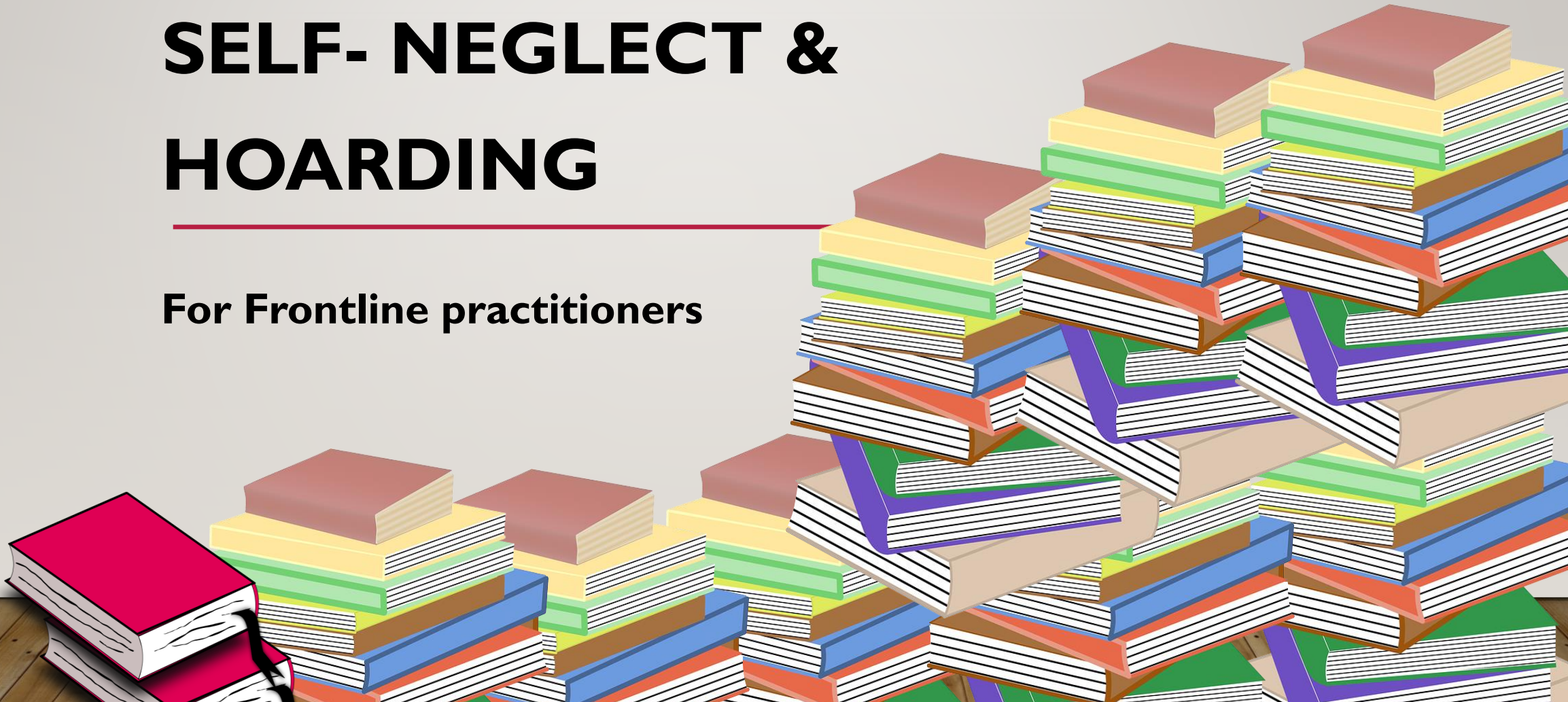


# **SELF- NEGLECT & HOARDING**

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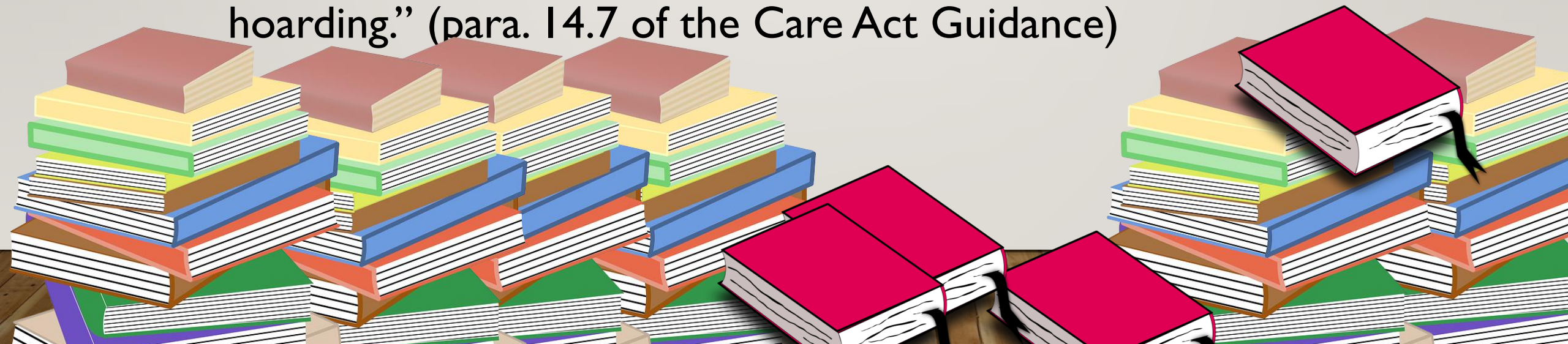
**For Frontline practitioners**



# WHAT IS SELF-NEGLECT? NO SINGLE, SIMPLE ANSWER...

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- Statutory Guidance to the Care Act 2014: self-neglect “covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.” (para. 14.7 of the Care Act Guidance)

