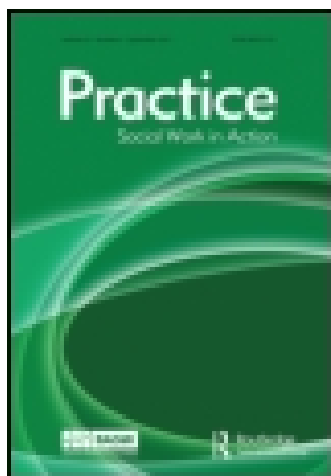


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# Developing an Approach to Working with Hoarding: Space for Social Work

*Fiona Brown and Anna Pain*

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Hoarding can impact on people's activities of daily living, pose a significant health risk and put people at risk of eviction and mental health issues. There is growing awareness of how hoarding affects people. However, there remains little clarity about how local authorities and other agencies can collaborate to address the problems that hoarding can cause, and with whom the primary responsibility lies. Although social workers may frequently come into contact with hoarding, there is little evidence of the impact social work practice can have with people who hoard. This paper focuses on the work taking place with hoarding in the Adult Community Social Work team of the London Borough of Hammersmith and Fulham (LBHF). Collaboration with other agencies, a commitment to supporting people who hoard and some intensive work with service users have been central to the work in LBHF so far. This paper discusses the key role that social workers have to play in supporting people who hoard, with a focus on the importance of relationship-building with service users. It argues that social workers are well placed to support people affected by this condition.

*Keywords:* hoarding; social work; adult social care; relationship building; clutter; housing

## Introduction

Hoarding can be defined as a 'debilitating disorder characterised by the acquisition of and failure to discard a large number of possessions that seem useless or of little value to others' (Andersen, Raffin-Bouchal, and Marcy-Edwards 2008, 189). Hoarding can be an incapacitating factor on people's independence and can have consequences for the community around them. There are certain characteristics that can be identified as typical of hoarding:

- (1) The acquisition of a large number of possessions;
- (2) Subsequent failure to discard possessions; and
- (3) Resulting clutter that precludes the use of living spaces in the manner for which those spaces were designed (Frost and Hartl 1996).

Items that people hoard can range from newspapers, books and records to bedding, mail order items, electronics, food and animals. People can hoard for a variety of reasons, although research suggests that people may hoard to relieve anxieties; to feel connected; socially engaged; needed by others; proud and productive or in control (Andersen, Raffin-Bouchal, and Marcy-Edwards 2008). The amount of items collected can vary from a section of a room, to a whole room and in more severe cases, to consuming an entire property. Hoarding behaviours transcend income level (Chapin et al. 2010) and there are few predictive factors to indicate those people who could start to collect or hoard. However, research indicates that a person's tendency to hoard increases with age (Chapin et al. 2010). The most common demographic characteristics include being female, aged 46–75 years old, Caucasian and unmarried, being retired or unemployed, although some people remain employed or in receipt of disability services (McGuire et al. 2013).

There has been limited unbiased research into the prevalence of hoarding behaviour within the United Kingdom (UK). Dr Mataix-Cols, a Psychologist at the Institute of Psychiatry, King's College London and an advocate for hoarding disorder to be included in the DSM-5, estimates that it is 'highly prevalent (approximately 2–5% of the population — that is potentially over 1.2 million people in the UK alone)' (Mataix-Cols 2013). Hoarding has recently been recognised as 'Hoarding Disorder' in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Although the inclusion of hoarding in the DSM-5 can be seen as positive in that it recognises its prevalence and impact, it has the potential to stigmatise and label those affected by hoarding and discourage people from engaging with support services. As such, reception to such additions to the DSM has not been universally favourable. Lacasse (2014) has highlighted social work concerns in the United States of America (USA) that the diagnostic labels included in the DSM-5 are medicalising human problems and have the potential to cause harm to service users. Furthermore, Kinderman et al. (2013, 1) suggest that introducing the language of 'disorder' undermines a 'human response by implying that these experiences indicate an underlying defect'. They instead suggest that psychological distress should be acknowledged as a 'normal, not abnormal part of human life' (2013, 3).

