4LSAB Self-Neglect Learning Briefing

What is Self-Neglect?

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.**' (Care and Support Statutory Guidance, The Care Act 2014)*

This learning briefing should be read in conjunction with the 4LSAB Multi-Agency Guidance on Responding to Self-Neglect.

Self-Neglect can be:

- An adult who may live in a **very unsanitary environment for example** living with a rodent infestation or living with a completely blocked toilet.
- An adult who may neglect household maintenance, and therefore create **hazards or fire risks.** For example, rotten floorboards creating trip hazards or lack of boiler or electrical maintenance.
- **The impact** of an individual who self-neglects and/or hoards **may affect others in the household** so practitioners may need to **Adopt a Family Approach** - Hampshire SCP when engaging with the person. Information and tools to support practitioners where there is a child within the home at risk of neglect can be found here: **Neglect** - Hampshire SCP
- An adult who may **refuse necessary help** from health and/or social care staff in relation to personal hygiene and care. The individual may have **poor personal hygiene**, poor/delayed wound healing or pressure ulcers and may have long toenails.
- An adult may have a **poor diet and nutrition.** For example, there is little or no fresh food in the fridge, or food is mouldy and out of date.
- An adult may **struggle to meet their medical needs** including management of long-term conditions (diabetes etc), have difficulty attending medical review appointments and may self-discharge from hospital.

Self-neglect and safeguarding

As an abuse type, a person experiencing self-neglect may need a response under a statutory adult safeguarding framework if they have needs of care and support and are unable to protect themselves from the self-neglect due to their care and support needs. Each circumstance will need to be assessed on a case by case basis.

When the adult safeguarding framework does not apply, the 4LSAB Multi-Agency Risk Management Framework should be considered to enable multi-agency working to manage the risks in the most effective way.

Local Case Reviews

Ms A (Portsmouth SAB, 2020) Case summary
Ms A was a woman in her mid-fifties with multiple health conditions, including diabetes and a heart condition. Six months before her death she developed a grade 4 pressure ulcer during hospital admissions at two different hospitals for heart surgery and a hip replacement. She had a history of self-neglect and disengagement with services, including in relation to managing her diabetes. She was known to a number of different services, including physiotherapy, heart failure team, and occupational therapy. Following her discharge from hospital, Ms A often did not take her medication and did not attend appointments to have her pressure ulcer dressed. Ms A's living conditions fluctuated but were often poor, with rubbish and noticeable smell. Professionals did not identify any cause to doubt Ms A's mental capacity to make decisions about her care. Ms A lived with her 19-year-old son who was her primary carer. Children's Services had previously been involved with Ms A when her son was younger due to concerns of neglect. During this time, it was identified Ms A may need additional services to support her, but she declined to engage with help offered by Adult Social Care. She was admitted to hospital in March 2020 due to back pain. On admission, hospital notes reported Ms A having suspected sepsis, and a large pressure sore to her back. Her home was in a poor condition with flies and cockroaches noted. Ms A died in hospital, with causes of death listed as Covid-19 pneumonia, frailty, heart failure, ischaemic heart disease, and Type 2 diabetes.

Self-neglect Thematic SAR (Hampshire, March 2022) Review Summary.
This thematic SAR was commissioned to learn from the circumstances around the deaths of six people related to aspects of self-neglect, in Hampshire between March 2020 and January 2021. The six adults were three women and three men, all of white UK ethnicity. All lived alone, apart from Barbara who lived with her husband who was in hospital at the time she died. All six of the adults misused alcohol. Those who had pre-existing alcohol issues escalated in their use of alcohol or may have returned to a pattern of drinking to cope with the challenging times related to the COVID 19 pandemic.

Self-neglect Gap Analysis (Hampshire, October 2022) Review Summary.
HSAB published a self-neglect thematic SAR in 2022 which identified learning from six adults who died, and concerns included self-neglect. Whilst the self-neglect thematic SAR and following response from agencies was in progress, HSAB received the three further SAR referrals for the adults in this SAR. Before their deaths, safeguarding concerns were raised about each person, particularly relating to self-neglect, engagement with services and their decision-making capacity. This SAR was commissioned to use gap analysis to identify any new learning and to understand to what extent the learning from the self-neglect thematic SAR has been embedded across the safeguarding system in Hampshire.

