UNIVERSITY OF THE WEST OF ENGLAND

Faculty of Health & Life Sciences

Name of student : Abigail Robertson
Student registration number: 16034959
Dissertation Title: Are There Similarities Between the Local Authorities of England and Wales in Their Approaches to Hoarding Behaviour

Dissertation Module UZVSMT-45-M
Word Count: 16,497

Dissertation submitted in partial fulfilment of the requirements for the award of

MSc Environmental Health, University of the West of England.

I declare that this dissertation is my own unaided work.

Literature sources and any research collaborators have been identified and acknowledged.

I declare that the work has not already been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

Signature: Abigail Robertson

Date: 11/12/2018

Are there similarities between the Local Authorities of England and Wales in their approaches to hoarding behaviour?

Abigail Robertson

MSc Environmental Health

December 2018

Acknowledgments

I would like to thank all of the Local Authority employees that took the time to complete my questionnaire. I am grateful to have had the opportunity to meet and discuss hoarding with Professor Randy Frost. This has led to a greater understanding of the topic. I would also like to thank the members of the Cheltenham ‘Hoarding Forum’, for letting me attend their monthly Hoarding Forum.

I have benefited greatly from listening to and corresponding with: Jo Cooke, Heather Matuozzo, Linda Fay, Dr Stuart Whomsley, Joanna Cherry MP and Megan Karnes. Their combined experience and extensive knowledge around hoarding has enabled me to further develop my passion for the subject.

I would like to express particular thanks to my husband; Carl, my children: Oscar, Summer and Sasha and my parents: Chris and Helen. I am eternally grateful to them all for the support they have given me over the last 3 years. This would not have been possible without them.

Contents

Abstract

This year, the World Health Organisation (W.H.O) published a revised edition of the International Classification of Diseases (ICD-11), which included Hoarding Disorder as a “distinct mental health condition” (Halliday, 2018). Heffer (2018) states that the government faces calls from UK charities to establish a hoarding task force. To refine how authorities manage hoarding, defining the support strategy for this condition is required.

There is currently no national guidance on how to support Environmental Health departments and other agencies in managing cases of hoarding and how to approach Hoarding Disorder. Due to the complex nature of Hoarding Disorder it is thought that often, a collaborative approach is required by multiple agencies.

The most effective intervention strategy would be to deliver services in a coordinated manner, such as providing holistic support to an individual at the appropriate time. In order to achieve this, clear direction on how to manage Hoarding Disorder, who to partner with and how to assess varying degrees of risk are paramount in building robust national guidance.

The exact prevalence of hoarding disorder is unknown as the evidence base for EH issues is limited. This research study aims to add to the knowledge base and provide some evidence that prevalence may well be being under reported.

Aim

The aims of the study are to identify if common approaches exist in managing hoarding behaviour through assessment of the tools Local Authorities (LA's) are currently using. It also aims to assess whether these tools address all aspects of hoarding. The study will question if national guidance is required to improve the prospect of adequate hoarding management.

Method

A quantitative research strategy: collecting, collating and analysing primary data from EH departments across England and Wales, in order to draw conclusions to the research question.

Results

Findings from this study suggest there are common legislative tools used in relation to hoarding. Support mechanisms are required and in particular; guidance documents and multi agency task forces are used with regularity. Over 1/4 of all cases of hoarding behaviour are not recorded and there is no standard process for doing this. LA's are routinely working in partnership with additional agencies, the most common being: Social Services, Fire Service, Safeguarding, Mental Health and Pest Control.

Conclusion

The results of this study show that there are common approaches to managing hoarding behaviour across LAs. The key elements of these are in the use of statutory instruments, the regular use of support documentation and multi agency collaboration.
When designing much needed national guidance, the focus needs to be on both; the physical manifestation of the concern and the needs of the individual, in order to deliver long term solutions.

v.i: List of Tables

v.ii: List of Figures

v.iii: List of Abbreviations

Abbreviation	Description
C.H.S.A.B	City and Hackney Safeguarding Adults Board
C.I.C	Community Interest Company
C.I.E.H	Chartered Institute of Environmental Health
D.S.M 5	Diagnostic and Statistical Manual of Mental Disorders
E.H	Environmental Health
E.H.O	Environmental Health Officer
E.H.P	Environmental Health Practitioner
H.D	Hoarding Disorder
F.O.I	Freedom of Information Request
G.D.P.R	General Data Protection Regulations
I.A.P.T	Improving Access to Psychological Therapies
I.C.D -11	International Classification of Diseases 11th Edition
L.A	Local Authority
L.B.H.F	London Borough of Hammersmith and Fulham
O.C.D	Obsessive Complusive Disorder
0.C.P.D	Obsessive Complusive Personality Disorder
P.L.H.T	Pan London Hoarding Task Force
U.K	United Kingdom
U.S.A	United States of America
W.H.O	World Health Organisation

1. Introduction

Hoarding Disorder is defined as:

"*The acquisition of an excessive amount of possessions (items that have a function but also general waste), storing them in a chaotic manner and failing to discard them when they are no longer needed… Hoarding becomes a significant problem when the clutter interferes with everyday living*".

(Frost, 2015).

Hoarding Disorders are notoriously difficult to treat due to the sufferer being reluctant to seek support and feelings of shame, embarrassment and guilt (Frost, 2015). Professionals may not have the correct tools at their disposal to manage the situation sensitively and are therefore missing opportunities to build vital trust with the individual (Whomsley, 2018).

Hoarding can pose a significant risk to health and impact greatly on an individual's everyday life. Growing awareness around how hoarding can affect people demonstrates this is a serious public health concern. The lack of clarity around how LA, EH departments can collaborate and engage in effective partnership working, with stakeholders, does little to support a positive plan for best practice (Brown & Pain, 2014).

This research aims to investigate if there is a common approach to managing hoarding behaviour. If there is, how can establishing paradigms demonstrate a need for clear working practices can be tailored into a best practice document, to support those affected by Hoarding Disorder, enabling successful management of cases in a cost effective manner.

Disorder and chaos are synonymous with hoarding as a concept but are the intervention strategies currently in place as chaotic and disordered as the condition itself? (Karne 2009). Brown & Pain (2014) state there is little research on hoarding in the UK and LA or government guidance and policy is rare or 'non existent'. There is a clear lack of

precedent of how LA's or any agency should respond to concerns around hoarding within their district.

It is incredibly difficult to look at hoarding purely through an EH perspective. The nature of the condition is such that it will require a multi-disciplinary approach, looked at from many different perspectives and a collaborative way of working in order to address the root causes rather than its effects. Linda Fay, founding director of LifePod CIC (2018) suggests there is a lack of collaboration and that a change in practice is required if individuals with hoarding disorder are to be successfully supported, to change their behaviours long term.

What little research there is suggests a recommendation to develop a consistent, informed and client led approach to managing hoarding behaviour. Education and training for all involved in the support structure would enable a clear, straightforward approach to managing the problem. Backed up by statutory national guidance, driven by government and an agreement to deliver collaborative intervention for the individual would lead to higher, long term success rates and conclusion of cases.

The WHO (2018) has now classified hoarding as a medical disorder in the ICD -11 within the category of Obsessive - Compulsive or related disorders; 6B24- Hoarding Disorder, There is now a call from hoarding charities for the government to create a hoarding task force in order to review how LA's and other agencies manage hoarding across the United Kingdom.

Outline and Objectives

Aim-

To identify if there is a common approach among LA's in England and Wales to managing hoarding behaviour.

Research Questions-

RQ1) What tools and strategies are LA's using to deal with hoarding behaviour?

RQ2) Does what LA's use, potentially address all aspects of hoarding?

RQ3) Is there a need for national guidance to be developed to improve outcomes?

RQ4) What are the key aspects of a standard model for managing hoarding?

Table 1: Organisation of Research

Chapter	Title
1	Introduction
2	A review of current/ historical literature.
3	Study methodology.
4	Results of data collection via quantitative survey
5	Discussion of key themes established from analysis.
6	Summary/discussion of aims and objectives achieved
7	Recommendations for further research opportunities, within the context of this project.

2. Literature Review

The literature review sets out to critically consider the evidence available through published academic research, grey literature and interviews with professionals in the field.

2.1. Search Strategy

A detailed search of the published literature was conducted using UWE online databases.

Cochrane Library
Athens
JSTOR
PubMed
Science Direct
Medline OVID
Wiley Online
The Oxford Handbooks Online

Key words for establishing search focus were defined and can be seen Table 2 Boolean search terms were also employed to refine results and provide more targeted research

HOARDING BEHAVIOUR	LEGAL FRAMEWORK	BEST PRACTICE	GUIDANCE AND SUPPORT
Definitions	Public Health Act	Social services	CIEH AND hoarding
Treatment	Mental Health Act	Mental health AND hoarding	Managing hoarding Research

HOARDING BEHAVIOUR	LEGAL FRAMEWORK	BEST PRACTICE	GUIDANCE AND SUPPORT
OCD	Capacity	Barriers to partnership working	Hoarding AND National guidance
CBT	Filthy & Verminous	Benefits of partnership working	Protocols /toolkits
History of hoarding	Public Health Act AND Fit for purpose	Buried treasures workshops	Partnership working AND Local Authority
Clutter	History of public health	Peer led interventions	Hoarding checklist
Discarding	Animal hoarding	Joined up approach AND hoarding disorder	Buried treasures programme
Excessive acquistion	DSM Classification	Hoarding AND ethics	Multi agency task forces AND hoarding behaviour
Trauma and hoarding	ICD -11 classification of hoarding	Research AND ethics	CIEH research
Emotional regulation	Mental health legislation	CIEH Guidance for hoarding	WHO recommendations AND hoarding
Diogenes syndrome	Damage by pests		

The literature search was limited to publications from the UK and the USA. Publications from the USA were permitted due to the amount of research on hoarding that has been completed. Research from all other countries was excluded due to the time and word count constraints of this project. The search was not limited by date because the majority of research on hoarding has been completed since 1990. It was essential to review the progression of understanding of hoarding behaviour when seeking to gain a thorough appreciation of the topic.

The grey literature on hoarding was reviewed in order to get a perspective on managing hoarding behaviour in practice. A wide range of grey literature was analysed, including:

- National guidance
- LA protocols and toolkits
- UK government policy
- Practice notes
- National guidance

Web-based searches that originated from Google included relevant website searches such as HoardingUK, Life-Pod C.I.C, hoarding support websites and social media applications.

Printed materials such as fact sheets, training guides, leaflets and books on hoarding were all used to supplement the research on the topic.

Attendance at the ‘International Hoarding, Health and Housing’ Conference, held in Edinburgh and LA hoarding forums in Chelthenham were paramount to gaining first hand knowledge from professionals working within the field.

Interviews with the CIEH Head of Policy, Environmental Health Practitioners (EHPs), authors of texts on hoarding behaviour such as Dr Randy Frost, Jo Cooke and Stuart Whomsely were used to gain further understanding of the topic.

2.2. Hoarding Timeline

As a concept, the provenance of hoarding behaviour can be traced back to antiquity. A key requirement to ensure human survival was the ability to store food, weapons and building materials. If hoarding is therefore a basic, innate instinct, the actions taken to support people with hoarding disorder needs to be well considered. The removal of a persons belongings or 'hoard' may seem necessary to resolve the immediate problem but hoarding behaviour and its root causes will need to be throughly addressed to provide the best outcome for the individual as well as the wider community.

The history of hoarding is complex. The meaning behind the term 'hoard' has developed over the centuries from; a basic survival need to eccentricity, to a mental health condition, now recognised by the World Health Organisation.

Table 3: Hoarding Timeline

8000BC	Britain - Mesolithic hunter gatherers hoarding food, human remains and other items of value. America- Paleoindian period - weapons and body armour (Hasselgrove,& Garrow, 2016).
3000BC	Mesopotamia - Asmar Sculpture Hoard unearthed (Evans, 2012)
1000BC	Hoards of mummies being created in Egypt (Gibbens, 2017).
300BC	First information hoard- Library of Alexandria, Egypt (MacLeod, 2005).
800AD - 1150AD	Vikings were hoarders of silver coins, ingots and jewellery (Penzel, 2014).
1025AD	Beowulf- dragons were hoarders of treasure (Translated by Gummere, 1919).
1265-1321	Dante's Divine Comedy describes the fourth circle of hell as being reserved for hoarders and wasters (Alighieri, 1995).
1596-1598	Shakespeare character, Shylock in 'The Merchant of Venice' is a money lender whose love of money outweighs the love he has for his own daughter (Shakespeare, 2002).
1842	In the Russian novel 'Dead Souls', the character Plyushkin is portrayed as a complusive hoarder and collects anything that crosses his path. - Compulsive hoarding is still called Plyushkin symptom or syndrome in Russia today (Gogol, 2004).

1843-1853	Charles Dickens' characters - In 'A Christmas Carol', Ebenezer Scrooge is the ultimate miser and hoarder (Dickens, 2018) In 'Bleak House', Krook is described as a hoarder of legal papers (Dickens, 1993). In Great Expectations Miss Havisham resides in her decaying mansion among her useless possessions that she cannot bear to throw away (Byard, 2014).
1861	In George Elliot's 'Silas Marner' Silas hoards guineas and amasses an exorbitant amount of wealth (Elliot, 1994).
1893	In 'The Adventures of the Musgrave Ritual', Dr Watson describes Sherlock Holmes to have a 'horror of destroying old documents' … 'papers accumulated, until every corner of the room was stacked with bundles of manuscripts…'demonstrating further, the change in hoarding behaviour that would have an adverse affect on the living conditions. Clutter, squalor and disorganization are all terms that start to used (Doyle, 2018).
19th century 1842-1910 1857-1929	Social theorists and behavioural scientists start to describe hoarding and speculate to the causes. William James, a psychologist and philosopher, stated that hoarding was instinctual. He believed that excessive hoarding and saving was a mental illness, a derangement of character. Prior to this it has been seen as a character trait, a quirk of personality. (Bartolomeo, 2013) Thorstein Vebien was concerned with consumerism and the act of acquisition. He wrote that acquisition was related to social status and a comparison between oneself and one's neigbours (James, W).
1918	The rise in an interest with the workings of the human psyche was also being adopted at a similar time to that of the social theory and behaviour. Freud went beyond the idea of instinct and attempted to explain the source of hoarding behaviour as psychosexual. This idea was retained for many years and was used in the DSM until series 5 when the theory was removed and replaced with a description of an inability to discard worn out or worthless objects (Tildon, 1995).
1923	Ernest Jones agreed with Freud and described all collectors as anal erotics (Hasha, 2016).
1976	Erich Fromm, a German psychoanalyst and sociologist defined two types of existence- the 'mode of having' and the 'mode of being'. He described the difference as a society focused around the person versus a society centered around things.He agreed with Freud's view of the anal character (Fromm, 1997).

1947	The notorious case of the Collyer brothers wasn't the first case of hoarding but it was the most publicized example of hoarding to ever reach the media. Through a fear of being burgled, they had accumulated vast amounts of junk and were found dead amongst it all. Homer had died of a heart attack and Langley died meters away from him, under an avalanche of paper that had collapsed on top of him. The original name for hoarding was 'Collyer Syndrome' and the brothers became synonymous with the subject. When their bodies were discovered, those sent in to clear out the mansion discovered, among many other items: 14 grand pianos, 25,000 books and excavated 120 tons of debris and junk (Herring, 2011).
1990s	Attempts began to study the phenomenon of hoarding behaviour. Published material was speculative and not based on empirical research. Hoarding was either connected with OCPD or OCD (Penzel, 2014).
1993	Frost and Gross publish first study to systematically study and define hoarding (Frost & Gross, 1993).
1996	Frost and Hartl propose a cognitive behavioural model for the foundations of hoarding behaviour. The article also described hoarding as a multi-faceted problem. Following this study, a raft of research followed (Frost & Hartl, 1996)
2009	By 2009 over 20 studies a year published on the subject of hoarding (Penzel, 2014).
2013	Hoarding Disorder is classified as a disorder in its own right within the DSM-5 (Maitaix Cole, 2013)
2018	The WHO classify Hoarding Disorder in the ICD-11 (Fonterelle & Grant, 2014).

2.3. Definition of Hoarding/Diagnostic Criterion

The first systematic definition of hoarding was provided by Frost and Hartl (1996), who identified three defining characteristics:

1	1. The compulsive acquisition of and failure to discard a large number of possessions that appear to be useless or of limited value.
2	2. Living spaces that are sufficiently cluttered so as to preclude activities for which those spaces were designed.
3	3. Significant distress or impairment in functioning caused by the hoarding.

Frost & Steketee (2009) state they have found distress and dysfunction are key concepts involved in classifying hoarding as a disorder. For example if clutter prevents an individual from using their own living areas and acquisition causes significant distress, this would constitute a disorder.

Cooke, (2017) describes the Diagnostic and Statistical Manual of Mental Disorders V (DSM- V) diagnostic criteria for classifying case of hoarding disorder in 5 clear points:

1	Persistent difficulty parting with possessions (regardless of monetary value).
2	The emotional trauma caused by a psychological need to save the items and the associated distress with parting with them.
3	This distress associated with discarding of possessions leads to the accumulation of items that congest and clutter living areas.
4	Persistent difficulty parting with possessions (regardless of monetary value).
5	The emotional trauma caused by a psychological need to save the items and the associated distress with parting with them.

People with hoarding behaviours have difficulty parting with possessions that may have little value to others, the exorbitant amounts of clutter disrupts their ability to appropriately use some or all the areas of their home (CIEH, 2015). Extreme hoarding behaviours can result in fire risk, squalor, infestation and/ or structural collapse. Concerns impact not only the individual but family, neighbours and professionals.

2.4. Associations and Prevalence

Some adults make choices around lifestyle that may be contrary to what is perceived to be common sense and contrary to the advice and views of family, friends and professionals. Such choices may well have an adverse effect on a person's health, well being or safety. Those involved in providing support need to balance an adult's right to autonomy, with duties to manage risk and safeguard vulnerable individuals (Brown & Pain, 2014).

There are few factors that enable accurate predication of the behaviour. Chapin (2010) has suggested that the tendency to hoard increases with age and associations have been shown between feelings of loss, trauma, loneliness and isolation.

Mataix - Cols (2010) has conducted limited research into the prevalence of hoarding in the UK and suggests that it is highly prevalent, affecting approximately 5% of the population (approximately 1.2 million hoarders) within the UK alone. Nordsletten (2013) give an estimate of 4-6% nationally but these figures are thought to be underestimated due to the secret nature of the condition (Halliday, 2018). This may be due to the unlikelihood of individuals to come forward to discuss their actions because of the feelings of embarrassment and shame associated with the disorder.

The reasons behind why people hoard have not been fully understood (NHS UK, 2018). Cooke, (2017) acknowledges it is widely accepted that hoarding is linked to inherent psychological and emotional problems. She suggests that hoarding is a solution to a problem and a coping mechanism- similar to that of alcohol or over eating, frequently associated with bereavement and anxiety caused by loss.

For many who hoard, hoarding is not viewed as a problem but an aspect of their lives requiring organisation and structure. This adds to the complexity of being able to

support and understand the mindset. Therefore, the unravelling of such a condition is a complex problem to address.

2.5. Types of Hoarding Behaviour

Cooke (2017) describes three main types of hoarding in Table 4:

Type of Hoarding Behaviour	Description
'Prevention of harm' hoarding	• Prevention of negative things occurring, common to other forms of OCD, where a person will fear that harm will occur if they throw these items away.
'Deprivation' hoarding	• A person feels that they may need the object may be required at a later date. This could happen due to deprivation or past experiences where loss has occurred. For example, post war people often hoard due to a fear of having nothing
'Emotional' Hoarding	• Hoarding becomes emotional for some individuals, where they have suffered past traumatic experiences with people, they believe objects hold a special emotional significance.

What an individual chooses to hoard is wide and varied. Newspapers, plastic cartons, mementoes, clothes, books, magazines, bills, household supplies (Burki, 2018). Some individuals choose to hoard animals and in extreme cases human excrement and urine (Doerfel & Jones, 2015).

Frost, (2018) suggests a model for hoarding behaviour:

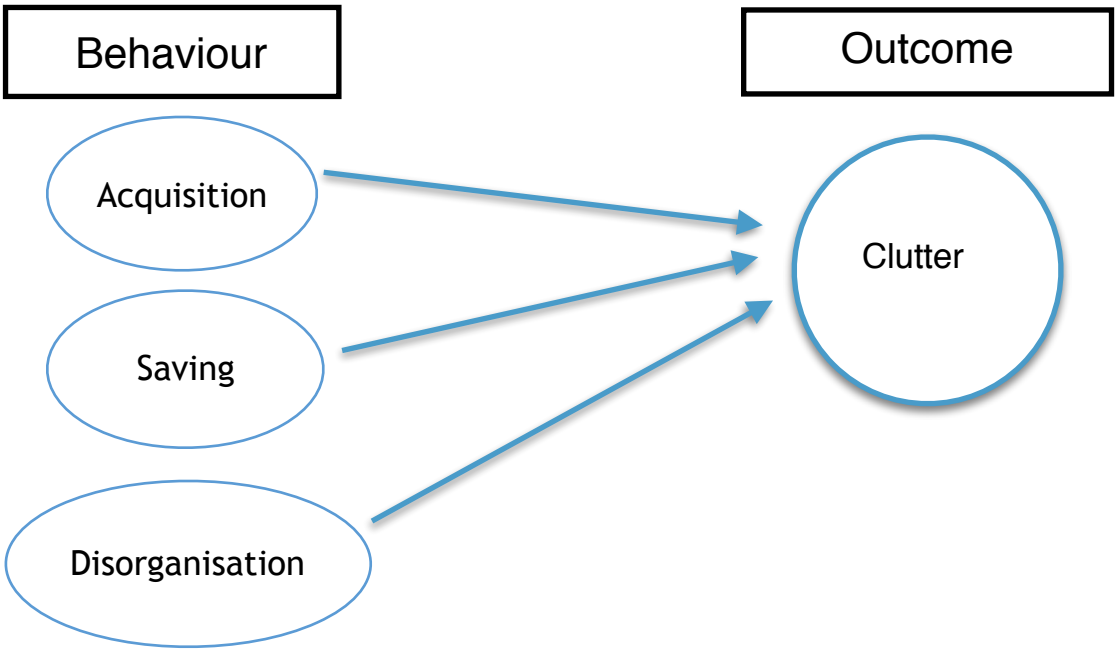


Figure 1: The manifestation of hoarding.

He describes the various methods of acquiring as buying, free items, stealing and passive acquisition (e.g free post like credit card applications) and explains:

"Those with HD save similar items to those without HD. It's just that they save more… in fact, they save everything!"

Frost (2018) speaking at the Hoarding, Health and Housing Conference.

People who hoard, retain the same types of items that everyone else does, its the quantity of what they retain that becomes a problem. Frost (2018) suggests that this may be for sentimental reasons; that there is an attachment to the object through memories. For practical reasons, a responsibility to save useful items for later on or for other peoples use and for intrinsic reasons such as loss or guilt.

Frost (2018) also states that hoarders may place anthropomorphic qualities on to items. One example of this is a lady who felt bad for a yogurt container she had washed and then thrown away. She couldn't stop thinking that the container would be wet in the bin, cold and wet because she had not dried it before placing it in the rubbish. Anthropomorphism is a recurring theme throughout hoarding and enables those with problems discarding to form an emotional connection with items, as if that item was a person with ‘human’ feelings.

2.6. Media Involvement

A case seen by many in the press is the story of Mr Edmund Trebus, who featured on a televison show in 1999/2000 called: ‘A Life of Grime’. Mr Trebus was an excessive hoarder and came to the attention of the LA due to complaints from his neighbours about the growing health risks, due to rat infestations in his home and garden. This case highlighted the significance of hoarding to the public and raised the issue of hoarding further as a contemporary, public health issue (Telegraph, 2000)

Holmes (2015) discuss that media interest in hoarding is of mixed value. It provides the wider public with a greater understanding of the condition but highly edited footage doesn’t give the full picture to the viewer. The first prosecution for hoarding came in 2013 where a couple were prosecuted for child cruelty. The cruelty amounted from a home so crowded with junk that the children had to eat meals on the stairs as there was no safe access to the kitchen or other downstairs rooms (The Guardian, 2013).

Nowadays, the rise of ‘fly on the wall’ documentaries such as ‘The Hoarder Next Door’ and ‘Hoarders’ has increased the popularity of the topic in modern culture. Still frowned upon, the overwhelming desire to de-clutter has created a new business opportunity in the private sector for roles such as professional declutters to be employed to go in and help the hoarder from a different perspective.

2.7. Mental & Physical Health

Syllogomania, out of control collecting, is usually associated with the elderly and Diogenes Syndrome. This condition is also known as senile breakdown or senile squalor breakdown (Macmillian,1966). Research suggests that this syndrome may be attributable to stress in later life (Halliday, 2000). Diogenes Syndrome is not the only condition that is associated with hoarding (Dossey, 2005). Typically hoarding is linked to Obessive Compulsive Disorder and approximately 50% of people with OCD do display hoarding tendencies. However, not all people with OCD hoard, and not all hoarders have OCD (Wheaton, 2011).

Hoarding is also often associated with anxiety and depression (Mind, 2018). There is no distinction between age, gender, ethnic group, socio economic status, educational or occupational tenure in those who experience hoarding behaviours. Many people with hoarding disorder also face other psychological challenges, including depression,anxiety, ADHD, psychosis and dementia. Traumatic and stressful life events such as bereavement can often trigger increased hoarding behaviours. (Islington, 2016).

Frost & Steketee (2011) found that approximately 60% of participants in their research met the criteria for clinical depression. It is vital that those suffering from hoarding difficulties have viable access to appropriate psychological intervention and clear advice that may help to alleviate their distress which is likely to be apparent for a considerable time during the long process of ‘de-cluttering’, which involves a disassociation from items deemed of significant value.

A study conducted by Tolin (2008) found that hoarding participants were 3 times more likely to be overweight or obese and were more likely to suffer chronic conditions and were 5 times more likely to be under mental health services. 12% had been evicted due to hoarding and up to 3% had a child removed from their home. This evidence suggests

that compulsive hoarding imposes a profound public health burden on society and the individual (Hamlin & Sheard, 1998).

Social workers are well placed to identify and support individuals that hoard, among others such as: housing officers, community workers and volunteers. Looking at support for hoarders via a social work framework enables the development of values such as empowerment, strengths based models and the use of person centred approaches (Barnett, 2016). Social workers, therefore can help to facilitate the engagement of individuals and support them (Trevithick, 2003). Risk assessment and risk management is also on the social work agenda. Social workers can use their position within the LA to access the right support for the individual as well as engage in multi agency partnerships to deliver the best outcomes (Brown & Pain, 2014).

Barnett (2016) discusses that via support from social work teams individual's who were close to eviction and potential homelessness were allowed to remain in their homes and work in partnership to clear the property to safe levels. Enabling them to feel a sense of empowerment over their lives and the situation the hoarding had created. By seeking to understand an individuals situation, professionals may be able to reduce the stress and anxiety put upon the individual who would feel more inclined to be relaxed and 'let go' of possessions when they felt they were being listened to and genuinely supported.

Trust is an important factor when building on relationships with vulnerable people and a more holistic approach to managing hoarding cases may be required by those that are on the front line (Fay, 2018).

The discussion around how to build relationships with individuals who suffer HD was the biggest focus at the 2018 International Hoarding, Health and Housing Conference. It was prioritised as the single most important thing to do when working with hoarders and was advocated by many professionals in the field of hoarding. It may be that this kind of work is more suited to community based social workers due to the long term nature of the condition and time it takes to clear up a cluttered property. Adopting a person

centred approach needs to play a key role in supporting those that hoard. Management of hazardous environmental aspects such as filthy and verminous cannot be tackled by mental health/ social services and fire departments and this is where the role of the EHO becomes effective when managing hoarding.

The psychological perspective on hoarding disorder is that it is an attachment based disorder. It starts early on in life but not be identified until it tends to interfere in an individual's life, later on (Doerfel & Jonas, 2015). Involvement from psychologists may support the individual in addressing the root causes of the condition. Linking this with decluttering support to clean and tidy the home, piece by piece, in collaboration with the occupier may lead to more permanently successful outcomes (Whomsley, 2018).

