

Self-Neglect Thematic Safeguarding Adult Review (SAR) (March 2022)

Learning Briefing

This thematic SAR was commissioned to learn from the circumstances around the deaths of six people related to aspects of self-neglect, in Hampshire between March 2020 and January 2021. The six SAR subjects are three women and three men, all of white UK ethnicity. All lived alone, apart from Barbara who lived with her husband, he was in hospital at the time she died.

1. The impact of the COVID pandemic on people and services

- Health and safety requirements during the pandemic meant that many people were not seen face to face and /or their living situation was not known until emergency services entered their household.
- Workshop participants noted that whilst the reliance on technology to communicate was effective for day-to-day issues, **people who were self-neglecting and/or experiencing a decline in mental or physical health needed face to face encounters to appreciate and empathise with their situation.** Research¹ has begun to emerge about social work responses to self - neglect during the pandemic, emphasising the **importance of using ‘professional judgement’ when working remotely and the importance of face-to-face visits to people who are self-neglecting.**
- The people considered by this SAR were already isolated or at risk of isolation. **During the pandemic lockdowns they lost the support they had or were isolated from friends and family** or furloughed from work.

2. Engagement

- **Good information gathering will help to identify what type of engagement a person can tolerate** initially, who is in their network who may be able to help, whether their current circumstances mean that they may be more open to support than in the past.
- Workshops participants emphasised the importance of a **creative approach to engagement**, for example letters may be hard to read, frightening or added to a pile of unread mail. We may need to make joint approaches with the referrer, many referrers who adopt an ‘outreach approach’ spoke of the frustrations of being ‘stuck’ between a person who has consented to referral but is ambivalent and an agency who does not visit in person or jointly.
- **Referrers will need to remain involved in order to facilitate engagement.** Practitioners may well need to meet the adult outside the home initially. Systems and workflows are needed that can ‘flex’ to help services to engage with the person, for example visiting a person rather than sending appointments, working outside of usual hours to secure engagement, extending the expected time taken to work with a person.
- Workshop participants noted that organisations sometimes disengage on the basis of assumption about a person’s situation. This can be about a belief that a person is making a ‘capacitated choice’ and not considering the impact of addiction, mental health or trauma on how the person is

¹ 1 Manthorpe, J; Harris, J; Burrige, S; Fuller, J; Martineau S; Ornelas, B; Tinelli, M and Cornes, M (July 2021) Social Work Practice with Adults under the Rising Second Wave of COVID-19 in England: Frontline Experiences and the use of Professional Judgement. BJSW Vol 51 no 5 pps 1879-1896.

living their life. **If organisations are reporting that a situation of self-neglect is high risk, services should not disengage on the assumption that the person is making a capacitated choice to refuse support.**

- **Practitioners need clear guidance on risk and rights in order to resolve the ethical challenges of balancing a person's rights to privacy with the duty of care to uphold all human rights including the right to life.** Bray et al (2017)² remind us that practitioners who work with people who self-neglect may struggle to manage the tensions between respect for autonomy, self-determination and the legal duties to safeguard and protect, which can then result in practitioners failing to employ respectful challenge and concerned curiosity.
- **Advocacy can be a key support to efforts made to engage with the person** by introducing a neutral person whose purpose is to understand and promote the perspective and voice of the person who organisations might find hard to engage.
- Good information gathering at the point of referral can help to **identify windows of opportunity** as can the recognition of a window by all services encountering the person. **Valuable opportunities can be presented when a person is out of their usual environment and in hospital or is very ill and recognising the need for help**, or when the fire officer or emergency service has managed to get inside the door.

3. Professional curiosity and legal literacy

- Professional curiosity protects practitioners from making assumptions about what is happening in a person's everyday life, how and why they make decisions, what is important to them³. **In the cases of all six people an assumption was made that they were capacitated and making a choice about how they lived their lives.** The powerful influences that may have affected their behaviour, childhood or adult trauma, addiction, shame about environment and circumstances, grief about increasing disability, fear of loss of control, were not recorded and do not appear to have been considered.
- **If we focus only on a person having decisional capacity, we will not understand the person's ability to carry out their decision (executive capacity) and what prevents them from doing this.** Practitioners can be fearful of limiting a capacitated person's 'right to make unwise choices' and this common misconception of the Mental Capacity Act legislation⁴ creates the incorrect idea that adults have 'a right to make an unwise choice'. It is unhelpful to adopt the view that an adult who is self-neglecting is making a capacitated 'lifestyle choice'. Such a phrase, commonly used, implies a freedom of choice which may not be the case e.g. the adult may be restricted by the duress of others, addiction or powerful feelings of shame or fear.
- **A local authority has a duty to assess the care and support needs of a person (Care Act s11) if it believes the person is experiencing, or at risk of, abuse or neglect.**

