



Beyond Clutter:

The Safeguarding Matrix and
Multi-Agency Response to Hoarding





Context & Connection

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Overview

- Llanelli Mind has provided services since 1986 to local people and is affiliated to Mind nationally and one of 16 local Minds in Wales and 105 across England & Wales.

We deliver services locally and more widely across the county of Carmarthenshire.

- **Our purpose** (why we exist): is to promote mental well-being and empower and help people experiencing mental health problems to manage and work towards recovery and fulfilment.
- **Our mission** is to provide appropriate and timely support for those with mental ill health, their carers, and their families.

- 1 Brecon & District Mind
- 2 Caerphilly Borough Mind
- 3 Cardiff Mind
- 4 Conwy Mind
- 5 Cwm Taf Morgannwg Mind
- 6 Llanelli Mind
- 7 Mid & North Powys Mind
- 8 Mind Aberystwyth
- 9 Mind in Gwent
- 10 Mind in the Vale of Glamorgan
- 11 Mind Ystradgynlais
- 12 Neath Port Talbot Mind
- 13 North East Wales Mind
- 14 Pembrokeshire & Carmarthen Mind
- 15 Swansea Mind
- 16 Vale of Clwyd Mind



Our Values

Our values; Llanelli Mind's values are at the **heart** of everything we do:

- **Open:** We reach out to anyone who needs us.
- **Together:** We're stronger in partnerships.
- **Responsive:** We listen, we act.
- **Independent:** We speak out fearlessly.
- **Unstoppable:** We never give up.

Strategic Value:

RESPONSIVE – We listen (to service users), we act

- **Creating a culture at Llanelli Mind that incorporates lived experience into service delivery and planning...**



How we will achieve this:

1. We will ensure service user and lived experience involvement in the development and delivery of services that they receive.
2. We will ensure that people receive person centred and respectful support in mental health and wellbeing services,
3. We will be proactive in identifying ways to involve service users and encourage them to participate in meaningful and respectful ways.

Our Strategy at a glance

Creating a service that is accessible across our community that's open where and when people need us...

Creating a network of volunteers, practitioners and partners across Llanelli Mind and the local third sector to best support those in need...

Creating a culture at Llanelli Mind that incorporates lived experience into service delivery and planning...

Creating a culture at Llanelli Mind of continuous improvement, professional development and increased staff and volunteer wellbeing...

Creating a fairer society, and a better mental health system for everyone...

Creating a sustainable future for Llanelli Mind, our services and those that need us...

Our Services

Counselling

Providing talking therapies via the Llanelli and Upper Swansea Valley GP Clusters, as well as an in-house counselling service.



Day Opportunities

Providing mindful wellbeing activities, alongside workshops and peer led support groups, ensuring everyone can build a happier, healthier life, regardless of age or background.



Social Inclusion

Providing peer support and befriending services to those across Carmarthenshire who may be experiencing social isolation.



Supported Self Help

A one to one guided self help service providing you with the materials to better understand and manage your feelings.



Referral Process

1. Refer via our website or drop in
(Self / Professional / Third Party)
2. Acknowledged within 72hrs
3. Assessment of needs
(In person, telephone or video call)
4. Support plan created in partnership
with the service user

Accessed via:

www.Llanelli-Mind.org.uk/referral-form/

Referral Form

Referral date:

☐ Professional referral ☐ Self-referred

Client's Details

First Name: Middle Initial: Surname:

Date of Birth:

Home address:

Postal Code:

Contact Details:

GP Details:

Name:

Address:

Postcode:

Please click your preferred means of contact:

Referrer Details (for non-self-referrals ONLY)

Name: Agency:

Agency address:

Postcode:

