



**Social work intervention with adults who self-neglect in  
England: responding to the Care Act 2014**

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3 **Title: Social work intervention with adults who self-neglect in England: responding to**  
4 **the Care Act 2014**  
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7 **Abstract**  
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9 **Purpose** – The paper reports on findings from an evaluative research study which looked at a  
10 timed intervention model of practice comprising of up to 24 weeks of intensive meetings with  
11 adult service users set up by one local authority in England, to prevent and delay the need for  
12 care and support. A particular focus of this paper is adults who hoard.  
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18 **Design/methodology/approach** – The study employed a mixed-methods design, consisting  
19 of interviews with service users (n=13); social workers (n=3); social work managers (n=2);  
20 and stakeholders from external services and agencies (n=6). It included a costings analysis of  
21 staff time and an analysis of service users' goals and of 'satisfaction with life' self-report  
22 questionnaires (n=20), completed at pre- and post-intervention stages.  
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29 **Findings** – There was evidence that social workers used strengths, relationship-based and  
30 outcome-focused approaches in their work. The techniques used by social workers to  
31 engage, achieve change and assess effectiveness with service users varied. These included  
32 the use of photographs to enable the service user to map and assess their own progress over  
33 time, encouraging hoarders to declutter and reclaim their living space. The service users  
34 valued the time the social workers spent with them and the way that they were treated with  
35 sensitivity and respect.  
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45 **Research limitations/implications** – The study focused on one local authority in England;  
46 there was no comparison group. This, and the small sample size, means that statistical  
47 generalisations cannot be made and only limited conclusions can be drawn from the  
48 quantitative data.  
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3 **Originality/value** – The paper provides insights into the work undertaken by social workers  
4 with adults who hoard. It contributes to the body of knowledge on effective social work  
5 interventions with adults who hoard.  
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9 **Paper type** – Research paper

10 **Keywords:** self-neglect, adult safeguarding, abuse, neglect, social work interventions,  
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12 hoarders  
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### 18 **Introduction**

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20 Social work with adults who self-neglect through hoarding presents a number of challenges  
21 for individuals, practitioners, organisations and communities (Braye *et al.*, 2011; 2015;  
22 Brown and Pain, 2014). Yet research looking at the effectiveness of social work with adults  
23 in safeguarding, including interventions with adults who self-neglect through hoarding, is  
24 relatively scant (Moriarty and Manthorpe, 2016; Brown and Pain, 2014; Braye *et al.*, 2015).  
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26 In England, the Care Act 2014 has a focus on wellbeing, prevention and protection (DH,  
27 2016). For the first time it places adult safeguarding on a statutory footing, and also includes  
28 self-neglect in the categories of adult abuse (DH, 2016). This paper presents findings from a  
29 study of care and support provision in one local authority in England, including for adults  
30 who hoard. The study was commissioned by the local authority to examine an early  
31 intervention, preventative service set up by the authority for adults falling outside the national  
32 minimum eligibility threshold for care and support under the Care Act 2014 (DH, 2016). The  
33 research was undertaken in 2014-2015 and was the second evaluation conducted by the same  
34 team of researchers to follow the service's development and evolution. The paper adds to the  
35 body of knowledge on how the local authority met its legal obligations under the Care Act  
36 2014, particularly for adults who hoard. The full report is available online (Author XXX *et*  
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3 *al.*, 2015). The purpose of the overall research was to examine the model of practice and  
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5 intervention approach used by the social work team.  
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### 7 **Background: The legal context**

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9 The current legal context of adult safeguarding in England is outlined in the Care Act 2014  
10 and its accompanying Care and Support Statutory Guidance (DH, 2016). Safeguarding adult  
11 obligations are stipulated under sections 42-47 of the Care Act. Local authorities are  
12 obligated to prevent and delay the development of care and support needs under the Care Act  
13 2014. Section 43 of the Care Act 2014 requires local authorities to establish a Safeguarding  
14 Adults Board (SAB) and the SAB has a responsibility to help and protect adults at risk of or  
15 experiencing abuse and neglect. Self-neglect is included as a category of abuse and comes  
16 under the remit of safeguarding adults; hoarding is a sub-set of self-neglect.  
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29 At the heart of the Care Act 2014 is the wellbeing principle, which assumes that the  
30 individual is the best judge of their own wellbeing, of what is important to them and the  
31 outcomes they wish to achieve. The inclusion of self-neglect as a category of abuse brings  
32 England in line with Scotland and the USA (United States of America), although there are  
33 still significant differences in jurisdiction between England, Scotland and the USA (Daniel *et*  
34 *al.*, 2014; Day and Leahy-Warren, 2008). However, similar to UK laws, in the USA the  
35 Patient Protection and Affordable Care Act 2010 makes preventative work and wellness one  
36 of its key policy and legislative priorities (Cogan, 2011). The Elder Justice Act (EJA), passed  
37 as part of the Patient Protection and Affordable Care Act 2010, strengthened federal laws to  
38 prevent, protect and intervene in adult abuse and neglect cases. It also supports the Adult  
39 Protection Services which deal with the majority of self-neglect referrals in the USA (Carter-  
40 Anand *et al.*, 2013; Day and Leahy-Warren, 2008; Park *et al.*, 2010). In summary, reforms of  
41 adult social care law in England have cemented safeguarding law and brought statutory  
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3 support for adults who self-neglect in line with legal provisions for safeguarding adults in  
4 Scotland and the USA. The new legal duties under the Care Act 2014 offer the opportunity  
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6 for local authorities in England to re-evaluate their systems and models of adult social care  
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8 and support. The focus on prevention and early intervention in law, both in the UK and  
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10 internationally, is new and will require creative approaches to working with adults who self-  
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12 neglect.  
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### 18 **Locating self-neglect in the literature**

