SELF-NEGLECT

Key tools for decision making

T-ASC

Training, Advice, Solutions and Consultancy

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Welcome


Fire Alarms
Mobile Phones
Toilets
Breaks / Finish times
Smoking

Aims and Objectives

Aim: To recognise self neglect and hoarding and apply a range of interventions and support

- **To raise awareness of issues relating to Hoarding and Self Neglect**
- **To ensure early intervention in supporting people who hoard and / or self neglect**

Objectives
For staff to:

- To prevent the escalation of self neglect / hoarding
- To support the person self neglecting / hoarding to address underlying causes
- To support the person to change behaviours
- To address risk
- To recognise legal frameworks
- To understand the psychological / mental health issues associated with hoarding

TOOLKIT

MCA
DoLs
MHA
HRA
Care Act
Info sharing
Models
Methods
Neglect
Self-neglect
Financial
Physical
Research
Theories
FGM
Dom Ab
Sexual Ab
Organisational
Personalisation
Thoughts and ideas
Solution Focussed
T.A
Attachment
Psychoanalysis
Motivation / Change

TEN STAGE TOOLKIT

Stage 1
- Safeguarding referral - apply the three part test?

Stage 2
- Initial response – including emergency services

Stage 3
- Consider the ten steps for information sharing?

Stage 4
- How will the enquiry be handled? – Three levels of response

Stage 5
- Risk assessment and defensible decision making tools

Stage 6
- Outcomes and expectations of the person

Stage 7
- Journey of support

Stage 8
- Most relevant person to provide key support /access?

Stage 9
- Resource allocation – time and dedication

Stage 10
- Defensible decision making and recording

SECTION 1 WHAT IS SELF-NEGLECT / HOARDING

1. Explore the definitions
2. Explore the reasons for self-neglect
3. Consider the risks
4. Consider the remit of safeguarding

EXERCISE

What is Self Neglect?

(Explore whether self-neglect is the same or similar to self-harm. Consider when something becomes self-neglect)

What are the risks?

(Explore the risks to the person)

Who self neglects?

(Explore the different types of self-neglect e.g difference between someone who has a physical disability and can not provide self-care and someone who is appearing to choose to self-neglect)

Why do people self neglect?

What is Hoarding?

(Explore the difference between a collection and a hoard)

What are the risks?

(Explore the risks to the person as well as environmental risks)

Who hoards?

Why do people hoard?

CAN SELF-NEGLECT BE A LEARNT BEHAVIOUR?

Consider examples

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.

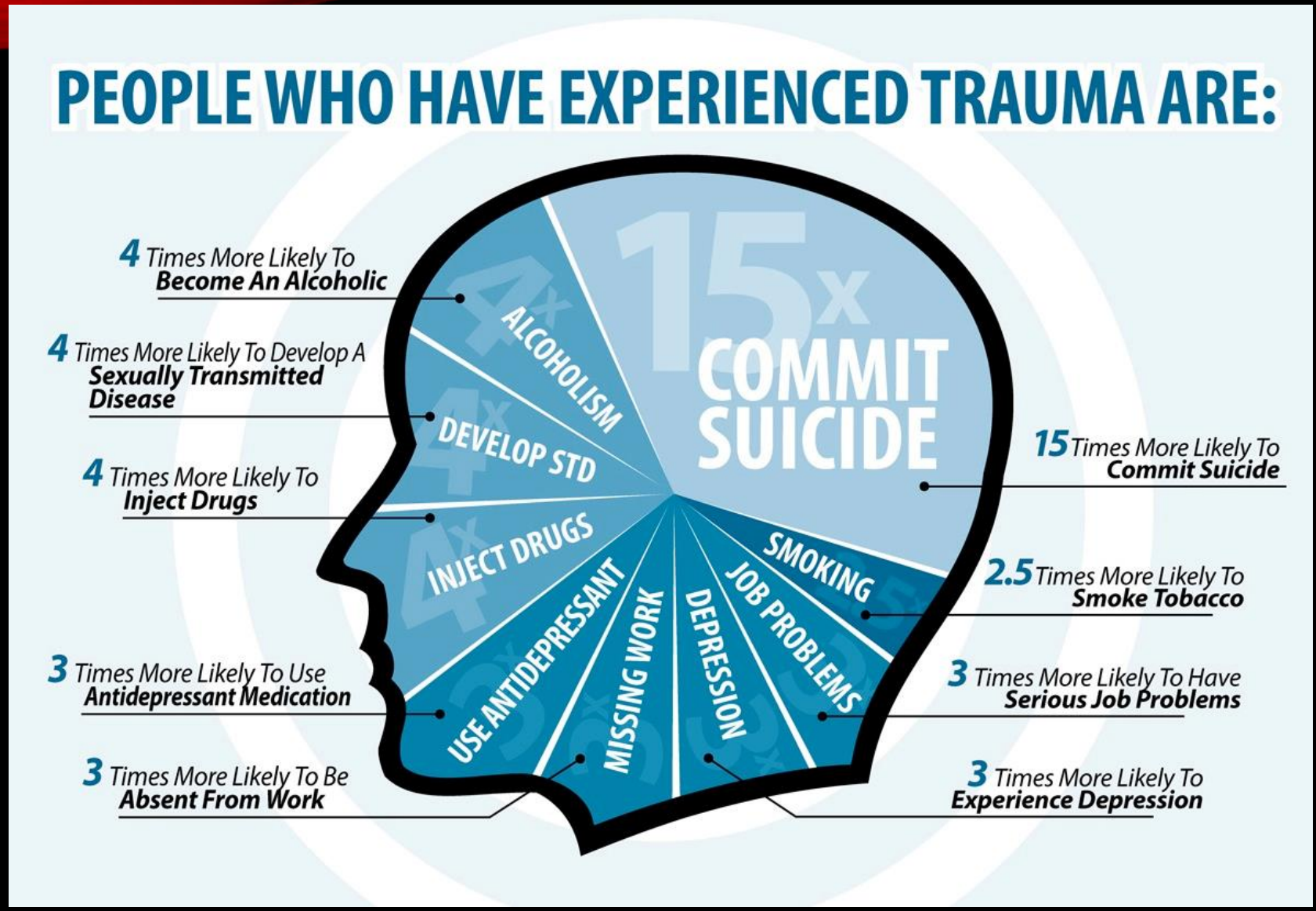
Falling under the safeguarding policies and procedures means that all safeguarding adults duties and responsibilities apply.

WHAT IS HOARDING

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross, 1993). Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe ‘cluttering’ of the person's home so that it is no longer able to function as a viable living space;
- Significant distress or impairment of work or social life (Kelly 2010).

WHY DO PEOPLE SELF-NEGLECT?



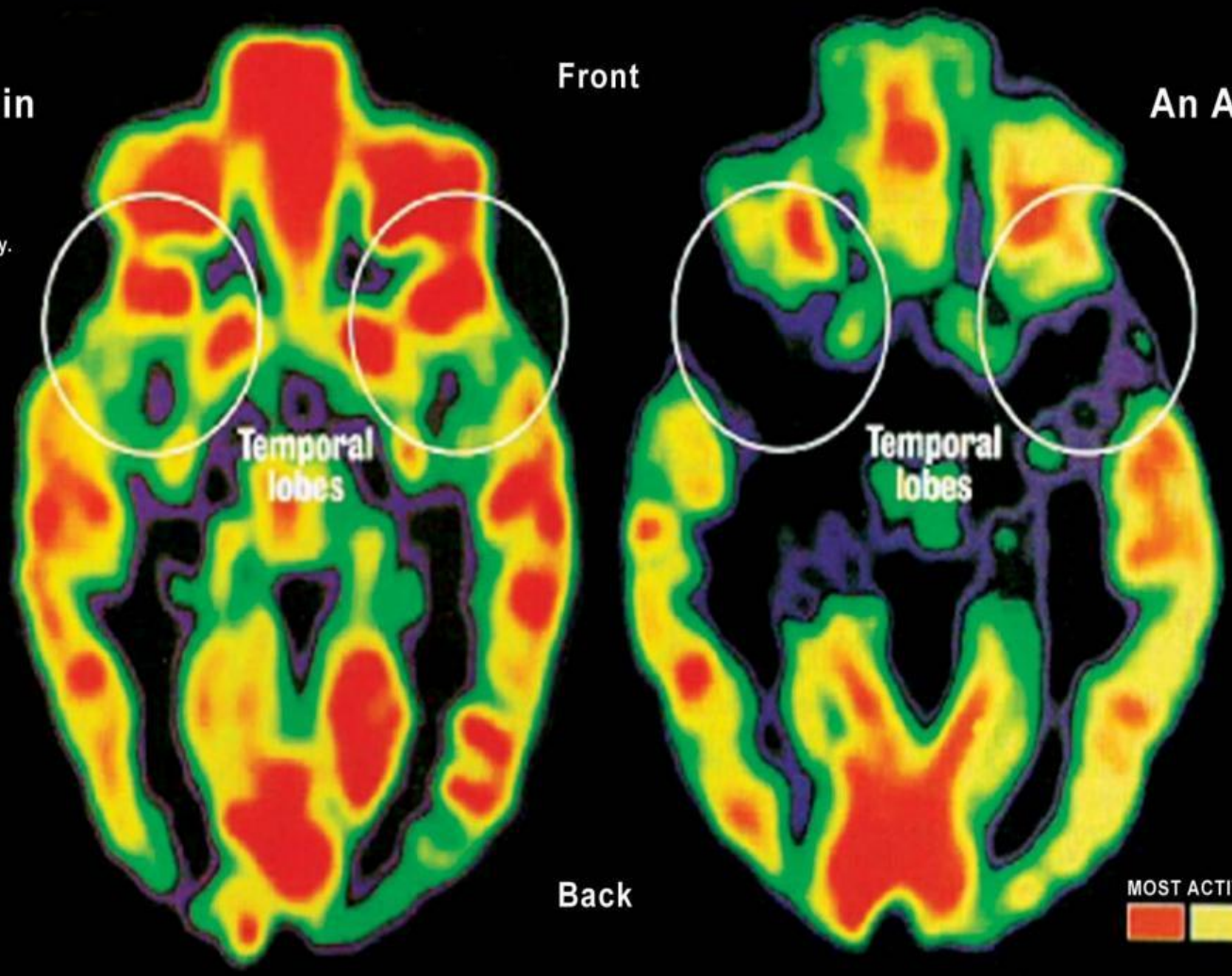
Consider the impact of loss bereavement, abuse or neglect

Write down the consequences of trauma or post trauma. What do you discover?


PTSD SYMPTOMS
ANGER
ANXIETY
APATHY
ARTHRITIS
AVOIDANCE
SELF MEDICATING
COMMUNICATION PROBLEMS
DELUSIONS
DEPRESSION
DISSOCIATION
DISTRESSING DREAMS
FEAR
FEEL TENSE
FLASHBACKS
FRUSTRATION
SUBSTANCE ABUSE
GUILT
HALLUCINATIONS
HELPLESSNESS
HOPELESSNESS
HYPERVIGILANCE
INSOMNIA
INTRUSIVE MEMORIES
IRRITABILITY
ISOLATION
LOSING TIME
LOSS OF MOTIVATION
MISTRUST
NEGATIVE SELF IMAGE
NIGHTMARES
NIGHT TERRORS
ON EDGE
OUTBURSTS
PHYSICAL PAIN
POOR CONCENTRATION
POOR JUDGEMENT
POOR SELF ESTEEM
RAGE
SHORT TERM MEMORY LOSS
STARTLE RESPONSE
STRESS
SURVIVOR GUILT
TERROR
TROUBLE REMEMBERING
ULCERS
VIVID DREAMS
WORRY

