



IOM Safeguarding Board

Working with Self Neglect
December 2022

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Self- Neglect?

What comes to mind?

Experiences and
perceptions?



The Good

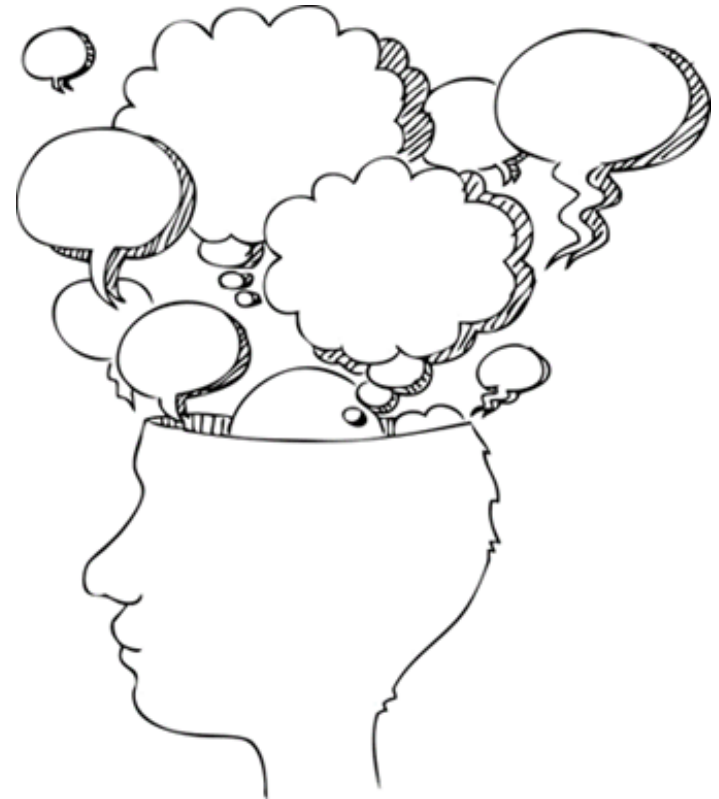


The Bad



....and the

ugly



Defining Self neglect

- *‘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’* [Gibbons 2006]
- *‘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]

Hoarding

- Collecting/retaining materials to point that impedes functioning – inanimate objects and animal hoarding
- Compulsive hoarding may be a response to fear/anxiety – a comfort blanket....but also can cause fear and anxiety. Often long term behaviour
- Listed in ICD-11 under Obsessive Compulsive Conditions but research indicates a distinct form
- Some characteristics: Excessive attachment to objects, indecisiveness; unrelenting standards; churning; 'rescuer'
- May have poor insight into hoarding....but very able to make decisions that are not related to hoarding
- Self-care: may be unkempt and dishevelled due to being unable to access facilities. Some people can retain self-care by accessing public facilities



Impact

- Physical Health e.g nutrition/hydration, pressure injuries, untreated conditions; infections; falls
- Mental Health – psychological wellbeing; depression; anxiety; deliberate self-harm
- Risk to life including fire; suicide; hypothermia; death by accident/misadventure; death from untreated conditions





...and risk to others

- Within the household – children; dependent others; animals
- Fire
- Environmental hazards e.g. Infestations; unsafe buildings

