**Kent and Medway**

**Multi-Agency Hoarding Workshop**

**REPORT**

Held at Tonbridge and Malling Borough Council

Friday 23rd March 2018

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On behalf of KFRS and Kent and Medway Private Sector Housing Group

**Summary**

Hoarding disorder is characterized by persistent difficulty discarding or parting with possessions, regardless of their actual value as a result of a strong perceived need to save the items and with the distress associated with discarding them.

For the individual, hoarding or clutter impairs basic activities, such as moving through the house, cooking, cleaning, personal hygiene and even sleeping. It also increases the risk of fire, falling (especially in the elderly), poor sanitation and other health risks.

For families, neighbours and local authorities it is a growing concern creating strained relationships, legal proceedings, and a revolving door of interventions and in some cases eviction.

Hoarding is also a ‘Safeguarding’ issue, evidenced in Serious Case Review’s undertaken in Cornwall, Merseyside, and more recently, relevant to a case in Kent.

Partnership working between Kent and Medway Private Sector Housing Group and Kent Fire and Rescue Service initiated a task and finish group to improve policy, process and partnerships, reduce risks and improve outcomes for those with hoarding disorder.

A stakeholder workshop took place on 23rd March 2018 attended by 38 delegates from various agencies across Kent and Medway. This report provides an overview of table discussions highlighting gaps and suggestions for improvement across Kent and Medway for consideration by strategic partners and frontline workers who encounter hoarding disorder in their daily roles.

There was a general consensus at the workshop that there should be more emphasis on Hoarding Disorder in strategic policy, with a clear framework showing process, roles and responsibilities. There should also be increased awareness and appropriate identification of hoarding as a disorder. Additionally there should be equitable processes across Kent and Medway to tackle Hoarding Disorder.

**BACKGROUND**

Hoarding was formally acknowledged as a mental health disorder by the International Classification of Disease Register Version 10 (ICD10) the 1st October 2017 (ICD 42.3). Hoarding disorder is characterized by persistent difficulty discarding or parting with possessions, regardless of their actual value as a result of a strong perceived need to save the items and with the distress associated with discarding them.

For the individual, hoarding or clutter impairs basic activities, such as moving through the house, cooking, cleaning, personal hygiene and even sleeping. It also increases the risk of fire, falling (especially in the elderly) poor sanitation and other health risks.

For families, neighbours and local authorities it is a growing concern creating strained relationships, delayed transfer of care, legal proceedings and a revolving door of interventions and in some cases eviction.

Following concerns from partners a paper was presented to the Kent and Medway Private Sector Housing Group on 4th December 2017 outlining some of the increasing challenges in managing Hoarding Disorder in Kent and Medway. In particular the lack of a dedicated policy or protocol, some confusion around roles and responsibilities in the system, and identifying partnership working to improve outcomes. In response a task and finish group was established to address the following recommendations:

1. Identify the scale and severity of hoarding disorder in Kent and Medway
2. Establish a task and finish group as sub set of Private Sector Housing Group
3. Convene a multi-agency workshop to identify how Kent and Medway can address hoarding disorder, particularly when individuals are at risk

**MULTI-AGENCY WORKSHOP**

This report outlines key points from the multi-agency workshop held on Friday 23rd March at Tonbridge and Malling Borough Council. The event was opened by Chief Executive of Tonbridge and Malling Borough Council, Julie Beilby. Presentations were provided by Private Sector Housing Group Chair, Kerry Petts, Tunbridge Wells Housing Manager, Janice Greenwood and West Kent Mind Chief Executive, Jill Roberts. A good mix of delegates attended from various organisations, including:

* Health
* Social Care
* Safeguarding
* Public Health
* Housing
* Environmental Health
* Fire and Rescue Services
* Home Improvement Agencies
* Police
* Voluntary Sector

Following presentations a table exercise took place. Delegates were divided into groups in three geographical areas, East, West, North and Mid Kent and where possible into organisations to provide a mix of knowledge and experience on each table.