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20 There is not currently a single definition of 'self-neglect'. In England the Statutory Guidance  
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22 to the Care Act 2014 (DH 2016, 14.18) suggests self-neglect "*covers a wide range of*  
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24 *behaviour neglecting to care for one's personal hygiene, health or surroundings and includes*  
25  
26 *behaviour such as hoarding*". Drawing from Andersen et al (2008), Brown and Pain (2014,  
27  
28 p. 211) indicate that hoarding is a "*debilitating disorder characterised by the acquisition of*  
29  
30 *and failure to discard a large number of possessions that seem useless or of little value to*  
31  
32 *others*". The literature suggests hoarding has a significant impact on one's mental health and  
33  
34 wellbeing and it poses the risk of eviction (Brown and Pain 2014). According to Braye *et al.*  
35  
36 (2011a, p.v), models of self-neglect are entwined with a complex interplay between mental,  
37  
38 physical, social and environmental factors so that "*the inability to perform activities of daily*  
39  
40 *living, even though the need for them may be understood – is seen as significant, and when*  
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42 *this is accompanied by an inability to recognise unsafe living conditions, self-neglect may be*  
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44 *the result*". A cross-case analysis of 40 serious case reviews involving adults who self-  
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46 neglect in England identified a number of challenges for professionals and agencies engaged  
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48 in adult self-neglect, work which included engaging with service users, capacity assessments,  
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50 and information sharing between professionals and organisations (Braye *et al.*, (2015).  
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3 Focusing on social work practice in England with adults who hoard, Brown and Pain (2014,  
4 p.213) reported there are often “*no established protocols to guide practice*”.

7 A systematic review on self-neglect and safeguarding stresses the importance of building  
8 trust and relationships over time, supported by ongoing assessment, to enable intervention to  
9 be accepted (Braye *et al.*, 2011). Other literature on effective interventions with adults who  
10 hoard also emphasises engaging with and connecting people with community-based  
11 resources, managing risk in the community, ethical and legal literacy, as well as an  
12 understanding of the complex systemic context and processes inherent in self-neglect work  
13 (Braye *et al.*, 2011a; 2013; 2014; 2015; Brown and Pain 2014; Cermele *et al.*, 2001; Day *et*  
14 *al.*, 2012; Mariam *et al.*, 2015; May-Chahal and Antrobus, 2012; Preston-Shoot 2016).  
15 Cleaning interventions alone are found to be ineffective in the long term (Brown and Pain  
16 2014). The British Psychological Society (2015) points out that the forcible removal of a  
17 person who hoards, which usually follows wholesale house cleaning, is ineffective. They  
18 suggest:  
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- 33 • It is critical to remain non-judgemental and create a positive working alliance when  
34 dealing with people who hoard, often in the face of stuttering and slow progress.
- 35 • The most effective approach may be to work towards improving quality of life despite  
36 mental health difficulties, rather than symptom change.
- 37 • Effective interventions include individual CBT (Cognitive Behaviour Therapy),  
38 motivational work, and group and family interventions (British Psychological Society,  
39 2015, p.40).

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52 Brown and Pain (2014) report that collaborative work with other agencies, a commitment to  
53 supporting people and intensive work with adults who hoard are crucial in effecting change.

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56 Cermele and colleagues’ (2001) study from the USA underlines the need to ensure active  
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3 participation in decisions relating to the disposal of personal possessions. They report using  
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5 photography as a monitoring and reviewing tool to encourage service user participation in  
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7 decisions relating to the decluttering of possessions and using a camera to create a photo  
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9 album (at pre- and post-intervention) to support a service user to declutter. An earlier study  
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11 by O'Brien *et al.* (2000) reported *sensitivity and gentle persistence* as important in  
12  
13 professional engagement with people who self-neglect.  
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18 A small-scale qualitative study by Day *et al.* (2012) highlights the importance of using a  
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20 multidisciplinary and inter-agency approach when working with individuals who self-neglect.  
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22 This is consistent with earlier studies by Lauder *et al.* (2005) and Black and Osman (2005),  
23  
24 which emphasised the need for inter-agency and multi-agency collaboration between health,  
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26 social services, environmental health, housing and the police in the management of care for  
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28 people who self-neglect where there is a psychiatric diagnosis. Drawing from their cross-  
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30 case analysis of serious case reviews on adult self-neglect cases (Braye *et al.*, 2015) and a  
31  
32 systematic scoping review on the effectiveness of social work with adults on safeguarding  
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34 (Moriarty and Manthorpe, 2016), the authors reported that more research was needed on  
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36 effective interventions in safeguarding and on self-neglect.  
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### 43 **Key features of the Team's model of practice**

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45 The Team responsible for providing the intervention was set up in 2015 to work with adults  
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47 aged 18 and above. The service user group was diverse, although many people had autistic  
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49 spectrum disorders or an underlying or low-level mental illness. The main objective of the  
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51 Team was to provide preventative support to enable service users to maintain a level of  
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53 independence in the community. The model of practice was based on 12 intensive weekly  
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55 meetings with service users. This was extended to 20 weeks in some complex cases where  
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service users had multiple care and support needs. In a small minority of cases the intervention was open-ended, dependent upon need (see Table 1).

