays and what goes. This person-centred approach is the key to achieving sustainable behavioural change. An important aspect of the decluttering service is a close working relationship with local charities and recycling organisations. The client can be sure that decluttered items will be used for a good purpose, which is very important as this can be a significant step towards getting the client's consent and engagement in the process.

There may also be wider benefits from supporting people with hoarding tendencies. For example, Lofty Heights has helped family

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relationships to be re-established, enabling grandchildren to safely visit their grandparent once the home has been cleared. In other cases, Lofty Heights has been able to prevent an eviction by supporting their client at a court hearing.

Lofty Heights aims to get involved at an early stage to avoid enforcement or the threat of enforcement action, as a result of which this occurs in only about 10% of cases. A person-centred approach is very important as clients “are often quite ashamed and embarrassed to let anybody in and they can be quite fearful and defensive of authorities.”

If the client is not yet convinced that a lifestyle change is required then the team explains in an honest, reliable and trustworthy manner what might happen if they do not change their behaviour. Decluttering may be carried out in

a single day if the job is straightforward, but in some cases, it may take place over many days or be spread over weeks so the client does not get overwhelmed.

Lofty Heights’ teams are made up of two people because whilst the client may be comfortable with two people they may become suspicious if there are more team members involved since it becomes more difficult for them to keep track of what everyone is doing in the home. Lofty Heights may also occasionally arrange one to one work with clients who present as being extremely anxious.

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5.2 Case Study 2: West Sussex

The interview was conducted with West Sussex County Adaptations Manager. In West Sussex, there is a deep clean and clearing service available for people with disabilities who cannot remain or return home due to the condition of their properties, which includes those who have hoarding tendencies. The service is funded by all 7 of the districts and boroughs from a top-slice of their Disabled Facilities Grants money, with the service commissioned by the county council via a cleaning company.

As in Suffolk the original idea behind the provision of such a service was that the NHS could not send people home if their home was in a very poor state of cleanliness and/or hoarded. With an NHS bedspace costing approximately £400 a day the deep cleaning and property clearing service is seen as a cost-effective way to enable patients to be promptly and safely discharged from hospital. The service is widely available to people with disabilities and a wide range of professionals can make a referral. Referrals are passed to one central point where the Contract Delivery Manager, assisted by the County Adaptations Manager, will assess if the person is eligible. Eligibility is dependent on certain conditions including whether the person has a disability

or if they had used the service in a previous year. The County Adaptations Manager noted that although the service could be advertised more widely this has not been done as further funding is not guaranteed beyond the pilot project period. The project has demonstrated that waste disposal is expensive, especially if it is contaminated with human or pest waste, requires skips and skip licences or is a controlled waste and it is therefore desirable to deal with problems as early as possible.

On one occasion the service has managed to prevent the eviction of a household with two children, avoiding the need for rehousing and the additional costs of this. However, there is limited ongoing support for clients who have underlying mental health problems and as a result the service is regularly dealing with situations where the same problems have recurred within the space of a few months.

The service is being undertaken as a two-year pilot project which started in February 2019. The initial budget of £300,000 (which also funds the minor adaptations and repairs service) was fully committed as the demands on the service grew. A further £300,000 was provided from the 7 districts and boroughs of West Sussex to allow the scheme to continue until the end of the pilot project. The service is focused on disabled people and people with mental ill-health issues.

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“ [Hoarding is a] multifaceted condition [that] needs a multifaceted approach. It requires that multi-agency work be meaningful, not just another buzzword.... The common goal [of multi-agency work] is to provide a coordinated and managed response to support hoarding behaviours”⁴

Mental Health Today Dec 2019

5.3 Case Study 3: East Cheshire

The interview was conducted with the manager of Housing Standards and Adaptations within which the local Home Improvement Agency is located.