Recently, hoarding has been highlighted more frequently in the media. In May 2013, the mainstream media widely reported that a couple were given a six month suspended sentence for causing child cruelty as a result of hoarding. This was thought to be the first conviction of this kind (BBC 2013; The Guardian 2013). Hoarding has also been featured in television series on Channel 4 (The Hoarder Next Door) and the BBC (Britain's Biggest Hoarder). Although this has contributed to increasing the public's awareness of hoarding, media interest tends to be voyeuristic rather than attempting to examine and explore hoarding and its impact.

This issue is increasingly coming to the attention of local authorities, fire services and housing associations, amongst other agencies. Fire services have a duty to protect the public and housing associations and local authorities have a

duty to protect their properties and other tenants, which can lead to people who hoard being faced with eviction and legal action. There is often no established protocol to guide practice, which can be problematic. There is a real risk of eviction when action is not agreed to by the person who hoards, but equally, a forceful intervention may result in an exacerbation of the person's hoarding.

There is some literature published in the USA and Australia examining responses to hoarding. There is also now a growing number of websites providing information and resources for hoarders, their relatives and friends, as well as professionals. However, there is little research published in the UK thus far, and governmental or local departmental policy or guidance is rare or non-existent. As such, there is little precedent of how any agency or local authority should respond, let alone social workers. Furthermore, there is an absence of training in the UK on hoarding, especially in relation to how social workers can interact with this issue.

This article aims to highlight the work with hoarding taking place in the adult social care department of the London Borough of Hammersmith and Fulham (LBHF). LBHF have made the decision that the Adult Community Social Work Team (ACSW) will be the lead agency working with people who hoard within the borough. This approach was adopted in 2010 after it was identified that key social work skills can be effective when working with people who hoard. This experience has so far indicated that an innovative social work perspective can achieve greater results than a typical care management approach in this area. Social workers can utilise their skills in working with vulnerable people, managing risk in the community and engaging with people in order to affect changes in their life. The level of intensive and practical support is perhaps more than social workers have typically perceived their role to include, as often due to high workloads social workers are limited to signposting and referring to services rather than participating in an intervention themselves. However, the application of social work knowledge and skills can be used to build an effective professional relationship with service users, and can help to avoid eviction and further negative consequences. This article seeks to highlight that in working with people who hoard, it is proving most effective for social workers to adopt a non-judgemental approach, placing patience, empathy and person-centred practice at the core. We will now explore this approach in greater detail.

## The Context of Hoarding

Hoarding is a 'growing environmental and social concern' and presents a range of risks and problems to local communities, local authorities and fire services (Fleury, Gaudette, and Moran 2012, 160). Risks to communities may be exacerbated in urban and inner city areas due to high-density living. Social services and other agencies often 'expend considerable efforts in addressing the public health and safety problems that result from hoarding' (Koenig et al. 2012, 57).

For older adults, the extent of clutter in the home often interferes with the ability to complete bathing, food preparation and other basic activities of daily living (Steketee, Frost, and Kim 2001; cited in Chapin et al. 2010). To put this into context, one service user in LBHF has been unable to use his flat for most activities of daily living for approximately two years due to the amount of clutter within it. As he is a sheltered housing tenant, he is able to use the communal bathroom and kitchen facilities and sleep in a chair in the lounge. However, the hoarding has had an impact on how other residents relate to him, as they attribute blame for infestations to the hoarding within his flat. It is also disruptive for the other residents as he is constantly present in the communal areas. Hoarding can also cause chronic disease, risk of homelessness, social isolation, economic burdens and increased risk of injury (Fleury, Gaudette, and Moran 2012).

