Safeguarding people who self neglect: research evidence on effective practice

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What is known about the range and scope of self-neglect work nationally?

What challenges are experienced by adult social care practitioners?

What goes wrong?
- Findings from serious case reviews

What goes right?
- Building an effective infrastructure
- Achieving positive outcomes
What do we mean by self-neglect?

“Self-neglect: this covers a wide range of behaviour - neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding” (DH 2014, p234)
The changing legal and policy context for self-neglect work

**No Secrets 2000**
- Self-neglect outside ‘vulnerable adult’ definition
- Abuse and neglect from a third party only
- Did not figure in eligibility criteria
- Rarely mentioned in SAB documentation
- No formalised interagency mechanisms
- Uncertainty about lead responsibility

**Care Act 2014**
- Broader concept of ‘adults in need of care and support’
- SAB statutory function: to help and protect adults with care & support needs experiencing or at risk of abuse and neglect
- Self-neglect listed (DH 2014) within the circumstances that constitute abuse and neglect
• Criteria fulfilled?
• Make enquiries

Underpinned by
• Wellbeing
• MCA 2005
• Advocacy?

s.42 duty

• Safeguarding planning?
• Fuller assessment?

Help and protect?
Bringing self-neglect in from the cold…

- Self-neglect
- SAB oversight of measures to help and protect

- Safeguarding
- Adult social care
- Multiagency process
The research

Scoping the concept of self-neglect 2011

SAB governance 2011

Addressing workforce development needs 2013

Review of serious case reviews 2014

Exploring self-neglect practice 2013-14
The 2014 research design

What policy/practice approaches are associated with perceived positive outcomes in self-neglect intervention?

- National survey (34.9% response)
  - Managers (20)
  - Practitioners (42)
  - Service users (29)
- In-depth interviews (10 authorities)

National Social Care Research Ethics approval: Reference 13/IEC08/0013
Range and scope of self-neglect work

The volume of self-neglect work is unknown

- Only 9% routinely collected data
- Estimates of the volume of cases varied widely
- Only 40% were confident in their estimate

Some guidance to staff is provided

- 66% provided guidance that had some relevance to self-neglect
- 17% provided guidance on self-neglect generally
- 19% provided guidance on hoarding specifically
- 23% provided training on self-neglect

A variety of pathways is used for responding

- Adult social care 87%; safeguarding 53%; MARAC 21%
Understanding the challenges: 1

Definitional complexity

Physical, mental, social factors & personal history

Complex interplay of inability and unwillingness

Complexities of definition & causation
Understanding the challenges:2

Extreme challenges in practice

Competing moral imperatives
Mental capacity
Engagement
Workflow patterns
Insecure knowledge & evidence base
Competing moral imperatives: challenges to professional values

- A duty of care, to secure dignity, even where mental capacity is present, is valued and in some cases prioritised over autonomy.
- Communities are also seen as having rights that counter-balance those of individuals.
Mental capacity affects perception of risk and intervention focus

- Respect autonomy to self-manage
- Respect autonomy; negotiate support to contain risk
- Best interests support to contain risk
- Best interests intervention to reduce risk

Self-care

Mental capacity

Self-neglect

Mental incapacity
• Mental capacity in the literature involves not only
  • weighing up information and being able to understand consequences of decisions and actions, but also
  • the ability to implement those actions

• Decisional and executive capacity

• “Articulate and demonstrate” models of assessment
Adult social care workflow patterns

- Care management orientation
- Time-limited progression through stages
  - No time for relationship-building
Provider workflow patterns

Caught in differing agency thresholds

“We’re looking at support hours being quadrupled. We’re putting in almost half a post to one client – we haven’t formally agreed, it wasn’t commissioned, but it had to happen to prevent him ending up on the street.”

Additional input needed but not commissioned

Short-term, independence orientation

“We do make referrals to adult social care if people have particular … but a lot of people don’t meet the criteria, so it tends to be over to us.”