The service for people with a hoarding tendency was developed because there were an increasing number of cases where the HIA was not able to carry out home adaptations due to clutter which prevented the work being carried out. The service aims to initially focus on short-term solutions including, for example, the

installation of smoke detectors as a short-term preventative action. In some cases, the service engages with clients to help them identify ways to reduce their hoarding tendencies with weekly visits from a caseworker to provide motivation to the client.

The service provided depends on the circumstances of the individual and their level of hoarding. Convincing the client to give items away to charity or recycling rather than simply disposing of them has proved to be an effective approach for clients who have strong emotional links to the items being hoarded. A referral form has been developed for all referring agencies, with organisations working together to try to stop evictions occurring as a result of a client's hoarding tendencies.

Experience has shown that de-cluttering alone does not work in the long-term, even if there is accompanying emotional support and the client has consented. Accordingly, where there may be an underlying trauma, such as bereavement, clients are referred to mental health services. Support can be provided by a mental health reablement service that offers six-week treatment of Cognitive Behaviour Therapy and which can also offer group therapy. In cases where the need for psychological treatment may not be required the service has found it important to keep in touch with clients by

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providing informal emotional support such as popping in for a cup of tea.

The approach in East Cheshire is modelled on the service provided by Clouds End, a social enterprise that specialises in providing support groups and individual support for people with hoarding tendencies. Experience has shown that people may develop a hoarding tendency for many different reasons not necessarily linked to OCD or trauma. For example, in one case a client had over a lengthy period of time 'unlearned' the ability to dispose of rubbish. To support her to 'relearn' how to dispose of rubbish the case worker put a list on the fridge that explained to her what to do with food packages. The caseworker had to initially go through the process with her and then simply needed to remind her to do the job on her own. As this case shows, it is particularly important to identify the underlying reasons for hoarding behaviour before coming up with any kind of solution.

Over the years the service has also learned to develop realistic outcomes for people who collect objects obsessively. The service focuses on managing such tendencies since it is often impossible to stop such behaviour completely.

Another learning point which has emerged is the importance of working collaboratively

with Environmental Health Officers and Planning Enforcement teams. This is essential because their involvement can sometimes be traumatising their clients, and this may undo the work put in by the specialist service. As a result, Environmental Health only become involved if properties are verminous and not in general cases. In cases of animal hoarding, the team work with the RSPCA. The service has also developed a Self-Neglect and Hoarding policy that front line workers use as a toolkit.

The council has a very limited capacity to find those in need of help, and usually the only way to identify people with a hoarding tendency is when a visit is made to the person's house. For example, the Fire Brigade has an effective programme in Cheshire of making home visits. This way hoarded homes are often revealed, although visits are only focused on people whose homes may be at the greatest risk of fire.

5.4 Case Study 4: Middlesbrough

The interview was conducted with the Staying Put Agency's Business Development Officer.

The service for people with a hoarding tendency is delivered by Mental Health Matters who work in partnership with the HIA. The service provides a one to one, person-centred support service with two members of staff who have

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experience in supporting those with poor mental health using CBT techniques and have experience and training around supporting individuals with a hoarding disorder. The service can include coaching, professional decluttering or home organisational skills depending on the individual needs of the client. Since clients are not usually very keen on change, a step by step approach is recognised as the best approach to take.

The service has found that supporting hoarders is complex and often linked to long-term mental health issues. Experience shows that whilst great changes can be made to the person's home, wellbeing and lifestyle, it is very difficult to eliminate the person's need to hoard. Many people continue to live with a hoarding disorder but can be supported to manage the condition.

In order to achieve this the service offers an approach which helps the individual to

recognise the problem, slowly declutter the home and helps them to reconnect with family, friends and the local community. Finding an alternative to hoarding can often prevent a relapse back into old ways. Clients are encouraged to get involved in a peer support group because people who have a hoarding tendency often find it helpful to be around other people similar to them and the peer support group can help to prevent people reverting to their hoarding tendencies. The service also supports clients to participate in other community-based activities such as work or leisure activities through working in partnership with other services, with around 80% of the clients happy to take part. The peer support group provides a form of group therapy but the term hoarding is avoided, instead describing it as a social get-together to enable friendships to form and to create social opportunities.