Given the many problems that hoarding can create for communities and services, the individual stories of what drives people to collect may be overlooked, which in turn can be detrimental to the success of working with someone who hoards. The items that individuals collect and the reasons for collecting them can vary widely. However, several common traits can be identified, such as saving items to feel in control, storing sources of information; such as newspapers, for potential future use; or keeping something in case another person needs to use it in the future (Andersen, Raffin-Bouchal, and Marcy-Edwards 2008). For instance, one service user collects books and records with the aim of eventually moving to a bigger house where he can display the books. He started collecting several decades ago with the aim of gathering a definitive book collection. His flat also contains cardboard boxes to store the books in and wood to build shelves to display the books on.

### **The Different Responses to Hoarding**

Often hoarding is a hidden problem, only coming to light after many years, when the person becomes ill or has an accident or the extent of their hoarding is uncovered during a fire safety check or a visit by a housing association. Despite hoarding potentially having a significant and detrimental impact on their lives, people often find it very difficult to part with their belongings, even in a crisis when they must discard because of health hazards, infestation, fire hazards and threats of eviction (Andersen, Raffin-Bouchal, and Marcy-Edwards 2008). Thus, hoarding is an issue that has typically flummoxed local authorities in terms of responses.

There are many difficulties in coordinating a tailored and personalised response amongst multiple agencies. In the UK, hoarding has typically been seen as a housing or environmental health issue when the people who hoard live in social housing or housing association properties and multi-occupancy buildings. In instances where a property is deemed to be verminous or filthy, environmental health services have a legal obligation to enforce a clearing of the property

or consider eviction. When there is no identified lead agency, housing departments may be unsure of who to refer to, and therefore people may not be offered support. Furthermore, boundaries between self-neglect, hoarding and squalor are not always clear, and organisational responsibility can often be blurred (McDermott 2008, 246). Instances where service users' needs appear to be neglected may be referred to ACSW as safeguarding alerts, however if the person is deemed to have the mental capacity to choose to neglect themselves and decline the input of a social worker, ACSW has no power for further intervention under safeguarding. Due to these problems, LBHF ACSW have agreed to take an active role as the lead agency in hoarding cases.

Historically, in response to hoarding referrals, some local authorities, including LBHF, have opted for arranging a clear-out of the property through cleaning units and removals teams. Although this produces an immediate result of a clearer property, this is often only a temporary solution. Removing clutter is only addressing the symptom of hoarding, not the problem, and 'forced clean-ups can worsen symptoms and lead to recidivism' (Fleury, Gaudette, and Moran 2012, 159). People who hoard may see hoarding as a solution to their other problems rather than the problem itself. Therefore, removal of clutter from the property without the involvement of the service user does not appear to be effective and may lead to the areas becoming cluttered again (Andersen, Raffin-Bouchal, and Marcy-Edwards 2008), especially if involvement from the local authority ends immediately after the clear-out. One service user recalls a visit by a housing officer who berated him for the state of his flat which made him want to disengage with the housing association. He states that since then he has also had significant trouble sleeping. If someone does not fully explore with a person the reason and triggers for their hoarding and try to make plans to manage in the future, then the hoarding is more likely to continue as before the clean out.

### **The Response in the LBHF**

In 2010, a decision was made within LBHF to identify a lead agency to work with hoarding. Previously, adult social care would become involved in cases only where service users had health and social care needs, for example, where space was needed for care workers or adult community nurses to be able to carry out their home visits. It was a response that attempted to minimise risk and did not address the person's hoarding. Intervention was purely to facilitate the home visits for professionals rather than the safety of the service user themselves. Hoarded homes would often languish in between housing, environmental health and adult social care departments, while the problem worsened.

To address this problem, LBHF and the London Fire Service Borough Commander agreed on a strategic approach for dealing with hoarding cases in the future. All cases of hoarding would be referred to ACSW, with the exception of

cases that are already allocated to social workers in the Learning Disability and Mental Health teams.