4. Alcohol misuse

- All six of the SAR subjects misused alcohol. The SAR subjects who had **pre-existing alcohol issues** escalated in their use of alcohol or may have returned to a pattern of drinking to cope with challenging times related to the pandemic.
- Workshop participants identified that they struggled to assess mental capacity when people misused substances. It is important to **assess when the person is not intoxicated and consider executive capacity and the impact of addiction in this context.**⁵

² 5 Braye, S., Orr, D. and Preston-Shoot, M. (2017), "Autonomy and protection in self-neglect work: the ethical complexity of decision-making", Ethics and Social Welfare, Vol. 11 No. 4, pp. 320-35

³ 6 Thacker, H; Anka, A; Penhale, B (2019) Could curiosity save lives? An exploration into the value of employing professional curiosity and partnership work in safeguarding adults under the Care Act 2014 The Journal of Adult Protection Vol. 21 No. 5 2019, pp. 252-267

⁴ [How misinterpretation of 'unwise decisions' principle illustrates value of legal literacy for social workers - Community Care](#)

⁵ Professor Michael Preston -Shoot and Mike Ward (2021) How to use legal power to safeguarding highly vulnerable dependent drinkers Alcohol Change find at <https://alcoholchange.org.uk/publication/how-to-use-legal-powers-to-safeguard-highly-vulnerable-dependent-drinkers>

5. Making Safeguarding Personal

- In the months before they died reports about the circumstances some of the people were living in were reported by emergency services. In situations when an immediate home visit is not possible situations, we must rely on the reports of emergency organisations who have visited about the level of concern they found. In those cases, it may be necessary to press forward with an enquiry and plan for risk mitigation.
- The **barriers to engagement experienced by the six people within the SAR may have been mitigated by the appointment of an advocate** were these people to have been considered under the s42 duty.

6. Self-neglect and hoarding

- Workshop participants noted that they felt **more confident in identifying hoarding behaviour than behaviour that may indicate self-neglect and were unsure about the early indicators of self-neglect** or the **signs of risk that suggest a multi-agency response is needed**.

7. Making referrals

- **Workshop participants were not always sure when to refer cases to the local authority to decide whether the section 42 duty applied, and whether they could refer without the person's consent and in what situations they should do so.** Further work is needed to enable referrers to clearly and confidently identify and detail concerns.
- **Organisations who made safeguarding referrals but did not always know the outcome,** which means the referrers cannot provide further information or escalate if they believes that the outcome decision is wrong.

8. When does the section 42 safeguarding duty apply?

- How self-neglect and its associated risks are understood, are areas which are problematic nationally⁶. **Professional curiosity, understanding and using legislation correctly, being aware of the risks around transition and using creative partnership working** have been identified as important in national research.⁷
- The lead reviewer thought that the six people considered within this SAR met the criteria for the s42 duty, however the local authority s42 safeguarding duty was not used in response to referrals even though the risks reported were high.
- Current statutory guidance⁸ advises us that *'it should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support'*. (DHSC Chapter 14.17)
- **The adults reviewed had range of care and support needs and their hoarding behaviours and self-neglecting behaviours demonstrated a risk of or actual abuse.** It seems that self-neglect is not always recognised as 'serious' and has been incorrectly viewed as different from other forms of abuse because it is self-inflicted with no third party involved.
- The third criteria for use of the section 42 criteria is about the person's ability to protect themselves, and in the case of self-neglect this is termed in statutory guidance as 'the ability to protect themselves by controlling their own behaviour'.
- **In the cases seen an emphasis was put upon whether the person had capacity to make decisions, and in all cases it appears to have been presumed that they did. However having the mental capacity to make decisions about behaviour is not the same as having the ability to protect oneself or control one's own behaviour.** The concept of executive

⁶ Preston-Shoot, M; Braye, S; Preston, O; Allen, K; Spreadbury, K (2020) *Analysis of Safeguarding Adult Reviews April 2017 – March 2019*. Local Government Association. at

<https://www.local.gov.uk/sites/default/files/documents/National%20SAR%20Analysis%20Final%20Report%20WEB.pdf>

⁷ Preston-Shoot, M., 2017. *On self-neglect and safeguarding adult reviews: diminishing returns or adding value?* The Journal of Adult Protection, 19(2), pp. 53-66.

⁸ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>

capacity or put simply, the degree to which addiction, mental or physical health, trauma etc. stops the person acting on their decision, must be understood in each circumstance.