**Table 1: Timescale of intervention**

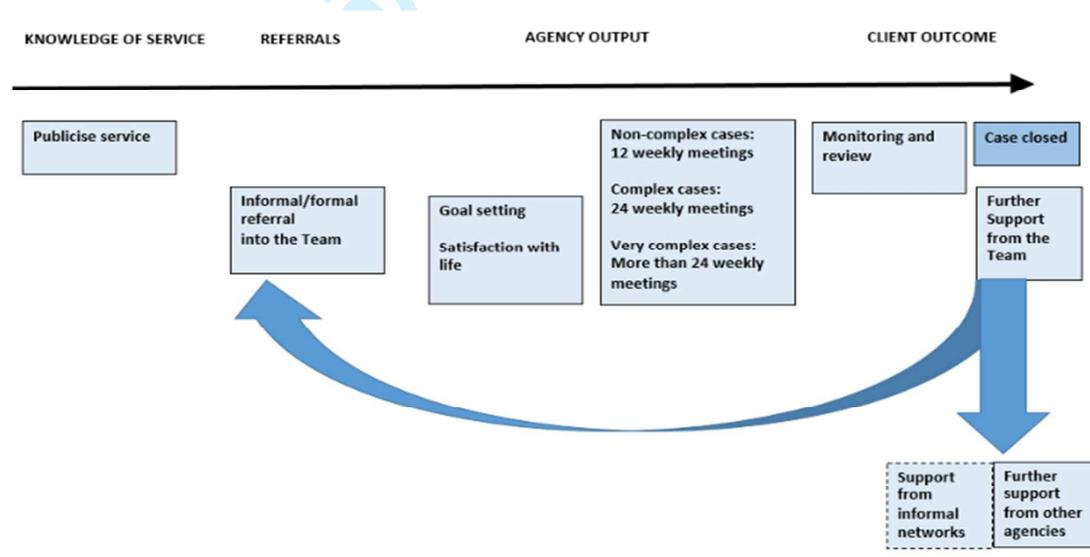
Tier 1	Tier 2	Tier 3
12 contact sessions over 16 weeks (70% of service users)	20 contact sessions over 24 weeks (20% of service users)	Interventions that last more than 24 weeks (10% of service users)

Referrals to the Team came from both informal and formal sources. They came from other social work teams when service users were deemed to be ineligible within the Care and Support (Eligibility Criteria) Regulations 2015, but still had some care and support needs following an adult or carer's assessment. Of the non-internal referrals, most came from families, neighbours, general practitioners (GPs) and other health professionals, the police and housing organisations. A smaller number were referred via the Fire Brigade, Ambulance Service, and a variety of community-based organisations.

A wellbeing plan, constructed with the service user at an early stage in the engagement, was used as an assessment tool to support individuals to highlight desired goals. The overall model of practice involved developing the relationship and building trust over time, while building on the service user's strengths and resilience. The social workers met most people in their own homes or wherever they felt comfortable, for example in a service user's garden, or in public premises such as cafes or the civic office. The social workers used different social work methods and approaches, including systems theory, a solution-focused approach,

motivational interviewing and task-centred approaches to inform their practice. Service users were also invited to complete a ‘satisfaction with life’ (Diener *et al.*, 1985) questionnaire at the start and end of involvement with the Team as part of the intervention. Once the goals had been achieved and the timed intervention came to an end, a period of monitoring and review was implemented. At that point, the case was either closed, referred to another agency (often voluntary) or further work was undertaken by the Team. At any point, cases could be referred back to the Team as demonstrated below (Figure 1.1).

**Figure 1.1: The social work intervention**



**Methodology**

The aim of the two-stage evaluation study commissioned by a local authority in England was to examine the development of a timed intervention model of intensive meetings with service users. The model of practice was set up by the local authority to provide early intervention and preventative services for adults falling outside of the national minimum eligibility threshold for care and support (DH, 2016).

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3 Ethical approval for the study was obtained from the University Research Ethics Committee.

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5 Written and verbal consents were obtained from all those who took part. Participants were  
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7 debriefed and appropriate helplines were provided. The evaluation involved a mixed-methods  
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9 design as outlined below.