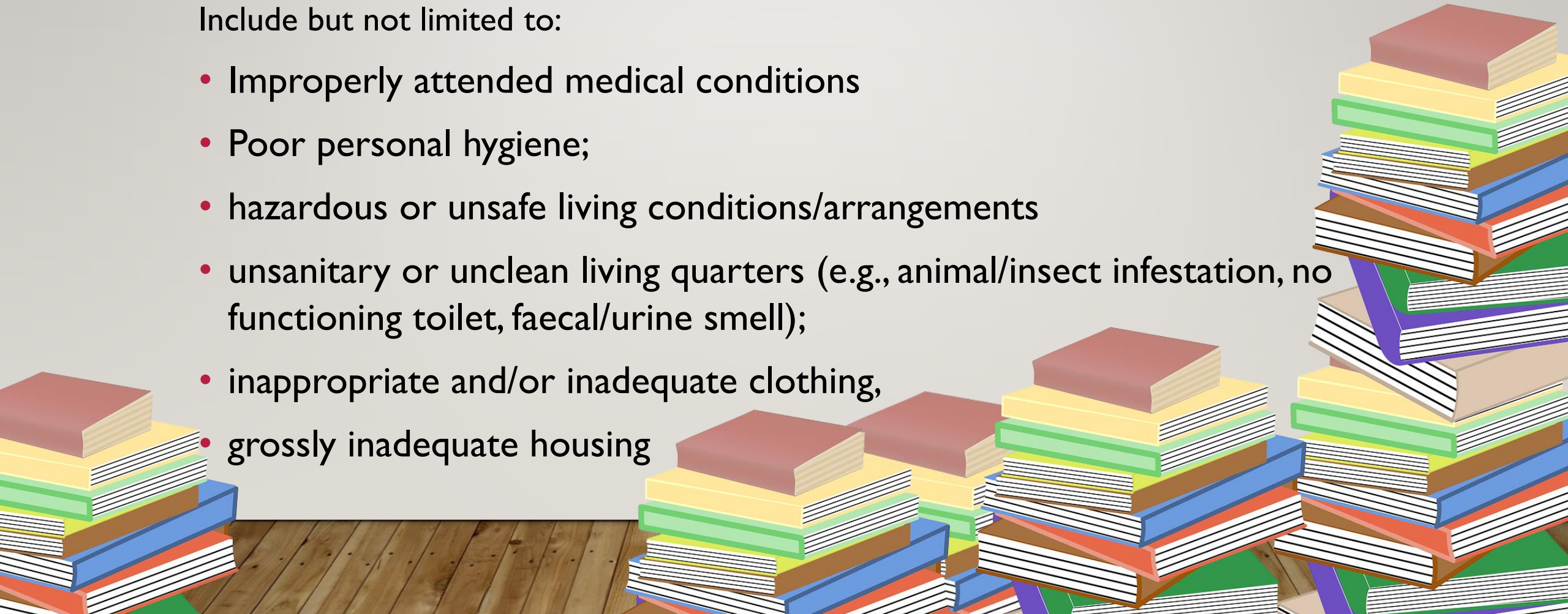


# SIGNS THAT AN ADULT MAY BE AT RISK OF SELF-NEGLECT AND/OR HOARDING

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Include but not limited to:

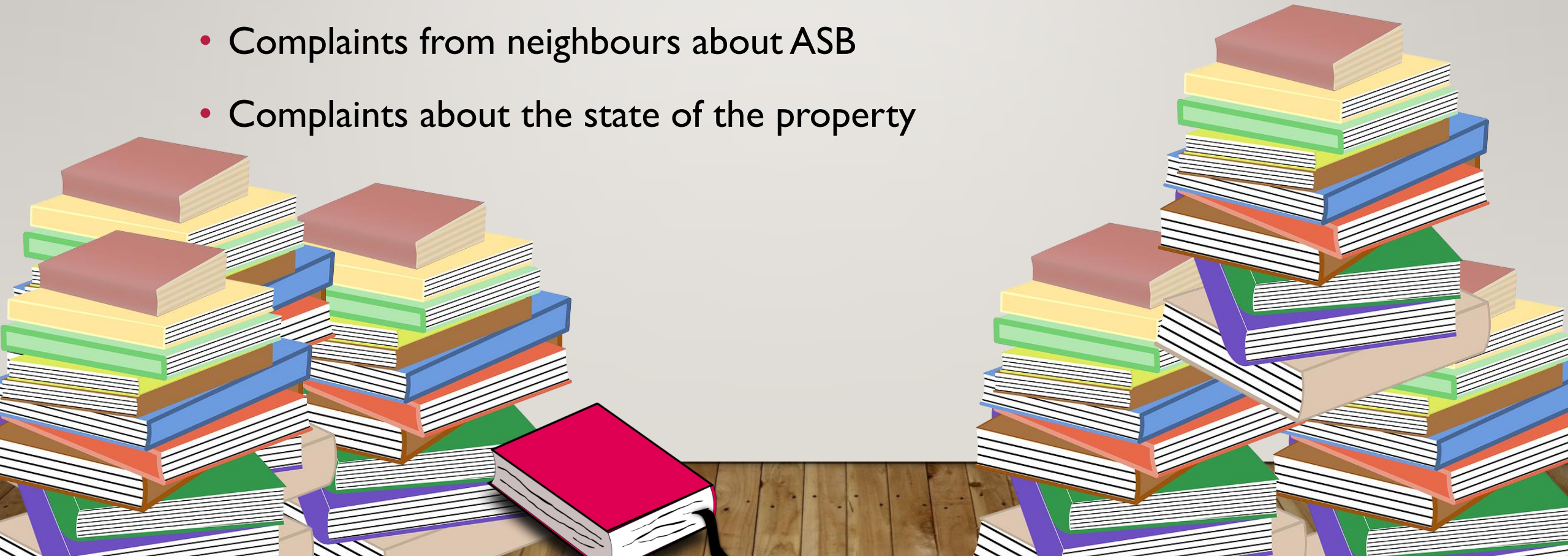
- Improperly attended medical conditions
- Poor personal hygiene;
- hazardous or unsafe living conditions/arrangements
- unsanitary or unclean living quarters (e.g., animal/insect infestation, no functioning toilet, faecal/urine smell);
- inappropriate and/or inadequate clothing,
- grossly inadequate housing