The London Fire Brigade, housing associations, the London Ambulance Service, the LBHF housing department, general practitioners and community nurses amongst other agencies are encouraged to refer any cases of hoarding that they encounter to ACSW. People who are referred to ACSW do not necessarily have to have adult social care needs, as is typical practice with safeguarding and care management referrals. Agencies are asked to provide as much information about the hoarding as they are able to, for instance:

- (1) Basic data-set regarding the client, name, address, date of birth, etc.;
- (2) What is being hoarded;
- (3) Risk identified to the service user and/or others;
- (4) Agencies involved;
- (5) Referrer's current level of engagement with client; and
- (6) Details of any health, mental health or mental capacity issues.

People's interpretations of clutter can vary, which can be misleading in referrals. Therefore to this end, the Clutter Index Scale (International OCD Foundation 2013) has been developed and is used to assess the level of hoarding in a property on a scale of 1 to 9.

Homes identified as being at clutter scale level 4, 5 or 6 require a joint visit from social work services and either the London Fire Brigade and/or environmental health and/or a housing officer depending on the circumstances. The visiting officers will be jointly responsible for assessing the risk and completing the hoarding assessment form. A referral to the Increasing Access to Psychological Therapies (IAPT) service may be considered if the service user is not already known to mental health services. A case conference may be called by the social worker with all agencies involved to develop a multi-agency action plan which is owned and acted on by all involved. Where possible the service user must be involved in the case conference. Consideration should be given to the risks to the service user and others, especially if the individual is living in a multi-occupancy property.

If a home is identified at level 7, 8 or 9, then this property is almost certainly a serious fire or health risk to the service user and others. An urgent multi-agency case conference should be called with the purpose of developing an action plan. Immediate serious consideration must be given to the risks, especially of fire. The social worker should work with the service user to identify ways of minimising the risk. If the service user is not engaging, the case should be discussed with the relevant agencies involved to identify action needed.

A case of hoarding will usually require long-term support that is dependent on a strong relationship; therefore, it will be allocated to one specific social worker to start an appropriate intervention. It can be argued by local authorities that there is a duty for social work practice of this type to be provided



under the Fair Access to Care Services criteria (SCIE 2013). People who hoard can meet the criteria of there being little or no choice or control/only partial choice and control over 'vital aspects of the immediate environment' if the hoard is such that the person is unable to move within and maintain their home environment, and an 'inability to carry out vital/the majority/several personal care or domestic routines' if the level of the hoard is impacting on the person's ability to carry out these routines. These criteria are within substantial and critical levels and therefore if people were assessed as having these needs they may be considered eligible to receive adult social care.

Based on experience thus far, it seems that intensive work is required with those who are categorised as level 6 and upwards on the Clutter Index Rating Scale (International OCD Foundation 2013). To address the hoarding effectively, social workers may need to spend a minimum of 2 hours per fortnight with the service users and in some cases an afternoon per fortnight.

'Treatment is complex, mirroring the complexity of the disorder itself' (Fleury, Gaudette, and Moran 2012, 159). There is no quick and easy solution in working with cases of severe hoarding. Throughout the work with hoarding taking place within ACSW in LBHF, the most beneficial method of working has been to establish and build upon a relationship of trust between the professional and the person who hoards. This relationship building is reflective of social work values, where the social worker–service user relationship is viewed as a 'central and key component of bringing about change' and the relationship itself can be a tool to facilitate the understanding of the service user's needs (Murphy, Duggan, and Joseph 2013, 705–706.). This part of the process can take several months before any practical work is even started.

There are numerous cases involving hoarding currently open to ACSW, with a total of over 70 people supported with hoarding issues by social workers since 2010. To date, where ACSW has been involved, there have been no known cases where service users have been evicted from their homes due to hoarding, as the social worker has been able to act as the mediator between the service user and the housing association or private landlord. Often safeguarding and care management issues can consume the majority of a social worker's time, therefore management support and direction is essential for social workers to work effectively with hoarders. In LBHF, social workers are given time and resources to be able to prioritise this work due to the complex nature of the work and the requirement of a strong relationship between worker and service user.