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11 The study sought to address the following research questions:

- 12  
13 • How have Team members approached preventative work with service users?
- 14  
15 • a) What do they do? b) How do they practise?
- 16  
17 • What is the experience of the service users where this preventative approach has been  
18  
19 tried?
- 20  
21 • How does involvement with the social work team impact on the quality of life of  
22  
23 service users?
- 24  
25 • What impact has this preventative approach to the work had on social workers' shared  
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27 working with other agencies?
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35 The qualitative aspect of the study involved individual semi-structured interviews designed to  
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37 address aspects of the research questions. Interviews were conducted by the research team  
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39 with service users (n=13), social workers (n=3), social work managers (n=2), stakeholders  
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41 from external services and agencies (n= 6). The interviews were by telephone in all but one  
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43 instance, where the service user requested that the interview was done by post with the  
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45 service user completing a paper version of the interview schedules. All interviews were  
46  
47 recorded with the permission of the participant. No interview lasted more than an hour. All  
48  
49 interviews were transcribed and analysed using thematic analysis. The interview data were  
50  
51 scrutinised for recurring themes (Braun and Clarke, 2006) in relation to the research  
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53 questions, and issues identified from the literature review. The process involved identifying  
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55 both salient expressions and missing information. Coding and management of the data was  
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3 aided by the use of the software package NVivo 10. This helped the research team to sort  
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5 and refine the information and to draw out consensus as well as differing views. Two major  
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7 themes emerged: *The approaches used by the Team* and *The differences made to the service*  
8  
9 *users*. The themes are used as headings for the discussion of the findings, with particular  
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11 implications for hoarding.  
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16 Part of the quantitative aspect included an analysis of 20 questionnaires examining service  
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18 users' goals and their satisfaction with life (Diener *et al.*, 1985), which were administered  
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20 both pre- and post-intervention. Analysis of service users' (n=20) goals was undertaken  
21  
22 within eight given domains: health and wellbeing, housing, community, relationships,  
23  
24 financial, education and employment, identity and safety. Service users were asked to rate  
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26 their starting situation on these aspects of their lives on a 5-point scale, from 'very poor',  
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28 'poor', 'average', 'good' through to 'very good'. The service user was invited to rate their  
29  
30 post-intervention state in an identical way. The data were analysed using the Statistical  
31  
32 Package for the Social Sciences software (SPSS), to ascertain what changes had occurred for  
33  
34 each individual, and for the group as a whole. In addition, service users were asked to fill in  
35  
36 a 'satisfaction with life' questionnaire (Diener *et al.*, 1985). The questionnaire, which was  
37  
38 developed in the US in the 1980s, consists of five positive statements on the quality of life:  
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- 42  
43 • In most ways my life is close to my ideal
- 44  
45 • The conditions of my life are excellent
- 46  
47 • I am satisfied with my life
- 48  
49 • So far I have got the important things I want in life
- 50  
51 • If I could live my life over, I would change almost nothing

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53 Each statement is rated on a 7-point scale: from 1=strongly disagree to 7=strongly agree, with  
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55 4 equal to a neutral 'neither agree nor disagree' position. Thus an individual's score can  
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3 range from a total of 5 (strongly disagreeing with all five positive statements, and thus  
4 indicating extreme dissatisfaction) to a total of 35 (strongly agreeing with all five positive  
5 statements, and thus indicating the highest level of satisfaction). The local authority  
6 provided these 'before and after' ratings, and using the SPSS program, the changes over time  
7 were explored. No personal information was provided alongside the score, thus ensuring  
8 anonymity.  
9

### 10 11 12 13 14 15 16 17 18 **Costing analysis - Staff time and costs**

19 As part of the quantitative design the study also collected data on (n=3) social workers' use  
20 of time from a structured time diary of their work. Each social worker recorded their work  
21 with five service users over a period of four weeks. These diaries detailed the time spent on:  
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23

- 24 • Phone contact with service users or their support network
- 25 • Direct face-to-face contact with service users or their network
- 26 • Contact with other professionals regarding the individual case
- 27 • Administrative tasks related to the case
- 28 • Supervision related to the case
- 29 • Travel time related to the case

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There was also space for the social workers to record their reflections on time use in these  
key domains, including time spent in team meetings, training and safeguarding. Data derived  
from the time diaries were inputted into SPSS (v.22) to examine the overall distribution of  
staff time among the activities and to estimate the cost per case.

### 51 52 **Findings**

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The findings reported here focus on the approaches used by the social workers to engage with  
service users who hoard, and the difference made to the service users. Participants' names  
and sites have been changed and identifiable data removed to protect confidentiality.

*The approaches used by the social workers*

The social workers described what distinguishes their work from other adult social work teams lucidly:

*“...what is particularly distinctive is that we work with people more intensely, we are able to build relationships with people, which helps with supporting them to change.”*

*“...we help people not to lose their tenancies, there is quite a lot of joint work being done with our Housing colleagues, more around tenancy sustainment.”*

*“...we get people, they come to us and they are about to be evicted... we prevent them becoming homeless, we support them to come into the Housing Department, we will support with letters.”*

All social worker interviewees felt the model of practice offered greater autonomy to use core social work skills and values to work intensively with service users to prevent, reduce and delay the need for care and support. One social worker described the model of practice as an:

*“...opportunity to work with people on a weekly basis, helping them to make positive changes in their lives with our support... helping them to focus on their strengths.”*

In some cases it was a challenge to effect change with service users within the 12-24 weeks of intensive intervention meetings:

*“...we are working with some hoarding cases and they take longer... a hoarding case can be quite intense.”*

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5 The social worker interviewees viewed working within the structured time not as an  
6 insuperable task, but rather as a challenge which needed further thought and effective systems  
7 put in place to manage these within the organisation:  
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11 *“If you want the team to work with people up to 12 sessions over 16 weeks then we*  
12 *need to look at what the expectation of the team is... because we have become ‘the*  
13 *hoarding team”.*  
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21 A case example was provided by a social worker:

