

HOARDING IN HILLINGDON

**A report by the Residents' & Environmental
Services Policy Overview Committee**



Councillors on the Committee

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CHAIRMAN'S FOREWORD



Our review into hoarding has been comprehensive with an insight into both the physiological and physical effects, along with an assessment of ways to improve support to vulnerable hoarders and the environmental effects going forward.

The Committee spent time looking at the type of people who hoard, to understand why they do it and the deterioration caused in the quality of their lives. Evidence was received from a various witnesses and of particular note was Mr Satwant Singh, a recognised specialist who guided Members through the medical background to what has now recently been recognised as 'Hoarding Disorder'.

In Hillingdon 36 hoarding cases have been considered over the last year or so, many Older People. However, this is expected to be a very low figure due to significant under-reporting. It is hoped this review can raise the profile of hoarding locally and strengthen our resolve to improve our support to an issue that can blight the lives of individuals, their families and neighbourhoods.

COUNCILLOR MICHAEL WHITE

Chairman of Residents & Environmental Services Policy Overview Committee

RECOMMENDATIONS

- 1. That the Council's Performance Team liaises with the Vulnerable Persons Panel to assist in improving the recording of data in relation hoarding problems and incidences in order to improve our intelligence on them.**
- 2. To ensure consistency of approach, that officers develop a hoarding protocol by May 2016 (as an operational document for use by the Vulnerable Persons Panel) with sign-off by Hillingdon's Corporate Management Team, relevant Cabinet Member and other partner agency boards, such as the London Fire Brigade.**
- 3. Recommend a multi-agency approach in respect of budgets associated with hoarding and on the Council's part, requests that the Leader of the Council gives consideration to whether the Leader's Initiative for Older People could play a role in supporting Older People who hoard.**
- 4. That the Cabinet Member for Social Services, Health and Housing considers with officers whether there is scope for providing more integrated support for those who are vulnerable and with people with mental health problems who hoard.**
- 5. To make enforcement action more flexible, that the Cabinet Member for Planning, Transportation & Recycling and the Leader of the Council consider whether to recommend to Council a change in delegations so officers can determine Section 215 enforcement action explicitly for hoarding.**

ABOUT HOARDING

What is hoarding?

A hoarding disorder, as defined by the NHS, is where someone acquires an excessive number of items and stores them in a chaotic manner. The items can be of little or no monetary value and usually result in unmanageable amounts of clutter. It's considered to be a significant problem if:

- the amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms and;
- the clutter is causing significant distress or negatively affecting the person's quality of life or their family's – for example, they become upset if someone tries to clear the clutter and their relationships with others suffer.

Why do people hoard?

Hoarding can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired. People with learning disabilities or people developing dementia may be unable to categorise and dispose of items. Mental health problems associated with hoarding include:

- severe depression;
- psychotic disorders, such as schizophrenia and;
- obsessive compulsive disorder (OCD).

In some cases, hoarding is a condition in itself and is often associated with self-neglect. Many people who hoard have strongly held beliefs related to acquiring and discarding things, such as: "I may need this someday" or "If I buy this, it will make me happy". Others may be struggling to cope with a stressful life event, such as the death of a loved one. Most people with a hoarding disorder have a very strong emotional attachment to the objects.

How prevalent is hoarding?

It has been estimated that between 2 and 5 % of adults in the UK may have symptoms of a hoarding disorder. Potentially only 5% of hoarders come to the attention of professionals, however. In Hillingdon 36 hoarding cases have been considered by a multi-agency panel in the last 12-18 months, which

would suggest that there could be between 600-1000 hoarders in the Borough, although the severity of these cases will vary greatly.

Types of hoarding

Generally, there are three types of hoarding:

- Inanimate objects - this is the most common. This could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.
- Animal Hoarding - this is on the increase in the UK. Often this is because the hoarder is unable to recognise that the animals are or may be at risk because they feel they are saving them. In addition to being unable to care for animals in the home, people are often unable to take care for themselves. The homes of animal hoarders often deteriorate through the accumulation of animal faeces and infestation by insects.
- Data Hoarding - this is a relatively new type of hoarding. Whilst it may not seem as significant and inanimate and animal hoarding, people that hoard data could still present with same issues that are symptomatic of hoarding.


Such hoarding includes the storage of computers, servers, electronic storage devices or paper, e.g. through a need to store copies of emails, and other information in an electronic format (LB Merton, 2014).