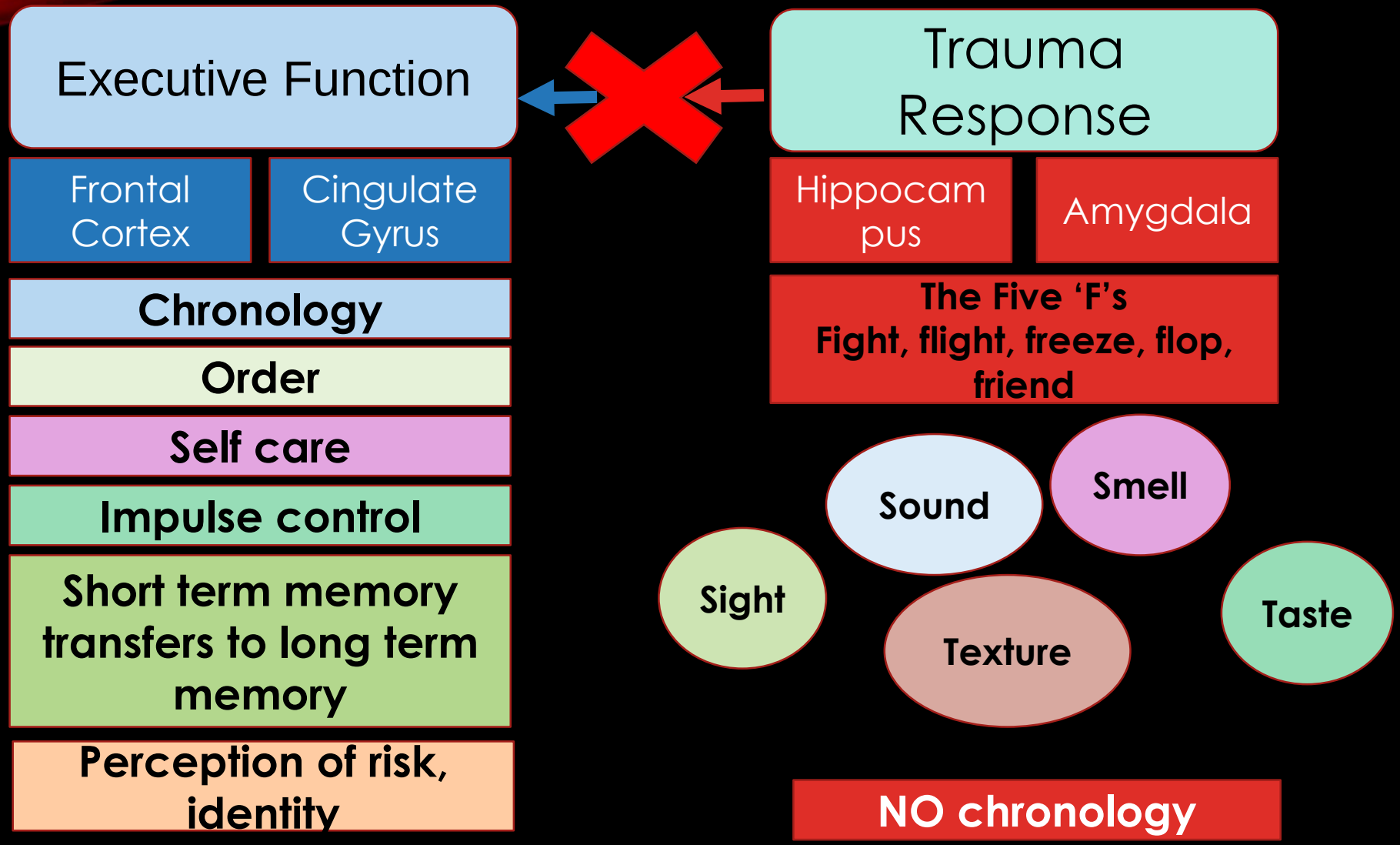
Healthy Brain

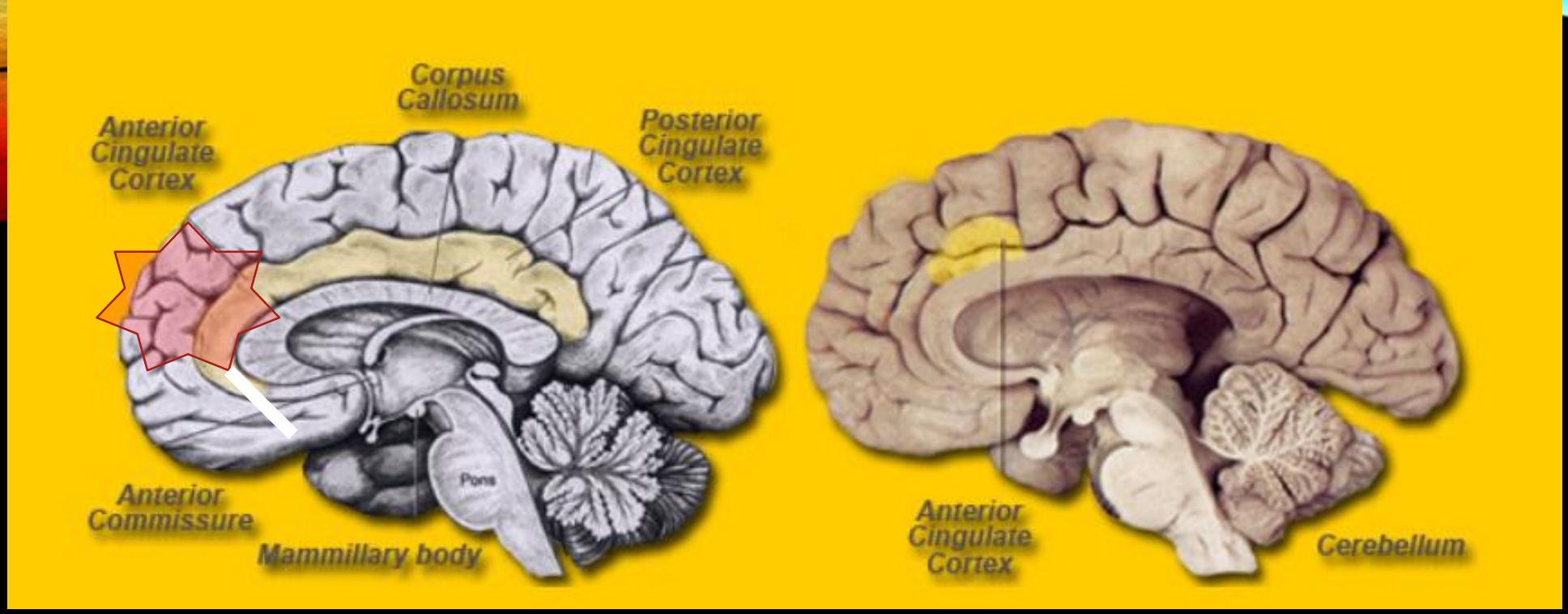
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



An Abused Brain

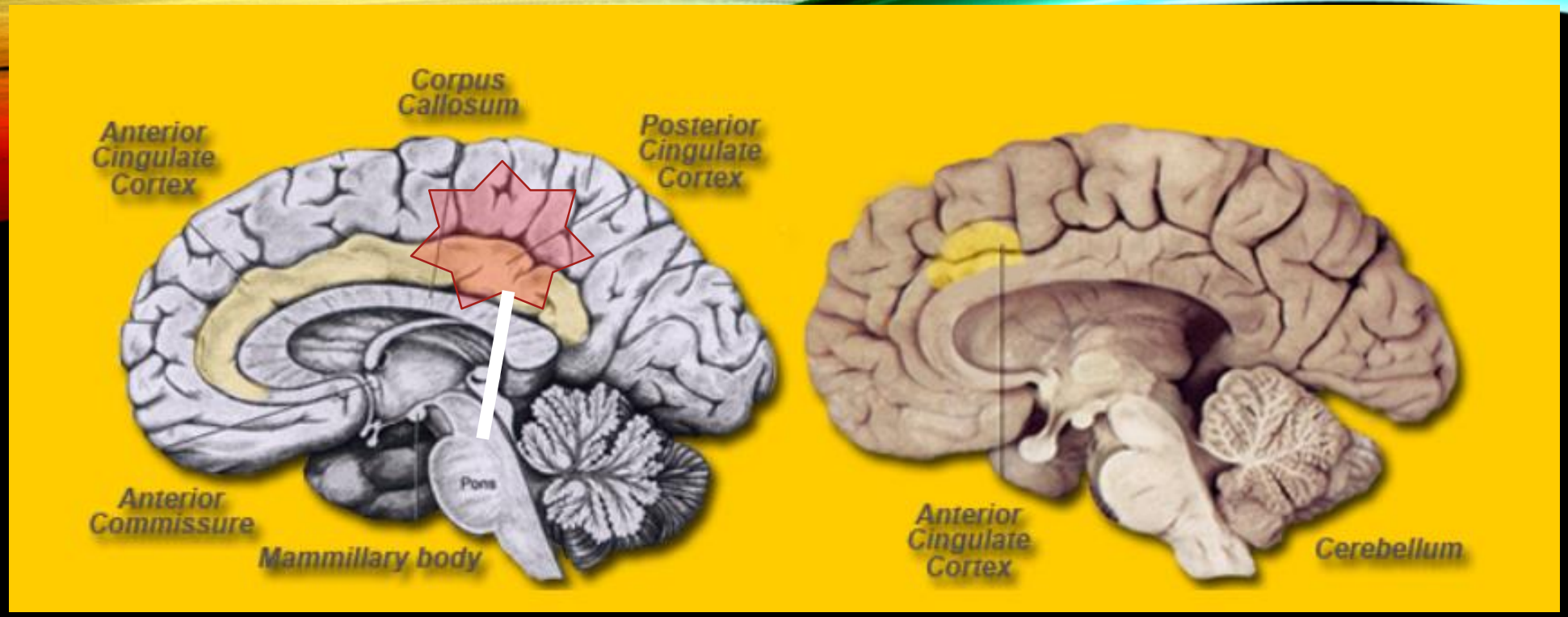
This PET scan of the brain of a Romanian Orphan, who was instutionlized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top),which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.


Executive Function
Frontal Cortex
Cingulate Gyrus
Chronology
Order
Self care
Impulse control
Short term memory transfers to long term memory
Perception of risk, identity
Trauma Response
Hippocampus
Amygdala
The Five 'F's
Fight, flight, freeze, flop, friend
Sound
Smell
Sight
Taste
Texture
NO chronology



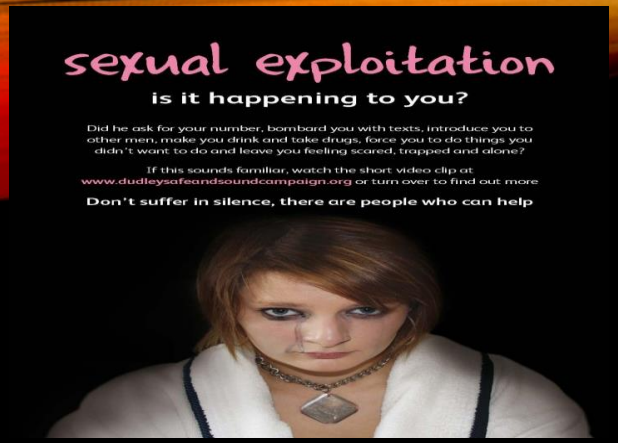
The Anterior Cingulate Cortex deals with **decision making and error monitoring. It affects things such as remembering things, categorising things, concentrating on a task, attachment**–Often seen in people who suffer from severe anxiety

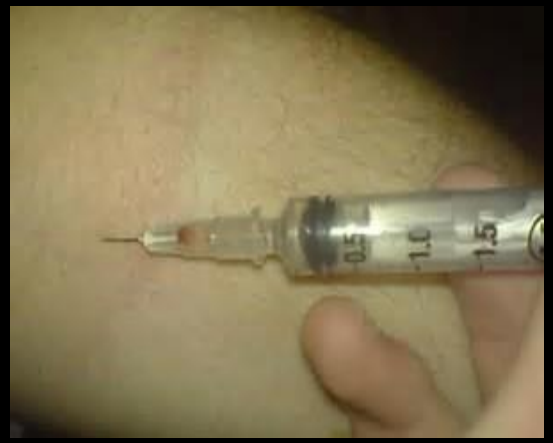
Person who hoards has lower stress response when asked to dispose of an object that does not belong to them, but significantly more stress when asked to dispose of their own belongings. This emphasises the problems that a person who hoards might have with decision making



The Cingulate gyrus or mid to anterior regions are thought to be associated with a persons sense of **identity** or '**sense of being me**.' It governs **perceptions of unpleasant feelings**, conflict management, response inhibition and **risk assessment**. It is driven by sentiment and **emotion** and provides an emotional response to stimulus and **impulse control**.

A pattern often seen in patients who have Autistic Spectrum Disorders is demonstrated when responding to others belongings – very low stimulus.


sexual exploitation
is it happening to you?
Did he ask for your number, bombard you with texts, introduce you to other men, make you drink and take drugs, force you to do things you didn't want to do and leave you feeling scared, trapped and alone?
If this sounds familiar, watch the short video clip at www.dudleysafeandsoundcampaign.org or turn over to find out more
Don't suffer in silence, there are people who can help




Most Shocking Second a Day Video 1 & 2
MORE VIDEOS
0:03 / 3:05
YouTube

SECTION 2 WHAT DOES IT MEAN FOR THE PERSON

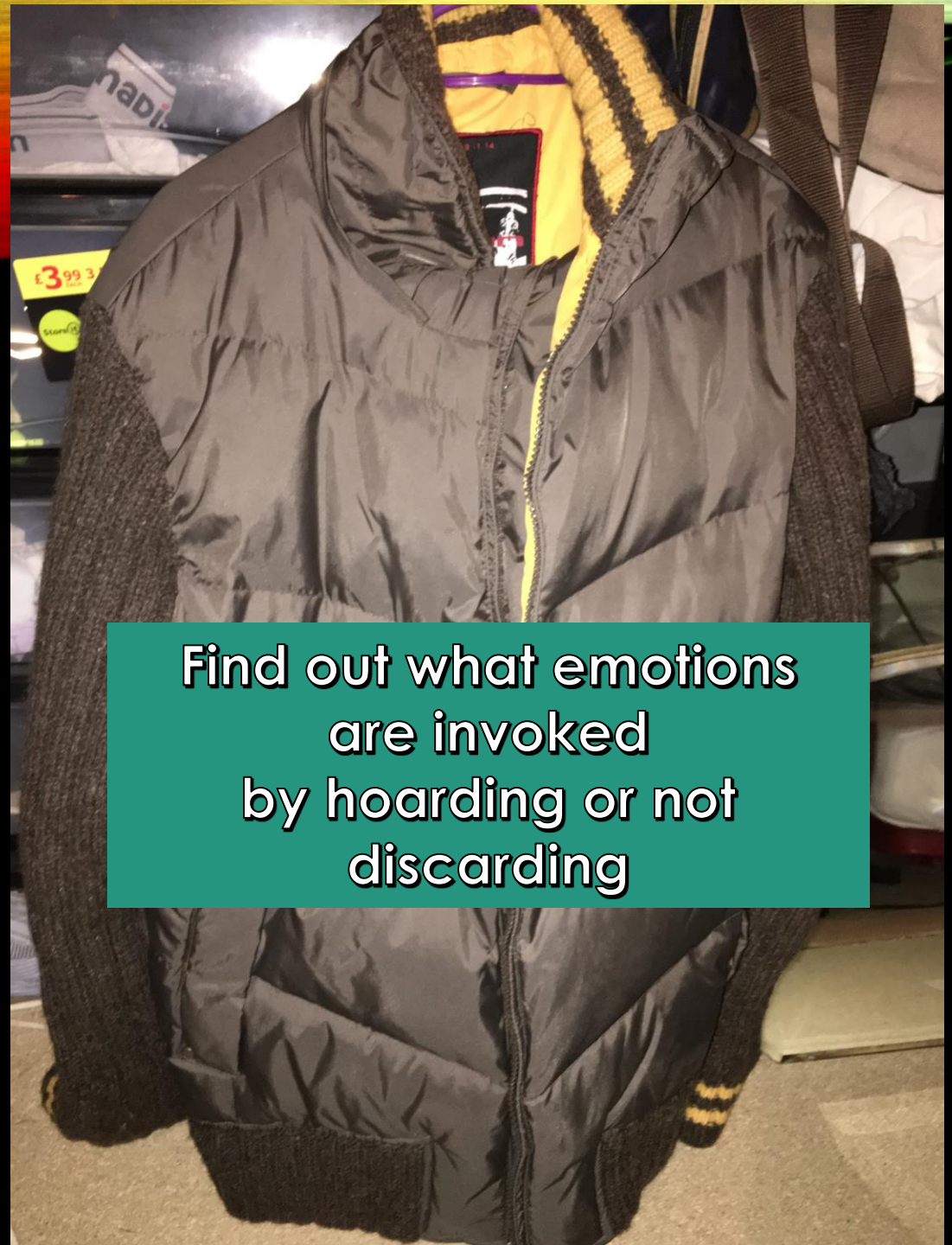
1. Explore how it feels
2. Consider attachments
3. Identify how we can help

