



Hampshire Safeguarding Adults Board

# Responding to Self-Neglect

Hampshire and Isle of Wight Guidance

May 2015

This guidance has been informed by the research work on self-neglect in older adults undertaken by Mary Rose Day and Patricia Leahy-Warren (2008); the West Sussex County Council Self-Neglect Practice Guidance (2010) and the SCIE Report 46 (2011).

## Guidance on responding to self neglect

A failure to engage with people who are not looking after themselves, whether they have mental capacity or not, has serious implications for the health and well being of the person concerned and for the people engaged in the provision of their care and support. An adult will be considered to be vulnerable under this practice guidance where they are unable or unwilling to provide adequate care for themselves and:

- They are unable to obtain necessary care to meet their needs; and/or
- They are unable to make reasonable or informed decisions because of their state of mental health or because they have a learning disability or an acquired brain injury; and/or
- They are unable to protect themselves adequately against potential exploitation or abuse; and/or
- They have refused essential services without which their health and safety needs cannot be met but do not have the insight to recognise this.

There are a number of risk factors and indicators associated with self-neglect. Social care workers must balance lifestyle choices, with the need to protect a person who self-neglects. Allowing a person to self-neglect without intervention or support, could be considered as an omission in care and/or support. There are clinical, social and ethical decisions to be considered in the management of self-neglect.

This guidance has been informed by the research work on self-neglect in older adults undertaken by Mary Rose Day and Patricia Leahy-Warren (2008); the West Sussex County Council Self-Neglect Practice Guidance (2010) and the SCIE Report 46 (2011). This guidance will be regularly reviewed in line with local and national developments.

The nature of any intervention centres on whether the adult concerned has the mental capacity to make decisions that have legal force. A person may have mental capacity and yet disagree with the views of the Local Authority or another agency. This right is a right that cannot be taken away from a person who has mental capacity. It does not preclude the Local Authority or other agency entering into a dialogue with the person in order to explore the area of concern.

It is important that the rights of people to make apparently unwise lifestyle choices and to refuse services are respected. An assessment of the person's mental capacity to make decisions in this respect must be taken into account with specific consideration of the risks and safety implications of the decisions being made. Rather than a passive approach, staff will be supported to undertake active decision making as whether or not to intervene in cases of self-neglect and it is important that the decision making in this respect is kept under constant review.

It is essential that people working in social care are aware of the rights of individuals in law and of the duties, powers and responsibilities of the Local Authority as well as those of other agencies.

## What is self neglect?

The term self neglect is not included in the definition of elder abuse that is in common usage in England. Self neglect is considered as:

***“the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community.” (Gibbons, 2006, page 16)***

People working in social care have a vital role in the early recognition and prevention of self neglect and have a responsibility to recognise and act upon the risk factors associated with self neglect. Some common risk factors associated with self neglect, particularly in older people include age-related changes that result in functional decline, cognitive impairment, frailty or psychiatric illness, which will increase vulnerability to abuse, neglect and self neglect, as well as increase the potential for developing a number of underlying health conditions.

## Assessment of self neglect

*Working together to effectively assess the needs of people receiving care and support*

Where a person with needs of care and support is self neglecting and/or refusing services and in so doing placing themselves or others at risk of significant harm, a multi-disciplinary approach must be adopted and information shared with the service user about the risk(s) of non intervention/intervention. A risk assessment will need to be undertaken which gives consideration to the following aspects of the person's life:

- Observation of home situation
- Engagement in activities of daily living
- Functional and cognitive abilities of the person
- Family and social support networks
- Underlying medical conditions
- Underlying mental health conditions or substance misuse issues
- Environmental factors
- Domiciliary care and other services offered/in place
- Environmental health monitoring
- Neighbourhood visiting by voluntary organisations
- Money management and budgeting.

This assessment may identify the need to refer people with self-neglect for a more specialist assessment. Where there is actual self neglect or significant risk of it, the practitioner will, in the course of the assessment, need to make and record their judgment about the risks and what an appropriate response to these should be.

## Intervention and management

### *Building a positive relationship with people receiving care and support*

The person should, as far as possible, be included and involved in the assessment process and in developing a Safeguarding Plan to reduce or eliminate identified risks. Under normal circumstances, the person should be invited to attend any case conferences.