# CONT'D

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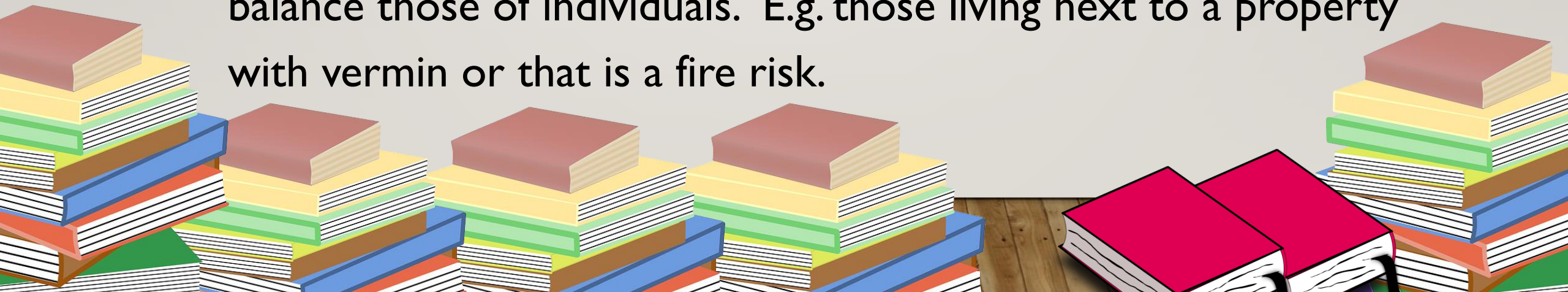
- Repeated concerns about health and self care
- Complaints from neighbours about ASB
- Complaints about the state of the property



# THE IMPLICATIONS FOR PRACTITIONERS

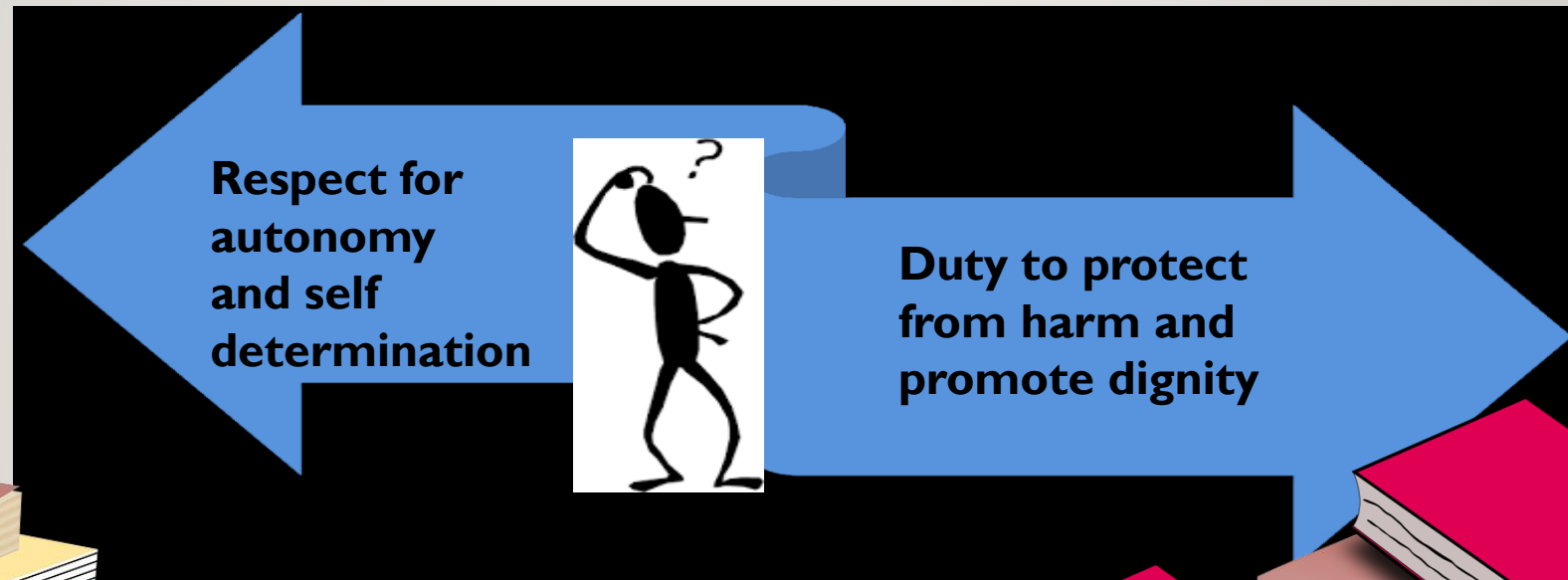
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- **Respect for autonomy and self determination**
- **Duty to protect from harm and promote dignity (duty of care).**
- Communities are also seen as having rights that counter-balance those of individuals. E.g. those living next to a property with vermin or that is a fire risk.