The service has found that the Clutter Image Ratings Tool is very useful to help people face



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the reality of being a hoarder and they also use it to identify people that need to be referred to this service. People's perception of what it means to have a cluttered home can vary greatly. Middlesbrough use the Clutter Image Rating tool to make sure they get an accurate sense of a clutter problem. In general, the service supports individuals whose clutter has reached a level 4 or higher, as it is at this point the clutter is starting to have a serious impact on the individual's life. This also enables the service to ensure that they are focused on those who are most in need.

The HIA is part of Adult Social Care services which has helped to establish the necessary partnerships with other relevant agencies. Learning from the service includes the need for a destigmatising campaign to help others understand the seriousness of the condition, as well as making the service more widely known to people, as currently the number of cases known to them is a very small portion of potential numbers. Middlesbrough's approach is based on the concept of Making Every Contact Count (MECC) which means ensuring all agencies are aware of the needs of people with hoarding tendencies, working alongside appropriate local services and programmes, with a multi-disciplinary work plan looking holistically at each individual case and focusing on the lifestyle issues that, when addressed,

can make great differences to an individual's health and wellbeing.



“ The British Red Cross Assisted Hospital Discharge Service estimate that up to 30% of service users live in cluttered or unclean home environments, display hoarding behaviours, or are at risk of self-neglect. This can be triggered by, or is exacerbated by stressful life events, such as bereavement, illness, mental health issues and/or dementia.”

British Red Cross

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5.5 Case Study 5: Leeds

The interview was conducted with caseworkers from Care & Repair Leeds, an independent home improvement agency.

In some cases, they had found it difficult to deliver home improvements because of the level of hoarding, which was blocking access to rooms, which has led to the development of a multi-agency approach. In one case which concerned a family with three children the city council provided funding to help to declutter the home because the caseworker was concerned about state of hygiene in the house. The agency worked with the cleaners to enable the necessary work to the house to be completed. They have also put the family in touch with a local neighbourhood network team.

On another occasion, another neighbourhood network team put together a team of volunteers and social workers to help another person with a hoarding tendency. As a result, the home is now warm and tidy and the householder is able to safely pursue his interest in writing. In some cases, a relatively small intervention can help.

In one case a client was keeping old clothes that had accumulated in her home and she also

had a lot of rubbish in the property because she did not have a bin. The agency bought her a bin and some bags to put the clothes in for transportation to a charity shop explaining that they could make good use of them. Once she was convinced that they would go to a good place she agreed to the process and filled nine bags.

5.6 Case Study 6: Lewisham

The interview was conducted with Lewisham's Hoarding Development Officer.

Lewisham has a CCG funded project that started in 2019. Initially the project contracted with a clearance company to deal with hoarding but subsequently found it was better to work with a specialist company and they now work with Clouds End. After an initial conversation with the client an assessment is made regarding how long the work is going to take place, which could take up to ten sessions. They also use self-help resources, for example, the clutter image ratings which helps the person understand if they have a hoarding tendency. Sometimes Clouds End will also arrange small repairs as part of their work with the client.

Although adult social care services had a special cleaning unit, they were unable to do large jobs which Clouds End is able to

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undertake. Lewisham also tries to ensure that an ongoing maintenance support program is provided for people who hoard. Once the property has been decluttered, domestic support may be commissioned as part of a care package. In addition, Clouds End can provide ongoing support to help to keep the house tidy. The project only uses enforcement action as a last resort when everything else has been tried and the client is not engaging with the service.

Eligibility for this service is assessed by the Hoarding Development Officer, who carries out a risk assessment based on the service's eligibility criteria. Older people who are socially isolated are referred to AgeUK who can provide either access to community activities or a befriending service. This can especially help people who are purchasing objects because they are in need of human contact. Approximately 70 cases were dealt with during the first year.

