1. **Definition of Self-Neglect**
   There is no accepted operational definition of self-neglect nationally or internationally due to the dynamic and complexity of self-neglect.

2. Gibbons in 2006 (1) defined it as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who self-neglect and perhaps too to their community.

3. The definition shows the negative impact of self-neglect for the person, their family and community. Self-neglect can have physical, social, environmental and health consequences.

4. There are many ways in which people may neglect themselves which could include:
   - Not undertaking personal hygiene which endangers their health
   - Not maintaining adequate levels of sanitation which endangers their health or wellbeing and that of others.
   - Not eating healthily or taking prescribed medication
   - Neglecting their home environment
   - Not disposing of rubbish
   - Hoarding items
   - Poor household hygiene resulting in infestation or infection to self or others
   - Substance misuse

5. It is recognised these examples can be discriminatory value judgements and professional sensitively in this is a concern for practitioners. There are differentials between self-neglect which is intentional and that which is non-intentional. The first occurs when a person makes a conscious or subconscious choice to self-neglect, such as alcohol or substance misuse whereas the second can occur as a result of underlying health related conditions, which may contribute to the risk of self-neglect. This may include:
Cognitive impairment, dementia, frontal lobe dysfunction, chronic illness and mental health problems.

6. **Legislation**
There are many legislative responsibilities for local social services to intervene in some way with the care and welfare of adults who are vulnerable, but there is not a significant amount of legislation for those who self-neglect. The Legislation which can be used is covered in Appendix 1.

7. **Community Care/Care Programme Approach**
Managing the balance between protecting vulnerable adults from self-neglect against their right to self-determination is a serious challenge for the public services.

7.1 In the majority of cases the community Care process or the Care Programme Approach assessment, care planning and review will be the best route to provide appropriate intervention in self-neglect. This will respect the person’s right to make unwise choices where there is capacity.

7.2 However it is recognised that some people who self neglect regularly use emergency services inappropriately or make high demand on services on a day to day basis but do not necessarily present as requiring a Community Care Assessment. This high usage or inappropriate use of service can be an indicator of vulnerability which should be collated by agencies and the appropriate intervention considered.

7.3 The Community Care assessment should include a description of the self-neglect being identified, the person’s perception of their situation and the willingness to accept support. Information from family members; people in the clients social network and other professionals can assist in gathering information and identifying issues concerning capacity.

7.4 The professional judgement of staff can make a positive and effective contribution to the early recognition and prevention of self-neglect. Staff should be encouraged to recognise when a client is not engaging with an assessment or care plan/care programme approach so as to avoid collusion and to examine with support the issues this may present.

7.5 Professional supervision should be used to explore the dynamic of the situation and how best to address the issues.

7.6 Where a vulnerable adult with capacity has made a decision that they do not want action taken to support them, or to take action to protect themselves, the risks of this decision must be discussed with the person to ensure they are fully aware of the consequences of their decision.

Respect for the wishes of a vulnerable adult does not mean passive compliance - the consequences of continuing risk should be explained and explored with the vulnerable person.

7.7 Multi-agency meetings, within the Care Management setting, to consider options for encouraging engagement with the vulnerable adult i.e. to consider which professional is best placed to engage with the person, or to consider an
alternative care plan should be agreed upon, documented in the client's records and discussed with the vulnerable adult. The case file should also include a record of the efforts and actions taken by all other agencies involved, these agencies will want to keep their own records of their specific involvement.

7.8 When working with potentially reluctant service users the risks for partial communication or miscommunication between agencies is greater than usual. It is important to ensure that the purpose of an assessment is clear and that all the relevant information is available to those who undertake any assessments.

7.9 The case should not be closed because the vulnerable adult refuses to accept the plan.

7.10 If the care management process/care programme approach is not able to mitigate the risk of serious self-neglect which could result in significant harm, it should be referred to the safeguarding adults process.

