

SELF-NEGLECT

Key tools for decision making

T-ASC

Training, Advice, Solutions and Consultancy

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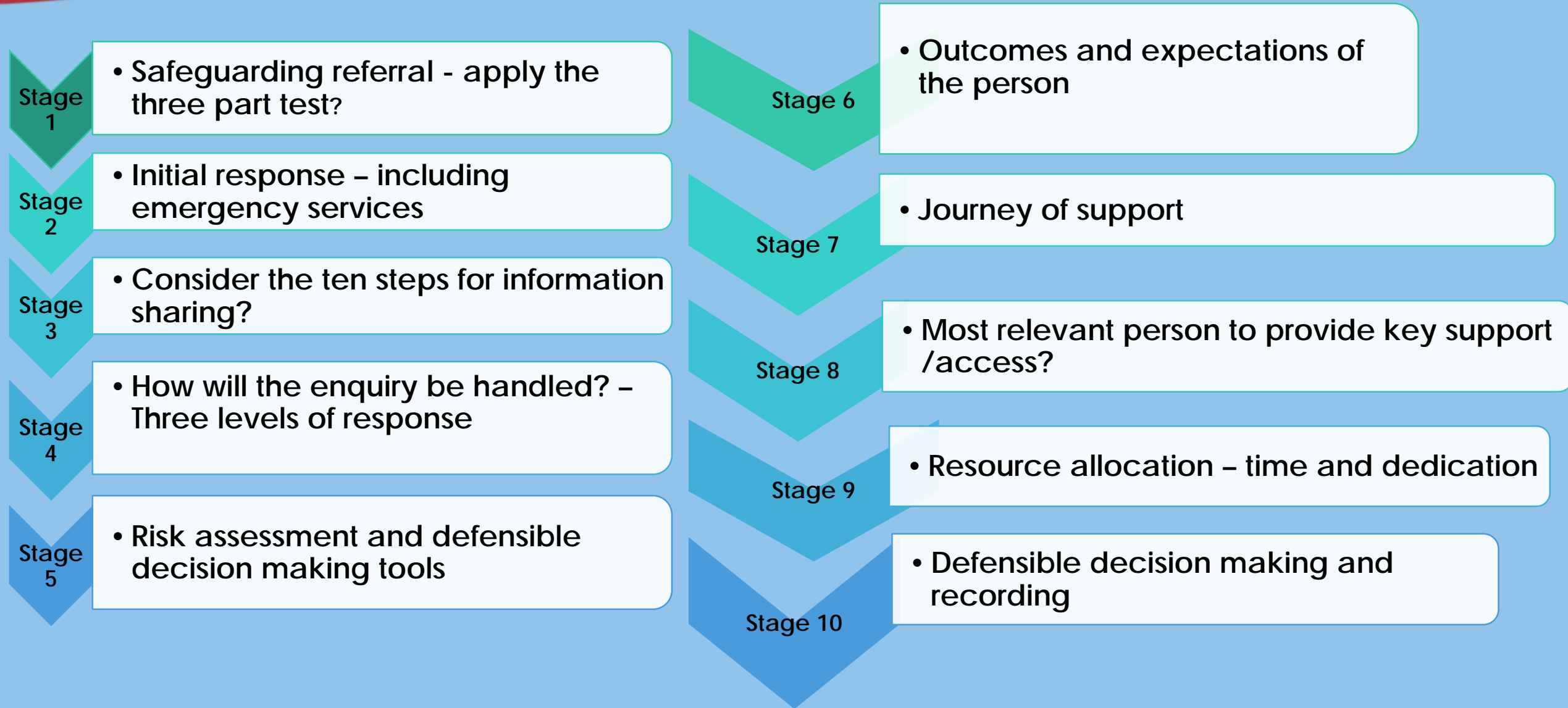
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TOOLKIT



TEN STAGE TOOLKIT



WHAT IS SELF NEGLECT?

The Care Act 2014 identifies Self Neglect as a safeguarding responsibility and defines self-neglect as covering a wide range of behaviours:

Neglecting to care for one's

- personal hygiene,
- health
- or surroundings

And

- includes behaviour such as hoarding.

Falling under the safeguarding policies and procedures means that all safeguarding adults duties and responsibilities apply.

ELIGIBILITY - THREE PART TEST

Safeguarding duties
apply to an adult who:

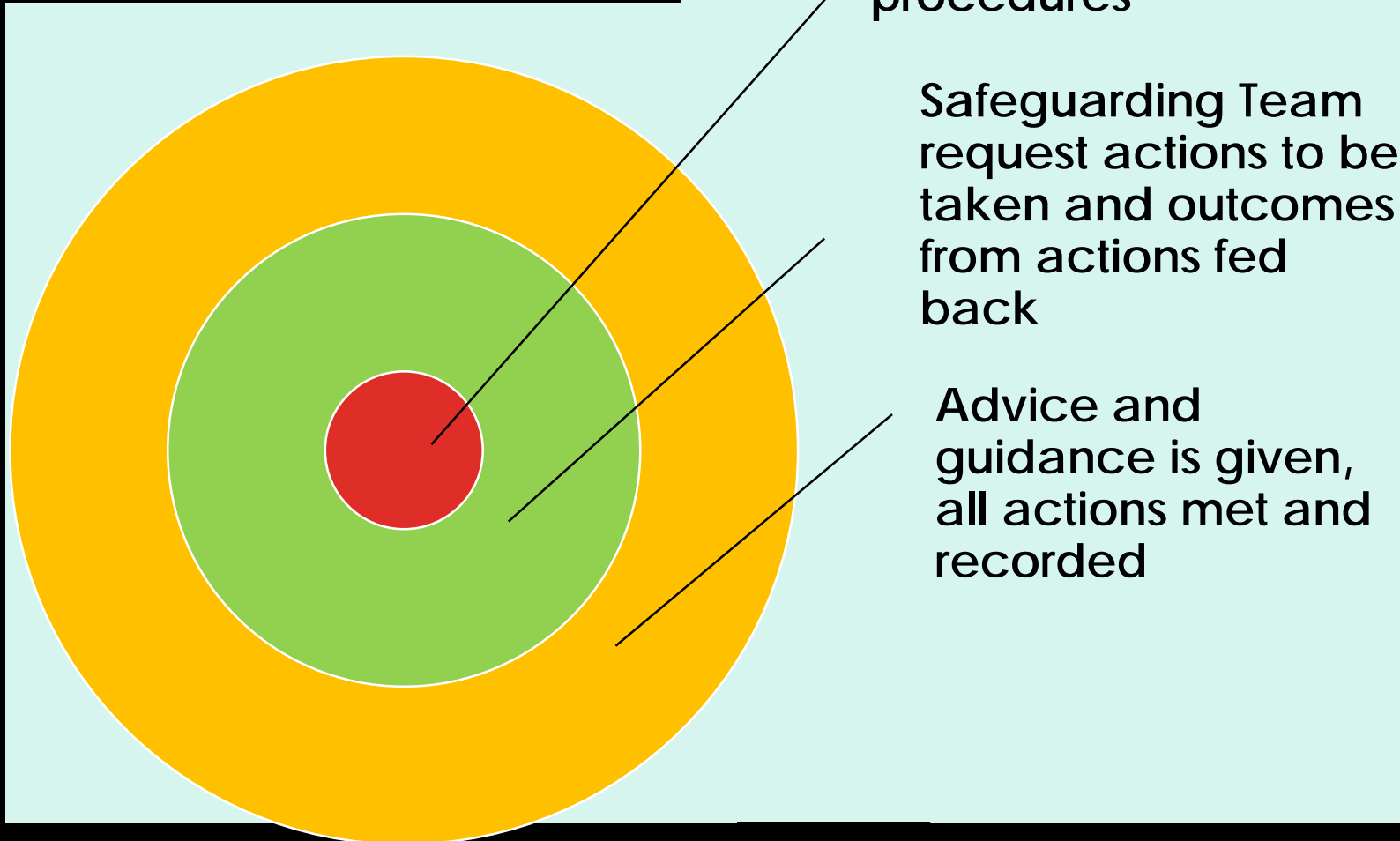
Has needs
for care
and
support;
and

Is
experiencing
or at risk of
abuse and
neglect;
and

As a result of
those care and
support needs is
unable to protect
themselves from
either risk of, or
the experience of
abuse or neglect

Three levels of response

A safeguarding enquiry can be anything from a telephone conversation to a full scale investigation. The safeguarding team / Local Authority will then consider the response



WHAT CAN I EXPECT FROM MY SAFEGUARDING TEAM?

Care Act 6.56

'Where the action required to protect the adult can be met by Local Authorities, they should take appropriate action.

- In some cases safeguarding enquiries may result in the provision of care and support (S18, 19)
- Or the provision of preventative services (S2)
- Information and advice (S4)
- Multi agency response'

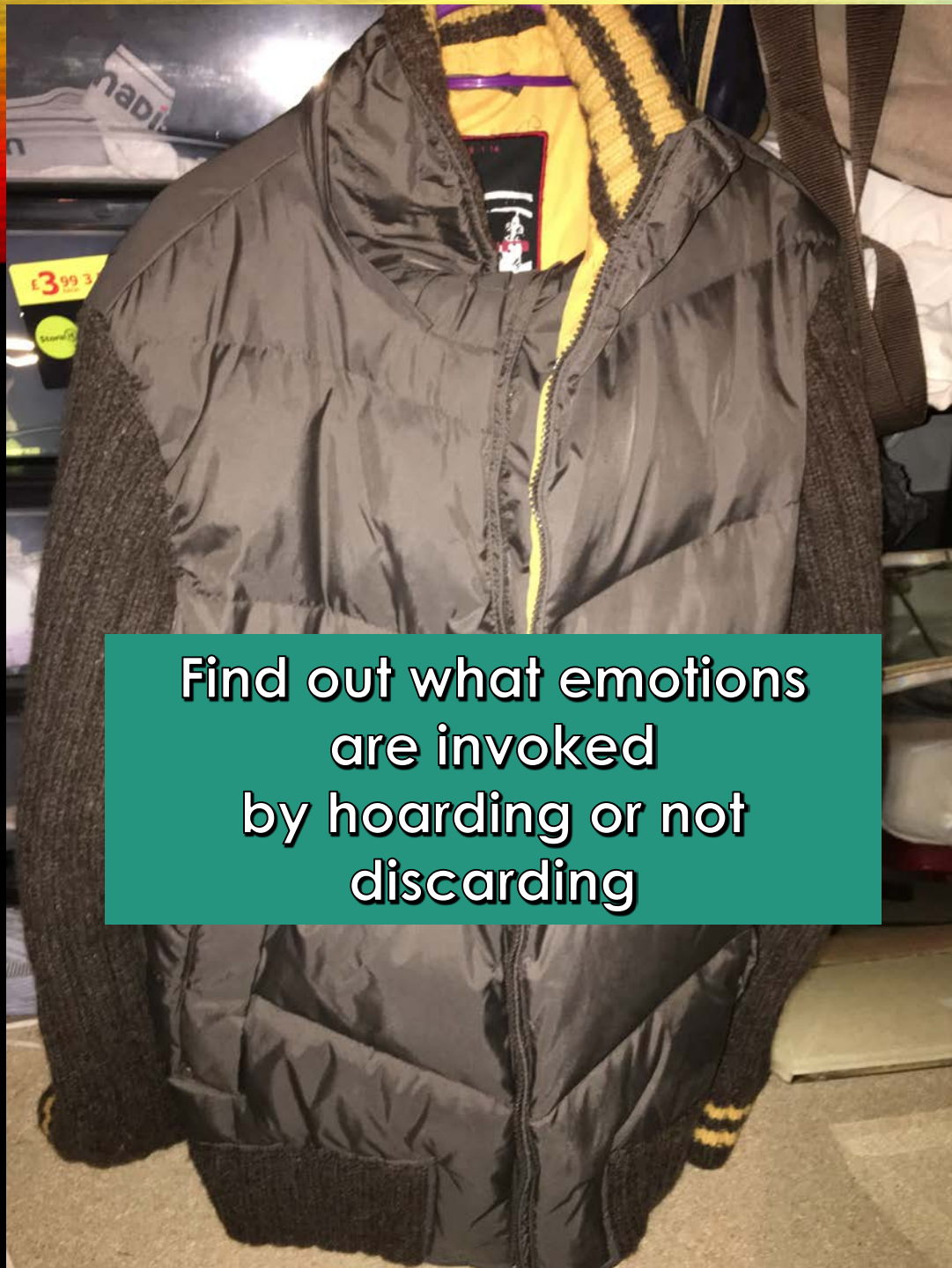
DUVET TIME



- Think of a duvet moment that you have had
- You cant even face your friends
- Answer the door
- Invite the person in
- Tell the person all about your most difficult times, your anxieties, the risks, the decisions