Case studies were provided and four questions relating to policy, process and partnerships were posed to each group.

1. What do we do now;
2. How can we work together; Gaps;
3. Challenges.

Finally, all delegates were asked to complete a pledge in order to take some actions from the workshop, either organisationally or for the Task and Finish Group. Full details of workshop feedback can be found at the conclusion of the report, however, the following is a summary capturing the table discussions:

**POLICY**

**Current Policy**

The Health and Social Care Act (2014) formally recognises Hoarding Disorder as a category of self-neglect and this is reflected locally with the inclusion of ‘Hoarding Disorder’ within the Kent and Medway Self Neglect policy, Safeguarding Adults/Vulnerable Adults protocol. However, some delegates felt the referral process was not widely known, while others simply referred all Hoarding cases to Social Services. The process appears to differ slightly in Medway who use the ‘three questions’ and consequent referrals are made from contractor to Housing Team, who then escalate.

**Recommendations for Policy**

There is a need for strategic sign up at Director/Assistant Director level for a stand-alone Hoarding Policy with a lead agency and all agencies signed up to this. The policy should provide a common understanding of Hoarding Disorder, outline roles and responsibilities, how to identify and refer people into a single pathway and collated in a flowchart illustrating how cases should be managed. However, one delegate questioned whether another protocol was necessary. In addition there was no central collection of data, therefore it is difficult to measure prevalence and cost of hoarding. It was suggested that a business case from policy for all agencies to part fund a peer support worker post, ideally an expert by experience to support people with hoarding disorder.

**PATHWAY**

**Current Pathway**

There is a need for more recognition and better identification of Hoarding as a Disorder, also in the first instance, to be able to access the home to assess for self-neglect. We need to raise the profile and gain professional ‘buy in’ particularly removing perceptions that this is a lifestyle choice, rather than a mental health condition. There is no clear referral route and some comment that ‘Best Interest’ meetings do not always happen. On occasions when property is cleared some people are left with nothing, not even furniture.

**Recommendations for pathway**

The groups felt early intervention and CBT would help to reduce the pressure on secondary services. However it should be acknowledged that as with other mental health conditions, there is not necessarily a short term solution and we need to address the need for long term interventions and a consistent approach across boundaries. Clear pathways and continuity of care need to be put in place. Clarity of who has powers and the extent of those powers if there is a known hoarder. Health and Safety of client and professional should be considered. Agencies involved go round in circles and the cost of clearance to homeowner, social or private housing for clearance can be between £2,000 and £10,000 pounds.

A commitment to undertaking ‘Making Every Contact Count’ training and brief interventions to improve engagement with services and consequently recovery and behaviour change. There should be training to identify Hoarding Disorder and its impact on both the person and their family, friends, community. Better provision of early intervention and longer term interventions, particularly from GP, Health and Social Care services. A greater understanding of powers, for example to delay discharge from hospital, if the person is deemed to have capacity but unwilling to accept support. Other methods discussed included the use of selective licencing (Margate Taskforce), De-clutter Buddies (Sevenoaks) and Key Workers to build a relationship with clients suffering from Hoarding Disorder.

Learning should be taken from pilots, such as the Croydon model. Despite pilots taking place across Kent and Medway, we should be working towards an equitable service with support, (particularly financial) for cleaning and maintaining, possibly through Disabled Facility Grant or other funding streams.

**PARTNERSHIPS**

**Current Partnerships**

There was some areas of good practice of multi-agency working through Hospital Discharge Teams; Health and Housing; Fire and Rescue Services; Home Improvement Agencies although not clear that this was consistent across Kent and Medway. The Margate Taskforce (Thanet DC use ‘Selective Licencing’) having a strong partnership particularly with housing. Swale (Staying Put) cite they have funding to assist with clearance.