8. Safeguarding Adults Policy

8.1 This policy will apply where a vulnerable adult is considered as being subject to serious self-neglect which could result in significant harm and
- They have refused to engage with services without which their health and safety needs cannot be met.
- They have repeatedly used emergency services inappropriately or/and make regular contact with other services for assistance but do not necessarily meet the criteria for service.

In these circumstances all agencies must use the safeguard adults process. All attempts must be made to continue to include the vulnerable adult in this process.

8.2 The process laid down in the Safeguard & Protection procedures can be used to work with the person who self-neglects.

The format for the Strategy, Case Conference and Protection Plan can be used to minute the agreed action.

8.3 Additional Considerations for the Strategy meeting in a case of Self Neglect
- Record the efforts and actions taken by all agencies to engage the person under the Care Management or Care Programme Approach.
- Consider whether the person should be dealt with under the Safeguard and Protect procedures. Any disagreements between agencies should be noted with the reasons for this disagreement documented.
- Agree that if the matter is to be managed under the Safeguard and Protect Procedures one agency/officer should be appointed to have overall responsibility for coordinating the activities if this cannot be agreed within the meeting then Senior Managers should be requested to make this decision within the appropriate organisation.
- Agree that if several agencies remain involved in the safeguard activities each agency should have one officer who takes responsibility for the action of their agency.
- Agree the need for a formal assessment of capacity specific to the
behaviour which is causing the self-neglect. The meeting should agree who should undertake this assessment and agree timescales. If one has already been completed a reassessment may be considered if the situation has deteriorated as the Mental Capacity Act recognises that capacity can fluctuate.

- Recognise that the person who self neglects may, as a cause, or effect, of that self neglect, be isolated. This appointment of the Advocate to support and empower them in the process should be considered.

8.4 Additional Considerations for the Adult Protection Case Conference in a case of Self Neglect
- Consider the persons response to the information given to them.
- Record fully when and where the vulnerable adult has been assessed as having the mental capacity to understand the consequences of their actions.
- Explore the risks of non-intervention and ensure this is documented.
- In cases of perceived significant harm, consideration should be given to arrangements for monitoring the circumstances in case of further deterioration and the need for statutory intervention. This may require some form of low level and less intrusive monitoring. Multi-disciplinary and a Multi Agency approach is very important in the day to day management of complex cases of self-neglect and several agencies may be involved in this low level monitoring.

8.5 Additional Considerations for the Protection Plan in a case of Self Neglect
- Record where the situation is not currently felt by the professionals present to meet the required threshold for a protection plan. The meeting should record what would need to change in the persons circumstances for statutory intervention to become feasible. A person who lacks capacity has recourse in law to the Court of Protection. The court will however expect to see evidence of a professional decision making and recording having already taken place. The Protection Plan should inform this process.

8.6 Additional Considerations in a Review in a case of Self Neglect
- Identify if the vulnerable adult has co-operated with different types of intervention and whether the Protection Plan requires adjustment to reflect this.
- Identify whether the vulnerable adult has accepted or refused the intervention. Where the vulnerable adult continues to refuse all assistance and they have been assessed as having the mental capacity to understand the consequences, this should be fully recorded with a signed agreement from the vulnerable adult sought, confirming their refusal to accept assistance. The correspondence will make clear that, should the vulnerable person change his/her mind about the need for services, then the person can contact the relevant agency at any time in the future for a reassessment.
- Identify whether confirmed reviews are required, whether the case can be managed under Care Management rather than Safeguarding.
Prevention of Self-Neglect
We should support vulnerable people to support themselves within the Care Management/Care Programme Approach and Safeguarding. This could involve supporting user groups where vulnerable adults can talk about what concerns them and also get advice and information from others. We should also, as agencies, provide vulnerable adults with accessible, understandable information regularly, routinely in a variety of formats.

A.R.Harris – Interim Head of Adult Safeguarding – September 2010
1. Appendix 1 - Legislation

1.1 Mental Health Act 2007
Sections of the mental health act may be applicable in cases of self harm or self neglect where the person is also suffering from a mental disorder. In 2007 the term personality disorder, which is often present in cases of self-harm now comes under the definition of “mental disorder”.

