

Self-Neglect and Hoarding Event 3

Tuesday 22 Nov 2022 – session 1

7-minute briefing on “Keith’s story”

[Keith's story: a personal and touching film about hoarding - YouTube](#)

(Birmingham Safeguarding Adults Board 2016)

1: How Keith, and another person referred to, feel about their situation...

How do we see the person not just the ‘need’, and start to have what might be difficult conversations? What makes a difference?

- shame
- depression
- wanting to hide
- rock bottom
- after a big clear out: terrified; stripped naked; exposed

2: How it affected Keith day to day

- like living a double life
- can’t have anyone around (social exclusion / isolation)
- can’t use the rooms in the house for their original purpose – couldn’t even make a cup of tea
- can’t cook – can’t wash themselves (physical health impact)
- can’t sleep properly (physical and psychological impact)
- can’t have trades people in (e.g. so boiler doesn’t get serviced, leaks don’t get fixed, property deteriorates, health deteriorates)

3: What other issues and triggers...

- adverse events as an adult
- childhood trauma
- alcohol dependency
- depression

4: Multi agency...

- working **together** wherever possible – can you build a ‘team’ around the person?
- link with local networks – in Norfolk we have district hubs (‘early help hub’, ‘community hub’)
- even if someone may not meet the criteria for a direct service from you – can you support with advice or signposting to the group and / or the person?

5: What works – best practice

DO..

- make sure you really understand the issue from the perspective of the person
- be prepared to work collaboratively with other professionals
- work with people at their own pace, which may be long-term
- help to create new strategies and habits
- set small achievable tasks
- encourage positive self-praise

DON'T ...

- use judgemental language
- use words that devalue or negatively judge possessions (one person’s ‘rubbish’ may hold important memories)
- let your face show your thoughts
- try to persuade or argue
- touch the person’s possessions without their consent

6: Outcome for Keith – what he would say to others

- “please reach out – don’t beat yourself up”
- “take that first step – your journey in your time”
- “it’s opened up my life”

Support enabled Keith to have relationships with people.

“there’s not a part of me that’s hiding anymore”

7: More information..

- [Self-neglect and Hoarding | Norfolk Safeguarding Adults Board](#) – find the Norfolk Multi-agency Self-neglect and hoarding strategy and handy practitioner Guide here too
- There is also a list of **Norfolk local Hubs** and contact info on that page
- Social Care Institute for Excellence (SCIE) [Self-neglect: At a glance | SCIE](#)

Feedback from the breakout groups:

“First visit to build a rapport, no mention of living conditions, just getting to know the person. Then take a person-centred approach: find out what they want to happen and what their goals are. Do with rather than do to.”

Focus on building trust / rapport first – positive communication is “key across the board”:

- Be aware of body language and expressions, even your tone of voice
- Match their language
- Don’t judge
- Pay an interest – be genuine
- Be reassuring

“Turning up in the first instance as yourself, no clipboard, laptop, big bag. Keep it casual. “

- A gentle approach
- Be patient
- Have empathy
- Short visits
- Be consistent

“There will often be another reason for seeing the person which would help to get through the door [e.g. I’m a community nurse] so the person is expecting to see me, then you can build a relationship first.”

- What lies behind the obvious
- Not all hoarding stems from OCD
- Mindful of other conditions e.g. neurodevelopmental issues (Autism)
- **Hear** what is important to them – not just what is important to **you**

“From a police point of view, wondering what triggered the hoarding – is it trauma-led, do they need to talk to us about something... “

- Time – one of the biggest issues – it’s a challenge to sustain long-term involvement in the current system / with current pressures on all organisations
- Use multi-agency strengths – not all on one, but everyone does something
- Context of your visit – a gentle approach may be difficult if your visit has a very specific reason

“The discrepancies between the person's wishes and views and the referral we receive which is often asking a quick fix 'deep clean'“

- Small, achievable tasks - Help to set goals, and to work towards them if the person needs that - encourage
- Are there any 'quick wins' - identify other issues initially, healthcare access, food vouchers, fire safety as a hook to support etc. (evidence that your input makes a practical difference to them)
- What do **they** want
- Do what you say you will
- Help to replace the feeling of safety that that the hoarding brought and help to understand what lead to needing that feeling of safety
- Liaise with Hoarding companies; explore funding possibilities

“Support groups seem the missing link”

“It has been an aim of Moving Forward to start a peer support group, but we need some help, if anyone is interested” <https://www.movingforward-norfolk.org/>

Suggestions from the group:

- Kings Lynn - Norfolk OCD & Hoarding Support Group
- [About Norwich and Norfolk OCD Support Group | Voluntary support group for Obsessive Compulsive Disorders in Norwich and Norfolk](#)

“Would highly recommend anyone supporting clients with hoarding to enrol/learn about 'trauma informed approach' - not saying complete a whole psychology degree, but the more you are aware of trauma, abuse, behaviours and subsequent coping strategies the better informed you are to understand that person. Be mindful of avoiding triggering the persons other maladaptive coping strategies (e.g. addictions alcohol, drugs, smoking), when they are discussing issues sensitive to them. Their current circumstances are their reality, and it is not for 'us/you' to invalidate their life experiences.”