Due to the 'complex nature of hoarding and the diverse agencies needed to address a single hoarding case', a multidisciplinary approach is needed and may be 'the only successful response to hoarding' (Koenig et al. 2012, 57). Therefore, LBHF have also established a local hoarding panel attended by the London Fire Brigade, learning disability team, housing, public health, Mind (mental health charity), Community Mental Health Team and IAPT where discussion of local cases and agreed approach takes place. At the panel, cases where health and social care professionals have been challenged are discussed,



so that a multi-agency approach can be considered as well as consideration of which legislation could be used. The panel is advisory and helps to share information. LBHF conducted a hoarding awareness month in October 2013 with presentations from field experts, the London Fire Brigade, housing associations, social workers and Mind amongst others. Professionals and members of the public attended from the local area and beyond.

### **Pan London Hoarding Task Force**

On a broader scale, the pan London hoarding task force was convened by Peabody Housing Trust and meets approximately every 2 months. Attendees range from housing providers to the London Fire Brigade, and local authorities — including representatives from environmental departments and social work in the boroughs of Hammersmith and Fulham, Kensington and Chelsea, and Westminster and Islington. Members of the local LBHF hoarding panel also attend this Task Force. Independent experts also attend, such as Clouds End social enterprise professional decluttering agency. The objectives of this group are to:

- Establish uniform local authority protocols for managing the Hoarding process;
- Establish a database of people who hoard which can capture numbers and costs incurred;
- Share information;
- Provide support information advice and training for staff involved with hoarding;
- Review case studies and update on changes to legislation or sector practices;
- Provide clarity about the expectations and legal powers of statutory organisations; and
- Include other experts as and when necessary.

This group emulates the successes of hoarding task forces in the USA, which have been established in more than 85 communities ‘hoping to stave off catastrophes and help hoarders turn their lives around’ (The New York Times 2013).

People who hoard may often be concerned by the stigma of hoarding and a lack of understanding from other people. Social isolation tends to be enmeshed with hoarding although it is often difficult to determine whether the person was socially isolated because of hoarding or they have hoarded because of a limited or non-existent social network. In LBHF, Mind runs a monthly hoarding support group where members can meet and share their own experiences if they want to. The support group also has guest speakers who run question and answer sessions. Social workers can refer service users to this group, and the group facilitators can provide feedback to social workers. This group has

become so successful that a second group has now been set up due to the first group running over capacity. Although groups such as this are not wide spread across the country, the success of the LBHF group has encouraged other boroughs to set up their own support group. It is also hoped that this will be replicated across other boroughs throughout the country. There are also service user-led and peer-led hoarding groups throughout the UK, including one in Whitechapel in London. Having local agencies signed up to the hoarding agenda has provided support for social workers in their individual work with service users who hoard.

### The Role of the Social Worker

Social workers are one of a number of people who are well placed to both identify and work with hoarding, including volunteers, community nurses and housing officers amongst others. However, social workers have a unique and specific skill set that we feel makes them best placed to work with hoarding. Social work values place emphasis on empowerment and strengths-based models as well as person-centred approach. Murphy, Duggan, and Joseph (2013, 704) suggest that the relationship between social worker and service user is based on values such as 'unconditional positive regard, mutuality and dialogue'. This is unique from other professional relationships which may place more emphasis on the professional as the expert and the person as the patient and affords a more equal balance of power within the relationship (Murphy, Duggan, and Joseph 2013). Social workers should then use this relationship as a foundation on which to build future work rather than as an end in itself (Trevithick 2003, 166).

Social workers are also well practised in assessing and managing risk, including recognising that risk cannot also be avoided. This is relevant for working with service users whose homes are hoarded to the level of 7 and upwards on the clutter index scale. In these cases, an immediate dramatic reduction of items in the home is unlikely to occur; therefore social workers may have to assess the current level of risk and identify the best way of managing that level of risk. Social workers have experience of this from the various interventions that they are involved with, especially within a team such as ACSW which deals with a variety of issues such as safeguarding, substance misuse and self-neglect.

Social workers can use their position within a local authority and multi-agency working to advocate and promote service users' views and needs. Furthermore, as social workers are already in contact with vulnerable and potentially isolated people, they are also ideally placed to identify hoarding in the community.

