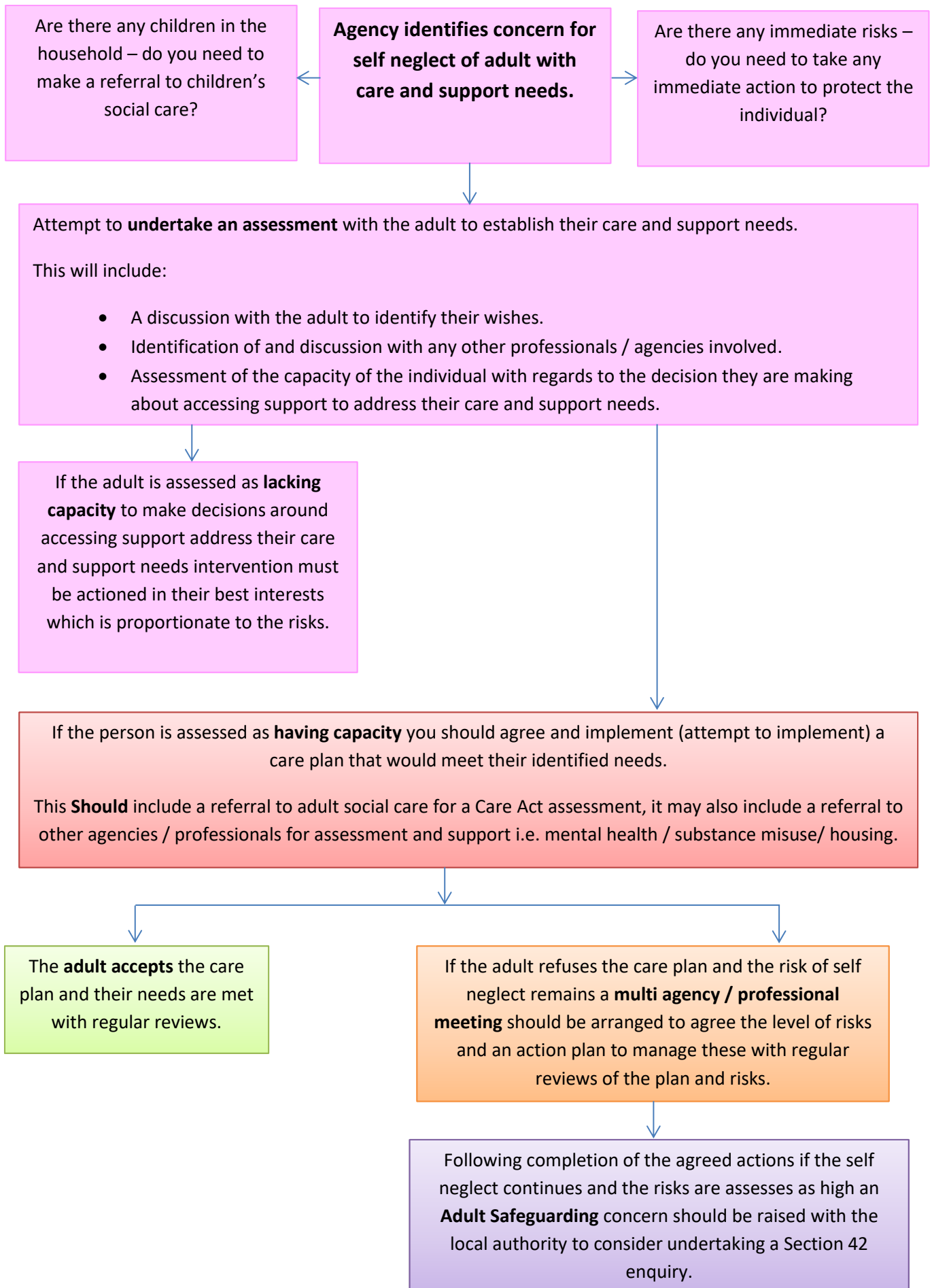




## Self Neglect Flow Chart



**Safeguarding is everyone's business, with prevention being a key principle under The Care Act 2014, and, importantly, self-neglect is not the sole responsibility of Adult Safeguarding or Adult Social Care.**

### **Self-neglect**

Self-neglect encompasses a wide range of behaviours which typically adults with care and support needs who cease to care for their own personal hygiene, health or surroundings and hoarding, to the extent that it endangers the health, safety and wellbeing of the adult or others.

Research often refers to three types of self-neglect; lack of self-care, lack of care of one's environment and refusal of any services that could alleviate issues connected to self-care or care of the environment. In cases where there significant danger or high risk has been identified, immediate action must be taken by contacting the most appropriate agency depending on the circumstances.

It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many people, particularly older people who self-neglect, may lack the ability and/or confidence to come forward to ask for help, and may also lack the support of others who can advocate or speak for them. They may then refuse help or support when offered or receive services that do not actually adequately meet their needs.

