

Self-Neglect Briefing

What is self-neglect?

Self-neglect covers many behaviours. A person may not be keeping themselves clean, neglecting to care for their own health or their surroundings, may refuse care or treatment for health and care needs, or could be hoarding various types of possessions to the point of being a risk. Someone may be unable to manage their personal affairs, for instance debt and bills.

Self Neglect can be a result of:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- Substance misuse
- traumatic histories and life changing events
- Diminished social networks
- Deteriorating health and ability in older age

Why it matters:

Without early intervention, existing health problems may be made worse. Neglect of personal hygiene may mean that the person suffers social difficulties and isolation, physical and mental health breakdown. Dilapidated property or excess rubbish (Hoarding) can become infested and can be a fire risk, which is a risk to the adult, family, neighbours and others .

Effective Multi-Agency Working:

Self-neglect and hoarding can be a complex and challenging area for practitioners and it has become increasingly evident that a short-term case management approach is unlikely to be successful. It is imperative that all agencies work with the adult and each other to try and prevent individuals who self-neglect from getting to a point where it is deemed that safeguarding processes or a type of enforcement action is needing to be implemented to protect them. Even when safeguarding processes are initiated to protect the adult; the aim of these are to reduce the risk to the adult to the extent that safeguarding measures are no longer required.

Intervention:

The starting point for all intervention should be to encourage the individual to do things for themselves. Where this fails in the first instance this approach should be revisited regularly throughout the period of the intervention. The response of the individual to this approach should be recorded. There must be a clear interface with adult safeguarding procedures and all action taken in respect of cases of self-neglect. In making referrals to Adult Social Care or when following up concerns practitioners should gather sufficient information to inform an assessment of need. Adult Social Care will screen all safeguarding concerns to determine if it is appropriate to escalate to an initial enquiry. More complex issues would require further coordination through a strategy meeting (S42 enquiries). It is essential that agencies work collaboratively to support individuals at risk of self-neglect and it is the responsibility of all practitioners involved with the adult to conduct and record a risk assessment.

When an adult at risk refuses to engage and appears to be at risk of serious harm a detailed and specific mental capacity assessment of both decision making and executive functioning skills is crucial in establishing how best to intervene. A capacity assessment in these circumstances is not a one-off event but a series of repeated assessments to understand an individual's ability to make informed decisions and to implement these decisions.

If you have any concerns, you should discuss with Darlington Adult Social Care on telephone 01325 406111.

Additional Information:

[DSP Safeguarding Adult Procedures and Self Neglect and Hoarding Practice Guidance](#)

[SCIE—Self-Neglect at a glance](#)

[Self-Neglect & Hoarding Toolkit: A guide for practitioners](#)

[Hoarding Chart: Clutter image rating](#)

[Care Act 2014 and Care and Support Statutory Guidance](#)