Social workers should recognise that going into someone's home and indeed coming into their lives can potentially be very intrusive for a person, and that they may not always be welcomed. Service users may not initially want to

allow the social worker into their home, preferring to perhaps meet in a neutral space, or perhaps not even at all. In these instances, the social worker may need to be persistent, offering their support and demonstrating that they want to understand, without infringing on the person's privacy. Based on our experience so far, an unannounced visit can be very anxiety provoking for service users who hoard, and therefore this should be avoided as far as possible. It also may be helpful to let the service user set the date and time for when to meet.

Working with hoarders can require intensive input from social workers. Recent research by Australian Curtin University found that people who hoard appear to have some difficulties with sustaining attention and in aspects of decision-making (Social Science 2013). 'Every item that is hoarded is considered to have value to the person who hoards'; therefore, 'when a person tried to discard the items, it leads to distress' (Fleury, Gaudette, and Moran 2012, 158). Items that may seem to have little or no significance to professionals may have been meticulously stored for specific reasons by the service user: For example, plastic carrier bags may be stored for future use by the service user; cereal boxes for protecting books; tankards collected for historical purposes; books (often with several duplicates). It is imperative for the social workers to try to understand the psychological reasons behind why someone is hoarding, for example, events in the person's background that could have triggered the hoarding behaviour. One service user has recalled an event from his childhood when his mother threw away some of his possessions without his permission, as a particularly painful and memorial event.

Due to the complexities illustrated above, working with people who hoard can therefore be complex and time-consuming, and social work skills such as advocacy and prioritising a strengths-based and person-centred approach can be particularly useful. The International Federation of Social Workers defines the social work profession as promoting 'social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being', intervening at the 'points where people interact with their environments' (IFSW 2010). We feel that these values place social workers apart from other professions such as nursing and psychology, and makes them ideally suited to this type of work.

Social workers within ACSW have been attempting to be more creative in thinking of ways with which to engage the person who hoards. For example, encouraging the service user to try letting go of only one item at first to see how the experience feels, or enlisting the support of local voluntary organisations, for example Mind, to provide help with sorting through items.

As part of this attempt to forge a new approach to working with hoarding, two social workers within ACSW are now joint working with two service users with Heather Matuozzo, chair of social enterprise company Clouds End. The aim of this is to develop ways of working with people who hoard to both provide practical support in sorting through items in the flat and also emotional support by exploring the psychological reasons behind hoarding. This work will

then be used as case studies for the pan London hoarding task force. This provides evidence to other public agencies and local authorities on how this type of work can be more effective in long term economically by avoiding paying for expensive agencies to clear out the flat and for an ongoing housework service, and by directly addressing the reasons that people may hoard in the first instance. It can also bring more meaningful social outcomes by supporting people to live more independent and socially engaged lives.

This joint working has typically involved an initial meeting between the social worker, Heather and the service user to identify the scale of the hoard and to discuss ideas of how to address it. Heather has been able to suggest behaviour patterns of people who hoard and suggest strategies that service users can adopt to hoard 'safely' in the future if they are not able to completely cease hoarding; for example, for every new book bought in the future, one already owned should be given away. Feedback from service users has suggested that being open and transparent about what the plan is, is helpful for them. However, at the same time, social workers must recognise that they will need to work at a pace set by the service user, which may conflict with competing factors, such as performance indicators and assessment timescales.

Following this, the social workers have been undertaking joint visits with Heather fortnightly and have begun to support the service users to sort through their belongings. The social workers will then be able to utilise their skills in their future work with hoarding. Although such physical and practical work is not the work that social workers typically engage in, in this instance, it is proving effective. The process at times can be very slow, but it is important to celebrate small achievements. For instance, with one service user, on the first visit by the social worker and Heather Matuozzo, he agreed for 12 books to be donated to a local charity shop. This was a critical step for the service user who had never donated or disposed of any of his book collection before, and it was important to praise him accordingly to encourage similar and further successes in the future. However, when items are touched without the service user's permission, it can increase anxiety. Likewise suggesting items are disposed of or trying to throw anything away without asking the person first can lose some of their trust. Remaining positive, communicating clearly and being person-centred can help the service user to feel supported rather than managed or imposed upon.