Some Indicators Self-neglect & Hoarding

Unsanitary Living
Conditions

Neglecting household
maintenance to unsafe
level

Social Isolation –
mistrust/avoidant/elusive

Missing
appointments/declining
care

Disguised engagement

Disregard/apathy/denial
over poor personal
hygiene

Disregard/avoidance of
health needs and
treatment

Physical manifestation –
lose of weight; skin
conditions; dental decay

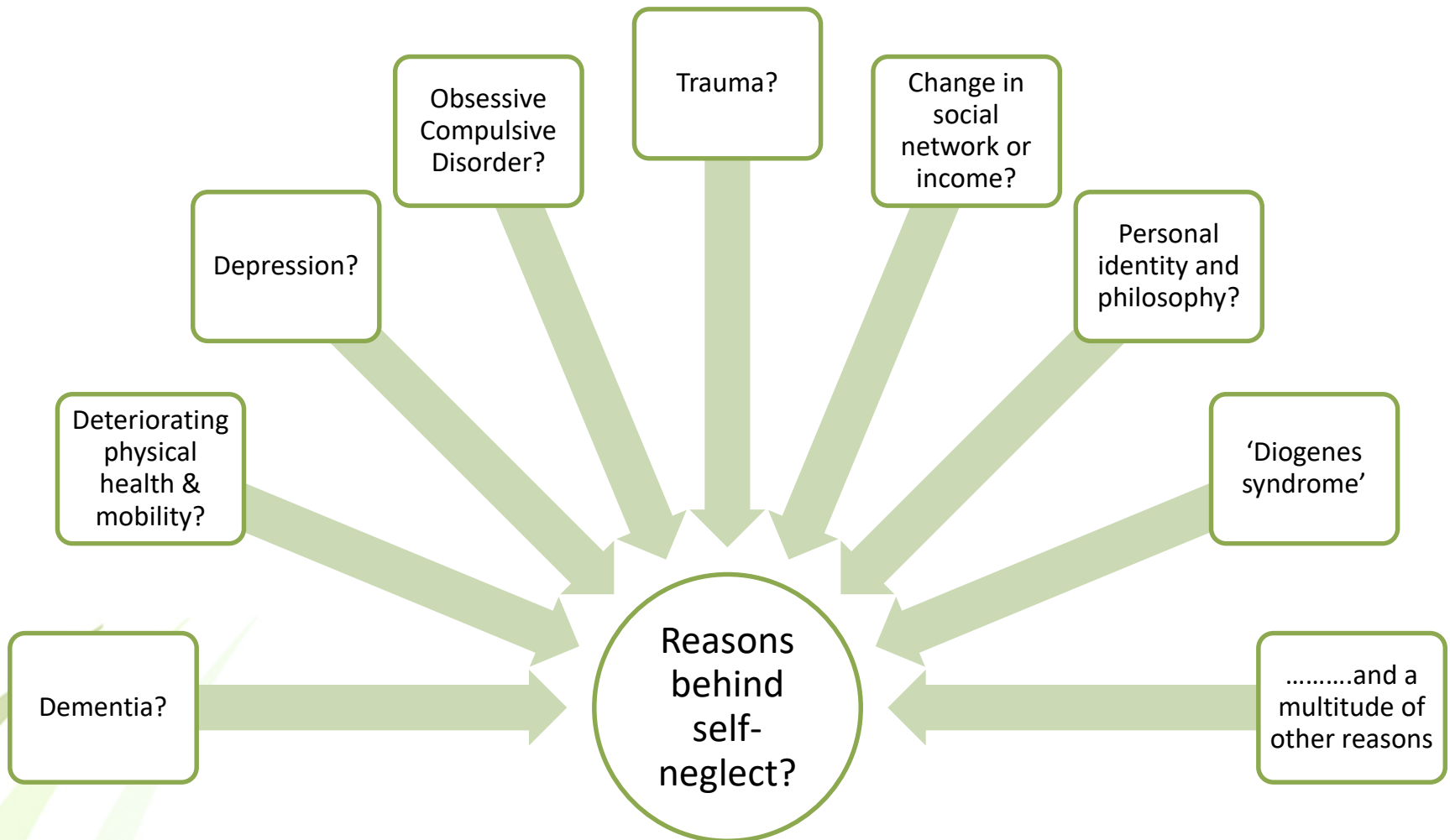
Obsessive
collection/retention of
objects/animals

Failure to manage
finances

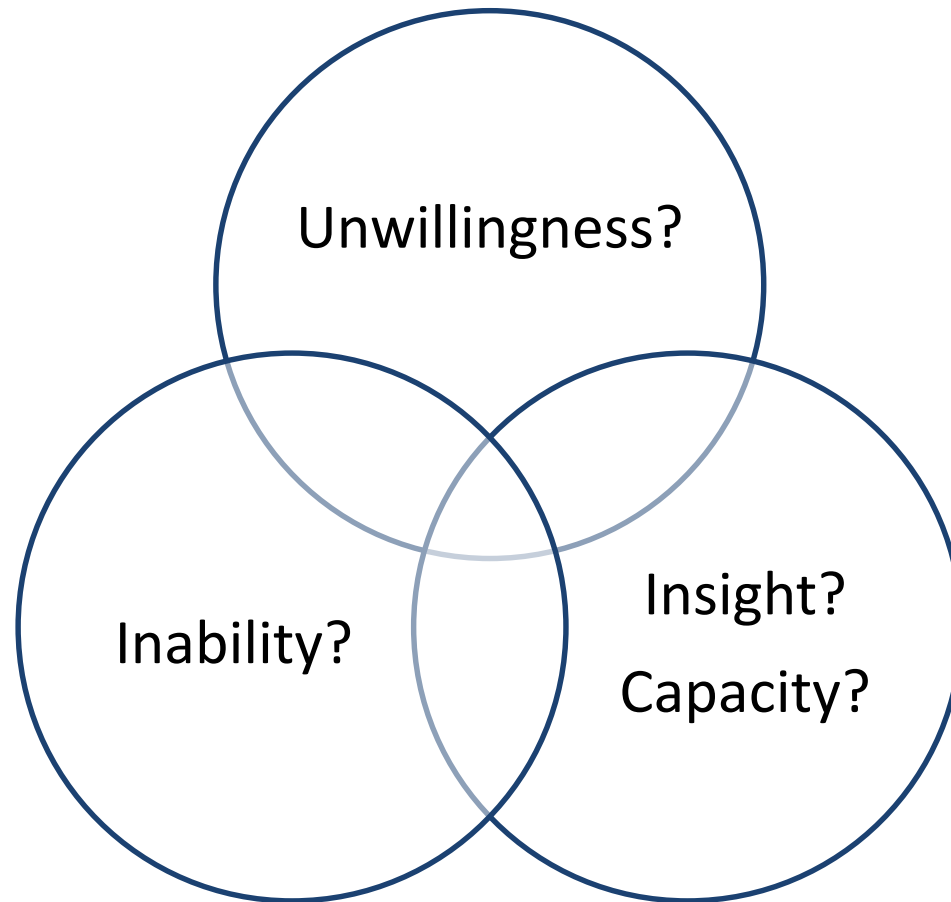
Lack of food or eating
food not fit for
consumption