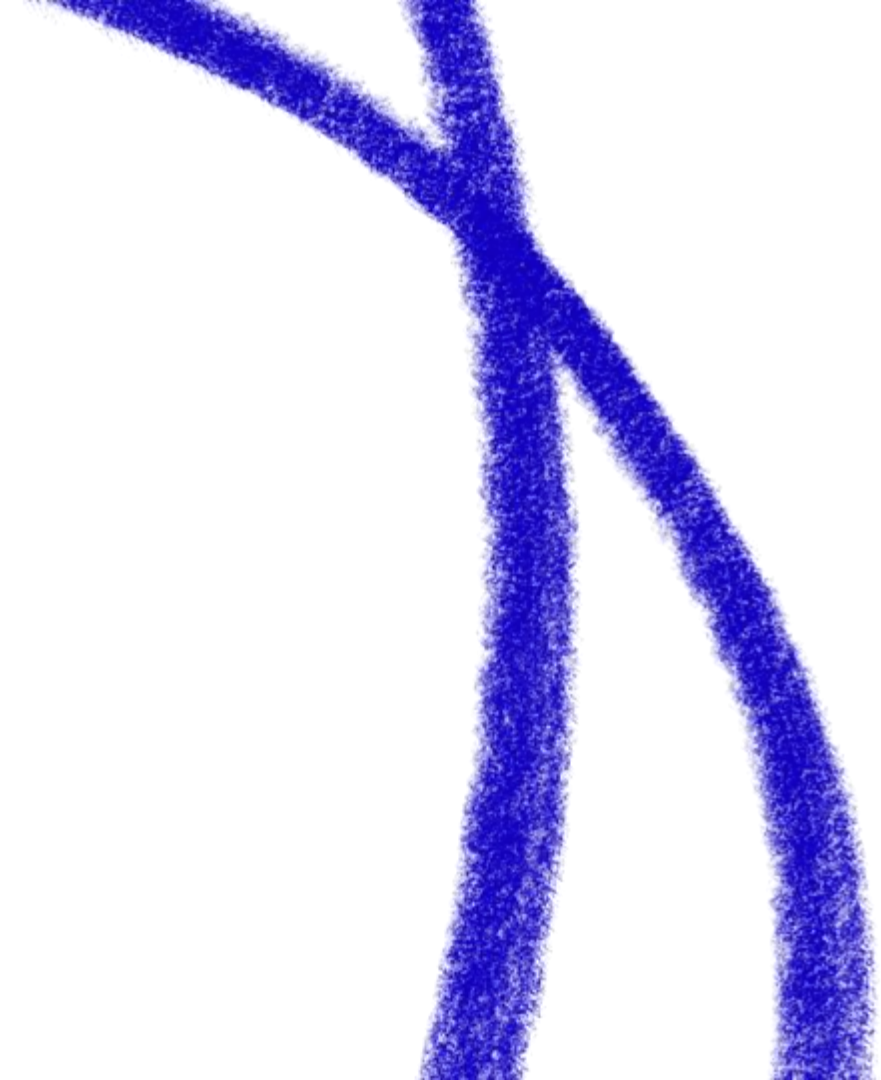
Contact Details:

Relationship to the referral: ☐ GP ☐ CYP ☐ Social Worker ☐ Family / Friend ☐ Other

Please provide the following information.

Identifying Risk:

Hoarding & Safeguarding



Defining Hoarding Disorder

What is hoarding?

- Hoarding is having so many things that you cannot manage the clutter where you live. And you find it difficult or impossible to throw things away.
- You might hoard because you feel a strong need to keep things. But your connection to these things can cause you distress. And the impact of hoarding can affect your day-to-day life.
- Hoarding disorder is a mental health problem that a psychiatrist or other mental health professional can diagnose. But you might also experience hoarding as part of another mental or physical health problem.



Type of Hoarding Behaviour

'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



Causation

Childhood experiences

“It was like she built a wall of stuff to keep everyone out. Having experienced several traumatic events in her life. No-one could hurt her if she was protected by all of this stuff.”

- Some researchers believe hoarding can relate to childhood experiences of losing things, not owning things, or people not caring for you.

Causation

Trauma and loss

“My parents were full of stories of their parents' and grandparents' deprivations, it was part of my world view growing up, and I know that chronic disorganisation multiplies the impact of every extra item I have.”

- For some people, if they started hoarding before a traumatic period in our lives, these experiences could make their hoarding worse.



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[illegible]

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The Direct Risks:



Fire Safety

High fuel load, blocked exits, and restricted access for fire services.



Restricted Access

Inability for emergency services (paramedics, police) to enter or provide aid.



Health & Hygiene

Poor sanitation, infestation, and inability to manage personal or home hygiene.



Structural Damage

Weight of hoard, damp, and neglect compromising the safety of the building.



Self-Neglect

Failure to meet one's own basic needs for health, safety, and well-being.

The Legal Mandate (Wales)

Beyond 'Housing': Our Duty

Hoarding is often miscategorised as a "lifestyle choice" or solely a "housing issue." This is a fundamental misunderstanding.

When the individual's well-being is at risk due to an inability to manage their environment, it crosses a critical threshold. Our response must shift from enforcement to safeguarding.

The Social Services and Well-being (Wales) Act 2014

This Act provides the legal framework for safeguarding in Wales. It is not optional.

Part 7 of the Act moves us away from a reactive, process-led model to one focused on personal outcomes and well-being. It gives us the statutory duty to make enquiries if we suspect an adult or child is at risk.

