

Hoarding: Key considerations and examples of best practice

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Introduction

Managers and front-line staff working in general needs and supported housing have identified hoarding as a growing problem, with serious and costly implications for housing associations. On an operational level these include: risk management challenges, health and safety concerns, escalating legal costs and safeguarding issues.

Although the number of households affected is relatively small (estimated at 2-6% of all households), one in four domestic fire-related deaths can be linked to hoarding¹. Moreover, there are serious reputational risks and legal consequences for housing providers who fail to respond effectively when hoarding issues are identified. For example, the tragic death in 2012 of a resident hoarding in a social housing property resulted in widespread media coverage. The fire crew who attended the scene emphasised the difficulty and danger of conducting a rescue in a property with hoarded items, and the coroner involved wrote to social housing providers about the need to reduce the risks hoarding poses to individuals and statutory services. This is therefore a consideration for housing associations' risk registers. Hoarding disorder is a complex psychological problem that has been recently classified as a diagnosable mental disorder in its own right². There is an emerging consensus amongst mental health professionals that individuals living with hoarding disorder should receive an appropriate mental health assessment. This should be followed by a programme of personalised and tailored psychological support interventions, and practical help, to deal with the variety of issues that accompany hoarding disorder.

Due to the complexity of the issues and the likelihood of extended need for support, traditional housing management approaches to tackling hoarding can

¹ British Psychological Society 'A Psychological Perspective on Hoarding: DCP Good Practice Guidelines' 2015 <http://shop.bps.org.uk/a-psychological-perspective-on-hoarding.html>; This figure is taken from estimates by individual fire services.

² Previously hoarding was included within the diagnostic and treatment pathway for Obsessive Compulsive Disorder (OCD).

encounter great difficulties. As this report explains, enforced de-cluttering and deep-cleaning can reinforce the problem. In severe cases, pursuing a legal route to eviction - with all the mental health problems that homelessness brings - is not in anyone's best interests. This report, therefore, seeks to provide information on alternative approaches, in order to help housing associations decide how to best navigate this issue for their businesses and their tenants. As the practical examples featured in this report demonstrate, housing providers are well-placed to play a leading role in multi-agency partnerships, delivering this as part of their wider health and wellbeing strategy.

This report draws on the learning from a series of regional events organised by the National Housing Federation and Sitra in February and March 2015. The principal aim of the events was to raise awareness of the complex issues surrounding hoarding disorder, to share learning and highlight innovative practice, and to identify future housing workforce training and development needs. Over 200 delegates from housing organisations across the country gathered to hear leading academics, psychotherapists, housing practitioners, and the Fire Service talk about emerging research and best practice in this area. This report will summarise these discussions and highlight some of these best practice examples.

Learning resources and presentation slides from the events can be found on the Sitra website at the following link <http://www.sitra.org/policy-good-practice/housing-management-and-law/crowded-houses-presentations/>

Sitra have also devised their own training programme on hoarding for housing providers, further details of which can be accessed on their website.

We are enormously grateful to our partner agencies and visiting speakers for generously sharing their knowledge and experience, and we hope that this report will not only stimulate discussion, but also help facilitate effective multi-agency working and practical action across the sector.

Hoarding: What do we know?

The housing sector has been trying to deal with hoarding for many years. Whilst providers are well aware of the operational risks posed by hoarding, there is understandably less familiarity with the underlying issues. This means that outcomes from hoarding interventions can often be unsatisfactory for the housing provider and the tenant. It is therefore important that housing associations working with individuals with hoarding disorder operate from an informed position, and recognise the need for effective multi-agency partnership working.

So, what is hoarding disorder?

Mental Health Classification

The Diagnostic and Statistical Manual of Mental Health Disorders (DSM)

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the classification of mental disorders most widely used by mental health professionals worldwide. The most recent edition, its fifth (DSM-5), was released in 2013, and for the first time in the history of the DSM, it included hoarding disorder as a distinct mental health disorder with its own treatment pathway.

The five diagnostic criteria used to identify a case of hoarding disorder are:

- Persistent difficulty discarding or parting with possessions, regardless of their monetary value.
- This difficulty is due to a perceived need to save the items and distress associated with discarding them.
- The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas.
- The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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- The hoarding is not attributable to another medical condition or mental disorder.