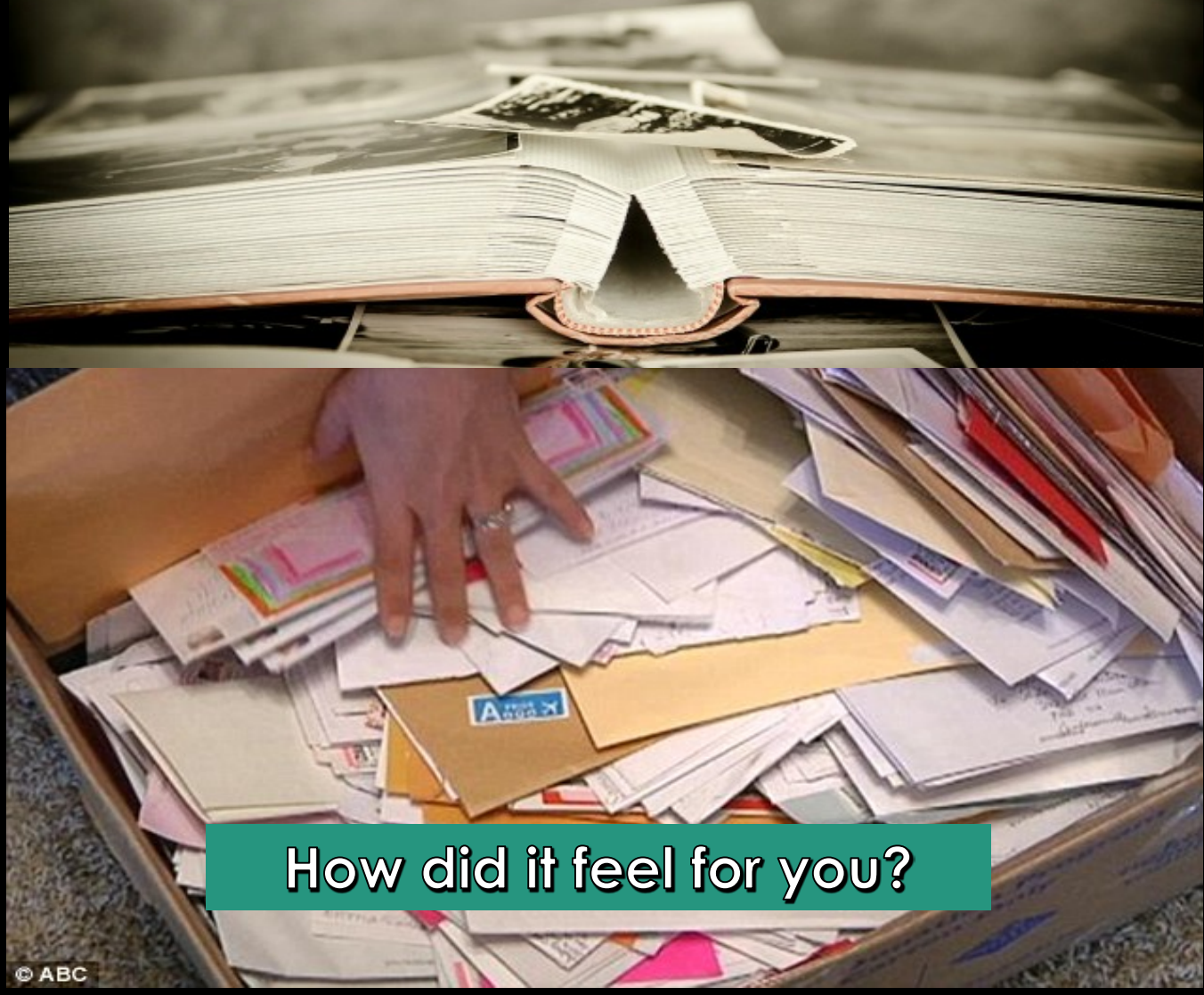
RAPPORT

S42 enquiries mean that we can explore this



Find out what emotions
are invoked
by hoarding or not
discarding

The Sentimental Value Of Stuff



How did it feel for you?

Large scale clear ups do not work they make the feelings of loss and grief worse and the hoarding will begin again elsewhere. Understand the background to the hoarding and understand the attachment to the objects.

Find someone who can or has developed a relationship of understanding with the person and if possible they can support them to set their own goals and targets. You could ask the person hoarding if they would like to begin with safety and access to main entrances and exits for emergency services.

What is consent for care, services or treatment?

1. On your note pad write down all of the different occasions when working with someone who self neglects / hoards that you may need consent, a signature, an agreement, or an understanding
2. Some things that you may have considered:
 - Tenancy agreement – Housing
 - Property repairs and maintenance – Housing
 - Aids and adaptations – OT or Physio
 - Health Care – GP, doctors, nurses, consultants
 - Finance – Adult Social Worker or Financial assessor
 - Fire risks – Fire service
 - Care and Support – Adult Social Worker
 - Child care plans – Children's Social Worker
 - Safeguarding intervention – Local Authority

What is consent for care, services or treatment?