WAYS TO TACKLE HOARDING

Being a recognised mental disorder, which also has the potential to impact upon the families and neighbours of sufferers, local authorities and partner agencies can help hoarders manage their properties in a clean and safe condition, and where possible clearance and cleaning can be arranged by consent. Where it is difficult to get consent, local authorities have a number of powers to deal with the effects of the disorder:

Exterior of properties

- Part 3 of the Environmental Protection Act 1990 - abatement of a range of problems including 'any premises in such a state as to be prejudicial to health or a nuisance' and 'any accumulation or deposit' e.g. smells, flies, pests, putrefaction etc..
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- Section 215 of the Town and Country Planning Act 1990 - to require the owner or occupier of the land to return it to an appropriate condition, though this is only generally applicable to front gardens and would not cover goods stored within houses or outbuildings hidden from view.
 - Anti Social Behaviour Crime and Policing Act 2014 - using the Community Protection Order powers, local authorities can use these to prevent anything which is causing a significant and continuing harm to the neighbourhood.

Interior of properties

- Section 83 (aa) of the Public Health Act 1936 - this can require the cleansing of a premises which are either in such a 'filthy or unwholesome condition as to be prejudicial to health or are verminous'.
- Prevention of Damage by Pests Act 1949 - can require the removal of harbourage for rodents and for pest control treatment, where pests have been or could be encouraged by hoarded material (LB Merton, 2014).

Local authorities may carry out works under these powers and in some cases, they can charge for them, or if urgent use the powers to clean, charging later.

Animals

Evidence of animal hoarding should be also reported to the RSPCA who can then take any necessary action.

Fire Safety

Local Fire Brigades can make use of their statutory responsibilities given that hoarding can sometimes poses a significant fire safety risk to both the people living in the hoarded property and those living nearby.

The Housing Act 2004 (including the Housing Health and Safety Rating Scheme) can require an owner or occupier who is hoarding to remove hazards which are assessed on a scale of seriousness, for example fire hazards where there is not an adequate means of escape.

A multi-agency approach / hoarding protocols

Many local authorities have multi-agency panel arrangements and a small number have developed local Hoarding Protocols to provide an integrated framework for agencies to seek appropriate solutions relevant to each case. This is particularly important when dealing with any vulnerable people. The London Borough of Merton has a good example of this.

Such arrangements ensure that all agencies work in a joined up manner, and often provide useful resources such as clutter diagrams, and assessment forms which gather the information needed by all agencies. They also set out at what level enforcement powers will be used.

Professional de-clutterers

Some local authorities and housing associations use professional de-clutterers to help hoarders to part with their belongings. The benefits of this approach are the expertise and time that these businesses can bring to a situation, which may make it easier for a resident to part with their possessions.



However, the costs involved are often substantial, and in many cases other professionals will have to support the work, as well as disposal arrangements being made (LB Merton, 2014).

HILLINGDON'S APPROACH & EFFECTIVENESS

The Committee received evidence from a wide range of witnesses (set out in Appendix C) about how hoarding is tackled in Hillingdon and reviewed the effectiveness of current arrangements in place and other resources.

Multi-agency arrangements

It was noted that the Safer Hillingdon Partnership 'Strategic Assessment and Partnership Plan 2014/15' stated an objective to:

"Deliver and support services to residents who are hoarders."

There was a target to ensure at least 10 cross-agency panels were held annually and effective support plans in place for such people. The lead partner agency was the London Fire Brigade.

The Committee learnt that in 2014 Hillingdon set up a "Vulnerable Persons Panel" chaired by the London Fire Brigade and attended by a range of practitioners including Adult Social Care, Residents Services ASB Investigations Team and mental health services.

The panel had met well over 10 times and about 36 cases had been considered in the last 12-18 months. Clearance work had been taken in some cases, but the gaps identified so far were:

- a suitable budget for clearance where the person has no funds and;
- access to counselling to prepare the person for and deal with the aftermath of the "loss" of possessions, even if to an objective eye it is no more than rubbish.

Members welcomed the role of the Vulnerable Persons Panel as a useful body for all partner organisations to discuss individuals and how their conditions could be managed. However, it was noted that whilst information sharing to Panel Members did take place about individual cases of hoarding, there was not any effective mechanism for recording the data about hoarding cases for business intelligence / local statistical purposes.

The Committee considered recording and logging of such data would not be onerous and could provide for useful information to assist in tackling hoarding.

