
Hoarding Presentation

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Introduction

Back ground

2 cases I will be talking about :

Adult A 2011 North Tyneside- Maureen

A.P. 20.1 2021 Edinburgh- Gordon

Their deaths

Adult A (61) – Maureen died 2010 at the home in North Shields she had shared with her brother all her life. SCR published 2011. Cause of death “Hypothermia”. One the night of her death her brother rang 999 ambulance service who found her virtually naked lying on her side in the dark, no heating. The house was full of rubbish and excrement. She was hypothermic, with soft tissue injuries, covered in maggots and lice. Her feet had gangrene. There were many attempts to resuscitate her then and at the hospital, but she died 7 hours later. Brother charged with gross negligence and convicted in January 2011 and served 3 years. Extensive media coverage of the circumstances of her death. Ambulance staff and medics in A and E who were with her and tried to keep her alive, suffered PTSD.

AP 20.1 “Gordon” (52) died January 2019 in a park in Edinburgh. Cause of death “Complications of ischemic heart disease and Alcoholic Liver Failure”. Traumatic eviction from his Edinburgh home of 12 years in July 2018. Police and housing found him in bed in the dark with his dead dog beside him. His flat was full of his dead pets. No heat, no light and rubbish and excrement everywhere. Rent arrears of £4000. After they boarded up his flat, he came back with shopping and when he couldn’t get in, he went to a nearby park and lived under a bush for the remainder of his life. Died in front of the Dynamic Earth in Edinburgh on the coldest night of the winter.

Their lives

Maureen: 1 of 5 siblings all living around North Shields.

Dad died early in her life. Brought up by her mother in a “revitalised” terrace house in a nice street in North Shields.

Described in SW records as having L.D. but went to normal school and her family were adamant she never had any mental incapacity.

Worked in a shop when she left school, but her mother said she was bullied there, and she left after a few months.

Shy and awkward sometimes and struggled with her weight, leading to diabetes. She had attempts at dieting.

Loved reading and crossword puzzles, babysat for her nieces and loved to go to Blackpool on holiday. Photo shows this.

2006 everything started to go bad. Her mother had died in 2004 in traumatic circumstances in the home and she and her brother took on a joint tenancy there. In 2006 gas was turned off because of a faulty boiler. It never got fixed. Trouble with tenancy and state of garden. She ceased medication, slipped “out of sight”.

Brother claimed she was “alright” when asked about her. He stopped working for the Council, sought some help for depression from GP but did not pursue any support. Met his friends in the community every day, with no obvious signs to them he was struggling. When interviewed about the charge of manslaughter of his sister he said,

“I gave up doing everything and anything . I fed her, did the shopping for her, cooked and that was it. She would not help us, she would say no, you can’t do that. She was not an easy person to get on with.”

She had no voice. Services withdraw as she was “hard to engage”. Family backed away. Community and housing were concerned only about the state of the garden. Power in the house turned off and never returned. No-one apart from her brother knew about her lived experience, her wishes and feelings or her fears.

Their lives

Gordon

Known for 16 years to statutory agencies. Most of reports were about health problems to his GP, hospital admission in 2014, and issues with rent arrears and finances. Little about him apart from information from a friend.

His funeral widely attended by family and friends, one of whom gave a eulogy.

Part of gay scene in Edinburgh, one friend Paul, lived with for a while. After he was harassed in his flat by local youths

Death of his sister in 2006. Hit him hard. Depression and agoraphobia.

Hospital admission in 2014 for auto immune encephalopathy. Behaviour very difficult on ward found sleeping outside in hospital grounds.

Kept flat smart, lots of ornaments, Loved his dog and his corn snakes.

Drinking? Drug taking?

Wanted to be “no bother”. Told plumber to “be nice to me”. Estranged from family and friends. Paul goes back to Australia having struggled to care for him.

Slips under radar, doesn't respond to letters or calls. Debts mount with tenancy, health withdrew when he DNA.

After eviction all about keeping him alive and trying to get him a flat. SW and vol sector.

Social gave him food and dry clothes and sleeping bags every week plus Streetworks, plus Cyrenians. None of them knew about his life, his family, his feelings- only his homelessness and wish to return to his flat.

What did their lives and their deaths teach about self-neglect and hoarding?

1.2 million people in the UK are affected by hoarding. London Fire Brigade attended 1,036 hoarding related fires in 2022, leading to 186 injuries and 10 deaths. One of the most prevalent mental health conditions.

UNDERSTANDING HOARDING BEHAVIOUR IS NOT THE SAME AS CURING IT.

Research points to connection between bereavement and the onset of hoarding behaviour. In both Maureen and Gordon's situations, significant deaths changed the course of their lives forever.

In both cases their behaviour became a problem for those around them. Gordon's awful eviction is an extreme example of how Housing legislation was used to remove all choice, control, dignity and compassion. Maureen's case her family and her brother could not cope with the demands of caring. They then both became isolated and alone. Slipped out of sight until their deaths.

People with severe hoarding may feel getting rid of urine, tampons, excrement is getting rid of self. Stashing faecal matter, not being "dirty" or "disgusting". Maureen and Gordon both used to function in social situations. Both had cared about and for, friends and family, their pets their homes. The indescribable state of their homes was a symptom of their vulnerability and distress.

IT WAS NOT A "LIFESTYLE CHOICE"

Working with Hoarders - learning outcomes

- (Dartington Self- neglect toolkit, Deborah Barnett “Self-Neglect and Hoarding: a guide to Safeguarding and Support”)
 - Traditional approaches of blitz cleaning, threat of eviction, prosecution etc rarely work. Can be abusive.
 - All work must be built relationship based. Built on trust.
 - Understanding the person’s history and wishes. What does the way they are living tell you about them- what is important, what ‘s changed for them, what’s their mental and physical health?
 - DO THEY HAVE CAPACITY?
 - Resource- intensive but it can stop escalating or repeated interventions and reduce risk to life.
 - Modest changes can be really important changes. One change at a time
 - Animals
 - Advice does not work, assess capacity for insight, motivation to change. Denial is a normal stage in a change process, not a personality trait.
 - No blame, no judgemental behaviour, no arguments- Imagine yourself in their shoes.
 - Find their strengths, interests, concerns and build on them.
 - Focus initially on safety and organisation of their possessions, not discarding.
 - Risk Assessment tool, use it to build a protection plan.
 - MULTI_DISCIPLINARY INTERVENTIONS- Share information, share risk.
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**Would hoarding informed work have “saved”
Maureen and Gordon for their early and awful
deaths and Maureen’s brother from 3 years in
Durham prison for his failure to care for his sister?**

Useful References :

Serious case review findings on the challenges of self-neglect: indicators for good practice Journal of Adult Protection April 2015- Michael Preston-Shoot, Suzy Braye

“Self-Neglect and Hoarding -A Guide to Safeguarding and Support “Deborah Barnett Jessica Kingsley Publishers 2018

Research into Practice “Working with People who Hoard” 2017 David Orr, Suzy Braye and Michael Preston Shoot.

Dartington Toolkit