1. Consider what consent to care, services or treatment means – what are the conditions of consent?
 - Person is competent
 - Person is sufficiently informed
 - Person is not subject to coercion or undue influence
 - Person has reached a clear autonomous decision

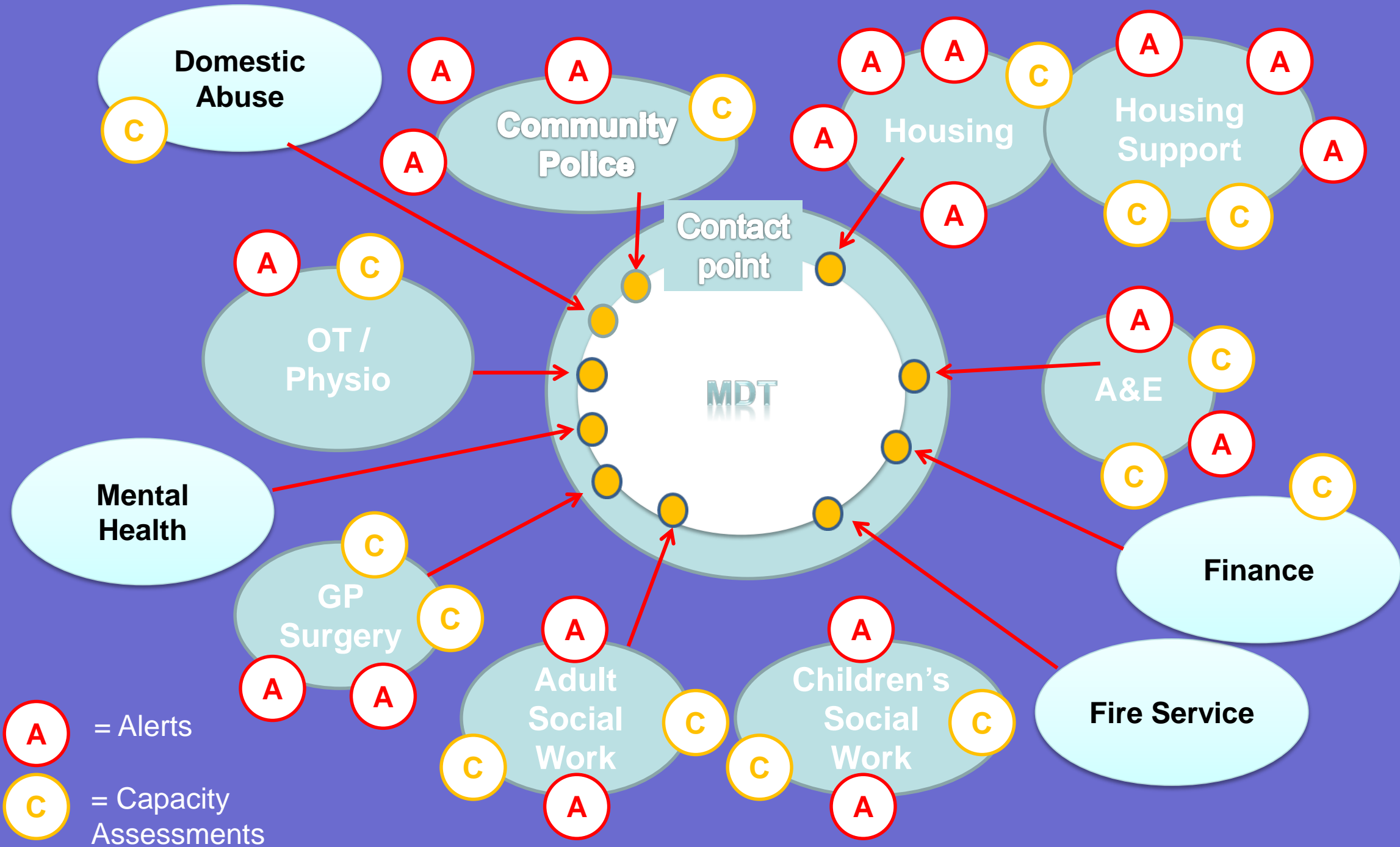


2 stage capacity test

- Stage 1. Is there an impairment of the brain or mind? If not, the person has capacity.

Stage 2.

- If “yes” to stage 1, can the person
 - Take in information yes/no
 - Retain it yes/no
 - Use it, weigh it up, evaluate it yes/no
 - Communicate their decision yes/no



Do we need consent to make a safeguarding referral?

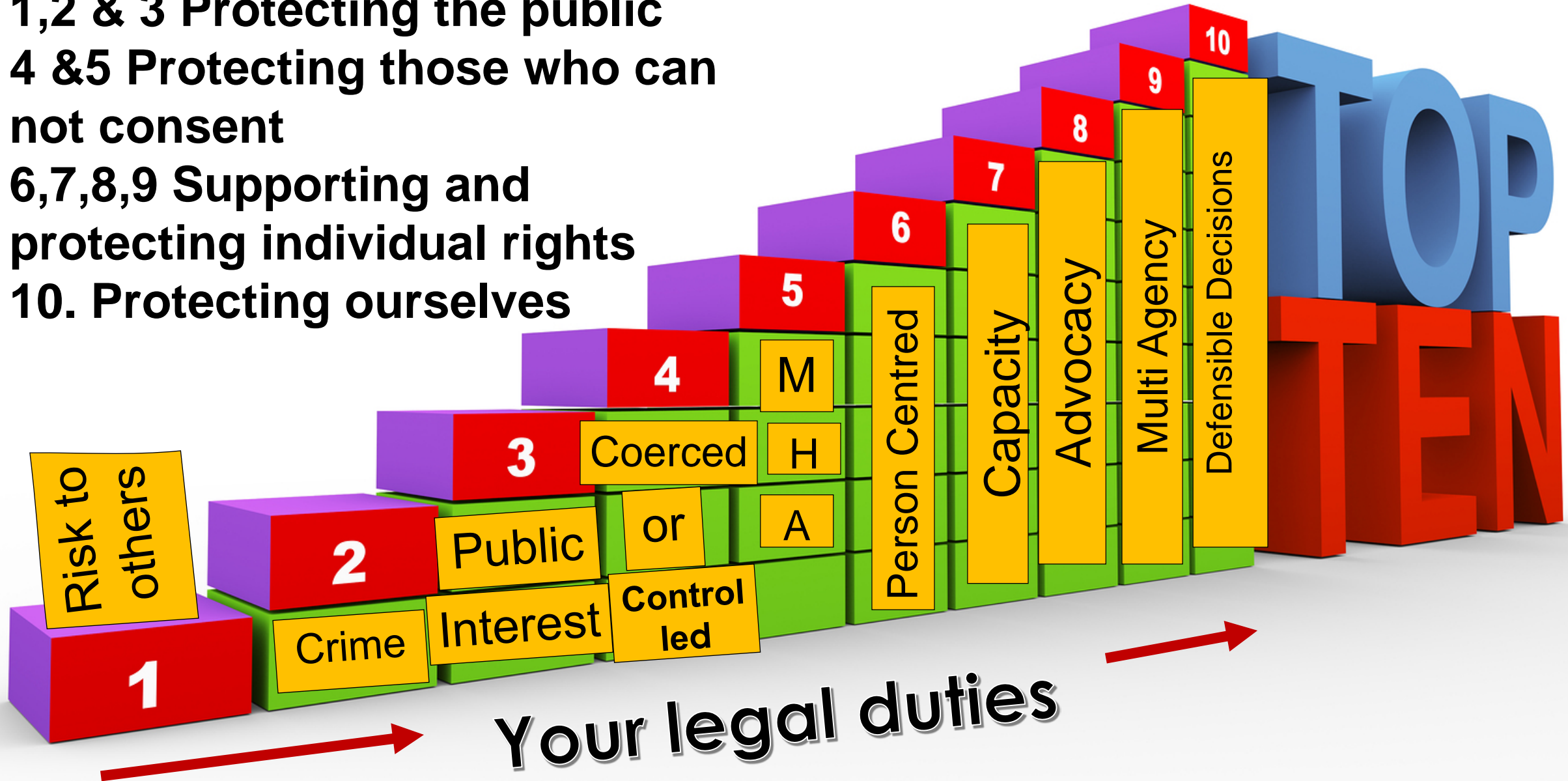
- Checking out the person's consent is part of the Local Authority Section 42 duties, therefore a referral can be made without consent
- The referral must be taken by the Local Authority (LA) if the 3 part test is met
- And then enquiries made about the issues including whether the person consents or not.
- Often this is best achieved through a multi agency meeting
- If they do not consent, that simply means that the LA does not have their co-operation, but does not prevent agencies from taking any steps they can.
- Duty to assess 6.16 Care Act

