

Safeguarding Adults – Self Neglect
and Hoarding (Part one)
People in Positions of Trust (Part
two)

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Self Neglect and Hoarding Policy - June 2018

<https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/>

What is Self Neglect?

- The Care Act 2014 makes clear that it comes within the statutory definition of abuse or neglect if the adult concerned has care and support needs and is unable to protect him or herself. It adds that self-neglect covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding
- Gibbons et al (2006) defined it as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and wellbeing of those who self-neglect and perhaps to their community”.

Characteristics

- Lack of self-care - this includes neglect of one's personal hygiene, nutrition and hydration, or health, to an extent that may endanger safety or well-being;
- Lack of care of one's environment -this includes situations that may lead to domestic squalor or elevated levels of risk in the domestic environment (e.g. health or fire risks caused by hoarding);
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, even if previously agreed, which could potentially improve self-care or care of one's environment.

Hoarding

- Compulsive hoarding is a pattern of behaviour characterised by the excessive acquisition of and inability or unwillingness to discard large quantities of objects and / or animals that cover the living areas of the home and cause significant distress.
- Hoarding is now considered a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013 but does not appear in the ICD 10 (World Health Organisation, 2010). However, hoarding can also be a symptom of other mental disorders.
- A diagnosis of Hoarding Disorder can only be made by a specialist medical practitioner.

Hoarding – 5 criteria

1. Persistent difficulty discarding or parting with possessions, regardless of their monetary value.
2. This difficulty is due to a perceived need to save items and distress associated with discarding items.
3. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas.
4. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
5. The hoarding is not attributable to another medical condition or mental disorder.

Signs of Self Neglect and Hoarding

- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Portraying eccentric behaviour / lifestyles
- Obsessive hoarding
- Poor diet and nutrition. For example, evidenced by little or no food in the fridge, or what is there, being mouldy
- Declining or refusing prescribed medication and / or other community healthcare support
- Refusing to allow access to health and / or social care professionals in relation to personal hygiene and care
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services
- Repeated episodes of anti-social behaviour – either as a victim or source of risk
- Being unwilling to attend external appointments with professionals in social care, health or other organisations (such as housing)
- Total lack of personal hygiene resulting in poor healing / sores, long toe nails, unkempt hair, uncared for facial hair, body odour, unclean clothing;
- Isolation; either of an individual or of a household or family unit
- Failure to take medication.
- Repeated referrals to Environmental Health

Interface with Mental Capacity Act/Human Rights Act

- Assume adult has capacity unless grounds to question (unwise decisions)
- All capacity assessments are time and decision specific – constant review of capacity essential **IF** grounds exist to question capacity
- The MCA Code of Practice which states that one of the reasons why people may question a person's capacity to make a specific decision is '*the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision*' (4.35 MCA Code of Practice, p52). Arguably, extreme self-neglect or hoarding behaviour meets this criterion. Recent case law, indicates that practitioners must consider if the adult can **"execute"** the necessary actions to address the risks, in addition to being able to recognise them.
- Assessments of mental capacity must be comprehensively recorded to support referral, if required, to the Court of Protection (COP) to make the best interests decision

Hoarding scales and tools

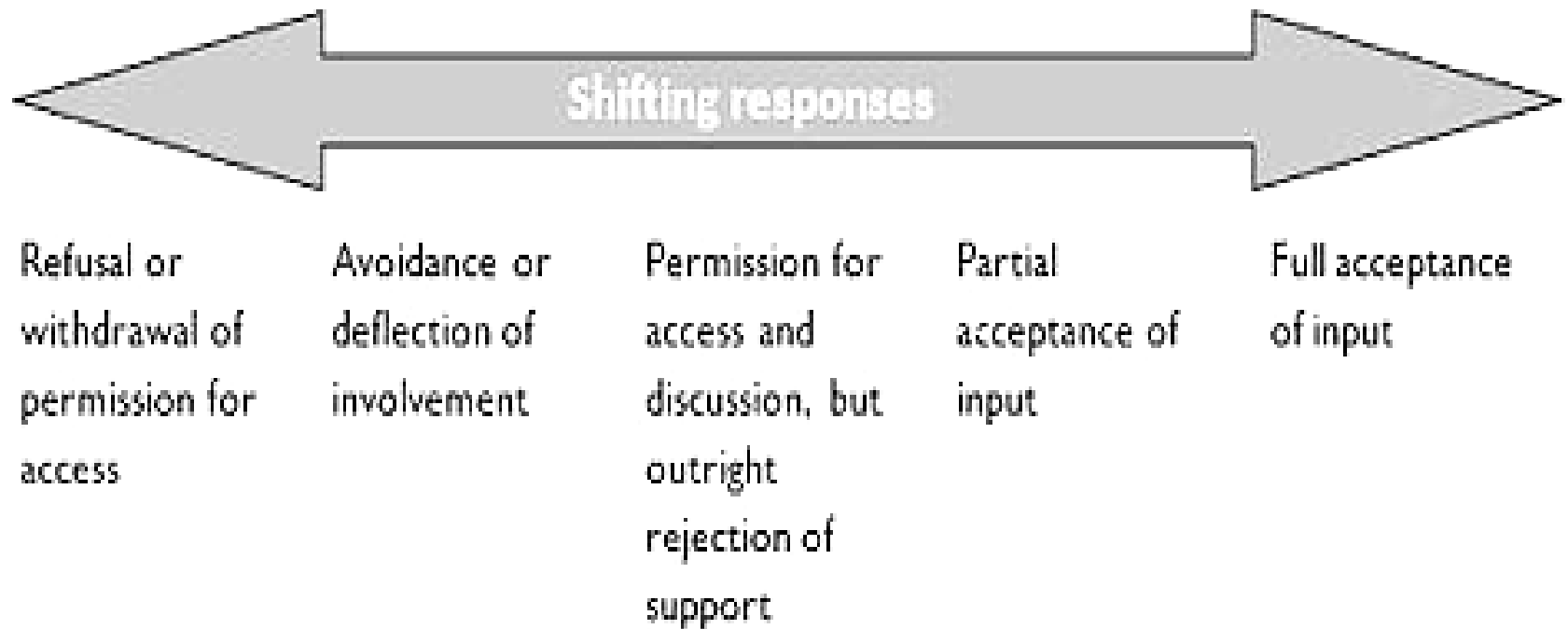
- The policy includes a set of visual tools to assist practitioners to accurately describe the risks and implement a proportionate response. See appendix two.