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23 *“One lady in particular when her mental health destabilised, after discussion, I sort of*  
24 *started to see her more regularly until she was stabilised again because she had made*  
25 *fantastic progress initially, that was somebody that self-neglected and hoarded”*  
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32 One social worker interviewee felt there was a need to have an honest and transparent  
33 discussion with other colleagues within the organisation about the threshold for referrals for  
34 people who hoard. Legal literacy emerged as important, as encapsulated in the following  
35 statement:  
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40 *“...they wanted to refer a lady who lacked capacity and had dementia into our team*  
41 *because she hoarded and I am like no, no! If people don’t have capacity that is*  
42 *different, you know, you are into best interests and all sorts of realms.”*  
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50 The Team worked with other community-based agencies as a measure to prevent, delay and  
51 minimise the need for care and support as set out under section 2 of the Care Act 2014. The  
52 social workers report they had regular monthly meetings with the other agencies and used  
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3 these meetings to share ideas on how to work together effectively. One social worker  
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5 described how the Care Act 2014 has affirmed their practice:  
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7 *“...now people that self-neglect and hoard come through under safeguarding... it is*  
8 *absolutely fantastic as far as I am concerned, because now we have a process to*  
9 *follow... we have multidisciplinary meetings so you arrange that as you would a*  
10 *Safeguarding Conference and you involve the professionals that need to be involved*  
11 *...quite often [the] Fire Brigade, it might be a Housing Officer, you know... so that is*  
12 *really good.”*  
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23 Another social worker provided an example of identifying potential risks and working with  
24 another agency to offer a preventative service:  
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27 *“...I mean one gentleman I am working with at the moment, he is a very high-risk*  
28 *hoarding person at the very high clutter rating... I have had to work in partnership*  
29 *with the Fire Brigade to try and minimise the risk to him and the other tenants that*  
30 *live above him.”*  
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39 Joint working was valued as a way of reducing duplication of work but also as a way of  
40 providing a more holistic approach, drawing on several areas of expertise. One stakeholder  
41 expressed the benefits for service users of a joined-up approach to the work:  
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44 *“For me that has been something I have really relished, going back into working*  
45 *more closely with social workers because I think that really assists the work...we have*  
46 *that joined up thinking, like joined commitment.”*  
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54 The mechanisms used by the social workers to assess the effectiveness of their work with  
55 service users varied. They included the use of photographs to enable service users to map  
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3 and assess their own progress over time, encouraging those who hoard to declutter and  
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5 reclaim their living space; informal phone conversations; and formal six-month or end-of-  
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7 work reviews.  
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11 One social worker described using photos as a motivational tool to encourage service users to  
12  
13 evaluate their own progress:  
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16 *“Okay, let’s look back over your photos and see where you were when we first met’*  
17  
18 *...there is nothing more powerful than seeing the actual image of what your home*  
19  
20 *used to look like and then what it looks like maybe, you know, several months down*  
21  
22 *the line.”*  
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27 *The difference made to the service users*  
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30 A service user participant reported that the realistic setting of goals with the social worker  
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32 meant that she was able to feel successful and consequently managed to undertake bigger  
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34 tasks:  
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36  
37 *“She [Social worker] said ‘well, how about we just agree a task for you to do between*  
38  
39 *now and when I come back next week?’ and it was just a small task ... I did because I*  
40  
41 *could do it any time that week, when I had the time. There wasn’t the stress and the*  
42  
43 *pressure to get everything done, so to know that I could do this task any time that*  
44  
45 *week was just brilliant.”*  
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48  
49 The service user felt that by taking photos before and after the task had been completed it was  
50  
51 clear to see the headway that had been made:  
52

53  
54 *“We took pictures from the beginning to the end so that I [service user] could look*  
55  
56 *back and see how far I had gone if I started to slip back, every week we would take*  
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3 *the pictures of all the rooms ... it was brilliant because it gave me the incentive ... it*  
4 *helped because we had the pictures to look at, so if I started to get a bit downhearted*  
5 *as you do, you think 'oh, this isn't going to work , you know, here we go back again, I*  
6 *am never going to do it', then all I have got to do is look at the picture!"*  
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14 Interestingly, the service user continued to use the goal-setting principles and self-  
15 determination even after the intervention had finished and gained much satisfaction from  
16 seeing an improvement in her home conditions.  
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20 The social workers were clearly able to build trusting relationships with their service users,  
21 enabling them to talk more generally about their lives and enjoy the company of someone  
22 who expressed an interest in supporting them. As one service user expressed:  
23  
24  
25  
26

27 *"He did things for me, like talked to me, because I didn't really have anybody to talk*  
28 *to about my problems and that so he spoke to me and sometimes it was just nice to*  
29 *have somebody to talk to".*  
30  
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### 36 *Outcomes*

37  
38 The quantitative data relating to the analysis of service users' 'goals' also evidenced some  
39 improvements in outcomes for service users. There was detailed information on 20 service  
40 users who had finished receiving intervention from the team. These 20 adults had had a total  
41 of 57 'goals' between them, across eight different 'domains' or aspects of their lives. These  
42 eight domains were: health/wellbeing, housing, financial, education/employment,  
43 community, relationships, safety and identity. The team supported the service users to  
44 highlight goals which they wished to achieve as part of the intervention.  
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While five service users had only one goal identified, six people had four or more goals set – the maximum being seven. The service users were asked to rate their position on these domains both at the start of the intervention by the Team, and at the end of the intervention.