DUVET TIME

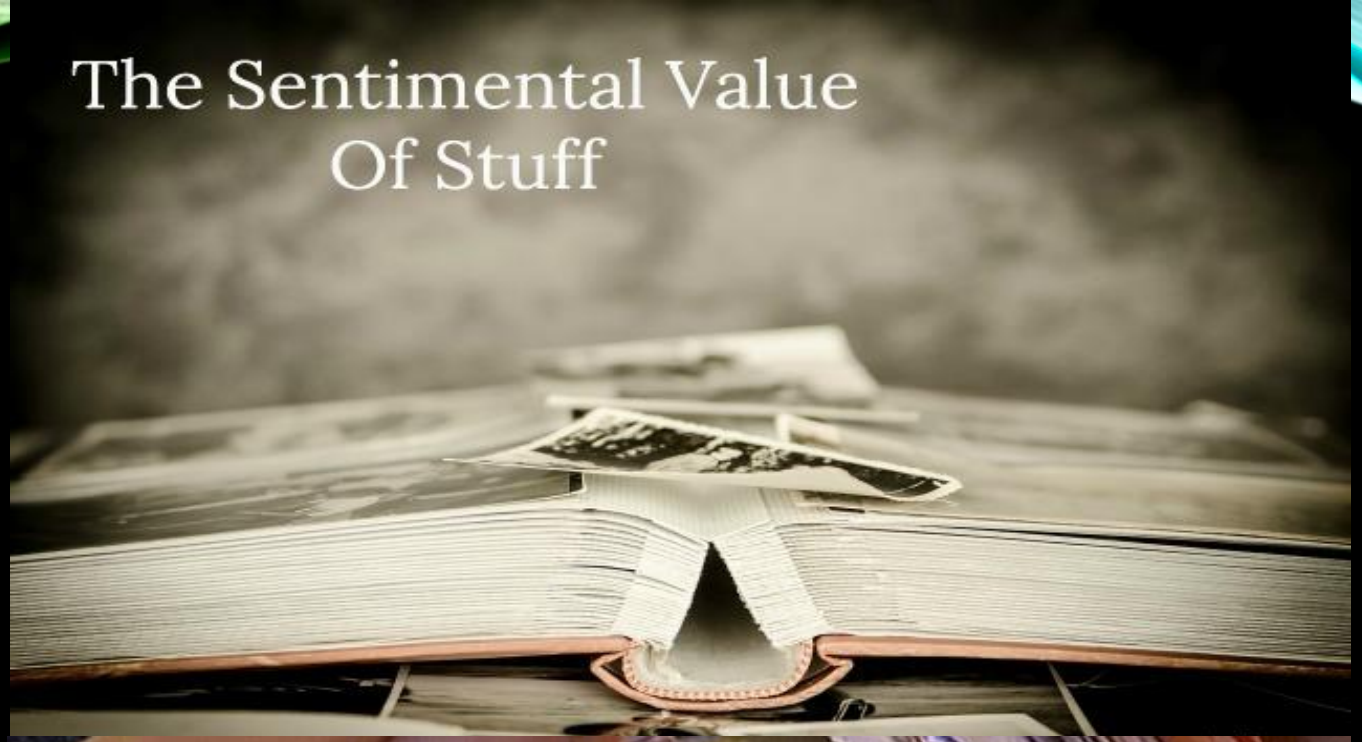
- Think of a duvet moment that you have had
- You cant even face your friends
- Answer the door
- Invite the person in
- Tell the person all about your most difficult times, your anxieties, the risks, the decisions

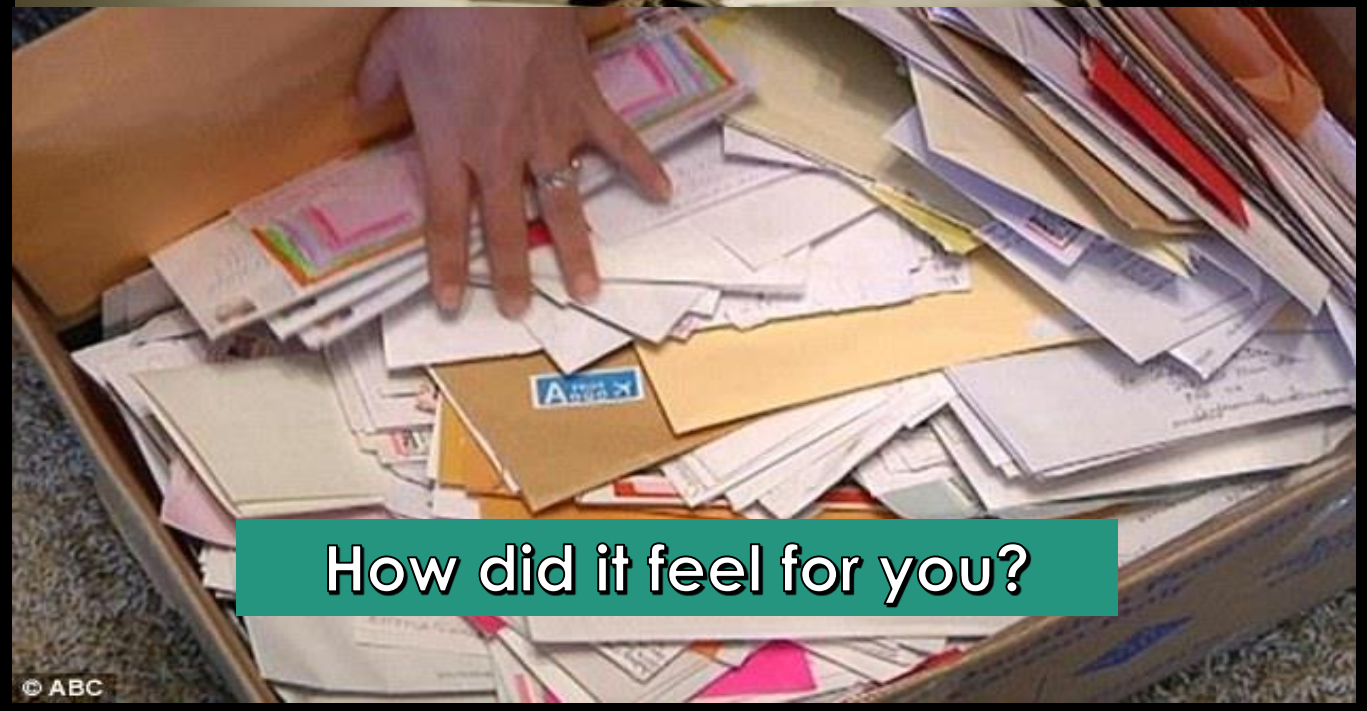
RAPPORT

S42 enquiries mean that we can explore this



Find out what emotions
are invoked
by hoarding or not
discarding





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.

SECTION 3 THE LAW, ROLES AND RESPONSIBILITIES

1. Eligibility
2. Responses
3. Capacity and consent
4. Legislation

ELIGIBILITY - THREE PART TEST MR AND MRS ELLIOT

Safeguarding duties apply to an adult who:

Has needs for care and support;

and

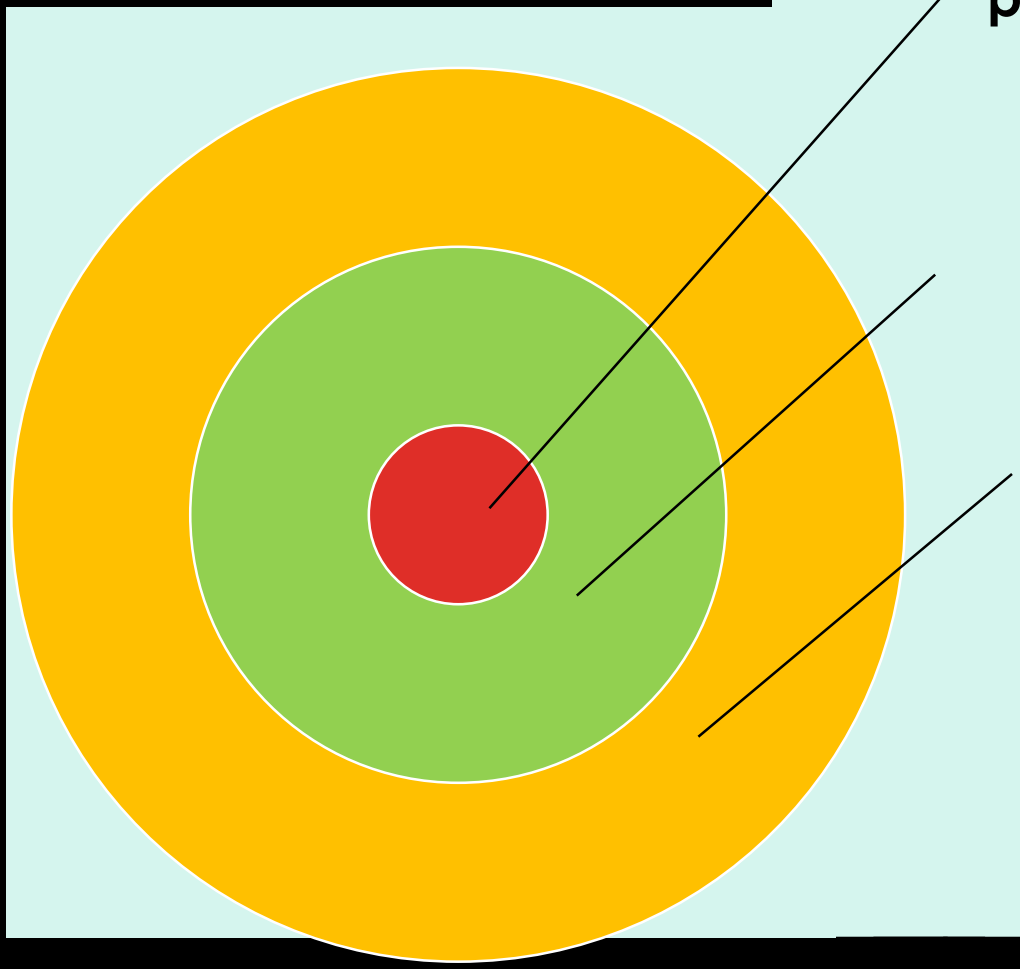
Is experiencing or at risk of abuse and neglect;

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

WHAT CAN I EXPECT FROM MY SAFEGUARDING TEAM?

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



Safeguarding team undertake, co-ordinate and manage procedures

Safeguarding Team request actions to be taken and outcomes from actions fed back

Advice and guidance is given, all actions met and recorded

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'**

What is consent for care, services or treatment?

1. Consider what consent to 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

Refusal of Assessment

S11a & b Care Act (2014)

- 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.

Self-Neglect and Hoarding Assessment Tool

Factors	Guidance			
1. The vulnerability of the person	Less vulnerable	More Vulnerable		• 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**	• 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. **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.**
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	Determine if the hoarding / self-neglect is: • 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	• 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	Others may be affected by the self-neglect or hoarding. Determine if: • 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	Determine if there is reason to suspect: • 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 ***See Risk Tool for safeguarding**
7. Legal frameworks	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	Try to determine whether: • 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

1

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

2

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

3

4

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

5

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

6

No rotting food
No pest problem
Safeguarding considered
Pet care considered

7

8

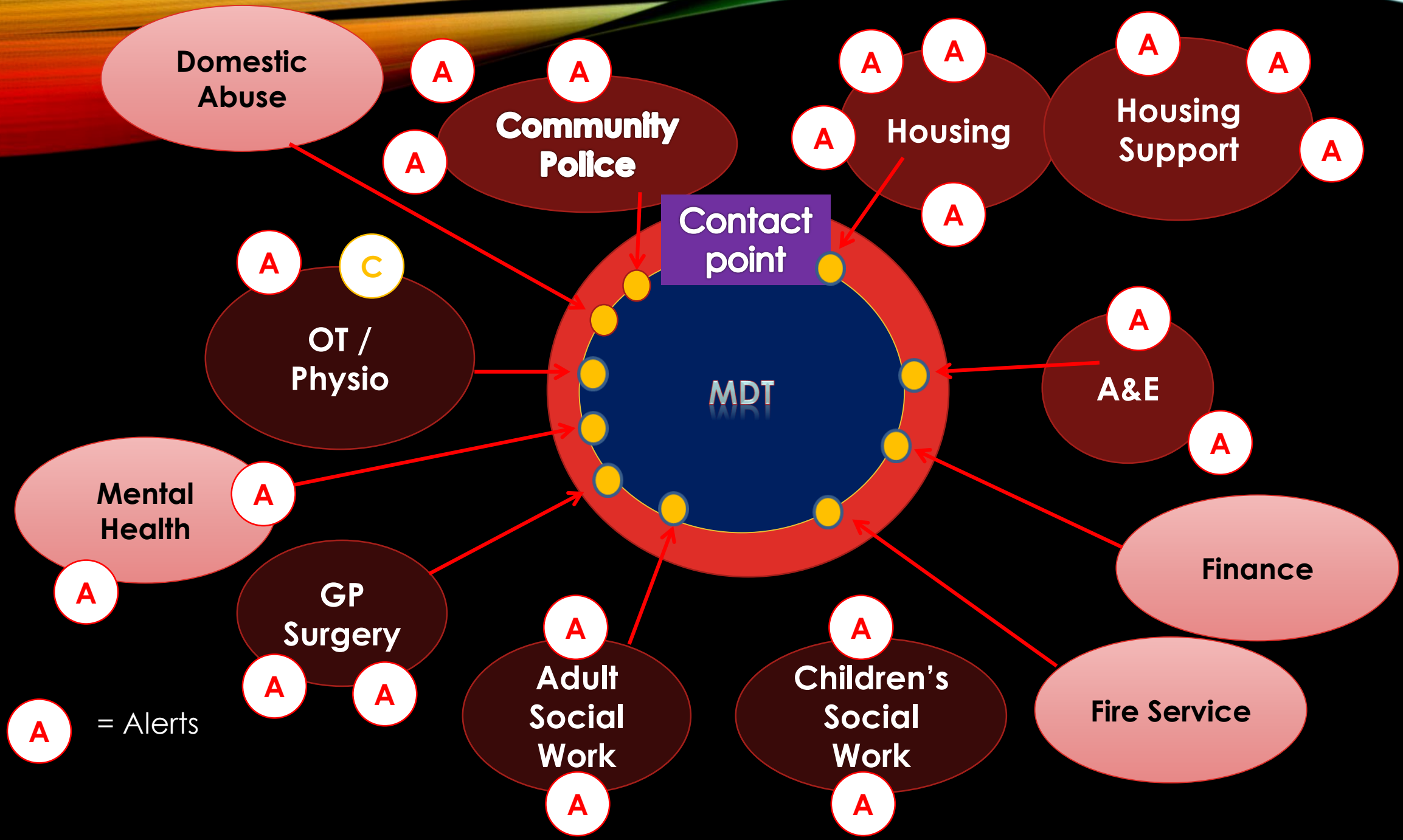
9

Level 1	Actions
Referring Agency	• 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	• No Action
Social Landlords	• 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	• Complete Hoarding Assessment • Make appropriate referrals for support • Refer to social landlord if the client is their tenant or leaseholder
Emergency Services	• Ensure information is shared with statutory agencies & feedback is provided to referring agency on completion of home visits.
Animal Welfare	• No action unless advice requested
Safeguarding Adults	• No action unless other concerns of abuse are noted.
MASH	• No action unless other concerns of abuse are noted.