It is intended to develop the project further, for example, working with Mental Health Services to provide a specialised service to hoarders, but so far this has not been possible because of a lack of resources. The Hoarding Development Officer is also working to make the hoarding and self-neglect framework of the council more user friendly so it can serve as an easy guide for all service providers.

The three main learning points from Lewisham's service are:

- Having a framework for people to refer to.
- Contracting a professional decluttering company instead of a standard clearance company.
- Having an aftercare service, for example, a hoarding support group or input from the mental health service to prevent relapsing.

“Hoarding is one of the leading causes of eviction in social housing (Brown, F. & Pain, A. 2014). It frequently prevents hospitals from making safe discharges and the emotional and physical impacts on the individual and their families are extensive. In addition to fire risks and pest infestation, sufferers can become increasingly isolated and at significantly higher risk of developing co-morbid mental illnesses (Frost, RO. & Steketee G, Tolin DF. 2011).”

Mental Health Today

6 DISCUSSION

6. Discussion

The previous section has shown that hoarding is addressed very differently in different areas. In some areas, it is the council providing a service, in some, it is the NHS or the HIA, in some it is a social enterprise. All these organisations use different interventions depending on the level of resources available and the scope of their expertise.

The biggest problems arise if the provided service is not a comprehensive solution but rather a response to a specific symptom. If a service provider has a decluttering service, for example, but does not address the psychological needs of the client then the hoarding will almost certainly recur. If there is an enforcement issue which is addressed too early, then that may unnecessarily traumatise the client. If there are no enforcement tools

available to the council then it may prove to be increasingly difficult to convince people to accept help with their condition. If there is a social enterprise willing to work with the patient on a long term basis but there is no funding for decluttering the client will not receive the required help.

Even if a comprehensive service is offered there can be other obstacles to success. Where there is no suitable hoarding protocol and effective referral routes for additional support the person needing help may only receive some or none of those available services. Most councils have difficulties in identifying people with a hoarding tendency who may need support, which is often due to the lack of personal contact with residents. Initiatives such as Make every Contact Count are invaluable in responding to the needs of all people who hoard and in identifying people who might not otherwise be

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known to the council.

There can many other pitfalls too. It is important that these schemes are financially viable and it is therefore crucial to get eligibility criteria right and make sure that cases are assessed on an individual basis to avoid the provision of unnecessary services. As the interviews highlighted, every hoarding case is different: some can be solved by a sticker on a fridge while others will require ongoing support from specialist staff.

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7. Conclusion: A Comprehensive Response

In order to avoid the problems outlined above and to reduce the risk of adverse social outcomes affecting both the individual and the system, a comprehensive response at the local level is required.

An effective service for people with a hoarding tendency requires:

- A specialised hoarding service with a dedicated caseworker coordinating the approach.
 - Funding for decluttering, preferably delivered by a specialised hoarding company.
 - Ongoing support to prevent relapses, for example the provision of CBT, group therapy or peer support.
 - Established referral networks and well-maintained partnerships
- Close cooperation with enforcement services, the NHS, Fire Services.
 - A local hoarding protocol setting out the steps of intervention and eligibility for services.

Other elements which are also desirable include:

- Social inclusion activities at a community centre.
- A range of interventions including the 'Shoobox method' (a less radical intervention of decluttering bit by bit).
- Self-help resources (such as Fire Safety tips, books, videos, contact details of specialist organisations).
- Access to repairs, home maintenance and a regular cleaning servicem to help manage the situation and prevent it from getting worse.
- Advice and support when at the risk of

7 CONCLUSION

eviction.

- Fire safety check and the installation of smoke detectors.
- Financial advice.

Strategies that may help with individual cases:

- Explaining to the client the possible implications of not changing their behaviour.
- Offering to donate valued objects to charity or recycling.
- A recognition that people are often more willing to accept help from the third sector than from statutory services.
- Decluttering with small teams (2-3 people) so the client can feel in charge.
- Decluttering over multiple days so the client does not feel overwhelmed.