In simple terms, individuals with hoarding disorder purposefully save possessions and experience distress when facing the prospect of discarding them. This understanding emphasises that the saving of possessions is intentional, in contrast to other forms of psychopathology where items are accumulated unintentionally (for example as a result of depression). Individuals living with hoarding disorder almost always experience distress when possessions are removed, and the level of anxiety can be severe and long-lasting, in some cases resulting in hospitalisation.

International Classification of Diseases (ICD)

It is worth noting that in the UK, the NHS often uses the World Health Organisation's International Classification of Diseases (ICD-10) system to diagnose mental health conditions rather than the US DSM-5. However, whilst hoarding disorder is not included in ICD-10, which came into use in the early 1990s, it is included in the early draft (beta version) of ICD-11, to be published in 2017.

With the DSM-5 having been published in 2013, it is much more up-to-date than ICD-10, and this is worth mentioning in encounters with clinical professionals who are less willing to acknowledge hoarding disorder as a diagnosable mental health disorder with its own treatment pathway.

The difference between hoarding and collecting

Whilst hoarding may appear similar to the behaviour of collectors, it is important to distinguish the difference. A key difference is that hoarding impacts adversely on the individual and their environment, whereas it is very possible to be an avid collector and for that collection of items to never congest or disrupt the home environment. Further, whilst those who collect may have an attachment to their collected items, removal of those items typically will not cause the same level of anxiety and distress that is experienced by individuals with hoarding disorder.

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The forced removal of items often reinforces the need of the individual with hoarding disorder to excessively hoard items to guard against further distress and loss. Therefore, when a housing provider takes the action of clearing the individual's home of the clutter and/or pursuing an anti-social behaviour route, these interventions will often have little sustained effect, as they are addressing the symptoms, rather than the problem itself.

Treatment

Where to Refer?

Sophie Holmes, Lead Consultant Clinical Psychologist at Sussex Partnership NHS Foundation Trust, recommends that raising concerns about safety, health, and safeguarding should all be communicated to the tenant's GP, as they will be best placed to request mental health services involvement. In the case where the tenant is of older age, it may also be appropriate to refer to social services for initial assessment, especially if there are signs of dementia or Alzheimer's. Finally, Improving Access to Psychological Therapies (IAPT) services are typically the best first contact for referring tenants to undergo therapies such as CBT.

Cognitive Behavioural Therapy (CBT)

The National Institute for Health and Care Excellence (NICE) recommends that a period of CBT should be considered for adults who have significant problems with hoarding.³ Satwant Singh is the clinical lead for Improving Access to Psychological Treatment at the North East London NHS Foundation Trust and is a facilitator of the London Hoarding Treatment Group, the first and only national treatment group for hoarding disorder. He briefly explains the use of CBT when working with cases of hoarding disorder:

“With hoarding disorder now a recognised mental health disorder, it can no longer be regarded as a lifestyle choice or a personality disorder. This means

³ <http://www.nhs.uk/Conditions/hoarding/Pages/Introduction.aspx>

we have to change the way we think about people who hoard and we have to change the way in which we manage hoarding.

Current research suggests CBT is effective in the treatment of hoarding disorder. CBT is a short term psychotherapy method that is based on the self-help model, with the emphasis to enable the individual to become their own therapist in the long term by developing the skills within and outside the sessions. The main premise of therapy addresses the individual's attachment and beliefs about the items that they save, coping with their emotions, changing their behaviours that maintain the hoarding behaviours and other underlying factors based on a shared understanding of their hoarding issues. This support is often best provided outside of the participant's living environment, in order that they can review photos and the scale of their hoard from a more external position, and thus see their living space through new eyes. However, for therapy to be effective, it should be accompanied by practical support to deal with the clutter within the individual's home, as this reinforces the development and progress that can be made in CBT sessions."

Whilst raising concerns about safety, health, and safeguarding should all be communicated to the person's GP, as they will be best placed to request mental health services involvement, Improving Access to Psychological Therapies (IAPT) services are typically the best first contact for referring tenants to undergo therapies such as CBT. Equally, in the case where the tenant is over 60+ it may be appropriate to refer to social services for initial assessment, especially if there are signs of dementia or Alzheimer.