RISK ASSESSMENT

Work in your group and consider a case of self neglect. If you can not think of one ask me to share one with you.

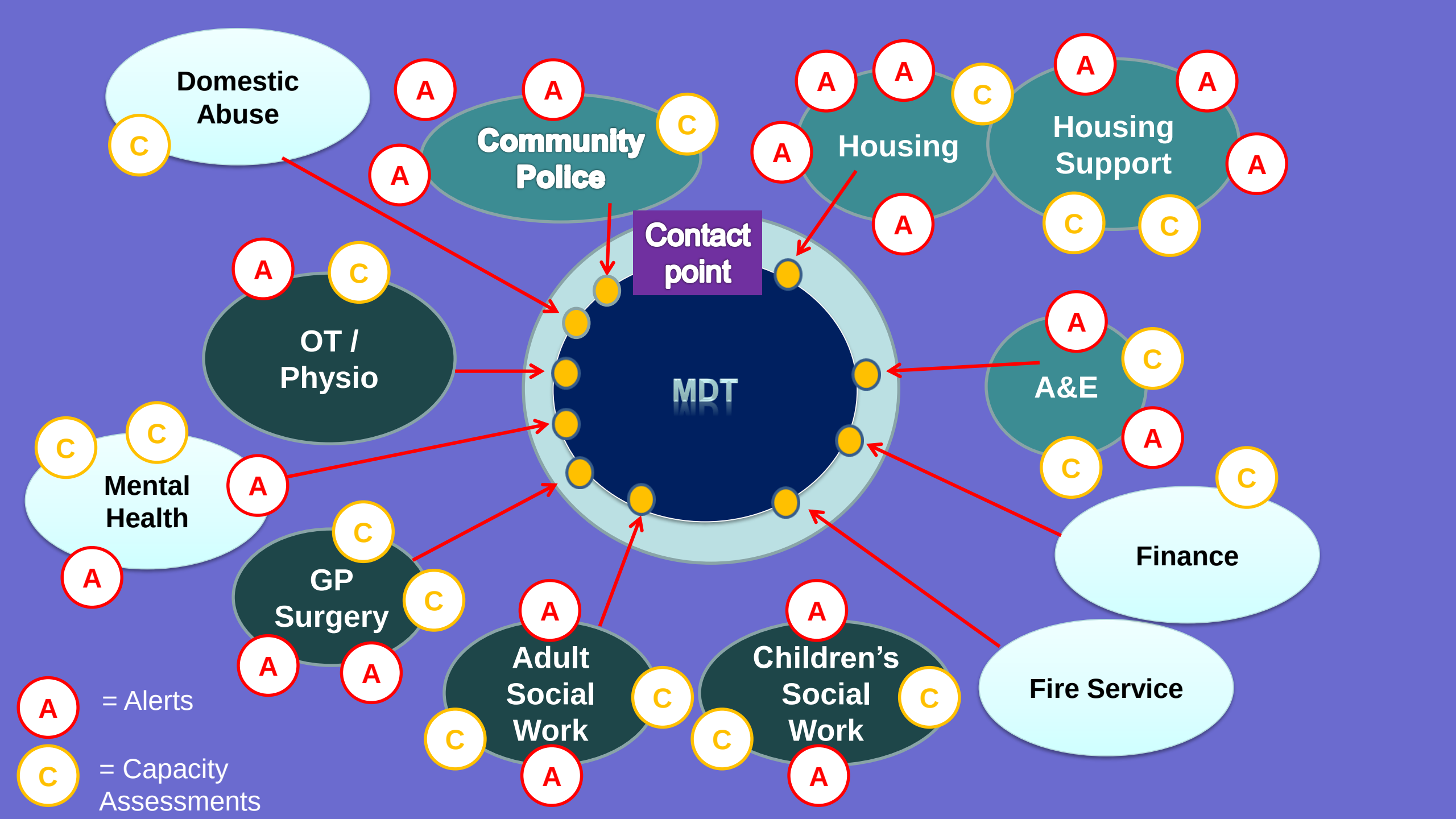
- Identify Agencies involved
- Discuss the concerns presented by each agency
- Use the risk assessment tools to identify the level of risk


Domestic Abuse
A
A
Community Police
A
A
A
A
Housing
A
A
A
Housing Support
A
A
Contact point
MDT
A
C
OT / Physio
A
A&E
A
A
Mental Health
A
A
GP Surgery
A
A
A
Adult Social Work
A
A
Children's Social Work
A
Finance
Fire Service
A
= Alerts

What is consent for care, services or treatment?

1. Consider 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
- Care and Support – Adult Social Worker
- Safeguarding intervention – Local Authority
- Care provision
- Key safe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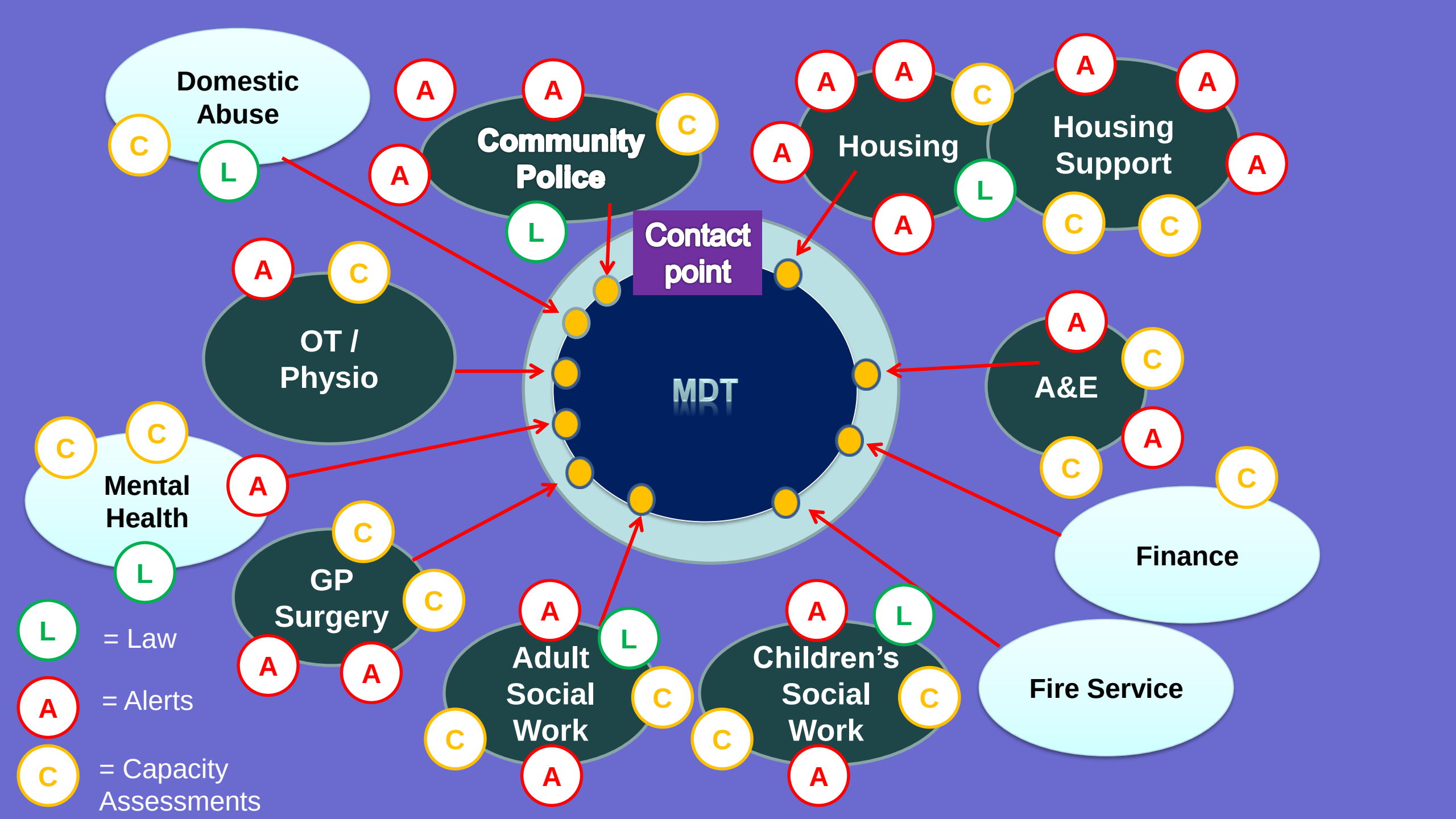
A&E
Mental Health
GP Surgery
Finance
Adult Social Work
Children's Social Work
Fire Service
A = Alerts
C = Capacity Assessments

Legislation

Go back to your sheet that identifies all the agencies involved in the case of self-neglect

1. Consider the legislation that may be used by those agencies in dealing with self neglect
2. Consider how each agency works in relation to the legislation (List on flipchart)
3. Consider how we work together using this legislation to support the person self-neglecting


Domestic Abuse
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Mental Health
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GP Surgery
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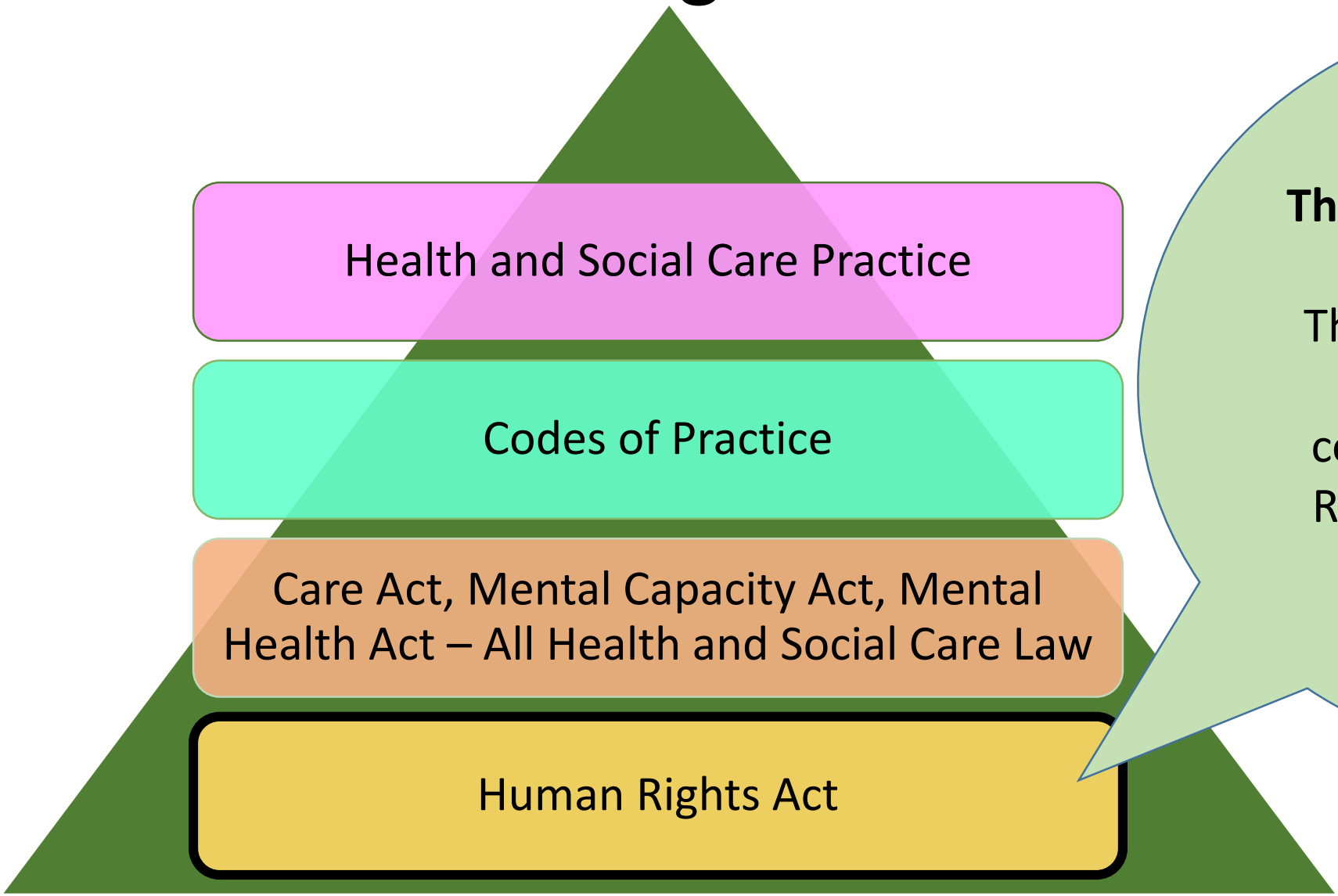
Adult Social Work
L
C
C
A
A
L
Children's Social Work
C
C
A
A
C
A&E
C
A
C
C
Finance
C
Fire Service
L = Law
A = Alerts
C = Capacity Assessments

Self-Neglect – Self Assessment Tool

Guidance	Criteria	Self-Assessment (Including the identification of any barriers, concerns and how you have remedied them)
1. Identifying Self-Neglect		
Self-neglect covers a wide range of behaviours including: • Neglecting to care for personal hygiene • Neglecting to care for health • Neglecting to care for surroundings • And behaviours such as hoarding **A safeguarding referral should be made in cases of self-neglect where the 3 part test is met:** • the person has needs for care and support • is experiencing or at risk of abuse or neglect (Including self-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 and neglect **You do not need consent to make a safeguarding referral:**	**Self-Neglect has been appropriately identified and a safeguarding referral has been made to the Local Authority.** (See Ten Steps, Clutter rating scale guidance, Risk Assessment Tool and safeguarding referral procedures)	

Balancing the Law



The Human Rights Act is a Foundation Law

This means that all other legislation should be compatible with Human Rights or 'Human Rights Compliant'

Human Rights Most Relevant to my Work

Article 2
Right to Life

Article 3
Right not to be tortured or treated in an inhumane or degrading way

Article 5
Right to Liberty

Article 8
Right to Respect for Private and Family Life

Article 14
Right not to be discriminated against in relation to any of the Human Rights listed here

Article 9
Right to freedom of thought, conscience and religion

Article 1, Protocol 1
Right to peaceful enjoyment of possessions

Case Study Adult A

81 year old lady who lived alone. Died of cardiac failure, extensive pressure sores and sepsis.

