Self-Neglect and Safeguarding – Working Towards a Positive Outcome

What is Self-Neglect?

"Self-neglect covers a wide range of behaviours; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding" (DH 2014, p234)

It is "*the inability (intentionally or unintentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequence to the health and well-being of those who self-neglect and perhaps too to their community.*'

Self-Neglect differs from other forms of abuse as there is no perpetrator.

Lack of self-care:

Personal hygiene

Nutrition/hydration

Health

Risk to safety and wellbeing

Lack of care for living environment:

Hoarding

Squalor

Infestation

Risk to safety and wellbeing

And, refusal of services that would mitigate risk of harm

Mental Capacity Considerations

The Mental Capacity Act (2005) states that a person is assumed to have mental capacity unless there is a reason to believe otherwise. It also states that a person should not be deemed to lack mental capacity just because they make an ‘eccentric or unwise decision. In view of the nature of self-neglect, it is important that capacity assessments are carried out face to face where possible to minimise the risk of assumptions.

These key principles should be kept in mind when considering any particular case where there are concerns of self-neglect:

Where an individual who is self-neglecting is unable to agree to have their needs met because they are assessed as lacking mental capacity to make specific decisions in relation to this, then the principles of the Best Interest process must be followed in line with the Mental Capacity Act. This may take the form of a multi-agency, Best Interests meeting where the risks are considered to be high. Applications to the Court of

Protection may need to be considered**.**

Mental capacity assessments are both time and decision specific and should therefore be considered and / or repeated as risk increases and in relation to each individual risk.

Signs and Symptoms of Self-Neglect

Signs and symptoms of self-neglect include but are not limited to:

Dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene;

Hazardous or unsafe living conditions/arrangements (e.g., improper wiring, no indoor plumbing, no heat, no running water);

Unsanitary or unclean living quarters (e.g., animal/insect infestation, no functioning toilet, Fecal/urine smell);

Inappropriate and/or inadequate clothing, lack of the necessary medical aids (e.g., eyeglasses, hearing aids, dentures); and

Grossly inadequate housing or homelessness.

An adult may be at risk of serious harm where they are:

Either unable, or unwilling to provide adequate care for themselves

Not engaging with a network of support

Unable to or unwilling to obtain necessary care to meet their needs

Unable to make reasonable, informed or mentally capacitated decisions due to mental disorder (including hoarding behaviours), illness or acquired brain injury

Unable to protect themselves adequately against potential exploitation or abuse

Refusing essential support without which their health and safety needs cannot be met and the individual lacks insight to recognise this.

Understanding how it is for the Services User:

Self Care:

Demotivation: homelessness, health, loss, isolation, self-image, negative cognitions

Different standards: being indifferent to social appearance

Inability to self-care: mental distress, physical ill-health, homelessness

Environment

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 own control: voices, obsessions, physical ill-health, lack of space

What helps achieve positive outcomes for services users?

Respectful, timely engagement

Spotting motivation and being there at the right time

Encouraging, person-centred approach, not intrusive, directive, pushy

Going the extra mile, being reliable, compassionate, understanding

Intervention delivered through relationship: connection, emotional literacy, trust

'Being with' the person when clearing/cleaning is taking place, promoting choice where possible

Support relevant to the service user's own perception of needs

Practical input, household equipment, benefits, advocacy, re-housing

Access to mental health services to tackle deep-rooted issues

Links with others

What helps to achieve positive outcomes for practitioners?

Self-neglect work feels lonely, helpless, frustrating and risky

Places and spaces for shared decision-making – panels, meetings

Management support for a ‘slow burn’ approach

Time to build relationship, to ‘find the person’, to understand the meaning of their self-neglect in the context of their life history

Collaborative work is essential

Multi-agency involvement and systems for securing it

Neighbours and family networks

Effective practice involves

Understanding of motivational approaches, mental capacity, legal rules

Qualities of persistence, patience, resilience, modesty of expectation, respectful curiosity, respect and honesty

Finding the latitude for agreement, however tiny, and starting there

Balance of hands-off and hands-on approaches, knowing which when

Finding value in small achievements, recognising what is being given up

Practice in self-neglect work is more successful where practitioners:

- take time to build rapport and a relationship of trust, through persistence, patience and continuity of involvement
- try to ‘find’ the whole person and to understand the meaning of their self-neglect in the context of their life history, rather than just the particular need that might fit into an organisation’s specific role
- work at the individual’s pace, but are able to spot moments of motivation that could facilitate change, even if the steps towards it are small
- ensure that they understand the nature of the individual’s mental capacity in respect of self-care decisions
- are honest, open and transparent about risks and options
- have an in-depth understanding of legal mandates providing options for intervention
- make use of creative and flexible interventions, including family members and community resources where appropriate
- engage in effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals.