In his research into hoarding behaviour, Frost, (2018) spent a lot of time working with an individual named 'Irene'. In order to understand the complexity of the condition it was important to work closely alongside 'Irene'. Most of the initial research into hoarding comes directly through their work together. Professor Randy Frost detailed a conversation with Irene, which gives an insight into the thought processes from the perspective of the person who hoards:

"Irene found a banking note envelope with a description of what she spent the money on..it was the usual stuff: grocery store, drug store, book store.she put it in the recycling and began to cry…she said it feels like I'm losing that day in my life…and if I lose too much, there will be nothing left of me"

Frost, (2018) goes on to explain that for people with HD, the way they organise is different. He suggests that people with HD do not organise categorically, like the majority of people; they organise visually and spatially instead. Creating a 3D map inside their head of their home. If someone was to enter their personal space and inform them that they would clear up all the stuff, this would be devastating and detrimental to the individuals mental health. Joanna Cherry, (2018) MP for South West Edinburgh, confirms this point by suggesting that an end to force clearances is necessary, that they

are cruel and undermining and states that in order to protect the dignity of the individual, a collaborative approach to managing hoarding is essential. Best practice would mean increased partnership working with social services and other relevant bodies. She suggests that there has been a lack of real collaboration.

2.8. Classification of hoarding as a disorder

Despite the view that hoarding is a symptom of both obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder (OCPD), evidence that has emerged over the last 20 years suggests hoarding is a distinct form of mental health condition (Holmes, 2015). After extensive research, Hoarding Disorder was added to the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) in 2013 and has therefore been categorised in the USA, as a separate disorder to that of OCD or Diogenes Syndrome since then (Mataix, 2017).

In June, 2018 the WHO classified hoarding as a disorder in its own right in the ICD-11 demonstrating that the impact and prevalence of hoarding behaviour is significant and that it requires its own treatment and management plan. This new classification gives rise to the debate around if hoarding is currently being managed correctly within the UK and hence the need to establish if there is common ground between LA's in their approaches.

Khane, (2018) comments that by giving hoarding a diagnostic category means that it must be taken seriously. That research is required around the subject to look at true prevalence and the impact of hoarding on the individual and wider community, in order to understand the scope, scale and nature of the problem. Only when this is done will it be possible to formulate strategies for intervention.

The underlying root causes may be associated with mood regulation, attachments to people and/or things, loss, control, trauma, loneliness, isolation, shame and executive

functioning and therefore requires clinical diagnosis and support to tackle the underlying issues (Whomsley, 2018).

When the World Health Organisation (WHO) present Hoarding Disorder in May 2019 to all member states for adoption, the expectation is that it will become fully effective by January 2022. This gives agencies time to get their services in line with the new guidelines (Whomsley, 2018).

.

There is some debate around if classifying hoarding as a disorder is the correct thing to do. Richardson (2014) suggests that by labelling those affected could stigmatise and reduce the potential for them to want to interact with support services, pushing the issue further underground and untreated. By creating a disorder, Whomsley, (2018) suggests we are medicalising human issues and this has potential to cause harm to service users. One individual mentioned in several newspaper articles, reporting on the WHO classification and inclusion in the ICD-1, suggests that they would fear diagnosis and labelling as a sufferer of the condition due to a fear of blacklisting by housing providers (Heffer, 2018).

It is thought that the new classification and acknowledgment by the World Health Organisation will help to improve public understanding of the condition (Halliday, 2018). It will also help to reduce stigma as it is formed on scientific basis and give reassurance to sufferers that help can be given and that they are not alone (Whomsely,2018).

2.9. Treatment

Hoarding can increase the risk of chronic disease, isolation, homelessness and risk of injury. Social exclusion appears to be inextricably linked to hoarding but it can be difficult to establish if the individual was socially excluded prior to the hoarding issue or if the hoarding has made them socially isolated (Brown & Pain, 2014). The current recommendation is cognitive behavioural therapy (CBT) as the main treatment for hoarding disorders (Wheaton, 2016). Although it has been described as "not very effective at all" by the founder of the LifePod CIC (2018) that supports hoarders in England.

The Psychological Society suggest that if a person with hoarding difficulties feels that they are being heard and respected without judgement, efforts via therapeutic means will pay off (Holmes, 2015). Maintaining balance between acknowledgment of the disabling condition yet ensuring the individual is central to the work, without stigmatising them, is key to enabling successful outcomes of any intervention.

Frost (2018) discusses that the 'Buried In Treasures' Programme has had positive effects in the USA. He goes on to say that peer led interventions can also be a cost effective and long term intervention strategy that should be more widely adopted.
It will be important to consider separately and in unison, the treatment of the individual and treatment of the physical manifestation of hoarding. Dealing with either in isolation will not provide long term resolutions that support the individual.

2.10. Who's problem is it?

Section 2.10 discusses the variety of agencies playing a part in managing hoarding behaviour and demonstrates the complexity of organising intervention strategies that support the individual.

2.10.a. Social services

There is no quick way to successfully deal with hoarding cases. The root causes may be deeply entrenched and/or entwined with other emotional issues so that in order to get to the cause, many layers have to be worked on (Whomsley, 2018). There is little clarity around how LA's can work in partnership and collaborate to deliver the best outcomes for individuals affected by HD, address the problems hoarding brings to the wider community and who, ultimately is responsible.

Brown & Pain, (2014) suggest that in the past, hoarded homes would 'languish in between housing, EH and adult care departments'. They discuss that social workers offer a 'unique skill base' in their ability to focus on the importance of building relationships based on trust that is beneficial when working with people who hoard which leads to positive results in the long term.

A strong example of a LA choosing to embrace collaborative working practices is the London Borough of Hammersmith and Fulham who are working alongside the London Fire Service Borough Commander to agree strategic approaches to dealing with hoarding cases. A decision was taken to refer all cases to the Adult Community Social Work team who would be the lead agency to work with people who hoard. Homes would be identified and rated, based on the Clutter Index Scale (Appendix A). Those rated at scale points 4/5/6 would need joint visitation from Social Workers and fire or EH/ Housing Officers. A joint decision would be made based on assessing risk and completion of a hoarding assessment form. There may be need for a referral to the

Improving Access to Psychological Therapies (IAPT) service if the individual is not currently known to mental health services and a case conference may be held to involve all agencies in the drawing up of a multi agency action plan.

Brown & Pain (2014) make reference to the need for consideration of the risks to the service user and others directly affected by the individual concerned, for example; those living in multi occupancy properties. If the rating is level 7/8 or 9, the property would be classed as a serious risk for fire or health risk. A multi agency case conference would be called to develop an urgent action plan and fire risk will be addressed. The social worker on the case would work with the service user to identify and mitigate risk.

A multi agency approach to hoarding is required. Koenig (2012) suggest that this may be the 'only successful response to hoarding'. LBHF established a hoarding panel consisting of representatives from the fire service, housing, public health, Mind, the learning disability team and IAPT, where discussion about cases takes place and approaches are agreed as a multi agency team. This panel is advisory and enables the sharing of information.

Another multi agency example of partnership working is the Pan London Hoarding Task Force (PLHT). The group emulates the success of hoarding task forces in the USA. The group is made up of representatives from EH, Social work, members of the hoarding panel and members of independent enterprises such as professional decluttering organisations, for example: Clouds End. The group's objectives are shown in Table 5:

Establish set protocols for managing hoarding behaviour.
Establish a database of people who hoard to capture costs and numbers.
Share Information.
Offer support, information and training.
Review cases and update on legislative changes and sector best practice.

Within the LBHF, hoarding support groups run on a monthly basis under the supervision of Mind. These support groups enable the individuals that suffer from HD to meet and share experiences. Peer mentoring has stemmed from these group meetings. Social workers can refer service users to this group. The success of this group has not only led to a second group starting but to other boroughs planning to set up their own support group. There is a hope that this will continue and many more support groups will become established throughout the country (Brown & Pain, 2014).

The Cheltenham Borough Council's Hoarding Forum meets bi-monthly and is currently in discussions around designing a protocol for Gloucestershire authorities to engage with. The general consensus was that training specialist workers to manage hoarding cases would be more effective and appropriate route to successful conclusion of cases and they were looking to other LA's that had implemented tool kits and protocols for advice on best practice. This demonstrates that there is a requirement for partnership working and collaboration between LA's in order to have similar best practice documents drawn up or national guidance for all.

2.10.b. Fire Authority

Fire services have a duty to protect the public and LA's have a duty to protect tenants and properties. This can mean that hoarders are risking eviction, potential legal action and even homelessness (Fay, 2018). Brown & Pain (2014) suggest that there is often no established protocol to guide practice in how to tackle hoarding cases and that forceable interventions may create a spiralling effect for the hoarder rather than alleviation of the problem.

Hoarding is a 'growing environmental and social concern' and presents a range of risks and problems to local communities, LAs and fire services. Social services and other agencies expend considerable efforts in addressing the public health and safety problems that result from hoarding (Cooke, 2017). People with hoarding behaviours

continue to deteriorate without treatment and their living conditions continue to deteriorate without supportive interventions (Frost, 2018).

The fire service would like to see a collaborative response to dealing with risk, based on individual situations. They want greater awareness of the effects of hoarding, best practice to be shared and would welcome research, increased support and better toolboxes to enable them to undertake their role more effectively (Chief Fire Officers Association 2014).

Current research suggests that 25-30% of all fire deaths are caused by a build up of hoarded materials within the home (BBC Cymru, 2017). A figure that is incongruous with the prevalence rates of between 1-3% that are suggested nationally. Hoarded materials and the restrictions on access and egress promote the spread of fire throughout the dwelling and therefore put hoarders at greater risk of fire death than the general population (Cooke, 2017).

2.10.c. Environmental Health

Filthy and verminous premises are properties considered in such a hazardous condition as to be prejudicial to health (Public Health Act 1936). “Filthy” usually meaning rotting food, human or animal excrement inside the property, frequently characterised by an accumulation of material that can make accessibility difficult. “Verminous” being defined as to include the presence of rats, mice, insects or parasites including their eggs, larvae and pupae. Filthy or verminous premises present a serious risk to public health and can have a detrimental effect on people's well-being (Snowdon, 2007). Once the LA is aware of a filthy and verminous house they will inspect the property so that they can decide which actions to take (CIEH, 2015).

The main statutory power available to EHOs is a duty under the Public Health Act, 1936 (CIEH, 2015). Sections 83, 84 & 85 are commonly used to manage cases of hoarding. At the time of its enactment, the Public Health Act (1936) was a revolutionary piece of

legislation that helped to transform the living conditions in the UK and enabled sanitary reform to continue (The British Library, 2017). Section 83 of the Act describes action that can be taken against filthy or verminous premises.

Such properties may also start to affect neighbouring properties due to the smells, infestations and problems caused by poor repair. If there is a risk to health, agencies such as social services might be involved, informal discussions may take place so that the occupier can be advised to clean the property (Eastleigh BC, 2018).

Once an EH professional is aware of a filthy or verminous house they will inspect the property in order to make decisions about what action to take. Table 6 displays the typical remedial action required:

Remove rubbish
Remove or destroy pests
Remove sewage contamination.
Clean and disinfect interior surfaces.
Remove damaged wallpaper, furniture
Essential repairs to the property

The initial approach is always to try to resolve problems by discussion and negotiation with the occupier, in order to gain mutual agreements to remove rubbish and articles and to thoroughly clean the property. If the occupier fails to comply, the Council can serve a statutory notice requiring the property to be cleansed and all rubbish and filthy articles removed.

Failure to comply may result in works being carried out in default and the occupier being charged for the services. It is also important to mention that there is no right to appeal under this Act (Dudley MBC, 2018). Disengagement, non co-operation, mistrust with services, poor lifestyle choice and poor living conditions may be a feature of a person's history. Professionals need to judge when a cause for concern situation is becoming

more serious and reassess their powers/ duties to intervene. Attempts to intervene must be proportionate and reasonable. Self neglect, in some circumstances, may impact on the safety and wellbeing of others (Durham Toolkit, 2015). The forced removal of belongings can cause further damage to the individual's mental health.

Holmes, (2015) suggest that by just dealing with filthy and verminous premises, people with hoarding difficulties may 'slip the net' in terms of receiving appropriate psychological interventions and therefore wrongly labelling hoarding can lead to further problems with alienation of the individual, who may be desperate for a support network. Holmes (2015) go on to suggest that if these difficulties are acknowledged, outcomes of therapeutic intervention may be improved. Attempts to intervene must also take account of the rights and wellbeing of others (Durham toolkit, 2015). This study aims to provide evidence that national guidance is required that promotes a joined up, multi agency approach.

2.11. Statutory Instruments

There are several other forms of legislation that can come into play when dealing with hoarding. The list below is not exhaustive but highlights the complex nature of the problem:

LEGISLATION	USE
• **The Environmental Protection Act (1990)**	- Section 79 (1) (a) any premises in such a state as to be prejudicial to health or a nuisance - (c) Fumes or gases emitted from [private dwellings] premises so as to be prejudicial to health or a nuisance - (e) Any accumulation or deposit which is prejudicial to health or a nuisance - (f) Any animal kept in such a place or manner to be prejudicial to health or a nuisance The Local Authority serves an Abatement Notice made under section 80 to abate the nuisance if it exists at the time or to prevent its occurrence or recurrence.
• **Prevention of Damage by Pests Act (1949)**	Used in cases of animal mistreatment and neglect. Legislation dictates that the animals welfare needs be met.
• **Care Act (2014) - Section 14**	Capacity assessments - An assessment is required to establish the extent of needs before the Local Authority considers the individuals eligibility for care.

• **Mental Health Act (1983)**	Provision for a police officer to enter a premises and if needs be, by force, remove a person to a place of safety for assessment. A person can be detained for up to 6 months under section 3.
• **The Mental Health Act (2007) and Mental Capacity Act (2005)**	If a hoarder has been assessed as lacking capacity in relation to hoarding, then decisions relating to their best interests can be taken for them.
• **The Court of Protection**	This is a superior court that was created under the Mental Capacity Act (2005) to hear and make decisions about people without mental capacity. A benefit of The Court of Protection is that it enables gentler intervention support that an Environmental Health clear out or 'blitz clean' type intervention.
• **Human Rights Act (1998)**	Article 1: Protection of property: Can allow interference by the state in the right to peaceful enjoyment of property. Article 8: Right to respect for private and family life- In self neglect cases article 8 can allow or prevent, public authorities interference with a person's private life.
• **Anti Social Behaviour, Crime and Policing Act (2014)**	Conduct of tenants which causes housing related nuisance can come under anti social behaviour.

• **Housing Act 2004**	If homes have damp, mould, pests and fire risks, then there may be potential for hazards. The Local Authority can carry out an assessment. If hazards are present they can serve a Prohibition Order or Improvement Notice.

Table 7: Statutory Instruments. (C.H.S.A.B, 2016)

2.12. Clutter Image Rating Scale (CIR)

The Clutter Image Rating Scale (CIR) was developed to help with issues around over and under reporting of hoarding. It is a clear pictorial description of when hoarding is reaching concerning levels. The pictorial scale contains nine equidistant photographs of severity of clutter representing each of three main rooms of most people's homes: living room, kitchen, and bedroom (Frost, 2008). It also helps to support decisions made about the level of clutter and hoarded items within an individual's home. Few instruments are available to assess compulsive hoarding and severity of clutter which is problematic because accuracy of assessment is important to understanding the clinical significance of the problem (Steketee & Frost, 2013).

2.13. Research on Managing Hoarding Behaviour

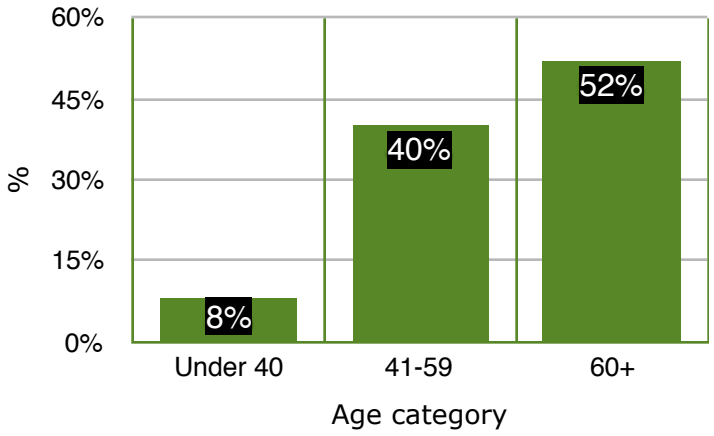
Compulsive hoarding is a little studied phenomenon within the investigative literature (Frost & Steketee, 1996). Brown and Pain (2014) support this statement and concur there is little research into hoarding and a shortage of guidance available on how to manage hoarding cases successfully.

The Chartered Institute of Environmental Health (CIEH) published an update to the 2012 'Hoarding Practice Note' in 2015, as an overview of current practices and what they considered to be best practice. The practice note contains details of research

conducted in 2003 into the prevalence and variety of hoarding cases coming to the attention of LA's. They surveyed 402 authorities and received responses from 77. From those that responded there were 209 active cases. They asked 34 questions aimed at characterising the subject and nature of the problem. The effectiveness of LA involvement was also considered.

As can be seen from Fig. 2a below, 60+ years was the dominant age category to suffer hoarding behaviour. Research demonstrates that hoarding does transcend age and is prevalent in all categories to quite a significant degree.

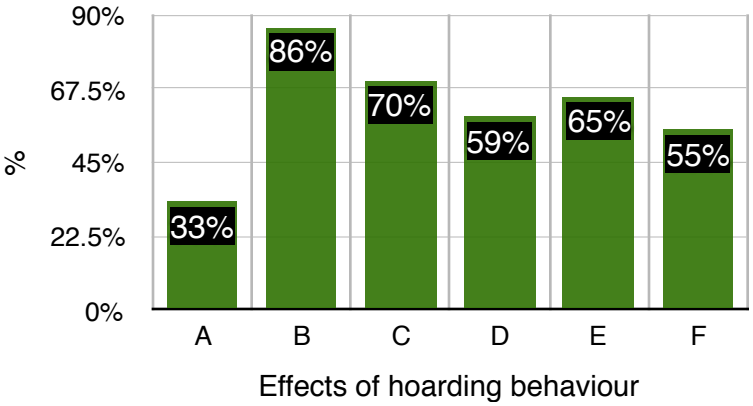
Figure 2a: CIEH research - Age of participants



Key	Category
A	Under 40
B	41-59
C	60+

Fig 2b shows the effects of hoarding behaviour and demonstrates that the impact of hoarding goes beyond the individual.

Fig. 2b: CIEH research- The effects of hoarding behaviour



Key	Effect
A	Split over outside the home
B	Affected habitability
C	Significant fire hazard
D	Serious risk of personal harm
E	Contributed to infestations
F	Impacted on others

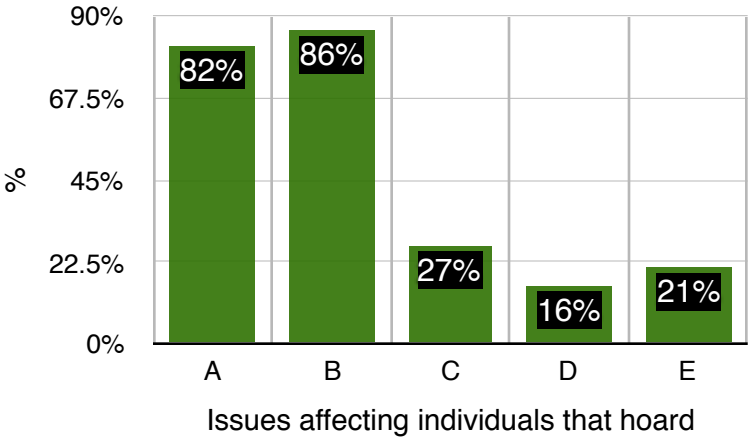
From the responses it was found that 49% of all cases had social services involvement. 1/3 were known to their GPs but 1/3 had no involvement from health services of any kind. 10% were being dealt with solely by the EHO and in 2/3 of cases the EHO took the leading role. Enforcement routes were taken in 56% of all cases. The most common power was the Public Health Act 1936 used in 27% of all cases and seconded by the use of statutory notices where 15% of cases were served abatement notices. Works typically included removal of rubbish and pest control.

The most effective method of dealing with hoarding behaviour was by means of a clean start approach. The CIEH research suggests that, at the time, rehousing and animal removal were deemed the most common actions in this regard. Doerfel & Jonas (2015)

dispute this, suggesting that blitz cleans are the least effective tool for long term solutions to the problem and that without long term solutions such as CBT and professional interventions, the hoarding issues are likely to return, time and again, as the root cause of hoarding has been ignored.

Fig. 2c demonstrates that the determinants of health are also entwined in the psychology of hoarding and that from a public health perspective, health inequalities need to be considered when defining support structures for the individual (Marmot, 2005).

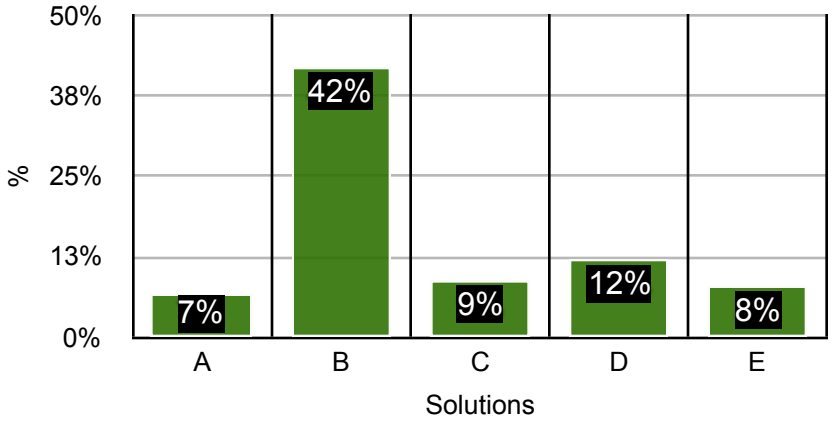
Fig. 2c: Issues that affect individuals that hoard



Key	Issue affecting individual
A	Living alone
B	Not working
C	Substance misuse
D	Physical disabilities
E	Family separation

The survey also considered EHO perspectives on long term solutions to hoarding. The results can be seen in the Fig. 2d below:

Fig. 2d: CIEH Research EHO Perspectives



Key	Response
A	No long term solution
B	Mental health
C	Environmental health
D	Informal support
E	Combination of input

Suggesting that EHO involvement may be used as a short term solution and to remedy health and safety risks. Less formal approaches are more likely to show higher and longer term, success rates but are dependent upon receiving cooperation from the hoarder (CIEH, 2015).

2.14. Partnership Working

Partnership working is central to British public policy, having grown in appeal during the 1990's. Hunter & Perkins (2014) describe the appeal of partnership working as due to the fact that challenges faced by government do not normally fit into one department or organisation. They discuss that challenges faced by public health are 'cross cutting' and require many professional departments to collaborate to achieve success. The tangled web of public health issues that may require a partnership approach may be too complex to detangle and may have no correct or lasting solution. For example, obesity being embedded in health inequalities and teenage pregnancy being linked to excessive alcohol consumption. Hoarding may well suffer from a similar ill due to the complex, irrational nature of what causes an individual to commence hoarding. Fluidity and a more holistic approach are essential to ensure the partnership can continually learn and develop based on experiences.

Karne, M (2009) suggests that there is a need for dedicated teams to support hoarders, trained specifically and able to work as an outreach team as the main work would be actioned in the environment of the hoarder i.e in their home. Karne, M (2009) also advocates a coordinated, support structure and states that research has validated the benefits of multi disciplinary, integrated team offering consistent support to the individual.

2.15. Tool kits and protocols

Several LA's have designed and implemented their own tool kits/ protocols in order to assist them in making clear decisions around how to manage cases of hoarding. This would suggest a requirement for a generic document that all LA's could use as standard practice when working with hoarding cases. At this time, there is no statutory guidance for hoarding and with the ICD- 11 classification and the expectation that LA's will now see more cases come to light, the table below summarises what others have put together and highlights the similarities, differences and unique features of four LA documents (Table 8):

Feature	Islington Hoarding Protocol	Durham Multi Agency Hoarding Toolkit	South Glos Self Neglect & Hoarding Toolkit	City & Hackney Self Neglect (including Chronic Hoarding) Protocol
List of relevant legislation	✓	✓	✓	✓
Referral to fire service	✓	✓		✓
Clutter Image Rating Scale (CIRS)	✓	✓	✓	✓
Colour coded flow chart for CIRS		✓	✓	
How to talk to people with HD- Do's and don'ts fact sheet		✓	✓	✓
Assessment tool + guidelines	✓	✓	✓	✓
Hoarding panel	✓			
Support group	✓			
Hoarding support options		✓		
Court of Protection information	✓			
Capacity/Needs/Mental Health Assessment	✓			
Best interests checklist				✓

Feature	Islington Hoarding Protocol	Durham Multi Agency Hoarding Toolkit	South Glos Self Neglect & Hoarding Toolkit	City & Hackney Self Neglect (including Chronic Hoarding) Protocol
Hoarding email address	✓			
Multi agency meeting planner		✓	✓	
Hoarding referral form		✓		
Fact sheet	✓			
Questions to ask relating to self neglect			✓	✓
Information sharing policy			✓	
Safeguarding statement			✓	
Safeguarding policy	✓		✓	
Risk assessment tool for defensible decision making			✓	

The development of standard guidance would help to define the key elements required for a management of hoarding behaviour model.

There are many barriers to coordination of a multi agency approach. Traditionally hoarding has come under Housing and EH umbrellas, particularly when the property has become filthy and verminous and there is a statutory duty to clear the property and eviction is a consideration. Brown & Pain (2014) suggest that responsibilities can become blurred when the distinction between squalor, hoarding and self neglect are

unclear. Developing a partnership working approach will enable a person-centred approach supporting the rights of the individual to be treated with respect and dignity and be in charge of, as far as possible, their own life. Therefore, the focus should be on person-centred engagement, departments working in partnership and an assessment of the root causes to enable strategies to be developed for long term success (Lewis, T, 2018).

3. Methodology

This chapter sets out the methodology undertaken for this study. The chapter includes a discussion on the analytical techniques used for this study of primary data and outlines the strategy designed to meet research objectives 1-4.

Due to the nature of the research, where it may lead to lobbying for national guidance documentation, approaching all LA's to survey opinion was necessary in order to offer credible evidence on the topic. The potential to suggest that national guidance would be needed, is powerful. Therefore, it was decided to refine the study population to all LA's within England and Wales. Limitations of the study will be discussed throughout the research project.

A review of the published and grey literature identified that there are a variety of approaches to managing hoarding behaviour and that there is no standardised set process to follow. There is also no statutory guidance for hoarding and in light of the entry into the ICD-11 in 2018/19, a common approach may need to be defined.

Hoarding, being a complex issue would require the collaboration of multiple agencies to resolve the issue to a successful conclusion such as long term mitigation of an individual's hoarding.

3.1. Data Gathering

The sample population had to be representative of the larger population (Jacobsen, 2017). The sample is taken from the sampling frame:

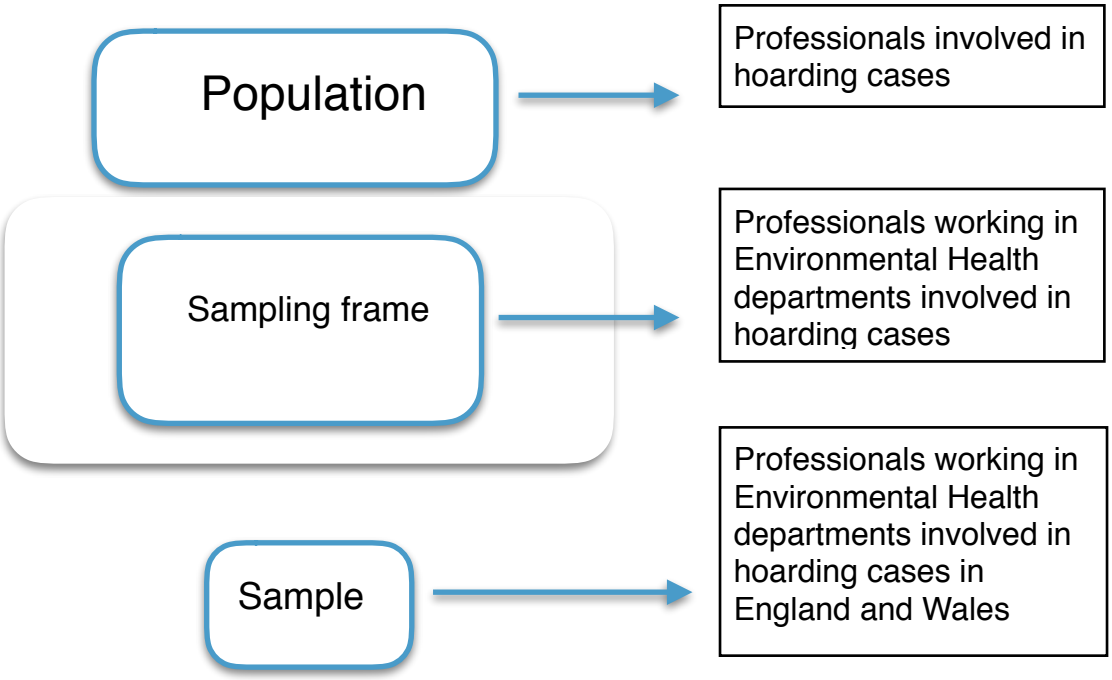


Figure 3: Sampling from wider population (Gray, 2018).