Key Learning from Reviews

Achieving engagement
People may not want to engage with practitioners and may refuse to or have difficulty acknowledging that they are experiencing self-neglect. This can be for a variety of reasons, for example, mental ill health, experiencing trauma, change in physical health or reduced independence.

It is recognised that having good communication skills and time to build supportive relationships with those individuals identified as hard to achieve engagement with can support to overcome the barriers leading to their self-neglect. There is a challenge with the time and capacity needed to break down barriers to engagement, due to ongoing and significant demand on resources across agencies.

Achieving a balance between a person's autonomy and managing risk has been identified as a challenge in practice. Agencies must work together to understand the adult's views and wishes in order to identify different approaches to engagement. For example, does the adult allow a particular practitioner or agency into their home? Can key information to support the adult's decision making be provided in another way or through a trusted person? Agencies must also work together to identify any 'windows of opportunity' to seek engagement and assess risk.

Agencies cannot simply disengage on the assumption that the person is making a capacitated choice to refuse assessment or support. Section 11 (2b) 'Refusal of assessment' (Care Act 2014) continues to place a duty for the local authority to carry out a needs assessment where the adult is experiencing, or is at risk of, abuse or neglect.

Professional curiosity and executive capacity (MCA 2005)
Professional curiosity is widely recognised as helping practitioners avoid making assumptions about people's lifestyle, the decisions they make and what is important to them. Application of the Mental Capacity Act can be very complex in cases of self-neglect. Formal assessment of an individual's mental capacity which is decision and time specific should be recorded accurately.

Having the mental capacity to make a decision is often assumed as a default position with limited understanding of executive capacity. Practitioners need to avoid making assumptions about people making lifestyle choices without considering how mental health, addiction or perhaps shame about their environment or circumstances may influence those 'choices'.

Alcohol and substance use
The ability of professionals to understand and manage the impact of addiction (compulsive behaviours) on mental capacity, engagement and self-neglect is paramount.

Alcohol and other substance use can make mental capacity assessments more challenging and impact on an individual's engagement with services. Many services aiming to provide support individuals to affected by drugs and alcohol require the consent of the individual.

Agencies must consider what other effective services and support are available when an individual declines this support, including revisiting this support with the individual at every opportunity.

Holistic care and support planning and advocacy
Practitioners need to keep the individual at the centre of the process. They should seek to understand the whole picture of a person's life, their interactions and other practitioners' involvement.

Appointing an advocate for the person may increase the potential to engage with them and ensure that their voice and perspective is heard.

There are different types of advocacy. However, the Care Act imposes a duty on the local authority to arrange an independent advocate in some circumstances, to facilitate an individual's involvement in:
- Care assessment;
- Carer's assessment;
- Care and support planning and reviews;
- Planning for transition from children's to adult services;
- Young carer's assessment;
- Safeguarding enquiries or a Safeguarding Adults Review.

The duty applies where the individual would have 'substantial difficulty' participating without the involvement of an advocate, and there is no appropriate individual available to support and represent the person's wishes who is not paid or professionally engaged in providing care or treatment to the person or their carer.

A family member or friend may be an appropriate person to represent the individual, provided they are available and willing to support the adult and the adult consents to them acting, or, if they lack capacity to consent, it is in their best interests for that person to act.

All agencies should consider the importance of advocacy outside of these statutory duties and ensure individuals have access to the appropriate type of advocacy.

Trauma Informed Practice and ACES (Adverse Childhood Experiences)
Adverse childhood experiences are stressful events occurring in childhood such as domestic violence, abuse and the death of a parent. Evidence has found the events can have a profound lifelong impact on the individual including their health outcomes in adulthood. An individual who hoards may have experienced a traumatic event. Self-neglect can be as a result of brain injury, dementia or other mental disorder, obsessive compulsive disorder or hoarding disorder, reduced motivation as a side effect of medication, and addictions.