The Adult Safeguarding Trigger (s.126)



1. Has Needs for Care & Support?

Yes. The hoarding is a symptom of a disorder. This, combined with physical immobility or mental distress, constitutes a need.



2. At Risk of Abuse or Neglect?

Yes. The Act explicitly includes ****Self-Neglect****. This is the failure to meet one's basic physical or psychological needs, leading to impairment of well-being.



3. Unable to Protect Self?

Yes. As a result of their needs, the person is unable to mitigate the risks. They cannot, for example, escape a fire, maintain hygiene, or seek medical aid.

The “Hidden Victim”:

Child Safeguarding (s.130)

The “Child at Risk”

The 2014 Act defines a child at risk as one who is at risk of abuse, neglect, or other harm, and has needs for care and support. The environment is a clear source of harm.

- **Physical Harm:** Risk of injury from trips, falling objects, fire, or unhygienic conditions.
- **Emotional Harm:** Overwhelming shame, social isolation, and inability to bring friends home.
- **Neglect:** Impaired caregiving, such as no space to cook, clean clothes, or play





The question is not
‘Can we intervene?’

The 2014 Act (Wales) mandates
that we must ask,
‘How will we intervene?’



A Multi-Agency Safeguarding Duty

Our Local Intervention:

The Hoarding Support Group

Sarah Risk

Digital & Social Inclusion Coordinator

Who attends?

The Multi-disciplinary Team

- **Llanelli Mind staff** who act as core group facilitators, providing themes based on CBT principles and emotional support?
- **Social Work Assistant** who has links to community resources, benefits and housing support.
- **Occupational Therapist** who provides expertise on functional safety and adaptive home strategies.
- **Service Users** who are the core participants contributing peer support and shared experience to reduce shame felt individually.



Emotional Landscape & Therapeutic Approach

- **Significant social anxiety and shame.** Some of the group relied on those more willing to share their story to create the pathway to divulge.
- **Emotional flooding.** Direct discarding pressure too early caused distress and emotional avoidance, demanding more gentle motivational techniques.
- For **deep-rooted hoarding issues**, these required more extensive stable skill consolidation.



Theme 1 – Motivation and Goal Setting

- **Motivational interviewing** – Sessions focused on exploring the gap between the current's current situation (clutter and risk) and their own personal goals (safety, family/friend visits).
- **Goal setting** – Service users were guided to establish small achievable goals to build immediate success and enhance self-efficacy, making change feel possible.
- The group used **CBT Worksheet for Hoarding Disorders** to record associated feelings and coping strategies applied, and the reward they were allowing themselves for achieving this goal.



Theme 2 – Cognitive Restructuring

(Discarded Beliefs)

- The **‘Need To Save’** belief – that they will need this item someday and terrible things will happen if they discard it. Challenging the probability and necessity of the future use.
- The **‘Responsibility’** belief – The belief ‘they are obligated to keep this item – discarding it is disrespectful to the person who gave it to them’.
- **Reframing** the focus from the item to the memory/relationship.
- The **‘Memory loss’** belief – “If I throw this away, I will lose the memory associated with it.
- Practicing techniques to decouple the item from the emotional memory (e.g. taking photos or writing a short note).



Theme 3 – Practical Skills

- **Decision training** – taught participants to set time limits and use a ‘triage’ system (Keep, Throw, Donate) the use of an anxiety rating scale. To start with low-anxiety items (rubbish) and gradually move to sentimental possessions.
- **Non-acquiring strategies** – Provided practical steps (e.g. identifying triggers, developing impulse control) to immediately control the inflow of new items.



External Themes & Safety Focus (Guest Speakers)

- **Carmarthenshire Fire Service** – A critical session on recognizing physical fire hazards, reducing flammable materials and establishing clear escape routes.
- **Home Access Resistance** – The most persistent barrier remains the difficulty and distress in allowing external support to physically enter the home.
- **Sian Burt (Suicide Prevention Co-Ordinator, Carmarthenshire County Council)**, Suicide Prevention Training – A dedicated focus on the elevated suicide risk among people with Hoarding Disorder, offering immediate safety planning and crisis support resources.
- **Sian Burt (Suicide Prevention Co-Ordinator, Carmarthenshire County Council)**, Self Care for Hoarders – A dedicated focus on how self care can be achieved with restricted resources and facilities.
- **Systemic Isolation** – Lack of coordinated multi-agency support (Housing, Waste, Social Services) creates a silo effect that stalls progress.