The population for this research project was professionals working with hoarding cases in LA departments, within the UK. The sampling frame narrowed this to professionals within EH departments in UK LA's. The decision was taken to exclude data collection from Northern Irish and Scottish LA's on the basis that their statutory regimes are different and therefore the sample was defined as professionals working in LA, EH departments within England & Wales.

Further study in this area may wish to look at approaches to hoarding behaviour in these locations to see if they are comparable and to see if there are opportunities for different ways to approach the subject in other geographical locations.

3.2. Research Strategy

The research strategy for this project was to collect primary data via a cross sectional, mono method, quantitative approach (Saunders & Tosey, 2013). The research lends itself to a positivism perspective as it is measurable and the research is not influenced by the researcher's values (Saunders, 2012).

This type of research design was chosen in order to satisfy the aim of enabling as many LA officers to have access to the survey as possible. A large source population meant that there should be ample opportunity for responses (Cresswell, 2014). By target emailing every LA once, it was hoped that this would limit repeated responses from the same area.

3.3. Survey Method

Survey method by means of questionnaire was decided upon, due to the consideration that large amounts of data would need to be collected particularly for breakout to be across three arms: global, regional and by throughput, as seen in the Venn diagram below:

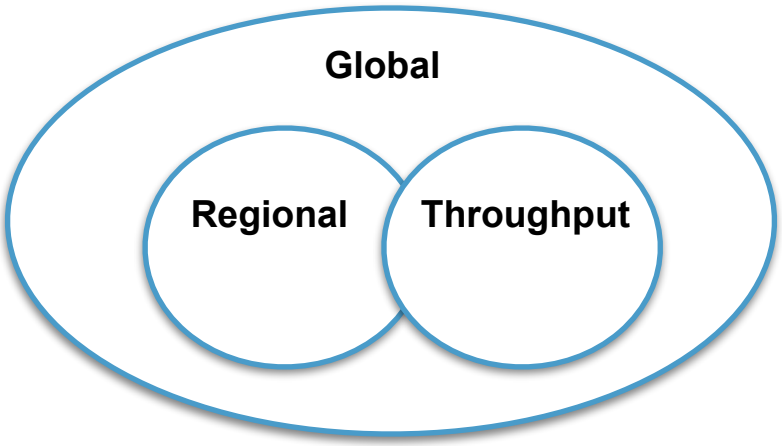


Figure 4: Data Analysis Venn Diagram

In order to ascertain a general overview of how LA's approach hoarding cases, the global results would deliver a benchmark to relate the regional and throughput (number of cases per annum) data against. Comparisons between regions could be reviewed and conclusions drawn about similarities and differences across the country. Measurement of commonality across number of cases was also important to ascertain. The expectation being that those with a higher throughput would have more stringent and thorough practices in place. When seeking to address objective question 4, detail from those who manage hoarding on a routine basis was paramount.

3.4. Questionnaire Design

The survey design addressed research objective questions 1/2 and 3. The evaluation of grey literature along with survey results helped to support conclusions drawn for question 4. Data was collected from all regions across England and Wales (Table 9):

Region
East Midlands
West Midlands
South East
North West
North East
London
Wales
South West
York/Humber

The descriptive questionnaire contained a selection of dichotomous, ordinal and categorical style questions. Using a variety of question styles limits questionnaire

fatigue and habitual responses to same style questions. The main purpose of this was to make the survey as easy to complete as possible, in order to maximise response rates and to receive fully completed questionnaires.

Prior to primary data collection, the survey was designed in the Qualtrics programme following a detailed discussion with my supervisor, ethical consideration and review of the potential weaknesses in a variety of types of survey methodology (Table 10):

No.	Advantages	Disadvantages
1	Access - large data sources allow the ability to accurately describe the population.	Questions need to be designed with analysis in mind.
2	Economical- surveys are generally cheap to administer particularly if send electronically.	Inflexible design means that piloting is essential.
3	Dependable - anonymity allows respondents to be more candid in their answers and this leads to valid and accurate data.	Lacks richness in response as opposed to qualitative research methods.
4	Standardised - limits bias compared to an interview scenario.	

(Saunders, 2012)

Multiple methods were considered but disregarded due to complexity in dissemination of results. One of the main criticisms of survey research is that single use methods are often used when a multiple method is required (Kraemer & Pinsonnealt, 1993). For the purposes of this study, univariate analysis was deemed appropriate. Further study in this area may benefit from the use of a mixed methods or qualitative study design to incorporate responses from semi structured interviews, of those managing hoarding issues. Particularly, if focusing on partnership approaches and barriers to partnership working in practice.

An anonymised survey, delivered via email, was selected as was thought to be the most effective way to contact LA workers. A postal survey option was discussed but rejected due to this method generally having low response rates. Face to face interviews were also disregarded due to the geographical size and distribution of the population. This limited potential for interviewer and recording bias (Hewett, 2015). Face to face

interviews would have been a reliable way of being able to probe the respondent for more detail in answers to questions and also to explore issues of non response to certain questions (Gray, D 2018).

The CIEH offered suggestions on how to maximise the potential to get links to as many LA's as possible. They originally offered to provide a list of approximately 200 and suggested that using a private email network via a specific LA will be the best way to access as many geographic areas as possible. Due to the launch of General Data Protection Regulations in May 2018, this offer was withdrawn. All contact details were sought via targeting LA websites. If an email address could not be found, a 'Freedom Of Information' (FOI) request was completed. The aim was to contact all 331 LA's in England and the 22 in Wales to gain an accurate view of the current climate. A criticism of cross sectional surveys, as a research method, is that data analysis can be time consuming and follow up may be necessary in order to have sufficient results to analyse (Gray, 2018).

An email request was sent to 368 LA's in England and Wales. The request detailed the invitation to complete the survey and a request for the survey link to be forwarded to the person responsible for managing hoarding within the EH department. All emails that bounced back as not delivered were followed up with FOIs to ensure all LA's concerned, had been contacted.

This survey aimed to target those within EH departments as EHP's are often on the front line when it comes to managing hoarding behaviour as they may be the first to identify it, following a complaint. The complex considerations behind hoarding behaviour, as seen throughout the literature review, demonstrate that simply clearing up from a complaint does not address the underlying root causes that are behind hoarding disorder.

3.5. Piloting the Questionnaire

Once the questionnaire had been designed it was sent out to a selection of EHP's and academic colleagues for piloting. Piloting of questionnaires is important as they are a 'one off' attempt at gathering data. It is essential that the questions and answer choices are unambiguous and simple to understand (Gray, D. 2018). It is good practice to check for errors in all areas of questionnaire design:

The wording and clarity of questions
The order of questions
Ability and willingness of participants to respond
The amount of time taken to complete the survey
The validity and reliability of questions

(Jacobsen, 2017)

Pilot Results (Table 11):

Pilot number	Response
1	• Add HHSRS to list of legislation. • Introduce the 'never use' option - by leaving blank if you don't use a piece of legislation.
2	• Shorten the introductory text. • Include a question around mental capacity and having or not having capacity to clear and tidy the home. • Add a question on recording of cases.
3	• Survey link is not working.
4	• Couldn't use radio buttons for legislation question. • Typo in one question.
5	• Very straight forward - no omissions.

All elements of the feedback were considered and put into practice for the final questionnaire draft.

3.6. The Questionnaire

The information sheet provided a short introduction and brief outline of the research project. Confidentiality and commitments to be compliant with data management regulations were discussed. Details of the option for withdrawal at various stages of the process were also documented.

My name is Abbi Hilton and I am studying for a MSc in Environmental Health at the University of the West of England. I am required to complete a research project as part of the programme. The aim of my research is to explore if there is a common approach among Local Authorities to managing hoarding behaviour.

I am hoping to gain information of those working in Local Authority Housing departments that come into contact with hoarding cases, in order to complete a survey based around common themes in managing hoarding and to review the potential for national guidance or common best practice.

All surveys will be completed anonymously and analysis and storage of data will be in line with current, data management, compliance requirements. Data will be collated in the Qualtics system and no paper records will be kept. All raw data held will be deleted at the end of study in December.
Participation in this study is entirely voluntary. Due to the anonymous nature of the survey, if you wish to withdraw, you may do so at any time until the submission of the questionnaire, after which we will not be able to identify your data to extract it.

If you would like any further information or require any clarification around any of the survey questions please contact myself - Abbi Hilton (abigail4.Robertson@live.uwe.ac.uk) or the research supervisor - Phil Gilbert (phil.gilbert@uwe.ac.uk).

Q1- Consent

Please read the following and tick your consent.

- I have read the introductory statement
- I am happy to take part in this research
- I am over 18

YES	NO

Two of the essential principles of ethical conduct are protection of confidentiality and informed consent (Resnik, 2011). Therefore, it was essential to confirm the respondent was happy to take part and for them to be confident that their data would be stored securely. A number of survey questions followed the same dichotomous variable, style of question. This question style was used for simplicity of use for the responder as well as for ease of collating, displaying and analysing the data.

Q2- Which area is your Local Authority in?

Region	
East Midlands	
West Midlands	
South East	
North West	
North East	
London	
Wales	
South West	
York/Humber	

This was an important question as it would aid the identification of regional differences in approaches to hoarding.

Q3- On average how many hoarding cases, are you dealing with every year?

Frequency	
0	
1-5	
6-10	
11-15	
16-20	
20+	

By recording the frequency of cases per annum data, through nominal variable design, comparisons would be able to be made across variations in throughput as well as by region. There is little academic research into the spread of volume of cases and it is useful to be able to triangulate with the CIEH data on hoarding recorded in 2003 once the results have been analysed. This also provides an opportunity to sub divide the population to look for improvements that could be useful in the design of national guidance documentation.

Q4- If you use any of the following statutory instruments please state how often, leave blank if you never use for hoarding cases.

Legislation	Rarely	Sometimes	Often	Regularly	Always
The Care Act 2014					
Public Health Act 1936					
Ant Social Behaviour & Policing Act 2014					
Environmental Protection Act 1990					
Mental Capacity Act 2005					

Legislation	Rarely	Sometimes	Often	Regularly	Always
Mental Health Act 1983					
Animal Welfare Act 2006					
Prevention of Damage by Pests Act 1949					
The Housing Act 2004					
Other					

Following the pilot it was decided to amend the original question: 'If you use any of the following statutory instruments please state how often' to include, 'leave blank if you never use for hoarding cases'. 'The Housing Act 2004' was added as an additional statutory instrument. In order to discuss the use of mental capacity assessments, the decision to add 'The Mental Capacity Act, 2005' was adopted. Enabling a discussion around use of capacity assessments, partnership working with mental health and other agencies to take place.

Due to the diverse nature of hoarding, it was thought that an eclectic range of legislation may be being called upon when managing cases. Commonalities within this area would be crucial to identify linkages to other associations found throughout the analysis of results.

Q 5. Does your Local Authority have involvement with the following?

Support documents	Do you use?	Do you think it is needed
Your own protocol/toolkit?		
CIEH Guidance		
Multi agency taskforce		
Other national guidance		
Best practice documents		

These questions were designed to identify which support documents are being used, the frequency of use and if professionals in the field felt they were necessary and should be considered, standard practice.

Q 6. Do you routinely ask for/carry out a mental health, capacity assessment?

YES	NO

This question was added following piloting. Following piloting, a question on capacity was added, in order to draw conclusions on partnership working with social services and mental health and in order to review if use was common practice.

Q 7. If yes, is this capacity assessment to make decisions or specifically to clean/tidy the home?

YES	NO

This question was quite ambiguous. The structure of the question was not designed with full knowledge and understanding of capacity. After the questionnaire was distributed, a more sound understanding of the topic was sought and the researcher believes that more conclusive results could have been drawn from this type of question by separating out the reasons for the capacity assessment:

If yes, is this capacity assessment to:

Make decisions	Clean/tidy the home

Q 8. Do you record hoarding behaviour that has been observed/investigated?

YES	NO

Identifying if LA is recording cases will add to the knowledge base around recording of UK prevalence of this condition. To be able to review the data on recording of cases; globally, by region and by throughput would enable a clear comparison of how accurate recording of all cases is.

Q 9. How often do you use partnership working as a tool to manage hoarding cases?

Frequency	
No cases	
Some cases	
Most cases	
All cases	

In order to review the appetite for partnership working as a tool to manage hoarding behaviour, the frequency with which partnership is used, was measured. In using ordinal variables, the frequency of partnership working could be ranked and measured across the sample population.

Q 10. Which departments or third parties do you work in partnership with to manage hoarding?

Department	
Social services	
Public health	

Department	
Police	
Fire	
Charities	
Mental health	
Safeguarding	
Pest control	
Private companies	
Other - please specify	

This categorical question would show common approaches to working in partnership with key agencies also associated with managing hoarding behaviour.

3.7. Limitations

Bias can be a significant problem in quantitative research (Balnaves & Caputi, 2001). Data may be affected by LA's not responding to requests for the survey to be completed. There may have been further bias in finding current, contact information for all authorities. Emails targeted to the individual responsible for managing hoarding behaviour may not have been received accurately. In order to minimise this issue, one email was sent to each LA in England and Wales. There may be bias in results if more than one individual per LA responded.

A 30 day window to complete the survey was established. A clear cut off date was described in the invitation email. Some started the survey but did not finish it leaving 28 surveys incomplete. A criticism of the survey distribution method was that it was sent out over the August Bank Holiday weekend, this may have added to the reduced number of respondents as emails may have been overlooked and not considered priority.

There could be further bias in honesty of responses, there may be reluctance to critically evaluate the organisation that the individual is employed by as questionnaire links were forwarded internally to the most appropriate person.

Non responses and missing responses to questions can introduce reporting bias (Jacobsen, 2017). The only question where a response was forced was the consent question at the start. If all responses had been forced then approximately 5% more data could have been retrieved from the full questionnaire.

3.8.Data Management and Analysis

Closed question data obtained from the surveys was analysed using a combination of SPSS (Statistical Package for the Social Sciences Software) and the Qualtrics Program. Data was collated and held on OneDrive which was on an encrypted, password protected device. All data will be deleted once the dissertation has assessed.

Results were used to assess the commonalities between LA's in their approaches to managing hoarding. No personal data was collected so ethical considerations were minimised (David & Resnik, 2011). It was decided that comparisons may be made relating to regional differences in approaches so rather than asking which LA the respondent was from, the region was the only geographical information collected and recorded.

In hindsight, this was a mistake. Perhaps it aided the honesty in responses to questions but being able to identify which specific LA's didn't respond would have been helpful for follow up and for drawing more useful conclusions from the project.

Administering the questionnaire by email to generic EH departments or to general enquiry email addresses for each LA may have reduced the chances of the correct individual receiving the request. However, in order to draw a large response and in line with requirements of GDPR, this was necessary.

3.9. Validity and Reliability Analysis

A valid and reliable questionnaire measures what it set out to measure within a sample population, accurately and consistently (Gray, 2018). A valid test ensures that the results of the survey are accurate reflections of what is being measured. Validity is the most important quality test that can be undertaken (Jacobsen, 2017). Cronbach's alpha is the most common measure of internal consistency. In order for defensible inferences to be drawn, the questionnaire has to be internally valid and reliable. Eliminating bias through accurate recording of data and ensuring any negative data is represented is paramount. Generalisability would not be possible without validity and reliability tests (Thomas, 2017).

When conducting quantitative research, confounders need to have been controlled for In this study, potential confounders would be people other than those dealing with hoarding completing the survey and the survey not getting to the people working most frequently with hoarding cases potentially skewing the results (Skelly, 2012).

Reliability is the extent to which a measurement tool provides consistent results. This can be achieved by repeating surveys on different days and to different sub groups of the population. Reliability is measured as a correlation coefficient. If an instrument is not reliable it cannot be valid (Shuttleworth, 2008).

3.10. Ethics

Participants were asked if they wished to participate in the study having read the ‘participation information’ sheet describing the aim of the survey and a written consent form giving informed consent with and a clear option to remove oneself from the study. It was explained that participation was entirely voluntary. Surveys were designed to be anonymised and results were linked to region, not to LA's or individuals.

Archiving or potential re-use of this data in further studies was considered and decided that only the researcher and supervisor will have access to data generated from the study.

This is a low risk research study as it only requires the opinions of LA employees relating to the topic. No individuals suffering from Hoarding Disorder were to be interviewed. Possible consideration for triggering sensitivity for participants might be around recalling past cases that were unpleasant and stressful for the individual and the staff supporting them to manage their condition, the effects of it on themselves and others.

4. Findings

This chapter displays the results of the survey. Raw data that was collected via email link to the questionnaire, presented in the Qualtrics program, was transferred to the SPSS framework for analysis. Results have been analysed by question to allow a clear pathway through the research, referring back to objective questions in order to answer them as fully as possible. Where possible the results were analysed three ways: globally, regionally and by throughput (number of cases/annum). This enabled a discussion to take place around the similarities between LA's, in managing hoarding behaviour.

4.1. Response rate

41% (n.150) LA's responded to the request to complete the questionnaire. 33% (n.122) gave consent and 27% (n.100) fully completed the questionnaire. Results from the fully completed questionnaires were analysed.

Table 12:

LA's in England & Wales	Total Responses	Response Rate %	No. that gave consent	%	No. that completed survey	%
368	150	41%	122	33%	100	27%

4.2. Regional Analysis

Table 8 displays the spread of responses by region. The highest response rates were from the South East and the South West. The lowest number of responses came from York/Humber, the North East and Wales. Data was not obtained by LA and so comparisons between missing authorities cannot be made. Data has been difficult to locate on precise numbers of how many LA's exist within each region and therefore percentage of respondents by region has not been analysed. Responses were higher in the South of England 55% (n.52) than the North of England 45% (n.39).

Table 13:

Region	Number of responses
E Mids	13
W Mids	9
S East	23
N West	12
N East	3
London	9
Wales	4
S West	20
York/Humber	2
No response	5

4.3. Throughput Analysis

The majority of respondents are working with between 1-5 cases per annum. The second most common number of cases is between 6-10. The spread of throughput is displayed below:

Table 14:

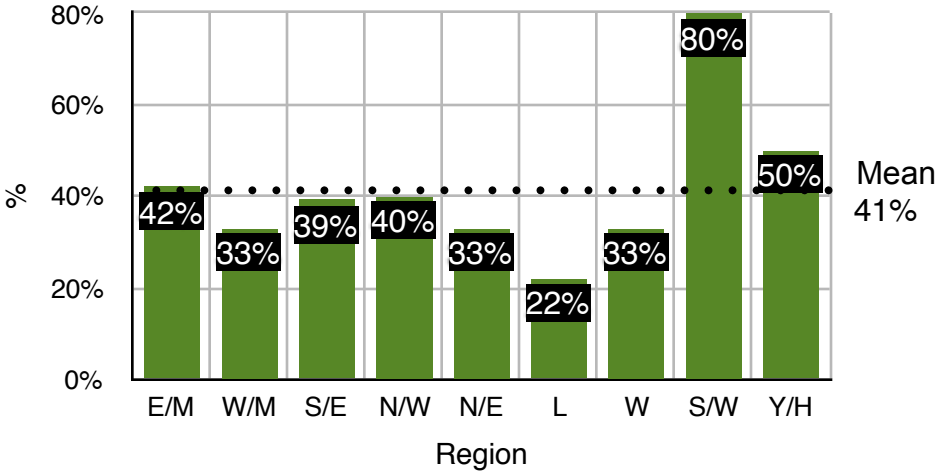
Throughput	Number of reported cases
0	0
1-5	45
6-10	25
11-15	8
16-20	4
20+	12
No response	7

The data on throughput was the analysed by region. The mean average was used as a measure in which to compare regional results against.

1-5 cases/annum-

It can be seen from Fig 5.1 that the South West far exceed the norm. Reporting that 80% of the responses to throughput were in the 1-5/annum range. However, this was the region that had the highest number of questionnaires completed. The majority of responses were close to the mean of 41% with London being the region that reported the least at the 1-5 cases/annum bracket.

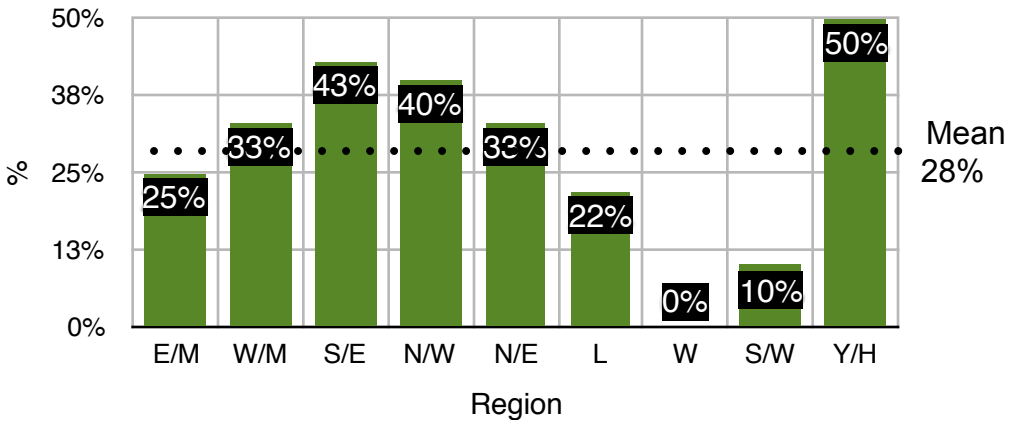
Fig. 5.1: 1-5 cases/annum



6-10 cases/annum-

The frequency of 6-10 cases/annum was highest in the region York/Humber. Figure 5.2 shows that between 10-50% of respondents by region, identify with this number of cases/ annum. Results from York/Humber may not be reliable as a representation of what is occurring regionally as there were only 2 responses from this region. However, they report that they are seeing between 1-10 cases per annum which is in line with global responses. 1/3 of responders by region stated that they are dealing with 6-10 cases/annum.

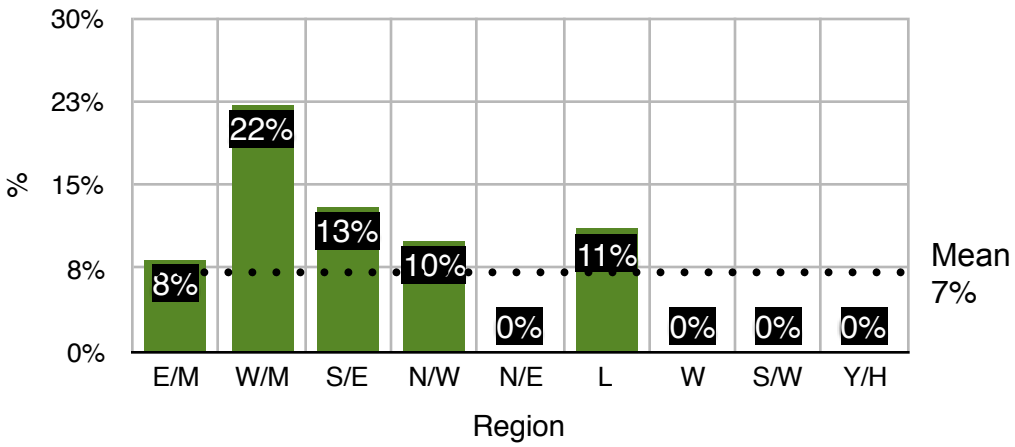
Fig 5.2:6-10 cases/annum-



11-15 cases/annum-

Those reporting 11-15 cases per annum was highest in the West Midlands. The frequency of 11-15 cases/annum was under 22.2% in all regions and on average 7.2%. 4 regions didn't report at this frequency. This was the second lowest category reported as can be seen in Fig 5.3:

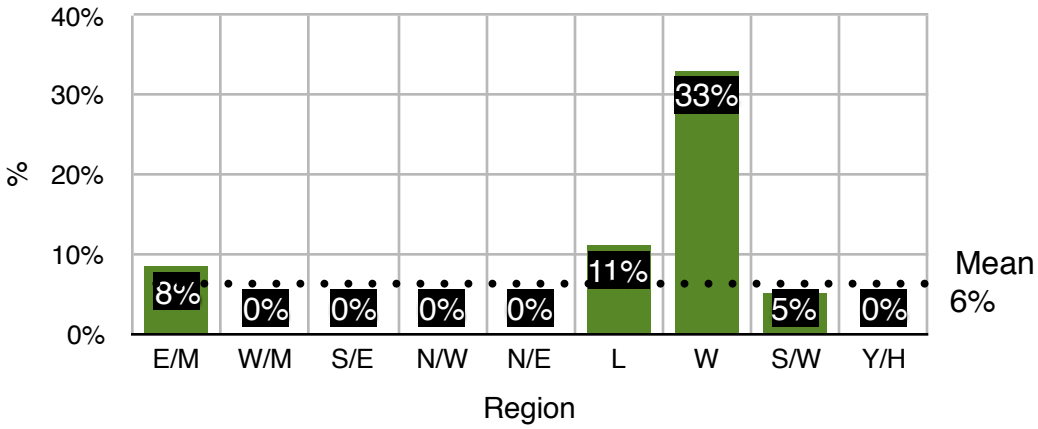
Fig 5.3: 11-15 cases/annum-



16-20 cases/annum-

The category reported least was 16-20 cases/annum. Only Wales reported this number of cases at a frequency much about 10% of LA's. The majority of responses didn't report in this category at all:

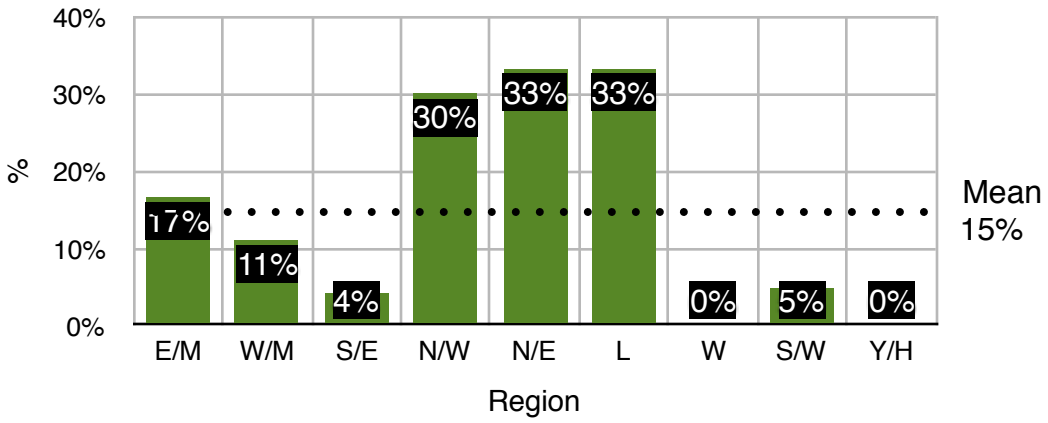
Fig 5.4: 16-20 cases/annum-



20+ cases/annum-

The third most common number of cases/annum was the '20+' choice. It is expected that those reporting a high frequency of cases/annum will have procedures in place to manage hoarding and this will be analysed and discussed throughout the results and discussion sections. The highest number of responses to this choice were from the North West, North East and London. The Welsh and South East regions had some of the lowest response rates.

Fig 5.5: 20+ cases/annum-



4.4. Statutory Instruments

RQ1) What are Local Authorities using to deal with hoarding behaviour?

To describe what LA's are using, the questionnaire asked about the use of statutory instruments and the frequency with which they are used. Nine pieces of legislation were considered along with an ‘other’ option.

Unfortunately, the wording of this question was such that the results may be an inaccurate measure of true responses. The ambiguous sentence; ‘leave blank if never used’ has meant that it is not possible to draw accurate inference as to if the responder left the question blank as they intended a non response by refusal to answer the question or intended to leave it blank to choose ‘never use’. It was therefore decided to analyse data only on the global results. It is clear from the global results that 100 people completed the survey and this is the number all other data has been analysed with. Globally, the researcher has taken the 100 responders and subtracted the numbers from each of the other responses, leaving just the ‘never' responses. It is hoped that the individual completing the survey understood that by leaving blank they were confirming never using the statutory instrument. The global results show that traditional EH legislation is most commonly used. However, it is important to be mindful that further research would be needed to confirm any reliable associations.