# THE PROFESSIONAL DILEMMA

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# RESPECT FOR AUTONOMY

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- Right to make decisions others may believe to be unwise (Mental Capacity Act 2005)
- European Convention of Human Rights articles 5 (liberty and security) and 8 (respect for private and family life)
- Policy context of personalisation i.e. self determination (MSP)



# BUT

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- Respect for autonomy does not mean abandonment.
- Working with self-neglecting adults often requires persistence over a long period rather than time-limited involvement.

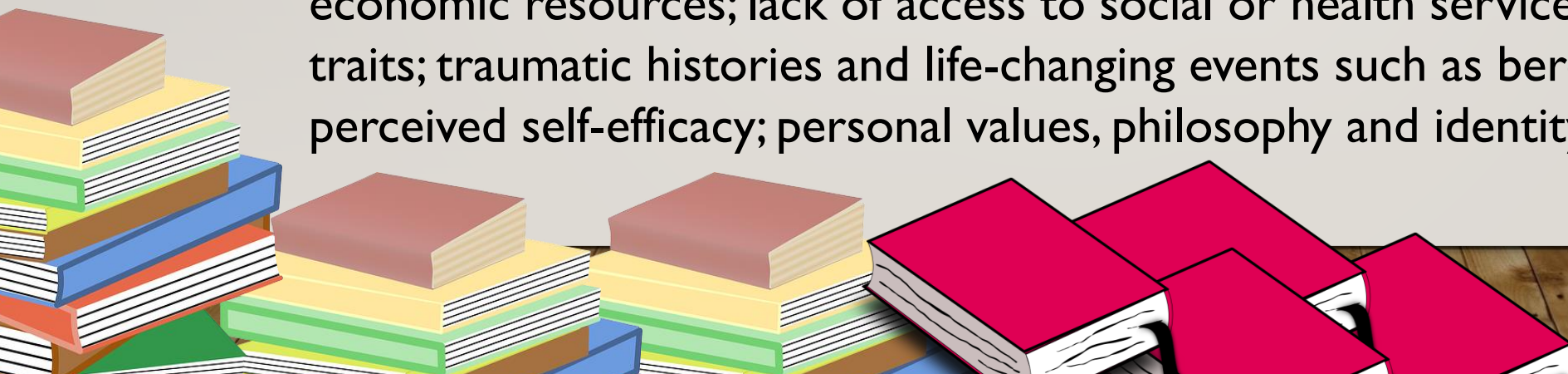




# UNDERSTANDING WHY PEOPLE SELF-NEGLECT?

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- **Physical health issues** - Impaired physical functioning; pain; nutritional deficiency
- **Mental health issues** - Depression; mental health problems; frontal lobe dysfunction; impaired cognitive functioning
- **Substance misuse** - alcohol; substance misuse
- **Psychological and social factors** Diminished social networks; limited economic resources; lack of access to social or health services; personality traits; traumatic histories and life-changing events such as bereavement; high perceived self-efficacy; personal values, philosophy and identity



