What is self-neglect?
Self-neglect is any failure of an adult to take care of themselves which causes, or is reasonably likely to cause, serious physical, mental or emotional harm or substantial damage to financial security or a loss of assets.

What should be considered when dealing with cases of self-neglect?
Individuals who self-neglect may not want help to change, and do not always recognise or have an insight into their own behaviour.

It is important to recognise that poor environment and personal hygiene may not necessarily be as a result of self-neglect. It could arise due to cognitive impairment, poor eyesight, functional or financial constraints.

Are certain people more at risk of self-neglect?
Age-related changes that result in functional decline, cognitive impairment, frailty or psychiatric illness can increase vulnerability for self-neglect. Whilst self-neglect can occur at any age, it is more common in older people. Self-neglect may be linked to an underlying mental illness or psychological distress.

Risk factors are:
- Advancing age;
- Mental health problems;
- Cognitive impairment;
- Dementia;
- Frontal lobe dysfunction;
- Depression;
- Chronic illness;
- Nutritional deficiency;
- Alcohol and substance misuse;
- Functional and social dependency;
- Social isolation; and
- Delirium
Mental Capacity

It is essential that all mental capacity best interest decisions are clearly recorded and documented. Where an individual is deemed to have capacity, the focus should be on engagement and building a supportive and trusting relationship to facilitate change and encourage awareness of the risks to self.

Where an individual is assessed as not having capacity, interventions and services can be provided in the person’s best interests. The Mental Capacity assessment should assess decisional capacity (ability to understand the consequences of a decision) and executive capacity (ability to execute the decision).

When do I trigger a Section 42 enquiry?

• If an adult is engaging with and accepting assessment/support that is sufficient to address their needs (including those relating to self-neglect), then the adult is not demonstrating that they are unable to protect themselves, and, therefore, an enquiry under Section 42 of the Care Act is not required. Any case of self-neglect should follow the usual care pathways in the first instance.

• However, where an individual is unable to protect themselves from self-neglect or the risk of, and it is due to their care and support needs, then there is a duty to trigger an enquiry under Section 42 of the Care Act.

• Similarly, where assessment has been refused and the level of risk remains high, a Section 42 enquiry should be undertaken.

• The enquiry process will:
  o establish facts and provide a description of self-neglect;
  o ascertain the individual's views and wishes;
  o assess needs of the adult for protection and support;
  o protect and support from self-neglect in accordance with adults wishes and in line with their mental capacity; and
  o promote wellbeing and safety through a supportive and empowering approach.

• Following a self-neglect enquiry, where the risk cannot be adequately managed through other processes, a safeguarding plan may be required in order to monitor risk in conjunction with other agencies. If the plan is still rejected by the individual, then a review plan should be discussed. The case should not be closed just because the individual refuses to accept the plan. Legal advice should then be sought.

• Where an adult has died as a result of self-neglect consideration should be given to submitting the case to the TWSAB to undertake Safeguarding Adult Review (SAR).

Please remember...

… Given the complex nature of self-neglect cases, reference should always be made to line management and closures of self-neglect cases should always have management approval.
6 Golden rules for considering a self-neglect case

1. Self-neglect is complex – any assessment must:
   - establish the facts of the situation, nature and extent of the concern;
   - what action – if any – should be taken; and
   - consider the most appropriate way to engage and build a trusting relationship.

2. A home visit is important in order to observe for yourself the condition of the person and their home environment. Repeat visits and assessments may be appropriate so as not to accept the first and potentially superficial response to the situation. A relationship with the individual is important if you are to draw out and identify capabilities and risks, understand significance of personal values, past traumas and social networks.

3. A multi-disciplinary meeting should be considered in order to share and collect a variety of information to understand the extent and impact of the self-neglect.

4. Where there is thought to be significant risk to the persons health, wellbeing, environment or to others, the Safeguarding Threshold of Needs Matrix should be used to evaluate risks and produce a risk management plan to minimise the impact of self-neglect. The assessment should take account of individual preferences, histories, circumstances and lifestyles, in order to achieve a proportionate and reasonable tolerance of acceptable risk.

5. Where an individual with capacity refuses an assessment, then all steps taken to undertake an assessment must be recorded.

6. In all cases, case recording must demonstrate that all necessary steps have been taken to carry out a needs assessment, and steps are reasonable and proportionate to the circumstances.

Further information can be found in the West Midlands Adult Self-Neglect Best Practice Guidance.