Refusing
access/avoidance of
professionals/utilities
companies

Toward an Understanding



Questions



What Works?

Practice Factors Most Successful in Self Neglect

Time to build rapport and a relationship of trust, through persistence, patience and continuity of involvement

Trying to 'find' the whole person and to understand the meaning of their self-neglect in the context of their life history

Working at the individual's pace, but spotting moments of motivation that could facilitate change, even if the steps towards it were small

Understanding the nature of the individual's mental capacity in respect of self-care decisions

Being honest, open and transparent about risks and options

Having an in-depth understanding of legal mandates providing options for intervention

Creative and flexible interventions, including family members and community resources where appropriate

Effective multi-agency working to ensure inter-disciplinary and specialist perspectives, and coordination of work towards shared goals.

... and what aides best practice?

Organisational Factors to Support Practice in Self Neglect

A clear location for strategic responsibility for self-neglect, often the Local Safeguarding Adults Board (LSAB)

Data collection on self-neglect referrals, interventions and outcomes

Clear referral routes

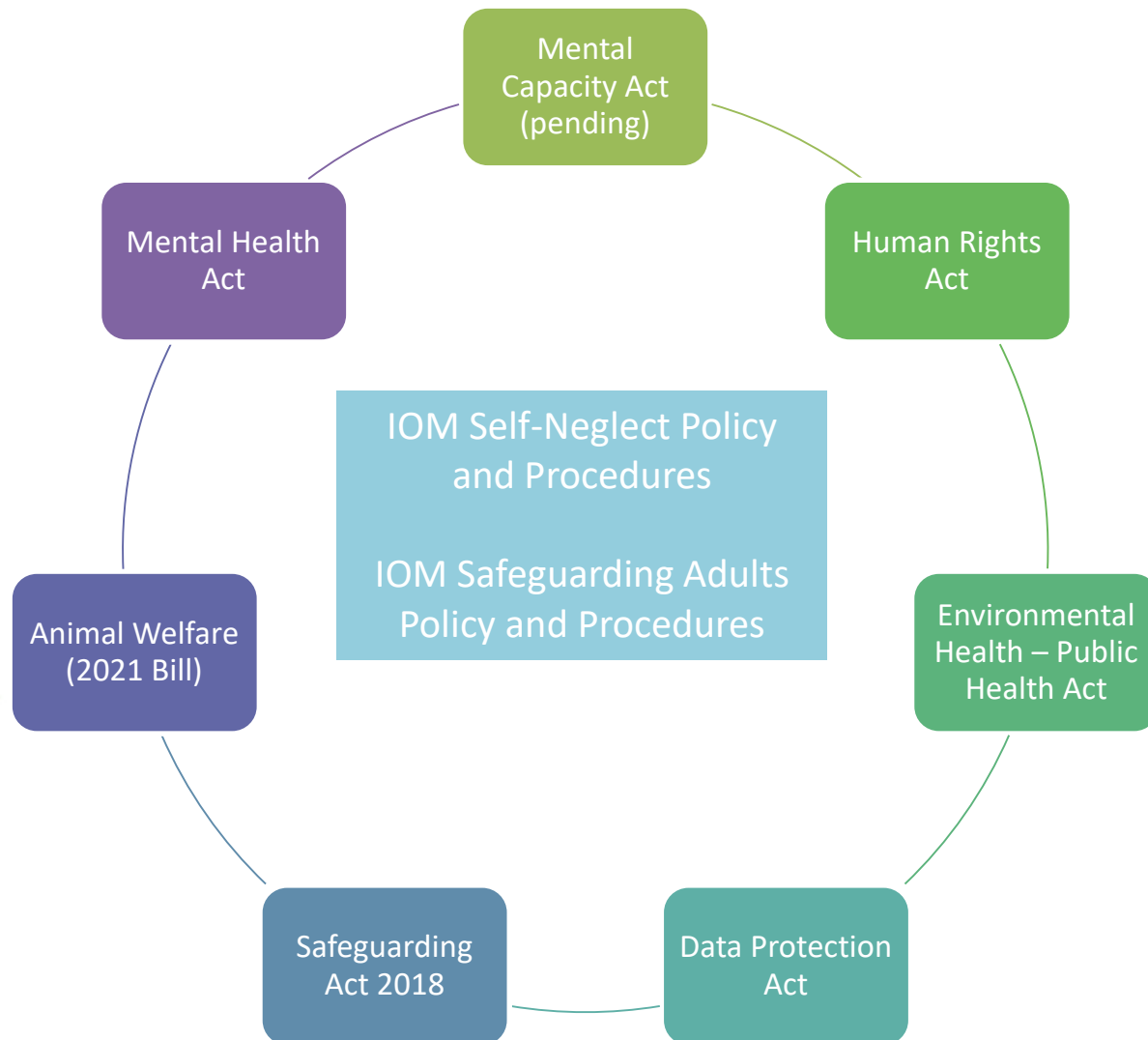
Systems in place to ensure coordination and shared risk management between agencies