**Recommendations for partnerships**

Suggestions for partnership working included a stakeholder engagement workshop to gain agreement and buy in, particularly links with GPs and health. Community Safety Partnerships (CSPs) and initiatives such as Margate Task Force should be involved. There is a need to source cleaning services. Funding may be available through CSPs, Police Crime Commissioner. Clear roles and responsibilities, process and engaging and building relationships with good support from health and Social Care and equity across Kent and Medway were also identified.

**PLEDGES**

In total thirty delegates completed pledges, a list of which can be found at the end of this paper. In summary delegates pledged to take forward:

**Policy**

Taking information back to Safeguarding, Mental Health, CCG, and Community Forums for discussion.

**Community**

Raising awareness, better engagement/partnerships and sharing of information. An offer from housing for joint visits and some areas felt that Disabled Facility Grants (DFGs) could be used for clearance.

**RECOMMENDATIONS**

Partners need to ensure this report is taken to strategic forums for information and discussion in order to:

* Ensure Private Sector Housing, KFRS and relevant stakeholders are consulted in the future direction of hoarding policy
* To ensure that hoarding has a clear and appropriate pathway, from referral to longer term support to reduce the ‘revolving door’ of relapse and poor outcomes for clients
* Advocate for clear leadership and partner sign up to Hoarding as a medical disorder, not a ‘life choice’
* Ensure learning and good practice is taken from pilots across Kent and is shared through various groups and forums
* Task and Finish group to ensure that delegates that have expressed an interest in driving forward ‘Hoarding’ agenda are included in future work to improve partnership engagement and working across the system

**Appendix I**

**Delegate List**



**Appendix II**

**Table Notes**

***What do we do now?***

* Kent & Medway self-neglect policy (no standalone policy for hoarding)
* Safeguarding adults protocol
* Vulnerable adults protocol (KCC)
* Care Act 2014
* Multi-agency working
* Margate Task Force
* Selective licensing?
* Health & Housing Co-ordinator
* Fire & Rescue Service Safe & Well visits
* Handy persons Service
* De-clutter buddy
* Recognition of the hoarding condition
* Making every contact count (MECC)
* Identification of a hoarding contact
* Need to get into self neglect to risk assess in the first instance
* Referrals: Involve? not widely known who to refer to
* Hospital discharge are currently picking up hoarders
* Home Improvement Agency (Staying Put) currently have funding to clear in Swale
* Key worker to build relationship with hoarder
* Refer all identified hoarders to Social Services due to self-neglect/mental health
* Best interest meetings (don’t always happen)
* Medway use the 3 questions preventative
* Mears identify when completing annual gas inspections – they raise safeguarding & report to housing

***How can we work together?***

* Hoarding framework
* Agencies sign-up to it
* Better links with GP/Health
* Sourcing cleaning services
* Lead agency to put framework together
* Community Safety Partnerships
* Task Force
* Clear pathways of care/service delivery
* Continuity of care
* Is another protocol too many of an additional level?
* Need AD buy in such as Chris McKenzie
* Stakeholder engagement (workshop to get agreement and buy in)
* Business case from policy for all agencies to part fund a vacancy for a support worker! Ideal type of person somebody who has already been a hoarder (peer support worker) Expert by experience
* Need GP & practice staff engagement – what do they currently do? Where do they take it? (Nurse highlights to GP & they have done their bit? But where does it go from here?)
* Funding it out there: CSP, Police & Crime Commission etc.

