



Working with Self Neglect and Hoarding

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Rubbish??

- ▶ Why did you/ didn't you sit near?
- ▶ What are you thinking about this room?
- ▶ What are you thinking about the facilitators?
- ▶ What impulses are here?
- ▶ What judgements did you make?



Aims Of Training

- ▶ 1 To increase knowledge and understanding of self neglect and hoarding
- ▶ 2 To identify and build on current good practice
- ▶ 3 To recognise the impact this can have on ourselves.

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- ▶ 1 To consider definitions and causes of self neglect and hoarding
 - ▶ 2 To understand the context of the individual and our own values in relation to this.
 - ▶ 3 Explore ways of working with and planning for the future.

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- ▶ Warm up –
 - ▶ what domestic routines did everyone do today – why?
 - ▶ Do they do this everyday? Why not? –
 - ▶ look at personal differences / levels of tolerance of dirt for example.



You could peel the dirt with your fingernails.
My skin's a festering sore.
I haven't washed for forty days.
My clothes are growing mould.
The cavities are gnawing.
Decay is costing teeth.
Lice are bedding in my scalp.
Sleep brings no relief.
Urine stings like sulphur.
My breath's an acid flame;
Bed sheets sour the atmosphere.
My limbs are turning lame.
This illness will consume me,
these bones, this ashen face.
Shade and light confound me.
Nights run into days...
They're banging on my door again,
or is it just the voices in my head?
My train is coming. Death is looming, I can tell.
I'm 21 tomorrow and my life's a living hell.

Statements:

- ▶ Self-neglect is not an objective, measurable entity or process. Rather, self-neglect is a complex, ambiguous, multifaceted social construction. Lauder 2002
- ▶ Self-neglect is recognized as the *failure* or *unwillingness* to provide oneself with the basic care needs required to maintain health. (Burnett et al, 2007a, p 36; emphasis added)
- ▶ Gibbons (2006) defined it as: 'The inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.'

Case Discussion



Considerations

- ▶ What problems or needs did the client present with?
- ▶ How did staff try to work with the client?
- ▶ Was it successful or not?
- ▶ How did it impact on the relationship with the client?
- ▶ How did you feel? Initially and after 'intervention' that had intention of helping?

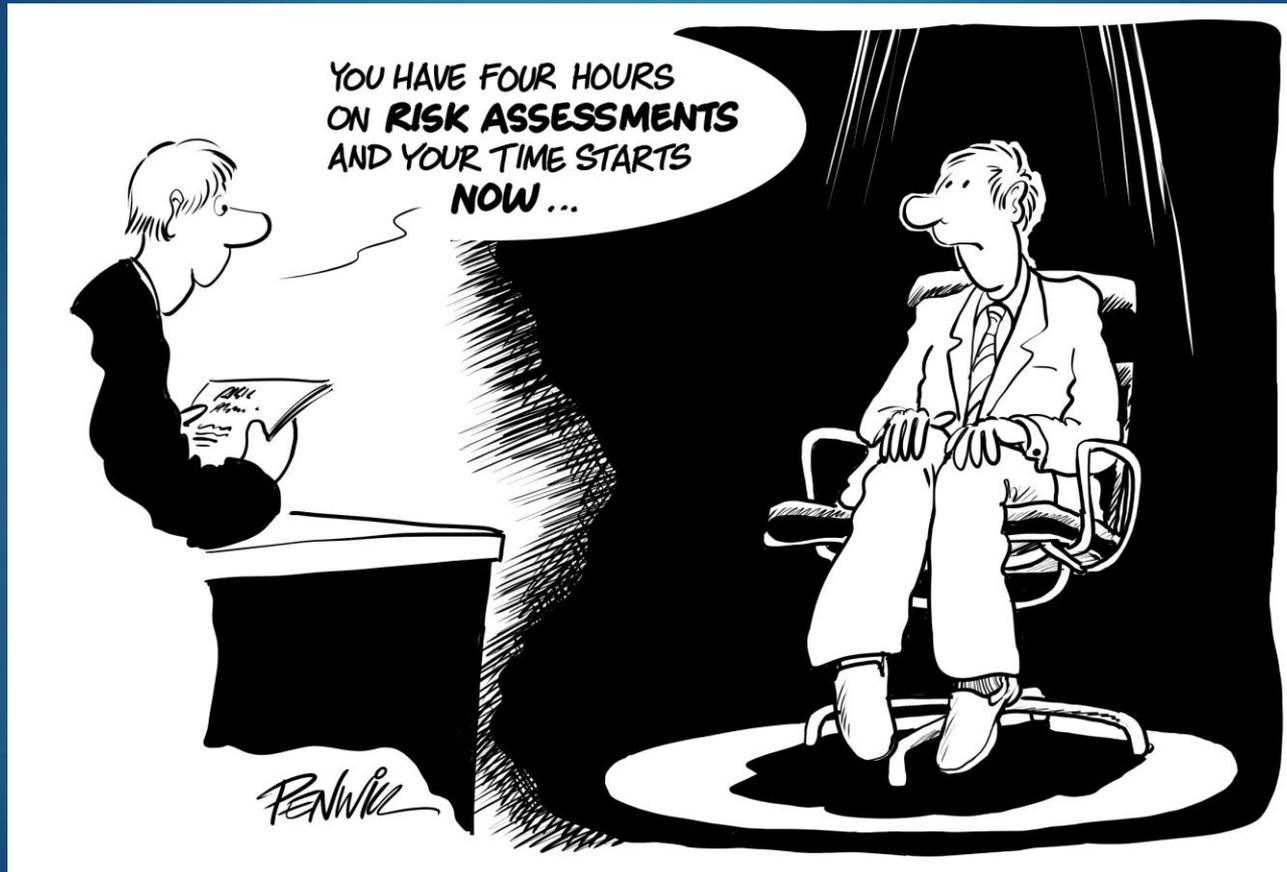
What to do????