Time allocations within workflow patterns that allow for longer-term supportive, relationship-based involvement

Training and practice development around the ethical challenges, legal options and skills involved in working with adults who self-neglect

Supervision systems that both challenge and support practitioners

Operate within the Legal and Policy Framework



Learn from a Thematic Serious Case Review

- Robin
 - Andrea
 - Emma
 - Thomas
 - James
 - Margaret
 - Harriet
-
-and those that went before and have come after



People known
to services

History/current
Self-neglect
known

Well known to
single/multiple
agencies

People lost
from sight

Not known to
any agency

Self neglect
Known in their
communities

'.....fell through the net of support that might have been available'
IOM Coroner

*‘This is a story about four people named Everybody,
Somebody, Anybody and Nobody.*

*There was an important job to be done and Everybody
was sure that Somebody would do it.*

Anybody could have done it, but Nobody did it.

*Somebody got angry about that, because it was
Everybody’s job.*

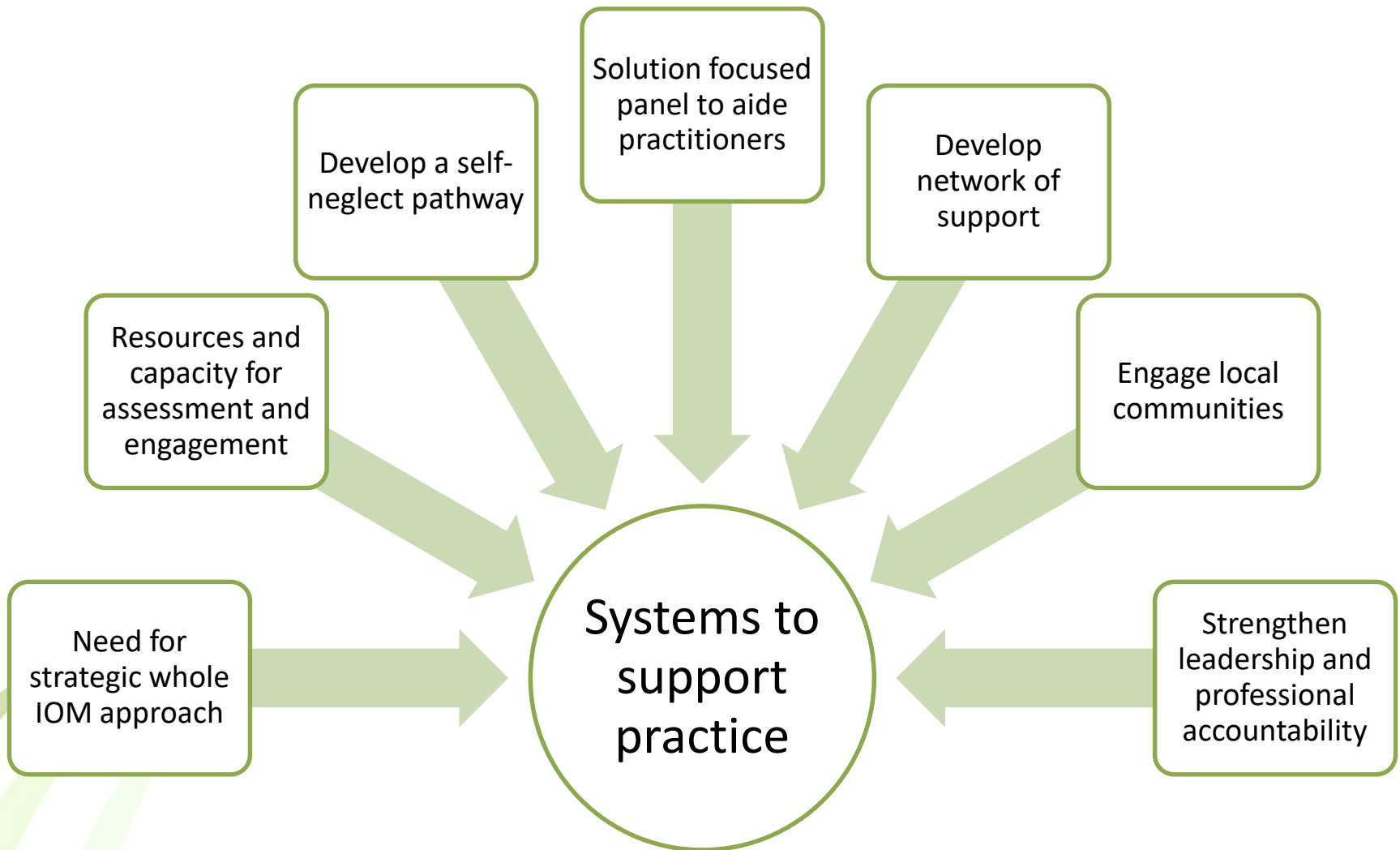
*Everybody thought Anybody could do it, but Nobody
realized that Everybody wouldn’t do it.*

*It ended up that Everybody blamed Somebody when
Nobody did what Anybody could have.’*

Themes from the Thematic Review

Building Relationships and Developing Understanding	<ul style="list-style-type: none">DesensitisationLost From SightIsolationNeed for consistent and purposeful relationshipsNeed for psychologically informed assessment and responsesCorrelation problematic substance/alcohol use and self-neglect
Working with Risk	<ul style="list-style-type: none">Absence of safeguarding minded practiceLack of application of Safeguarding Adult proceduresLack of application of Self-neglect guidanceAbsence of risks assessment and risk managementLimited evidence of legal literacy and formal capacity assessmentsDuty of care remains where someone is declining services