The 20 service users rated the various aspects of their lives on the scale below:

Very poor=1 Poor=2 Average=3 Good=4 Very Good=5

Their ratings, both at the start and end of the intervention, are shown in Table 2.

**Table 2: Ratings before and after the period of intervention (across 57 goals in 8 domains)**

Aspects rated as:	Number of rating, and as a percentage of total of 57 PRIOR to intervention	Number of rating, and as a percentage of total of 57 POST intervention
Very poor	14 (25%)	1 (2%)
Poor	22 (39%)	6 (11%)
Average	18 (32%)	19 (33%)
Good	2 (3%)	20 (35%)
Very good	1 (2%)	11 (19%)
All rating	57 (100%)	57 (100%)

Two examples are presented on health/wellbeing and housing. Most (nine of the 13 service users) rated their health and wellbeing as very poor or poor prior to the intervention; over three-quarters (10 of the 13) rated it as ‘good’ or ‘very good’ by the end of the intervention.

The relevant cells are highlighted in the tables.

**Table 3: Health and Wellbeing: Ratings before and after the intervention**

	Number of people rating HEALTH AND WELLBEING, with % of total PRIOR to intervention	Number of people rating HEALTH AND WELLBEING, with % of total POST service intervention
Very poor	5 (38%)	0
Poor	4 (31%)	0
Average	3 (23%)	3 (23%)
Good	0	8 (62%)
Very good	1 (8%)	2 (15%)
Total	13 (100%)	13 (100%)

The promotion of wellbeing is, of course, a core principle underpinning the Care Act, where local authorities in England are required under section 1 to promote individual wellbeing. It was evident that a number of service users were ‘feeling better’ about their lives and reporting increased levels of wellbeing (Table 3). With housing, a similar picture emerges (Table 4). While most (nine of the 12) rated their housing position as very poor or poor prior to the intervention, half the respondents (six people) rated it as ‘average’ by the end of the intervention, with a further third (four people) rating it higher as either ‘good’ or ‘very good’ by that time. Similarly, in the context of the Care Act wellbeing checklist section 1 (2), it was not surprising that our data suggested a link between an increase in wellbeing and an improvement in housing through decluttering and prevention of eviction.

**Table 4: Housing: Ratings before and after the intervention**

	Number of people rating HOUSING,	Number of people rating HOUSING,
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	PRIOR to intervention	POST service intervention
Very Poor	5 (42%)	1 (8%)
Poor	4 (33%)	1 (8%)
Average	3 (25%)	6 (50%)
Good	0	1 (8%)
Very good	0	3 (25%)
Total	13 (100%)	13 (100%)

Although it is not possible to attribute this increase directly as resulting from the Team's work, this preliminary set of ratings indicate progress was made.

#### *Costing analysis - Staff time and cost*

A key challenge faced by adult social care is funding (Local Government Association, 2016). The social workers were each asked to monitor their work with five service users on their case load over a period of 4 weeks. They were asked to keep a time diary, noting the time spent on various tasks relating to each of their five service users. The findings indicated nearly half of the social workers' time spent was in direct contact with service users, including a very small proportion of phone, rather than face-to-face, contact. A not-inconsiderable proportion (nearly a fifth) of 'direct work with service users' time was spent travelling to meet the service user, or other involved professionals. Related administration accounts for another fifth. Based on total minutes spent on a case over the four week period, there are three case types: 'low' intensity involving less than a day (up to 400 minutes) of time; 'medium' intensity involving up to two days of time; and 'high' intensity cases involving more than two days (over 750 minutes) of time. Costs were estimated for each case, based on the information recorded in the time diaries. The study

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3 was able to present initial estimations of the per-case cost based on salary costs, for the  
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5 time spent by team members and other professionals. Salary costs ranged from £108 for a  
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7 case which involved 230 minutes of time for the team member, to £548 for a case which  
8  
9 involved 1,080 minutes of time for the team member, and a total of 100 minutes of  
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11 advocacy work.  
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### 13 14 15 16 **Discussion**