There are various reasons why people self-neglect, some people may have made a conscious choice to live in a way that could impact negatively on their health. Whereas others may not have insight into their behaviour, if there is an underlying organic condition, such as Dementia. Mental capacity assessments are vital when working with individuals who self-neglect, for any one who is deemed to lack capacity around self care can not be making a choice to self-neglect, therefore decisions must be made in their best interests.

### **Child Safeguarding**

Children's wellbeing and protection is paramount, and also everyone's responsibility, if any child is identified as being at risk within a household where self-neglect is apparent, a referral to the Local Authority Children's Safeguarding Team should be made.

### **Assessment**

A social care assessment must be undertaken under s9 of The Care Act 2014, incorporating the statutory guidance emphasising wellbeing, and noting the importance of working alongside the individual with a view to developing a good understanding of their personal perspective. Self-neglect calls for a flexible and person-centred approach, practitioners should not shy away from respectful, professional curiosity, and making appropriate challenges if necessary. Often someone's past experiences can influence current behaviour, traumatic histories and life changing events are often present in individuals own accounts. They are best placed to judge their own wellbeing. Regard must be given to their views, wishes, beliefs and feeling, incorporating these characteristics underpins an explicit focus on making safeguarding personal and considers the safeguarding principle of prevention. Effective multi-agency working will bring complementary perspectives and skills, whilst also reducing the risk of various agencies potentially working at cross purposes. When people are encouraged to accept help, research has shown that they can maintain the changes they make, although this sometimes means receiving help over a long period. This may include

treatment for medical or mental health conditions or addictions, or it could be practical help with de-cluttering and deep cleaning someone's home.

If the individual is eligible for an assessment but refuses, one should be completed anyway as required under s11 of The Care Act 2014, providing that either, the individual lacks capacity to refuse or they are at risk of abuse or neglect. It is not easy to complete an assessment under these circumstances. However, the practitioner should use as much information as possible making every effort to continue to involve the adult.

The legal principles to be applied to practice include: The Care Act 2014; The Mental Capacity Act 2005; The Human Rights Act 1998 and The Equality Act 2010.

### **Mental Capacity**

In order to ensure that individuals are making capacitous decisions in relation to their particular circumstances and lifestyle, it is vital that a robust mental capacity assessment is completed based on the 5 principles embedded in The Mental Capacity Act 2005:

- Assume capacity unless you can demonstrate otherwise
- Support individuals by whatever means are necessary to make their own decisions where possible
- Individuals can make 'unwise' decisions, this does not mean that they lack capacity
- Any decision made on someone's behalf if they are found to lack capacity, must be in their best interests, using the best interest checklist <https://www.legislation.gov.uk/ukpga/2005/9/section/4>
- Decisions made on someone's behalf must be based on the least restrictive option

When completing capacity assessments it is important to consider executive functioning, which means that someone may understand what is required of them, but there is an inability to actually perform the tasks. For example, activities of daily living may be well understood by the individual, but an inability to sequence and perform tasks becomes significant when accompanied by an inability to recognise unsafe living conditions, and self-neglect may be the result. Differentiation between the inability and unwillingness to care for themselves, and the capacity to understand the consequences of their actions, is a crucial determinant of response.

If someone is found to be lacking mental capacity to make decisions regarding their lifestyle / environmental conditions, they cannot be deemed to be self-neglecting, therefore, any intervention must be in their best interests, as highlighted above. Assessments must include the views of family and any others with a valid interest in the individual's welfare and wellbeing.

### **Care plan and intervention**

For any individual deemed to have capacity, identified as self-neglecting, attempts should be made to engage them by formulating a care plan with them. Building a positive relationship takes time to build the trust of the individual, by demonstrating trustworthiness, including sometimes overcoming a lack of trust based on previous experiences with services. Understanding an individual's life history, along with who is, or has been, important in their

lives can help to develop a relationship with them and also to make connections to patterns of self-neglect. Helping to form hypotheses with the individual and those working with them about why and when they self-neglect. This can help to inform individualised interventions and safety strategies which might work for that adult to reduce their risk.

All care plans and risk assessments should involve and include the individual at risk or experiencing self-neglect, and include a clearly recorded consideration of an assessment of mental capacity in line with the MCA 2005 and the associated Code of Practice.

### **Review of Care Plan**

As with all areas of care delivery, an essential part of meeting the needs of those at risk of self-neglect is to ensure regular reviews of their care / treatment plans are conducted to establish if their needs are still being met effectively.

### **Raising a safeguarding concern**

A safeguarding concern should be raised when all reasonable attempts, (highlighted above), have been made to assess and engage the person in meeting their health and social care needs and there is a high likelihood of danger to the person and risks to their health and welfare and/or that of others.

The Care Act Statutory Guidance is clear that “a decision on whether a response is required under safeguarding [in relation to self-neglect] will depend on the adult’s ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support” (DoH&SC:2018:14.17).

Ultimately, raising a safeguarding concern is the professional’s decision and should only be raised without the consent of the person if there is a vital or public interest to do so.

The Local Authority Adult Social Care team will decide whether to initiate a s42 safeguarding enquiry under the Care Act 2014 which you will likely be asked to contribute to.