- The statutory guidance says that '*An assessment should be made on a case-by-case basis*', it does not say that other routes should be attempted before the decision that the s42 duty applies is made. **When a person appears to be frail or physically/mentally unwell and is presenting with risks that are life endangering that they struggle to overcome the s42 duty will apply.**
- **If a person appears to be at great risk the section 11 'refusal of assessment' duty⁹ must be considered, but high-risk situations need to be considered under the s42 duty.** Discovering whether the situation is as risky as described initially will be ascertained via information gathering under s42(1) and/or enquiry under s42(2).
- In Hampshire it is possible to convene a Multi-Agency Risk Management (MARM) meeting. These meetings are underpinned by rigorous guidance¹⁰ which supports the person's involvement and multiagency co-operation in problem solving or risk mitigating with the person. However although the MARM process is aligned to the Care Act it is not underpinned by statutory duties including the duty to cooperate or indeed the s68 duty to commission advocacy when a person has no representative and would experience substantial difficulty in being involved in their own safeguarding. The guidance has perhaps contributed to a culture where self-neglect is not thought of as something which sits under the s42 duty but is dealt with using other arrangements for multi-agency or single agency working.
- **An adult who meets the criteria for use of the s42 should be considered under the s42 duty. That does not necessarily mean that other steps cannot be taken, but that there is a clear and robust process for information gathering, decision-making and communication.**

9. Making decisions

- 'Front-door' decision making teams must gather information and make decisions quickly in environments that are pressured. Detailed referrals are vital, together with external referrers who make themselves available for follow up discussions and can provide further detail, facilitate joint visits or undertake follow up actions.
- **Decisions to signpost or refer on to other organisations were not always underpinned by good information gathering.** Before signposting adults to other services you should:
 - ensure that the person is able to use the pathway they are directed to – do they have the cognitive and physical ability to make connections with other organisations, to self-refer.
 - ensure that the person is able to access the internet and/or has a working telephone in their home.
 - Look for historical records which might indicate previous concerns
 - Highlight the 'window of opportunity' that has opened if one is recognised
 - Look for factors which may impede the person or their family in accessing support from other agencies e.g. if a person is directed to their GP for support it is important to understand whether the person is reluctant to go to the GPs surgery.

⁹ Care Act 2014 s11 Section 11 – Refusal of assessment

(1) Where an adult refuses a needs assessment, the local authority concerned is not required to carry out the assessment (and section 9(1) does not apply in the adult's case). (b) the adult is experiencing, or is at risk of, abuse or neglect.

¹⁰ 4LSAB (2020) *Multi-Agency Risk Management Framework 2020*

Learning points

Learning Point 1 - Organisations must strive to find ways to identify people who are vulnerable to self-neglect and think about how harm can be prevented during the on-going pandemic.

Learning Point 2 - We need to develop positive, flexible and creative approaches to engage people who are self-neglecting. We need to understand the barriers we as organisations erect to engagement rather than decide that the person has disengaged with us (e.g. use of advocacy or specific support services to work alongside people to achieve longer term change). Organisations may require training and mentoring to recognise and confidently use a 'window of opportunity'.

Learning Point 3 - Legal literacy will improve the guidance used in Hampshire to support work with people who self-neglect and to make the statutory duties of local authorities and partner organisations clear. It will also improve the preventative and reactive responses made to people who self-neglect including hoarding (e.g. what a care and support need is, in what circumstances we should apply the principles of the Mental Capacity Act and what the statutory guidance says about self-neglect).

Learning Point 4 - All organisations work with people who misuse alcohol, we all need an awareness of useful approaches to supporting a person to access help, discuss and where possible mitigate risks and promote wellbeing.

Learning Point 5 - Referrals from emergency services or other organisations may be the only insight we have into a situation where a person is at high risk of harm through self-neglect. The inability to use a person-centred approach must not prevent considering and acting on the risk information contained in the referral.

Learning Point 6 - Single and multi-agency responses to self-neglect will benefit from a shared and commonly understood definition of self-neglect and what is considered 'high-risk' self-neglect.

Learning Point 7 - Transitions can create the risk of loss of continuity and information, putting individuals at risk. Project planning must always factor in and mitigate risk to the people using services. Individual transitions are also risky, as a person moves through different services whilst in crisis efforts must be made to ensure their risk information goes with them.

Learning Point 8 - If it is unclear whether a person meets the criteria for the s42 duty information gathering under s42(1) should be initiated. This will enable a decision based on 'reasonable cause to suspect' that the person either meets the criteria for use of the s42 duty or does not. If there is still uncertainty an enquiry under s42(2) will be necessary. It may then be decided that alternative pathways or multi-agency meetings are appropriate, but only after consideration based on information gathering, not solely on the basis that the person is self-neglecting or hoarding.

Learning Point 9 - Managers will need to be alert to the need for continual support to practitioners under pressure. Practitioners need tools that support decision making, professional curiosity, flexibility to change working practices and expectations to accommodate the need for extra information gathering or multi-agency working.

Learning point 10 – Organisations worked hard to provide support, but often did so as single agencies, and did not work coherently together. Multi-agency partnerships are the powerful vehicles which underpin adult safeguarding. Partnerships will be most effective when there is a framework to support cooperation, mutual respect and a common understanding about the basic elements of good safeguarding practice.