1.2 Section 47 – National Assistance Act 1948
This gives powers to remove a person without consent to a suitable place for assessment and care for up to three months. There must be a genuine public nuisance implying hazard due to a persons unsanitary living arrangements. For a S47 order to be granted the person has to be;
- Suffering from grave chronic disease
- Or aged and infirm
- Or physically incapacitated
- And be living in unsanitary conditions
- And unable to devote to themselves or not receiving proper care.

This section 47 does however raise ethical issues for practitioners and the language is now considered to be discriminatory. The law commission have recently queried whether section 47 should be removed from statute and a consultation exercise is currently in place to examine this issue.

1.3 Sections 31-32 Public Health Act (1984)
Section 31 indicates that the occupier of a premises can be required to “cleanse and disinfect” the premises and to disinfect or destroy any unsanitary articles. If the occupier fails to comply, the local authority can take the necessary action and charge the occupier for doing so.

Section 32. The local authority can “cause any person to be removed to any temporary shelter or house accommodation provided by the authority”, with or without their consent using reasonable force if necessary.

1.4 Section 135 Mental Health Act
Provides the authority to seek a warrant authorising a Police Officer to enter premises if it is believed that someone is suffering from a mental disorder, is being ill treated or neglected or kept otherwise than under proper control anywhere within the jurisdiction of the court, or being unable to care for himself and is living alone in any such place. This allows the Police Officer with a Doctor and approved Mental Health professional to enter the premises and remove the person to a place of safety for a period of up to 72 hours with a view to an application being made under part II of the Act, or other
arrangements for their treatment or care.

A place of safety may include a suitable registered care home.

1.5 **Section 7 of the 2007 Mental Health Act – Guardianship**

Application for guardianship is made by an approved Mental Health Professional or the person’s nearest relative (as defined under the Act). Two Doctors must confirm that;

- The patient is suffering from a mental disorder of a nature or degree that warrants reception into guardianship and;
- It is necessary in the interests of the patient’s welfare or for the protection of others.

The guardian must be a local social services authority, or person approved by the social services authority, for the area in which the proposed guardian lives. Guardianship requires;

- Patient to live at a place specified by the guardian
- Patient to attend places specified by the guardian for occupation, training or medical treatment (although the guardian cannot force the patient to undergo treatment)
- Ensure that a doctor, social worker or other person specified by the guardian can see the patient at home.

1.6 **Mental Capacity Act 2005**

Dudley has a practice guidance document for staff on the Mental Capacity Act on the Intranet website. This exists to provide guidance to staff, to aid local implementation and a wider understanding of the mental capacity act codes of practice.

These guidance notes indicate;

- Who should assess capacity
- Whether the person has made an advance decision or given authority to someone else to make this decision.
- How to determine “Best Interest” and when to call a Best Interest meeting.
- The role and function of the Independent Mental Capacity Advocate.
- The role of the Court of Protection
- The deprivation of Liberty Safeguards.

When considering someone who self-neglects it is important to remember that when a person makes a decision which is unwise, inappropriate or places themselves at risk, this does not mean that they lack capacity to make that decision. Poor decision making does not constitute lack of capacity. The assessment of capacity must be based on the person’s ability to make a decision in relation to the relevant matter. In case of self-neglect where a person is repeatedly making decisions that place him/herself at risk and could result in preventable suffering or damage, an assessment of capacity should be undertaken.

When a vulnerable adult has been assessed under the mental capacity act as lacking capacity, a referral to the Independent Mental Capacity Advocate will assist to ensure any action taken must be on the basis of the person’s best interest.

The action taken should consider;

- The wishes, feelings, values and benefits 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 of the person lacking capacity, if it is practical and appropriate.
- The views of any person who holds an Enduring Power of Attorney or a Lasting Power of Attorney.
- The views of any Deputy appointed by the Court of Protection to make decisions on the persons behalf.

Whether any decisions that need to be made can be determined as having been made by the behaviour of the person who has been assessed as lacking mental capacity.