# WHAT DO PEOPLE WHO USE SERVICES HAVE TO SAY ABOUT CAUSES OF THEIR SELF-NEGLECT?

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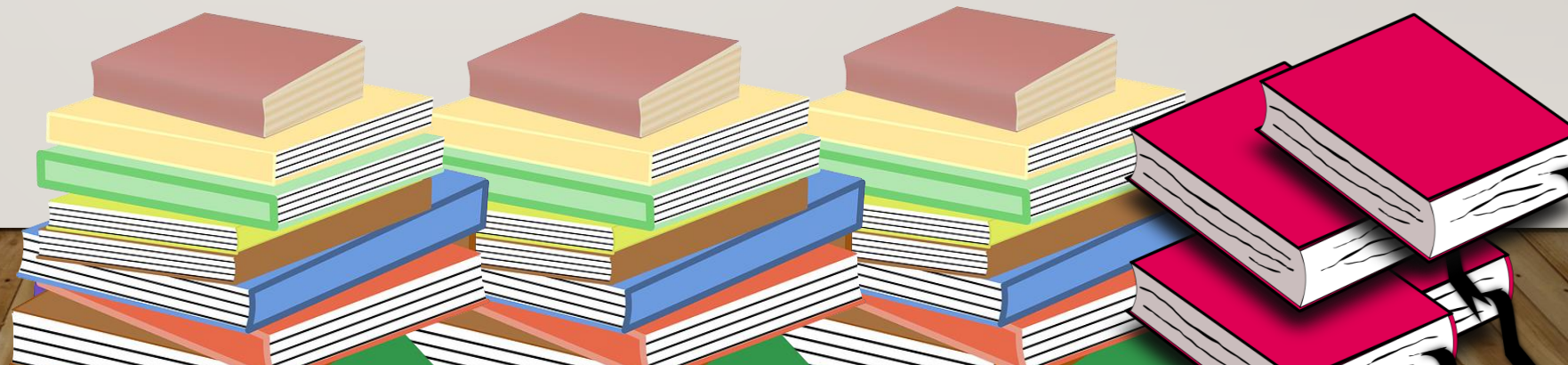
- **Demotivation:** homelessness, health, loss, isolation – self-image, negative cognitions
- **Different standards:** being indifferent to social appearance, having other priorities
- **Inability to self-care:** mental distress, physical ill-health, homelessness



## CONT'D.

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- **Influence of the past:** childhood, loss, abuse, bereavement
- **Positive value of hoarding:** emotional comfort, connection to something, “my family”, hobby, to be appreciated by others
- **Beyond their control:** voices, obsessions, physical ill-health, lack of space



# SO HOW CAN WE UNDERSTAND SELF-NEGLECT?

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- No single overarching explanatory model captures this diversity
- Need for understanding of the meaning of self-neglect in the context of each individual's life experience



## BUT THIS CAN OFTEN BE DIFFICULT...

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- **Refusal or withdrawal of permission for access**
- **Avoidance or deflection of involvement**
- **Permission for access and discussion,**
- **Outright rejection of support**
- **Partial acceptance of input**
- **Acceptance of input**



# COMMON FEARS

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- Loss of home or possessions or pets
- Loss of highly valued items
- Shame and embarrassment
- Care home placement
- Prosecution
- Clear up costs
- Fear of the unknown



# A COLLABORATIVE APPROACH WORKS WHEN:

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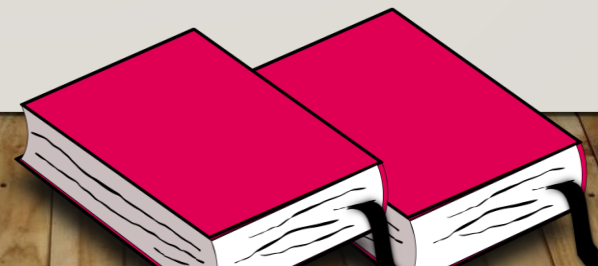
- The adult is open to involvement, even if ambiguous
- There is a good sense of timing
- We 'keep the door open'
- There is awareness and access to available help
- There is an honest recognition with the adult when they may have little or no choice in the matter
- Work with the adult to provide the right kind of input that is not intrusive, but is encouraging, person-centred, reliable, and compassionate



# WHAT WORKS?

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- **Harm reduction, not symptom reduction**
- **Cleaning as a short term solution only**
- **Assistance with routine daily living**
- **Early intervention to prevent entrenched patterns**
- **Combined approaches: e.g. CBT and sorting tasks**
- **Medication in some cases**





# WHAT WORKS CONTD.

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- **Building rapport and trust**
- **Working at the pace of the individual**
- **Keep mental capacity and executive capacity constantly in view**
- **Open and honest communication about risks and options**
- **Clear understanding of legal powers and duties**
- **Creative building on relationships and networks**
- **Working proactively to engage and co-ordinate agencies**



# CASE STUDY (FROM THE CARE ACT GUIDANCE)

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Two brothers with mild learning disabilities lived in their family home, where they had remained following the death of their parents some time previously. Large amounts of rubbish had accumulated both in the garden and inside the house, with cleanliness and self-neglect also an issue. They had been targeted by fraudsters, resulting in criminal investigation and conviction of those responsible, but the brothers had refused subsequent services from adult social care and their case had been closed.

