



Self-Neglect 7 Minute Briefing

SELF-NEGLECT AND SELF-CARE

This briefing is part of a series on self-neglect. Each briefing should be read alongside your Safeguarding Adults Board multi-agency policy, procedures, and practice guidance.

THE ISSUE

A lack of self-care is one aspect of self-neglect, it includes neglecting personal hygiene, health, nutrition, or hydration, to such an extent that it endangers the person's health, safety and/or wellbeing. It can include not taking medication, not following professional advice about health or care needs, refusing care, support or treatment, not going to appointments, not seeking assistance for medical issues, not going to the toilet, not washing, not eating/drinking or other dietary conditions. In the most serious cases a person's life might be at risk as a result of neglecting their health and care needs.

MENTAL CAPACITY

Learning from Safeguarding Adults Reviews in this area often centres on mental capacity. Practitioners should:

- Ensure that formal capacity assessments in relation to health, care and treatment decisions have been completed, and are recent.
- Ensure the assessment is carried out by the person who would be responsible for making the decision if the person were unable to do so themselves.
- Consider whether a person's deteriorating health (physical or mental) is impacting upon their mental capacity.
- Ensure that the risks around a particular decision are clearly and honestly explained to allow the person to make an informed choice. This might involve telling someone that they are putting their life at risk.
- Consider whether a person has "executive capacity" – a person's ability to implement a decision they have made.

A MULTI-AGENCY RESPONSE

Self-neglect cases often require a multi-agency response, whether this is under safeguarding adults' procedures or as part of multi-disciplinary working more generally. There needs to be a clear understanding of the person's needs as a whole. A multi-agency approach often works well, with a core group of professionals established to closely monitor risks and the plans to manage risks. Where someone is neglecting their self-care, health professionals (particularly GPs and community nurses) are likely to be crucial to understanding and managing risks. It is essential that health professionals are involved in Section 42 enquiries involving someone who is neglecting their health or care needs.



INFORMAL CARERS

Many people are supported by informal carers – family members, friends or neighbours – providing regular unpaid help and assistance to a person. They might help with personal care, shopping, food preparation or cleaning. They might not be recognised as a carer by professionals or identify as one themselves.

Learning from self-neglect cases tells us we need to pay close attention to the role informal carers play. There needs to be a clear understanding of the level of support they are providing and how often. They should be identified on professional records as a person's informal carer. It needs to be considered whether the carer has any needs of their own and any contingency arrangements should there be a breakdown in informal carer support. Informal carers should be offered a carers assessment (which can be undertaken jointly or separately to the person's care assessment). All agencies play a role in identifying informal carers and signposting them to the support available.



KEY LEARNING



Cases involving a lack of self-care often require lengthy, flexible, and creative involvement from practitioners. This can be contrary to eligibility criteria for services and other organisational pressures.

Practitioners should use managerial and supervision support to discuss cases which might benefit from a different approach being taken.

Where concerns persist and/or risks increase, there may be a need to seek additional advice and support. This might be from legal services, senior managers and/or safeguarding/MCA specialists.

Understanding the mental capacity of the person is crucial to managing risks associated with someone who is neglecting their health and care needs.

Where there is a significant/critical risk of harm as a result of a lack of self-care, safeguarding adults' procedures should be used to share information and to manage risks.

Informal carers can greatly reduce risks associated with a lack of self-care. However, they need to be visible to professionals and appropriately supported.





QUESTIONS FOR YOU TO CONSIDER



- Have you communicated and shared information with professionals in other agencies, in particular those working in health services?
- Are you clear about any informal carer arrangements? Have informal carers been offered support in their caring role?
- Have you assessed the person's mental capacity in relation to health, care or treatment decisions? Has this been completed recently, and has it been formally recorded?
- Have there been full and frank conversations with the person about the risks of neglecting their health and care needs?

LINKS TO FURTHER INFORMATION

[Safeguarding people who self-neglect: what works?](#) Suzy Brae 2019

[Leigh SAR, North Tyneside Safeguarding Adults Board 2021](#)

[Adult M 7 Minute Briefing, Newcastle Safeguarding Adults Board 2021](#)

[Eva 7 Minute Briefing, Sunderland Safeguarding Adults Board 2018](#)

[Adult D SAR, Teeswide Safeguarding Adults Board 2021](#)