Refusal of Assessment

S6.16

- An adult with possible care and support needs, or a carer may choose to refuse to have an assessment.
- The person may choose not to have an assessment because they do not feel that they need care or they may not want local authority support. In such circumstances local authorities are not required to carry out an assessment.
- However, where the local authority identifies that an adult lacks mental capacity and that carrying out a needs assessment would be in the adult's best interests, the local authority is required to do so.
- The same applies where the local authorities identifies that an adult is experiencing, or is at risk of experiencing, any abuse or neglect.

1,2 & 3 Protecting the public
4 &5 Protecting those who can
not consent
6,7,8,9 Supporting and
protecting individual rights
10. Protecting ourselves



INFORMATION SHARING TEN STEP RESPONSE

Duty to Protect the public

Step 1

- **Is there a risk to others?**
- Share information with relevant people (No consent required)

Step 2

- **Is there reasonable suspicion of a crime?**
- Share information with relevant people (No consent required)

Step 3

- **Is it in the public interest to share information?**
- Share information with relevant people (No consent required)

Step 4

- **Could the person have been coerced or controlled?**
- Share information with relevant people (No consent required)

Step 5

- **Could the person have Mental Health Problems needing a MHA assessment?**
- Share information with relevant people (No consent required)

Duty to Protect those
who can not consent

Protecting the rights of the individual

Step 6

- **What are the persons required outcomes, wishes and expectations?**
- For each decision, provide information, advice and guidance to person and record

Step 7

- **Assess the persons capacity to make each decision**
- Identify what capacity assessments are required and who should carry out the capacity assessments

Step 8

- **Does the person require an advocate?**
- Consider whether family friends are appropriate or what kind of advocate might be best

Step 9

- **Consider the multi-agency response**
- Who is involved and who needs to be involved – decisions made with person (Consider persons outcomes, wishes and expectations as well as safety of others)

Protecting ourselves

Step 10

- **Defensible decision making and recording**
- Follows the word because....
- I chose this course of action because.....
- I ruled this out because.....
- Based on law policy, models, methods, theories, research
- Based upon the capacitated wishes of the person, or Best Interest decision under Mental Capacity Act

Information sharing – Care Act 14.34

- All organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB; this could be via an Information Sharing Agreement to formalise the arrangements;
- and,
- No professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult.
 - If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed.

Information sharing – Care Act 14.157

Confidentiality must not be confused with secrecy;

- informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement;