17  
18 Current legislation in the UK and internationally provides for the protection of adults from  
19  
20 abuse and neglect and a shift in practice from responding to crisis work to early intervention  
21  
22 and preventative work. The study evidenced preventative, outcome-focused, strengths and  
23  
24 relationship-based work that was undertaken by the Team. It was apparent that the Team  
25  
26 used a variety of approaches to support service users who hoard. These allowed the  
27  
28 opportunity to build relationships and trust over time as well as work with other agencies.  
29  
30 As found in previous studies (Cermele *et al.*, 2001), the mechanisms used by the social  
31  
32 workers to assess the effectiveness of their engagement with service users varied and  
33  
34 included both formal review processes (six-month or end-of-work reviews) and informal  
35  
36 processes (the use of photographs and encouragement) to assist individuals to declutter. In  
37  
38 line with previous research (Braye *et al.*, 2014; Brown and Pain 2014), the findings suggest  
39  
40 the social workers maintained engagement with service users within the 24 weeks model and  
41  
42 were supported by the organisation to do so.  
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50 What was different was the timed-intervention approaches used by the social workers to  
51  
52 effect strength-based, relationship building and outcome-focused individualised work with  
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54 individuals who hoard. The evidence from the evaluation indicated that overall several  
55  
56 service users had benefited from the approaches used by the Team. The data suggest that  
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3 external agencies valued the joined-up approach used by the Team. Consistent with previous  
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5 research (Day *et al.*, 2012), participants valued the time the social workers spent with them  
6  
7 and the way that they were treated with sensitivity and respect. The costing analysis  
8  
9 identified how time was spent. The range of costs associated with this use of time offers a  
10  
11 very simple baseline for other local authorities to adopt and build on.  
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18 The design of the study, whilst not allowing any generalisation of the findings to be made due  
19  
20 to sample size, a lack of control group, and a sole reliance on self-reported quantitative  
21  
22 measures, is still congruent with existing research on effective interventions with adults who  
23  
24 self-neglect through hoarding (e.g. Black and Osman, 2005; Braye *et al.*, 2011; 2011a, 2014;  
25  
26 2015; Brown and Pain 2014; Cermele *et al.*, 2001; Day *et al.*, 2012; Lauder *et al.*, 2005)  
27  
28 and provides an early indication of a successful way of working. Brown and Pain (2014,  
29  
30 p.214) note “*there are many difficulties in coordinating a tailored and personalised response*  
31  
32 *amongst multiple agencies*” when responding to the needs of adults who hoard. The  
33  
34 evidence here suggests that developing a specialist team (Cambridge and Parks, 2006; Brown  
35  
36 and Pain 2014) created opportunities to work more intensely with service users and other  
37  
38 external agencies, and thus allowed the social workers to develop relationships and build trust  
39  
40 over time with the people they supported. The wellbeing principle under the Care Act, which  
41  
42 assumes that the individual is the best judge of their own wellbeing, of what is important to  
43  
44 them, including the outcomes they wish to achieve, presents challenges for social work  
45  
46 engagement with adults who hoard, particularly with adults with capacity. The focus in law  
47  
48 on prevention and early intervention in adult self-neglect is new both in the UK and  
49  
50 internationally. Future research should employ a large sample and administer standardised  
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52 questionnaires independently, rather than relying on existing data provided by the local  
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3 authority. In addition an evaluation of the sustainability of any changes post-intervention  
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5 would be invaluable.  
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## 10 **References**

- 11 Andersen, E., Raffin-Bouchal, S., and Marcy-Edwards, D. (2008), "Reasons to Accumulate  
12 Excess: Older Adults Who Hoard Possessions," *Home Health Care Services*  
13 *Quarterly* Vol. 27, No. 3, pp. 187–216.10.1080/01621420802319993  
14  
15  
16  
17  
18 Author XXX *et al.*, (2015)  
19  
20  
21 Black, K., and Osman, H. (2005), "Concerned about client decision-making capacity?  
22 Considerations for practice", *Care Management Journals*, Vol. 6, No. 2, pp. 50–55.  
23  
24  
25 Braye, S., Orr, D., and Preston-Shoot, M. (2011), "Conceptualising and responding to self-  
26 neglect: the challenges for adult safeguarding", *The Journal of Adult Protection*, Vol.  
27 13, No. 4, pp. 182–193. Doi.org/10.1108/14668201111177905  
28  
29  
30  
31  
32 Braye, S., Orr, D. and Preston-Shoot, M. (2011a), *Self-Neglect and Adult Safeguarding:*  
33 *Findings from Research*, London, Social Care Institute for Excellence  
34  
35  
36 Braye, S., Orr, D. and Preston-Shoot, M. (2013), *A scoping study of workforce development*  
37 *for self-neglect work*, London, Skills for Care  
38  
39  
40  
41 Braye, S., Orr, D. and Preston-Shoot, M. (2014), *Self-Neglect Policy and Practice: Building*  
42 *an Evidence Base for Adult Social Care*, London, Social Care Institute for Excellence  
43  
44  
45 Braye, S., Orr, D., and Preston-Shoot, M. (2015). "Learning lessons about self-neglect? An  
46 analysis of serious case reviews", *The Journal of Adult Protection*, Vol. 17, No. 1, pp.  
47 3–18. Doi.org/10.1108/JAP-05-2014-0014  
48  
49  
50  
51  
52 Braun, V., and Clarke, V. (2006). "Using thematic analysis in psychology. *Qualitative*  
53 *Research in Psychology*, Vol. 3, No. 2, pp. 77-101. ISSN 1478-0887  
54  
55  
56  
57 British Psychological Society (2015), *A Psychological Perspective on Hoarding DCP Good*  
58  
59  
60