“Knowing, Doing, Being” – the complex interaction at the heart of self-neglect practice:

Being

Being respectful, having empathy, being reliable, being honest and caring, being present, being human

Doing

Hands-off and hands-on balance, building consensus over small steps while negotiating larger ones, deciding when intervention is essential

Knowing

The person and their history

Having professional knowledge

= A good relationship with the service user

Case Study 1

Ms S is a 63 year old woman with mild learning disability, Type 2 Diabetes and is known to smoke in the house. She always lived with and was cared for by her parents until they both recently died. She now lives alone in the former parental home. The house is in disrepair. The kitchen floor is always wet from the rain. The house is dirty and is cluttered with possessions so it is difficult to walk through. Ms S is incontinent, her legs are ulcerated and weeping. Ms S has recently refused to let her sister into her house, but does still allow the community nurse team in to dress her legs.

The Local Authority received a concern about risk of harm through self-neglect from her GP who was worried and felt Mr S's capacity to understand the risks may be in question. The Local Authority decided there was reasonable cause to suspect that Mrs S has needs for care and support, she is at risk of self-neglect, and there is reasonable cause to suspect Ms S is unable to protect herself from self-neglect or the risk of it and therefore meets the criteria for s42 enquiry under the Care Act

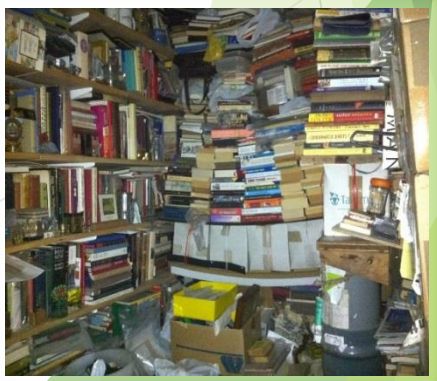
The enquiry concluded that a member of the community nurse team, who know Mrs S, should work with her alongside an allocated social worker, to understand what her views and wishes are about her care and support needs and to encourage her to accept input and for the Local Authority to undertake a needs assessment.

Discuss the challenges of managing this case for the allocated social worker and the community nurse team.

Case Study 2

72 year old Mr M, lives in an upper-floor council flat, and had hoarded over many years: his own possessions, items inherited from his family home, and materials he had collected from skips and building sites in case they came in useful. The material was piled from floor to ceiling in every room, and Mr M lived in a burrow tunnelled through the middle, with no lighting or heating, apart from a gas stove. Finally, after years of hiding in privacy, Mr M had realised that work being carried out on the building would lead to his living conditions being discovered so he approached a local community group who referred him to ASC. Mr M himself recounted how hard it had been for him to invite access to his home, how ashamed and scared he was, and how important his hoard was to him, having learnt as a child of the war never to waste anything.

Through working closely together, Mr M, his support worker and experienced contractors have been able gradually to remove from his flat a very large volume of hoarded material and bring improvements to his home environment. It has taken time and patience, courage and faith, and a strong relationship based on trust. The worker has not judged Mr M, and has worked at his pace, positively affirming his progress. Both Mr M and his support worker acknowledge his low self-esteem, and have connected with his doctor and mental health services. The worker has recognised the need to replace what Mr M is giving up, and has encouraged activities that reflect his interests. Mr M has valued the worker's honesty, respect, kindness and sensitivity, his ability to listen, and the reciprocity in their relationship.



Discuss: The positive aspects, the challenges, the issue of mental capacity and how a positive outcome was achieved.

Guidance

Cambridgeshire and Peterborough Multi-Agency Policy and Procedures to support People Who Self-Neglect

Cambridgeshire and Peterborough Protocol for Working With People with Hoarding Behaviours

Cambridgeshire and Peterborough Multi-Agency Adult Safeguarding Procedures

Social Care Institute for Excellence - Self-neglect policy and practice: research messages for managers

For more information about safeguarding of adults a
please visit our website:

www.peterborough.gov.uk/safeguardingadults