***Gaps***

* No central recording
* Communication
* Involvement at a strategic level
* People/Services not knowing who to contact
* Common understanding and ability to identify hoarding
* Commitment needed across range of professionals to implement MECC and understanding what MECC means for different professionals
* Greater awareness of hoarding and how an individual’s underlying unresolved emotional, psychological, MH challenges are manifested through different behaviours
* Do we know enough about how staff who have access to clients home address initial concerns about hoarding?
	+ Do they recognise it as a problem?
	+ Do they normalise what they see?
	+ Do they know how to mobilise helps?
	+ Are they equipped to start a conversation with the client?
* Do we need to understand what content of safeguarding training looks like for staff working in community settings? Is it possible to raise the issue of hoarding /or to set safeguarding issue into a wider social context
* List of contacts required (routes/referrals for support). Should this be in a hoarding policy?
* Older persons – do they know that it is a mental health issue
* How do we pick-up the signs, prevention?
* Prevention – raise awareness
* Promote – what is available
* Long term outcome (Croydon)
* Volunteers – to provide support & better care (funding?)
* What is the time scale for support?
* How to be reciprocated across Kent
* Learn from pilots
* Multi-disciplinary team referrals
* How to get people out to attend sessions
* Psychological support
* Responsible agencies?
* IAPT only work secondary care
* Specialist hoarding, poor provisions
* Early intervention
* Difference between districts/budgets? & parity
* Supporting hoarders with clearing & maintaining
* Training & awareness
* Identifying cohort
* What are the powers used by hospital to keep someone in hospital if they have capacity?
* Social care input
* Need a standalone hoarding policy that all agencies are signed up to
* Flow chart on how all cases should be dealt with and referral process
* Can DFG be used to fund clearing?
* Single pathway for hoarding

***Challenges***

* Contractors going in/cleaners?
* Secondary care picking up cases
* Bed-blocking (hospitals)
* Engaging clients & passive compliance
* Building relationship/trust with client
* IAPT: only works with secondary care
* Early intervention
* Housing, private sector
* Referral routes to services
* Raising profile of issue
* Co-morbidity & professional awareness?
* Health & safety of professionals & clients
* Dual diagnosis
* Long term work and professional buy in
* Social Services are not interested! It is their choice & lifestyle
* Issue with boundaries of Kent and Medway and although same Self-neglect policy things dealt with very differently
* Somebody to help with the mental health issue (they don’t want to engage so how do we engage with them?)
* Need to consider finance. Social landlord from their budget, owner occupier put a charge on their property, private rented issue as to who funds the clearing? It costs anything from £2-10K to clear depending on the level of hoarding
* CBT is there but only works if they are willing and happy to engage
* Important to identify one individual they are willing and have to engage with although they then can become reliant on that individual
* What about those that are known to an agency/hospital? Police have no power of entry
* Once a property is cleared some people are being left with nothing! No sofa/furniture etc.
* Aftercare needed to stop them going back to their old ways of hoarding again
* Agencies involved go round in circles