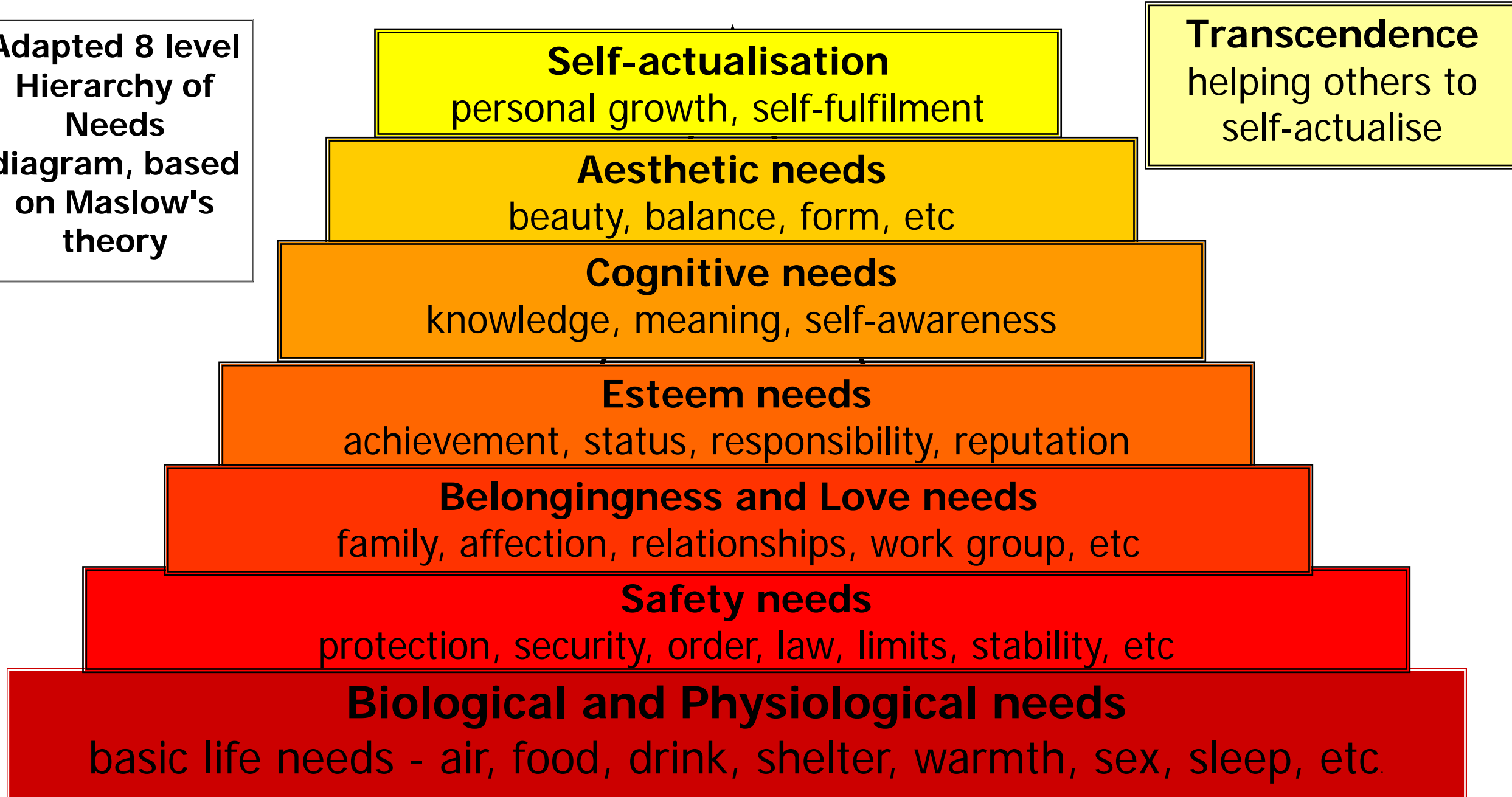
and

- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Information sharing – Care Act 14.158

Where an adult has refused to consent to information being disclosed for safeguarding purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved

Adapted 8 level
Hierarchy of
Needs
diagram, based
on Maslow's
theory



Self-Neglect and Hoarding Assessment Tool

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Factors	Guidance			
1. The vulnerability of the person	Less vulnerable	More Vulnerable		<ul style="list-style-type: none"> Does the person have capacity to make decisions with regard to care provision / housing etc? Does the person have a diagnosed mental illness? Does the person have support from family or friends? Does the person accept care and treatment? Does the person have insight into the problems they face?
2. Types of Seriousness of Hoarding	Low risk	Moderate	High / Critical	<ul style="list-style-type: none"> Refer to the table overleaf. Types and Seriousness of Hoarding and self-neglect. Look at the relevant categories of hoarding and self-neglect and use your knowledge of the case and your professional judgement to gauge the seriousness of concern. Incidents that might fall outside invoked Adult Protection procedures (Low Risk) could potentially be addressed via preventative measures such as engaging with the person, developing a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling If a Social Worker or nurse is involved in the care report concerns to them as part of preventative measures. <p>This tool does not replace professional judgement and does not aim to set a rigid threshold for intervention. Note professional decision making reflects the fact that the type & seriousness of hoarding and self-neglect may fall within the low risk category, other factors may make the issue more serious and therefore warrant progression via safeguarding procedures.</p>
Self Neglect				
Hoarding Property				
Hoarding household functions				
Hoarding Health and safety				
Hoarding Safeguarding				
3. Level of self-neglect / hoarding (See clutter rating scale for Hoarding)	Low risk	Moderate risk	High risk	<p>Determine if the hoarding / self-neglect is:</p> <ul style="list-style-type: none"> A fire risk? Impacting on the person's wellbeing (Care Act 2014 definition)? Preventing access to emergency services? Affecting the person's ability to cook, clean and general hygiene? Creating limited access to main areas of the house? Is the person at increased risk of falls?
4. Background to hoarding / self-neglect	Low impact		Seriously affected	<ul style="list-style-type: none"> Does the person have a disability that means that they cannot care for themselves? Does the person have mental health issues and to what extent? Has this been a long standing problem? Does the person engage with services, support and guidance offered? Are there social isolation issues?
5. Impact on others	No one else affected	Others indirectly affected	Others directly affected	<p>Others may be affected by the self-neglect or hoarding. Determine if:</p> <ul style="list-style-type: none"> Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding / self-neglect? Does the hoarding / self-neglect prevent the person from seeing family and friends? Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of abuse	No suspicion	Indicators present	Reasonable suspicion	<p>Determine if there is reason to suspect:</p> <ul style="list-style-type: none"> That the hoarding self-neglect is an indicator that the person may be being abused The person may be targeted for abuse from local people That a crime may be taking place That the person is being neglected by someone else That safeguarding is required <p>*See Risk Tool for safeguarding</p>
7. Legal frameworks	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	<p>Try to determine whether:</p> <ul style="list-style-type: none"> The person is at risk of eviction, fines, non-payment issues There is an environmental risk that requires action – Public health issues There are safeguarding and animal welfare issues Fire risks that are a danger to others



P18

1

2

3

Entance / exit, windows loft space
Smoke alarms
Services functional
Garden accessible
No personal care or property odour

No Excessive clutter
No household appliance in unusual places
Property maintained
No pests, rotting food, dangerous fire hazards
Medication and cleaning products stored appropriately



4

5

6

Concern about services
Only major exit blocked
No / problematic smoke alarms
Outdoor issues
Property not maintained - tenancy

Clutter causing conjection
Inconsistent housekeeping
Some appliances not functioning
No safe cooking facility
Try to manage personal care

No rotting food
No pest problem
Safeguarding considered
Pet care considered



7

8

9



Level 1	Actions
Referring Agency	<ul style="list-style-type: none">• Discuss concerns with resident• Raise a request to the Fire Brigade to provide fire safety advice• Refer for support assessment if appropriate.• Refer to GP if appropriate
Environmental Health	<ul style="list-style-type: none">• No Action
Social Landlords	<ul style="list-style-type: none">• Provide details on debt advice if appropriate to circumstances• Refer to GP if appropriate• Refer for support assessment if appropriate.• Provide details of support streams open to the resident via charities and self-help groups.• Provide details on debt advice if appropriate to circumstances• Ensure residents are maintaining all tenancy conditions
Practitioners	<ul style="list-style-type: none">• Complete Hoarding Assessment• Make appropriate referrals for support• Refer to social landlord if the client is their tenant or leaseholder
Emergency Services	<ul style="list-style-type: none">• Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.
Animal Welfare	<ul style="list-style-type: none">• No action unless advice requested
Safeguarding Adults	<ul style="list-style-type: none">• No action unless other concerns of abuse are noted.
MASH	<ul style="list-style-type: none">• No action unless other concerns of abuse are noted.