Self-neglecting

Hard of hearing

Professionals find it difficult to engage, refused hospital attendance, periodically refuses carers, refuses care and support

Not taking medication properly

Mobility deteriorating

Memory issues increasing symptoms of dementia – refused

Grade 4 pressure sores

Gp and hospital recommend leg amputation, gangrene– declined

Rapid weight loss and dehydration

Difficulty swallowing tablets

Falls – fractured tibia

Allegations that care agency were not providing appropriate care

GP refused to conduct capacity assessment, instead assumption of capacity

Met CHC criteria

Stated by ASCD that self-neglect was not a safeguarding matter

Stated can not enter property – Social Worker allocated – Not progressed to safeguarding, records stated inadequacies in care led to no discomfort or harm

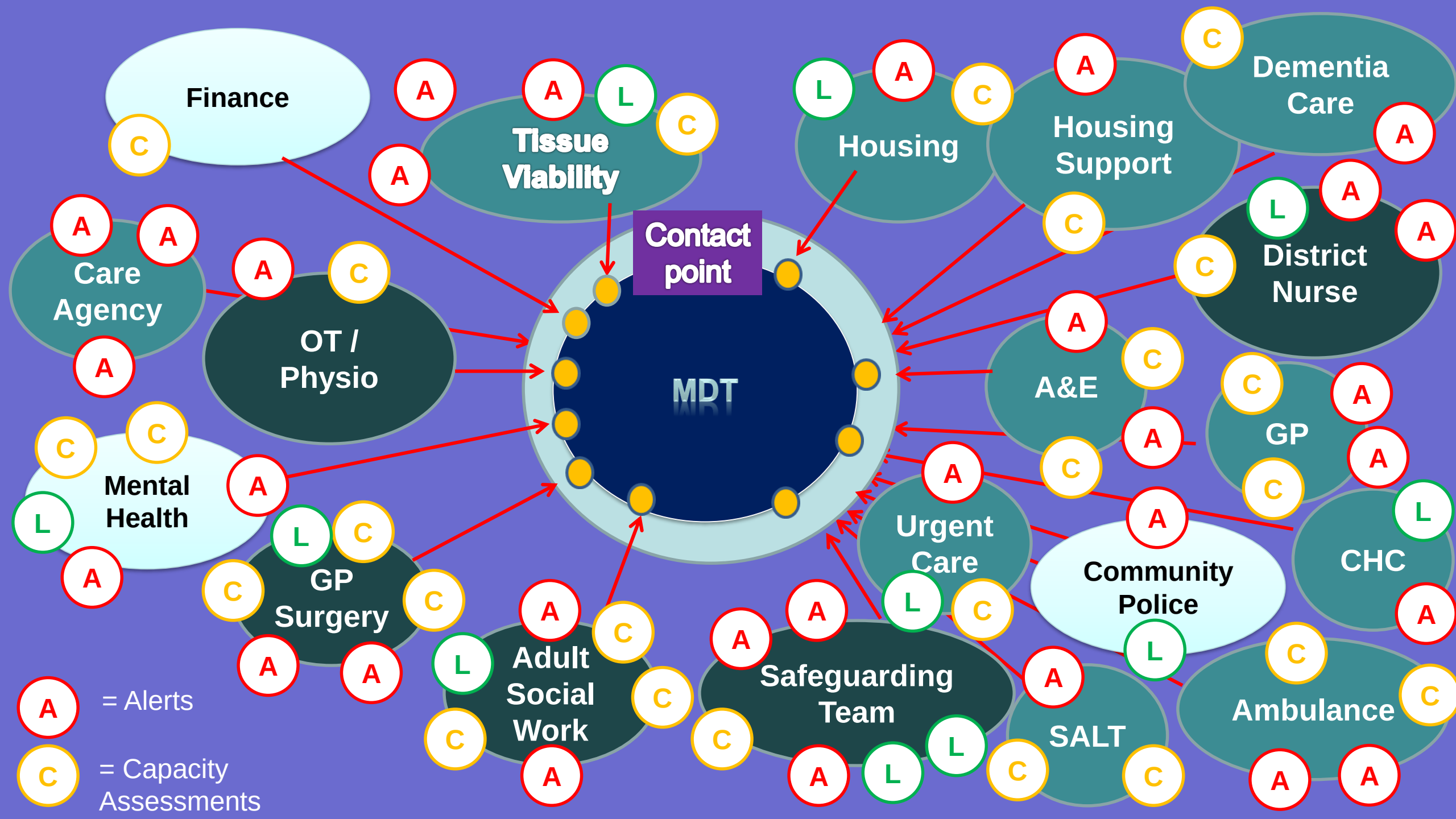
OT assessed for reclining chair – adult A described as pleasant and cooperative

Not managing finances

Daughter involved in care – other family members estranged – contentious relationships

Case Study Adult A

1. What are the gaps in my knowledge?
2. Who can inform those gaps?
3. Who was involved and who should be involved – plan
4. When should a safeguarding referral have been made?
5. What would the appropriate response have been?
6. Plan the capacity assessments and who should do them
7. Plot the legislative conflicts or contentions and how to manage these
8. Use the tools to determine the level of concern and plan lawful responses
9. Justify your responses


Finance
Tissue Viability
Housing
Housing Support
Dementia Care
Care Agency
OT / Physio
Contact point
MDT
District Nurse
A&E
GP
Mental Health
GP Surgery
Urgent Care
Community Police
CHC
Adult Social Work
Safeguarding Team
SALT
Ambulance
A = Alerts
C = Capacity Assessments

A person is at risk of serious self-harm, they have self-harmed before and will self-harm again. The person is not detainable under the Mental Health Act, they have been given harm minimisation advice, appropriate therapeutic intervention, they have been supported to understand the impact / potential of their self-harm, they have been assessed as having capacity to make the decision, no one else is being harmed. A multi-agency meeting has been held to ensure that no one else can engage with the person enough to get them to reconsider their acts of self-harm. The decision is an autonomous decision. What can you do / should you do?

(See article 8)

Do we need consent to make a safeguarding referral?

Considering that we must ‘Make Safeguarding Personal’ can we make a safeguarding referral without the persons consent?

Consider how you would justify making a safeguarding referral without the persons consent – Justify the decision

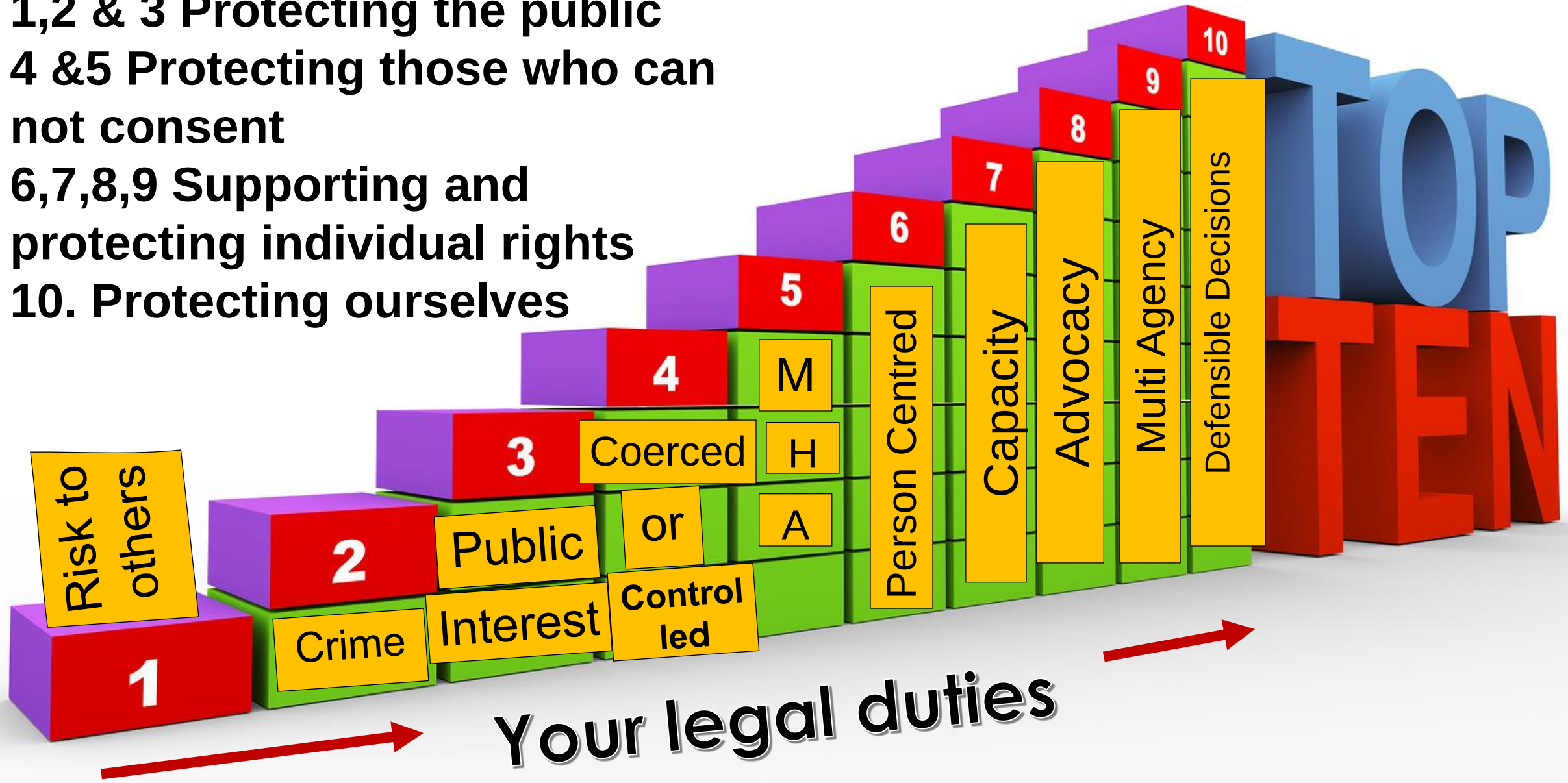
Write down a list of things that you might ask a person to determine whether they would consent to a safeguarding referral – what are you asking them?

The miracle question, what safe and well would look like for them and whether they would

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 11a & b Care Act

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

Duty to Protect those who can not consent

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)

Protecting the rights of the individual

Protecting ourselves

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)

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

SECTION 4 ASSESSMENT

1. Risk assessments
2. Journey of support
3. Holistic assessment the person / family / whole family approach
4. The importance of background history
5. Carers assessment – Is it neglect or self-neglect

JOURNEY OF SUPPORT

- Background
- Risks / Assessments
- Multi Agency Response
- Resources Available
- Therapeutic Responses
- Support Networks
- Legal Processes
- Review

P65

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

Risks / Assessments

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

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

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

Resources Available

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

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

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

Support Networks

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.

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

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 and outcomes

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
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- Who is best to develop a rapport
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JOURNEY OF SUPPORT

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- Dependents
- Children
- Capacity assessments
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JOURNEY OF SUPPORT

Multi Agency Response

Consider as appropriate

- Social Services
- Health
- Fire services
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- 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

Therapeutic Responses

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JOURNEY OF SUPPORT

Support Networks

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.

JOURNEY OF SUPPORT

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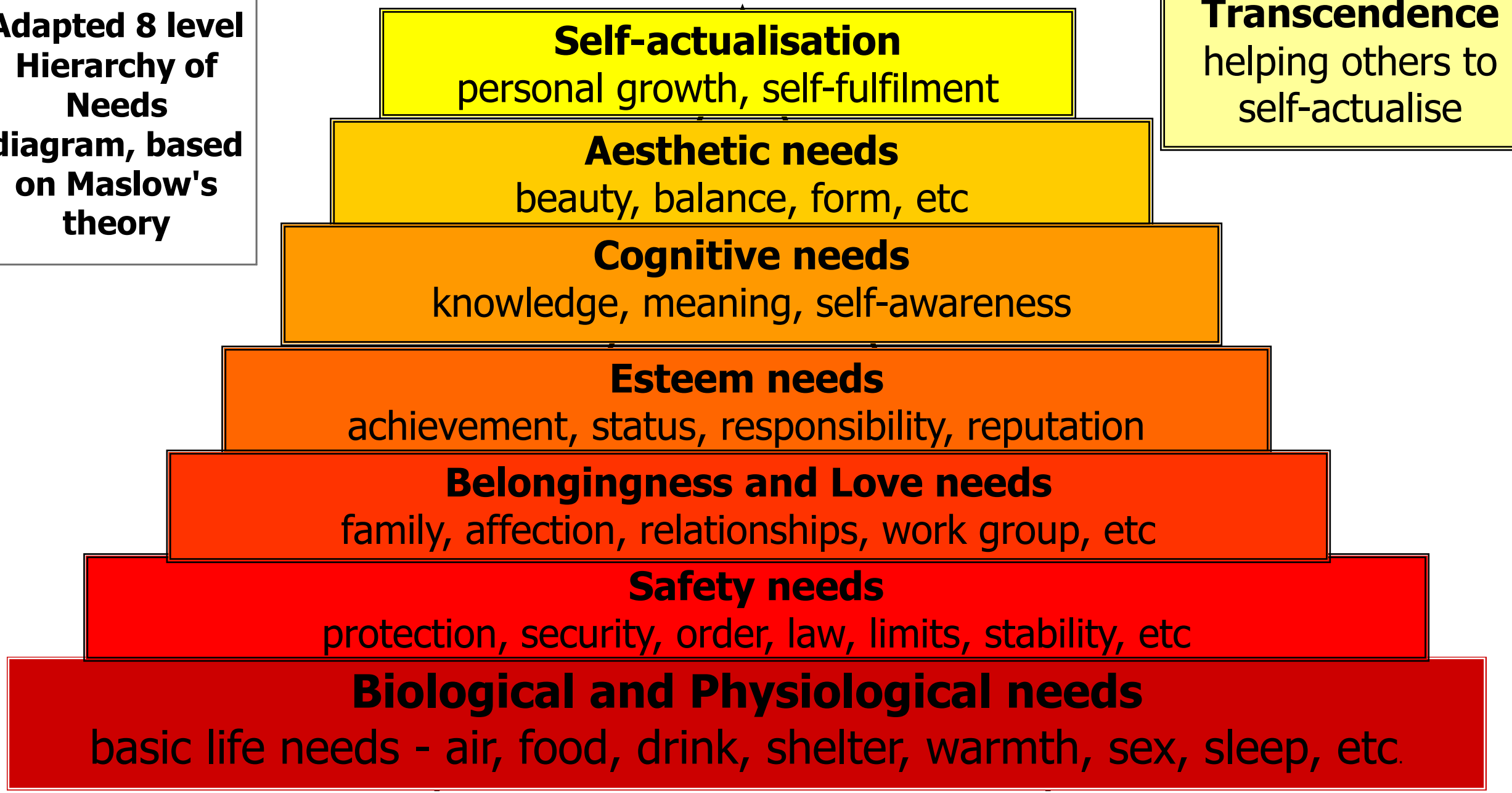
JOURNEY OF SUPPORT

