



Strategic Partnership Boards
SAFETY SAFEGUARDING WELLBEING



Bitesize video guide: Self-neglect

Hello, my name is Maureen and I am a social worker for adult social care

I am going to talk to you about how we work with people who may be experiencing self-neglect.

This is a challenging area for everybody. A person's ability to maintain their physical and mental health and physical environment can be affected by complex issues related to their life experience, physical or mental health.

Not everybody has the same idea of what self-neglect is, here are a few examples;

- Excessive alcohol or substance misuse
- Under or over eating
- Poor levels of personal hygiene resulting in for example skin infections, pressures ulcers
- A person refusing medical treatment, such as insulin for their diabetes, or treatment of leg ulcers
- Unsanitary conditions resulting in risk of infestation and disease (Photo)
- Poor living conditions, for example no heating, no lighting
- Hoarding (Photo clutter imaging)
- Keeping lots of pets who are poorly cared for
- Poor finance management – for example bills not being paid leading to utilities being cut off
- And if an adult who is self-neglecting has responsibility for a child, the child could be a risk of suffering abuse and neglect.

The adult concerned may not recognise the risk and therefore decline to engage to make changes. Do not walk away.

The **Care Act 2014** statutory guidance includes self-neglect in the categories of abuse or neglect relevant to safeguarding adults with care and support needs. In some circumstances, where there is a serious risk to the health and wellbeing of an

individual, it may be appropriate to raise a safeguarding concern because of self-neglect.

Working with self-neglect involves finding the right balance between respecting a person's autonomy, and right to privacy against fulfilling your own duty to protect an adult's safety and wellbeing. Assessing mental capacity is an integral part of this.

Assessing capacity for an individual who is resistant to or suspicious of outside intervention can be challenging. Research undertaken by the Social Care Institute for Excellence indicates that intervening successfully depends on practitioners taking time to gain the person's trust and build a relationship,

This is not a quick process and involves going at the person's own pace. It may take some time to achieve the best outcomes. Do Not Walk Away

If you have concerns related to self-neglect it is your responsibility as a practitioner to raise these with the individual concerned and seek their views, to identify other agencies involved, share information and ensure a multi-agency approach is taken to develop a risk management plan.

The risks to individuals can be high with some cases of self-neglect leading to significant harm and even death. Taking the balance of rights and risk into account, if the risks are felt to be significant as practitioners, we all have a responsibility to raise a safeguarding concern. The local safeguarding multi-agency procedures provide a robust framework to support risk assessment and decision making. Throughout all of this it is imperative to establish and take account of the adults' views, in line with Making Safeguarding Personal.

Some people may refuse to accept care and support. Agencies must be able to evidence in writing their risk assessment and proposed management plan and that information and advice have been made available to the person on how to access care and support.

So, what works well?

It may be that the first few times to engage the individual does not work, Do Not walk away Research and our own experience tells us that multi-agency working generally gets the best outcomes for everybody. This often involves working with a range of agencies such as their GP, Community Health staff, friends and family members, advocacy, voluntary organisations, environmental health, housing, and legal services. Some agencies may have more impact in certain situations, such as the Fire Brigade may be able to emphasise the fire risks to the individual and neighbours in cases of alcohol misuse, hoarding and smoking etc.

Really think about who the best person is to engage with the adult, this may not be a professional, but a neighbour or friend.

Sometimes repeated intervention is required, and progress may be slow, it is important to try and engage with the adult as best as you can, work in multi-agency way, continually risk assessing, ensuring action is proportionate to the level of risk, employing the safeguarding adult procedures as required in order to optimise the safety and wellbeing of the adult as best we can and that the multi-agency network agree an appropriate method of monitoring.

Here are your three messages to take away:

First, a multi-agency approach works best

Second, identify someone in the multi-agency group who is best placed to take time to build a relationship with the person.

Third – continual risk assessment is required and escalation to safeguarding if risks are significant

And remember don't walk away.

Thanks for watching and goodbye!