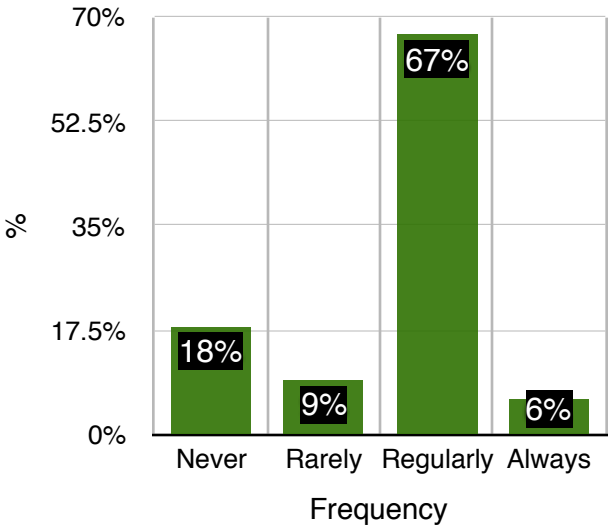
A decision was also made to group together the mid frequency (sometimes, often, regularly) data. This added clarity to the results and make analysis simpler.

16034959

Public Health Act (1936)

This was the most common piece of legislation used by LA's when dealing with hoarding cases.18% reported never using it. 6% of respondents reported always using this Act. 67% reported frequent use of this document.

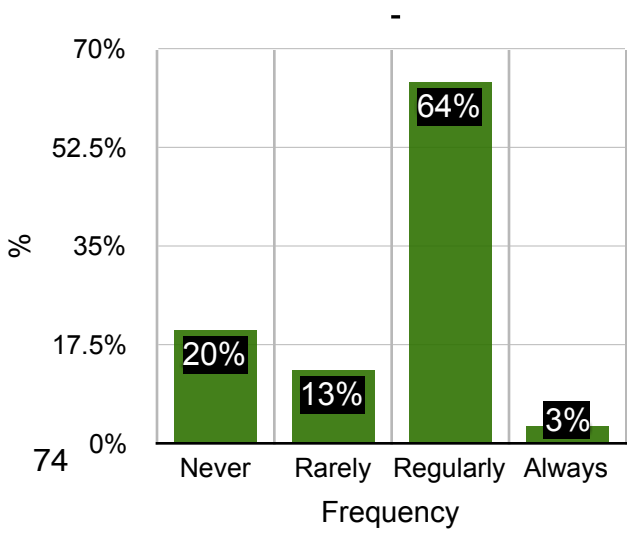
Fig 6.1: Public Health Act (1936)



The Environmental Protection Act (1990)

Results indicate that use of this Act is common practice, accounting for 64% of responses.

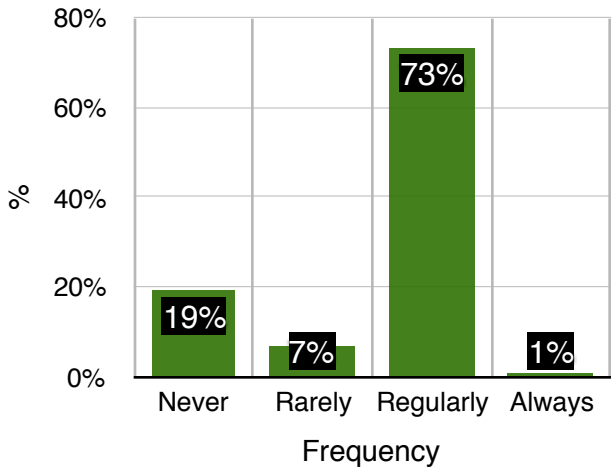
Fig 6.2: The Environmental Protection Act (1990)



Prevention of Damage by Pests Act (1949)

Typically when a house in determined to be filthy and verminous, this Act would come in to play alongside the Public Health Act. This research confirms this is common practice among EH departments when managing hoarding.

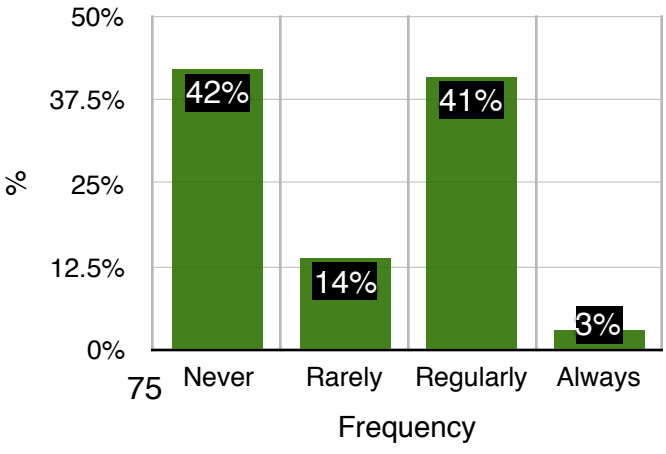
Fig 6.3: Prevention of Damage by Pests Act (1949)



Housing Act (2004)

The Housing Act also comes into use where there are issues with pests and there was a spread of responses to this element of the question. Typically responses reported; 'never' or 'regularly', showing that there is commonality in approaches to its use.

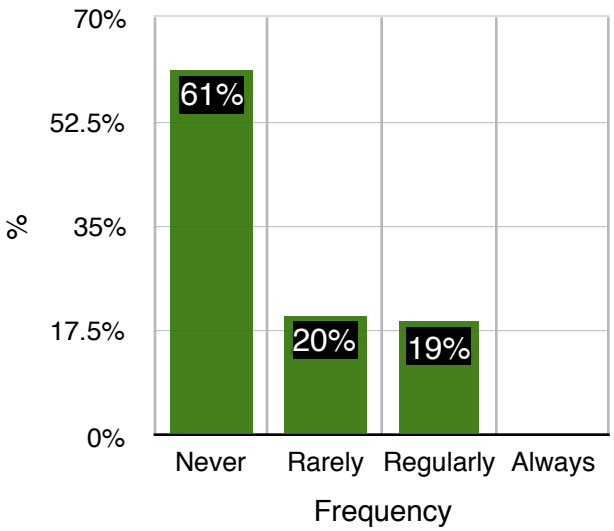
Fig 6.4: Housing Act (2004)



Anti Social Behaviour, Crime & Policing Act (2014)

Figure 6.5 demonstrates that the use of the ASBCPA 2014 is used on the lower end of the frequency scale. 61% report never having use for this statutory instrument, again confirming similarities in approaches.

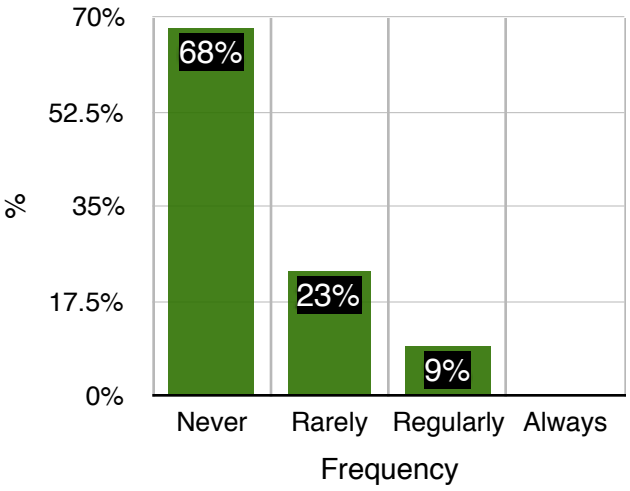
Fig 6.5: Anti Social Behaviour, Crime & Policing Act (2014)



Animal Welfare Act (2006)

The majority of responses suggested that the Animal Welfare Act 2006 is rarely used to managing hoarding. Further research would be required to investigate if this Act is being used by other agencies when animal cruelty is identified. It may be that with the prevalence of animal hoarding, being much less than that of general hoarding behaviour, this Act is not so frequently in use.

Fig 6.6: Animal Welfare Act (2006)



Mental Health Legislation

The global results displayed in fig 6.7 show that the use of the Care Act 2014 was rare. 72% reported that they never or rarely use this piece of legislation in managing cases of hoarding. 6% reported regular use and 2% always make use of it. Frequency of use of the Mental Capacity Act 2005 (Fig. 6.8) was most commonly reported as ‘never’ (69%) or ’rarely’ (22%) and less than 10% reported frequent use. The results from the previous two legislative instruments were echoed in the use of the Mental Health Act. This was the least used piece of mental health legislation where only 3% reported frequent use (Fig 6.9).

The results demonstrate that these pieces of legislation are not commonly used by EH when managing hoarding. A comparison between legislation pertaining to mental health and the use of capacity assessments will be reviewed in the discussion section.

Fig. 6.7: The Care Act (2014)

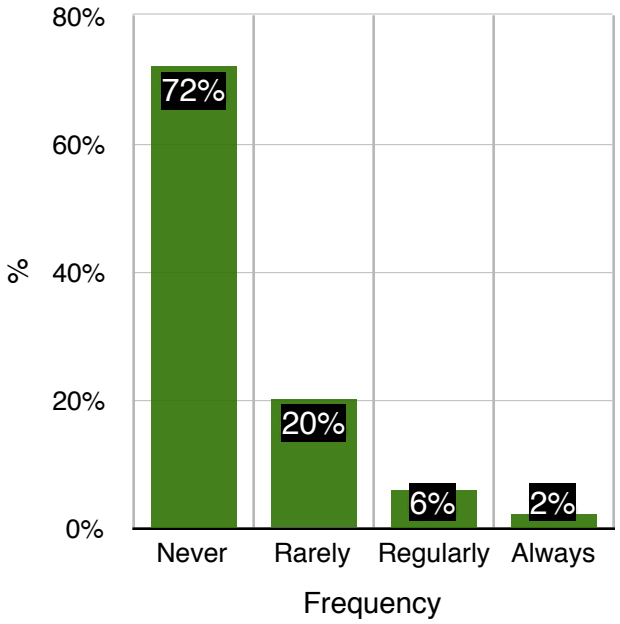


Fig. 6.8: Mental Capacity Act (2005)

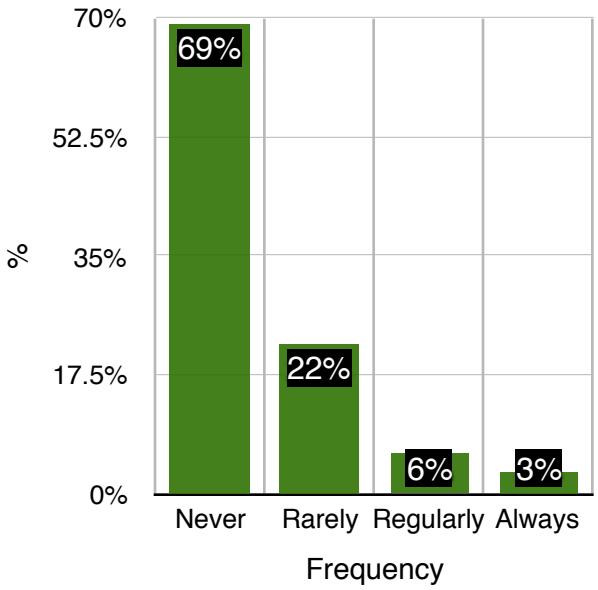
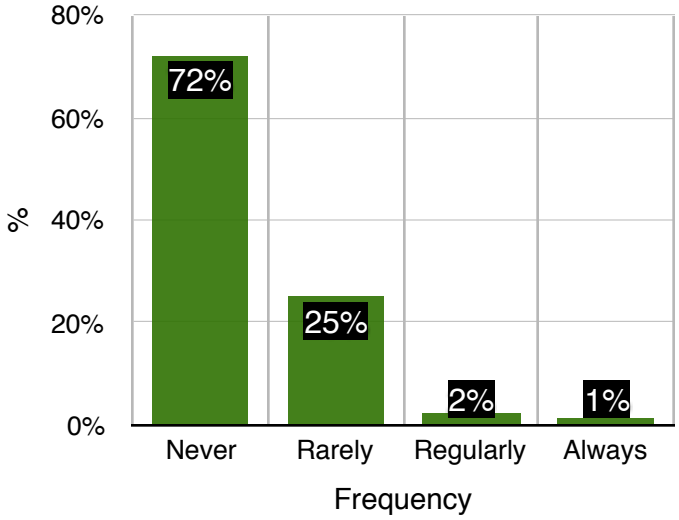


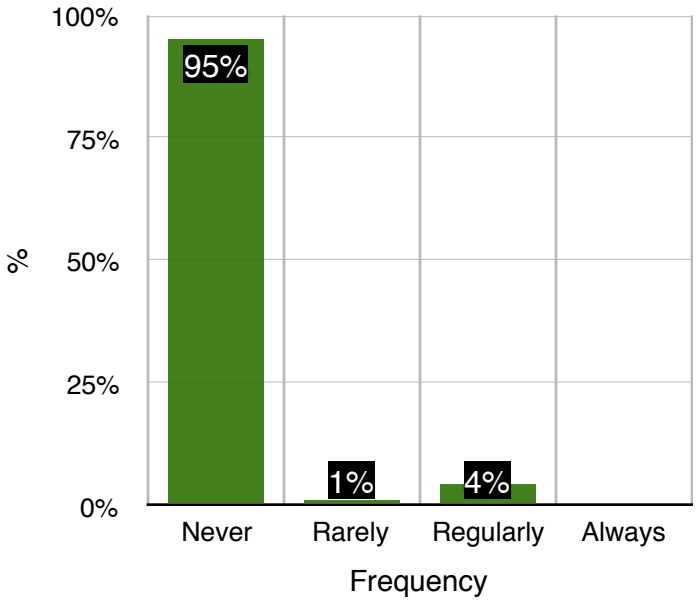
Fig. 6.9: Mental Health Act (1983)



Use of any other statutory instruments

The ‘other’ choice was selected by 5 responders. It would have been useful to have forced a response to give detail on what other legislation the responder was referring too as the text box was not utilised in the responses.

Fig 6.10: Other statutory instruments



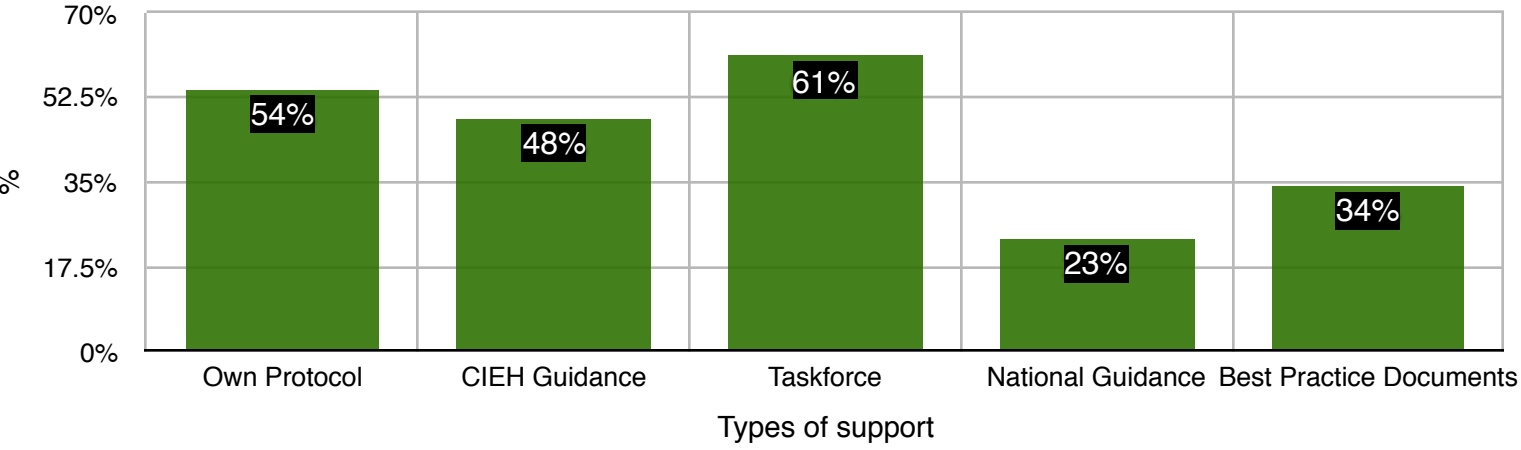
4.5. Support Mechanisms

The second element to analyse when reviewing what LA's are using to deal with hoarding behaviour is the use of support documents. Referring to the protocols and toolkits discussed in section 2, an analysis of commonality of a variety of support tools was required.

Global

As can be seen in fig 7.1, over half of the responses indicated they were using their own protocols or tool kits. Nearly 50% stated that they are using the CIEH guidance (last updated 2015). 61% are part of hoarding task forces. A form of national guidance is being used by 23% of respondents, although what the guidance was not explained in more detail. Best practice documents are being used by over 1/3 of all LA's that replied. This demonstrates that support documents are being produced and utilised at a local level.

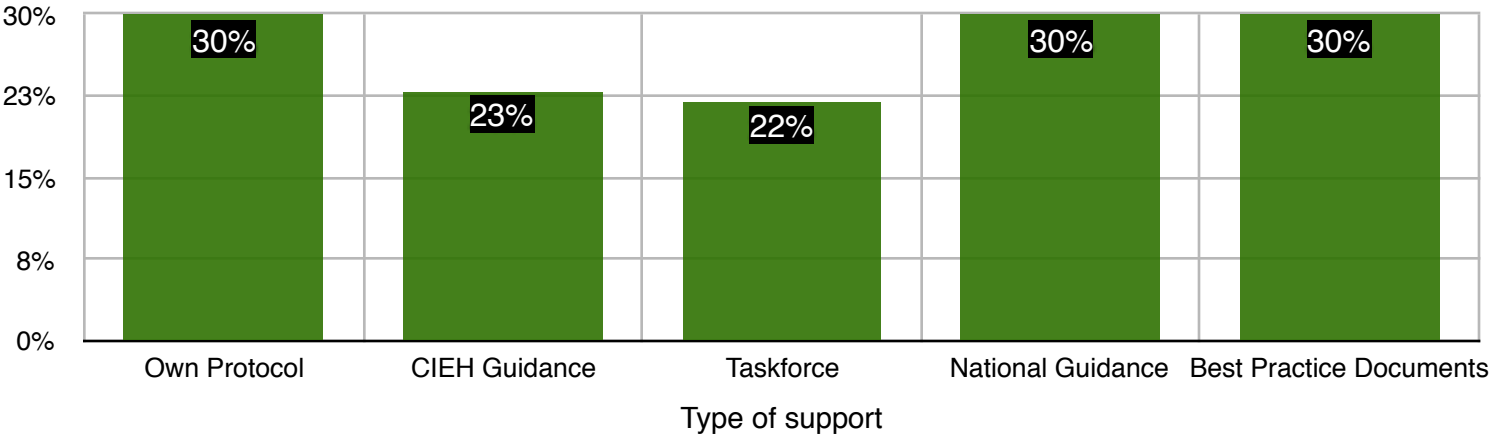
Fig 7.1: Global use of support mechanisms



The questionnaire results for use of support tools also helps to address: RQ 3: Is there a need for national guidance to be developed?

The results (fig 7.2) show that there is a requirement for the production of support documents. In hindsight this question could have been asked in a slightly different way to collect more comprehensive results. However, 30% would like to see the use of LA protocols. 23% are asking for CIEH guidance. 22% want the support of a hoarding task force and 30% think that support via national guidance and best practice documents would be beneficial. Demonstrating a need for a national support framework.

Fig 7.2: What type of support is needed?



Protocols/Toolkits

Other than in the 11-15 throughout category, approximately 25% of all other categories reported using their own protocols. The 11-15 category was particularly elevated above the norm. When reviewing the data by region, on average, 62% of respondents are make use of their own toolkit or protocol. 70% of respondents from the North of England are using a protocol/toolkit whereas in the South & Wales the figure is closer to 50%.

In relation to whether protocols and toolkits are needed, the results show that as the throughput of cases increased so did the desire for a protocol, culminating in a result of 92% or respondents in the 20+ cases bracket, requesting one.

Fig 8.1: Do you use protocols/toolkits?

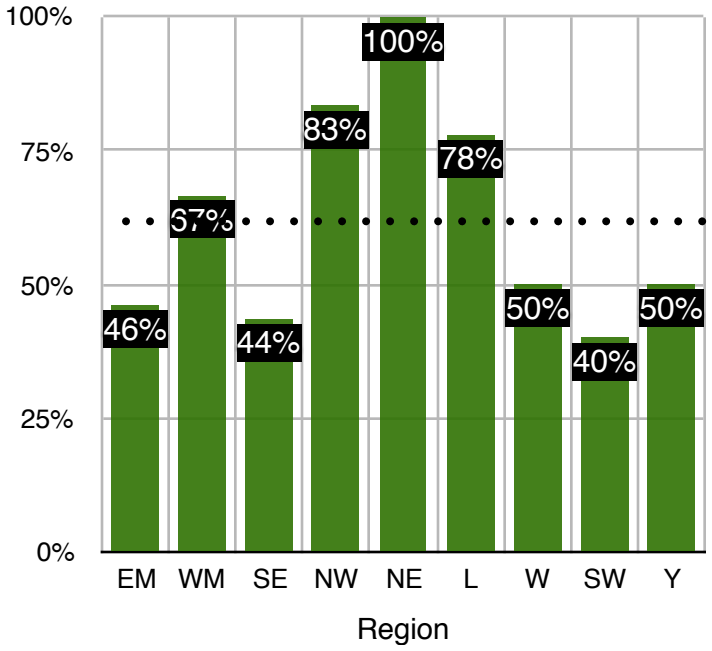


Fig 8.2: Do you use protocols/ toolkits?

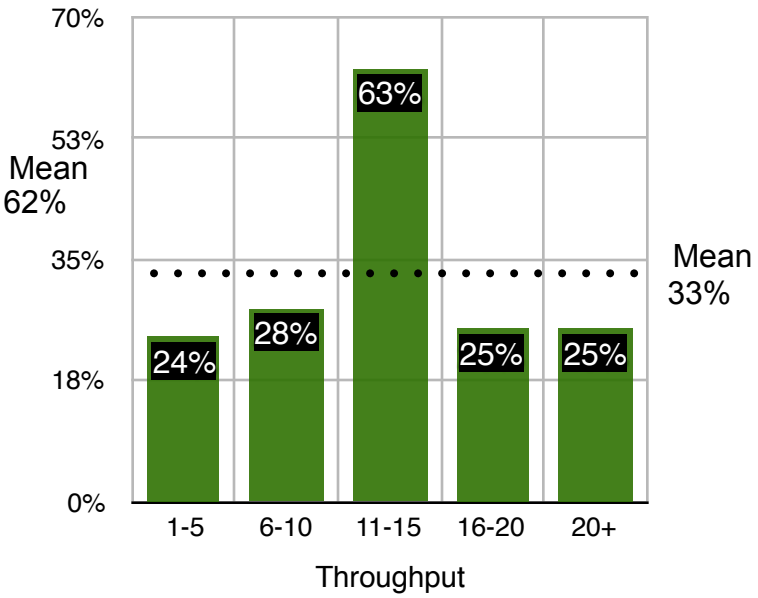


Fig 8.3: Do you think they are needed?

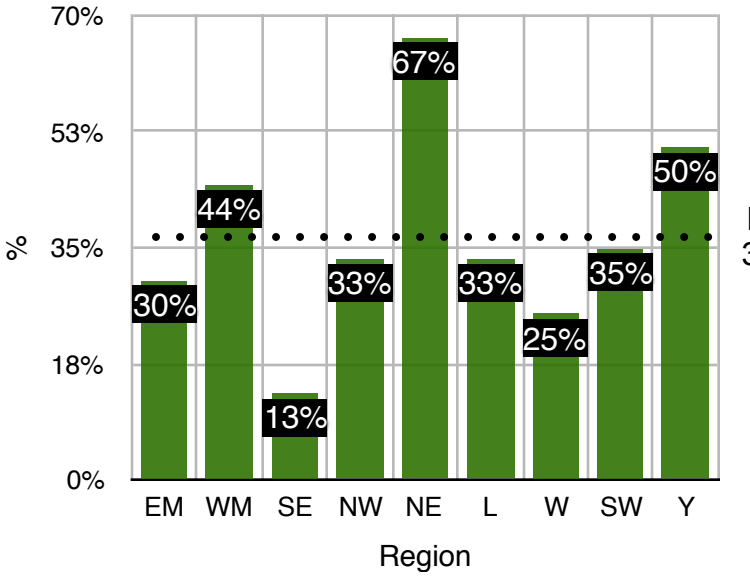
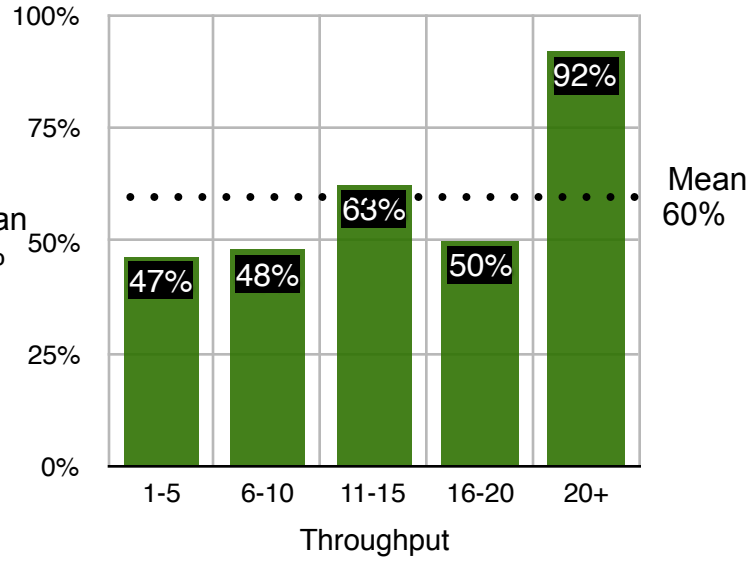


Fig 8.4: Do you think they are needed?



CIEH Guidance

Around 50% of responses suggested that CIEH guidance was being used. The same results were echoed regionally and by throughput. CIEH guidance was the third 'most used' support tool.

Fig 9.1: Use of CIEH Guidance

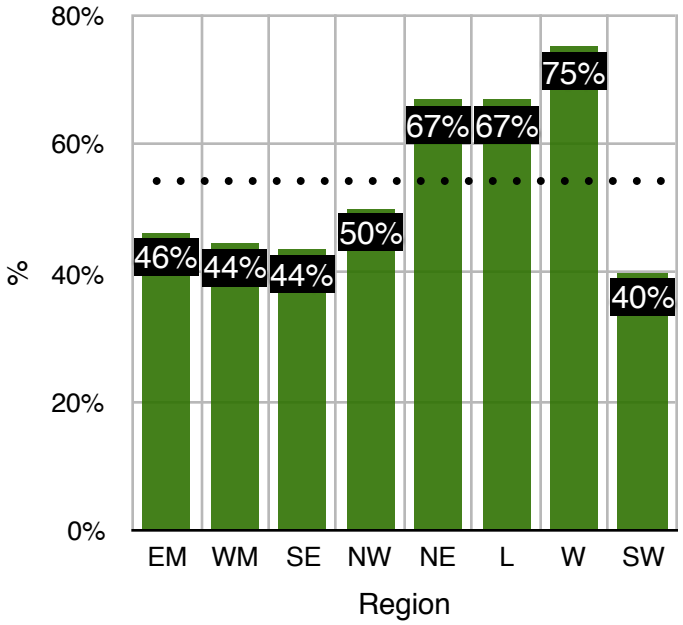


Fig 9.2: Use of CIEH Guidance

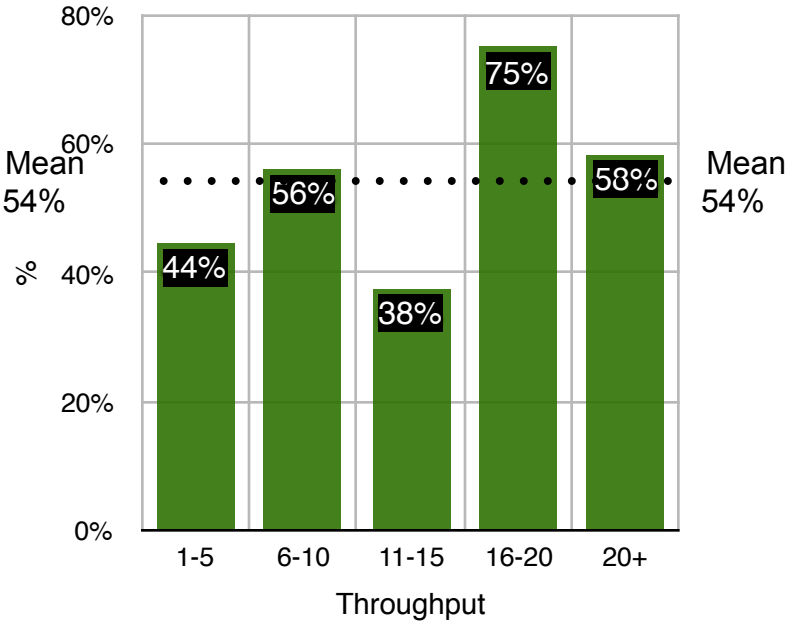


Fig 9.3: Do you think its needed?