Qualitative Success

“This group has encouraged me to connect with others who have a shared understanding. Yes I have family who know about my hoarding disorder and friends who I won’t let come in my home – they don’t understand hoarding, they just tell me to get a cleaner in! I am finally learning from others tools they have tried that have worked for them. We all are realistically aware it is a very gradual process that takes account of how daunting and upsetting it is to me.”

(Service User KH).



Learning outcomes

- **Multi-disciplinary Team Structure is essential** – The combined expertise of Social Work Assistant, Occupational Therapist and Llanelli Mind staff is non-negotiable for effectively managing the clinical and practical complexities of hoarding.
- **Peer support is transformative** – The most valuable element is the reduction of shame through connecting with peers, validating the need for service-user led maintenance groups.
- **Focus on non-acquisition** – Controlling the inflow is often the most achievable early goal, resulting in quicker success and a powerful motivator for continuing the challenging discarding work.



Service User Voices

“I tried to throw away things that I found on the floor, but couldn't because of emotional attachment. Whether it be for practical, sentimental or aesthetic reasoning, I couldn't do it.”

“As a single mum working full-time suffering from depression on and off for years, I didn't have the energy to face throwing things away, especially baby clothes and toys, and my small flat became increasingly full.”

“I stopped asking people round as I was ashamed and it caused me a lot of guilt that I was not hosting family meals. My family wanted to 'help' by turning up with bin bags but this caused more upset.”



Other support:

The Wallich offers therapies which offer the tools to address why we hoard and how to prevent going back to old habits.

This includes Cognitive Behavioural Therapy (CBT), trauma-informed approaches and relapse prevention.

They also offer a Community Support Group for ongoing emotional and practical peer support in a non-judgmental space.



Making Space



Pembrokeshire



MakingSpace@thewallich.net



01437 647113

Breakout:

Case Study & Multi Agency Strategy

Case Study

Referral Background

- Mrs. Evans is a 78-year-old widow living in a rented semi-detached property owned by a local housing association in Mid Wales. She was initially referred to Adult Social Services by her GP due to an increasing inability to attend regular clinic appointments for her severe Type 2 Diabetes and worsening mobility issues (she relies heavily on a walking frame). The GP also mentioned Mrs. Evans has appeared unkempt and frail during recent video consultations.
- **Family Contact:** Mrs. Evans has one daughter, Ms. Davies, who lives locally and visits weekly to drop off groceries. Ms. Davies minimizes the home environment issue, stating, "Mum just likes to keep things... she's always been a collector."

Home Environment Assessment

- **Front Door Entry:** Access was challenging, requiring the Social Worker to turn sideways to manoeuvre through a narrow, shoulder-width channel.
- **Living Room:** The room is filled floor-to-ceiling with stacks of old newspapers, magazines, plastic bags containing clothing, and broken small appliances. There is a distinct, sharp smell of damp and rodent activity. The only clear space is a small area on the sofa where Mrs. Evans sits.
- **Kitchen:** The countertops and sink are covered. Mrs. Evans admitted she hasn't used the oven in over a year because there is no space to prepare food, relying heavily on pre-made snacks and drinks left by her daughter.
- **Bedroom (Ground Floor):** The floor is completely covered, leaving only a small channel leading to the bed. A portable electric heater is precariously close to high stacks of paper and textiles.
- **Upstairs/Bathroom:** The Housing Officer noted the stairs are completely inaccessible.

Case Study

1. **Prioritise Risks:** What are the immediate risks that trigger a statutory safeguarding response?
2. **Initial Strategy:** What interventions must be implemented immediately to reduce the most critical risks?
3. **The Multi-Agency Pathway:** Identify the statutory or third-sector agencies that should be involved for Mrs. Evans and outline the specific role of each agency.
4. **Long-Term Support:** How does your team ensure a solution is sustainable?



Plenary and Collaborative Solutions



The Central Challenge:

From Silo to System

The Siloed Response (Fails)

When agencies work alone, the response is reactive and fragmented. The focus shifts to single issues (e.g., 'housing enforcement' or 'mental health') and no one sees the full picture.

Risk escalates, and the individual is often blamed for 'non-engagement'.

The Integrated Pathway (Succeeds)

A pre-agreed multi-agency pathway ensures a proactive, 'one-team' approach. A shared understanding of risk, clear referral routes, and a person-centered ethos leads to safe, sustainable outcomes for the individual and the community.

Remember...

“I can do things you cannot, you can do things I cannot; together we can do great things.”

Mother Teresa

Partnership approaches are key to a sustainable solution



Diolch / Thank You

Any Questions?

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