1

That the Council's Performance Team liaises with the Vulnerable Persons Panel to assist in improving the recording of data in relation hoarding problems and incidences in order to improve our intelligence on them.

Through looking at best practice in other local authorities, Members were made aware that there was no formal protocol or strategy for dealing with hoarding in Hillingdon, but recognised that even this being the case, the fact that the Council made use of a multi-agency 'Vulnerable Persons Panel' still put Hillingdon a long way ahead of many other local authorities.

Witnesses explained that a formal protocol would help to ensure that residents received a consistent level of service, though it would need to be focussed on delivering successful outcomes for residents along with the necessary procedures. It could detail for different agencies the early warning signs and set out relevant treatment options and preventative action. The Committee viewed a protocol would provide a positive effect on the dichotomy of problems associated with hoarding.

2

To ensure consistency of approach, that officers develop a hoarding protocol by May 2016 (as an operational document for use by the Vulnerable Persons Panel) with sign-off by Hillingdon's Corporate Management Team and other partner agency boards, such as the London Fire Brigade.

Insights from Housing & Social Care

The Committee was made aware that Hillingdon officers visiting vulnerable social housing tenants had identified increasing numbers of people were keeping too many items of little use or value, sometimes causing the tenant to live in unsanitary conditions or where there was a risk of falling or fire.

In December 2013, Housing Services announced a new service to improve the lives of vulnerable tenants whose excess hoarding may be affecting their wellbeing. Teams from the Council's housing, independent living support and caretaking services partnered together to help tenants clear out clutter to either 'create space' or undertake a 'one-off' clearance and 'deep clean' within

the tenant's home depending on their need. This service was only available to tenants.

Social Care officers invited as witnesses informed the Committee that hoarding was a condition the team encountered regularly, particularly amongst older people, though through effort they were generally successful in maintaining a suitable living environment for people receiving care.

Whilst hoarding tended to manifest itself amongst older people, Members were informed that although there were younger people who hoarded, they were less likely to be identified. In Hillingdon, loss and bereavement were often triggers for hoarding.

Witnesses outlined some of the warning signs where a resident could start to hoard, but generally it was only when another service visited the property (for another reason) that hoarding was identified. Annual gas safety checks by landlords were a good example as an opportunity to identify hoarding.

The Committee recognised that Older People were more likely to hoard and felt it would be a useful matter to be raised further with the Leader's Initiative for Older People.

3

Recommend a multi-agency approach in respect of budgets associated with hoarding and on the Council's part, requests that the Leader of the Council gives consideration to whether the Leader's Initiative for Older People could play a role in supporting Older People who hoard.

Another factor considered was the protection of children from any maltreatment indirectly caused by the hoarder or hoarding. Growing up in a hoarded property could put a child at risk by affecting their development and in some cases, leading to the neglect of a child, therefore becoming a safeguarding issue.

Health implications

The Committee received expert testimony from Satwant Singh, a Nurse Consultant in Cognitive Behavioural Therapy and Mental Health who was also a national Hoarding Disorder Specialist.

Mr Singh explained that hoarding had fairly recently been recognised as a disorder in its own right, rather than a symptom of other conditions. This was

as a result of much research done in the UK, although recognition in the relevant practitioner guides used had not yet taken place.

It was noted that there had been a number of TV programmes based on the lives of those with hoarding disorder in recent years, which had led to increased awareness of the condition, but that had also stigmatised it, which made people reluctant to seek help.

Mr Singh explained that Hoarding Disorder was significantly under-reported for a wide range of reasons, whilst many people who had hoarding tendencies did not reach the stage at which intervention was necessary. It was, however, in his opinion, a sizeable problem with a recent study having put the estimated cost of dealing with a person with hoarding disorder at £35-55k.

The Committee was advised that the most important factors in treating hoarding disorder were:

- To engage sufferers and help them to understand that their behaviour was abnormal, and was a problem for them as well as others and;
- To ensure a multi agency approach was adopted, to prevent residents from getting mixed messages, and to ensure that the costs of managing hoarding were shared equitably.

Mr Singh confirmed that in his experience, Hoarding Disorder could affect people of any age, but was more likely to be recognised amongst older people; was more prevalent amongst men but women more regularly sought help. It was noted that, in his experience, there was no correlations with ethnicity, the level of a person's education or where they lived.