They had, however, had a good relationship with their social worker, and as concerns about their health and wellbeing continued it was decided that the social worker would maintain contact, calling in every couple of weeks to see how they were, and offer any help needed, on their terms. After almost a year, through the gradual building of trust and understanding, the brothers asked to be considered for supported housing; with the social worker's help they improved the state of their house enough to sell it, and moved to a living environment in which practical support could be provided.



# A FRAMEWORK

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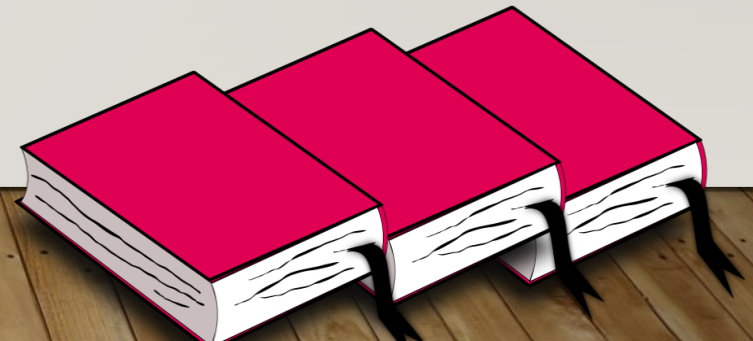
- Interagency strategy
- Shared definitions and understandings
- Clear communication and referral route
- Scope for long-term relationship-based involvement
- Management that enables and challenges



# MULTI-AGENCY PRACTICE GUIDANCE INTRODUCES:

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- **The Multi-Agency self-neglect and hoarding risk assessment guidance tool**
- **The referral form and professionals referral pathway**



# MULTI-AGENCY RISK ASSESSMENT GUIDANCE TOOL

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- To be used to prompt discussion with the customer
- aide multi-agency professional planning and decision making
- and also as an ongoing risk assessment tool.



## CAPACITY AND CAPABILITY

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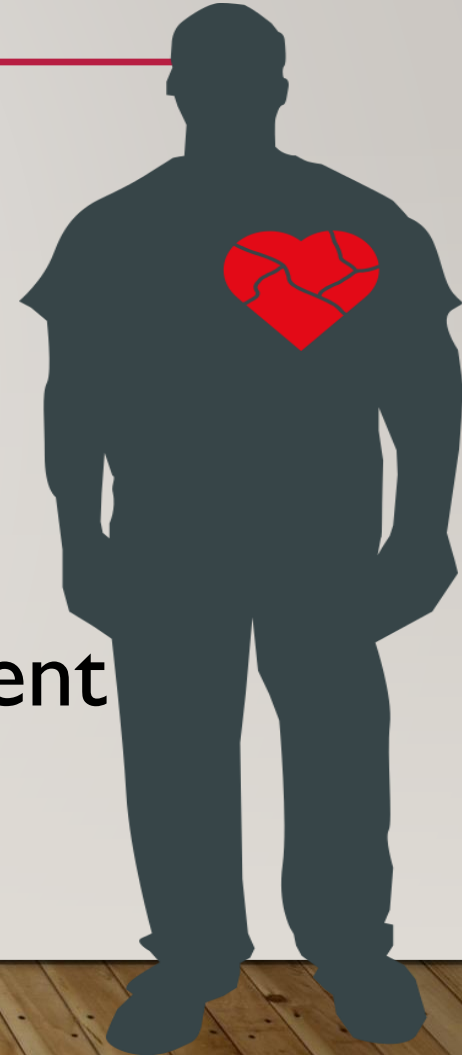
- WHEN USING THE RISK SCORE CONSIDER WHETHER THE PERSON HAS THE MENTAL CAPACITY TO UNDERSTAND THE RISK ASSOCIATED WITH THEIR LIVING CONDITION.
- ALSO CONSIDER WHETHER THE PERSON HAS CAPACITY TO EXECUTE CHANGES TO REDUCE THE RISK.