Principles of working with adults who self neglect and/or hoard

- The most effective approach to hoarding and self-neglect is to use consensual and relationship-based approaches.
- In line with the Human Rights Act and the Mental Capacity Act; self-neglect and hoarding will be approached in the least restrictive and proportionate manner unless there is evidence that a clear risk of significant harm exists, which may require a non-consensual intervention.
- Given the subjective nature of clutter, disarray and the value of possessions and life-styles, it is necessary to use an objective rating scale to assist communication and understanding of the level and impact of hoarding.
- Risk of harm should primarily focus on the risks to the adult, but include regard to the risk to other people, for instance; neighbours, professionals or visitors.
- Self-neglect requires a coordinated response across many agencies with the agency with the primary involvement (or primary knowledge of the risks) taking on the role of coordinator/lead the enquiry, which does not mean taking responsibility for carrying out all necessary work and interventions.

Research lessons – Self Neglect and/or Hoarding

- Braye et al. (2015) display the difficulty of engagement due to a person's changing response and engagement



Cases - in numbers

- From 1 January 2018 to 24 April, Barnsley Safeguarding Adults Board has received 2 SAR requests for adults who have died as a direct or indirect result of self neglect and/or hoarding
- From April 17 – April 18 – 105 referrals for self neglect (under the old VARMM policy were received)
- Nationally an increase in the number of SARs being completed for adults who die as a result of self neglect and/or hoarding
- Most involve single men (including bereaved or divorced/separated), many of whom had previously been in paid employment and/or had positions of status in the past. Research indicate that traumatic events/loss are a significant driver to adult's self neglect.

Case example (2)

- Simon (59) lives in a housing project, previously lived with a partner who financially abused him. History of self neglect extends back to time with partner.
- Simon has a number of physical ailments – Heart failure, Angina, Hepatitis C, leg ulcers and COPD. He is prescribed a number of medications to manage his health. He recently suffered a heart attack, detected after GP advised attendance at A&E
- Simon is being supported with his physical needs and encouraged to engage with external services – e.g. district nurses and OT and to address his substance misuse; with a view to moving onto permanent accommodation. Despite being clear that he needs to engage with the support offered as a condition of the placement, Simon is not engaging in groups or 1-1's, which is putting him at risk of eviction
- Simon has continued to let his health deteriorate by not taking his medication as prescribed, discharging district nurses when he feels his legs are healing and not addressing medical needs unless this is taken out of his control by staff.
- The failure to self care results in a number of hospital admissions for a range of infections (urinary/ chest etc.).
- His room has not been cleaned for a number of weeks and has started to smell quite badly, his carpet has become stained from sick, blood from his legs and spilt methadone. He is unable/unwilling to self care around personal hygiene.
- Simon appears to have capacity for his decisions however continues to neglect his overall self-care despite guidance and/or advice from staff.

Responses?

Working the person next to you or in three's consider the following questions. Feedback will be obtained from volunteers in the audience.

1. Would this case merit a multi-agency response? (policy offers a risk tool)
2. Are there any grounds to question the individual's capacity?
3. Who might lead these cases and what are the main issues to be addressed?
4. Each group to clarify if they would consider involvement of the surgery/GP?