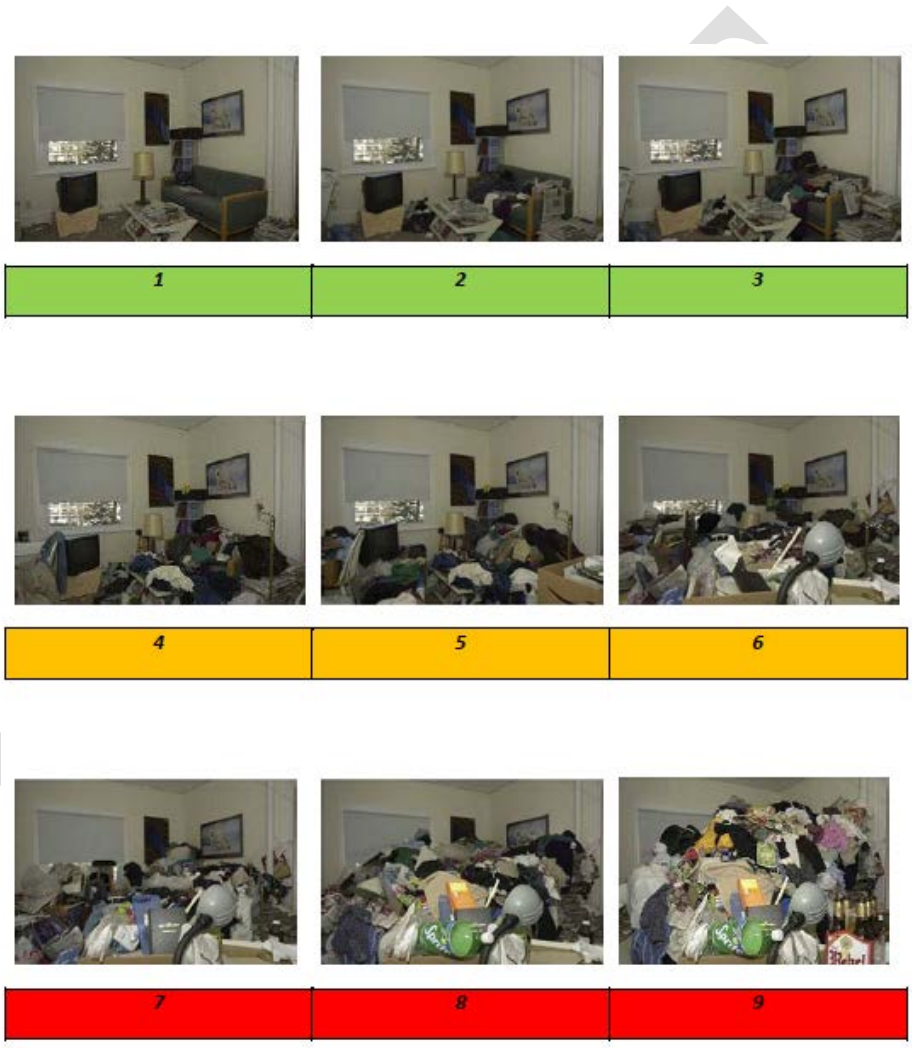
Services for treating hoarding disorder were variable, depending on where one lived. It was noted that Hillingdon had an Improving Access to Psychological Therapies (IAPT) Service, called Talking Therapies, which could be used to help people to address their disorders. However, that such treatment was slow and there was scope for providing a more dedicated service, with integrated support and de-cluttering services.

It was noted that local authorities were in a good position to influence commissioners to improve their support services in respect of hoarding. An example was given where the London Borough of Hammersmith and Fulham had started a group treatment session for hoarders. The Committee welcomed further exploration of a more integrated approach.

4

That the Cabinet Member for Social Services, Health and Housing considers with officers whether there is scope for providing more integrated support for those who are vulnerable and with people with mental health problems who hoard.

For those with Autistic Spectrum Disorder, any hoarding behaviour would be recognised as a symptom of their condition and not diagnosed separately. In respect of mental health problems, the Committee noted that some local authorities made use of formal assessments and clutter image rating tools to decide what steps to take. See image below:



Reporting & enforcement

In terms of the reporting of hoarding, complaints would usually be made by neighbours and would normally be investigated by the Anti-Social Behaviour Investigation Team, who would then take the case to the Vulnerable Persons Panel and get input from other services. Where residents lacked the ability to dispose of clutter, the Council would seek to first involve their family.

It was noted that reporting could come from a variety of sources. A case study is set out in Appendix A showed Members a referral from the London Ambulance Service.

