Hoardung and Self Neglect
Multi-Agency Conference

COUNTY DURHAM RAISING AWARENESS OF ISSUES RELATING TO HOARDING AND SELF NEGLECT
Welcome
Agenda

- Welcome – Colin Steel
- Introduction – Deborah Barnett
- What is hoarding? – Deborah Barnett
- Assessment tools
- Psychiatric perspective of hoarding – Dr Paul Walker
- Case studies
- Health Trainer

Workshops:
1. Supporting a person who hoards
2. Fire and fire safety
3. Legal support for those who hoard
4. Housing providers – Practical solutions
## Aims and Objectives

### Aim:
- To raise awareness of issues relating to hoarding
- To ensure early intervention in supporting people who hoard and / or self neglect

### Objectives
**For staff to:**
- To prevent the escalation of hoarding
- To support the hoarder to address underlying cases of hoarding
- To support the person to change hoarding behaviours
- To address risk
- To recognise legal frameworks
- To understand the psychological / mental health issues associated with hoarding
Welcome – Colin Steel (Chief Executive LIVIN)

- Welcome staff – multi agency event
- Current position – different responses, require consistent messages
- Can not wave a miracle wand
- Support multi agency response with tools
- New protocol
- Don’t forget safeguarding responsibilities
- Celebrate good practice
Introduction to Key Speakers

- Dr Paul Walker - Psychiatrist
- Deborah Barnett – Safeguarding and Practice Development (Safeguarding Adults Board / DCC)
- Helen Matthews - Safeguarding and Practice Development (Safeguarding Adults Board / DCC)
- Lynne Dolphin – Practice Development (DCC)
- Carole Lee – Social Care Direct (DCC)
- Rachael Swales – LIVIN
- David Yews – Fire Service
- Fiona Mawson & Leigh Ann Ramsay - Health Trainer
- Lorraine Walkden – Homeless Service
What is Hoarding

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe ‘cluttering’ of the person's home so that it is no longer able to function as a viable living space;
- Significant distress or impairment of work or social life (Kelly 2010).
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring Agency</td>
<td>Discuss concerns with resident&lt;br&gt; Raise a request to the Fire Brigade to provide fire safety advice&lt;br&gt; Refer for support assessment if appropriate.&lt;br&gt; Refer to GP if appropriate</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>No Action</td>
</tr>
<tr>
<td>Social Landlords</td>
<td>Provide details on debt advice if appropriate to circumstances&lt;br&gt; Refer to GP if appropriate&lt;br&gt; Refer for support assessment if appropriate.&lt;br&gt; Provide details of support streams open to the resident via charities and self-help groups.&lt;br&gt; Provide details on debt advice if appropriate to circumstances&lt;br&gt; Ensure residents are maintaining all tenancy conditions</td>
</tr>
<tr>
<td>Practitioners</td>
<td>Complete Hoarding Assessment&lt;br&gt; Make appropriate referrals for support&lt;br&gt; Refer to social landlord if the client is their tenant or leaseholder</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Ensure information is shared with statutory agencies &amp; feedback is provided to referring agency on completion of home visits.</td>
</tr>
<tr>
<td>Animal Welfare</td>
<td>No action unless advice requested</td>
</tr>
<tr>
<td>Safeguarding Adults</td>
<td>No action unless other concerns of abuse are noted.</td>
</tr>
<tr>
<td>MASH</td>
<td>No action unless other concerns of abuse are noted.</td>
</tr>
</tbody>
</table>
Break

- 10.45am – 11am

Please return to the main hall
Hoardings Characteristics

- Fear and anxiety
- Long term behaviour pattern
- Excessive attachment to possessions and indecisiveness
- Unrelenting standards
- Socially isolated
- Large number of pets
- Mentally competent
- Extreme clutter
- Self-Care
- Poor insight
FIG 6 A model of compulsive hoarding (from Steketee 2007, reprinted by permission of Oxford University Press, Inc.)
The Client’s Targets

Introduce alternative behaviours
- To replace hoarding with more adaptive behaviour
- To structure their day
- To engage in activities previously avoided

Organisation
- To identify specific places to store
- Set deadlines
- To maintain cleared areas and use them for their original purpose

Prevent incoming clutter
- To build awareness of triggers and patterns of acquisition behaviours by keeping a daily log of every item they acquire

Encourage discarding of objects
- To decrease their anxiety associated with decision making
- To work on clearing one room at a time
- To learn to make sensible discard-keep-recycle decisions
Case example

- You have multi agency groups on your tables, please use your skills, knowledge and experience to answer the questions regarding the case studies
- Use your toolkit as a resource
- Record on flipchart and allocate a person to feedback
Welcome to Health Trainer

- Social Isolation
- Poor diet
- Smoking and fire risk
- Alcohol and substance misuse
- Engaging

You’re ready to make a change...

...we’re here to help!
Workshops

13.00 – 14.00

14.15 – 15.15

- Please go straight to your first workshop after lunch as identified on your label.

- Workshop 1 – Main Auditorium
- Workshop 2 – Room 1 & 2
- Workshop 3 – Conference Room
- Workshop 4 – Room 5
Lunch

• 12.15 – 13.00
• Please go straight to your first workshop promptly at 13.00

Break at 14.00 for 15 minutes and go straight to your second workshop
Good practice

- Consider a case of hoarding that a member of your table has come across
- Describe the case and issues concerned – write down the key points
- Use the case as a study
- With a fresh perspective - based on what is written on the paper – what could you do now, working together to support the person: When, who, what, where
Key Messages

- Using the toolkit
- Process
- Mental Health – psychiatric issues and referral to Mental Health Services
- Legal frameworks
- Communicating and engaging with someone who hoards
- Services available – fire service
- Housing assessment
- Good practice
- Now it is down to you to change your practice
Closing comments

- Thank you to all agencies involved
- Thank you for all hard work and contributions
- We appreciate that there are no one size fits all answers, no one service to help, however, we are good at working to solve these difficult problems
- Please write on post it notes what you have found most useful and stick on flipchart
- On another post it note identify if there is anything that you would have liked more information on or would have liked to be done differently today
- Collect certificates on way out