



Self-neglect audit outcomes: learning briefing

Why did we carry out the audit?

- To evaluate and reflect on practice
- To learn from experience
- To inform multi-agency practice development and strengthen multi-agency working

Criteria for the audit

5 Adults who must have been:

- involved in a safeguarding enquiry
- have had multi-agency involvement at the time of the enquiry

5 Adults who must have:

- been supported via a care management pathway e.g., self-neglect procedures
- had multi-agency involvement

About the 10 Adults audited

- 6 were female and 4 were male
- 2 were aged 40-50, 3 aged 50-60, 2 aged 60-70, and 3 aged 80-90
- All identified as White
- Support needs were; social support for 3, physical support for 3, support with memory and cognition for 1, not recorded for 2, and mental health support for 1.

Key themes identified

1. Self-neglect being identified and recorded
2. A lead agency identified to coordinate support
3. Mental Capacity Act assessments
4. Making Safeguarding Personal
5. Multi-agency meetings

Self-neglect procedures

In addition to the further information and resources in this briefing, it is vital that you know of and use the [Multi-Agency Procedures to Support Adults who Self-neglect](#). You can also use our accompanying [learning briefing and podcast](#).

Identifying and recording self-neglect

Please be aware of the possible signs, such as:

- Excessively unclean/cluttered home, vermin, hoarding
- Neglecting household maintenance
- Unkempt personal appearance, malnutrition, dehydration
- Declining essential health or social care support
- Financial/debt issues

If self-neglect is identified, it is key to understand and use referral routes/processes to support the Adult.

[Safeguarding processes](#) may be required if there are significant risks, such as:

- Living in squalid or unsanitary conditions
- Extensive structural deterioration/damage
- Lack of self-care or refusal of treatment or support
- High level of clutter/hoarding/fire hazards
- Substance use that poses risk to the Adult and/or others

Please check the [Safeguarding Thresholds Guidance](#) if you are unsure whether to raise a safeguarding concern.

Lower levels of risk could be addressed by:

- Following the [Multi-Agency Self-Neglect Procedures](#)
- Carrying out a Care Act assessment
- Signposting to alternative support
- Arranging mental health and/or health support

Once identified, it is vital that self-neglect is accurately recorded, and information is shared as this:

- Supports good care and support
- Is a legal requirement and part of professional duty
- Promotes continuity of care and communication
- Helps to identify themes and challenges
- Is key to accountability and evidence of intervention

A lead agency identified to coordinate support

This will not always be the Local Authority and should be decided, based on the best agency to coordinate the support for the Adult. This could be because:

- The agency is already involved
- The agency has a duty of care
- The agency holds significant information
- The Adult has shown a likelihood to engage with them and/or needs appear to relate to the service provided by that agency

If there is a Safeguarding Enquiry, it is likely that the lead will be the Local Authority.

There is a flow chart within the [Multi-Agency Self-Neglect Procedures](#) that further explains this process.

Mental Capacity Act (MCA) Assessments

MCA Assessments are crucial in deciding what actions may/may not be needed. The Adult should be presumed to have capacity, however, if in doubt, a MCA assessment must be carried out. This must be time-specific, relate to a specific decision and be appropriately/accurately recorded.

Consider if the Adult can communicate with you:

- Recognition and understanding of the risks
- How their actions may be placing them at risk
- The consequences of taking these risks

If the risk is death, explore understanding any beliefs of the Adult regarding their death.

Some adults may have fluctuating capacity. This may be as a result of their lifestyle or behaviour. Fluctuation can take place over hours, days, or weeks. If the decision is able to wait, carry out the assessment at a time when the adult is at their highest level of functioning. If the decision cannot wait, the best interest's decision-making process should be followed.

If a person has capacity and chooses to make an unwise decision, this does not mean that no further action is required, particularly where the risk is deemed to be serious or critical. Other actions may include comprehensive multi-agency risk assessment.

The [Multi-Agency Self-Neglect Procedures](#) contains more detailed guidance and further information on the MCA including; Decisional and Executive capacity, Inherent Jurisdiction, Best Interest Decisions and the Court of Protection.

Making Safeguarding Personal (MSP)

When raising self-neglect concerns, it is vital that all interventions are in line with MSP principals. MSP is:

- A personalised approach that ensures safeguarding processes are carried out with, and not to, the Adult
- A practice that focuses on meaningful improvement to circumstances and not just on the process, investigation, and conclusion,
- An approach that enables practitioners, families, teams, and Safeguarding Adults Boards to know what difference has been made.

To support your learning we have an [MSP Learning Briefing and Podcast](#) and a [Person-Centred Approaches Learning Briefing and Podcast](#).

Professional curiosity is also a fundamental aspect of working together to keep adults safe from harm. It is important in helping to identify self-neglect and can ensure that the right information is gathered to assess needs and risks. Being professionally curious is necessary to fully understand a situation and the risks to an Adult.

To support your learning we have a [Professional Curiosity Learning Briefing and Podcast](#).

Multi-agency meetings

Given the complex nature of self-neglect, multi-agency meetings are the best way to ensure effective information sharing, communication, and a shared responsibility for assessing risks and agreeing an action plan.

The lead agency will be responsible for convening and making arrangements for this meeting. At the meeting, a

decision will be made as how best to involve the adult. Best practice is to involve the adult as early on in the process as is practicable.

In the [Multi-Agency Self-Neglect Procedures](#) there is further details on multi-agency meetings including; the purpose/reasons, timescales outcomes and minuting of meetings, and seeking legal advice.

We also have created a [multi-agency working learning briefing and podcast](#) to support your practice.

The [Sussex Information Sharing Protocol and learning briefing](#) sets out how information between partner agencies should be shared.

For cases where an adult is placing themselves or others at significant risk by refusing services, and all options have been explored and the level of risk is still high, a referral the [Multi-Agency Risk Management Subgroup \(MARM\)](#) should be considered.