# PHYSICAL WELL-BEING & SELF-CARE

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- Eating & drinking
- Washing/bathing
- Medical needs
- Own views of safety in home and environment



# LIVING CONDITIONS

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- Home Amenities
- Home and garden cleanliness
- Home safety
- Clutter score





# SIGNS OF SAFETY AND WELLBEING ASSESSMENT AND PLANNING

I. What are we worried about?	I. What's working well?	I. What needs to happen/safety goals?
<p><b>Indicators of risk of harm:</b></p> <p><b>Action/Behaviour:</b></p> <ul style="list-style-type: none"> <li>• <b>Severity – How bad is the harm?</b></li> <li>• <b>Incidence – How long has the concern existed?</b></li> <li>• <b>Impact – what is the immediate impact of the concern?</b></li> </ul> <p><b>Danger Statement/s:</b></p> <ul style="list-style-type: none"> <li>• <b>Who is worried and why?</b></li> </ul> <p><b>Complicating Factor/s:</b></p> <ul style="list-style-type: none"> <li>• <b>What have you seen and heard</b></li> </ul> <p><b>Or</b></p> <ul style="list-style-type: none"> <li>• <b>do you know that makes Addressing the worries for the future more difficult to sort out?</b></li> </ul>	<p><b>Strengths:</b></p> <p><b>Action/Behaviour:</b></p> <ul style="list-style-type: none"> <li>• <b>Who is doing what that reduces the worries and how do we know?</b></li> <li>• <b>What were the first, best and last times these actions/behaviours happened?</b></li> <li>• <b>Impact – what difference has this made?</b></li> </ul> <p><b>Existing Safety:</b></p> <ul style="list-style-type: none"> <li>• <b>What strengths have been demonstrated as protection</b></li> <li>• <b>Over time relative to the future danger and equate to safety</b></li> </ul>	<p><b>Agency Safety Goal/s:</b></p> <p><b>Action/Behaviour:</b></p> <ul style="list-style-type: none"> <li>• <b>Who must see who doing what and for how long to be satisfied that the person will be safe?</b></li> </ul> <p><b>Customer Safety Goals:</b></p> <ul style="list-style-type: none"> <li>• <b>What does the customer want generally and regarding safety?</b></li> </ul> <p><b>Next Steps:</b></p> <p><b>ACTION:</b></p> <p><b>Who must do what and when as a next step towards reaching the goal/</b></p>

# KEY MESSAGES WITHIN THE POLICY

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- Supporting you with your responsibilities
- Need to consider mental capacity vs capability (executive capacity).
- Relationship building and trust is the key.
- No magic fairy



# FURTHER INFORMATION AND LINKS:

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- [www.suffolkas.org](http://www.suffolkas.org)
- MASH Consultation Line: 0345 606 1499
- Customer First can be contacted on 03456 066 167.
- **Suffolk Fire and Rescue Service**
- <https://www.suffolk.gov.uk/suffolk-fire-and-rescue-service/fire-safety-in-the-home/>
- **Suffolk Safeguarding Children's Board**
- <https://www.rspca.org.uk/home>
- **Mental Capacity Act 2005 Code of Practice:**
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/497253/Mental-capacity-act-code-of-practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf)

# RESEARCH REPORTS

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- **Braye, S., Orr, D. and Preston-Shoot, M. (2011)** *Self-Neglect and Adult Safeguarding: Findings from Research*. London: SCIE. <http://www.scie.org.uk/publications/reports/report46.pdf>
- **Braye, S., Orr, D. and Preston-Shoot, M. (2013)** *A Scoping Study of Workforce Development for Self-Neglect*. London: Skills for Care. <http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/Research/Research-reports/Workforce-development-for-self-neglect.aspx>
- **Braye, S., Orr, D. and Preston-Shoot, M. (2014)** *Self-Neglect Policy & Practice: Building an Evidence Base for Adult Social Care*. London: SCIE. <http://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/>



# Questions / discussion