For further information and/or to discuss how to manage individual cases contact Satwant at hoarding.satwant@gmail.com

Challenges

As hoarding is a problem that predominantly manifests itself within the home, housing associations are often the first line of engagement with the individual with hoarding disorder, particularly as people with hoarding problems are

typically more socially isolated, and are less likely to seek out help from their GP or other agencies. Moreover, due to the increased risk of fire and infestation that hoarding brings, there is a clear need for housing associations to protect their assets, their tenants and their communities. However, the austere financial climate and public sector funding cuts mean that statutory mental health services can often be difficult to access. This means that it can be a great challenge for housing associations to successfully engage with a tenant who has this complex mental health disorder, and the risks to providers posed by hoarding include, and by no means are limited to:

- Adult safeguarding e.g. poor physical health and mental wellbeing
- Risk of fire
- Risk to property
- Neighbourhood nuisance
- Legal costs and higher levels of voids

There a number of important strategic and operational considerations which should be accounted for when framing responses to hoarding disorder. The following section explores these under the following themes: Safeguarding, Fire Safety, Environmental Health, Operational and Financial.

Safeguarding considerations

Housing associations seeking to engage with cases of hoarding will need to take into consideration the new safeguarding guidance brought in under the Care Act 2014. The guidance sets out the duties for local authorities and outlines how partner organisations, such as housing organisations, can and should work in partnership to help protect vulnerable people from abuse or neglect. The new safeguarding guidance provides a helpful tool for housing providers in multi-agency discussions on working with hoarding, including when engaging local authorities in a response.

Local authority responsibility on safeguarding and cooperation

Section 14.10 of the Care Act guidance states that local authorities must:

- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom;
- Co-operate with each of its relevant partners (as set out in Section 6 of the Care Act) in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

Private registered providers of social housing are explicitly listed in Section 6 of the Care Act as an example of a partner that local authorities may consider it appropriate to co-operate with.

Furthermore the guidance states that the 6 principles of safeguarding work – empowerment, prevention, proportionality, protection, partnership and accountability – apply to all sectors and settings, including housing.

Hoarding as self-neglect

Hoarding is specifically identified as self-neglect under paragraph 14.17, which details what constitutes abuse and neglect:

“Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.”

Fire safety considerations

There are a vast range of risks that hoarding poses to the social housing sector, none more important than that of the risk of fire.

There are no national statistics available, but information from individual Fire Services would suggest that up to 25% of accidental domestic fire deaths involve an element of hoarding. This shocking statistic, combined with the fact that

some fire deaths within housing association properties in the last decade have been linked to hoarding, demonstrates how important it is to work effectively with tenants experiencing hoarding disorder.

The operational problems for the Fire Service posed by properties with large quantities of hoarding materials include:

- Difficulty in gaining access to property.
- Difficulty in making progress due to walking on top of hoarded materials rather than the ground.
- Difficulty in locating casualty.
- Difficulty in locating Gas and Electricity shut-offs.
- Potential for fires being hotter due to higher than average quantities of flammable materials within the property.
- Difficulty in applying water to seat of the fire.

Further, it is clear that escaping from a fire in a property with hoarded materials is far more difficult.

In the context of the above, the Fire Service is very keen to drive down fire risks in properties impacted by hoarding, and it is in a position to offer fire prevention advice. However, the Fire Service needs to be approached by housing associations to be able to give this advice.

As a starting point, the Chief Fire Officers Association give the following practical hazard reduction tips through which housing associations can reduce risk, and thereby increase the timeframe within which a sustainable intervention can be made with the tenant who has hoarding disorder:

- Contact the Mailing Preference Service to stop junk mail being delivered
- Eliminate trailing electrical leads, especially under carpets and through doorways

- Reduce overloaded sockets
- Clear doorways to allow doors to close
- Make utility shut offs accessible
- Move flammable materials away from heat sources
- Ensure the smoke alarms are clear from clutter and are working
- Create alternative escape routes
- Manage materials used for smoking

It is also advised that if a case of hoarding involves children, there is a more urgent need for action beyond these hazard reduction tips.