Whilst the Council was empowered to take enforcement action, it was noted that such action had to be justified and that there were many people who hoard who could be classed as eccentric, but whose accumulations were not causing significant harm. Time limits were set for residents to clear rubbish on a case by case basis. Additionally, as a recognised mental health disorder it meant that in some cases, the Council had to take a more cautious approach than neighbouring residents might like. Public Health and other enforcement powers did exist for those that were assessed not to have any mental health illness problems.

Members were informed that Planning Enforcement did not currently have a major role in dealing with hoarding to date, as the practicalities of enforcement action did not support a larger role when combined with the additional constitutional requirement of reporting such enforcement action to Planning Committees. Although the number of referrals to Committee has been in single digits, it was noted that use of the Council's powers under Section 215 of the Town and Country Planning Act in relation to hoarding had been successful every time in getting a resident to take action before a prosecution was brought. The Committee considered this could be an area where flexibility could be provided for in terms of officer delegations.

5

To make enforcement action more flexible, that the Cabinet Member for Planning, Transportation & Recycling and the Leader of the Council consider whether to recommend to Council a change in delegations so officers can determine Section 215 enforcement action explicitly for hoarding.

Costs

Witnesses indicated that the cost of dealing with hoarding in the Borough was unknown. However, there were plans to create a central budget which could allow the cost to be established, but these had not yet been implemented. It was noted that a multi-agency approach towards any budgets would be best. In relation to enforcement action, it was welcomed that Council officers had tried to ensure that a one Council approach was taken to ensure that work was done. It was noted that sometimes costs could often be recovered from the resident who hoarded, but this was not always the case. It was noted that some use had been made of Community Payback Teams and Blue Sky Regeneration in clearing properties.

CASE STUDY

Person A is 87yrs and lives with her husband in an owner occupied property.

London Ambulance called raising concerns over state of property, rubbish stacked everywhere. No central heating, couple using a calor gas which is a fire hazard.

Person A was admitted to hospital following a fall. Hospital staff raised concerns over filthy dressing on legs and very poor mobility and not being safe to return home due to the hoarding.

The couple have lived in neglected environment for some years. Person A's suffered general deterioration in her health and diagnosis of dementia. There are a number of cats that are allowed to access the property over the years and Person A refers to the cats as her children, the couple had lost a baby. The couple are very isolated and had a tendency to also sleep in the car.

As Person A does not have capacity, a best interest meeting was set up and it was agreed that it would not be appropriate for Person A to return home at that stage and the couple are supported with clean of the property so that Person A can return home.

Professional involvement:

- Referral to Vulnerable Persons Panel
- Joint work with ASBIT team
- Occupational Therapist input in planning move back home.
- Fire Brigade visited to risk assess.

Outcome:

Taken over 6 months to clean up property due to budget constraints.

Now planning to see what repairs required and arranging appropriate care for Person A

TERMS OF REFERENCE

As agreed by the Committee:

1. To understand the prevalence of Hoarding in the Borough, and its impact on residents;
2. To understand, consider, and recommend improvements to, the Council's approach to resolving Hoarding Cases including identifying staff and budgetary resources to do this work;
3. To understand the relationship between Council officers dealing with hoarding and Mental Health Service providers.

WITNESSES

Satwant Singh, Nurse Consultant in Cognitive Behavioural Therapy & Mental Health - representing Hoarding UK

- Treating Hoarding Disorder
- Relationship between enforcement action and Mental Health Services
- Dealing with hoarding without enforcement action
- Interaction between Mental Health Services and other agencies
- Examples of best practice from other local authority areas.

Ed Shaylor, ASBIT Service Manager, London Borough of Hillingdon

- Hoarding cases in Hillingdon
- Taking enforcement action

Sunny Mehmi, Mental Health Team, London Borough of Hillingdon Claudia Meissner and Virindar Basi, Adult Social Care

- Social services interaction with hoarders
- Joint working between social services and other agencies
- Managing Hoarding Disorder

Linda Wharton, Planning Enforcement, Residents Services

- Planning enforcement powers

David George, Station Manager - London Fire Brigade

- Hoarding Lead Partner
- Fire Safety aspects

Jennifer Lewis - Central and North West London Mental Health NHS Trust

- Mental health aspects of hoarding

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London Borough of Merton (2014) 'Multi-agency Hoarding Protocol'

Online references

- Hoarding UK - hoardinguk.org
- Association of Professional De-clutterers & Organisers - apdo-uk.co.uk
- Information website - helpforhoarders.co.uk