PERTH AND KINROSS COUNCIL

Housing and Health Committee

29 March 2017

Hoarding Protocol and Procedure

Report by Acting Executive Director (Housing and Community Safety)

PURPOSE OF REPORT

This report asks Committee to approve the application of a new 'Hoarding' Protocol developed with key partners. The protocol, the first of its kind in Scotland, will ensure a person-centred and effective response to people with hoarding difficulties. This report highlights Housing's role in this process with staff training and awareness raising and the delivery of appropriate and sensitive support to tenants.

1. BACKGROUND/ MAIN ISSUES

- 1.1 Compulsive hoarding can often be a complex issue for frontline housing staff who need to understand the causes and triggers of hoarding to be able to address the issue and provide appropriate support.
- 1.2 In recent months the Housing Service have identified hoarding as an area that is presenting increasing challenges to staff, both in terms of supporting tenants to sustain their home, and in protecting the physical asset of the property.
- 1.3 Compulsive hoarding is challenging to treat because many people who hoard do not consider it to be an issue and often have little awareness of their disorder and how it impacts on their life and on others. It is however important to encourage tenants to seek help, as their obsession can cause loneliness and mental health problems and will often also pose a health and safety risk. If not tackled, it is a situation that will most likely never go away.
- 1.4 The housing service, along with many other services, recognises the importance of providing appropriate and sensitive support to enable tenants to engage. In the absence of an appropriate response tenants who "hoard" and people with hoarding difficulties often experience obsessive compulsive disorder (OCD), which may or may not be directly connected to the accumulation of clutter within their home. Hoarding is also often associated with anxiety and depression.
- 1.5 As a result, the service set up a working group to review existing arrangements and enhance these with a comprehensive procedure and protocol for key partner agencies, ensuring a holistic and person centred approach to address the issue.

- 1.6 The Group has met bi-monthly with representation from the Council's Locality Housing and Adult Care and Mental Health teams, the Community Safety Partnership and Scottish Fire and Rescue, Perth and Kinross.
- 1.7 The Group sought impartial and expert advice to develop procedures and a protocol which recognised the complexities and sensitivities around the issues and so co-opted the Director from Life-Pod and the UK's first Chronic Disorganisation and Hoarding Specialist to provide advice and assistance.

2. PROPOSAL

- 2.1 Due to its very complex nature, housing and other services can struggle to fully understand the issue and respond appropriately. They are often unsure of the options available and the support to provide to resolve a situation. The working group therefore sought to ensure that a co-ordinated, person-centred and effective multi agency response was developed.
- 2.2 At the heart of the approach is collective responsibility and the protocol describes the role and responsibilities of each service. From a housing perspective, partnership working is crucial due to the potential vulnerability of the tenant. So, by working closely together with partners an individual package of action and support to help tenants regain control of their homes and their lives can be delivered.
- 2.3 To support the successful delivery of the protocol, the group has developed clear guidelines for staff which cover:
 - How to identify hoarding
 - How to assess risk levels using a risk matrix, clutter scale and action plan toolkit
 - Case management
 - Clear actions and timescales linked to the level of risk
 - Actions and support plans to log the progress of tenants in reducing acquisitions and disposing of items
 - An escalation process where the tenant refuses to address hoarding /engage with support
 - Clear processes for involving the statutory and other agencies

Training

2.4 Specialist and in-depth training will be provided to staff with responsibility for managing cases and working directly with tenants. All other front line staff will receive awareness training to enable them to identify the signs of hoarding, to raise alerts and make appropriate internal referrals as part of their normal interaction with tenants.

3. CONCLUSION AND RECOMMENDATIONS

3.1 This report provides an overview of the newly developed hoarding protocol highlighting the positive approach the service has taken to fully involve all

relevant services in its development. The protocol has been highlighted by Life Pod as sector-leading and the first of its kind in Scotland. This approach will ultimately ensure far greater awareness and understanding of the causes and impact of hoarding and the need for a sensitive and supportive approach to support tenants to maintain and sustain their homes.

- 3.2 Committee is asked to:
 - (i) Note the innovative work to develop this multi-agency protocol which is the first of its kind in Scotland
 - (ii) Approve the application of the 'Hoarding' Protocol for use across Perth and Kinross's housing services.