“We need to be able to provide ongoing support for complex clients who don’t fit into the 2-year independence pathway.”
Understanding the challenges:

- Debated interface with adult safeguarding
- Integrated, parallel or absent interagency communications
- Nobody’s or somebody else’s business
Learning from SCRs

Practice and policy development

- Poor understanding of legal rules
- Capacity assessments insufficient
- Failures of support and challenge
- Unclear interface with safeguarding
- Guidance missing or incomplete
- Lack of coordination between agencies

Capacity assessments insufficient

Failures of support and challenge

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Understanding the challenges

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What helps achieve positive outcomes?

Operational/practice approaches informed by understanding the unique experience of each individual

Strategic and management input
Practitioners’ views 1

How it feels

- Self-neglect work feels lonely, helpless, risky & frustrating; practitioners feel exposed

Need for support

- Management support for a ‘slow-burn’ approach

Shared decision-making

- Places & spaces to discuss: panels/forums
Practitioners’ views 2

The value and importance of collaborative work

- Working together
- Multi-agency & professions
- Family & community networks
Practitioners’ views 3

Effective practice involves:

- **Sound knowledge base**
- **Qualities**
- **Motivational approaches**

**Recognition**
- Mental capacity
- Legal rules

**Effective practice involves**

**Hands-on/hands-off balance**

**Finding the latitude**

**Qualities**
- Persistence, patience, resilience, modesty of expectation, respectful curiosity, respect and honesty

**Start from that small measure of agreement**

**Valuing small steps; acknowledge what is being given up**

**Knowing which to use when**
# Creative interventions

<table>
<thead>
<tr>
<th>Theme</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Being there</td>
<td>Maintaining contact; monitoring risk/capacity, spotting motivation</td>
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<tr>
<td>Practical input</td>
<td>Household equipment, repairs, benefits, ‘life management’</td>
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<tr>
<td>Risk limitation</td>
<td>Safe drinking, fire safety, repairs</td>
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<td>Heath concerns</td>
<td>Doctors’ appointments, hospital admissions</td>
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<td>Care and support</td>
<td>Small beginnings to build trust</td>
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<td>Cleaning/clearing</td>
<td>Proportionate to risk, with agreement, ‘being with’, attention to what follows</td>
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<tr>
<td>Networks</td>
<td>Family/community, social connections, peer support</td>
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<td>Therapeutic input</td>
<td>Replacing what is relinquished; psychotherapy/mental health services</td>
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<td>Change of environment</td>
<td>Short term respite, a new start</td>
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<td>Enforced action</td>
<td>Setting boundaries on risk to self &amp; others</td>
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Knowing, Doing and Being

Respect, empathy, reliability, honesty and care; being present, keeping company, being human.

The person and their history Professional knowledge

Hands-off and hands-on balance, building consensus over small steps while negotiating larger ones, deciding when intervention is essential.
Managers' views

- Shared strategic ownership and understandings
  - Interagency governance

- Clarity on roles and responsibilities
  - Referral pathways
  - Data to inform decisions

- Turning strategy into operational reality
  - Workforce development
  - Workflow patterns
  - Mechanisms for organisational learning
Andrew is a 61 year-old retired teacher who lives alone in a maisonette owned by the local authority. He first came to the attention of adult social care services after an ambulance crew was called out because he was experiencing a loss of vision and had fallen. The ambulance crew were very concerned about both his physical state and his living environment, which they described as filthy, infested and cluttered, with documents and newspapers piled high, and hundreds of partly empty milk bottles covering every available surface. The toilet did not appear to function and both the fridge and cooker appeared to be broken. Andrew himself seemed malnourished, and there was little sign of food in the house, other than accumulated packets of ready meals well past their sell-by date. Andrew refused to go to the local hospital but did not explicitly object to a referral being made to social care. On leaving, the ambulance crew had encountered another local resident who complained about the smells emanating from the flat and raised concerns about insect and rodent infestation in the building.
A systems framework
Research reports

Journal articles


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