- ▶ *'Knowing'* the individual, their unique history and the significance of their self-neglect complements the professional knowledge resources that practitioners bring to their work.
- ▶ Such understanding is achieved through ways of *'being'*: personal and professional qualities of respect, empathy, honesty, patience, reliability and care – the ability to *'be present'* alongside the person while trust is built.
- ▶ Finally, *'doing'* professional practice in a way that combines hands-on and hands-off approaches is important: seeking the tiny element of latitude for agreement, doing things - often practical things - that will make a small difference while negotiating for the bigger changes, and being clear about when enforced intervention becomes necessary.

Risk factors

- ▶ Advancing age (over 75);
- ▶ Mental health problems;
- ▶ Cognitive impairment;
- ▶ Dementia;
- ▶ Frontal lobe dysfunction;
- ▶ Depression;
- ▶ Chronic illness;
- ▶ Nutritional deficiency;
- ▶ Alcohol and substance misuse;
- ▶ Functional and social dependency;
- ▶ Social isolation;
- ▶ Delirium.

Incorporating Into Risk Assessment



Moving To Positive Outcomes From Previous Self Neglect -

Braye et al 2014- service Involvement was found to be more effective where it was-

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- ▶ Relationship based on trust and built over time.
 - ▶ Worked to find the whole person and understood their experiences and behaviour in the context of life history.
 - ▶ Took account of person's mental capacity to make care decisions.
 - ▶ Made use of flexible and creative options
 - ▶ Was honest and open about risks and options
 - ▶ Drew on effective multi agency working
 - ▶ Good data collection around self neglect
 - ▶ Time allocations that allow for longer term supportive involvement
 - ▶ Training and practice development around the ethical challenges, legal options and skills involved in working with adults who self neglect

Hoarding



“It will come in handy even if I never use it”



In Pairs-

One person think of an item they own which they would not want to dispose of, yet would have no value to anyone else.

Your partner tries to persuade you to dispose of it

Reflection-

Afterwards : consider how you were persuaded or not?

Were they interested in the items?

Did they show empathy?

How did you feel?

Where did you feel it?

Short Break



Hoarding

- ▶ DSM V – Persistent difficulty with discarding / parting of possessions – regardless of the value which others attribute to them.
- ▶ Strong urges to save items and distress associated with discarding them.
- ▶ Accumulation of items which are only de-cluttered by third party interventions.
- ▶ Symptoms cause clinically significant distress OR impairment in social, occupational and other areas of functioning including maintaining safety and wellbeing.
- ▶ Symptoms are not due to another medical condition such as head injury.

Potential Implications



- ▶ Risk of fire
- ▶ Accidents in the project
- ▶ Buried under items
- ▶ Access for emergency services
- ▶ Access for any professionals
- ▶ Offensive smell
- ▶ Stigma
- ▶ Contamination
- ▶ Poisoning
- ▶ Notice to Quit and homelessness

Clutter Rating Scale.

- ▶ <http://pasclevictor.com/wp-content/uploads/2014/12/BedroomsHoarding.jpg>

Clutter Image Rating: Bedroom

Please select the photo that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8

