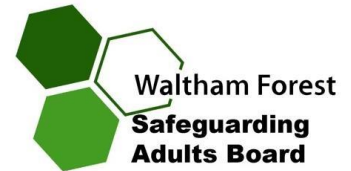




Strategic Partnership Boards
SAFETY SAFEGUARDING WELLBEING



Bitesize video guide: Self-neglect

Hello, my name is Alexa Lethbridge and I am a social worker in adults services.

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

Self-neglect can be a difficult and complex area for everybody as issues are usually linked to mental capacity and lifestyle choices. This can make it very difficult to find the right balance between respecting a person's autonomy and fulfilling your own duties to protect an adult's health and wellbeing.

Not everybody has the same idea of what is seen as self-neglect, but here are a few examples:

- Poor personal hygiene
- Not eating properly
- A person refusing medical treatment, such as insulin for their diabetes, or treatment of leg ulcers in the like
- Excessive alcohol or substance misuse
- Situations where there is evidence that a child is suffering or is at risk due to self-neglect by an adult
- Unsanitary, untidy or dirty conditions which creates a hazard situation that can cause serious physical harm to the individual or others
- Hoarding
- Keeping lots of pets who are poorly cared for
- Poor finance management – for example bills not being paid leading to utilities being cut off or unexplained money being withdrawn from bank

All these things are usually accompanied by refusal to engage with services.

The **Care Act 2014** statutory guidance includes self-neglect in hording 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 directly linked to self-neglect.

Many decisions hinge on whether the person concerned has the capacity to make an informed choice about how they are living, the risks they are exposed to and their ability to effect change.

The risks to individuals can be high with some cases of self-neglect actually leading to the person's death. However, even in cases where it appears the risk to the individual might be significant, there might be no legal grounds to intervene. Assessing capacity for an individual who is resistant to or suspicious about side intervention is not an easy task. Research undertaken by the Social Care Institute of Excellence indicates that intervening successfully depends on the 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.

We won't be able to do this with everybody, some people might refuse to accept care and support services. Therefore, agencies should be able to show that they have tried, and the information and advice have been made available to the person on how to access the care and support and how to raise any safeguarding concerns.

They should be able to show that whatever action they have taken, it is reasonable and proportionate.

So, what works well?

Research and our own experience tells us that multi-agency working generally gets the best outcomes for everybody. This often involves working with their GP, Community Health staff, friends and family members, advocacy, voluntary organisations, environmental health, housing, and legal services. Not all of these will be involved, but we can sometimes be surprised what agencies can make a difference, such as the Fire Brigade may be able to emphasise the fire risks to the individual and neighbours in cases of hoarding.

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.
- Lastly – don't walk away. Sometimes there might be nothing that we can change, or legislation that we can use, but in these cases it is important to ensure that we just don't leave the person to it, and the multi-agency network agree on an appropriate method and monitoring.

Thanks for watching and goodbye!