Should you do anything? Safeguarding and Self-Neglect

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I’m asthmatic and smoke. Should you do anything?
I’m running out of electricity and need to put some money on my electricity key. I buy cigarettes instead. Should you do anything?
I’ve decided not to pay my rent, instead I’m going on a holiday of a lifetime. Should you do anything?
I’ve hurt my leg and need a stick to help me move around in my flat. Should you do anything?
I have every single copy of The Metro since its first publication in 1999 in my spacious flat. Should you do anything?
I have difficulty moving around my flat now as there are just too many newspapers. Should you do anything?
I’ve had a number of falls in my flat, as it’s just so difficult to move around with my stick and the large number of newspapers. I’ve created tunnels through the flat, but I can’t get to my bedroom, the kitchen, or my bedroom. Should you do anything?
Who is an adult at risk?

The safeguarding duties apply to an adult who:
• has needs for care and support (whether or not the local authority is meeting any of those needs) and;
• is experiencing, or at risk of, abuse or neglect; and
• as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.  
(Care Act 2014, Regulation 14)
Self Neglect is Safeguarding

• 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

• (Care Act 2014 Regulation 14)
A hidden problem which responds to joint working.

• “The extent and severity of hoarding makes it clear that this can be a problematic condition from the standpoint of public health threat, costs to the public and even loss of life. Effective social and/or individual intervention for problematic hoarding is clearly needed.” (Hoardding UK)
So, what is hoarding?

- “Compulsive hoarding means excessively acquiring items that appear of little or no value and not being able to throw them away, resulting in unmanageable amounts of clutter.” (NHS Choices)
- Slowly becomes problematic to the point that life affected.
- Begin to socialise outside the home
- Cannot use the toilet, bathroom and kitchen due to the amount of belongings around.
Cont.

• Newspapers
• Food
• Boxes
• Bottles both plastic and glass
• Chairs
• In fact, anything someone else has thrown away which ‘may be of use’
• Animals
Research

- Research indicates only 5% of hoarders come to attention of professionals
- No difference between ages, gender, socio-economic status or ethnicity
- Women more likely than men to seek help
- For many, there will be a family history of hoarding
- Likely to start in adolescence, becoming more of a problem as the person becomes older
- Becomes a problem when in their 30s
- Likely to seek help in 40s or 50s (Hoarders UK)
Research 2

- Hoarding is common in the animal kingdom – squirrels hoard food.
- In 2013, American psychiatry felt that Hoarding was a psychiatric diagnosis in its own right.
- Often linked with OCD (Obsessive Compulsive Disorder).
- Now, recognition that hoarding can be found with other mental illnesses such as schizophrenia, eating disorders, brain injury.
- Diogenes Syndrome involves hoarding, also self-neglect and squalor. (Hoarders UK)
Possible reasons for hoarding

- Difficulty in discarding things
- Collect more than you throw away
- Cannot throw things away as they may be useful in the future
- Sentimental reasons
- Belief that objects should be kept ‘just in case’
Compulsive hoarding; possible reasons

• a family history of hoarding
• the experience of deprivation
• growing up in a cluttered home
• another mental health condition, such as anxiety, depression or social phobia (a fear of social occasions) – research indicates 92% of hoarders which come to attention of services have a mental health diagnosis.
• struggling to cope with a stressful life event, such as the death of a loved one (bereavement)
• lack of relationships with family or friends
Lifestyle choice?

• Perhaps the most common reason for hoarders to come to attention of services is because their living conditions are causing problems for others eg rotting food which attracts vermin, stockpile of newspapers which affects the structure of a building and is a fire risk.

• Decision to be made about what to do.
Possible Interventions

- GP
- Housing
- Environmental Health
- Mental Health Services
- Adult social care.
- Fire brigade
- London Ambulance Service
- Community Health Professionals eg District Nurses, Health visitors
“Self-neglect is reported mainly as occurring in older people, although it is also associated with mental ill health. Differentiation between inability and unwillingness to care for oneself, and capacity to understand the consequences of one’s actions, are crucial determinants of response. Professional tolerance of self-neglect as lifestyle choice is higher than when it accompanies physical/mental impairment. Professionals express uncertainty about causation and intervention.”
There are tensions between respect for autonomy and a perceived duty to preserve health and wellbeing.” (SCIE 2011 ibid)
“prevailing cultures of paternalism (in health) and risk-aversion (in social care)” (SCIE 2011)
CONT.

• SCIE Report includes hoarding behaviour as a sign of self-neglect, although concludes the literature reviewed does not always include hoarding as a sign of this.