The Fire Service is very serious about dealing with hoarding, as demonstrated by their attendance at our workshops on hoarding disorder, and by the CFOA's establishment of a National Hoarding Working Group. Moreover, Station Manager Steve Robinson-Day of the CFOA emphasises that the Fire Service realises that hoarding is a complex problem and is not one that should routinely be resolved by merely clearing a property against a tenant's wishes. The Fire Service can consequently be a very important ally for housing associations when intervening in cases of hoarding.

Environmental health implications

Hoarding may adversely impact not only the hoarder's home environment but beyond it too, with infestations and complaints from neighbours often necessitating a duty to investigate on the part of the local authority. Consequently, it is important that housing associations are aware of the relevant Environmental Health powers.

Section 83 of the Public Health Act 1936 states that where the 'filthy or unwholesome' condition of premises is 'prejudicial to health' or the premises 'are verminous', Environmental Health shall give notice to the owner or occupier requiring them to take steps to cleanse the premises. It is worth noting that in this context 'prejudicial to health' means likely to cause disease.

Section 79 (1) of the Environmental Protection Act 1990, states that 'any premises in such a state as to be prejudicial to health or a nuisance' and/or 'any accumulation or deposit which is prejudicial to health or a nuisance' are considered statutory nuisances. The same section also states that it is the duty of every local authority, where a complaint of a statutory nuisance is made to it by a person living within its area, to take such steps as are reasonably practicable to investigate the complaint. Where a nuisance is found to exist or is likely to occur or recur, the authority has a further duty to serve an abatement notice.

It is also important to be familiar with 'amenity' powers such as those found in the Refuse Disposal (Amenity) Act 1978, the Town and County Planning Act 1990, and the Anti-Social Behaviour, Crime and Policing Act 2014. Further, it is important that housing associations are aware of the need to refer to the appropriate agency where there is serious risk of harm to the subject, co-habitees, or animals.

It is important to stress however that Howard Price, Principal Policy Officer at the CIEH, cautions that the use of Environmental Health powers is merely a short-term measure when working with hoarding, describing Environmental Health Officers' powers 'as geared at containment and a palliative', rather than long-term resolution. This is well-evidenced by a survey undertaken by CIEH of 209 active cases of hoarding across 77 local authorities, in which 44% of the cases had been reported previously, and ostensibly 'resolved'.⁴

⁴ The Chartered Institute for Environmental Health 'Professional practice note: Hoarding and how to approach it'

This high rate of recurrence demonstrates not only that hoarding should usually be treated as a mental health issue from a wellbeing standpoint, but that enforcement is at best only part of an effective long-term strategy. Reliance on Environmental Health powers merely postpones addressing the underlying issue, and without tackling the root cause of hoarding, the problems (with its costs) will often continue for many years.

Operational considerations

The experience of Catalyst Housing

As demonstrated by the scale of interest in the National Housing Federation/Sitra hoarding events in early 2015, many housing associations are currently looking for fresh approaches to hoarding to ensure optimal outcomes for their businesses, their communities and for their tenants. Daniel Keenan, a Senior Area Manager at Catalyst, explains Catalyst's transition to a new strategy for working with hoarding disorder:

"Catalyst identified in 2014 that a single case of hoarding took them an average of 18 months to get a customer to a point where their home was liveable in again. We also worked out that the average cost of a hoarding case was around £45,000 end to end. Catalyst decided on the back of this that there was a need to review their approach to hoarding.

As a consequence, and as part of the Pan-London Hoarding Taskforce⁵, Catalyst has published a new Hoarding Policy and Procedure to include support to the customer as well as tenancy enforcement to protect their assets. We now automatically refer anyone we identify with hoarding disorder to our tenancy support officer to support the household with referrals to mental health services and help with other inter-related support issues. Catalyst also have introduced a policy of setting clear expectations at the point of offering support, in order that

http://www.cieh.org/uploadedfiles/core/policy/publications_and_information_services/policy_publications/publications/hoarding_ppn_may09.pdf

⁵ For further information on the Pan-London Hoarding Taskforce, see later in this document under heading 'Examples of Good Practice'.

