

Self-Neglect Guidance

Southend Safeguarding Partnership
Essex Safeguarding Adults Board
Thurrock Safeguarding Adults Board

Version 2 (May 2024)



Document Control Sheet

Title:	Self-neglect guidance
Purpose:	To provide guidance on self-neglect and link to national guidance documents
Type:	Guidance
Target Audience:	Anyone who is working with adults with care and support needs
Date approved:	May 2024
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This replaces:	n/a
This should be read alongside:	<p>This document is compliant with all relevant legislation at the time of publication and adheres to the current SET Safeguarding Adults Guidelines and SET Hoarding Guidance.</p> <p>There is also a self-neglect poster that has been developed as a suite of documents.</p>
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1. Introduction

The Southend, Essex and Thurrock Safeguarding Adult Boards/Partnership have identified the need to strengthen practitioners' understanding of self-neglect and their responsibilities in supporting individuals who self-neglect. Self-neglect differs from the other forms of abuse because it does not involve a perpetrator. Managing the balance between protecting adults with care and support needs from self-neglect and respecting their right to self-determination is a serious challenge. This guidance aims to support good practice in this area.

2. Definitions

The Care Act statutory guidance defines self-neglect as *“a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.”*

More specifically, it is recognised that self-neglect includes:

1. Lack of self-care, this may include neglecting personal hygiene, nutrition and hydration or health.
2. Lack of care of one’s environment, this may include unpleasant or dirty home conditions or hoarding
3. Refusal of services, this may include the refusal of care services, treatment, assessments, or intervention, which could potentially improve self-care or care of one’s environment

3. Signs/indicators of Self-Neglect

The following could indicate a person is self-neglecting:

- Neglecting personal hygiene impacting upon health (including skin damage/pressure ulcers)
- Poor diet and nutrition leading to significant weight loss or other associated health issues
- Failure to manage finances
- Neglecting home environment
- Hazards in the home due to poor maintenance
- Not disposing of refuse leading to infestations
- Hoarding items with excessive attachment to possessions, people who hoard may hold an inappropriate emotional attachment to items
- Large number of pets or animal collecting with potential of insanitary conditions and neglect of animals' needs
- Failure to maintain social contact
- Lack of engagement with health and other services / agencies

- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas electricity)
- Declining or refusing prescribed medication and/or other community healthcare support
- Being *unwilling* to attend appointments with relevant organisations, such as social care or healthcare etc.

It is important to understand that poor environmental and personal hygiene may not necessarily always be because of self-neglect. It could arise because of cognitive impairment, poor eyesight, physical difficulties, and financial constraints.

4. Causes of self-neglect

Causes may be many and varied. There is no set cause for self-neglect although may be a result of:

- Mental health difficulties such as anxiety, depression
- Hoarding disorder
- Trauma
- Bereavement
- Substance misuse
- Isolation
- Brain injury
- Dementia
- Physical health condition

5. Factors that may lead to individuals being overlooked

Working with adults/families that self-neglect is difficult. Failure to engage with people who are not looking after themselves, (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's health and well-being. It can also impact on the individual's family and the local community. Organisations need to consider how they will overcome barriers such as:

- The perception that this is a “lifestyle choice”
- Poor multi-agency working
- Lack of information sharing
- Organisations have not managed to engage the individual or family
- Individuals with chaotic lifestyles and multiple or competing needs

- Inconsistency in thresholds across agencies and teams – level of subjectivity in assessing risk
- Challenges presented by the individual or family
- A family member or individual in a household who is identified as a carer but may not have a clear understanding of what their role is; which can lead to professional assumptions that support is being provided when it is not
- A de-sensitisation to / from well-known cases, resulting in minimisation of need and risk
- An individual with mental capacity making unwise decisions

6. Learning from Safeguarding Adult Reviews (SARs)

Learning from SARs around self-neglect have highlighted:

- The importance of early information sharing, in relation to previous or ongoing concerns.
- The importance of thorough and robust risk assessment and planning.
- The importance of face-to-face reviews.
- The need for clear interface with safeguarding adults procedures.
- The importance of effective collaboration between agencies.
- Increased understanding of the legislative options available to intervene to safeguard a person who is self-neglecting.
- The importance of the application and understanding of the Mental Capacity Act (2005).
- Where an individual refuses services, it is important to consider mental capacity and ensure the individual understands the implications and that this is documented. Services/ support should be re-visited at regular intervals: it may take time for an individual to be ready to accept some support.
- The need for practitioners and managers to challenge and reflect upon cases through the supervision process and training.
- The need for robust guidance to assist practitioners in working in this complex area.
- Assessment processes need to identify who carers are (and significant others – the “whole family approach”) and how much care and/or support they are providing.

7. What should you do?

Initially speak with the adult where possible to ascertain their views. When developing an approach, it is important to try to understand the individual and

what may be driving their behaviour. Professionals should be aware of any of the barriers above to try and support the adult/family in a person-centred way.

Research has shown building trust and a relationship with someone who is self-neglecting is important. If possible, identify the person who has an established or the best relationship with the adult at risk and seek their support to improve the adult at risk's situation. Remember – building relationships and gaining trust often takes time – be patient.

- Ensure they have necessary information in a format they can understand.
- Check out that they do understand options and consequences of their choices.
- Listen to their reasons for mistrust, disengagement, refusal, and their choice
- The above three points may need to be a conversation over time i.e. “not a one off.”
- Repeat all the above if risk to their health/safety increases.
- Consider who e.g. family member, advocate, other professional may help the adult and you in these conversations and be relevant in assisting with assessment and/or support.
- If the adult has one of the following ensure they are involved: lawyers, receivers or the person's representatives
- Where an adult has fluctuating capacity, it may be possible to establish a plan for when they are capacitated which will determine what they want to happen when they lack capacity.
- Check whether adult has made an Advance Directive when involved with significant decisions, re: health.
Involve adult in meetings where possible

Self-neglect is complex and may relate to issues such as drug and alcohol misuse, homelessness, street working, mental health issues, criminality, anti-social behaviour, inability to access benefits and / or other health related issues.

Each organisation needs to take responsibility for their role in supporting the adult to address issues caused through self-neglect. Information sharing is key in order to gain a better understanding of the extent and impact of self-neglect and to work together to support the adult and/or their family. In complex situations where there is a significant risk to the persons health and wellbeing, a multi-agency approach will be needed.

It is the responsibility of all staff involved, as appropriate to their profession and organisation, to conduct and record a risk assessment and to review and share this when appropriate. Sensible risk appraisal is essential. It must be person centred and facilitate a proportionate response to risk. Examples of risk assessments are detailed in section 12.

Gathering information will help to identify any additional risk factors, e.g. risk to children or other adults, and ensure that where necessary appropriate referrals are made. Partners should ensure they “Think Family.”

It is not acceptable to use “it’s a lifestyle choice” and close the case without working in a multi-agency way and do what they can do to support the adult and/or their family.

If family are needed/expected to provide care or support:

- Work with families to understand if this is new behaviour or long standing way of living and what may have initiated the behaviour – isolation, depression, pain, reduced mobility etc
- Involve them in the development of the care/treatment plan. They must be invited to planning/discharge meetings
- Ensure that the carer’s role and responsibilities are clearly recorded on formal care or treatment plans
- Check that they are willing and able to provide care/treatment
- Provide them with necessary training, information to do what is expected.
- Mentor/supervise and review to ensure they understand and have the skills
- Carers Assessments must always be offered.