• BUT “There was some consensus that decisions on whether and how to intervene in any given situation could and should be made through a robust system of interagency communication and risk sharing.”
Mental Capacity Act 2005

- Does the person have an impairment of their mind or brain? If not, the person will not lack capacity within the meaning of the MCA 2005.

- Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to? The impairment or disturbance of their brain must affect the person’s ability to make the specific decision at that particular time.

- Section 1(3) MCA 2005 and Chapter 3 MCA Code
So...implementing into practice...

- Concept of Capacity as defined by the Mental Capacity Act 2005
- Someone is judged to lack capacity about a specific decision if the answer is no to one of the following questions:
  1. Can the person understand the information given
  2. Can the person use and weigh the information
  3. Can the person retain the information given
  4. Can the person communicate their decision
Example 1

- I support Watford football club. I understand the rules of football, and have been a season ticket holder for a number of years. I balance the benefits of supporting another team by looking at the success other teams have achieved, and decide that success isn’t everything. You know I can retain the information given as I can recite chapter and verse the success Watford FC have achieved, and I clearly communicate my decision to you.

- Do I have capacity to support Watford FC?
Example 2

- I know I need some help around the house, and understand the reasons you have given me, eg to prevent me from slipping on discarded envelopes etc. I don’t want you in my home though as I should be allowed to live as I like. I’m due to be discharged from hospital following an admission after breaking my leg when I fell in my home due to the amount of rubbish there. I believe I’ll be able to manage in my home with a complete leg cast and no newspapers being moved. I retain the information, and tell you my decision.

- Do I have capacity to make a decision about accepting help?
practice cont.

• Important to be clear about whether the person has capacity to make a decision about receiving services to assist with hoarding behaviour.

• Often, people are unable to weigh up the benefits from having a clear environment in which they can freely move, against the distress which will be caused by their environment being cleared.
Multi-disciplinary approach

- Respect for dignity, privacy and independence
- Awareness of their right also to services
- Looking at all aspects of their life.
- Given that research indicates age is not a factor in compulsive behaviour, it is likely there are other reasons why older adults come to the attention of services for hoarding.
\textbf{CONT.}

- GP – Information on physical and/or mental health diagnosis
- Adult social care – is this person in receipt of services?
- Environmental health – any complaints received? Options
- Housing – any concerns raised or complaints received?
- Mental Health – known to services?
- Fire Brigade involvement necessary?
- Community Health Professionals i.e. District Nurses, Health Visitors – need to be aware and know how and when to raise a safeguarding alert
- London Ambulance Service – need to be aware and know when and how to raise a safeguarding alert
Let’s talk about it.

- Important to discuss the facts
- Involve services relevant to the service user
- Advocacy? Key part of the Care Act 2014 and safeguarding
- Meeting to discuss the level of difficulty being faced by the service user, and what interventions if any can be made.
- Urgency of situation
- Risk assessment – risk of fire, falls, infestation by vermin, death
CASE STUDY

• Spend 20 minutes reading the case study and answering the questions on the sheet.
• Use the flip chart paper to answer the questions on your sheet.
• Feedback as a table
CONCLUSIONS

- Hoarding is an condition which is receiving increasing publicity as a problem which affects a significant number of people.
- Only 5% come to attention of professionals
- Complicated situations, requiring carefully thought out responses to the individual.
- Joint working is essential.
- If in doubt, ask for advice.
Serious Case Review published July 2015

79 year old woman receiving two care visits a day

Refuses assistance with personal care

Appetite deteriorating
• Care workers did not initially report refusal of services

• When reported to manager, manager requested written report so this could be passed on to social services.

• Ambulance called, Ms ZZ refuses to go to hospital

• GP called, ambulance again called.
• Admitted to hospital

• Entry from notes:
  • “Unresponsive; BP [blood pressure] unreportable;
  • covered in dried faeces; contracted limbs; poorly kempt; septic shock, probably from pressure ulcers.”

• 13 pressure ulcers, nine at grade 4
“ZZ was emaciated. She was covered in her own faeces which was stuck to her skin. I would describe it like snake skin it was stuck all over the lower part of her body, legs and feet it must have been there for months.
Findings

- The need for a greater degree of focus on the individual.
- Practice in respect of assessment care planning and review.
- Practice in working with risk.
- Identification of risk of pressure ulcers.
• Working with self-neglect.

• Practice in the context of the Mental Capacity Act (MCA) and legal literacy.

• Staff support/ supervision.
Food for thought...

- How confident can you be about your organisations use and implementation of the Mental Capacity Act 2005?
- What support is in place within your organisation to work with people who are refusing services, even when these are required?
- Do you have guidance for staff working with people who self-neglect?
Thank You.

Theresa Renwick
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