

ACEs Case Study

Job Role: Tenancy Management Caseworker (Hoarding Specialist)

Team/Organisation: Northwards Housing Association

Date of Case Study Write-Up: 03/04/2019

Known ACEs Present:

- ☒ Emotional Abuse
 - ☒ Physical Abuse
 - ☒ Sexual Abuse
 - ☒ Emotional Neglect
 - ☒ Physical Neglect
 - ☒ Mother Treated Violently
 - ☒ Substance Abuse
 - ☒ Parental Separation
 - ☒ Relative in Prison
 - ☒ Mental Illness
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Case History

This case was brought to the attention of the Housing Association in September 2018. The Be Well Service (North Manchester local support for mental health issues) informed a Neighbourhood Housing Officer (NHO) that the individual's property was in poor condition and advised a visit. The inspection revealed that the property was hoarded and therefore passed onto the Tenancy Management Caseworkers (TMC) who have explicitly been mandated with hoarding-specific cases.

During the initial NHO's visit following the Be Well referral, it was found that this case had a complex history. The individual would disclose as little as possible initially, and demonstrated a huge amount of non-engagement and lack of willingness to discuss their past. However, over the time that the TMCs interacted with the client, more and more was uncovered, although it is considered that there is a lot more yet to be disclosed.

This helped uncover that the tenant has depression and anxiety. They received mental health support around twenty years ago but this did not help and only added to the depression; particularly when talking about the difficulties that they have faced in their life. The extent to which still gives them nightmares today. This knowledge provided the anchor for digging into the further information that was uncovered about this person. The starting point that was elicited from the first visit was as follows:

'The individual has OCD as well as severe anxiety and depression. They become distressed in the presence of men and prefer to be supported by women. They have childhood as well as adult traumas, an example of this their wife and son having died in a car crash twenty years ago.' (sic.)

Further admissions gleaned from subsequent visits have varied in depth and magnitude. Such ACEs oriented discussions were only conducted after the trust had been built with the tenant through these visits and excursions to the local shops. The client revealed that they had been abused and neglected in a variety of ways during their childhood. Their mother was a single parent and alcoholic which, '*made things difficult*'. The details of this have not been clarified in terms of the extent to the alcohol or other substances abused, but the links to emotional and physical abuse were made clear as contributing to their behaviour to this day.

The extent of the abuse experienced was compounded by a submission of severe sexual abuse as a child. Due to non attendance at school this individual was allocated a truancy officer who would rape them. The resident explained how this has manifested into a distinct and understandable distrust of services and a hesitation to be in the immediate vicinity of other men as this was closed and not dealt with at the time.

What did you do differently because of ACEs?

The two housing workers that are operating on this case occupy a unique space in their ability to adopt an ACE informed approach to their practice. The housing association created two posts specifically to work with hoarders and people presenting complex and challenging property condition issues. The reason for this was recognition of the significant recent increase in frequency and magnitude of such problems across the locality. Often these cases resulted in an eviction so it made sense to deploy a targeted resource that has dedicated time to fully engage in these more complex cases. Rather than their traditional responsibility of up to six hundred houses, the workers have been enabled to focus on 10-20 cases with time and support committed to deal with the further issues that these cases might require, such as ASB reports or safeguarding referrals. The role began in October 2018 and the ACEs training coincided with the launch of this. Though the rationale for this role has not been the implementation of a trauma informed approach, the learning and subsequent practice has fallen in line with an ACEs focus.

Working in this way has been described by the team as '*labour intensive*' and '*time-consuming*' due to involving a fairly small number of extremely challenging and complex cases. These cases are often historically known to services and have repeatedly defied solution; often returning into the system. The complex presenting behaviour of hoarding is proving to be connected to root causes in the wider context of the individual and what has happened to them. Almost always there is a link to childhood trauma and this has a negative impact on the way they can operate in society coupled with the presenting behaviour of hoarding in their home. This results in intense complexity that has perhaps not been treated correctly in previous service implementation and has resulted in non-engagement that can be exemplified in this case.

In order to alleviate these dynamics, the two TMCs have adopted a trauma informed approach to penetrate the barriers to intervention. In their words;

'It is important to stress that no two cases are alike, and having the time and focus to get underneath the particular issues in each instance is an important part of what we are able to bring into our current role; in a way that housing officers dealing with and responding to a wide range of issues would never be able to do. The process of establishing a level of trust,

properly assessing what is going on, and then applying interventions in order to try and change things, is not generally going to be a speedy process or one which in most cases will deliver quick results. It's also evident that some of these cases will take several attempts, trying different approaches, and some are intractable and will only experience limited successes that can accumulate over time.'

Understanding an individual and building a relationship with them to structure a solution around their strengths and needs is the most impactful way of reducing the severity of complexity.

This particular case typifies this rhetoric. As discussed earlier, this individual has a history of complexity and non-engagement. This prompted the team to begin with intelligence gathering from other agencies involved. Emails, telephone conversations and meetings with the Be Well Service, NHO, GP, GMFRS, GMP Detective Constable, ASB Case Manager etc. were conducted in order to build up the strongest sense of what services collectively know about this individual. At this point the TMC's were able to begin to develop their relationship with the client.