- 1  
2  
3 *Practice Guidelines*, London, The British Psychological Society
- 4  
5 Brown, F., and Pain, A. (2014). "Developing an Approach to Working with Hoarding: Space  
6  
7 for Social Work", *Practice*, Vol. 26, No. 4, pp. 211-224, DOI:  
8  
9 10.1080/09503153.2014.934799
- 10  
11 Cambridge, P., and Parks, T. (2006), "The Tension between Mainstream Competence and  
12  
13 Specialization in Adult Protection: An Evaluation of the Role of the Adult Protection  
14  
15 Co-ordinator", *British Journal of Social Work*, Vol. 36, No. 2, pp. 299-321.  
16  
17 Doi:10.1093/bjsw/bch245
- 18  
19  
20 Carter-Anand, J., Begley, E., O'Brien, M., Taylor, B., and Killick, C. (2013)  
21  
22 "Conceptualising elder abuse across local and global contexts: implications for policy  
23  
24 and professional practice on the island of Ireland", *The Journal of Adult Protection*,  
25  
26 Vol. 15, No. 6, pp. 280– 289. [Doi.org/10.1108/JAP-03-2013-0011](https://doi.org/10.1108/JAP-03-2013-0011)
- 27  
28  
29 Cermele, J.A., Melendez-Pallitto, L., and Pandina, G., J. (2001), "Intervention in compulsive  
30  
31 hoarding. A case study", *Behavior Modification*, Vol. 25, No. 2, pp. 214–232.
- 32  
33  
34 Cogan, J., A. (2011). *The Affordable Care Act's Preventative Services Mandate: Breaking*  
35  
36 *Down the Barriers to Nationwide Access to Preventative Services*, available at  
37  
38 <http://ssrn.com/abstract=1991344> (accessed 12<sup>th</sup> August 2015)
- 39  
40  
41 Daniel, B., Cross, B., Sherwood-Johnson, F. and Paton, D. (2014), "Risk and Decision  
42  
43 Making in Adult Support and Protection Practice: User Views from Participant  
44  
45 Research", *British Journal of Social Work*, Vol. 44, No. 5, pp. 1233-1250.  
46  
47 Doi:10.1093/bjsw/bct032
- 48  
49  
50 Day, M.R., and Leahy-Warren, P. (2008), "Self-neglect 1: recognising features and risk  
51  
52 factors", *Nursing Times*, Vol. 104 pp No. 24, pp. 26–27
- 53  
54  
55 Day, M., R., McCarthy, G., and Leahy-Warren, P. (2012), "Professional Social Workers'  
56  
57  
58  
59  
60

- 1  
2  
3 Views on Self-Neglect: An Exploratory Study”, *British Journal of Social Work*, Vol.  
4  
5 42, No. 44, pp. 725–743. Doi:10.1093/bjsw/bcr082  
6  
7 Department of Health (DH) (2016), *Care & Support Statutory Guidance. Issued under the*  
8  
9 *Care Act 2014*, available at: [https://www.gov.uk/government/publications/care-act-](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)  
10  
11 [statutory-guidance/care-and-support-statutory-guidance](https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance) (accessed 29th Oct 2016)  
12  
13  
14 Diener, E., Emmons, R., Larsen, J., and Griffin, S. (1985), “The Satisfaction with Life  
15  
16 Scale”, *Journal of Personality Assessment*, Vol. 49, No. 1, pp. 71-75  
17  
18  
19 Lauder, W., Anderson, I. and Barclay, A. (2005), ‘A framework for good practice in  
20  
21 interagency interventions with cases of self-neglect’, *Journal of Psychiatric and*  
22  
23 *Mental Health Nursing*, Vol. 12, No. 2, pp. 192–198  
24  
25  
26 Local Government Association (2016), *Adult social care funding: 2016 state of the nation*  
27  
28 *report*, London, Local Government Association  
29  
30  
31 Mariam, L., M., McClure, R., Robinson, J., B., and Yang, J., A. (2015), “Eliciting Change in  
32  
33 At-Risk Elders (ECARE): Evaluation of an Elder Abuse Intervention Program”,  
34  
35 *Journal of Elder Abuse & Neglect*, Vol. 27, No. 1, pp. 19-33  
36  
37  
38 May-Chahal, C., and Antrobus, R. (2012), “Engaging Community Support in Safeguarding  
39  
40 Adults from Self-Neglect”, *British Journal of Social Work* Vol. 42, No. 8, pp.1478-  
41  
42 1494. Doi:10.1093/bjsw/bcr158  
43  
44  
45 Moriarty, J., and Manthorpe, J. (2016), *The effectiveness of social work with adults: A*  
46  
47 *systematic scoping review*, London, King’s College London, Social Care Workforce  
48  
49 Research Unit  
50  
51  
52 O’Brien, J., Thibault, J., Turner, L.C. and Laird-Fick, H.S. (2000), “Self-neglect: an  
53  
54 overview”, *Journal of Elder Abuse & Neglect*, Vol. 11, No. 2, pp. 1–19.  
55  
56  
57 Park, K., Johnson, K., Flasch, S. and Bogie, A (2010), Structuring Decisions in Adult  
58  
59 Protective Services, *Focus*, Madison, National Council on Crime and Delinquency  
60

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3  
4  
5  
6  
7  
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48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

Preston-Shoot, M. (2016), "Towards explanations for the findings of serious case reviews: understanding what happens in self-neglect work", *The Journal of Adult Protection*, Vol. 18, No. 3, pp. 131 – 148. [Doi.org/10.1108/JAP-10-2015-0030](https://doi.org/10.1108/JAP-10-2015-0030)