WHAT IS A GOOD ASSESSMENT?

- **Person centred, strength based, solution focussed and includes 'I' statements**
- **Include capacity, consent and advocacy (Family or commissioned as appropriate)**
- **Identify when capacity / consent was not considered and what legal framework was used (Ten Steps)**
- **Identify what has been tried and what could be tried to delay or prevent the need for services (Journey of Support)**
- **Have insight into the wishes and feelings of the person and are outcome focussed**
- **Identify eligibility (Person, carer, other relevant persons)**
- **Whole family approach, community approach**
- **Evidence based: Legal frameworks, policy frameworks models, tools, methods, theory, research**
- **Uses multi-agency collaborative working**
- **Have a range of people involved: Friends, family, neighbours as appropriate (Circles of Support)**
- **Have transparency in relation to finance**
- **Evidence the carers needs and desired outcomes, as well as those of the individual**
- **As concise and proportionate as possible**
- **Clear about how wellbeing is being promoted**
- **Evidence safety planning from the persons expected outcomes to both prevent and protect from abuse / neglect**
- **Evidence a rationale for the safeguarding response (Risk assessment and defensible decision making tool)**

Background

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Risks / Assessments

Multi Agency Response

Resources Available

**Support Networks/ Strengths and
Solutions**

Therapeutic Responses

Legal Processes

Review

JOURNEY OF SUPPORT

JOURNEY OF SUPPORT

Background

- How, why and when self neglect began
- Level of squalor
- Level of engagement
- Wellbeing – mental, physical
- Social Isolation
- Contact with others
- Meaningful engagement past / present
- Community access
- Feelings toward self / others
- Who is best to develop a rapport
- Outcomes and expectations
- Information and advice offered



JOURNEY OF SUPPORT

Risks / Assessments

- Person
- Dependents
- Children
- Capacity assessments
- Mental Health
- Housing suitability
- Safeguarding matters
- Substance misuse
- Fire safety
- Environmental Health
- Public Health
- Carers

- Attachments
- Motivation
- Loss and bereavement
- What has worked in past
- Structure of day now and past
- Relationships / relationship breakdown

JOURNEY OF SUPPORT

Multi Agency Response

Consider as appropriate

- Social Services
- Health
- Fire services
- Housing
- Anti social behaviour
- GP
- Environmental Health
- Financial protection / info advice
- Mental Health

- Substance Misuse
- Domestic abuse services
- Psychology
- Counselling
- MAPPA
- MARAC
- SARC
- Community safety
- Advocacy
- Other

JOURNEY OF SUPPORT

Resources Available

- Person
- Family
- Friends
- Community
- Fire
- RSPCA
- Housing support
- Landlord
- Social work
- Occupational therapy
- MAINTAIN PROFESSIONAL CONTACT

Often people who self neglect have suffered loss and express feelings of powerlessness.

Taking control, making decisions for the person and / or clearance of hoarded items only serves to further the feeling of powerlessness and could exacerbate the situation

JOURNEY OF SUPPORT

Support Networks, Strengths and Solutions

The most important thing to achieve is developing a **rapport** with the person. This **should be well established before any self neglect is addressed**. If there are risks identified, the risks should be negotiated as initial targets.

Support to **establish routines and activities to replace self neglecting behaviours** should be established **prior to setting targets to change behaviours**. Identify the best placed person. Focus on the strengths, and solutions – strength based and solution focussed assessment

JOURNEY OF SUPPORT

Therapeutic Responses

- Mental Health interventions
- Motivational interviewing
- Attachment work
- Counselling
- Loss and bereavement work
- Substance misuse

- Neuro linguistic programming
- Solution focussed interventions
- Asset based interventions
- Positive reinforcement
- CBT
- Trauma therapy
- Specific to ability / disability

JOURNEY OF SUPPORT

Legal Processes

Consider legal matters:

- Crime
- Child protection
- Safeguarding of others
- Eviction
- Fire safety of others
- Rats and vermin
- Toxic substances

- Dangerous medical equipment
e.g oxygen
- Financial disputes
- Property disputes
- Compulsory orders
- Domestic abuse processes
- Other

JOURNEY OF SUPPORT

Review

There is no magic wand for self neglect make sure that you have:

- Recorded service involvement and responsibilities
- Recorded information and advice given
- Recorded capacity assessments
- Recorded services offered and dates / times
- Recorded attempts made to develop rapport
- Recorded assessments
- Recorded advocacy – persons wishes, expectations and outcomes

The Client's Targets

Introduce alternative behaviours

- To replace hoarding with more adaptive behaviour
- To structure their day
- To engage in activities previously avoided

Organisation

- To identify specific places to store
- Set deadlines
- To maintain cleared areas and use them for their original purpose

Prevent incoming clutter

- To build awareness of triggers and patterns of acquisition behaviours by keeping a daily log of every item they acquire

Encourage discarding of objects

- To decrease their anxiety associated with decision making
- To work on clearing one room at a time
- To learn to make sensible discard-keep-recycle decisions





COGNITIVE DISSONANCE

To create and amplify a discrepancy between present behaviour and goals

Getting the person to set targets, clarify these targets and get the person to recognise conflicts with targets

Problem: Person says, 'This is just the way I am,' or 'I have always lived like this'
This narrative means that you are not changing behaviours you are trying to change them as a person.

Response: Get the person to consider what key elements of their identity and identify things that are not congruent with this. In your communication separate the person from their behaviours. Making reference to behaviours that can change.

