

Learning Lessons Review Briefing

Self-Neglect

What is Self-Neglect?

Self-neglect is defined as covering a wide range of 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. Self-neglect is a continuum of behaviours ranging from moderate to severe. It may be unintentional, such as not eating due to memory issues. Where self-neglect gets out of control, including an inability to avoid or control self-harm, it can lead to a high risk of death or serious harm to the adult involved and to others' health and safety. There is no standard definition of self-neglect, but the Care Act 2014 Statutory Guidance provides the following definition: ***"Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding"***.



Social Care Institute for Excellence (SCIE) provides additional guidance on self-neglect

[Self-Neglect at a glance](#)

Understanding Self-Neglect

Self-neglect is often defined across three domains:

- ⇒ neglect of self and lack of self-care
- ⇒ neglect of the environment
- ⇒ refusal to accept help and support

What are the signs to look out for?

Neglect of self may include:

- poor personal hygiene/ dirty or inappropriate clothing/poor hair care
- poor diet leading to malnutrition or dehydration
- medical or health needs disregarded (for example refusing medication or treatment)/refusing to allow access to health/and or social care staff in relation to personal hygiene and care
- alcohol or substance misuse

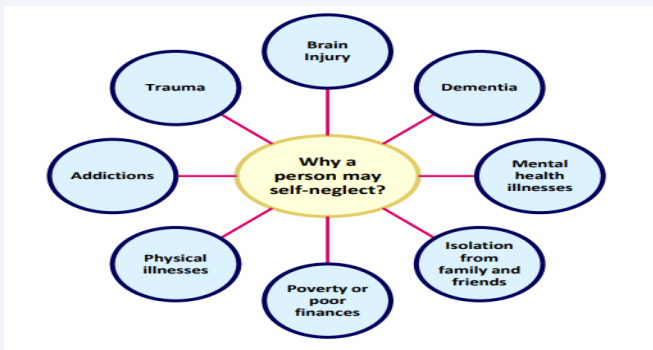
Neglect of Environment may include:

- unsanitary or dirty conditions which could result in serious harm to the individual or others
- hoarding
- situations which create a fire risk (for example hoarding)
- poor maintenance of property
- keeping lots of animals which are neglected
- vermin
- lack of heating
- no running water or sanitation
- poor management of finances (leading to utilities being cut off)



The Background of the Reviews

Darlington Safeguarding Partnership (DSP) undertook two learning lessons review's (LLR) in 2022 following two separate incidents which occurred in 2021 where the adults, who both had needs for care and support, died and self-neglect was subsequently highlighted as an issue. Whilst it was determined both incidents were significant, they did not fit the criteria for a Safeguarding Adult Review (SAR). The reviews were undertaken to explore lessons to be learnt to help understand how agencies can adapt practice. The reviews were led by the Partnerships' Learning and Development Group and included representatives from a wide range of partner agencies who had involvement with both adults. Agencies were asked to provide an overview of their involvement and to reflect on their practice ahead of separate group discussions. The findings relate to mental health and the adults' reluctance/non-compliance with services offered over a period of time. There was a presumption of capacity however lack of any formal capacity assessments being undertaken in respect of care and support and treatment along with a lack of legal oversight relating to capacity and Court of Protection. More should have been done if there were concerns for safeguarding. Little evidence of multi-agency working, agencies did not work together collaboratively, there was a lack of communication and professional challenge. There was an apparent acceptance by practitioners that the situations were a 'lifestyle choice' and the lack of professional curiosity, resulted in missed opportunities to safeguard the individuals.



The Reviews and Findings

A number of meetings were held in order to clarify facts and understand current processes and decision making in practice. Through those meetings the following areas of learning for self-neglect were identified:

- The importance of conducting a detailed and specific mental capacity assessment of both decision making and executive functioning skills
- The importance of effective multi agency information sharing and joined up working and not working in silos
- The importance of relationship building and gaining trust and understanding the history behind the self-neglect
- The importance of practitioners effectively managing individuals who are reluctant to engage and understanding the escalation process
- The importance of professional challenge when there is no engagement
- The importance of professional curiosity when individuals do not engage
- The need to consider effective communication style - letters may not be appropriate
- Practitioner relationships and consultation with those who have a good relationship with the adult and understanding who the individual is likely to engage with
- GP practices should establish a point of contact within partner agencies
- GP practices should flag patient records across families to ensure all family members are picked up
- Self-neglect should not be viewed as a lifestyle choice



What are we going to do as a result of this review?