Professionals may unintentionally cause distress and anxiety at times by not having a holistic understanding of hoarding. Therefore, by seeking to understand more about the person's situation, we have found that with each visit, the service user becomes less anxious and more open to letting go of other possessions. In one case, it has been noticeable with each visit that the service user is finding it easier to say *ok, it can go*. There may be a gradual acknowledgement of the reality of the work that is needed from the service user, usually in order to avoid negative outcomes such as eviction from housing. For example, after several months of involvement, one service user was able to say *in an ideal world I would keep this, but I know I can't keep everything,*

*and I would rather keep that book than this one.* Social workers may also find it helpful to work with the service user to identify the things that they feel most attached to in their collection, so that items of less sentimental importance may be given away. For example, one service user's main passion is books, and although he has also acquired an extensive record collection, he now acknowledges that he would rather keep his books than the records.

Social workers may need to clear away items that have lain untouched in a flat for many years and which can be extremely dusty and dirty. Although assisting with the practical work of clearing out homes is not generally considered part of a social worker's role, in this instance it can prove to be an effective way of helping someone. The time spent clearing together also provides a suitable environment for the service user to share their experiences and explain what makes them anxious in relation to their hoard.

This work requires skills that we believe social workers already have in abundance. For instance, patience is needed to manage the slow nature of the work and acceptance that service users may see value in items that professionals cannot. Judgemental comments or facial expressions can discourage rather than motivate service users. In between visits, service users may feel anxious about the work taking place and respond by collecting more belongings. Therefore, we have found that keeping in regular contact with the service user can be reassuring and help them to prioritise their tasks.

With the level and nature of this work, it is difficult to provide an estimate of exactly how long this work will take, as it can vary according to the service user and the level of the hoard. As a crude estimation, we have found that the first three months of intervention are spent establishing a relationship between the social worker and service user. From the authors' experiences, time spent gradually sorting through items in the home can be six months or longer, with intervention needed to ensure the service user is supported following the changes made to their home environment. Therefore, this type of work is best suited to long-term community social work teams and requires a commitment from managers and department directors alike to supporting social workers with this type of work and acknowledging the time commitment needed when allocating cases. Evidence collected thus far on the outcomes for people who hoard since ACSW became the lead agency for hoarding within LBHF, indicates that social workers have successfully managed to help service users keep their tenancies and be able to function within their flat. Each local authority will develop their own response to hoarding; however, we would like to propose that social workers can play a key role in supporting people who hoard.

The work with hoarding by social workers in LBHF is undoubtedly time-consuming and to some degree, experimental. However, through social work input, progress is being made in supporting the person, mediating between the housing associations or landlords and working in partnership with fire services. Most importantly, creating space to enable people to live independently demonstrates that there are benefits to this approach that we hope to continue to pursue.

## Conclusion

The increase in public awareness of how hoarding can impact on people's lives is a positive step; however, as demonstrated above, there still can be professional anxieties about how best to work with this issue. There must be an acknowledgement that we cannot simply address hoarding problems by forcing people to adjust to society's standards of cleanliness or tidiness (Andersen, Raffin-Bouchal, and Marcy-Edwards 2008, 201). There should also be recognition that such an approach does little to support the service user to avoid the escalation of the problem, thus increasing the societal impact and the economic costs. There is a shortage of research and guidance available on how to work with hoarding; therefore, we feel that social workers are ideally placed to provide peer support for each other with learning around this unexplored area. We also believe that social workers have the opportunity to engage well with service users who may have been reluctant to engage with other agencies in the past. We hope that by highlighting some techniques that are currently being used by social workers when working on hoarding cases, we can offer some ideas that may be effective and open up the debate on how to approach hoarding.

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