

RESEARCH INTO HOARDING – BCSP DETAILED CONSIDERATION

BACKGROUND

In late 2015 the Birmingham Community Safety Partnership led on commissioning research into hoarding, in line with existing partnership arrangements. The aim was to find an agreed evidence base about hoarding to assist in the development of a coherent a multi-agency strategy.

This summary collates the main conclusions and findings of the research conducted by RRR Consultancy Nov 2015-June 2016.

RESEARCH FINDINGS

Proposed Definition (full discussion – page 7 of report)

The Diagnostic and Statistical Manual of Mental Disorders (DSM 5) (2013) defines hoarding as:

“a pattern of behaviour that is characterized by the excessive acquisition of and inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress or impairment”.

Extent of Hoarding (pages 28-36)

It is estimated that 2-5% of the population hoard, equating to at least 1.2 million households across the UK and 22,000 people in Birmingham. However, most data is seen as an underestimate.

Birmingham City Council data

Between April 2012 and February 2016 the Environmental Health Department recorded a total of 152 hoarding cases, as shown below.

| Year | No of Cases | Total |
|--------------|--------------------|--------------|
| 2012-13 | 36 | 36 |
| 2013-14 | 57 | 93 |
| 2014-15 | 29 | 122 |
| 2015-16 | 28 | 150 |
| Apr-May 2016 | 2 | 152 |

This is taken as an average of 38 cases per year.

Two fifths (43%) of the referrals were council tenants while almost a third (30%) were owner occupiers. Smaller levels were noted in private rented housing (5%) or

housing association properties (4%), whereas in around one fifth (18%) of cases the housing tenure was not known.

Given that only 15% of properties in Birmingham are owned by the local authority¹, it is likely that the work of Housing Officers is influential in this finding.

West Midlands Fire Service (WMFS) Data

During 2014/15 WMFS recorded 120 cases of severe hoarding requiring intervention. Severe hoarders were often older people who smoked, lived alone with no smoke alarm fitted. WMFS also reported 321 cases of 'dangerous storage'.

Social Characteristics of Hoarders (pages 9-11)

Pages 28-36 provide an extensive breakdown on the social data captured from known cases of hoarding. Generally a wide range of health and social factors were found to contribute to hoarding. However, the three most common were the age of the hoarder, whether living alone or with family, and whether there were mental health needs. Another factor was drug or alcohol misuse, though ethnicity did not appear to have a substantial bearing. However, the data did demonstrate a link with the more deprived areas of Birmingham.

Financial Impact Of Hoarding (pages 36-40)

As the types and severity of hoarding cases vary widely, there is a large range of costs estimates. The research suggested that the most likely cost estimates were between £35,000 and £45,000 per case. The average of 38 cases per annum reported by the Council's Environmental Health team, and the 120 severe hoarding cases reported by WMFS, equated to potential costs of between £5.53m and £7.11m per year. A Social Return on Investment analysis suggested that implementing a hoarding support scheme could lead to savings of between £2.70 and £3.50 for every £1 invested.

Charging Hoarders for Services

There was not sufficient data to present a reliable cost benefit analysis on charging hoarders for the services caused by hoarding behaviour. The research recommended that considering raising charges should only be made after alternative options have been explored, and should also take into account the impact on the hoarder.

Impact on Agencies

Many different agencies have to respond to hoarding. While the officer time involved was estimated at about two hours, the research found that in a large proportion of cases much more extensive support was required.

¹ ONS 2011, Table KS402EW – Tenure, April 2016

Legal Framework (pages 12-15)

Since 2013 hoarding has been recognised as a distinct mental health difficulty on its own, rather than solely as an aspect of obsessional compulsive difficulties or a 'lifestyle choice'. The Mental Capacity Act 2005 provides a statutory framework for dealing with situations where people may be seen as lacking the capacity to make decisions by themselves.

The main legislation applicable to hoarding as used by Environmental Health is:

- Public Health Act 1936 (PHA) Section 79: Power to require removal of noxious; Section 83: Cleansing of filthy or verminous premises and Section 84: Cleansing or destruction of filthy or verminous articles.
- Prevention of Damage by Pests Act 1949 Section 4: Power of LA to require action to prevent or treat Rats and Mice; and Section 80: Dealing with Statutory Nuisances.
- Town and Country Planning Act 1990 Section 215: Power to require proper maintenance of land.

Safeguarding

Some hoarding cases can also fall under the remit of Safeguarding.

- Children - living in a hoarding property can put a child at risk and lead to the neglect of the child. Where this happens, a Safeguarding Children alert should always be raised.
- Adults – the legislation asserts an adult's right to live in safety, free from abuse and neglect. This places a duty to work together to prevent, and stop, both the risks and experience of abuse or neglect. At the same time any interventions must ensure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs. Responses to hoarding cases needs to comply with the prevailing legislation, including the Mental Capacity Act 2005 (page 13 para 2.25) and Care Act (page 14 para 2.28). Under the Care Act an advocate can be appointed to act on the hoarder's behalf (page 45, para 4.15).

Good Practice (pages 14 to 23, Appendices 1-6)

There is extensive good practice in tackling hoarding. The recommended examples were:

- The Liverpool Housing Trust forms - 'Self-Assessment', 'Hoarding Disorder Impact Assessment and Trust 'My Acquiring Rules'
- The Nottinghamshire County Council 'Hoarding Assessment Referral' form and 'Clutter Image Rating' scale.

Therapy (pages 23-25)

While there is a wide range of therapies in use to engage hoarders, the most common was cognitive behaviour therapy (CBT). This is a talking therapy that helps people to manage problems by changing the way they think and behave. To address hoarding, the aim is that individuals gradually learn to discard unnecessary possessions with less distress, helping to diminish their exaggerated perceived need or desire attached to their possessions. They also learn to improve skills such as organisation, decision-making, and relaxation.

Case Studies (pages 52-61)

The report included ten case studies. It is apparent that although some shared similar characteristics such as being elderly and alone, they were complex cases presenting with a range of different social and health factors. In many cases hoarding is often linked to life changing events such as relationship breakdown, bereavement or redundancy. In the case of bereavement, hoarders can place a strong emotional attachment to the belongings of the deceased.

Responding Coherently to Hoarding

Officers from different agencies contacted by the researchers identified the following needs:

- Clarity about how the various agencies react to hoarding cases. The aim being to enable partners to better understand the functions and capacities of other agencies.
- Better understanding of the role of Community Mental Health Teams and how they are best engaged in a hoarding case.
- The creation of clear pathways in order to make effective referrals, aided by an information sharing protocol.
- The ability to form ad-hoc multi-agency teams, suitable for the nature of the case and the needs of the hoarder.
- Training in how to support hoarders (page 46, para 4.19).
- A programme of raising public awareness of the issue.

One model to consider identified was that identified as being operated in Sydney, Australia (page 15 para 2.31).

The report also highlighted the advantage afforded to Birmingham through the services of Clouds End CIC (page 16 para 2.36).

Geoffrey Taylor
Community Safety Planning and Performance Officer
Equalities, Community Safety & Cohesion

June 2016