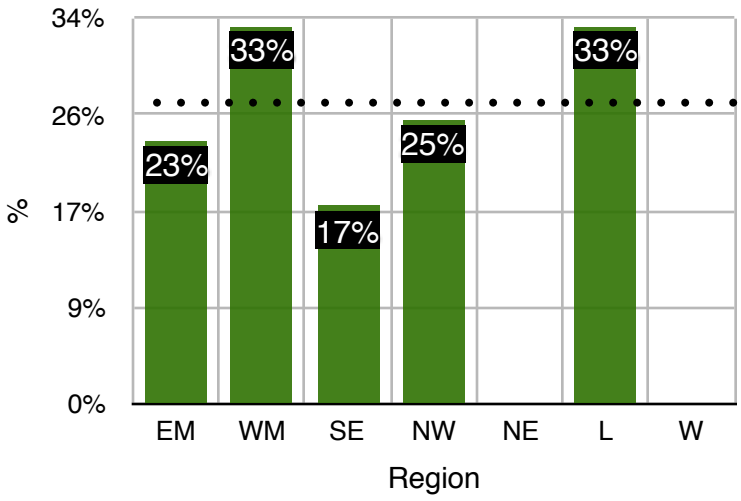
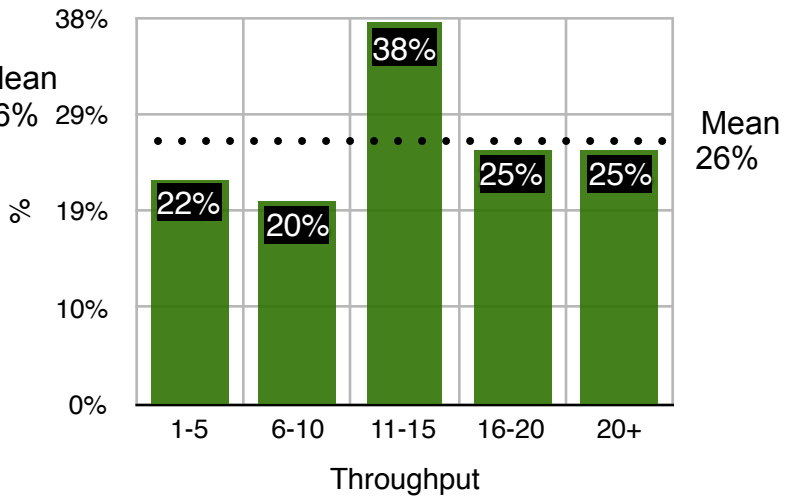


Fig 9.4: Do you think its needed?



Multi agency task forces

The most frequently reported support structure was the hoarding task force, reinforcing that collaborative approaches to managing hoarding behaviour are the most effective and are being used more frequently in practice. The use of a multi agency task force was reported in 75% of responses once throughput reached more than 5 cases per year. Reporting from the London region suggests that all authorities are using this support tool.

Fig 10.1: Use of multi agency taskforce

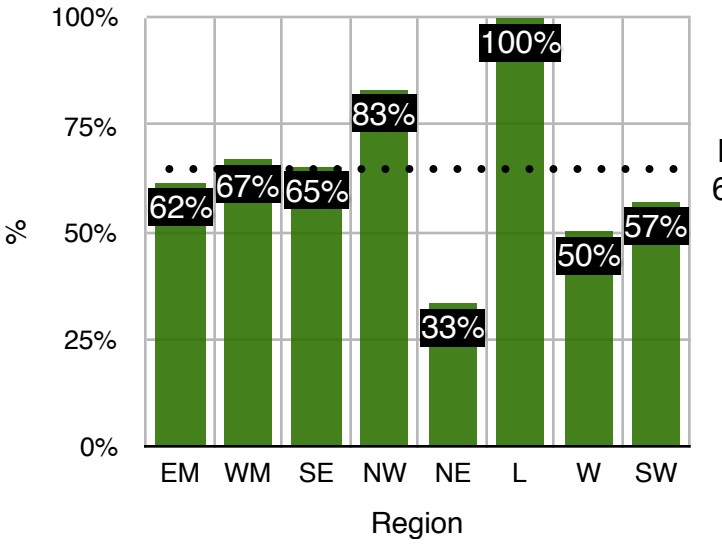


Fig 10.2: Use of multi agency taskforce

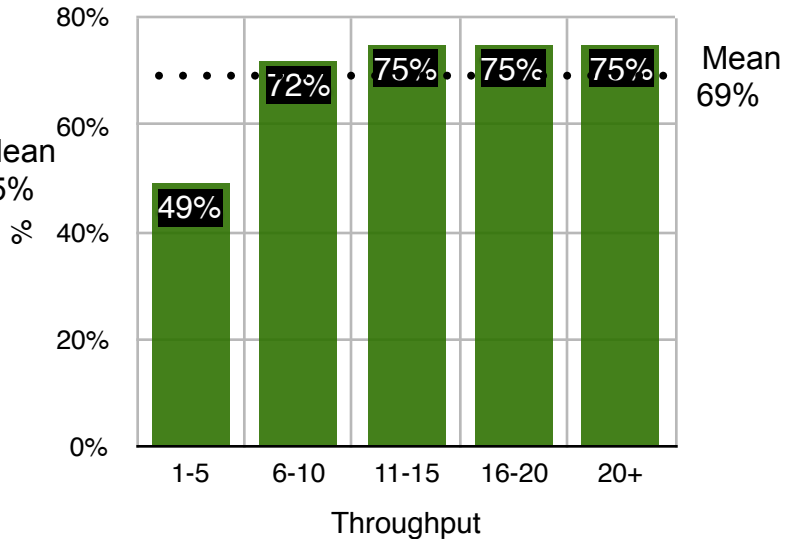


Fig 10.3: Do you think its needed?

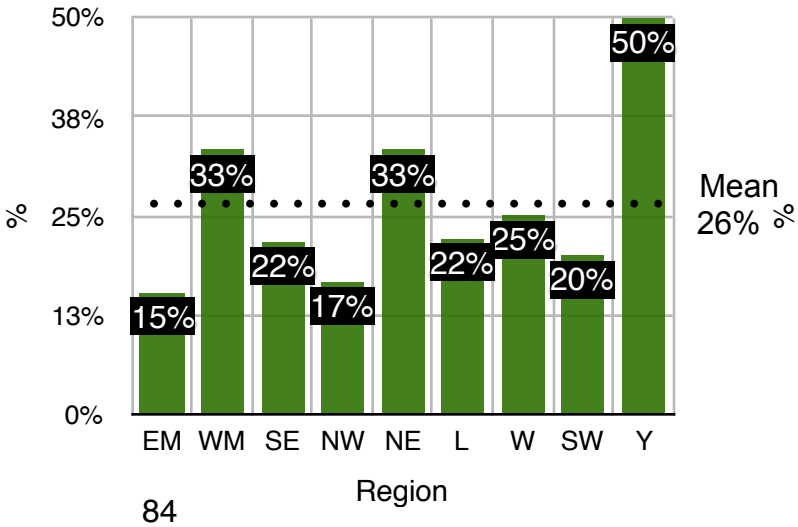
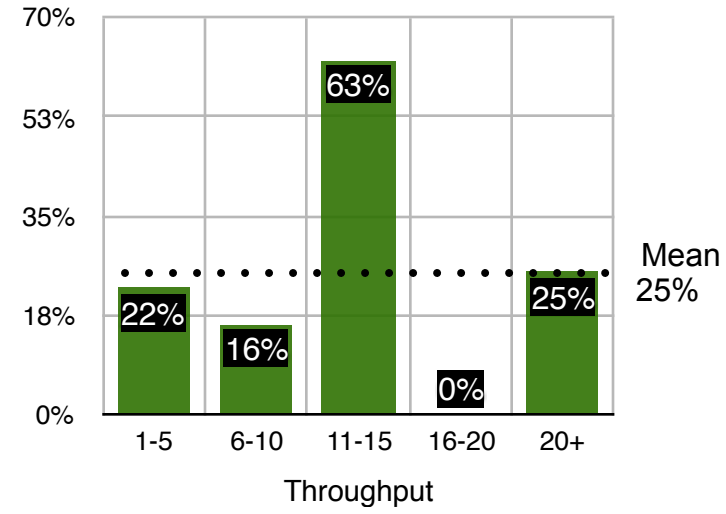


Fig 10.4: Do you think its needed?



National Guidance

As can be seen in Fig. 11.1; 70% of regions reported using national guidance. Usage was reported most frequently at 20+ cases/annum(Fig 11.2). Over 30% of LA's reported that they believe national guidance is needed (Fig. 11.3, 11.4).

Fig 11.1: Do you use National Guidance?

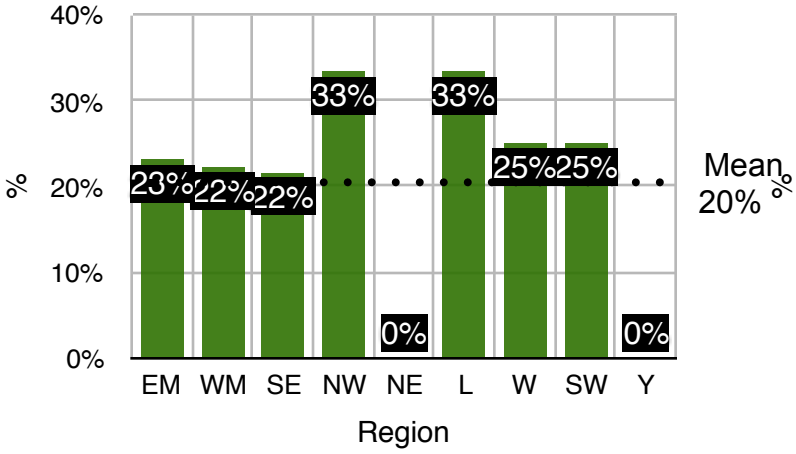


Fig 11.2: Do you use National Guidance?

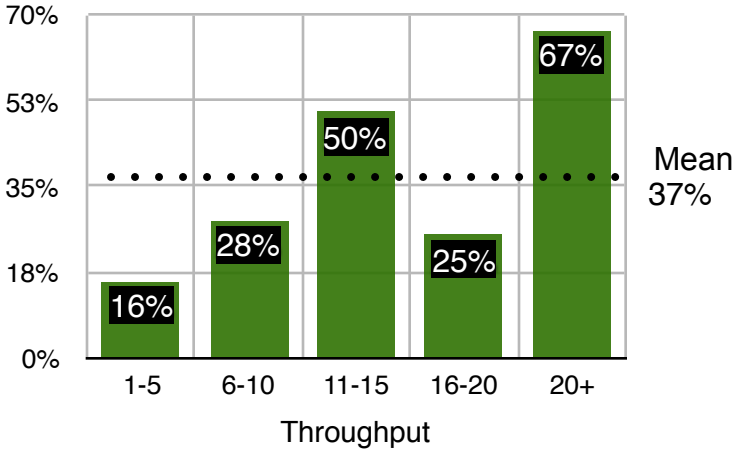


Fig 11.3: Do you think its needed?

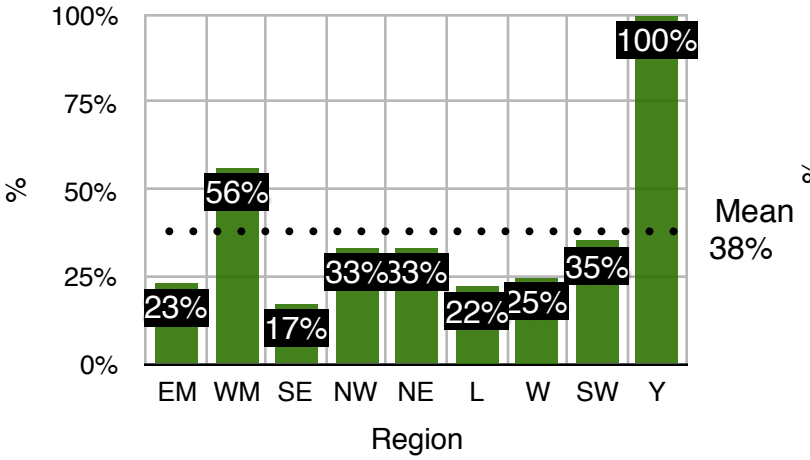
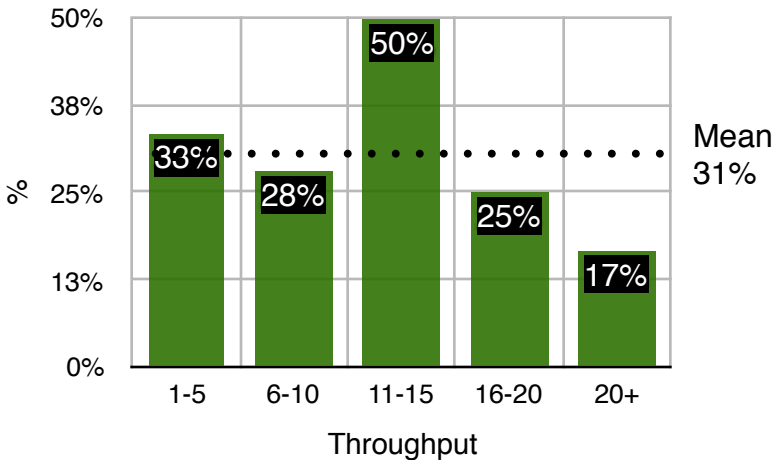


Fig 11.4: Do you think its needed?



16034959

Best Practice Documents

Globally 1/3 of responses acknowledged the use of best practice documents. Analysed by region; 80% of regions reported use of them. This was confirmed by a similar proliferation, across the regions. Use of best practice documents increased in parallel with the number of cases. 1/3 respondents globally agreed that there was a need for these documents.

Fig 12.1: Use of Best Practice Documents

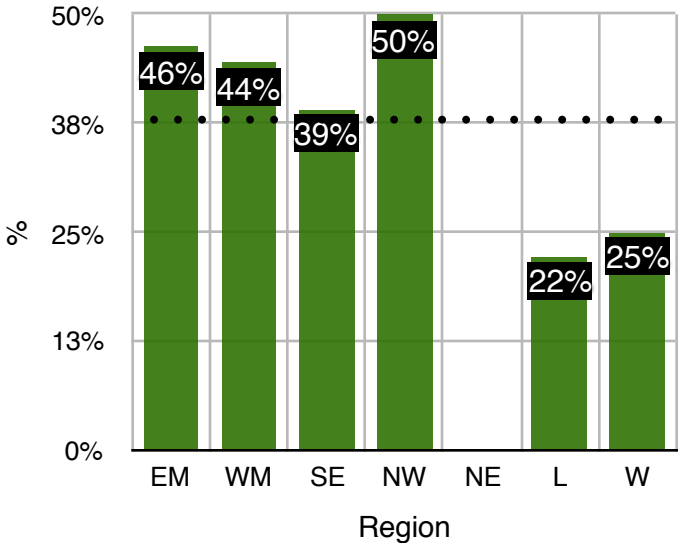


Fig 12.2: Use of Best Practice Documents

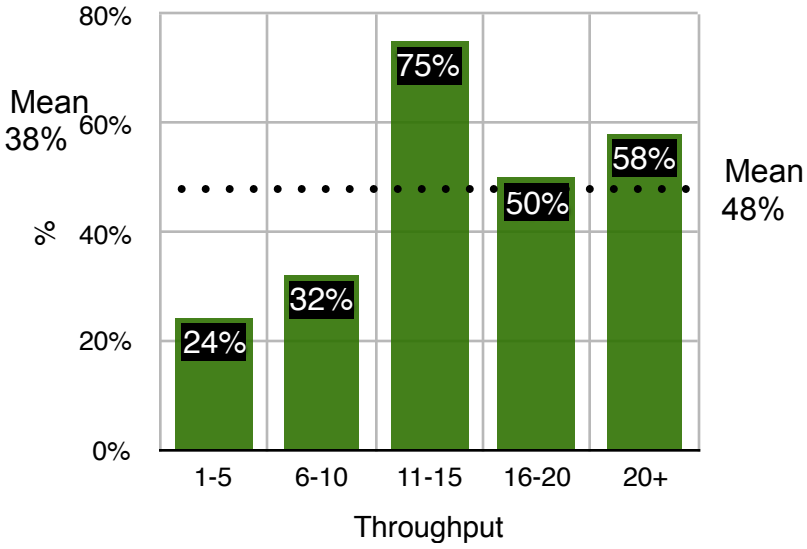


Fig 12.3: Do you think they are needed?

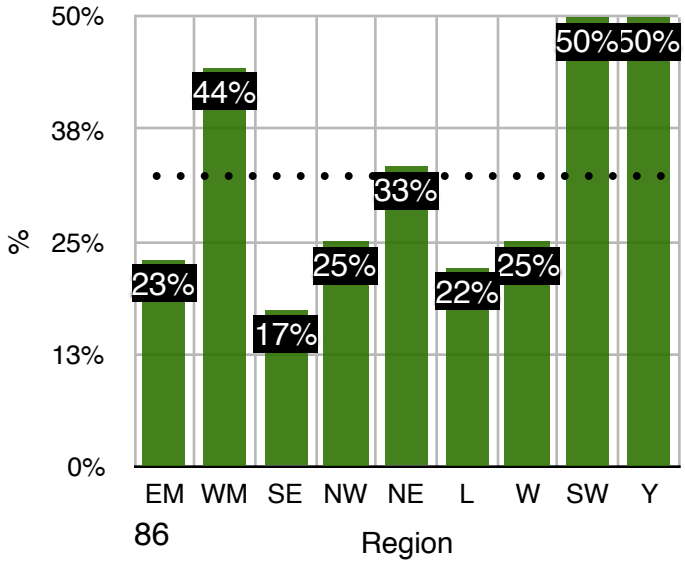
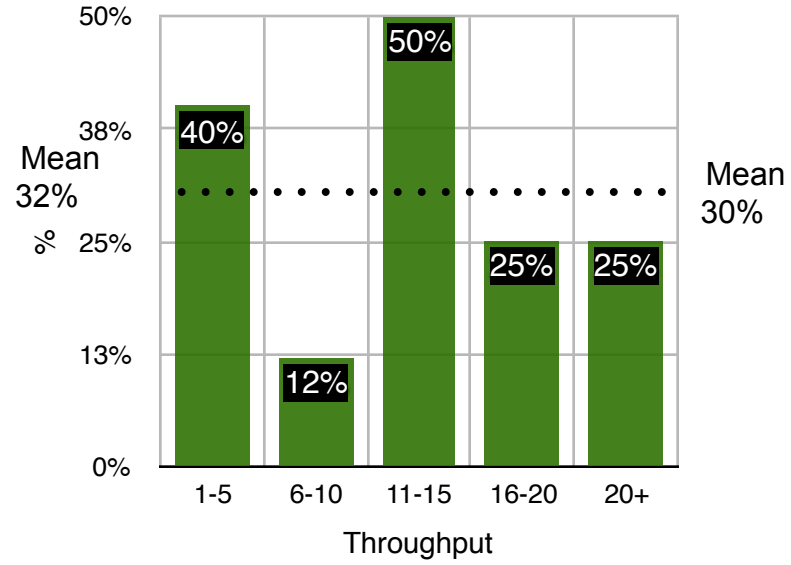


Fig 12.4: Do you think they are needed?



4.6. Case Management

RQ 2: Does what Local Authorities use, potentially address all aspects of hoarding behaviour?

The analysis of the following data, along with the data from the above results, is key to understanding if all aspects of hoarding behaviour are being addressed.

4.6.a: Capacity assessments

Capacity assessments were completed in 48.4% of all reported cases. 51.6% of all respondents reported that capacity assessments had not been completed. In the East Midlands, Wales and the South West; it was more common to not complete a capacity assessment than in all other regions. The regions most likely to complete a capacity assessment as standard practice were the West Midlands, the North East and London. In all other regions (South East, North West and York/Humber) there was a 50/50 spilt between completion and non completion. This demonstrates that although capacity assessments may be necessary to decide if a person is capable of cleaning and tidying their home, they are not standard practice nationally. This may be due to funding issues and problems working in partnership with the right agencies to offer the appropriate support in relation to capacity.

Table 15: Global Completion of Capacity Assessments

Response	Number	%
Yes	46	48
No	49	52

Fig. 13.1: Completion of Capacity Assessments by Region

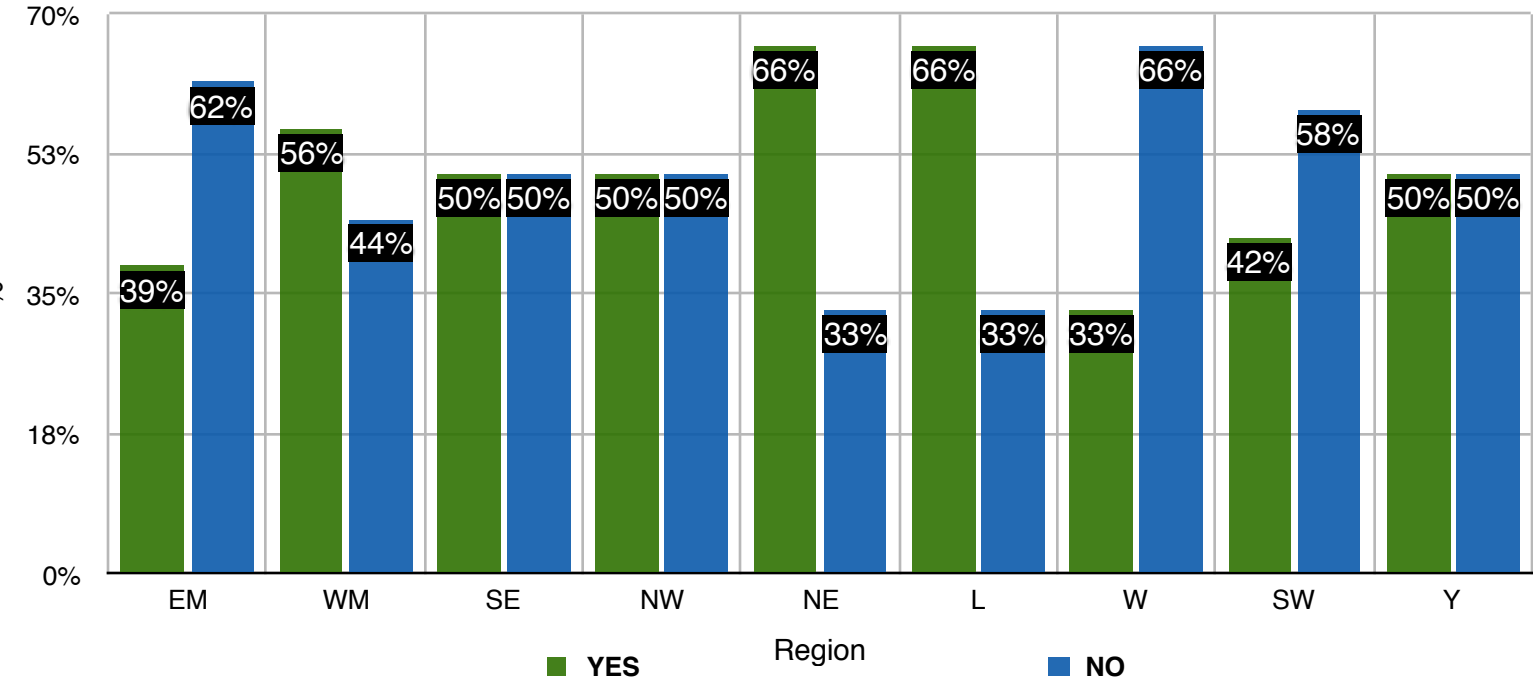
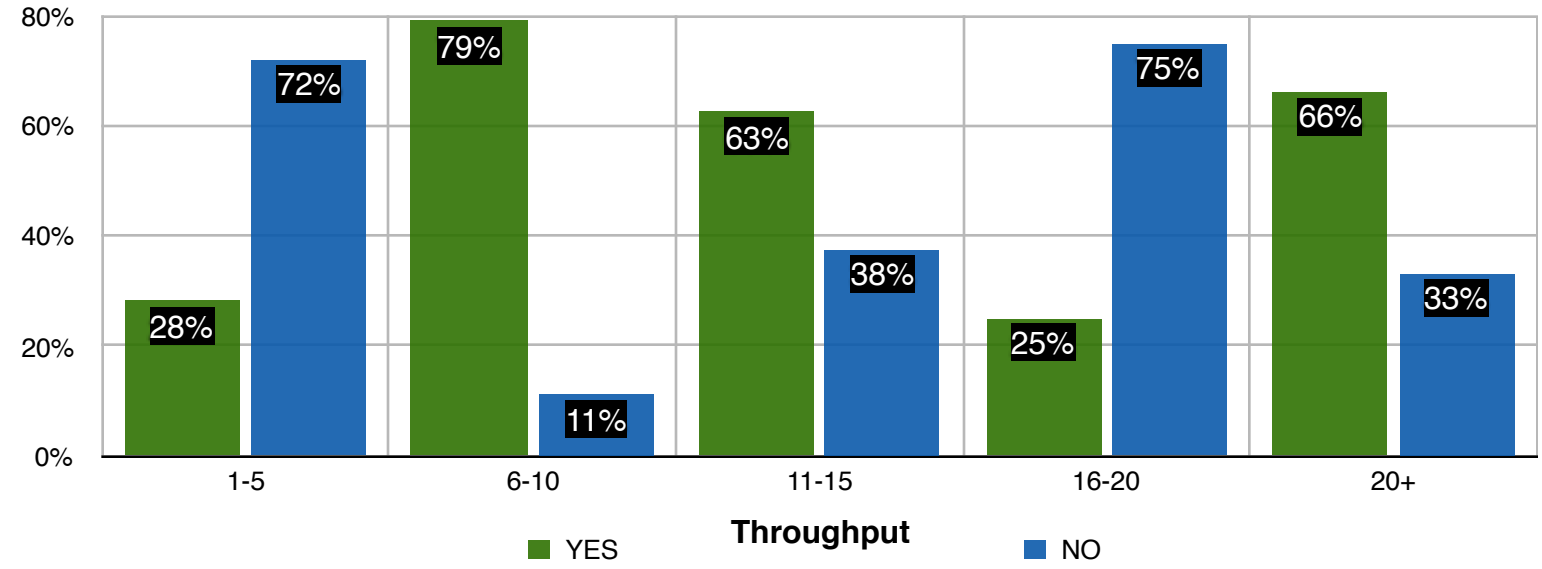


Fig 13.2: Completion of Capacity Assessments by Throughput



4.6.b. Recording of hoarding behaviour

The question: ‘Do you record hoarding behaviour?’ was an important question as it relates to the current prevalence figures within the UK and so it was important to establish commonalities here. The results show 73% of respondents are reporting hoarding cases. 27% are not recording this data.

The areas most likely to not record hoarding behaviour were: Wales, East Midlands and the South West. The areas most likely to record were the North East, West Midlands and London. There was no difference in reporting between North and South. Recording of cases by throughput did increase in parallel with the number of cases/annum.