Working across agencies and communities	<ul style="list-style-type: none">Limited involvement of familyValue of informal networks – engaged communitiesLack of involvement of GP PracticesGaps in provision of Housing SupportLimited multi-agency workingMissed opportunities to bring together network of support

...and systems to support practice?



Group Discussion:



- What would you like to see?
- Consider some good practice principles when responding to self-neglect
- What should be some of the do's and don'ts?



Key Messages

Be alive to indicators of self-neglect

Lack of engagement does not equate with lack of risk – what is the likely trajectory if nothing changes?

Make a response

Demonstrate ‘Making Safeguarding Personal’ – respect persons rights to self-determination but remember MSP includes duty of care!

Consider capacity and the need for formal assessment

Remember – rights to make decisions other may deem unwise does not abdicate practitioners from taking all reasonable steps to mitigate risks

Key Messages

Demonstrate professional curiosity

Be respectful - don't use judgemental language

Seek advice from your services' safeguarding lead

Share concerns with Adult Services Access Team – they will assess what response is needed or if there is a safeguarding concern.

Multi-agency working should be the default position – engage with others at earliest stage; share information, coordinate responses, designate a 'lead'

Responses must be lawful, proportionate and least restrictive of rights and freedoms

Next Steps?

- Work underway with the IOM Safeguarding Board
- Development of a Self-Neglect Strategy and pathway for the IOM
- Watch this space!



References and Contacts

- Thematic Review
<https://www.safeguardingboard.im/learning-from-reviews/manx-learning/>
- IOMSA Information for professionals
<https://www.safeguardingboard.im/safeguarding-adults/information-for-professionals/>
- Integrated Manx Care Adult Safeguarding Team
01624 685969 during office hours or 01624 650000 out of office hours.
- ASTeam@gov.im



THANKS!