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the customer understands that Catalyst cannot accept continuance of the health and safety implications of hoarding, nor the potential damage to property.”

Combining support and clear expectations is a strategy which is also recommended by Sophie Holmes, Lead Consultant Clinical Psychologist at Sussex Partnership NHS Foundation Trust:

“ Providing clear and specific goals, with a clear timeframe, and explicit consequences can enhance both the process and improve the effectiveness of intervening. Setting expectations for tenants that are communicated in clear straightforward language, with statements that are detailed, and behavioural, will assist in having shared views amongst all, about priorities for clearance. The purpose of clearance should be clearly identified i.e. ‘to reduce the risk of the ceiling collapsing’ or ‘to allow maintenance staff access to floorboards in the bedroom’. Written summary of changes needed should be non-judgemental, not refer to the persons belongings as ‘rubbish’, and give ‘matter of fact’ information. Holding the balance between empathising about the difficult task in ‘disposing’ of items, yet maintaining the position of needing to protect the property, or neighbours properties, is essential.”

The experience of Circle Housing Merton Priory

In a climate of fiscal austerity, it is clear that to engage other services, housing associations often must be pro-active, providing an offer to work in partnership as well as signposting issues. Circle Housing Merton Priory’s experience of launching a joint protocol with London Borough of Merton Adults Safeguarding Board provides a great example of this, as Dawn Helps, Tenancy Enforcement and Safeguarding Manager at Circle Housing, explains:

“Hoarding is an extremely complex condition and at Circle Housing we believe that it can have a detrimental impact on the life chances of our residents. It is often a hidden problem and those who are affected by it are often reluctant to ask for help. In 2013 we launched a hoarding policy that focuses on the ways in which we can support our residents to deal with their hoarding issues and

sustain their tenancy with us. One of the ways we have sought to tackle hoarding has been to include a clause on it in tenancy agreements. This has made our approach more upfront, robust and set out our expectations from the outset.

We quickly recognised at Circle Housing that we needed to work with partner agencies to provide sustainable solutions for suffering families, neighbours and landlords. We took the initiative and approached the London Borough of Merton Adults Safeguarding Board to develop a joint protocol. This was developed in partnership with South West London and St Georges Mental Health Trust, LBM Social Care, LBM Environmental Health and Mascot Telecare. All parties wanted a consistent joined up approach so that the best resources are matched to the individual case and the risks are shared across the partnership.

With these principles in mind we were able to launch a Multi-Agency Hoarding Protocol in April 2014.⁶ The protocol is designed to be a practitioner's toolkit to enable staff to work with partner agencies. It includes a risk management tool and provides the opportunity to assess a person's mental capacity and clutter image rating tool to ensure a consistency when considering the severity of a problem. Since its launch, the London Borough of Merton Hoarding Board has supported more than 25 individuals. It regularly monitors their situation and all agencies are involved through discussions at board meetings.

Circle Housing Merton Priory are keen to share their knowledge and experience of working with hoarding disorder, and have presented at a number of events in the last year, including for NHF/Sitra in February 2015.”

The clutter image rating tool referred to is a readily available visual aid designed by US academics Gail Steketee and Randy Frost (see appendix), which rates rooms of varying degrees of clutter on a 0-9 scale. Housing associations which have already used this tool have reported it to be of great help, as it can be used to formalise a level at which there is a need for concern/intervention (Steketee and Frost say that clutter at level four impinges enough on people's lives to

⁶http://www.merton.gov.uk/multi_agency_hoarding_protocol_and_practitioner_toolkit_draft_version_april_2014_2_-2.pdf

warrant beginning support). It is also useful when working with a tenant, as it provides a visual definition of what progress and an acceptable outcome will be.⁷

Finally, finding out whether other agencies are involved can be a big assistance, for as Sophie Holmes points out

Financial considerations

The importance from a wellbeing and safety standpoint of appropriately working with tenants with hoarding disorder is clear. However, it is important to note the strong financial case for appropriate interventions in hoarding disorder.