Table 16: Recording of cases

Response	Number	%
Yes	69	73
No	25	27

Fig 14.1: Recording by region

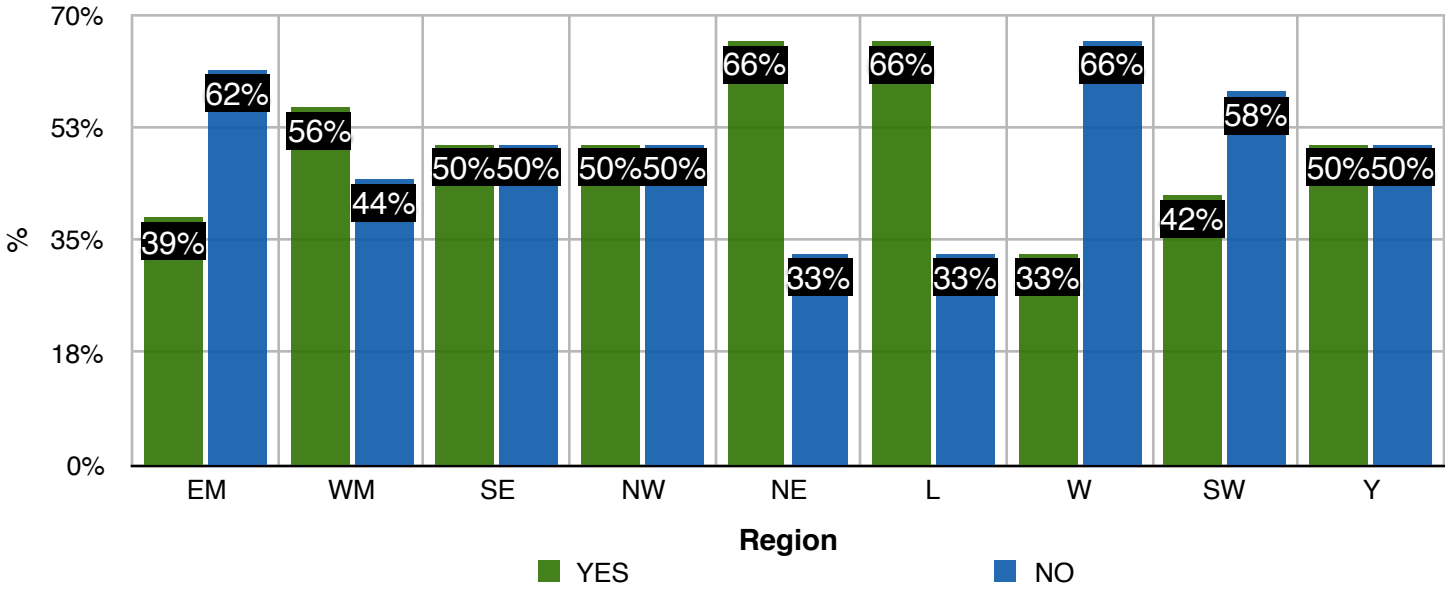
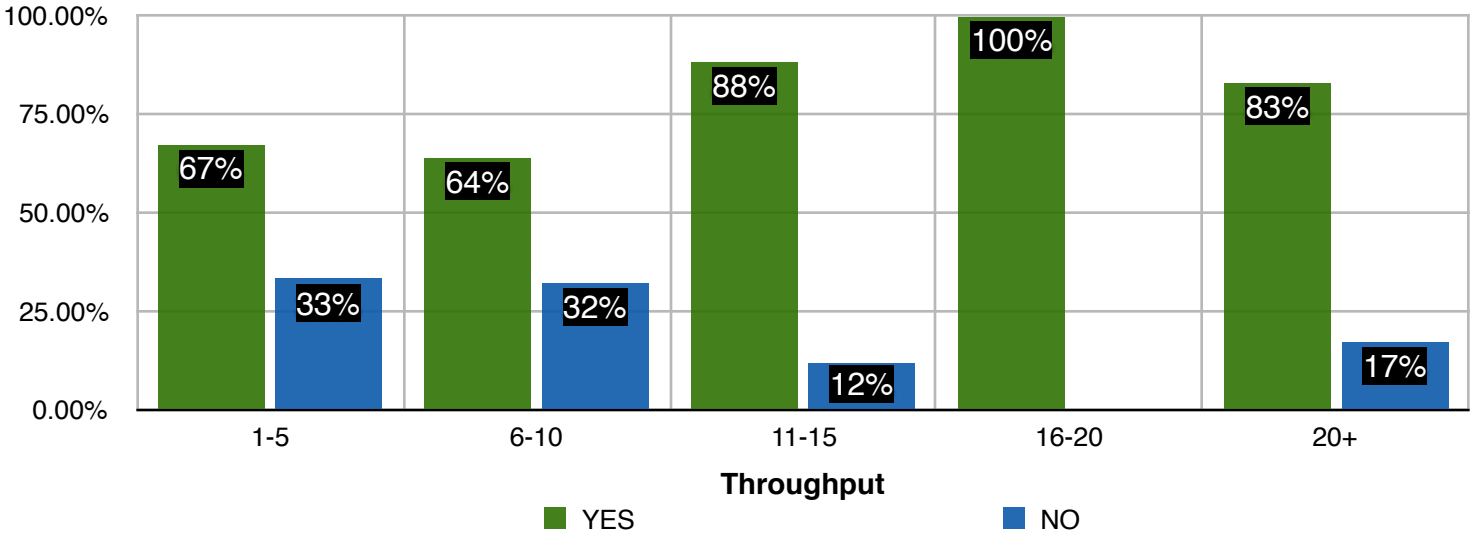


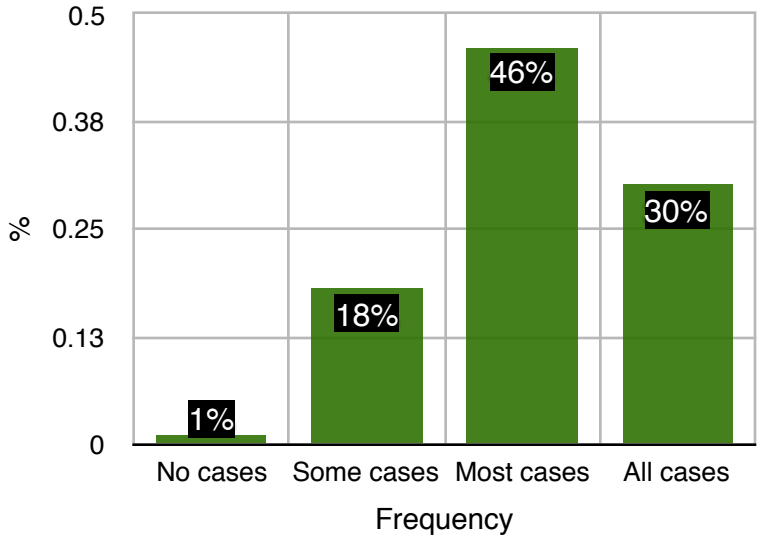
Fig. 14.2: Recording by throughput



4.7. Partnership working

Global results show that the most common response to this question was partnership working being used in ‘most cases’. The second most common response was ‘all cases’ followed by ‘some cases’ and1 report of ‘no use’ of partnership working on any cases.

Fig 15: Global frequency



Frequency of partnership working increased with throughput but was highest at the

Fig 16.1: No partnership working by region

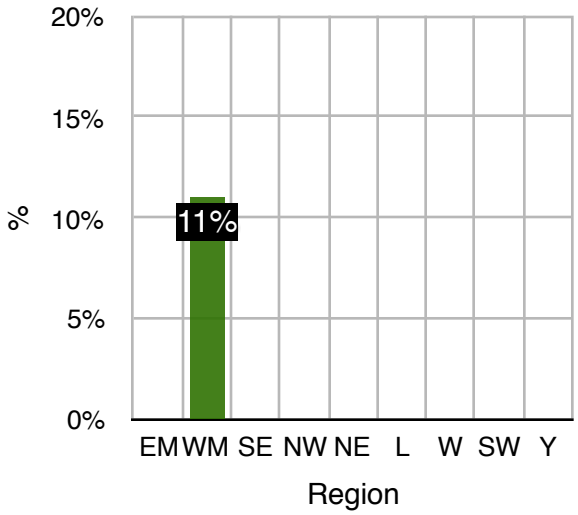
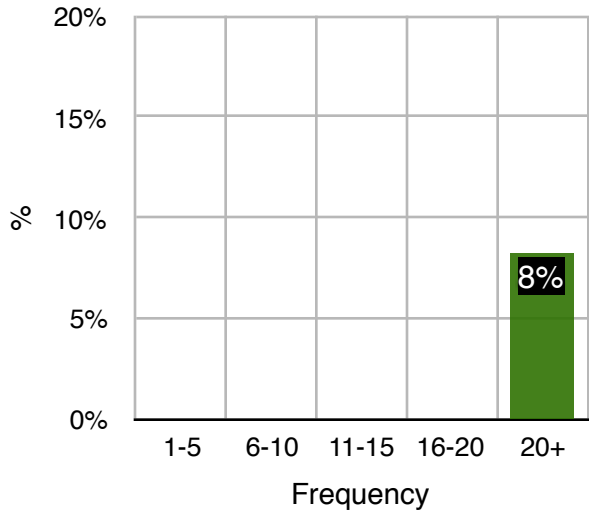


Fig 16.2: No partnership working by throughput



11-15 range. London regions reported partnership at ‘most’ and ‘all’ options.

Fig 17.1: Partnership on some cases by region

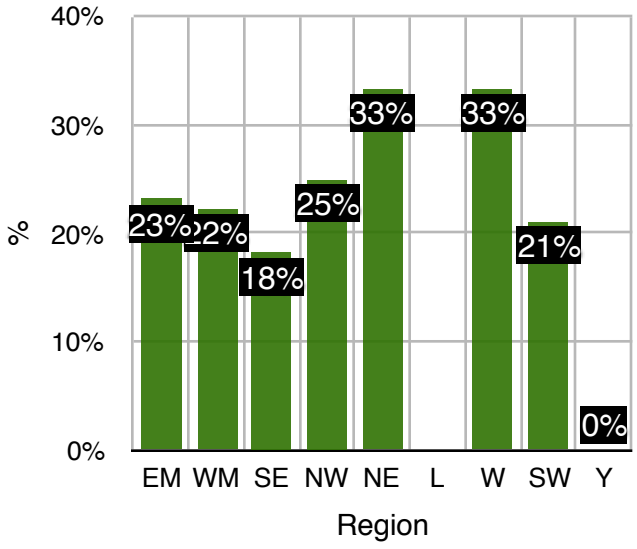


Fig 17.2: Partnership on some cases by region

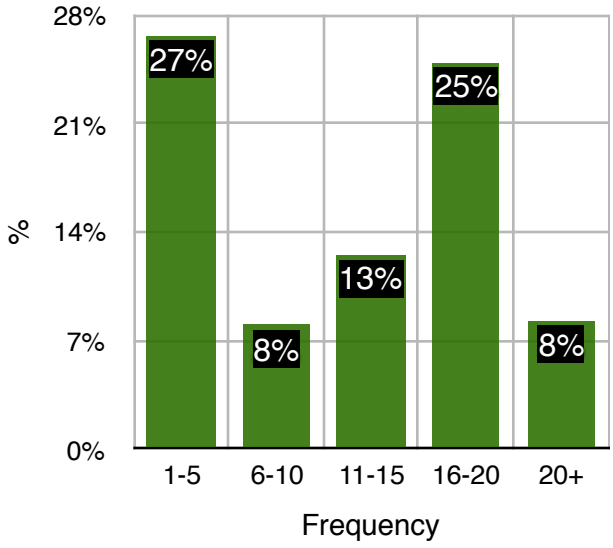


Fig 18.1: Partnership on most cases by region

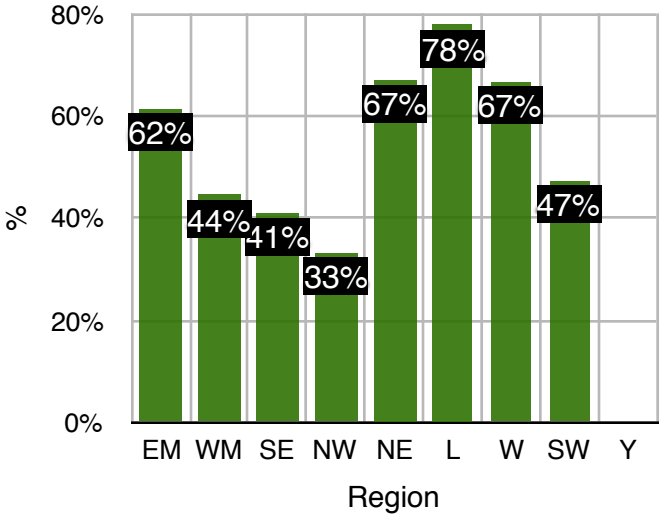


Fig 18.2: Partnership on most cases by throughput

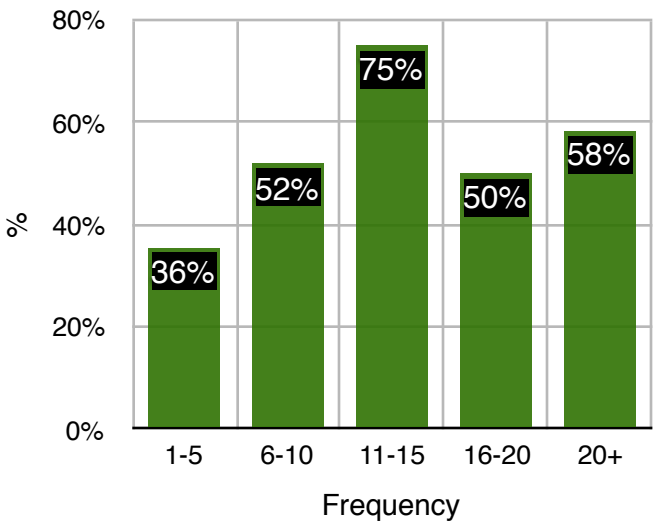


Fig 19.1; Partnership on all cases by region

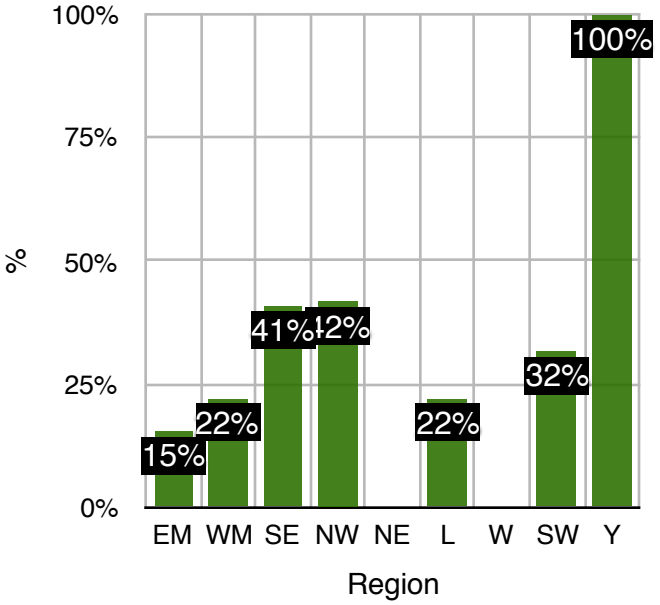
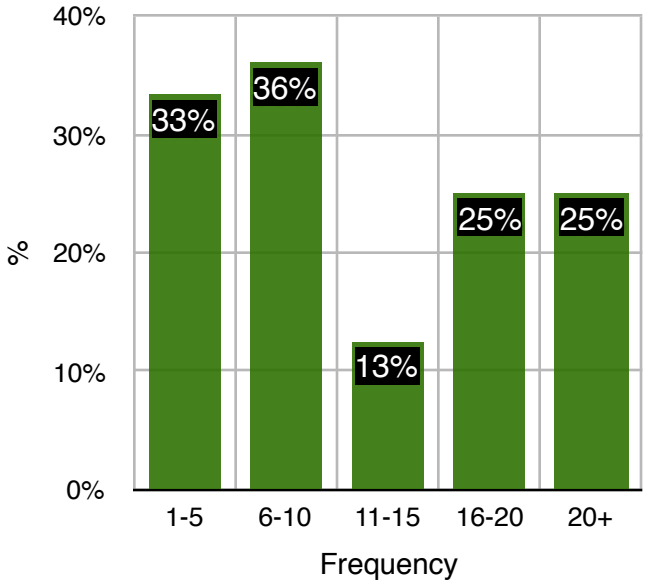


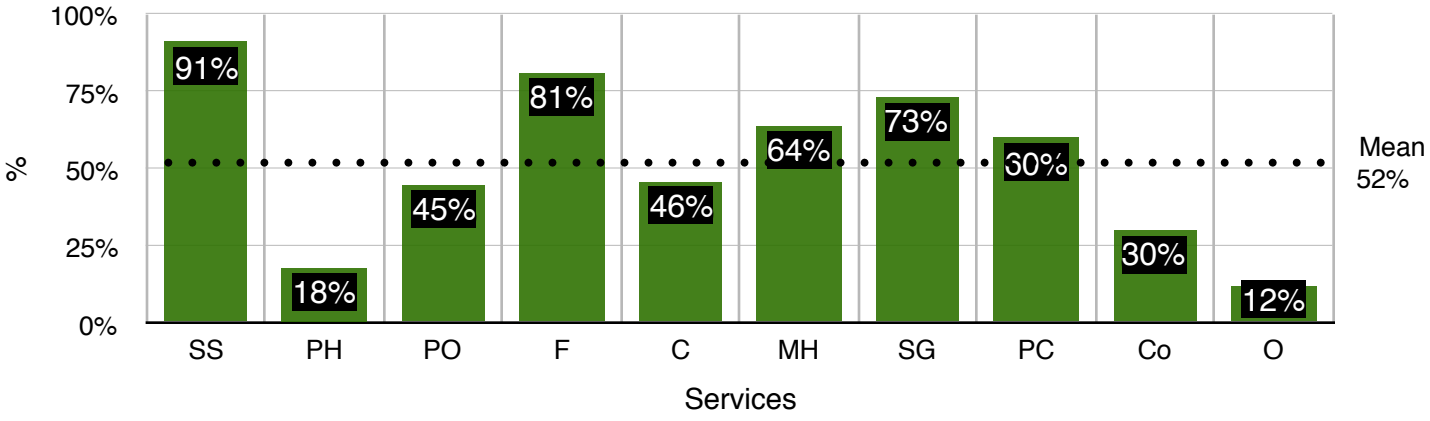
Fig 19.2: Partnership on all cases by throughput



Departments in partnership

The results confirm that the top 5 agencies to work in partnership with were: social services, fire service, safeguarding, pest control and mental health. Fig. 20 shows the spread of results:

Fig 20: Global frequency of partnership working



SS	PH	PO	F	C	MH	SG	PC	Co	o
Social services	Public Health	Police	Fire	Charities	Mental Health	Safeguarding	Pest Control	Private Compnies	Other

Fig. 20.1: Partership with Social Services

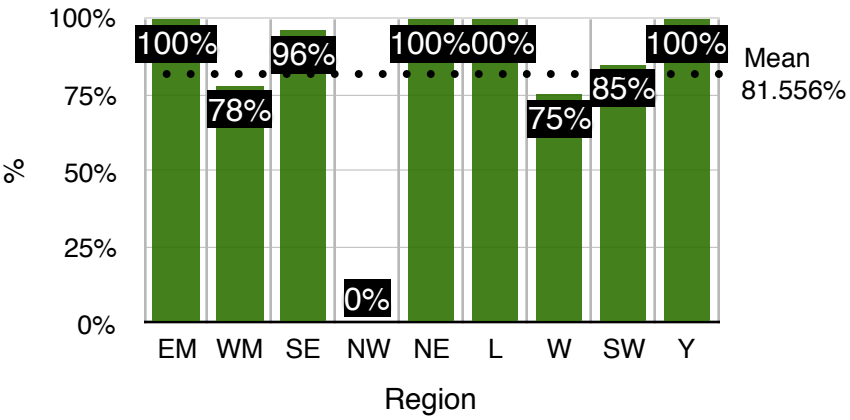
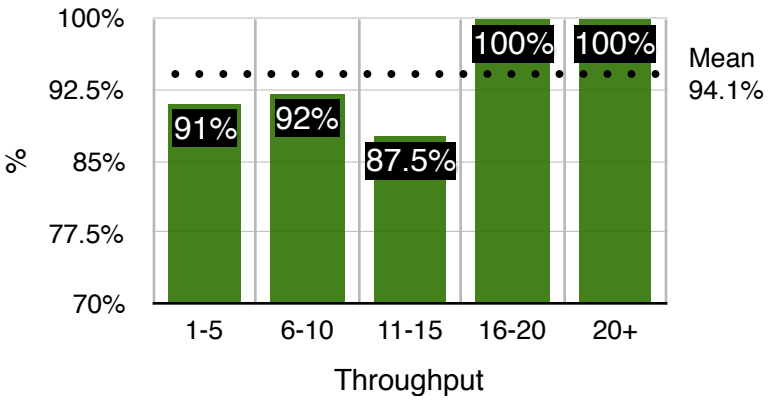


Fig. 20.2 Partnership with Social Services



The most common agency to partner with was social services (Fig.20). This was confirmed as a commonality across all regions except the North West. Frequency of this partnership increased in parallel with throughput.

Fig. 20.3: Partnership with Fire Service

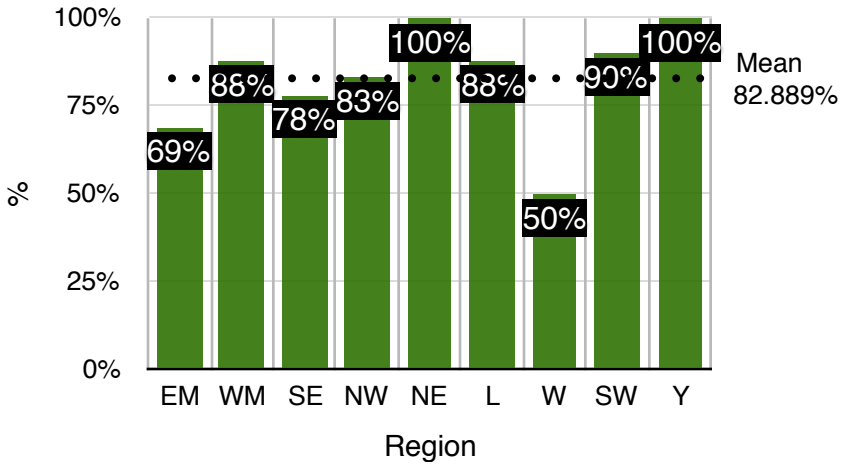
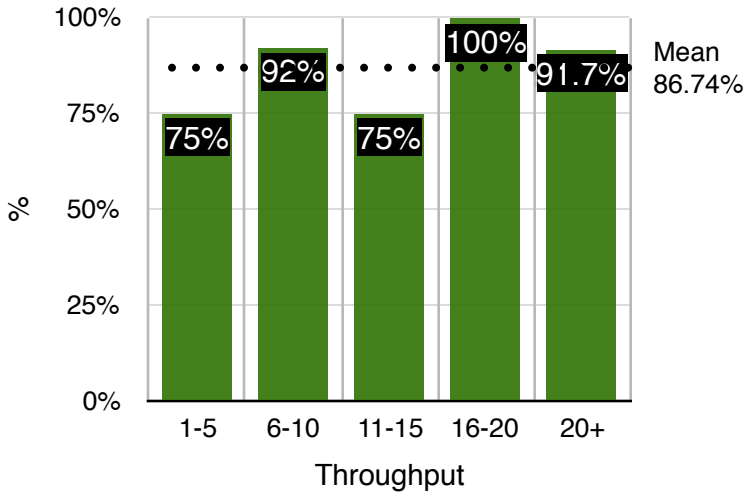


Fig. 20.4: Partnership with Fire Service



A common relationship between EH and the Fire Service was found to be confirmed regionally in Fig. 20.3 and by throughput in Fig. 20.4.

Fig. 20.5: Partnership with Safeguarding

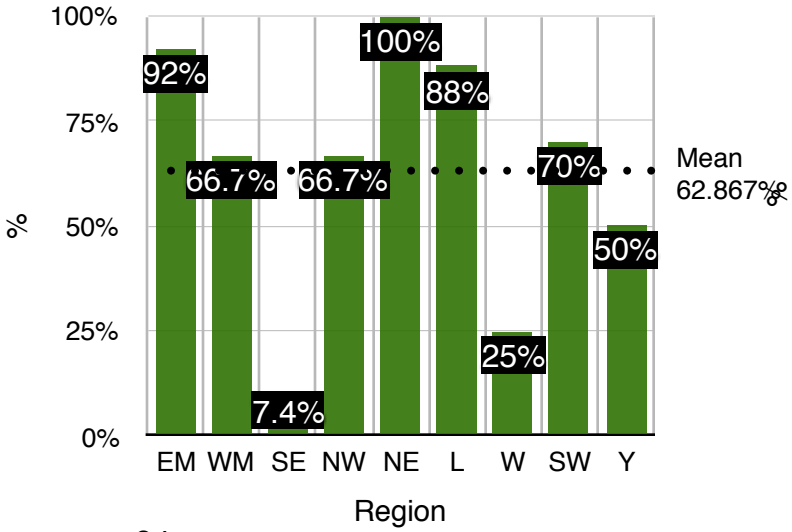
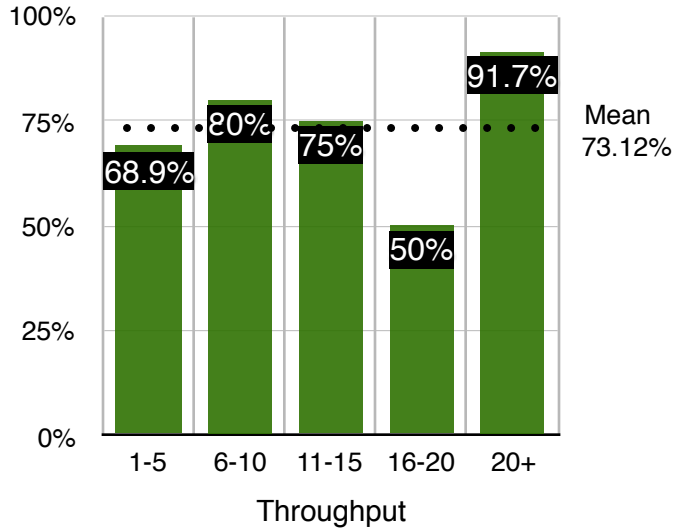


Fig. 20.6: Partnership with Safeguarding



Figures 20.5 and 20.6 show that Safeguarding was the third most frequent agency to work in partnership. As one would expect, this was most common when throughput was high.

Fig. 20.7: Partnership with Pest Control

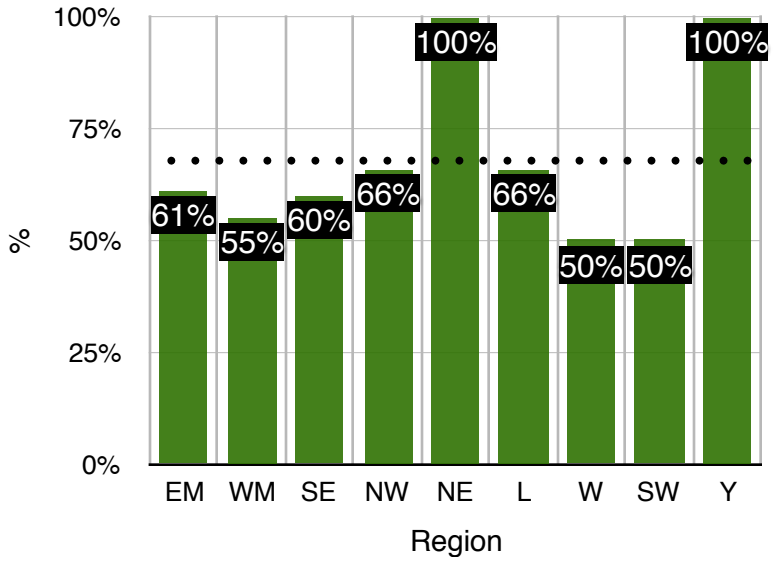
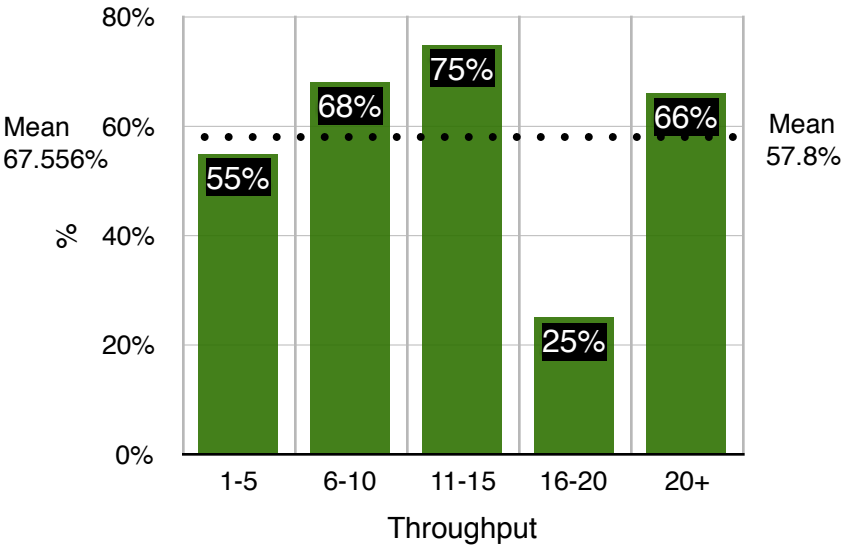


Fig. 20.7: Partnership with Pest Control



A connection with Pest Control was reported in 60% of the most common range of number of cases/annum (Fig. 20.7). The lower frequency seen in the 16-20 range may be due to only receiving 4 responses in this category.