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1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	
Community Plan / Single Outcome Agreement	No
Corporate Plan	No
Resource Implications	
Financial	None
Workforce	None
Asset Management (land, property, IST)	None
Assessments	
Equality Impact Assessment	None
Strategic Environmental Assessment	None
Sustainability (community, economic, environmental)	None
Legal and Governance	None
Risk	None
Consultation	
Internal	Yes
External	Yes
Communication	
Communications Plan	Yes

1. Strategic Implications

Community Plan/Single Outcome Agreement

- 1.1 The Perth and Kinross Community Plan/Single Outcome Agreement 2013-2023 and Perth and Kinross Council Corporate plan 2013-18 have five concurrent outcomes which provide clear strategic direction, inform decisions at a corporate and service level and shape resources allocation. The following are relevant to this report:
 - Promoting a prosperous, inclusive and sustainable economy.
 - Supporting people to lead independent, healthy and active lives.
 - Creating a safe and sustainable place for future generations.

Corporate Plan

As above

2. Resource Implications

<u>Financial</u>

2.1 There are no resource implications regarding this report

<u>Workforce</u>

2.2 There are no direct workforce implications regarding this report.

Asset Management (land, property, IT)

2.3 There are no asset management implications regarding this report.

3. Assessments

Equality Impact Assessment

- 3.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.
- 3.2 The proposals have been considered under the Corporate Equalities Impact Assessment process (EqIA) with the following outcome:
 - (i) Assessed as **not relevant** for the purposes of EqIA;

Strategic Environmental Assessment

3.3 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals. However, no action is required as the Act does not apply to the matter presented in this report. The matters presented in this report were considered under the Environmental Assessment (Scotland) Act 2005 and no further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

Sustainability

3.4 Tackling and managing hoarding in council tenancies will better support our residents as we strive to make our homes and services as sustainable as they can be.

Legal and Governance

3.5 The Head of Legal Services has been consulted and there are no direct legal implications of this report.

<u>Risk</u>

3.6 None

4. Consultation

Internal

4.1 The Heads of Finance and Legal Services have been consulted on this report.

External

4.2 The Tenant Committee Report Panel was consulted on the report and commented that "there are benefits to this paper although there is a great need for sensitivity. Staff training is essential."

5. Communication

5.1 The proposal in this report will be highlighted in a future edition of 'Housing Matters'.

2. BACKGROUND PAPERS

3. APPENDICES

Hoarding Protocol

Perth and Kinross Hoarding Protocol



A partnership between:









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1. Introduction

This protocol commits the partners to working collectively using an outcome focused and solution based model to support tenants who have hoarding difficulties. The protocol provides a framework for staff working with people with hoarding difficulties.

The following staff formed the Hoarding Working Group and represented their agency in developing this protocol:

Team Leaders, Housing & Community Safety, Perth and Kinross Council (PKC)

Housing Officer, Housing & Community Safety, PKC Social Worker, Health and Social Care Partnership Watch Manager, Scottish Fire and Rescue Service, Perth and Kinross Community Safety Officer, Housing & Community Safety, PKC Clinical Team Manager, Community Mental Health, Health and Social Care Partnership

Compulsive hoarding is highly complex and requires a collaborative and integrated approach.

This protocol aims to ensure that partners work together to ensure that there is meaningful, co-ordinated multi agency working with people who hoard in order to facilitate positive and sustainable outcomes for individuals, by involving them in the process at all stages.

2. Who does the Protocol apply to?

This protocol applies to all staff working in the represented agencies as listed above.

All agencies who have signed the protocol are expected to ensure that everyone fully engages in partnership working to achieve the best outcome for the customer, while meeting the requirements of individual agencies.

3. Aims of the Protocol

The aims of this protocol are to:

- Investigate and share information on the problems relating to hoarding and deal with incidents in an evidence based, structured, co-ordinated and consistent way.
- Develop multi agency solutions which maximise the use of existing resources and which will support the use of compulsory/legal solutions as a last resort

- Ensure that the solutions are tailored to meet the needs of the individual tenant. These may include support and monitoring, property repairs, permanent and temporary rehousing.
- To establish best practice and improve knowledge in relation to people with hoarding difficulties.

4.0 What is Hoarding?

Self-neglect is the inability (intentional or unintentional) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community.

Extreme self-neglect can be known as Diogenes syndrome a disorder characterised by domestic squalor, social withdrawal, apathy, compulsive hoarding or garbage and lack of shame. Sufferers may also display symptoms of catatonia.

Hoarding is now being recognised as a distinct mental health difficulty of its own, with specific issues affecting access to services and psychological intervention. Hoarding can have a huge impact on a person's ability to function independently and can carry a high level of risk for themselves and others. It can cause high levels of distress for those sharing a home with or living close to the person who hoards, and can cause difficulties for communities working with people who hoard.

4.1 Definition and characteristics of hoarding

Hoarding is the excessive collection and retention of materials to the extent that they affect day to day living and create a potential hazard. Hoarding causes a nuisance or hazard to others as well as to the individual.

Hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to have little or no value to others (e.g. papers, notes, flyers, newspapers, clothes)
- Severe cluttering of the person's home so that it is no longer able to function as a viable living space
- Significant distress or impairment of work or social life

Other distinctive features include:

•Fear and anxiety: may have started as a learnt behaviour or following a significant event such as bereavement. There is a genuine belief that buying or saving things will remove the anxiety and fear they feel.

- •Long term behaviour pattern: possibly developed over many years or decades of "buy and drop" and an inability to throw way items without experiencing fear and anxiety.
- •Excessive attachment to possessions: people who hoard may hold an inappropriate emotional attachment to items.
- •Indecisiveness: struggle with the decision to discard items that are no longer necessary, including rubbish.
- •Socially isolated: can include the alienation of family, friends and visitors. Reluctance for home visits from professionals, in favour of office based appointments.
- •Mentally competent: ability to make decisions that are not related to the hoarding. That said, hoarding is now considered a standalone mental disorder and can also be a symptom of other mental health issues.
- •Extreme clutter: hoarding behaviour may prevent several or all of the rooms being used.
- •Self-care: may appear to neglect their self-care
- •Poor insight: generally see nothing wrong with their behaviour and the impact it has on them and others

5.0 Types of hoarding

There are three types of hoarding:

- **Inanimate objects** this is the most common and could consist of one type of object or a collection or a mixture of objects such as old clothes, newspapers, food containers or papers.
- Animal hoarding this is the obsessive collecting of animals, often with an inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are or maybe at risk because they feel they are saving them. In addition, people who hoard are often unable to take care of themselves.
- **Data hoarding** This is a relatively new phenomenon and relates to the hoarding and storage of data collection equipment such as computers and other electronic storage devices or paper.

6.0 Mental health issues.

Hoarding disorder used to be considered a form of obsessive compulsive disorder (OCD) but is now considered a stand-alone mental disorder. It can also be the symptom of other mental health issues. Hoarding Disorder is distinct from the act of collecting, and is also different from people whose property is generally cluttered or messy. It is **not** simply a lifestyle choice.

The main difference between a person with hoarding difficulties and a collector is that those with hoarding difficulties have strong emotional attachments to their objects which are well in excess of their real value.

7.0 Roles of the partners

7.1 Housing (Local Authority tenants only)

Hoarding poses a significant risk to the council in managing and sustaining tenancies. Tenants who have difficulties with hoarding often struggle to manage their homes and tenancy too. Rent and bills can be left unpaid, as mail remains unopened and the home becomes increasingly unmanageable. Repairs and structural damage are much more likely to go unreported as tenants are unwilling or too embarrassed to ask for help.

Housing has adopted a sustainable and comprehensive approach to tackling hoarding in tenancies. All front line staff and contractors receive "how to" guidance to help them spot the signs of hoarding which includes looking out for behavioural signs like missed appointments and reluctance to allow access into the property. Housing Officers then take direct ownership of cases to make sure that they're managed effectively and work closely with Housing Support Officers and specialist agencies so that extra, tailored support can be delivered to help tenants regain control of their homes and their lives. This includes helping tenants to connect them with their GP or Community Mental Health team.

As a supportive landlord the Housing Service will always look to seek a positive person centred outcome for tenants. However, where there is a serious breach and a failure to engage then as an absolute last resort we may take enforcement action under the Housing (Scotland) Act 2001, where all other available courses of action have failed.

7.2 Community Care – Adult Care

Adult Care is responsible for ensuring the most vulnerable adults in our community and their informal carers are safeguarded and provided with support to meet their needs.

The Access Team is the first point of contact for Adult Care Social Work services and all referrals should be directed to this team in the first instance but if there is a likely mental illness and concern for an individual's mental health and wellbeing, their GP should be contacted in the first instance where consent is given. Likewise, if the risk of harm to self or others is immediate then the Police should be contacted - as for any other individual.

Duty Mental Health Officers within the mental health teams will be happy to give advice on any matter where colleagues are uncertain how best to support an individual with apparent mental health issues, or where consent is not given.

The service can provide access to:

- Community care assessment/reviews
- Crisis Intervention
- Support to carers
- Home care
- Respite
- Access to meals service
- Community alarms
- Residential care/learning disability/mental health or addiction services
- Welfare rights (e.g. help with benefits) Occupational therapy
- Social Work Support
- Reablement and Rapid Response
- Information and advice regarding Self Directed Support

7.3 Community Mental Health, NHS Tayside.

NHS Tayside's Adult Mental Health Service operates a tiered model of intervention; the aim of this is to ensure that a person receives a stepped care approach where the level of intervention is closely matched to their clinical need. Within the Stepped Care Model, various interventions can be delivered at the primary care point of access, within Adult Psychological Therapy Services, within multi-disciplinary Community Mental Health Teams, and within inpatient care.