Review

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 and outcomes

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



Transcendence
helping others to self-actualise

CARERS ASSESSMENT

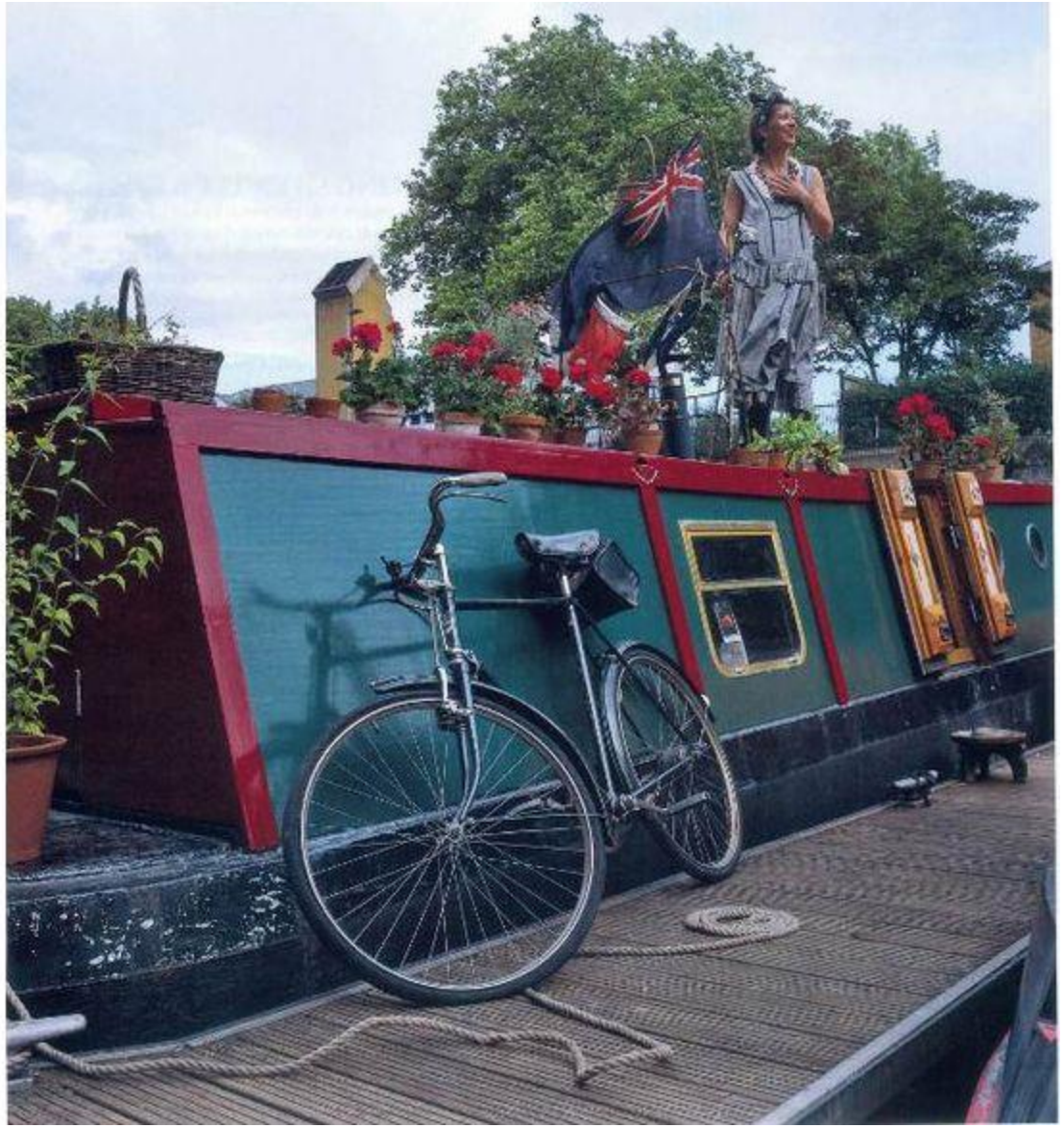
Why carry out a carers assessment?

1. Record what you might have to consider in a carers assessment

If a family member / carers is obstructive what might you have to consider?

2. Record all considerations

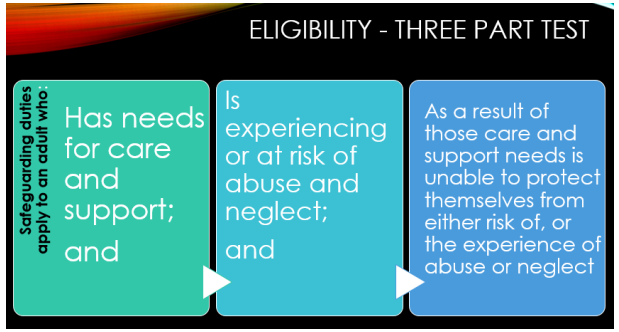
A Personal Story - Sheila

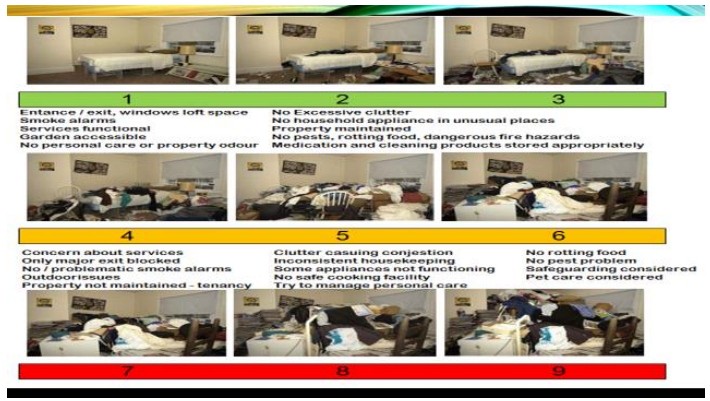


A2 BIRMINGHAM

- 72 yr old Afro Caribbean male
- Diabetes, Depression, Paranoia, Paraphrenia (Later life Psychosis) and latterly Dementia
- Had leg amputated, in dispute with Health as described as ‘Not readily accepting the loss of his leg’
- 5 Children – 1 daughter 4 sons (Two sons reside in care and receive support due to having learning disabilities) – all have regular contact
- Initially daughter regularly resides with A2, latterly family reside and are sole care givers
- Described as difficult to engage, resistive of services and fails to turn up for appointments. Records state rude, aggressive in nature and eccentric
- Known to Mental Health Services – unclear whether assessment considered cultural influences
- A2 described that he used witchcraft (Carabbean form suggested) to heal. Family describe that he preferred herbal remedies – not considered in assessment
- Admitted to hospital number of occasions – chose discharge back to indendent living –support from family – previously accepted residential care
- Direct Payment made to family and family provide support – Although identifies family should commission care

SELF-ASSESSMENT





Section 1 Identifying Self Neglect

- Self Neglect not identified as an aspect of safeguarding
- Three part test not applied to self neglect

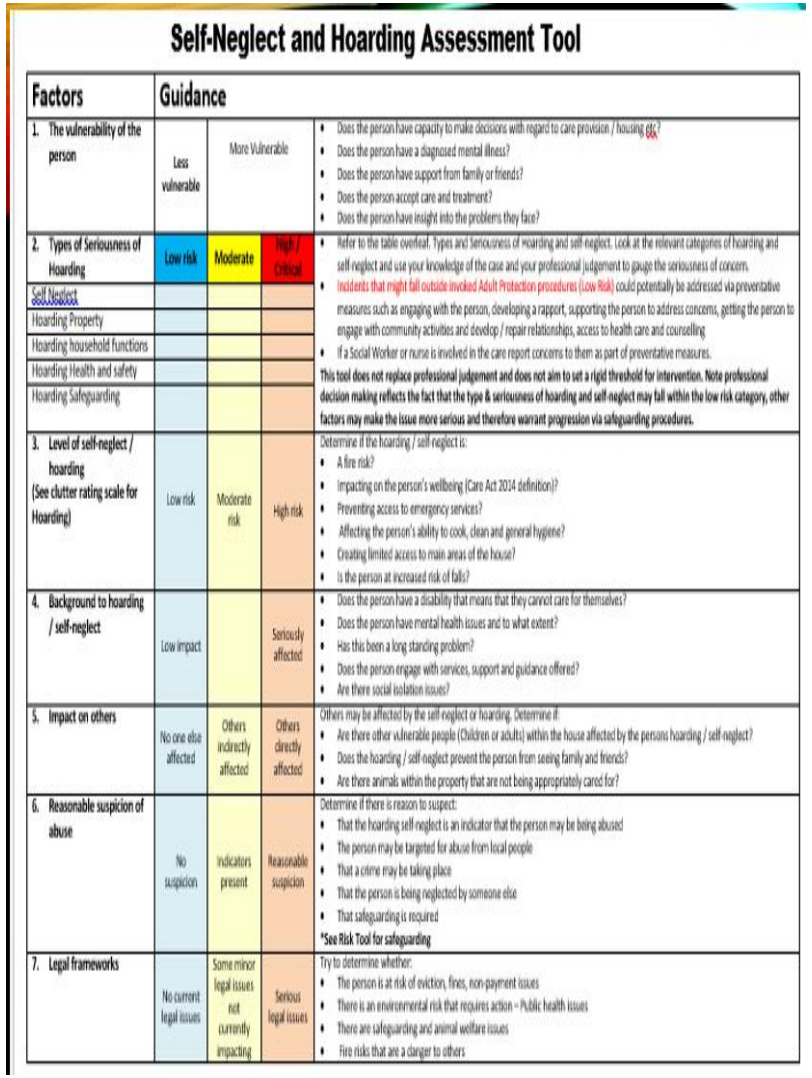
Section 2 S 42 Enquiries (Safeguarding)

- S42 enquiries not made
- Assessments and capacity assessments not coordinated
- Background, culture, wishes, views and persons outcomes not considered
- Level of response not considered

Section 3 Risk to Others

- State of property not considered – Clutter rating and sanitary conditions
- Other people involved in care and support not considered – sons etc and right to family life v risks in property
- Vermin and other potential fire risks not identified

SELF-ASSESSMENT



Self-Neglect and Hoarding Assessment Tool

Factors	Guidance			
1. The vulnerability of the person	Less vulnerable	More Vulnerable		• 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	• 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. **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.**
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	Determine if the hoarding / self-neglect is: • 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	• 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	Others may be affected by the self-neglect or hoarding. Determine if: • 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	Determine if there is reason to suspect: • 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 ***See Risk Tool for safeguarding**
7. Legal frameworks	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	Try to determine whether: • 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

Section 4 Risk Assessment

- No historical assessments
- No consideration of the accumulative risks
- No consideration of families ability to provide care – carers assessments
- No consideration of why self neglecting or impact on health and wellbeing
- No recording of capacitated but ‘unwise decisions’ and no recording of support information and advice given
- No risk management plans specific to issues

Section 5 Carers Assessments

- No carers assessments
- Carers not identified as meeting needs on care and support plans
- Carers not accountable for care provision
- Carers not identified as potentially wilfully neglecting A2
- No capacity assessments relating to carers when care failed to be provided – are they able to provide care?
- No support given to carers to understand implications of not providing care

SELF-ASSESSMENT

Section 6 Mental Health and Substance Misuse

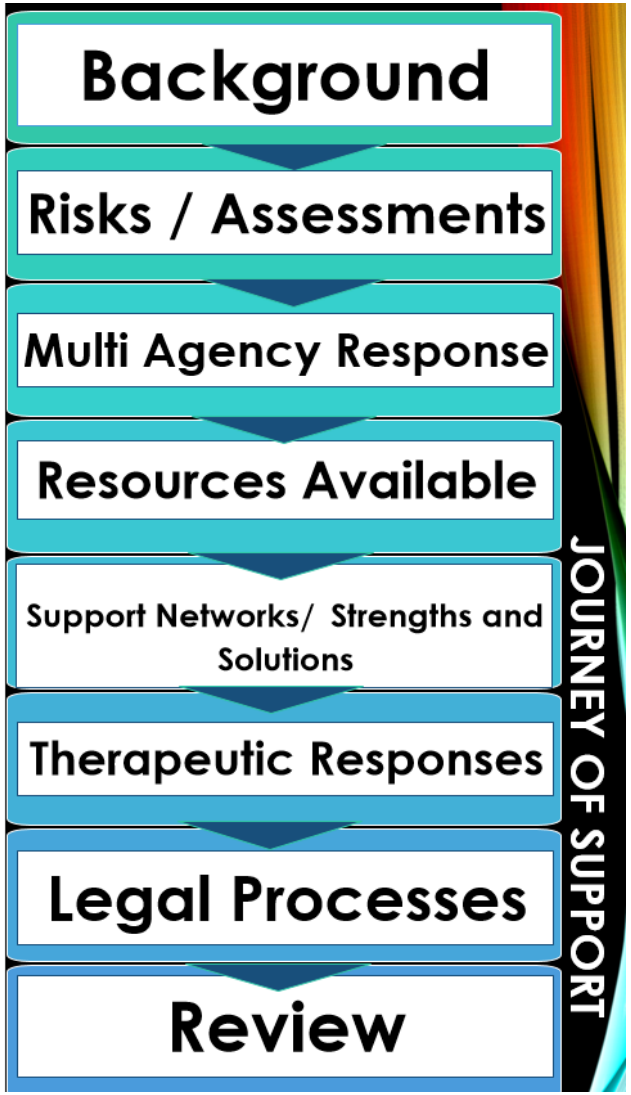
- Appointments offered in a manner not accessible to A2
- No clear pathways or coordination between services
- No clear lead or key contact person identified
- Cultural issues not identified in mental health services during mental health assessment
- Pathways back to mainstream services not clear – GP led care in high risk case
- Impact of Mental Health and capacity decisions substantial but not coordinated
- Services acting in silos rather than clear transition of services and support
- Not person centred, least restrictive intervention
- No safe discharge plan from service