8

FURTHER INFORMATION



8. Further Information

Useful sources of information

[Foundations - Hoarding Behaviour and Cluttered Homes](#)

[National Housing Federation - Hoarding: Key considerations and examples of best practice](#)

[NHS Choices - Hoarding Disorder](#)

[People, Place & Policy Online: Issue 1: Treasures, trash and tenure: hoarding and housing risk](#)

[Royal College of Psychiatrists - Hoarding](#)

[Suffolk - Self-Neglect and Hoarding Protocol](#)

[Multi-Agency Hoarding Framework: Guidance](#)

[for Practitioners in Nottingham City and Nottinghamshire](#)

[London Borough of Merton - Multi-Agency Hoarding Protocol](#)

Specialist Companies providing support for people with a hoarding tendency

[Clouds End](#)

[Enabling Spaces](#)

[Hoarding Disorders UK](#)

[Hoarding UK](#)

[Lofty Heights](#)

8

FURTHER INFORMATION

Discretionary Housing Assistance Policies

The following local authorities have included support for people with a hoarding tendency in their discretionary housing assistance policy.

This list is not exhaustive. Foundations has details of 293 discretionary housing assistance policies some of which may also include similar elements.

[West Sussex County Council](#) (Adur-worthing.gov.uk; arun.gov.uk; chichester.gov.uk; crawley.gov.uk; horsham.gov.uk; mid-sussex.gov.uk)

[Watford Borough Council](#)

[South Gloucestershire Council](#)

[North Lincolnshire Council](#)

[Guildford Borough Council](#)

[Gravesham Borough Council](#)

9 APPENDIX

9. Appendix

9.1 Interview Questions

The structure of the interviews was the following:

1. Why should hoarding be an issue to adaptation services?
2. Please describe the services you provide for people with hoarding tendencies.
3. How do you identify people with hoarding tendencies who might need help and support?
4. Are there effective referral opportunities across organisations?
5. How should adaptation services respond to the needs of hoarders? In your experience what other agencies can also assist hoarders e.g. Fire and Rescue, NHS? Where more than one agency is involved how is support best coordinated/delivered?
6. Can you identify any factors which can help the development of effective services for hoarders?
7. Can you identify any factors that might limit the development of services for hoarders?
8. Is the respondent aware of existing good practice at other local councils?
9. Is the respondent aware of any stories of success where an intervention had lasting results?
10. What other resources would you advise to be considered for the report?

9 APPENDIX

9.2 Case Study: Peabody

Peabody delivers Home improvement Agency services in Kent and East Sussex. The organisation also provides Home Straight, a service for people with a hoarding tendency funded by four councils in Kent. This meets the cost of employing a dedicated worker in each area (either full-time or part-time) and demand for the service is growing. The case study below illustrates the work of the service.

Client circumstances:

- Property hoarded and a fire risk.
- Property needs to be decluttered for customer and other residents safety.
- Customer has health issues such as diabetes he also has disabilities (curvature of the spine).

Summary of service delivered:

- Built trust with customer to encourage to declutter.
- Arranged a declutter with our handyperson service including skip hire.
- Provided safe pathways.
- Supported customer during the declutter and worked with him to encourage to throw things away or give to charity.
- Encouraged to sort through paperwork.

Outcomes:

- Property now decluttered.
- Customer continues to sort paperwork.
- Continuing to support and encourage to further get rid of things that customer does not need/ use.

9 APPENDIX

9.3 Images

With special thanks to Peabody and Clouds End CIC.

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Endnotes

1 Mental Health Today, Aug 2018

2 Nottingham City and Nottinghamshire Multi-Agency Hoarding Framework <https://www.nottinghamshire.gov.uk/media/132451/nottinghamnottinghamshirehoardingframework.pdf>

3 © Mind. This information is published in full at mind.org.uk <https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/about-hoarding/>

4 Mental Health Today, Dec 2019



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