**Appendix III**

**Pledges**

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| **Name** | **Designation** | **Organisation** | **Pledge** |
| Alanna Greenhill | Team Manager Sevenoaks & Malling Adult Community Team | KCC Social Services | Raise awareness within the team. Follow up on Sevenoaks model. |
| Catherine Collins | KCC Safeguarding Assurance Manager | KCC | Discuss hoarding as issue and consider current place in self neglect policy. |
| Claire Ledger | Senior Practitioner SK C&T Learning Disability Team | KCC | I would like to be part of any task groups moving forward. I pledge to make better multi-agency links and upskill colleagues on the effects and potential support for those who experience behaviour linked with hoarding. |
| Claire Radford | Team Leader Primary Care Social Work Service | KCC | To promote multi agency working. Raise awareness of hoarding. Continue engaging and providing support to individuals. |
| Dawn Riach-Brown | KCC Community Warden | KCC  | Support where needed. Refer where necessary. |
| Deborah Frazer | Mental Health Commissioning East Kent | East Kent CCG | Link with IAPT providers to find out what CBT available for hoarding. Talk to KMPT about route into secondary care & psychological support. Link with Live Well on training needs. Seek data. Sign up protocol. Link with Public Health. |
| Elaine Williams | Senior Practitioner Social Services Pembury & Maidstone Hospital | KCC Social Services | To input into a multi-agency framework. |
| Hazel Skinner | EHO (PSH) | TMBC | To disseminate to my colleagues what is trying to be achieved and continually feedback. |
| Ivan Rudd | PH Specialist | KCC | To review with MH Commissioners and providers mental health challenges identified by the working group; including co-occurring conditions (egg. Alcohol, diabetes). |
| Jane Miller | County Manager Occupational Therapy & Enablement | KCC | Raise awareness - for all home workers - OT, carers & enablers. Contact point? Please - referral route needed for importance of early intervention. Raising awareness of issues early. |
| Janice Greenwood | Private Sector Housing Manager | Tunbridge Wells BC | Make 'Every Contact Count' a reality - a joined up approach to working at hoarding. Safeguarding and responsibility. |
| Jayne Manser | Safeguarding coordinator Adult Mental Health | KCC | I will discuss further with my team and managers. |
| Jill Roberts | CEO | West Kent Mind & Folkestone District Mind | To share learning of New Beginnings - help for hoarders’ pilot. |
| Jo Thornton-Pickering | Customer Care & Community Manager | MEARS (Repairs & Maintenance) | Research Council Teams (outside of housing) who may be able to offer assistance. ? Signposting opportunities? |
| Kerry Petts | Private Sector Housing Team Leader | Shepway District Council | To continue to support the work of the Kent PSH Group Hoarding T&F group to formulate a framework to encourage co-ordinated partnership working across multiple agencies to tackle hoarding. |
| Kimberly Chung | Student Environmental Health Officer | Tunbridge Wells BC | To contact and engage relevant organisations that can assist hoarding and other issues associated with it. |
| Lindsay Bowring Coombe | Head of Primary Care | Medway CCG | To engage with Medway GP practices who may be the first to see a hoarder on home visits, with discussions regarding any hoarding policy to be effected in Medway. GP should be engaged in policy writing. |
| Lizzy Lowery | Volunteering & Engagement Manager | Involve Kent | Encourage staff visiting clients in the home to report hoarding and/or raise concerns of potential issues. |
| Richard Bates | Senior KERS worker Kent Enablement & Recovery Service | KCC | I will be happy to help develop a framework to promote the early intervention of hoarding. I will continue to consider and reflect on my working practices to work in a multi-agency way. |
| Ross Anslow | Private Sector Housing Officer | SDC | To continue to support the Kent Hoarding Task and Finish Group, as well as attend future workshops. To also continue good work around building trust with those hoarders that need support. |
| Sarah Foster | Environmental Protection Team Leader | Medway Council | To assist with joint visits to assess if cases are within our environment role. |
| Sharon Dosanjh | Head of Mental Health Commissioning | Medway CCG | I pledge to engage with any future work to improve the policy/pathways for hoarders. |
| Simon Foster | Health & Housing Co-ordinator | Peabody (Family Mosaic) | That I will support all our clients through every step from hoarder to recovery. |
| Stephaine Line | Discharge Liaison Nurse | Maidstone & Tunbridge Wells | Share the knowledge and support of multi-agency teams to work upon hoarding. |
| Susan Hughes & Christine Goldfinch | Staying Put | Staying Put Home Improvement Agency Swale BC | To work with grant team and have conversations to use better care fund to help hoarding clients. |
| Thomas Beaumont | Mental Health Commissioning Manager | Medway CCG | I can facilitate partnership working between all mental health providers, also raising awareness around policies and pathways. |
| Trevor Knowler | Vulnerable Adult Officer | Kent Police | To ensure all agencies are informed of hoarding cases. |
| Yvonne Wilson | Health & Wellbeing Partnerships Development Manager | West Kent CCG | I will endeavour to influence strategic partners involved in the West Kent Improvement Board to identify hoarding as an issue requiring a co-ordinated, collaborative approach with agreed protocols & common training(awareness raising eg, via Safeguarding Training) |
| Zena Watson | Mental Health Commissioning Project Manager | West Kent CCG | I will ensure that hoarding awareness is raised within the CCG Mental Health Team. We will raise awareness of the new MIND pilot project with our GP members. |