SELF-ASSESSMENT

Section 7 Capacity and Consent

- No identified capacity assessment regarding amputation – complaint from A2
- Culture was not considered and certainly was not an aspect of treatment and care capacity assessments
- Community DoLs not considered
- No coordination – nurses, OTs, Police, Social Workers, GP, Hospital staff all should have conducted capacity assessments – little evidence and certainly not coordinated via safeguarding procedures
- Financial capacity assessments not conducted despite many allegations of financial abuse
- Housing and tenancy issues not identified within SAR but Housing would have needed to establish tenancy and capacity for tenancy
- Proportionate response was not considered and no single person responsible for developing rapport and supporting A2 to understand the decisions in a culturally sensitive manner
- Human rights in relation to other family members and access not considered

SELF-ASSESSMENT



Section 8 Advocacy and Representation

- No advocacy considered in relation to any decisions made by A2

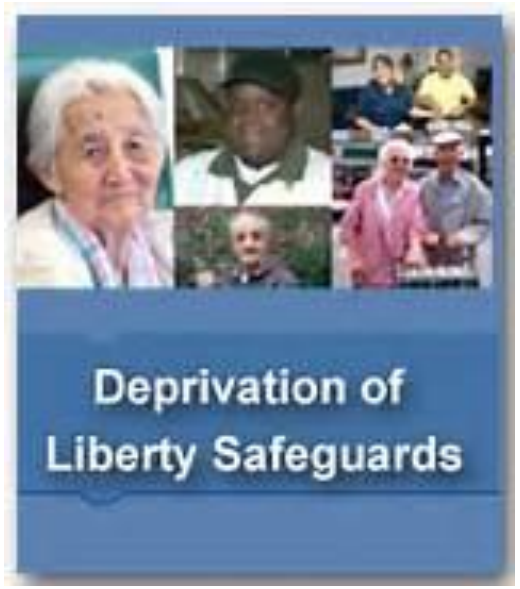
Section 9 Multi-agency Response

- Domestic abuse not considered or identified
- Potential coercive and controlling behaviour
- Historical issues not explored
- No coordination – each agency knew a part of the picture
- Police not supported to make appropriate criminal enquiries relating to potential theft, fraud and wilful-neglect, in addition to potential domestic abuse.

Section 10 Comprehensive and Holistic Assessment

- No comprehensive assessment of need conducted and shared with relevant parties
- Assumptions made in relation to A2s actions and narrative without exploring his background, beliefs, expectations, past difficulties with services and how this impacted upon his choices
- All previous issues identified should have been part of the assessment and coordinated through the most prevalent agency – Local Authority
- Therapeutic Interventions not considered in relation to loss of independence, major treatment decisions and mental ill health

SELF-ASSESSMENT



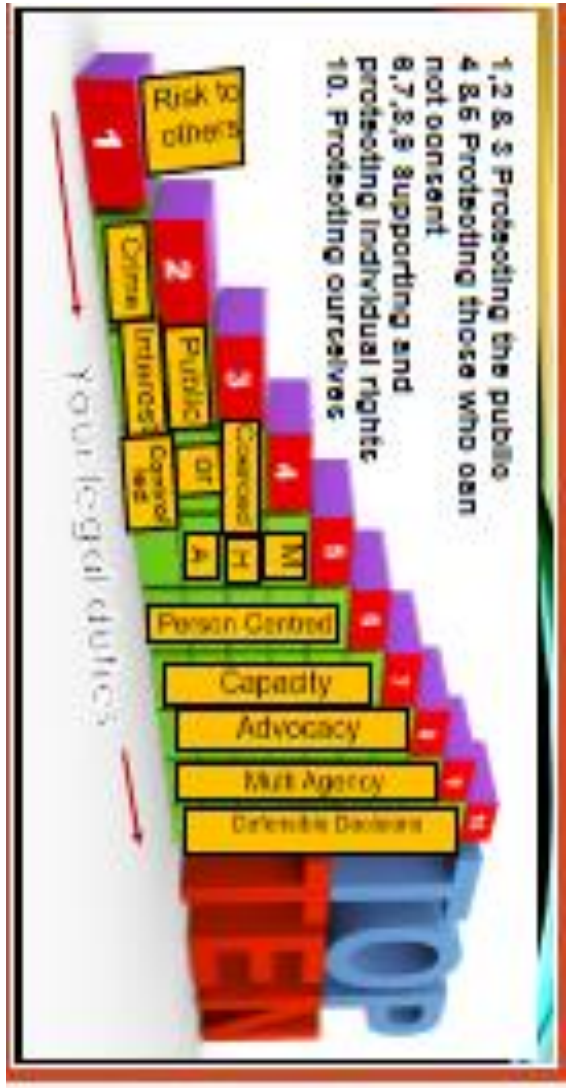
Section 11 Compliance and Insight

- No recognition of past experiences of services
- No harm minimisation plans
- No appropriate person identified to develop a rapport with
- Support mechanisms and strengths of A2 not identified
- No solution focussed interventions to build insight of person and develop relationships

Section 12 Imposed Sanctions, Compliance or Penalties

- No identification of Housing input in relation to SAR
- No identification of debt or debt recovery and the impact of this on A2
- Local Authority were aware that A2 was unable to move around property due to clutter, was unable to leave without support and was unable to get main food, medication or fluids himself – No Deprivation of Liberty Safeguards considered

SELF-ASSESSMENT



Section 13 Information Sharing

- Different aspects of information sharing not considered
- Information sharing not coordinated
- Lack of clarity about who the decision maker was meant information was shared with some who were possible not appropriate i.e family and not others who were

Section 14 Personalised Safeguarding

- No personalised safeguarding
- No capacity assessments in relation to the detail of care, treatment and support
- No wishes, values, expectations or outcomes
- Highly intrusive interventions with little consideration of who could make the decision
- No feedback mechanisms to the person
- No identified plans to assist in decision making and help the person make decisions
- No identified advocacy
- Principles of safeguarding not considered
- Principles of MCA not considered
- Human Rights not considered

SELF-ASSESSMENT

Self-Neglect – Self Assessment Tool

Guidance	Criteria	Self-Assessment (Including the identification of any barriers, concerns and how you have remedied them)
1. Identifying Self-Neglect		
Self-neglect covers a wide range of behaviours including: • Neglecting to care for personal hygiene • Neglecting to care for health • Neglecting to care for surroundings • And behaviours such as hoarding A safeguarding referral should be made in cases of self-neglect where the 3 part test is met: • the person has needs for care and support • is experiencing or at risk of abuse or neglect (including self-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 and neglect You do not need consent to make a safeguarding referral:	Self-Neglect has been appropriately identified and a safeguarding referral has been made to the Local Authority. (See Ten Steps, Clutter rating scale guidance, Risk Assessment Tool and safeguarding referral procedures)	

Section 15 Management Supervision and Support

- Policies and Procedures not followed and support not identified
- No clear frameworks for discussion about self-neglect within supervision
- No clear models of intervention identified
- Caseloads and compliance dictated intervention with no clear oversight of risks and potential risk management
- No training identified in relation to learning lessons
- Escalating risks not supported

Section 16 Defensible Decision Making

- No defensible decision making identified
- No Legislation identified as being used for decision making
- Policies and procedures not followed
- Models, methods and theories of intervention not identified
- ‘I statements’ and actions of the person not considered in context of decision making
- Referral routes not clear and remit of services for the individual not recorded
- Risk assessments and risk management plans not considered.
- Information and advice not recorded
- Unwise decisions – capacity assessments not recorded along with info and advice
- Assessments do not meet Care Act criteria
- Not compliant with duty to provide appropriate advocacy

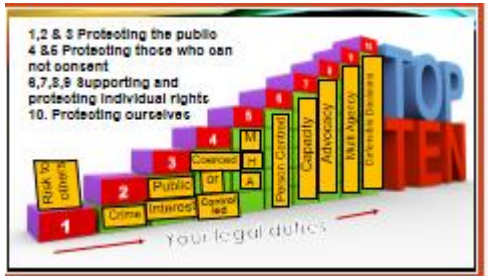
WHAT TOOLS CAN ASSIST?

Risk Assessment

Journey of assessment and support

Proportionate enquiries and response to risk

Defensible Decision Making – The law along with what the person said or did



Order of things to consider

Consistent understanding of level of clutter / self neglect

Self-Neglect – Self Assessment Tool

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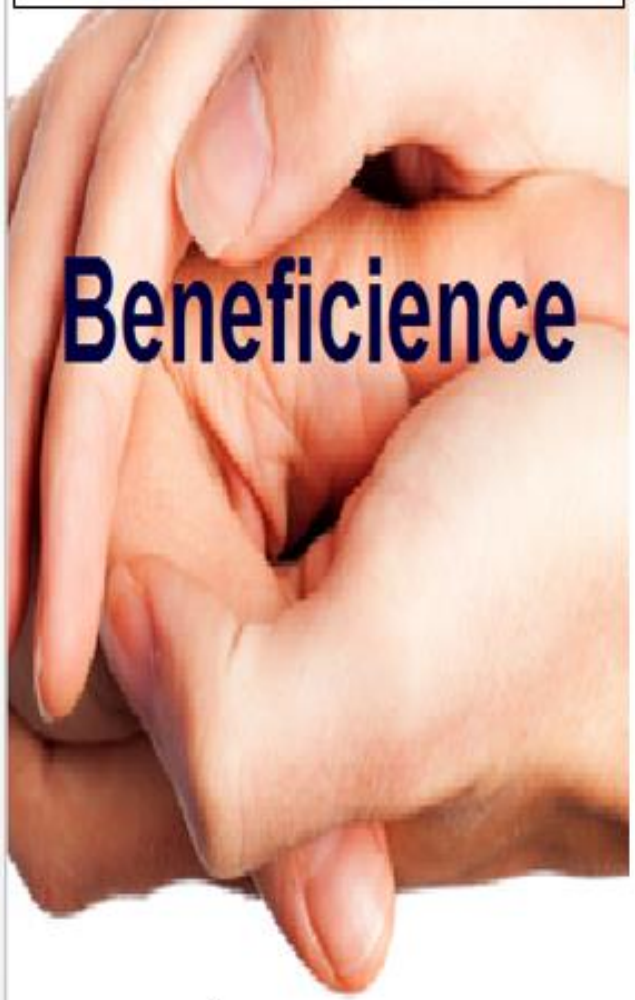
Individual practitioner and service self-audit

The doing of good; active kindness; caring



Doing no harm; cannot inflict harm on others

Non-Maleficence

Being fair, moral and equitable

Justice

Freedom from external control and influence; independence

Last Quango in Halifax Rob Mitchell

- Elsie had lived all her life in one house, she lived alone with her cats and was happy
- Elsie loved her radiogram and believed that she would marry John from the radio
- Neighbours made a safeguarding referral without consent possibly because they were fed up with the mess, possibly because they were concerned about Elsie
- An automated letter was sent to Elsie about a Social Work visit
- Two Social Workers attended
- Elsie was quite confused believing her parents to have recently died – 1971 & 1975 they died
- Elsie lacked capacity to make some decisions
- The Social Worker could not hear John on the radio and would not engage
- Elsie believed that John would fix things up and refused intervention
- The cats were underfed
- Elsie did not consent to sharing info with other services
- Referral was made and a Mental Health Act Assessment identified that she required detaining – Police
- Discharge did not consider home – care home – no radiogram – Elsie screamed for 8 hours
- Not enough information in the assessment
- Elsie died in the care home 4 months, 5 days and 6 hours after the referral
- Did we safeguard Elsie?

Working with people who self neglect and hoard

How to talk to someone who is hoarding

Use judgmental language.

Like anyone else, individuals with hoarding will not be receptive to negative comments about the state of their home or their character (e.g. “What a mess!” “What kind of person lives like this?”) Imagine your own response if someone came into your home and spoke in this manner, especially if you already felt ashamed.

Use words that devalue or negatively judge possessions.

People who hoard are often aware that others do not view their possessions and homes as they do. They often react strongly to words that reference their possessions negatively, like “trash”, “garbage” and “junk”.

Let your non-verbal expression say what you're thinking.

Individuals with compulsive hoarding are likely to notice non-verbal messages that convey judgment, like frowns or grimaces.

Make suggestions about the person's belongings

Even well-intentioned suggestions about discarding items are usually not well received by those with hoarding.

Try to persuade or argue with the person

Efforts to persuade individuals to make a change in their home or behaviour often have the opposite effect – the person actually talks themselves into keeping the items.

Touch the person's belongings without explicit permission

Those who hoard often have strong feelings and beliefs about their possessions and often find it upsetting when another person touches their things. Anyone visiting the home of someone with hoarding should only touch the person's belongings if they have the person's explicit permission.

Imagine yourself in the hoarding client's shoes.

How would you want others to talk to you to help you manage your anger, frustration, resentment, and embarrassment?

Match the person's language.

Listen for the individual's manner of referring to his/her possessions (e.g. "my things", "my collections") and use the same language (i.e. "your things", "your collections").

Use encouraging language.

- Use language that reduces defensiveness and increases motivation to solve the problem (e.g. “I see that you have a pathway from your front door to your living room. That’s great that you’ve kept things out of the way so that you don’t slip or fall.
- I can see that you can walk through here pretty well by turning sideways.
- The thing is that somebody else that might need to come into your home, like a fire fighter or an emergency responder, would have a pretty difficult time getting through here. They have equipment they’re usually carrying and fire fighters have protective clothes that are bulky. It’s important to have a pathway that is wide enough so that they could get through to help you or anyone else who needed it.

Highlight strengths.

All people have strengths, positive aspects of themselves, their behaviour, or even their homes. A visitor's ability to notice these strengths helps forge a good relationship and paves the way for resolving the hoarding problem (e.g. "I see that you can easily access your bathroom sink and shower," "What a beautiful painting!", "I can see how much you care about your cat.")

Focus the intervention initially on safety and organisation of possessions and later work on discarding.

Discussion of the fate of the person's possessions will be necessary at some point, but it is preferable for this discussion to follow work on safety and organisation.