Where the person continues to refuse all assistance and they have been assessed as having the mental capacity to understand the consequences of such actions, this should be fully recorded. This should also include a record of the efforts and actions taken by all agencies involved to provide support.

A capacity assessment should be carried out if appropriate, to determine if the person has the capacity to make decisions and time specific decisions.

Where a person is unable to agree to have their needs met because they lack the mental capacity to make this decision, then the 'best interest' decision making process should be used.

If the care management process/care programme approach has not been able to mitigate the risk of 'serious self neglect which could result in significant harm', the matter should then be referred under the Safeguarding Adults Procedure in order that all subsequent decision making (about what action is or is not taken) occurs within a multi-agency framework.

This process will not affect an individual's human rights but it will ensure that respective partner agencies exercise their duty of care in a robust manner and as far as is reasonable.

In exceptional circumstances it may be necessary for staff employed by the local social services authority to intervene using *S.47 National Assistance Act 1948*. This provides for an application to be made to a court of law by the Director of Public Health. If such a course of action is felt to be necessary by staff, following a discussion in professional supervision, legal advice should be sought as soon as practicable.

## Mental Capacity Act and Best Interests

*When someone is believed to be lacking mental capacity to make decisions for him/herself* staff should always consider:

- Is there a need to formally assess and record that the person who is believed to be lacking mental capacity - to make a specific decision - is in fact mentally incapable of making that decision?
- Is it likely that the person may regain mental capacity in the future and therefore should be involved and can make that decision for him/herself in the future?
- The wishes, feelings, values and beliefs of the person who has been assessed as lacking mental capacity
- The views of family members, parents, carers and other people interested in the welfare, if this is practical and appropriate, of the person who has been assessed as lacking mental capacity

- The views of any person who holds an enduring power of attorney (pre-October 2007) or a lasting power of attorney (from October 2007) made by the person now lacking capacity
- The views of any deputy appointed by the Court of Protection to make decisions on the person's behalf
- Whether any decisions that need to be made have in fact already been made based merely on the appearance, age, medical condition or behaviour of the person who has been assessed as lacking mental capacity
- Whether people are being motivated by a desire to bring about the death of the person who has been assessed as lacking mental capacity, or are making assumptions about the quality of that person's life
- Any other information that may be relevant.

## Links to relevant documents

[Mental Capacity Act 2005](#)<sup>1</sup>

[Mental Health Act 1983 \(revised 2007\)](#)<sup>2</sup>

[Office of the Public Guardian \(Mental Capacity Act\)](#)<sup>3</sup>

[Department of Health \(Mental Capacity Act Deprivation of Liberty Safeguards\)](#)<sup>4</sup>

[Multi-agency Policy, Procedures and Guidance \(Southampton, Hampshire, Isle of Wight and Portsmouth\)](#)<sup>5</sup>

## Selected references

- Day, M.R., Leahy-Warren, P. (2008) Self-neglect 1: recognising features and risk factors. *Nursing Times* 104: 24, 26–27.
- Day, M.R., Leahy-Warren, P. (2008) Self-neglect 2: nursing assessment and management. *Nursing Times* 104: 25, 28-29.
- Gibbons, S. (2006). Primary Care Assessment of Older People with Self-Care Challenges. *Journal of Nurse Practitioners*, 323-328.
- Poythress, E.L.; Burnett, J.; Naik, A.D.; Pickens, S.; Dyer, C.B. (2006). Severe Self-Neglect: An Epidemiological and Historical Perspective. *Journal of Elder Abuse and Self-Neglect*, 18 (4), 5-12.

---

<sup>1</sup> <http://www.southampton.gov.uk/living/adult-care/mentalhealth/default.aspx>

<sup>2</sup> [http://www.dh.gov.uk/en/Healthcare/Mentalhealth/InformationontheMentalHealthAct/DH\\_4001816](http://www.dh.gov.uk/en/Healthcare/Mentalhealth/InformationontheMentalHealthAct/DH_4001816)

<sup>3</sup> <http://www.publicguardian.gov.uk/mca/mca.htm>

<sup>4</sup> <http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/index.htm>

<sup>5</sup> <http://www.southampton.gov.uk/living/adult-care/careprofessionals/safeguardingadultspolicy.aspx>