Fig. 20.8: Partnership with Mental Health

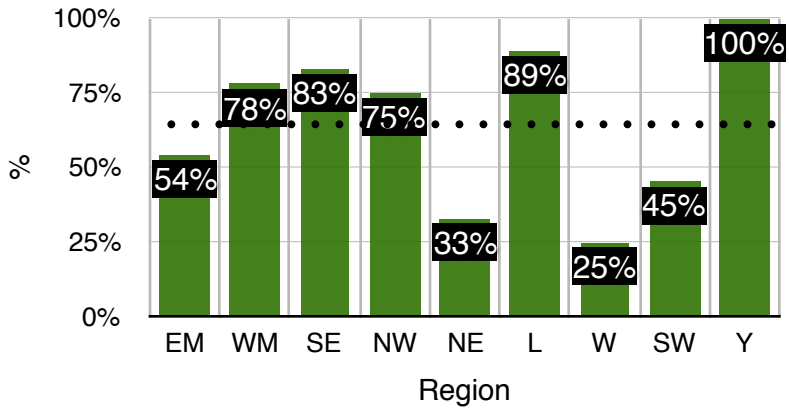
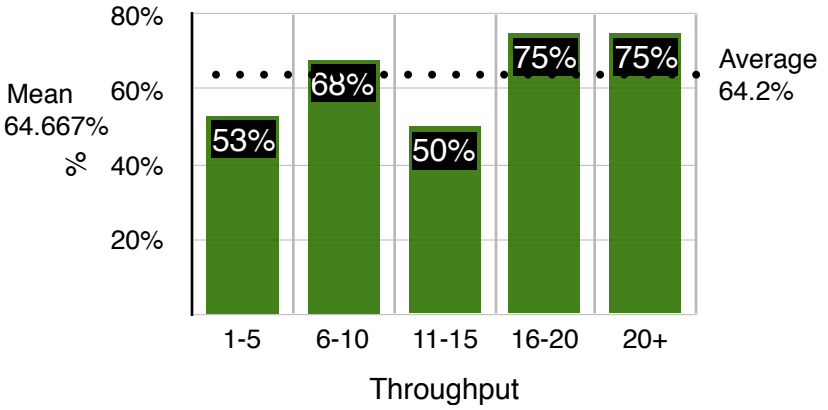


Fig 20.9: Partnership with Mental Health



It was found that partnership working with mental health departments was commonplace (Fig. 20.8, 20.9). 60% of respondents reported this relationship. Linkages with mental health were most common in York/Humber (100%), London being the second highest (89%), followed by the South East (83%) and did increase in parallel to throughput.

Fig 20.10: Partnership with Police

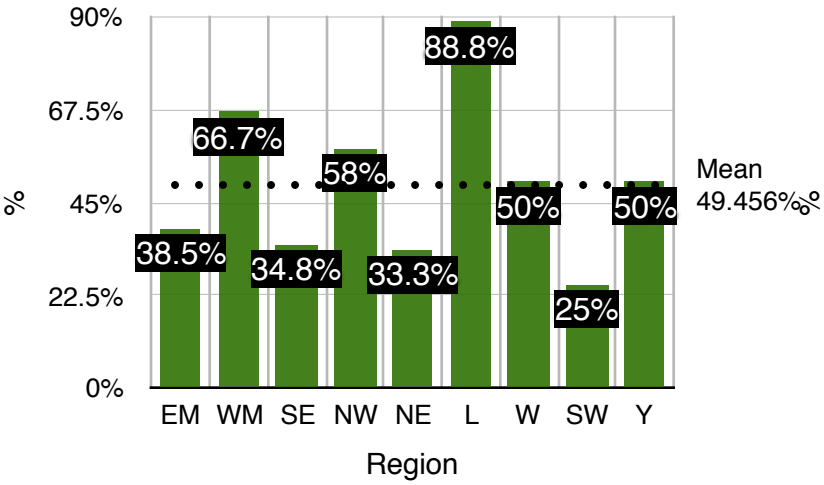


Fig. 20.11: Partnership with Police

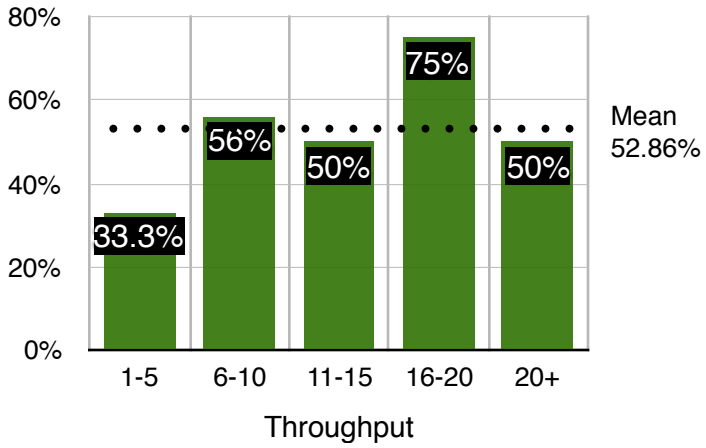


Fig. 20.11 shows that partnership with the police was more common when a higher frequency of cases were being managed. On average, 50% of LA's reported partnership working with the police. This was highest in the London region and lowest in the West Midlands. The South West was the least likely to report working with the police.

Fig. 20.12: Partnership with Public Health

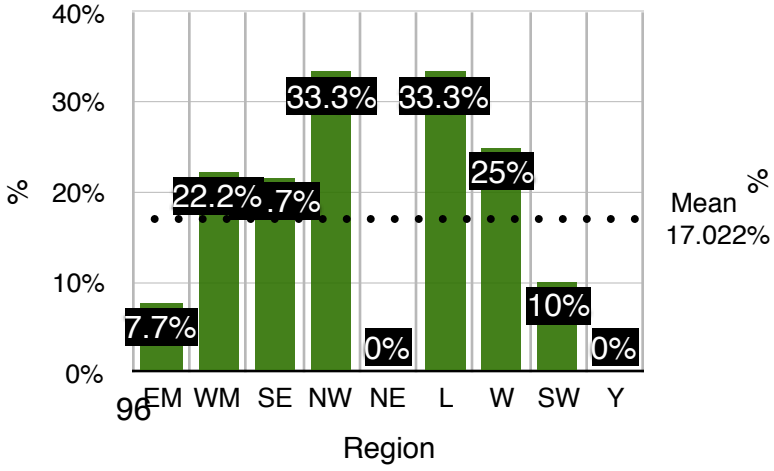
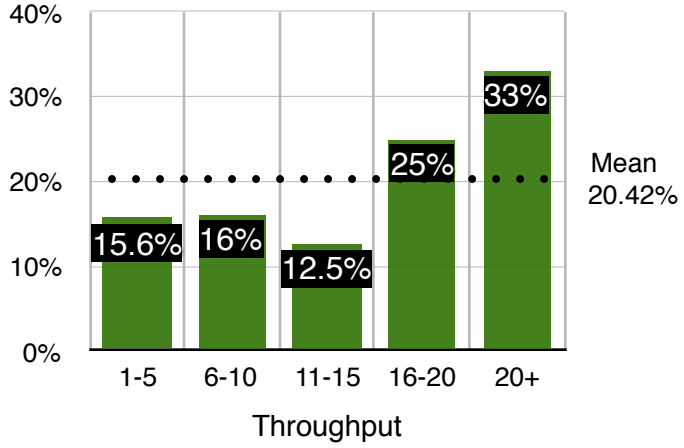


Fig 20.13: Partnership with Public Health by throughput



There were weaker connections with public health (fig. 20.12 and 20.13), partnership working increased with higher throughput and was most common in London, the North West and Wales.

The reporting of partnership working with charitable and commercial stakeholders can be seen in Figs. 20.14, 20.15, 20.16 and 20.17. Working with charities was more common than working with private companies. Community interest companies were not reviewed as a separate partnership option and the ‘charity’ or ‘private company’ options may have been selected instead meaning that there has been no credible data produced through this study on relationships with CICs.

Fig. 20.14: Partnership with Charities

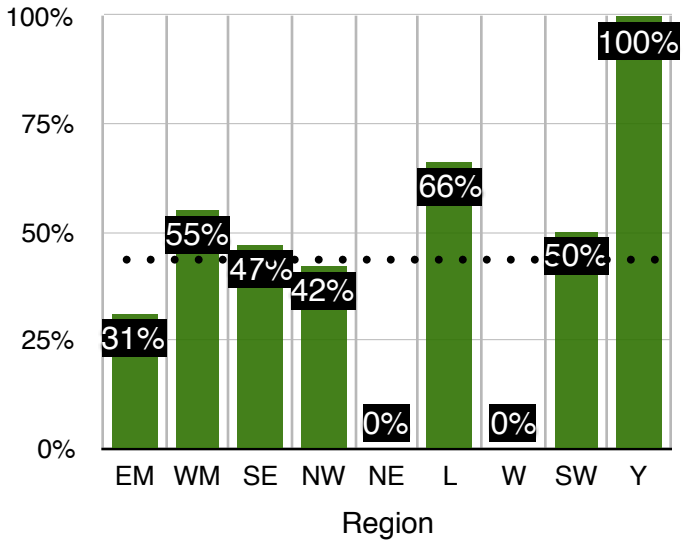


Fig. 20.15: Partnership with Charities

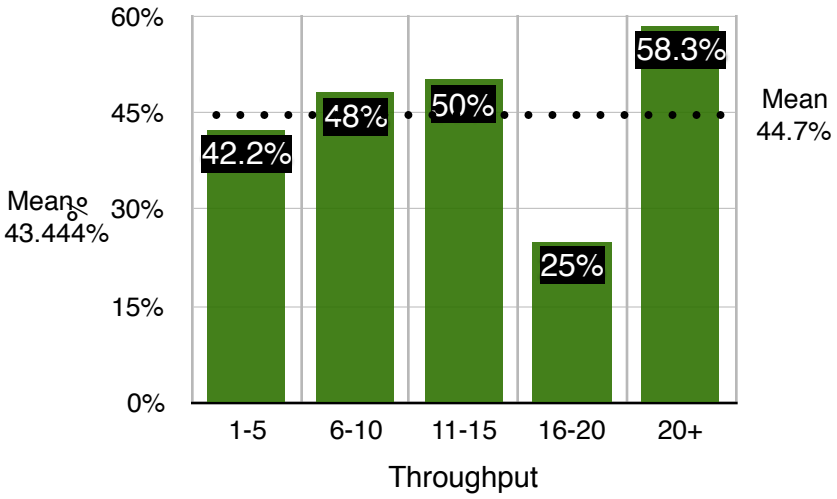


Fig. 20.16: Partnership with Private Companies

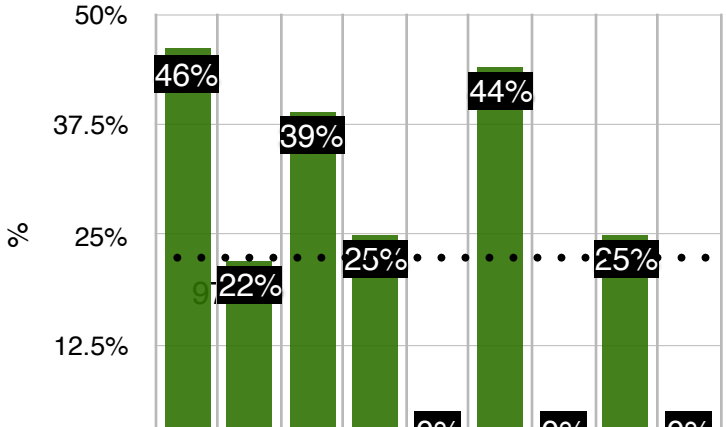
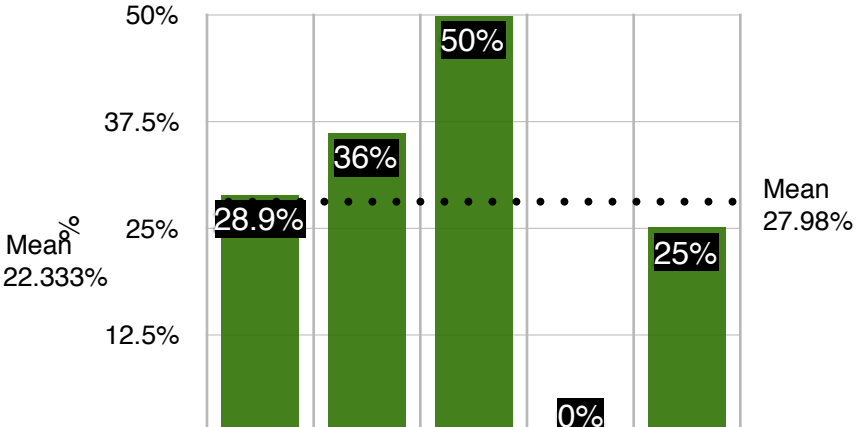


Fig. 20.17: Partnership with Private Companies



Other stakeholders working in partnership to manage hoarding were accounted for in the ‘other’ option. A text box was incorporated to allow participants to detail who these other agencies might be. A summary of the responses is shown in table 11 below and in figures 20.18 and 20.19. Although this was not a common response, if ‘housing’ had been an option to select for partnership working, this may have generated greater results which would have enabled further conclusions to be drawn.

Fig. 20.18: Partnership with other agencies

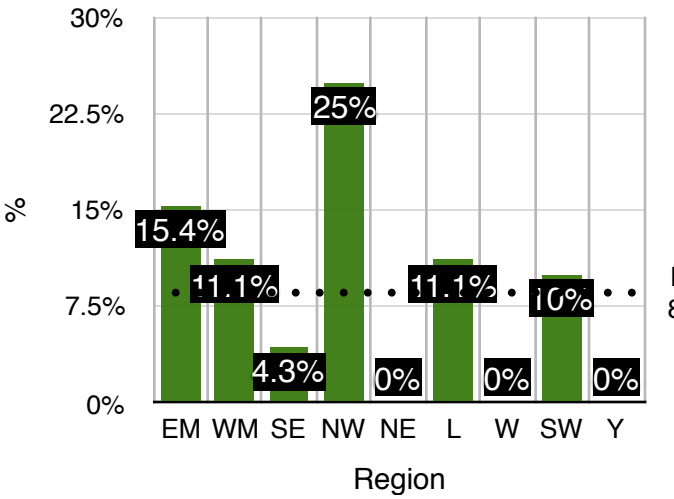


Fig. 20.19: Partnership with other agencies

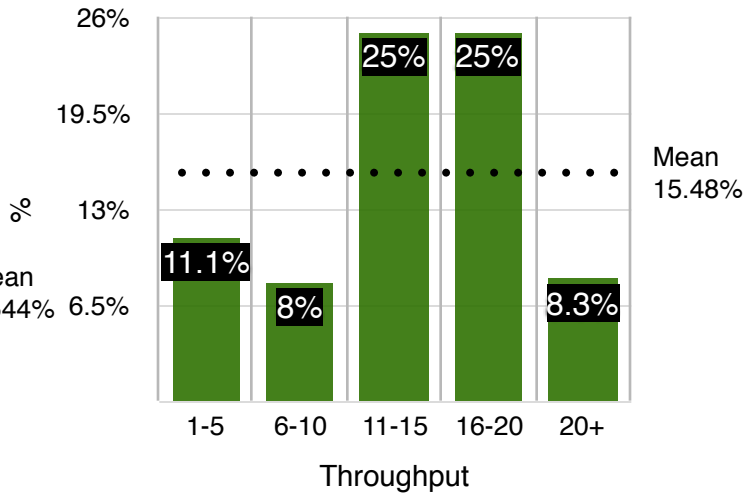


Table 17: Summary of ‘other’ responses

Number	Response
1	Housing department
2	Housing
3	G.P
4	Housing association
5	Vulnerable tenants support service
6	Housing association
7	Social enterprise
8	Housing association
9	Social housing providers

5. Discussion

It has been identified that in light of the WHO classification of HD, LA's now need to define a clear strategy to manage this condition. The results of the survey demonstrate that there are common practices between LA's. These commonalities can be used to define what a generic support document might include.

The discussion section is presented to answer the research questions and structured in 4 areas: use of statutory instruments, support mechanisms, case management and partnership working; giving recommendations for policy where possible. The final discussion section presents the strengths and weaknesses of the study giving recommendations for further research.

The response rate shows an appetite to support research and broaden the evidence base. Reviewing the data regionally and by throughput allowed the researcher to identify commonality in practice and to identify use of tools when frequency of hoarding cases was elevated. It also enabled conclusions to be drawn on frequency of cases across a wide distribution of LA's.

A comparison between data from the CIEH research on hoarding in 2003, the evidence from the literature review and these results, show there needs to be a move away from forced clearances and 'clean start' approaches towards a person centred approach.

Common practice is defined as: 'something found in large numbers or it happens often' (Longman, 2017). To define what evidence was found to be shown as a common theme, results identified at over 1/3 (33%) of respondents in agreement, was deemed to be common place practice.

5.1. Discussion of Results in Relation to Research Questions

RQ 1- What tools and strategies are Local Authorities using to deal with hoarding behaviour?

Use of statutory instruments.

The data analysed identified the of legislation in use were traditional EH legislative tools, The Public Health Act (1936) and Prevention of Damage by Pests (1948) being the most common. Use of the Public Health Act (1936) may be commonplace but filthy and verminous legislation only allows the physical manifestation of hoarding to be addressed. Even within the physical manifestation alone, relating to ‘filthy’, only deals with soiled matter. The Act does not cover inert materials which are frequently what people hoard.

The frequent use of the ‘Environmental Protection Act (1990)’ and ‘The Housing Act (2004)’ demonstrate further commonality between what LA's are using to manage hoarding behaviour. Supporting the findings of the CIEH research, in relation to the use of statutory notices served to abate a nuisance.

Anti Social Behaviour, Crime and Policing Act (2014) was used regularly across 20% of LA's. Animal Welfare legislation was not used in any regularity (9%). However, this may be because specialist departments may be called upon when animal welfare is a concern to EH professionals.

The survey results indicated the majority of LA's are not using Mental Health legislation to manage hoarding behaviour. In reviewing the data it was considered that the question could have generated more accuracy in results if it had read:

‘To your knowledge, with what frequency do you or any of the partners you work along side in managing hoarding behaviour, use the following statutory instruments?’

Asking the question in this way may have opened up further details about the use of the mental health legislation. Similarly, asking professionals involved in managing hoarding behaviour other than EH professionals, may have given more conclusive responses to the use of the Care Act (2014), Mental Capacity Act (2005) and the Mental Health Act

(1983). Considering the frequency of partnership working with Social Services (91%), it may be that these legislative instruments are common practice but the administration of them is undertaken by another agency. However, use of these mental health legislative tools was collectively found to not be common practice throughout the survey.

Relating these results to those of the questions on capacity assessments, it is clear that despite not making use of the Mental Health legislation regularly, 48% of LA's reported use of capacity assessments as routine. In order to decide if an individual has capacity, a capacity assessment must be completed, alongside a mental health assessment and usually a needs assessment defined under the Care Act (2014). Reporting of the use of the mental health legislation found 9% of responses report frequent use of the Capacity Act (2005), 8% of the Care Act 2014 and 3% reported regular use of the Mental Health Act (1983). Many hoarding specialists advocate the use of treating the individual as well as the physical concern (Fay, 2018). If these pieces of legislation and capacity assessments are not common practice, the root causes of an individual's reasons for hoarding are not being addressed across all LA's. In light of the classification of Hoarding Disorder, these tools should be being used with regularity. If a person doesn't have capacity to clean and tidy their home to a safe level, use of the Court of Protection could be considered as a gentler response than the use of filthy and verminous legislation.

It may be that when 'other' legislative tools were selected as an option, the respondent meant they were using bylaws such as Town and Country Planning Act (1990) or the Refuse Disposal (Amenity) Act (1978) but due to no detailed response being received for this question, it is impossible to tell. It would have been beneficial to have had this data for further analysis.

Support mechanisms.

The findings demonstrate the importance of the use of support mechanisms in managing hoarding behaviour. All support tools considered within this research project were found to be in frequent use except 'national guidance', where 23% of respondents suggested its use. There is currently is no 'up to date' national guidance pertaining to

EH, available for managing hoarding behaviour so this result was expected. An error on the part of the researcher was to not include a description bar for the responder to detail which national guidance they were referring to. It may be that they are making reference to the ‘ BPA - Psychological Perspective on Hoarding’ document which offers guidance focused around mental health but unfortunately there is no way to be clear which guidance the respondents are using. It would be interesting to explore further what guidance is being used by practitioners in further research.

The most frequently reported support tool was the use of a ‘multi agency task force’. This confirms the need for a collaborative approach when designing strategies and interventions regarding hoarding. The use of a protocol was the second most common support tool in place at a local level. A list of commonalities between protocols can be seen above in section 2.15 and is discussed further in analysis of research question 3.

CIEH guidance is commonly used across all regions and over the spread of throughput of cases. This confirms the ‘Hoarding Practice Note’ is still being used by LA's and presents an opportunity when looking at how to design and implement national guidance on the subject. Similarly, the frequency of use of best practice documents may be put down to the use of the CIEH guidance and other guidance documents such as ‘The Psychological Perspective on Hoarding’ as it also contains guidance on best practice for practitioners to follow.

Case Management

In order to successfully manage a health risk, it is essential to be able to quantify the size and scale of the problem. An element of this research study was reviewing if all LA's are recording all cases of hoarding. This was particularly important to identify as the prevalence figures of hoarding are thought to be under reported. Although this is mostly due to the secret nature of the condition, it may also be down to a lack of reporting of figures centrally across all LA's. Without a means of recording hoarding behaviour, it would be nearly impossible to account for all cases seen. A commonality

identified was that 73% of all cases are believed to be being recorded. Although the figure of non reporting is below the 1/3 range confirming commonality, it is still of concern that 27% of all LA's have reported they do not record cases and therefore do not maintain records of hoarding behaviour. Karne (2018) states:

" *If we don't know how many people? How can we plan, budget or allocate services? This negatively impacts both people affected by hoarding behaviour and those who are trying to support them*."

Although HoardingUK would not support a national database of cases, they are trying to standardise practice across services. Their view is that current failure to collect data is discriminatory as it means this complex issue is not appropriately budgeted for and therefore not systemically manageable.

Partnership working.

Frequency of partnership working can be seen to increase, with increases in throughput, demonstrating that when hoarding is viewed as a significant concern other agencies are called upon to deliver a support network. The frequency of partnership working varied between regions.

Partner agencies were identified as Social Services, the Fire Service, Safeguarding, Mental Health, Pest Control and Charities. The inclusion of 'housing' as a partner agency may have provided evidence that Housing and EH are key partners when working with hoarding cases.

In relation to collaboration with Mental Health, in light of the classification, these results echo that of the CIEH research where 1/3 of all cases still have no involvement from mental health (36%).

RQ 2: Does what Local Authorities use, potentially address all aspects of hoarding?

Use of statutory instruments.

The Public Health Act (1936) may be being used when other legislation may have been more favourable in dealing with all aspects of hoarding. For example, in the treatment of the individual to identify the root cause. Identification of the root cause as to why an individual becomes embroiled with hoarding behaviour is essential to develop interventions and multi faceted support. However, removing the physical manifestation and associated risks e.g pests, is essential. A multi faceted approach, encompassing filthy and verminous legislation, Mental Health assessments including assessment of capacity, use of the Court of Protection and long term after care would deliver a holistic intervention strategy.

Support mechanisms.

The CIEH guidance suggests the most effective method of managing hoarding behaviour is by means of “clean start” approach. However, it has been established that performing blitz cleans, although alleviating the initial concern, does not address all aspects of hoarding behaviour and is damaging to the individual with the hoarding problem (Whomsely, 2018). The CIEH guidance is out of date in this response to hoarding. Fay (2018) and many other professionals working with hoarding behaviour argue that the focus must be on long term results, by building trust and strengthening client- professional relationships, implementing treatment strategies and collaboration. The cycle of hoarding can be broken and interventions put in to place to support the person who hoards. The CIEH practice note fails to address these issues, not mentioning the use of task forces, local protocols and best practice in delivering a person centred collaborative approach.

The research from this study suggests the majority of LA's have designed their own protocol for use in cases of hoarding and over 1/3 believe that these documents are required. It may be that the protocol has been designed at a local level due to there

being no common, up to date, national guidance in which to follow. The results of this study show that 92% of professionals believe that a protocol is required when cases are seen above 20/year.

Brown and Pain (2014) corroborate this by suggesting that there is little guidance on how to manage hoarding cases effectively. In light of the classification by the WHO in the ICD-11, the CIEH practice note (2015) and national hoarding guidance may now need to be updated to include details of this and to offer more robust collaborative working suggestions, based on more recent research on the topic. To identify the root cause by working along side Mental Health and Social Services, would enable a more efficient and effective working practise with people who hoard.

The results of the study reflect the opinions of Brown & Pain (2014) demonstrating that there is a requirement for guidance tools to be in place to offer standardised support structures to managing hoarding cases.

The review of the locally designed protocols showed that the elements in a hoarding toolkit are:

- List of legislation or legislative framework.
- Referral to Fire Service
- Referral to Mental Health
- Task force in place
- Reference to the Clutter Index Rating Scale (Colour coordinated based on severity of risk)
- How to talk to hoarders - Do’s and Don’ts
- Support group - which could be peer led
- Assessment tools and guidance on how to use them

These could act as a generic framework when designing a hoarding guidance document that encompasses a collaborative approach.

Case management.

The findings from this study indicate that not recording of cases decreased as numbers of cases/annum increased (10%/ annum), demonstrating that most of the non recording is occurring when hoarding is not perceived as a major concern within the individual LA (32.5%). This raises concerns as if 27% of LA's do not record cases, funding opportunities are being missed. Individuals may be being identified and then abandoned without sufficient support to control the hoarding problem and without follow up. They may also not be benefiting from longterm treatment options. If 27% of all cases of another public health concern where not recorded, this would be considered disgraceful. For example; Imagine unearthing that over 1/4 of domestic violence cases had not been recorded? Or nearly 1/3 of sexual, racial, gender abuse cases had been brushed under the carpet?

Karnes, M (2018) of HoardingUK has created the 'I-count' list to enable easier recording of hoarding cases. The Fire Service has also implemented their own hoarding register (CFOA, 2014). Recommendations from this study are that a national hoarding register be implemented that can be accessed across multiple agencies, to support them in their separate endeavours and to support each individual hoarder to get access to services and treatment when needed.

Partnership working.

The CIEH research (CIEH, 2015) suggested that 49% of all cases had social services involvement. This research suggests that this has increased and now 91% of all cases involve a social worker. Demonstrating that partnership with Social Services is essential to good practice. 76% of LA's reported regularly (46%) or always (30%) working in partnership with additional agencies.

The CIEH research shows that in 2/3 of cases, the EHO took the lead role. When arranging collaborative working and bringing together services via a multi agency task force, it is not unexpected to assume that the lead role for co-ordination of cases would remain with EH. Brown & Pain (2014) suggest this should be a Social Services position

as they have relationship building skills that are advantageous to building trust with vulnerable individuals. Defining partners and roles is essential to a clear and straight forward collaborative process.

Restoring the dignity of the individual is of vital importance when designing any intervention strategy. A collaborative approach is deemed necessary by hoarding charities and researchers alike. This was not echoed in the 2003, CIEH research, which suggested that 8% of EHOs believe a combination of inputs is required.