Consider whether there are any formal or informal carers

Consider the ability of the person to provide care

Assessment for carers / family members

Capacity assessments for carers if reason to suspect that they may lack capacity to make decisions required for care provision

Record the identified needs that the carer is meeting on the care and support plan

Inform the carer regarding their responsibilities

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**
- **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 mad a mistake.
- Be aware of grief and loss process occurring again (Kubler Ross)

Legal Frameworks for Hoarding

The mould affected her health

https://www.youtube.com/watch?v=w4rD5X3gR9w

Exercise 1 - Caryn

In relation to this case study consider:

- Legally what each agency could do and when they could intervene.
- Consider what you may have to encourage Caryn to consider to improve these conditions

Write on flipchart

Caryn

- Multi agency response
- Public health
- Housing issues – tenancy
- Capacity issues
- Environmental health / Public health
- No legal ability to refer to GP but work with Caryn to get her to consider
- Fire Risk

Others affected

https://www.youtube.com/watch?v=GAgFEDf25c8

Exercise 2 - Others affected

In relation to this case study consider:

- Legally what each agency could do and when they could intervene.
- Identify on flipchart

Others effected

- Children's services
- Environmental health
- GP referral
- Capacity – has capacity
- Fire risk

What to do?

https://www.youtube.com/watch?v=cx6yOLq_PJU

Exercise 3 – What to do?

In relation to this case study consider:

- Legally what each agency could do and when they could intervene.
- Identify on flipchart

What to do?

- Environmental health / Public health
- Fire
- Capacity
- Social Services / Mental Health
- Housing – tenancy

Jane lives in the above house. Each room has a similar amount of goods. Jane an not use her living room for its intended purpose but has access to most things. Jane spends most of her time in her bed as she can manage to see a small TV from there. Jane was a Sister on a Mental Health Ward and after the death of her mother could no longer cope. Jane describes feeling depressed and has occasionally talked to her GP about this but does not take any medication as yet.

Identify roles of different agencies / legal frameworks.


ANIMAL PLANET

Exercise 4 – Cat hoarding

In relation to this case study consider:

- Legally what each agency could do and when they could intervene.
- Identify on flipchart

Exercise 4 – Cat hoarding

- RSPCA
- Public health
- Housing
- Has capacity
- Choice

Principles – Person Centred

Empower

- Person led decisions
- The person is asked what they want as the outcomes for safeguarding

Prevention

- It is better to take action before harm occurs
- The person receives clear and simple information about what abuse is, how to recognise the signs and how to get help

Proportionality

- There is a proportionate and least intrusive response appropriate to the risk presented
- Work for the persons Best Interests as they see them and get involved to the extent that they require

Protection

- Support and representation (Advocate) for those in greatest need
- Support offered to report abuse, take part in the safeguarding process to the extent that they want and are able

Partnership

- Local solutions through services working with their communities
- Communities have a part to play in preventing, detecting and reporting abuse and neglect
- Confidentiality and multi agency response

Accountability

- Accountability and transparency in delivering safeguarding
- Person understands the roles of everyone involved
- Professionals accountable for their actions

Mr Fredrickson

I am a seventy six year old man who has been self neglecting for a while. I do not really like people around my house and I regularly do not answer the door. I don’t like going to the doctors unless it is urgent. I have diabetes, but my house is so full of clutter I can no longer cook, or prepare food to adequately meet my nutritional needs. Take away cartons of half eaten meals are littered throughout the house. Flies and vermin have been reported at the property. I rent the house from Anchor Housing, but they are unhappy with me. I no longer take my medication and can often get dizzy. I have fallen a few times. The last time I ended up in hospital, because lots of my belongings fell on top of me. A neighbour calls every so often to check that I am alright. She found me and called the ambulance. I was once a University lecturer and taught History. I still have lots of my books.

EXERCISE

Protect

What

- What do you need to protect me from?
- What do you need to protect others from?

How

- How do you protect me?
- How do you decide what is right for me?
- How much is enough?

When

- When do I need protection?
- When do you intervene to protect and when do you not?

Who

Who is going to protect me?
Who will help me?

Why

Why do you need to protect me?

Imagine that I am this man asking these questions. Consider how you are going to respond. Keep your answers simple and clear. I may need help understanding

EXERCISE

Prevent

What

- What do you need to prevent?
- What prevents me from engaging?
- What prevents you when helping me?

How

- How do you prevent this from getting worse?
- How do you prevent me feeling upset or unwell?
- How much is enough?
- How long will that take?

Why

Why do you need to prevent this from happening to me?

When

- When do you need to prevent this?
- When does this happen?

Who

Who is going to prevent this from happening?

Imagine that I am this man asking these questions. Consider how you are going to respond. Keep your answers simple and clear. I may need help understanding

EXERCISE

Imagine that I am this man asking these questions. Consider how you are going to respond

Proportionate

What

- What do you mean by a proportionate response?
- What is it proportionate to?
- What helps you to decide this?
- What do you write about this?

How

- How do you make sure that responses are proportionate?
- How do others make sure that responses are proportionate?
- How much is enough?
- How long will that take?

Why

Why do you consider proportionate responses?

When

- When do you decide proportionate responses?
- When do I decide proportionate responses?

Who

Who do you talk to and share this with?

Who decides what a proportionate response is?

Keep your answers simple and clear. I may need help understanding.

EXERCISE

Partnership

What

- What are these people going to do?
- What is available for me?
- What can I expect from your partners?

How

- How are you going to work together?
- How do you help me to access community resources?
- How do you work together to get to know me?
- How long will that take?

Why

Why is it important to work together, when there is only me? Why do you think all these people need to be involved?

When

- When do you really work in partnership?
- When does this happen?

Who

Who will come to see me, I may not like all those people coming here?

Imagine that I am this man asking these questions. Consider how you are going to respond. Keep your answers simple and clear. I may need help understanding

Imagine that I am this man asking these questions. Consider how you are going to respond. Keep your answers simple and clear. I may need help understanding

Empower

What

- What do you mean by empowering me?
- What are you going to do to involve me in this?
- What do you need to know about me to empower me?

How

- How are you going to empower me?
- How does empowering me help me?
- How will you make sure that I am happy and feel empowered?
- How long will that take?
- How do you know whether I am making a choice, or whether this is a coping strategy?
- How do you recognise my identity?

Why

Why is it important to empower me, I am not sure I feel I have very much power?

When

- When do you empower me and when do you intervene and make decisions for me?
- When do you tell me that I am entitled to this?

Who

Who will make this happen?

EXERCISE

Accountability

What

- What do you need to do?
- What do I ne to do?

How

- How do you make sure that you are accountable for your actions?
- How do you record this?

When

- When are you accountable and when am I accountable?

Why

Why are people made accountable?

Who

Who is responsible for all this?
Who else might be accountable?

Imagine that I am this man asking these questions. Consider how you are going to respond. Keep your answers simple and clear. I may need help understanding

LAST QUANGO IN HALIFAX

Critically analyse:

- The use of safeguarding
- Person Centred approaches
- What could or should have been done?
- What else might you have considered?


TOP 10
TIPS :

1. DEVELOP A RAPPORT

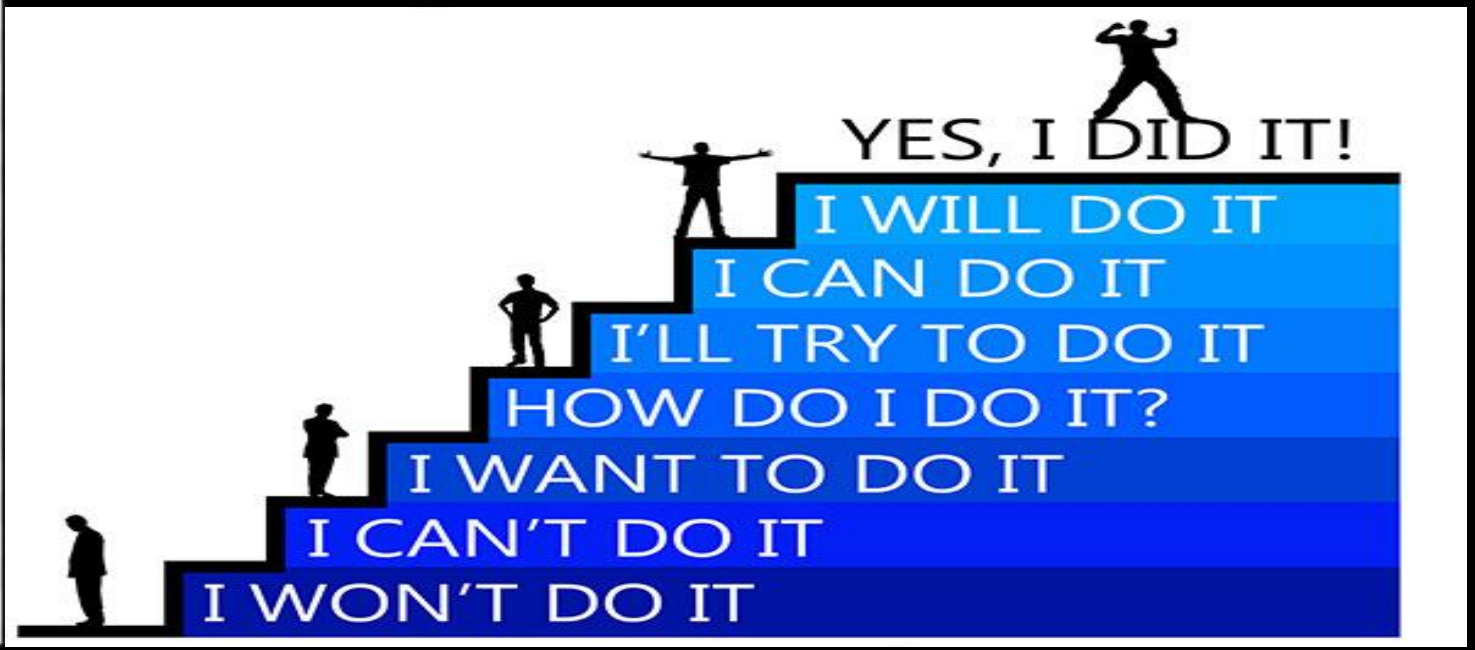
Get to know the person, develop a rapport and find out when the self-neglect began.
Do not discuss change until rapport developed.
The earlier the intervention the easier it is for the person to consider change

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



- <u>Understand what feelings the person has</u> 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

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. Capacity and consent issues recorded effectively

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

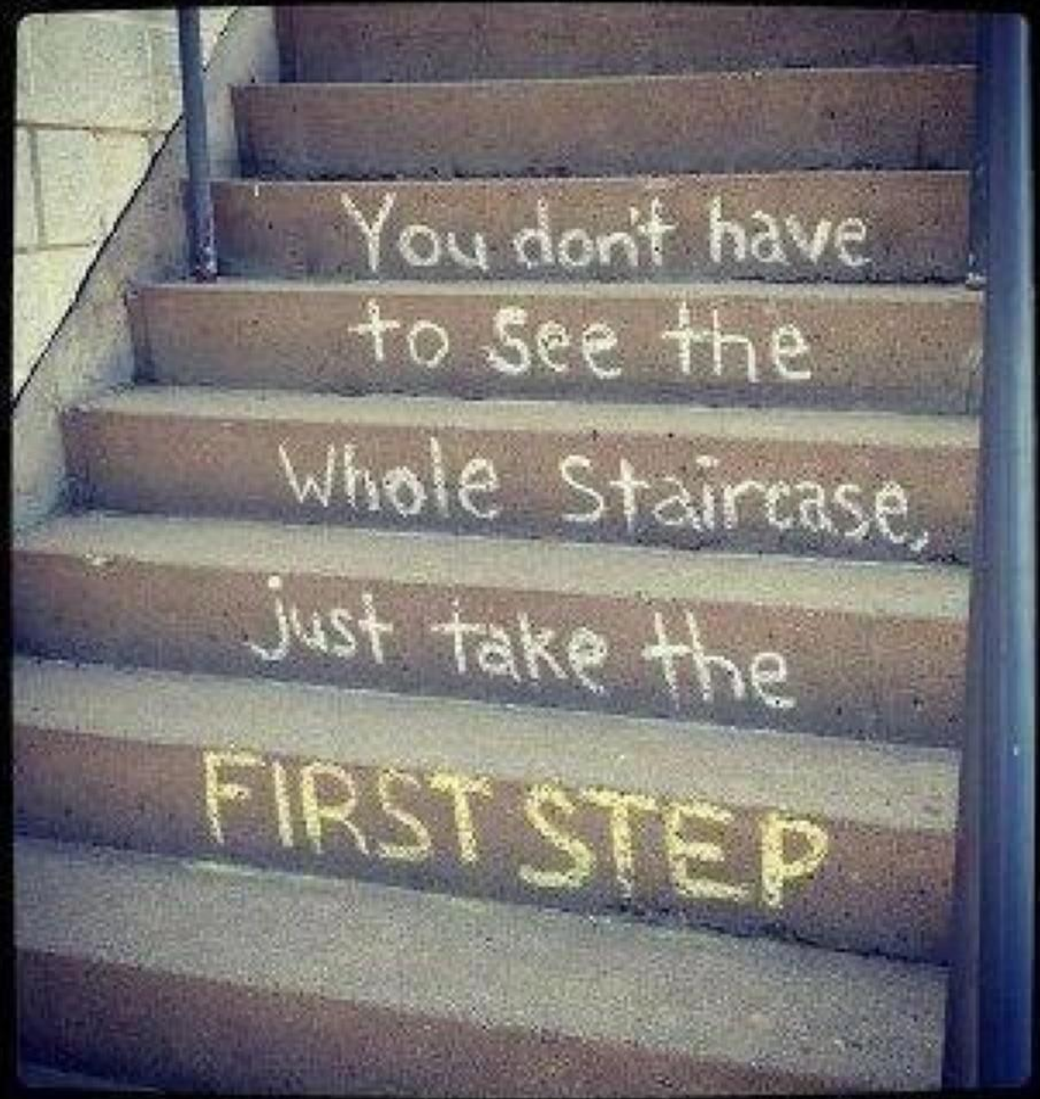
Often a person can see themselves in such a negative light that it disempowers them and prevents positive change, for example, ‘I have always been untidy; I could never look as good as other people’.

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**

OTHER LINKS

- Community Care Inform - http://www.ccinform.co.uk/guides/webinar-helping-practitioners-work-with-adults-and-children-who-hoard/?cmpid=NLC|SCSC|SCCCN-2016-0621

- Or search for Hoarding on the Community Care Inform website to see articles and webinar