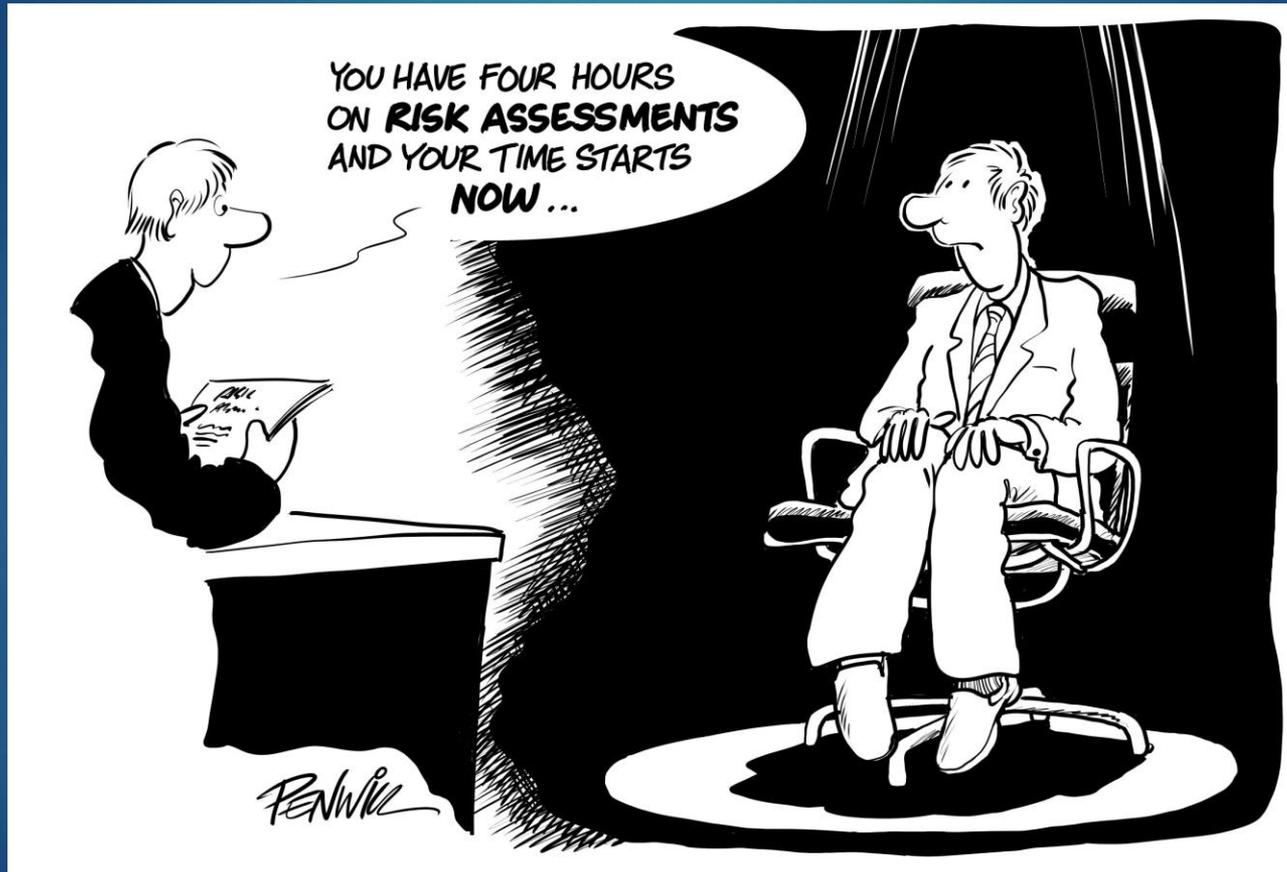


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Characteristics and associated disorders

- ▶ Isolation
- ▶ History of significant loss
- ▶ Self neglect
- ▶ Eccentricity
- ▶ PTSD
- ▶ OCD
- ▶ Dementia
- ▶ Depression
- ▶ Anxiety
- ▶ Cognitive impairment, difficulty in decision making.

Incorporating Into Risk Assessment



Westminster Protocol

- ▶ Importance of multi-agency working
- ▶ Information sharing with or without consent, consider reason, who with, accurate, up to date, timely, secure.
- ▶ Capacity Act
- ▶ Carers Assessment
- ▶ Risk assessment
- ▶ Respect for autonomy, but continuing to work alongside the person.
- ▶ Using least restrictive options.

Referrals

- ▶ Cases already known – 0207641175
- ▶ adultsocialcare@Westminster.gov.uk
- ▶ K.wilde@Westminster.gcsx.gov.uk

- ▶ Referrals not already known will have Adult social care as the lead agency if they have
 - ▶ Community care needs
 - ▶ Safeguarding
 - ▶ Self neglect
 - ▶ Lack mental capacity.

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- ▶ City west homes will be lead agency when:
 - ▶ There is a clear breach of tenancy conditions
 - ▶ If the adult is not known to any support agencies.
 - ▶ Resident is not considered vulnerable or to have mental health issues.

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- ▶ Relationship-based work of this kind requires a particular kind of organisational environment:
 - ▶ one in which practitioners are given the time to work at the individual's pace even if that means remaining on the "doorstep" with no tangible result for some time,
 - ▶ where strong inter-agency agreements about shared responsibility facilitate collaboration in the field,
 - ▶ and where workers benefit from training and supervision to support them with the personal impact of the work.

What support systems are in place.

- ▶ Supervision
- ▶ Mentorship
- ▶ Informal
- ▶ Reflective practice
- ▶ Personal resilience and coping strategies.

Key words – why are these important to both hoarding and self neglect?

Discussion

- ▶ Capacity – cognitive and functional-Also Mental Capacity Act
- ▶ Autonomy,
- ▶ Relationships,
- ▶ Vulnerability,
- ▶ Intentional v's non Intentional

The Three Most Important Things in Working with Self
Neglect and Hoarding

- ▶ Relationship
- ▶ Relationship
- ▶ Relationship

References

Brown F and Pain A (2014) Developing an approach to working with hoarding; space for social work. Practice: Social Work in Action.

Social Care Institute for Excellence 2015 Self -neglect policy and practice: Key research messages.

