



## **‘QUICK GUIDE’ TO SELF-NEGLECT POLICY AND BEST PRACTICE GUIDANCE**

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Detail of review amendments	Quick Guide to Revised Self Neglect Policy and Guidance, July 2018 which includes learning from B&NES Safeguarding Adult Reviews. March 2019 – Change to Virgin Care Adult safeguarding team and new telephone number. August 2019 - Change ‘executive capacity’ to ‘executive functioning’.

**This Quick Guide is not a substitute for the full Policy but should be read in conjunction with the full REVISED SELF-NEGLECT POLICY AND BEST PRACTICE GUIDANCE.**

## KEY MESSAGES RELATING TO PEOPLE WHO SELF-NEGLECT

The following key messages are drawn from research, practitioners' experience and lessons learned from Safeguarding Adults Reviews (SARs):

- **All agencies** have a role in supporting people who self-neglect, so please ensure you and your agency are fully committed to playing your part
- Try to find out **why the person is self-neglecting** – this may be connected with trauma, grief, mental health episodes or other experiences
- Try to really **get to know the person** and 'get alongside' them
- Don't just look at the current picture, but try to piece together the **person's life story** and find out what is important to them
- Be prepared for **long-term involvement** – self-neglect situations are rarely resolved quickly
- Look at the person's **family network** and any **community networks** and think about how these might help support the person (consider whether a Carer's assessment is needed)
- Communicate clearly and regularly with **all those involved with the person**
- Be clear about **your role and responsibilities** and those of **others**
- Undertake a **thorough risk assessment** and explain your concerns openly to the person who is self-neglecting
- Consider **mental capacity** in relation to the decisions which need to be made – is the person able to understand information / retain it / weigh it / communicate their decision?
- Also consider the person's '**executive functioning**' – they may appear to understand but can they / will they see the decision through in practice?
- Consider whether **advocacy** is needed
- Remember that '**self-funders**' are just as entitled to a care and support assessment as others whose care is funded by the Council
- Be prepared to **challenge** decisions if you don't agree with them, and escalate them if necessary
- Don't dismiss self-neglect as a '**lifestyle choice**' or take an initial rejection of support as final
- **Don't close a case** simply because the person refuses an assessment or won't accept a plan
- Self-neglect can be found in all areas of society, but **those who are homeless or living in temporary accommodation** may be at greater risk
- Always remember to '**Think Family**' and consider any risks to those living with or closely related to the person who is self-neglecting

## 'QUICK GUIDE' TO THE SELF-NEGLECT PROCEDURES (1)

Self-neglect concern identified

The agency / individual, providing ongoing support, which has identified self-neglect concerns convenes a **Multi-Agency Risk Management Meeting** to discuss the person's situation. All agencies expected to work together to review risks, and to agree on a support plan, strategies for engagement, monitoring arrangements and agency roles and responsibilities.

Note: please refer to points 2-4 below if the person appears to have a health or care and support need.  
**Refer immediately to Safeguarding if risks are considered high or very high**

Self-Neglect Plan drawn up (with the individual where possible) and Lead Agency / Lead Worker identified. Plan to include consideration of need for Care Act assessment and a strategy to include engagement with the person.

Mental Capacity to be assessed in relation to each risk identified, as appropriate. If person assessed as lacking mental capacity, Best Interests Decision to be made under MCA.

Regular Review Meetings held to review Plan.

Has Plan been successful in decreasing / moderating risks to acceptable level?

Yes

Self Neglect case closed when agencies are satisfied that sufficient progress has been made.

No

Safeguarding 'concern' (alert) raised:  
Virgin Care Adult Safeguarding Team  
- 0300 247 0201  
Out of Hours - 01454 615165

If risks considered high/ very high, refer immediately to Safeguarding.

Initial enquiry: Virgin Care/AWP  
Assess level of risk and significance to individual's circumstances and possible consequences.

- Complete risk indicator assessment tool (Appendix 1) and discuss with Council SA & QA Team.
- Decision by SA & QA Team within 4 working days.

Follow Self Neglect procedures. Lead agency identified.

'No further action' or S.9 needs assessment or other limited actions

Section 42 Enquiry – Formal Safeguarding Procedures, using B&NES Multi-Agency Safeguarding Adults Policy and Procedures.

## **'QUICK GUIDE' TO THE SELF-NEGLECT PROCEDURES (2)**

1. It will normally be the responsibility of any agency/individual providing ongoing support, which first identifies an issue of Self-Neglect, to arrange an initial Multi-Agency Risk Management (MARM) meeting.
2. **However, where the person appears to have a need for care and support, a referral for a Care Act assessment should be made and this should be undertaken by Virgin Care or AWPT (as appropriate) within 28 days.** The agency/individual identifying self-neglect must consider whether a MARM meeting needs to be convened before the outcome of the assessment has been undertaken.
3. **Similarly, where the person appears to have specific health needs, a referral should be made to the appropriate Health professional(s) for relevant assessments to be undertaken.**
4. The agency/individual identifying the self-neglect concern should, wherever possible, make the person aware that they are referring them for the Health or social care assessment.
5. **An immediate Safeguarding Adults referral must be made if the risks are considered high or very high or where there appear to have been acts of neglect or abuse by a third party.** However, where this is not the case, these Self Neglect procedures should be followed.
6. A 'Lead Agency' should be agreed at an early stage – this should be the most appropriate agency involved with the person, e.g. Virgin Care, AWPT, a GP, the RUH, the police, a Housing agency or any other organisation involved with the person, either statutory or voluntary.
7. The self-neglecting person should always be informed of the meeting and invited to attend.
8. It will be the responsibility of all agencies to prioritise MARM meetings and discussions and to fully co-operate with the process, giving cases of Self-Neglect the same weight as those under the Multi Agency Safeguarding Adults Procedures. Any disputes regarding non-co-operation by a relevant agency which cannot be resolved should be escalated to the Council's Director of Safeguarding and Quality Assurance.
9. The MARM will consider any risk assessments which have been undertaken and decide what actions are required to engage and communicate with the person, by whom and by when. It will also agree a 'Lead Worker' to co-ordinate actions, and will set a date for a review meeting. A record of the meeting will be made and distributed as soon as possible after the meeting takes place (an agenda template is attached at Appendix 2).
10. While the Lead Worker will be responsible for co-ordinating and leading the work to engage the person, it remains the responsibility of all other agencies to work in partnership with the Lead Worker with the aim of improving the wellbeing of the person who is self-neglecting, and minimising risk to the person and others. The Lead Agency / Lead Worker role may change at any time if there are strong reasons to do so, but this decision should be clearly recorded and communicated to all those involved.

11. Following initial attempts to engage the person / minimise risks, including (where relevant) assessments of the person's mental capacity, a Review Meeting will be held to review progress, and further reviews will be arranged as required.
12. Creative approaches may well be needed to engage the person – and a Care Act (s.9) assessment of support needs and/or Carer's assessment may lead to services being provided.
13. A Safeguarding Adults referral can be made at any time if the risks have increased or cannot be adequately addressed.
14. The Self-Neglect Multi-Agency process will be only be closed when a clear reduction in risk can be demonstrated or when the case is escalated to the Safeguarding Adults procedures.
15. At the point of closure, a plan should be drawn up to establish ongoing arrangements for monitoring the situation (as appropriate) and this should include arrangements to ensure that the person themselves and / or people in the person's network know how to raise any further concerns in the future.

July 2018 (Amended March 2019 and August 2019)