8. Legislation

Resorting to enforcement action should be a very last resort with people who self-neglect. There are some options that can be used in extreme circumstances, often making people aware of the legal implications and the need for enforcement can encourage and individual to accept help and support. Levers may include housing enforcement options based on tenancy or leasehold breaches and environmental health enforcement based on a public health risk. Local authorities also have powers relating to anti-social behaviour that may be relevant in a minority of cases. Relevant legislation includes:

- **The Care Act (2014) statutory guidance** – self-neglect is included as a category under adult safeguarding. It should be noted that self-neglect

may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour."

- **Article 8 of the Human Rights Act 1998** gives us a right to respect for private and family life. However, this is not an absolute right and there may be justification to override it, for example, protection of health, prevention of crime, protection of the rights and freedoms of others.
- **Mental Health Act (2007) s.135** – if a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety.
- **Mental Capacity Act (2005) s.16(2)(a)** – the Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity.
- **Public Health Act (1984) s.31-32** – local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases.
- **The Housing Act 1988** – a landlord may have grounds to evict a tenant due to breaches of the tenancy agreement.

9. Mental Capacity Act

The Mental Capacity Act (MCA) 2005 is the legal framework for acting or making decisions on behalf of an individual who cannot make decisions for themselves. The central tenant of the Act is to empower people to make their own decisions wherever possible. The five key principles that are used to determine whether an individual lacks capacity and how those involved with their care should act if they do not have mental capacity:

1. A presumption of capacity
2. Individuals being supported to make their own decisions
3. Unwise decisions
4. Best interests
5. Less restrictive option

Assessment of mental capacity should consider whether there are any concerns about possible duress and whether the individual is being influenced or exploited by others who may not have their best interests at heart. Where the individual has mental capacity but is not able to exercise choice as a result of duress or

exploitation, legal advice should be sought regarding an inherent jurisdiction application to the High Court.

10. Undertaking assessments despite capacitated refusal

It will always be difficult to carry out an assessment fully where an adult with mental capacity is refusing. Practitioners and managers should record fully all the steps that have been taken to undertake a needs assessment. This should include:

- recording what steps have been taken to involve the adult and any carer, as required by section 9(5) of the Care Act
- assessing the outcomes that the adult wishes to achieve in day-to-day life
- whether the provision of care and support would contribute to the achievement of those outcomes, as required by section 9(4) of the Care Act

In light of the adult's on-going refusal or capacitated choices, the result may either be that it has not been possible to undertake an assessment fully or the conclusion of the needs assessment is that the adult refuses to accept the provision of any care and support. However, case recording should always be able to demonstrate that all necessary steps have been taken to carry out a needs assessment that is reasonable and proportionate in all the circumstances. As part of the assessment process, it should be demonstrated that appropriate information and advice has been made available to the adult, including how to access care and support.

If an agency is satisfied that the individual has the mental capacity to make an informed choice on the issues raised, then that person has the right to make their own choices, even if these are considered to be unwise. But, in cases of significant vulnerability there should be on-going engagement with the individual applying the principles outlined in this policy.

11. Defensible and evidenced decision making

Defensible decision making is making sure that the reasons for decisions, as well as the decision itself, have been thought through, recorded, and can be explained. The duty of care in relation to decisions made will be considered to be met where:

- Clear records of all decisions and why they were made is maintained
- All reasonable steps have been taken
- All relevant agencies have been involved
- Reliable assessment methods have been used

- Information has been collated and thoroughly evaluated
- Policies (including the Safeguarding Adults Policy), procedures and guidance have been followed
- Professionals and their managers adopt a **person centred** and investigative approach and are proactive.

12. Useful tools

[Working with people who self neglect practice tool](#)

[Training on self neglect from Cumbria](#)

[Self Neglect Toolkit \(camden.gov.uk\)](#)

[Hoarding UK | Promoting Choice & Control since 2008](#)

[Birmingham Self Neglect Risk assessment tool](#)

[Peterborough/Cambridge Self-Neglect Risk assessment tool](#)

<https://youtu.be/Self-neglect animation>

Appendix 1 – Summary Self-neglect flowchart (Taken from SET guidelines)