Costs to housing associations

As mentioned, Catalyst Housing Association has calculated the average cost of a hoarding case from start to finish to be around £45,000. This alarmingly high figure is mirrored by LHT estimates, that the cost incurred by a housing association during the lifetime of a tenancy of a hoarder, to be over £35,000.

The LHT figure includes but is not limited to:

Missed Gas Appointments (£1,500)

Disruption to planned replacement programmes (£4,000)

Potential costs due to eviction & court action (£6,500)

Clearance Costs (£3,500)

Repairs required to the property after the clearance (£6,500)

Long Voids (£1,800)

Relet Costs (£800)

Staff Time (£10,000)

⁷ See Steketee, G. and Frost, R., *Compulsive Hoarding and Acquiring: Therapist Guide* for full discussion of use of the Clutter Image Rating.

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This final figure, £10,000, for staff time, whilst an estimate, is all the more staggering when you consider that in the vast majority of cases, that staff time has been spent on achieving no progress with the underlying problem of hoarding disorder, but rather working towards a point of legal proceedings. This realisation underpins the financial rationale for having specialist frontline workers to work with those with hoarding disorder, thus enabling Housing Management staff to concentrate on their work.

The financial case for specialist support workers

Some housing associations have recently decided to train members of their frontline staff in psychological therapies and techniques. These staff members can then be tasked with working with any tenants with hoarding disorder, and potentially other low level mental health issues which arise, and the housing associations see a compelling business case for this strategic approach.

There is great sector variety in the specification of the 'Housing Officer' function, perhaps best demonstrated by the fact that many housing associations do not actually call staff fulfilling these roles 'Housing Officers'. This variety leads to a large range in terms of the quantity of properties 'Housing Officers' cover. However, for illustrative purposes, let's assume a job specification with responsibility for relatively few properties, say 150, and thus the 'Housing Officer' is expected to be significantly involved and engaged with each property. When combined with the evidence on the proportion of the population who have hoarding disorder, this means that around 4%, or 6, of the 150 properties covered by these 'Housing Officers' will contain cases of hoarding disorder.

It is clear that with engagement expected, these 6 properties will cost these 'Housing Officers' far more than 4% of their time. There is consequently a strong case for having specially-trained workers amongst the frontline staff, as they can take charge of cases of hoarding disorder from other 'Housing Officers' and use their specialist training to achieve more favourable results, helping to circumvent costly eviction procedures.

Under this system, rather than hoarding disorder cases acting as deadweight taxes on staff time and housing association revenues, they can be successfully engaged with, to the benefit of the tenant and the wider community. Further, due to the dangers implicit in not treating cases of hoarding disorder, there is undoubtedly a strong business case for adapting the structure of frontline teams in order to prevent the incalculable reputational damage that can result from leaving cases of hoarding disorder untreated.

Examples of good practice

Orbit Care and Repair

Orbit Care and Repair have run Orbit Independent Living Compulsive Hoarding Project in conjunction with Coventry University. They have designed a Compulsive Hoarding Frontline Workers' Toolkit, and Samantha Richardson, Hoarding Training and Development Officer at Orbit, gives further details of their approach below.

“It is very important that professionals are qualified and empowered to look at the bigger picture. Does the client have any physical disabilities that are contributing to their situation? Is the environment impacting negatively on the client's physical or mental health? For example, have they spent years living off microwave meals because they cannot access the kitchen, resulting in deficiencies in vital nutrients? Are there additional mental health conditions that may be exacerbating the situation? Has the client been socially isolated for such a long time that they cannot imagine life any other way? We then ask, how are these combined factors impacting on the client - their energy, self-belief and motivation?

Within Orbit Care and Repair, we work with people with hoarding tendencies from an occupational therapy perspective because we believe that it allows us to conduct very individual assessments and create tailor-made interventions that help tackle the barriers that prevent them from achieving what they want to in life. We are not saying that this model is 'better than' a mental health model,

what we are saying is that each client is unique and therefore requires support that is tailored to meet their very specific needs. At times this support may include a form of cognitive behavioural therapy, at others it may involve a case worker providing hands-on home support.”