Early visits were conducted with the utmost concern for the individual's complexities and the difficulties this presents for engaging with services. Rather than enter the address and immediately focusing on removing the clutter, the workers were more concerned with understanding the things that the client wanted and getting to the point that the house could start to be de-hoarded in the future. Examples of this were topping up the electricity meter and purchasing necessities that the individual struggled to leave their house alone to do. As the relationship improved, the client voiced their desire to be able to get back out into the public to shop, and one day even perhaps work. The workers were able to focus on this positivity as the driver for the resident to be a part of their own change. Actions recorded from early visits evidence this;

'Actions: continue to build rapport. This will be a slow case given (the client's) issues and past. Try to encourage them to take on some support for his MH as the rapport grows, continue to encourage the small steps of recycling and removing items.'

The initial work into clearing the house centered around removing items that the client did not want there; after the first visit a further appointment was set up to remove a large fridge and cabinet that occupied a lot of the living room. The hoarding training that the TMC's had received instructed to steadily remove the clutter small bit by small bit. This meant that weekly, the address was being cleared of items little and small, but all adding up to make a cumulative difference. For example, the kitchen was an extensively hoarded room filled with rubbish (*see attached picture*). The workers illustrated the health issues of having so much rubbish in the house to the client and bought them into the idea of picking through it and having it recycled, that way it wasn't going to be wasted. Ultimately, this resulted in an eventual total clear out of the kitchen by the TMC, with the estates team collecting the rubbish from outside the property; as the tenant was nervous about males (*see attached post clear-out picture of newly cleared kitchen*).



As well as the steady reduction of items in the house, the team continued to work on improving the individual's ability to step out of the house. Case notes illustrate the small changes that slowly were being experienced as the assignment went on;

'The purpose of the appointment was to take (the client) to Lidl as they struggle with anxiety when leaving the house alone. (The client) cannot be rushed when preparing to leave the house, so we sat around for twenty minutes waiting for them to build up their courage.'

This level of support on a visit conducted in December can be sharply contrasted with what was occurring a month later in January;

'The main purpose of today's visit was to take (the client) shopping, but they told us that they had already been to Iceland and Tesco on Monday after a GP appointment. This is a personal achievement for (the client) and I have discussed with (TMC) not offering to take them anymore for their shopping as they have stepped out of their comfort zone and we want them to continue to challenge what they can do.'

The support was not restricted simply to visits to the shops and cleaning up the address. The TMC was able to help organise the client's rent arrears and repayments into a manageable format. They also facilitated for the client to have their first dentist appointment in twenty years, as they were experiencing strong tooth pain. The client was too anxious to see a male dentist and has a phobia of being touched. The client was also helped to win an appeal for their benefit claim, being put back on the correct benefit and have money backdated taking them closer to being out of rent arrears, which *'took a massive weight of*

their shoulders'. All the while these progressive steps helped the workers attack the hoarding situation with first the kitchen and living room being cleared.

What would have happened usually?

It is clear that the individual was heading for an eviction before the housing association intervened in this way. This way of working has meant that they have been able to stay living in their own address and make tangible improvements to their own life. An eviction would have involved the processes of a Capability Assessment, a void for the cost of the house, criminal justice system time for the legal proceedings, the cost to eventually rehouse, as well as likely referrals to Shelter for temporary accommodation and adult social services.

This also does not account for the health benefits that living the improved lifestyle will bring. The individual is steadily able to leave the house more often which will help advance their physical and mental health. Whilst the support must still be in place, and total autonomy to live their own life may not yet be there in this client, the progressive steps that have been taken are gigantic. The individual will probably always find it difficult to socialise with others, but has now developed protective factors of resilience when they have to leave the address to shop, come into contact with other, unknown people, or have workers at the address.

The hoarding is no longer an ongoing issue, and progression since the referral has been extensive. The client is now taking pride over their newly clean kitchen and living room, even organising a trip to B and Q for a mop bucket;

'(The client) took us into their kitchen and they have continued to keep it clear and are using the provided recycling bins. Their worktops were organised and all of their pots were washed and stacked neatly. (The client) said that they enjoy being in their kitchen now it has been cleared and then showed me to their fridge and cupboards which were filled with food. They told me that they have been to (a local area) to get food.'

To date, the individual has taken their own steps, supported by the TMC, to clear the hoard. Only the shower cubicle remains hoarded and this was due to be completed within a matter of weeks writing of this study. This final resolution will enable the tenant to shower at home for the first time in a number of years. It is of little doubt that the individual could not have demonstrated this transformation and progression in the regular way of working. The fostering of a strong relationship between the resident and the tenancy caseworkers has been the primary medium through which this positive change has been achieved.

All case study information has been anonymised for data protection reasons, any changes to case notes for these reasons has been reflected in quotations. If you have any concerns or questions please do not hesitate to contact Daniel Unsworth (daniel.unsworth@manchestser.gov.uk).