CONSIDERATION OF CHANGE

- Establish rapport before any change
- Do not give advice – seek information
- Socratic questioning to gain more in depth understanding
- Positive reinforcement, active listening and sensitivity
- Harm minimisation
- Behaviourist approaches
- Attachment to objects
- What makes the person feel safe
- When did the person feel most happy – what did they look like then, what did the house look like, what were they doing, who was around them
- Miracle question
- Scaling – most important thing to change
- Find the exception
- Goal setting – Support person to start small and achievable
- Community access
- Person to explore new attachments
- Denial is an important part of the change process – use cognitive dissonance

Positive Self Perception

Enable the person to develop a positive self image with positive statements, lessening blame and focussing on change

Support required from staff:

- Celebrate developmental advances. (See Community Reinforcement Approach, Solution Focussed Approaches and Circles of Support)
- Praise positive behaviour to create boundaries.
- Recognise new skills as they are acquired.
- Protect/remove client from domestic violence, bullying or disapproving environments by offering services.
- Set high but reasonable standards for leaning behaviour.
 - Pavlov's behaviourist approaches
 - Positive Reinforcement
 - Karpman drama triangle (family)
 - Balance needs, rights and responsibilities and other cognitive tools
- Setting boundaries for behaviour. Clearly, at each step, identify what is expected both in service and in response to new changes

Emotional Competence

This ability underpins the successful development of relationships outside the family and may affect mental health.

Support required from staff:

- Consider roles played (transactional analysis) and adjust behaviours accordingly.
- Be aware of victim, persecutor, rescuer triangle (Karpman).
- Explain why you are making certain requests and the purpose of those requests.
- Encourage talk about feelings and emotions and place as much emphasis on resolving matters as on physical issues.
- Teach empathy for others and why this will help. Talk through situations, which have occurred in client's life, and model empathic responses.
- Apologise if you have got something wrong or made a mistake.
- Be aware of grief and loss process occurring again (Kubler Ross)



TOP 10 **TIPS:**

1. DEVELOP A RAPPORT



Get to know the person, develop a rapport and find out when the self-neglect began. Do not discuss change until rapport developed. The earlier the intervention the easier it is for the person to consider change

2. WORK, ACTIVITIES, EDUCATION



Find activities, work or education that the person enjoyed doing and try to help them to engage in community activities.

Getting out and meeting other people may help the person to reflect on their own situation. It may identify a structure for their day / week.

3. SELF ESTEEM



- Understand what feelings the person has about themselves, their house and why things are the way that they are.
- Why the person is so attached to the current situation and if they were no longer in the situation, what would replace those feelings?
- Work with the person to identify when they had similar feelings that were not associated with self-neglect / hoarding

4. STRENGTHS BASED APPROACH



PERSONAL STRENGTHS PROFILE

Use a strengths based approach to determine the positive things that a person has in their life or can achieve for themselves and how they would like to manage risk.

5. CONSIDER METHODS OF MOTIVATION AND COMMUNICATION

Part of the **change process** is to have **doubt, upset, anger, resentment and finally acceptance**. Plan how you can manage these changes and encourage the person to engage with appropriate counselling or **therapeutic support**.

A person may well relapse, you can help the person to start the process over again with plenty of encouragement. Consider times when you have tried to change a behaviour or give something up, it often takes a few attempts.

6. CREATE COGNITIVE DISSONANCE

Often a person can see themselves in such a negative light that it disempowers them and prevents positive change, for example, 'I have always been untidy; I could never look as good as other people'.

By encouraging a person to **recognise their strengths** and then separating who they are from their behaviours, it may free that person to address the behaviours, for example, 'I know that the house is messy and cluttered, but I am an ordered and organised person; I recognise that I do not bath often, but I have always been good at making quality clothes'. Focus on the positive attributes of the person.

7. DON'T RUSH – ONE SMALL STEP AT A TIME

Take one small step at a time with lots of encouragement

- Work together to identify the key issues in relation to safety and wellbeing.
- Work on making the person / property safe.
- Support the person in identifying what is important to them and what they would like to sort out first.
- Lots of positive reinforcement is required.



8. MULTI-AGENCY RESPONSE

Consider the need for a multi-agency response; nursing, social work, public health, environmental services, housing, fire service, police, GP, mental health services in relation to assessing risk, preventing risk, addressing risk, support for the person and their family, capacity assessments and community engagement.

Ensure that there is a co-ordinated response, chaired by someone who has enough seniority to delegate tasks and respond to situations. An action plan should be developed



9. CONSIDER WIDER SAFEGUARDING ISSUES

Consider wider safeguarding issues such as: hate crime, domestic abuse, anti-social behaviour, safeguarding other adults, safeguarding children, historical abuse, risk from potential perpetrator to person and others



10. DO NOT FORCE CHANGE IF AT ALL POSSIBLE

- Moving the person only moves the difficulties to another place, unless the underlying factors are addressed.
- If eviction is being considered think about how to support the person to meet their needs before self-neglect escalates.
- Often the sense of loss associated with large scale clean ups and eviction can have a negative impact, try to minimise this.

DO NOT FORGET - DEFENSIBLE DECISION MAKING

RECORD:

- Referrals made (Including safeguarding adults / children, Mental Health, Police, Fire Service, Medical)
- Appointments offered
- Capacity assessments
- Access to advocacy
- Persons choices and decisions
- Support given to help the person recognise / understand (Information, advice and guidance given)
- Duty to assess and how that has been achieved
- Agencies involved – roles and responsibilities
- What was considered, what ruled out and why
- Based on Law, Policy, methods, models, theories, research
- Based on 'I statements' what the person wanted to achieve, or why this was not achieved and why choices made

HOW DO WE ACHIEVE THIS

"It's more time consuming... you're asking more questions, you're using advocates, completing more Mental Capacity Assessments....although I think a lot of practitioners are welcoming it, its just that tension with your case load."

"You cant get away from the fact that we haven't got enough to go around, and doing this properly takes longer, and the Care Act means there'll be more."

"It's woken up some of our providers.... Dealing with it early on, realising if they don't, it makes things more difficult."

- Self- Neglect Assessment
- Putting the work in in the beginning to prevent escalation / deterioration (Also time saving in the long run)
- Multi agency use of resources and safeguarding responses
- Local Authority oversight and guidance
- Co-ordination of capacity assessments
- Recording where there may be controversy over capacity assessments
- Engagement of Mental Health Services
- Training to prevent needs escalating
- Finding solutions rather than focussing on the concerns
- Using persons strengths
- Using family resources
- Using community resources