Whilst it was recognised there were a number of specific single agency actions to be taken forward, it was agreed the following multi-agency recommendations will be a focus:

- To conduct a dip sample of self-neglect cases over a six-month period to establish whether formal capacity assessments have been completed
- To carry out scoping work with all cases where self-neglect and non-engagement are issues
- To establish a task and finish group to take forward key pieces of work which may include the development of a self-neglect pathway and risk assessment tool
- Establish a multi-agency risk escalation meeting to manage those complex cases
- Development of practice guidance to include examples of positive, flexible and creative approaches to support practitioners in engaging with people who are self-neglecting to help understand the barriers organisations pose for those who consistently refuse support, including Mental Capacity Act guidance and guidance to support practitioners working with individuals who are reluctant to engage with services
- Training – Consider what learning needs to feed into multi-agency training provision.

The importance of Mental Capacity Assessments and Best Interest

When an adult at risk refuses to engage and appears to be at risk of serious harm and legal intervention is deemed necessary, a detailed and specific 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.

Mental capacity is a key consideration in determining what action may or may not be taken. Mental capacity is a complex attribute and when assessing mental capacity, it is important to recognise the difference between decisional and executive capacity. The former refers to the ability to understand and reason through the elements of a decision and is captured by the standard form of the capacity test under the Mental Capacity Act 2005. The latter refers to the ability to realise when that decision needs to be put into practice and successfully execute it at the appropriate moment and this is sometimes overlooked in capacity assessments. Mental capacity assessments must be time and decision specific.

When an individual has been assessed as not having the mental capacity to make specific decisions the Mental Capacity Act 2005 allows for agency intervention in the person's best interests. In particularly challenging and complex cases or where someone disagrees with the best interest decision then it may be necessary for a referral to the Court of Protection. The [Court of Protection](#) has the power to make a decision on behalf of the individual to allow access to the adult lacking capacity. The [Court of Inherent Jurisdiction](#) can be exercised for vulnerable adults with or without capacity, who are reasonably believed to be 'under constraint' or 'subject to coercion or undue influence', or for another reason 'deprived of the capacity to make a relevant decision'.

If an individual is assessed as having mental capacity this does not negate the need for action, particularly where the risk of harm is deemed to be serious or critical. In this situation the duty of care for professionals extends to gathering all the necessary information to inform a thorough risk assessment and subsequent actions. It may be determined that there are no legal powers to intervene, however, it must be demonstrated that risks and possible actions have been fully considered on a multi-agency basis.

The [Mental Capacity Act 2005](#) provides a checklist of factors that decision-makers must work through in deciding what is in a person's best interests.

What does good look like? 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. Case studies of successful intervention with people who self-neglect demonstrate the need to employ traditional social work values of relationship building, gaining trust, listening to people assessing capacity at a decision making and executive functioning level, taking into account the history of the individual in understanding the self-neglect.

An adult who self-neglects may not always be at a level of risk which warrants adult safeguarding arrangements to be initiated, however 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.

Research in Practice for Adults (RiPFA) has developed a [Practice Tool](#) (2020) for working with people who self-neglect. Research indicates that early intervention is more effective than waiting until the concerns become more severe and behaviour more entrenched. Practitioners should be prepared to challenge individuals to consider the implications of self-neglect and to challenge them to demonstrate how they carry out the actions required rather than accept a verbal assurance that they will do what is required.

Want to learn more?



Useful Resources and information

A comprehensive range of information, policy, procedure and practice guidance are available to support you and can be accessed via the

[DSP website](#)

[DSP Self Neglect & Hoarding Practice Guidance](#)

[DSP Self- Neglect Briefing Document](#)

[DSP Mental Capacity Act Briefing Document](#)

North East region of the Association of Directors of Adult Social Services, (NE ADASS) has launched a film to raise public awareness of self-neglect and what can be done to support those experiencing self-neglect.

[What to do about self-neglect—YouTube](#)

In addition the North East Safeguarding Adults Network have recently commissioned and published a series of “7-minute guides” that highlight the key issues around aspects of Self-Neglect.

[Self Neglect 7 Minute Briefing - Overview](#)

[Self Neglect 7 Minute Briefing - Alcohol and Substance Misuse](#)

[Self Neglect 7 Minute Briefing - Engagement](#)

[Self Neglect 7 Minute Briefing - Hoarding](#)

[Self Neglect 7 Minute Briefing - Homelessness](#)

[Self Neglect 7 Minute Briefing - Self-Care](#)

[Self Neglect 7 Minute Briefing - Trauma](#)

Additional Resources

[Ann Craft Trust—What is self-neglect?](#)

[Research In Practice—Practice Tool for working with people who self neglect](#)