Pan-London Hoarding Task Force

The idea of hoarding task forces originates in the USA, where task forces have been established in more than 85 communities.⁸ The Pan-London Hoarding Task Force was convened by Peabody Housing Trust and meets approximately every 2 months. Attendees come from housing providers, the London Fire Brigade, and local authorities. Independent experts also attend, such as Heather Matuozzo of Clouds End Social Enterprise, a professional decluttering agency. The objectives of this group are to:

- Establish uniform local authority protocols for managing cases of hoarding;
- Establish a database of people who hoard, in order to capture numbers and costs incurred;
- Review case studies and update on changes to legislation or sector practices;
- Provide clarity about the expectations and legal powers of statutory organisations; Share information
- Provide support information advice and training for staff involved with hoarding;
- Include other experts as and when necessary.

Participants in this task force stress how important these meetings are, as it allows for sharing of information of what works, and just as crucially, what does

⁸ Brown F. and Pain, A. 'Developing an approach to working with hoarding: Space for social work' <http://www.tandfonline.com/doi/abs/10.1080/09503153.2014.934799>

not work when engaging with cases of hoarding disorder. With interest in the sector clearly so high, it seems that there is definite potential for this successful task force to be replicated in other parts of the UK.

Liverpool Housing Trust

LHT's 'Outside the Box' project was recently nominated for a UK Housing Award in the Meeting Specialist Housing Needs category, and Jon Metcalfe, Supported Housing Team Leader at LHT, explains their approach below:

'We have developed a model called 'Outside The Box' which links practical support and therapeutic intervention together – providing long term solutions to the challenges posed by hoarding disorder. There is no cure for hoarding disorder, but it can be treated, we can support a person to deconstruct their patterns of negative thoughts and actions and we can try to help them find new options, new ways of thinking to change their behaviours.

When we first spoke with our local Improving Access to Psychological Therapies (IAPT) service about working with us to support people with hoarding disorder, they told us that they had worked with many people who struggled with hoarding, but had always found the process challenging as the people they worked with struggled to maintain their motivation in between therapy sessions, as they had nobody to act as 'co-therapist'.

We saw immediately that our Specialist Support Workers fitted into the 'co-therapy' role perfectly and could be the missing piece in the jigsaw to providing genuinely impactful treatment. I see the role of the Specialist Support Workers as almost an extension of the IAPT services, and they create the bridge to bring people, who would never have considered therapy, into therapy and treatment. In this regard Housing and Health are natural partners and the Outside The Box project has shown how well this kind of partnership can work.

I don't believe this role can be properly fulfilled by generic housing staff because they simply don't have the time to build the kind of relationships and trust required to have effective relapse prevention and to be the person the tenant

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goes to for help if they start to struggle again in the future. Tenants perception of Housing Management staff may not be particularly positive, as potentially the same person who has threatened to evict them is now the same one offering them help – Housing Officers wear a lot of different hats in their role but it may be very hard for a tenant to separate the ‘good cop’ and the ‘bad cop’.

If therapy is the answer, then co-therapy is an integral role and this is a role that housing can perform – ensuring a consistent message and approach is used to deal with the complex issues that people face. Not just alerting or signposting to other agencies, but something more. We have the privilege in housing of being allowed access into people’s homes, so we can use this position to have the most meaningful impact possible. Skilled staff, with specialist knowledge, makes it possible to do this.’

Conclusion

In conclusion, this report has presented ideas and practice for housing associations when considering their approach to cases of hoarding. In the light of new definitions of hoarding as a mental health disorder, and also of safeguarding duties through the Care Act, it is clear that hoarding is an issue to be taken seriously and to be dealt with appropriately.

This report has highlighted the key wellbeing, financial, safety and operational considerations to take into account when devising a strategy for engagement with hoarding disorder, and it also has provided expert contributions and good practice examples in order to stimulate debate on the challenges posed by hoarding disorder and the best way to engage them.

Any questions on the content of this report can be directed to Marcus McPhillips, Research Assistant at the National Housing Federation.

Appendix

Clutter Image Ratings

http://www.hoardingconnectioncc.org/Hoarding_Scale.cfm

Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

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Clutter Image Rating Scale: Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



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7



8



9

Clutter Image Rating Scale: Bathroom

Please select the photo below that most accurately reflects the amount of clutter in your room



1



2



3



4



5



6



7



8



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