Discussion with an individual's GP prior to a decision to refer to Adult Mental Health Services is highly recommended. This assists in the implementation of any treatment interventions that should be delivered within the Primary Care context and allows for consideration of referral on to the most appropriate Team within the Adult Mental Health Service.

People experiencing severe and/or enduring mental health problems that require intervention are usually referred to the Perth and Kinross Community Mental Health Teams (CMHT). The Teams are multidisciplinary, encompassing Clinical Psychologists, Community Mental Health Nurses, Community Support Workers, Community Pharmacist, Consultant Psychiatrists and other medical staff, Mental Health Officers, and Occupational Therapists. We also benefit from access to a mental health specialist Dietician, Physiotherapist, and Speech and Language Therapist.

Within the Community Mental Health Teams, referrals are accepted from any health or social care professional for people presenting with severe and/or enduring mental health problems.

Referrals must be discussed with the individual being referred to the CMHT in all circumstances. A comprehensive initial mental health assessment will be undertaken by the CMHT and an individually tailored treatment plan agreed with the individual.

Where clarification is required regarding when and how to ask for specialist mental health for an individual then contact can also be made with the CMHTS Duty Worker.

7.4 The Scottish Fire and Rescue Service, Perth and Kinross

Hoarding is a fire hazard which restricts means of escape within a home. In the event of a fire, a compromised escape route can lead to serious injury or even death. A fire death is tragic and can have a devastating impact on neighbours and the wider community. Additionally, in a fire situation, hoarding can intensify a fire making firefighting conditions extremely challenging.

As part of a commitment to building a safer Scotland, the Scottish Fire and Rescue Service in Perth and Kinross (P&K) area offers free home fire safety visit to all households, and will work closely with partners to promote home safety and offer support in cases of hoarding and other fire safety issues. The Scottish Fire and Rescue Service in the Perth and Kinross area will also alert relevant partners to concerns encountered whilst engaging with the public.

8.0 Assessment tool and guidelines

In support of the protocol, a risk matrix, clutter scale and action plan toolkit, supported by clear guidance on how to intervene, and timescales for that intervention, based on the level of risk to the individual have been developed. This framework is shared with other services, agencies and our partners and includes guidance covering:

- how to identify hoarding behaviour
- how to assess risk levels
- lead officers to manage cases
- clear actions and timescale linked to level of risk
- action/ support plans to log progress of tenants in reducing hoarding, and disposing of items
- an escalation process where the tenant refuses to address hoarding /engaging with support, including use of legal action
- when and how to alert the statutory agencies

9.0 Information sharing and data protection

An essential element of the successful implementation of the protocol is ensuring that information is shared by partners to enable the individual person's housing or homelessness situation to be resolved as quickly as possible.

Information will be shared with the joint aims of supporting tenants to access the most appropriate services to meet their needs but whilst doing so preserving their dignity and privacy. Each of the partners of the protocol have existing confidentiality and data protection policies and will adhere to data protection legislation when carrying out tasks relating to the protocol. The following eight principles of data protection will be met by all parties:

- a. Personal data shall be processed fairly and lawfully.
- b. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
- c. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
- d. Personal data shall be accurate and where necessary kept up to date.
- e. Personal data processed for any purpose or purposes shall not be kept for any longer than is necessary for that purpose or purposes.
- f. Personal data shall be processed in accordance with the rights of data subjects under this act.
- g. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing or personal data and against accidental loss or destruction of, or damage to personal data.
- h. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

All agencies need to ensure that where it decided appropriate to share information about and individual and their housing situation, we do this on a need to know and case by case basis. The information shared should be:

- transferred in a secure format
- necessary for the purpose for which it is being shared
- shared with only those who need it
- be accurate and up to date
- be shared in a timely fashion

10.0 Training

In order to successfully deliver the aims and objectives of the protocol it will be necessary to ensure that key staff within the Housing Service, Community Care, Scottish Fire and Rescue and Community Mental Health, NHS Tayside are trained in the operation of the protocol.

Operational procedures will be made available to all staff within the above agencies containing information about hoarding characteristics, assessments, communication and referral process and contact details.

The agencies will provide training courses at the outset of the protocol and as required thereafter.

11.0 Monitoring and Review

Managers from:

- Locality Housing Teams, Housing and Community Care, Perth and Kinross Council
- Adult Care, Housing and Community Care, Perth and Kinross Council
- Scottish Fire and Rescue
- Community Mental Health, NHS Tayside

Will meet on a six monthly basis to monitor implementation of the Protocol and review and amend its content where required.