A response from the Head of Policy of the CEIH on their views, now that Hoarding Disorder has become a mental health classification in its own right, is that the focus should be on solutions being person focused, coordinated partnership working be delivered and the assessment of root causes should be implemented. The aim being to deliver the long term goal or refraining from the continuation of hoarding behaviour (Lewis, 2018).

RQ 3: Is there a need for national guidance to be developed to improve outcomes?

The results from the questionnaires identify that a standard set of guidance would enable LA's to know how to manage cases of hoarding in a streamlined, efficient manner, with direction on signposting and having a core task force in place to call upon for advice, education and support.

The Public Health Act (1936) was the most common legislative tool used by professionals when managing hoarding behaviour. This may not be sufficiently encompassing to support the new classification, which may lead to an end to forced clear outs and other types of undignified interventions. This echoes the opinions of experts in the field of hoarding suggesting that other forms of legislation and working practices need to be adopted.

It is difficult to balance risk of harm to the individual and the wider community against a person centred approach, to eliminate the problem permanently. This is the dilemma faced when designing intervention strategies to improve outcomes.

RQ 4: What are the key aspects of a standard model for managing hoarding?

A standard model will need to include a framework of legislative tools to call upon, addressing all aspects of hoarding, to include the physical manifestation and the individual themselves. A balance on reliance between The Public Health Act (1936) and other legislative tools such as The Care Act (2014) and use of The Court of Protection is required to enable the individual to be supported towards a permanent conclusion of hoarding behaviour. All protocols reviewed included a list of legislation pertaining to hoarding. It is suggested that this is developed into a statutory framework to direct professionals towards the most encompassing tools to manage the behaviour beyond that of the physical manifestation.

A national hoarding task force, called for by hoarding charities, is required to address the management of Hoarding Disorder centrally. LA task forces should stem from this, enabling vital information regarding hoarding behaviour to be fed back; informing, reforming and transforming best practice.

A system of recording hoarding behaviour is required, enabling prevalence figures to be calculated more accurately and the true size of the problem identified. Accuracy in the recording of cases is essential and this would lead to having a powerful central database that should be shared between professions that have links to managing hoarding behaviour such as Mental Health, Social Services, Fire Service and other relevant agencies.

By pooling together resources and information on hoarding behaviour, more can be learnt and advanced support tools developed. In partnership with agencies, EH could take the lead on managing hoarding behaviour. Developing a partnership network, to deal with the manifestation of hoarding and its impact on the individual and also to

support the wider community. Agencies would then benefit from shared knowledge and skills.

It is vital that professionals managing hoarding behaviour have the correct training to fully understand the nature of the condition. This is necessary in light of the recent classification of Hoarding Disorder as a distinct mental health condition and the little that is known about it from limited research so far. Charities and Social Enterprises such as Clouds End, HoardingUK, Life Pod CIC and Help for Hoarders are in the optimum position to deliver such training to professionals that may not encounter hoarding on a regular basis. The focus on building relationships, illustrated throughout the review of the literature and epidemiological research demonstrates a need to focus on the individual in order to permanently rectify the problem. This may not be the first thought of a professional called to a complaint of hoarding. By having a greater understanding of the mindset of the individual, trust and stronger relationships can be forged. This is the key to long term success over hoarding behaviours and is confirmed by many academics and professionals alike.

5.2. Critical Analysis of Survey Design and Data Collection

The limitations of this study are focused around the design of the questions that made up the questionnaire, as well as the structure of the questions themselves.

With regard to the questions; including a question about the use of the ‘Court of Protection’, would have enabled discussion to take place around how cases are managed. A comparison between case management with the use or ‘filthy and verminous’ as opposed to using the ‘Court of Protection’ may have identified commonality in working practice that supports a person centred approach.

In hindsight, it would have been beneficial to gain information regarding the number of forced clear outs being used as a standard intervention strategy. This would have enabled reflection on the scale of cases managed this way and then a comparison between the use of ‘people centred’ approaches to be discussed.

Criticism of the structure of questions includes a failure make use of the ‘never’ option within the statutory instruments section.This omission led to a complication when analysing results as it was unclear if the respondents had meant to leave this question blank and therefore indicate a ‘never use’ response or if they just didn't answer this question. This could have been easily rectified if identified prior to the survey going live.

A further tool to prevent this occurrence would’ve been to force all responses to the questionnaire within Qualtrics. Allowing respondents to decide whether to answer a particular question or not may have skewed the results, as in some cases in was difficult to tell how many responses were made, particularly in the partnership working and support mechanism questions.

Inexperience in data collection has shown through in the naive design of some of the survey questions. It would have been beneficial to be able to perform statistical tests in order to confirm validity and reliability but due the previously discussed issues, these were not viable. Due to the quality of the data, there was no way of making any decent assumptions and therefore, even if there was a correlation, it could not be confirmed.

In order to have received better quality feedback from piloting, the survey should have been piloted beyond EH professionals. The lack of critique of the questions meant that issues were not identified. A larger pilot, where responses are collected to the entire survey and then analysed would have enabled issues with analysis of data to have been identified prior to the survey going live.

Strengths of the study lay in the use of email to deliver the survey. This enabled contact to be made with a mass audience, relatively quickly. The simplicity in design of the questionnaire maximised response rates as it was not too onerous to complete. Although access to contact details of EH professionals was complicated, identifying every LA and making direct contact with EH departments or Customer Service provided many responses. As previously discussed, the timing of the delivery of the email was poorly considered and so the number of responses and fully completed surveys was impressive and demonstrates that LA’s are keen to participate in research.

5.3. Recommendations for Further Research

It would add to the limited evidence base on approaches to managing hoarding to examine the perspectives of social workers and mental health practitioners. Further research is required on prevalence and how cases could be recorded in a sensitive way so that provision is accurately made within budgets and provision of services. Qualitative studies would be useful to review how EHPs would like to see the practice develop across the board, to become more person centred and collaborative.

6. Conclusion

Within the current economic climate and the uncertainty the country faces in relation to Brexit, managing hoarding disorder may not be top of the political agenda. This must not stop the correct support strategies for intervention being defined, In light of the WHO classification of hoarding as a distinct mental health disorder and the burden that compulsive hoarding can have on the individual and the wider community. LA's have an important role to play within this.

Academics writing on the subject believe that a long term change in practice is required and that a person centred approach is the only strategic way forward. Joined up thinking, empowering the individual and the collaboration of agencies to deliver the best outcomes for, at the least, 1.2 million people suffering with hoarding difficulties within the UK, must be addressed.

This study adds to the evidence base on managing hoarding in the UK and provides an insight into the commonalities between LA's in England and Wales. The study aims have been met and 1-4 research questions have been answered. Results of the study show evidence in 4 areas: Legislative tools/ support mechanisms/ data management and partnership working.

Common legislative tools were found to be traditional EH legislation. A move towards addressing the emotional needs of the individual is required following the classification and the need to identify the complex and diverse root causes of this disorder.

Awareness is growing around hoarding behaviour and it has been identified that a support document is required. A lack of a national support mechanism adds to the evidence that there is a lack of clarity on how to collaborate and how to deliver successful outcomes for the physical manifestation, along with the individual's personal needs.

The study confirms that not all cases of hoarding are being recorded. Quantifying the size of the health problem is paramount to enable the enlisting of the correct support services. In order to standardise practice, it is essential that hoarding cases are recorded accurately, thus enabling sufficient budgeting and allocation of services.

As has been demonstrated throughout the study, working closely with partners is key to delivering a more holistic intervention strategy that supports the individual and informs practice on this complex condition. Listening to the individual by building on the ability to form relationships based on trust may give deeper insights into the condition:

“The voice of the person who hoards is key”

Dr Stuart Whomsley (2018)

7. References

1. Allan, M. (2004) *Charles Dickens's Bleak House: A Sourcebook*, Routledge, London, New York.

2. Anon (2014) *Hoarding Toolkit.* Available from: http://www.cieh-housing-and-health-resource.co.uk/casestudies/hoarding-toolkit/M [Accessed 23/03].

3. Anon. (2002) *Obituaries- Edmund Trebus.* Available from: https://www.telegraph.-co.uk/news/obituaries/1409049/Edmund-Trebus.html [Accessed 04/04].

4. Anon, (2017) *Public Health Timeline* Retrieved on 02/05/2018 [Available from www.bl.uk/learning/histcitizen/21cc/publichealth/background/timeline/publichealth-timeline.html. [Accessed 04/04].

5. Barnett, D. (2016) *Hoarding and Self-Neglect – What Social Workers Need to Know*. Available from https://www.communitycare.co.uk/2016/08/22/hoarding-self-neglect-social-workers-need-know/ [Accessed 21/11].

6. Barnett, D. (2016) *Hoarding and Self Neglect Toolkit*. Available from https://www.scribd.com/doc/312911637/bullring-tue-1130-Deborah-Barnett-Hoarding-Self-Neglect-Tool-Kit-pdf [Accessed 21/10].

7. Bartolomeo, P. (2013), "The Delusion of the Master: the Last days of Henry James", *Neurological Sciences*. 34, (11),pp. 2031-2034.

8. BBC Cymru (2017). *Hoarding: 'Thousands of Homes Could be at Risk of Fire*' Available from www.bbc.co.uk/news/av/uk-wales-42434298/hoarding-thousands-of-homes-could-be-at-risk-of-fire].

9. Bradbury, N. (1990), *Charles Dickens: Great Expectations*, London, Harvester Wheatsheaf.

10. Brown, F. Pain, A. (2014) Developing an Approach to Working with Hoarding: Space for Social Work, *Practice*, 26 (4), 211-224.

11. Byard, R. (2014) Diogenes or Havisham Syndrome and the Mortuary *Forensic Sci Med Pathol*

12. Chapin, R. Sergeant, J. Terrebonne, L. Koenig, T. Leiste, M. & Reynolds, K. (2010). Hoarding Cases Involving Older Adults: The Transition From a Private Matter to the Public Sector. *Journal of gerontological social work*. 53. 723-42.

13. Cherry, J. M.P (2018) *International Hoarding, Health and Housing Conference*, (Guest Speaker) Edinburgh, [04/10].

14. CIEH. (2015) *Hoarding and How to Approach It - Guidance for Environmental Health Officers and Others*. Available from https://www.cieh.org/policy/hoarding_and_how_-to_approach_it.html [Accessed 02/03].

15. City and Hackney Safeguarding Adults Board. (2016) *Self Neglect (Including Chronic Hoarding Protocol) Guide for Practitioners CHSAB Self Neglect.* Available from; [Accessed 19/04].

16. Chief Fire Association (2014). *Hoarding Awareness Week*. Available from: https://www.nationalfirechiefs.org.uk/National-Hoarding-Awareness-Week. [Accessed 12/10/2018].

17. Conan Doyle, A. (2009) *The Adventures of the Musgrave Ritual*. Ware Wordsworth Editions Ltd.

18. Cooke, J. (2018) Interview with Abbi Robertson. 01/10/2018, Telephone Interview.

19. Cooke, J. (2017) *Understanding Hoarding.* London, Sheldon Press.

20. Cresswell, J. (2014) *Research Design : Qualitative, Quantitative, and Mixed Methods Approaches,* California : SAGE Publications.

21. Dickens, C.(2012) *A Christmas Carol*, Vintage, London.

22. Dickens, C. & Rosenberg, E. (1999) *Great Expectations: Authoritative Text, Backgrounds, Contexts, Criticisms*, W.W. Norton, New York.

23. Doerfel, S. Jones, A. (2015) *Islington Hoarding Protocol - Joint Working Protocol* Available from: hoardinguk.org/about-hoarding/protocols-and-supporting-documents/islington-protocols-and-supporting-evidence/[Accessed 20/03].

24. Dossey, L. (2005) Syllogomania. *Explore*. Vol 1, No 6.

25. Dudley Borough Council (2018) *Filthy and Verminous Premises*. Available from: www.dudley.gov.uk/resident/bins-recycling/waste-enforcement/filthy-and-verminous-premises. [Accessed 31/10].

26. Durham Hoarding Coalition (2013) *Multi Agency Hoarding Toolkit*. Available from https://durhamhoardingcoalition.wordpress.com [Accessed 01/04/18].

27. Eastleigh Borough Council, (2018) *Filthy and Verminous Properies.* Retrieved on 24/10/2018, Available from: www.eastleigh.gov.uk/environmental-health/nuisance/filthy-and-verminous-property. Accessed 12/10].

28. Elliot, G. (2007) *Silas Marner,* 3rd ed, Oxford University Press. Oxford.

29. Evans, J (2012) *The Lives of Sumerian Sculpture: An Archaeology of the Early Dynastic* Temple Cambridge University Press

30. Fay, L. (2018) *International Hoarding, Health and Housing Conference*, (Guest Speaker) Edinburgh, [04/10].

31. Fontenelle, Leonardo & E Grant, Jon. (2014). *Hoarding disorder: A new diagnostic category in ICD-11?. Revista brasileira de psiquiatria* (São Paulo, Brazil : 1999). 36 Suppl 1. 28-39. Available from https://www.researchgate.net/publication/268230904_Hoarding_disorder_A_new_diagnostic_category_in_ICD-11. [Accessed on 11/11].

32. Fromm, E. (1977), *The Anatomy of Human Destructiveness*, Penguin, London

33. Frost, R. (2018) *International Hoarding, Health and Housing Conference*, (Guest Speaker) Edinburgh, [04/10].

34. Frost, R. & Hartl, T. (1996), A Cognitive-Behavioral Model of Compulsive Hoarding, *Behaviour Research and Therapy,* 34 (4), pp. 341-350.

35. Frost, R. Gross, R. (1993) The Hoarding of Possessions. *Behaviour Research Therapy.* 31(4). pp. 367-81.

36. Frost, R. Steketee, G. (2011) *Stuff*: *Compulsive Hoarding and the Meaning of Things.* New York, First Mariner Books.

37. Frost, R. Tolin, D. Steketee, G. Fitch, K. Selbo- Bruns, A. (2008) Excessive Acquisition in Hoarding. *Journal of Anxiety Disorders,* 23. pp. 632-639.

38. Frost, R. Steketee, G. Tolin, & Renaud, S. (2008). Development and Validation of the Clutter Image Rating. *Journal of Psychopathology and Behavioral Assessment*. 30. 193-203.

39. Frost, R. Steketee, G. Tolin, D. Renaud, S. (2012) *Development and Validation of the Clutter Image Rating*. Available from: https://www.researchgate.net/publication/ AU -

40. Gray, D. (2018) *Doing Research in the Real World*. 4th ed, London, Sage.

41. Goyol, P. (1961) *Dead Souls*. London, Penguin. First published in Russian in 1852.

42. Halliday, G. Banjeree, B. Philpot, M. Macdonald, A. (2000) Community Study of People Who Live in Squalor. *The Lancet.* Vol 355.

43. Hasha, M. (2016) *Encyclopedia of Social Deviance- Hoarding*. Available from: http://sk.sagepub.com/reference/encyclopedia-of-social-deviance [Accessed 12/04].

44. Hasselgrove, C & Garrow, D. (2016) '*Hoarding and Deposition in Iron Age and Roman Britain, and Beyond' International Conference*, British Museum, 11th-12th March 2016

45. Heffer, G. (2018) *Call for Taskforce as WHO Terms Hoarding a Medical Disorder for First Time*. Available from: www.news.sky.com/story/call-for-taskforce-as-who-terms-hoarding-a-medical-disorder-for-first-time-11473363].[Accessed 22/10]

46. Herring, S. (2011) Collyer Curiosa: A Brief History of Hoarding. *Critism.* 53 (2) pp. 159-188.

47. Holmes, S. Whomsely, S. Kellet, S. (2015) *A Psychological Perspective on Hoarding*. Leicester, The British Psychological Society. Available from https://www1.bps.org.uk/system/files/Public%20files/a_psychological_perspective_on_hoarding.pdf [Accessed 17/06].

48. Hunter, D.J. & Perkins, N. (2014), *Partnership Working in Public Health*, Policy Press, Bristol.

49. Islington. (2016) *Hoarding Protocol.* Available from:http://www.cieh-housing-and-health-resource.co.uk/casestudies/islington-hoarding-protocol/ [Accessed 12/03]

50. Islington. (2016*) Evidence Hub- Focus on Hoarding.* Available from: http://www.cieh-housing-and-health-resource.co.uk/wp-content/uploads/2016/08/2016-04-21-Hoarding-fact-sheet-2016.pdf [Accessed 19/04].

51. Jacobsen, K. (2017) *Introduction to Health Research Methods: A Practical Guide*. Vermont, Jones & Barlett Learning.

52. James, C. (1890) *The Theory of the Leisure Class* by Thorstein Vebien.

53. Karne, M. (2018) Email to Abbi Robertson, [04/10].

54. Karnes, M. (2009) *The Impact of Counselling in Compulsive Hoarding Interventions Within the Context of a Social Model of Disability: Finding a Way Forward*. Middlesex University.

55. Koenig, T.L., Spano, R., Leiste, M.R., Holmes, R. & Macmillan, K.R. (2014), "Multidisciplinary Teams' Practice Strategies With Older Adult Clients Who Hoard", *Social Work in Mental Health,* 12 (1). pp. 81-97.

56. Landau, D., Iervolino, A.C., Pertusa, A., Santo, S., Singh, S. & Mataix-Cols, D. (2010;2011);, Stressful Life Events and Material Deprivation in Hoarding Disorder, *Journal of Anxiety Disorders,* 25 (2). pp. 192-202

57. Lewis, T (2018) *Interview by Abbi Hilton with Head of Policy for CIEH*.

58. Life of Grime (1999) *Edmund Trebus*. Series 1 Episode 1-6. BBC One. 11/05.

59. Macmillan, D. Shaw, P. (1966) Senile Breakdown in Standards in Personal and Environmental Cleanliness. *British Medical Journal*.;2. pp.1032–7.

60. Marmot, M.(2005) Social Determinants of Health Inequalities,*The Lancet*, 365, Issue 9464, 1099-1104.

61. Mataix−Cols, D. , Frost, R. O., Pertusa, A. , Clark, L. A., Saxena, S. , Leckman, J. F., Stein, D. J., Matsunaga, H. and Wilhelm, S. (2010), Hoarding disorder: a new diagnosis for DSM−V? *Depress. Anxiety*, 27: 556-572

62. Mataix-Cols, D. (2017), "E.03.01 - Hoarding Disorder: Epidemiology, Genetics and Diagnostics", *European Neuropsychopharmacology,* 27, S574-S574.

63. Mind. (2013) *Hoarding.* Available from: https://www.mind.org.uk/information-support/types-of-mental-health-problems/hoarding/#.WuZPT62ZM_V [Accessed 17/03].

64. NHS (2018) Hoarding Disorder. Available from www.nhs.uk/conditions/hoarding-disorder [Accessed 12/04]

65. Nordsletten, A.E., Reichenberg, A., Hatch, S.L. Fernández de la Cruz, Lorena, Pertusa, A., Hotopf, M. & Mataix-Cols, D. (2013), Epidemiology of Hoarding Disorder, *The British journal of psychiatry :* 203, (6). pp. 445-452.

66. Ong, C. Sagayadevan, V. Lee, S. Ong, R. Chong, S.A. Frost, R. & Subramaniam, M. (2015) Hoarding among outpatients seeking treatment at a psychiatric hospital in Singapore, *Journal of Obsessive-Compulsive and Related Disorders,* 8, 56-63

67. Penzel, F. (2014). *Hoarding in History*. *The Oxford Handbook of Hoarding and Acquiring.* : Oxford University Press, Available from: http://www.oxfordhandbooks.-com.ezproxy.uwe.ac.uk/view/10.1093/oxfordhb/9780199937783.001.0001/oxfordhb-9780199937783-e-001. [Accessed 08/10].

68. Pinsonneault, A., & Kraemer, K. L. (1993). Survey research methodology in management information systems: Anassessment. *Journal of Management Information Systems*, 10, pp. 75-105.

69. Resnik, D. (2011) *What is Ethics in Research & Why is it Important?* Speaking at the National Institute for Environmental Health Available from https://www.researchgate.net/publication/242492652_What_is_Ethics_in_Research_Why_Is_It_Important [Accessed 10/10].

70. Resnik, D.B. (2012), *Environmental Health Ethics,* Cambridge University Press, Cambridge.

71. Richardson, S (2014) The H Word- What's in a Name Retrieved on 21/10/2018/ Available from: https://compulsivehoardingproject.wordpress.com/2014/10/ [Accessed 12/11].

72. Saunders, M, Lewis, P and Thornhill, A (2012) *Research Methods for Business Students*, 6th ed, London, Pearson.

73. Shakespeare, W. & Drakakis, J. (2011), *The Merchant of Venice, London. 3rd Series.* Arden.

74. Shutleworth, M. (2008). *Validity and Reliability*. Available from: explorable.com/validity-and-reliability. [Accessed 21/10].

75. Skelley, A. , Dettori, J., Brodt, E. (2012) *Assessing Bias: The Importance of Considering Confounding.* Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3503514/ [Accessed 27/10].

76. Snowdon, J & Shah, AJ & Halliday, G (2007). Severe Domestic Squalor: A Review. *International Psychogeriatrics 19. pp. 37-51*

77. Steketee, G. Frost, R. (2013) *Treatment for Hoarding Disorder: Assessing Hoarding Problems*. Oxford, Oxford University Press.

78. Thomas, G. (2017) *How to Do Your Research Project: A Guide for Students.* London, Sage Publications.

79. Tilden, W. (1995) *Crowns Children : Freud's Anal Typology as an Organising Concept in American Historiography* Available from: http://home.earthlink.net/~bctilden/ [Accessed 04/08/18].

80. Tolin, D. Frost, R. Steketee, G. Gray, K. Fitch, K. (2008) The Economic and Social Burden of Compulsive Hoarding. *Psychiatry Research* 160 (2) 200-211

81. Tosey, P. Saunders, M. (2013). *The Layers of Research Design*. Available from: anlp.org/files/research-onion-layers_42_357.pdf. [Accessed 04/04].

82. Trevithick, P. (2003) Effective Relationship-Based Practice: A Theoretical Exploration, *Journal of Social Work Practice*, 17(2), pp.163-176.

83. Wheaton, M. Fabricant, J. Franklin, C. Joseph, G. (2011). Is Hoarding a Symptom of Obsessive-Compulsive Disorder?. *International Journal of Cognitive Therapy*. 4. 225-238

84. Whomsely, S. (2018) *International Hoarding, Health and Housing Conference*, (Guest Speaker) Edinburgh, [04/10].

85. W.H.O (2018) Classification of Hoarding Disorder Available from:www.who.int/health-topics/international-classification-of-diseases [Accessed 12/08].

8. Appendices

8.1: Risk Assessment

University of the West of England
BRISTOL

Describe the activity being assessed: Management of hoarding behavior by Local Authority staff	Assessed by: Abbi Robertson	Endorsed by: Phil Gilbert
Who might be harmed: Participants How many exposed to risk: 350+	Date of Assessment: 15/07/2018	Review date(s): 15/09/2018

Hazards Identified *(state the potential harm)*	Existing Control Measures	S	L	Risk Level	Additional Control Measures	S	L	Risk Level	By whom and by when	Date completed
Online survey- always a potential for breach related to online activity	Using Qualtrics and storing data on OneDrive Freedom of Information requests to ensure survey reaches the correct people in the right department to answer the question appropriately.	1	1	1						
Collection and storage or data	Storing data on OneDrive, deletion of data immediately after study completed. Not requesting any individual/ personal data.	1	1	1						
Psychological impact on participant	Survey targeted at professionals working with hoarding cases on a regular basis	1	1	1						

RISK MATRIX: (To generate the risk level).

Very likely 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Extremely unlikely 1	1	2	3	4	5
Likelihood (L) Severity (S)	Minor injury - No first aid treatment required 1	Minor injury - Requires First Aid Treatment 2	Injury - requires GP treatment or Hospital attendance 3	Major Injury 4	Fatality 5

ACTION LEVEL: (To identify what action needs to be taken).

POINTS:	RISK LEVEL:	ACTION:
1 - 2	NEGLIGIBLE	No further action is necessary.
3 - 5	TOLERABLE	Where possible, reduce the risk further
6 - 12	MODERATE	Additional control measures are required
15 - 16	HIGH	Immediate action is necessary
20 - 25	INTOLERABLE	Stop the activity/ do not start the activity

8.2: Data Management Plan

8.3: Ethical Approval

Faculty of Health and Applied Sciences
Department of Health and Social Sciences
Frenchay Campus
Coldharbour Lane
Bristol BS16 0QY

20 July 2018

RE: Abigail Robertson (16034959)
UZVSMT-45-M Dissertation
MSc Public Health / MSc Environmental Health
Title of Project: What are the similarities and differences between the Local Authorities of England and Wales in their approach to hoarding behaviour?

Dear Abigail

Thank you for submitting your ethics application. I have reviewed your research ethics application and deemed it to be low risk. This letter confirms that I am able to grant you ethical approval to proceed with your research project.

Please note that information sheets, consent forms and any other correspondence with potential or actual participants must include the UWE logo. Further guidance is available on the UWE website at: http://www1.uwe.ac.uk/aboutus/departmentsandservices/professionalservices/marketingandcommunications/resources.aspx

The following conditions apply to all research given ethical approval by UWE:

1. You must notify me (as your supervisor) if you wish to make significant amendments to the original application: these include changes to the study protocol that have an ethical dimension.
2. You must notify me (as your supervisor) if there are any serious events or developments in the research that have an ethical dimension.

The University is required to monitor and audit the ethical conduct of research conducted by academic staff, students and researchers. Your project may therefore be selected for audit by the University Research Ethics Committee.

Best wishes

Phil Gilbert

Dissertation Module (UZVSMT-45-M)

8.4: Copy of Questionnaire

My name is Abbi Hilton and I am studying for a MSc in Environmental Health at the University of the West of England. I am required to complete a research project as part of the programme. The aim of my research is to explore if there is a common approach among Local Authorities to managing hoarding behaviour.

I am hoping to gain information of those working in Local Authority Housing departments that come into contact with hoarding cases, in order to complete a survey based around common themes in managing hoarding and to review the potential for national guidance or common best practice.

All surveys will be completed anonymously and analysis and storage of data will be in line with current, data management, compliance requirements. Data will be collated in the Qualtics system and no paper records will be kept. All raw data held will be deleted at the end of study in December.
Participation in this study is entirely voluntary. Due to the anonymous nature of the survey, if you wish to withdraw, you may do so at any time until the submission of the questionnaire, after which we will not be able to identify your data to extract it.

If you would like any further information or require any clarification around any of the survey questions please contact myself - Abbi Hilton (abigail4.Robertson@live.uwe.ac.uk) or the research supervisor - Phil Gilbert (phil.gilbert@uwe.ac.uk).

Q1- Consent

Please read the following and tick your consent.

- I have read the introductory statement

- I am happy to take part in this research

- I am over 18

YES	NO

- Q2- Which area is your Local Authority in?

16034959

Region	
East Midlands	
West Midlands	
South East	
North West	
North East	
London	
Wales	
South West	
York/Humber	

Q3- On average how many hoarding cases, either formally or informally are you dealing with every year?

Frequency	
0	
1-5	
6-10	
11-15	
16-20	
20+	

Q4- If you use any of the following statutory instruments please state how often, leave blank if you never use for hoarding cases.

Legislation	Rarely	Sometimes	Often	Regularly	Always
The Care Act 2014					
Public Health Act 1936					
Ant Social Behaviour & Policing Act 2014					
Environmental Protection Act 1990					
Mental Capacity Act 2005					
Mental Health Act 1983					
Animal Welfare Act 2006					
Prevention of Damage by Pests Act 1949					
The Housing Act 2004					
Other					

Q 5. Does your Local Authority have involvement with the following?

Support documents	Do you use?	Do you think it is needed
Your own protocol/toolkit?		
CIEH Guidance		
Multi agency taskforce		
Other national guidance		
Best practice documents		

Q 6. Do you routinely ask for/carry out a mental health, capacity assessment?

YES	NO

Q 7. If yes, is this capacity assessment to make decisions or specifically to clean/tidy the home?

YES	NO

Q 8. Do you record hoarding behaviour that has been observed/investigated?

YES	NO

Q 9. How often do you use partnership working as a tool to manage hoarding cases?

Frequency	
No cases	
Some cases	

16034959

Frequency	
Most cases	
All cases	

Q 10. Which departments or third parties do you work in partnership with to manage hoarding?

Department	
Social services	
Public health	
Police	
Fire	
Charities	
Mental health	
Safeguarding	
Pest control	
Private companies	
Other - please specify	

Thank you for your time.