Complex Case Management
Prevention and early intervention are a key factor in reducing harm. The long-term impact of somebody self-neglecting can equal a higher risk of serious harm and can be fatal, as seen within the case reviews mentioned above.

A multi-agency approach should always be used to share decision making and to assess risk. If additional factors such as domestic abuse, substance misuse and mental health issues are presenting alongside self-neglect this raises the risk of serious and significant harm. It is important to identify a lead professional/agency to co-ordinate and for everyone to be clear who this is.

Where criteria for a Section 42 enquiry is met, this framework must be used. Where a Section 42 enquiry is not required, consideration should be given to the use of the Multi Agency Risk Management Framework (MARM). MARM is designed to provide guidance on managing cases relating to adults where there is a high level of risk, but the circumstances sit outside the statutory adult safeguarding framework but where a multi-agency approach would be beneficial. Agencies need to review the appropriateness of the framework being used on an ongoing basis and ensure that where the statutory safeguarding framework is required that this takes primacy.

Practitioners also need to utilise the 4LSAB Escalation Policy when the response to concerns is not adequate to keep the individual safe from further harm or abuse.

Professional optimism
Practitioners should be mindful of the potential for 'professional optimism' in self-neglect cases. Longer-term working with adults who self-neglect can help to build trusting relationships which are key to achieving the desired change. However, it is also possible to become 'adjusted to risk' and become less concerned over time, rather than more concerned when change is slow to happen.

Supervision is therefore especially important in cases of adult self-neglect. Ensuring that self-neglect cases are discussed regularly with peers, colleagues or managers will help to ensure decisions and plans are respectfully open to professional challenge.

Legal Literacy: Key Legislation

The Care Act (2014) statutory guidance – self-neglect is included as a category under adult safeguarding (sec 42). Sec 67 and 68 covers the duty to appoint an advocate in some circumstances. Sec 11 covers refusal of assessment and the duty to carry out a care and needs assessment under some circumstances, including the individual being at risk of or experiencing neglect.

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 who lacks capacity. 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.

Environmental Protection Act 1990 - local authority has a legal duty to investigate complaints of statutory nuisance and must take action if nuisance proven. The premises must be in such a state that they are prejudicial to health or a nuisance to neighbours.

Housing Act 2004 - local authority can take action regarding housing hazards such as Domestic Hygiene, Pests and Vermin, Excess Cold, Fire.

Best practice resources

4LSAB Multi Agency Safeguarding Adults Policy, Process and Guidance
4LSAB Guidance - Self-Neglect
4LSAB Multi Agency Risk Assessment Framework (MARM)
4LSAB Hoarding Guidance
7 minute briefing – Mental Capacity Act
One Minute Guide – Multi Agency Risk Management Framework
One Minute Guide - Self-Neglect
SCIE guide - 'Gaining access to an adult suspected to be at risk of neglect or abuse'
4LSAB Multi-agency Fire Safety Framework
4LSAB Briefing on homelessness
Suzy Braye: Good practice in self-neglect

What you should do if you concerned for an adult experiencing, or at risk of self-neglect?

Safeguarding duties apply where an adult has care and support needs, is experiencing or is at risk of self-neglect, and are unable to protect themselves because of their care and support needs. Practitioners should seek to minimise the risk of harm to the adult whilst respecting their choices. However, remember that any abuse or neglect is unacceptable. If you believe a crime has been committed, please contact the Police.

Practitioners can:

- Take action – don't assume that someone else is doing something about the situation.
- If anyone is injured get a doctor or ambulance.
- Make a note of your concerns, what happened and any action you take.
- If you think a criminal offence has been committed, contact the police straight away. Contact their organisational Safeguarding Team or Lead for advice and guidance.
- Access supervision and support from your manager to discuss cases where self-neglect is an issue to help them understand the complexities of this area of work, the possibilities for intervention and the limitations.
- Make a Safeguarding Referral to Local Authority detailing concerns – click links below to take you to safeguarding adult contact information for the individual 4LSAB areas:

    - Southampton
    - Isle of Wight
    - Portsmouth
    - Hampshire