

Self Neglect and Hoarding



What is self neglect?

Self-neglect can be a result of a **conscious** decision to live life in a particular way that may result in having an impact on a person's health, wellbeing or living conditions and may have a **negative impact** on other people's environments.

Often in these circumstances people may be unwilling to acknowledge there might be a problem and/or be open to receiving support to improve their circumstances. Self neglect can also be a result of an individual experiencing **trauma** or **illness** affecting ones **ability** to self care or manage daily activities.



The 2014 Care Act

The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when:

The Local Authority has reasonable cause to suspect that an adult in its area:

1. has needs for care and support,
2. is experiencing, or is at risk of, self-neglect, and
3. as a result of those needs is unable to protect himself or herself against self neglect, or the risk of it.

Self-neglect indicators:

- Living in very **unclean**, sometimes verminous, circumstances, such as living with a toilet completely blocked with faeces, not disposing of rubbish;
- **Neglecting** household maintenance, and therefore creating hazards;
- Obsessive **hoarding** creating potential mobility and fire hazards;
- Animal collecting with potential of **insanitary** conditions and neglect of animals' needs;
- Failing to provide care for him/herself in such a way that his/her **health** or physical well-being may decline precipitously;
- Poor diet and **nutrition**, evidenced by for instance little or no fresh food or mouldy food in the fridge;
- Failure to maintain **social contact**;
- Failure to manage **finances**;
- Declining or refusing prescribed **medication** and/or other community healthcare support – for example, in relation to the presence of **mental disorder** (including the relapse of major psychiatric features, or a deterioration due to dementia) or to podiatry issues;
- Refusing to allow access to health and/or **social care** staff in relation to personal **hygiene** and care – for example, in relation to single or double incontinence, the poor healing of sores;
- **Refusing** to allow access to other organisations with an Interest in the property, for example, staff working for utility companies (water, gas electricity); and
- Being **unwilling** to attend appointments with relevant staff, such as social care, **healthcare** or allied staff.



The 2005 Mental Capacity Act

A key consideration for customers who self neglect is to assess capacity if it appears the customer is unable to weigh up or understand the consequences of self neglect. If they are found to lack capacity or have substantial difficulty understanding, then an advocate (paid or informal) or Independent Mental Capacity Advocate should be appointed to ensure any action taken is in the person's best interest. Actions taken should consider;

1. The wishes, feelings, values and benefits of the person who has been assessed as lacking capacity
2. The views of family members, parents, carers and other people interested in the welfare of the person lacking capacity, if it is practical and appropriate.
3. The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney.
4. The views of any Deputy appointed by the Court of Protection to make decisions on the persons behalf.
5. Whether any decisions that need to be made can be determined as having been made by the behaviour of the person who has been assessed as lacking mental capacity.

Safeguarding people who self neglect:

Key principles:

Empowerment

Prevention

Proportionate

Protection

Partnerships

Accountable



Self Neglect and Hoarding Strategy for London Borough of Newham:

A comprehensive protocol was developed in 2015 with safeguarding partners to address the complex issues posed by people who self neglect and or hoard. Some of the partners who were involved in the process were:

- Newham Adult Social Care
- Newham CCG
- Newham Housing
- Barts NHS Foundation Trust
- East London Foundation Trust
- Environmental Health
- London Fire Brigade

Who does the protocol apply to?

This protocol applies to all staff working with Adult's including Social Care, Mental Health Services and the partner agencies who within the London Borough of Newham Safeguarding Adults Board who have signed up to the protocol. There is an expectation that everyone engages fully in partnership working to achieve the best outcome for the customer, while meeting the requirements and duties of individual agencies.

Aims of the protocol:

- Investigate and share information on the problems related to self neglect / hoarding from different professional and community perspectives. Dealing with incidents in an evidence based, structured, systematic, co-ordinated and consistent way.
- Develop "informal" multi-agency solutions which maximise the use of existing services and resources.
- Ensure that a risk assessment and hoarding grading is available to support services to understand the levels of risk and actions required. Possible solutions include professional support and monitoring, property repairs and permanent and temporary re-housing
- To establish best practice and improve knowledge of legislation that relates to self neglect and hoarding behaviour.

Case Study



KTB is 71 years old, a retired teacher and lives in her privately owned property. She came to the attention of social services following a police visit to her premises when she reported a burglary from her home. The property was found to be full of hoarded goods to the ceiling with no safe place to sit in any room. There were dozens of live and dead birds and vermin and police described a 'smell of death'.

Police brought the case to the Newham High Risk Panel and attendees from across Newham's key partners and agencies were asked to conduct their own research from their records.

It transpired that KTB was also known to mental health, housing and environmental health departments and was a known hoarder whose home had been cleared on two previous occasions.

The High Risk Panel asked for a further meeting involving those agencies specifically known to KTB and these included the London Fire brigade, Animal Welfare Services, police, mental health and housing services. The home was assessed to be a health and fire hazard to both self and others as alongside the vermin and clutter, the electrics were assessed to be dangerously unsafe.

Over a period of several months work began to support KTB with the process of de-cluttering her home. KTB's willingness to co operate fluctuated and colleagues from psychological, mental health services worked closely with both KTB and staff from environmental services and London Fire Brigade. KTB declined offers of respite care whilst the work was being undertaken and she was assessed to have mental capacity to decide this.

A cleansing organisation was commissioned by Environmental Services and a court order was obtained to gain entry on the agreed day in case KTB refused entry.

The home was cleared, with KTB's involvement over a period of 7 working days. As part of the clean up a broken piano was found amongst the clutter, which had not previously been identified. Once disturbed hundreds of mice ran out in all directions.

Alternative soft furnishings were provided to KTB to replace chewed and sodden furnishings and the home was rendered safe.

Work is ongoing with KTB from within the Older People's mental health team to support her to maintain the flat.