



## WSAB Special Briefing August 2022

### The New Self-Neglect Policy

This revised guidance was produced through a collaborative approach, with a range of statutory and voluntary sector stakeholders, across Herefordshire and Worcestershire. It is for practitioners (both paid and voluntary) who have contact with people who persistently self-neglect, often combined with hoarding behaviour and including people who sleep rough. It aims to:

- Clarify the multi-agency pathway to provide support
- **Introduces the concept of significant harm requiring a S42 enquiry**
- Is based on approach of No Wrong Door

### Safeguarding duty – changed emphasis:

- The person has care and support needs
- They are experiencing or at risk of self-neglect
- Because of their care and support needs are unable to protect themselves from either self-neglect or the risk of experiencing self-neglect – the person is unable to protect themselves by controlling their own behaviour which links to the concept of significant harm

[Link to Self-Neglect and Hoarding Policy](#)

### The revised pathway

- Concerns should be discussed with the person and consent obtained or consideration given to the need to refer without consent
- Referral should be made to Adult Social Care, whilst continuing to work with the person
- **Referral should be made to Adult Social Care Services either through the [Online Care Referral](#) or via Here2Help on 01905 768053.**
- Social worker allocated for Conversation 1 to gather information, establish the person's desired outcomes and whether there is a risk of significant harm
- Review with safeguarding team to decide whether a S42 enquiry is required due to significant harm
- If it is decided there is no current risk of significant harm the social worker convenes a multi-agency planning meeting

[Link to Self-Neglect Pathway diagram](#)

### Learning from SARS

- ▶ Nationally self-neglect the most frequent reason for a case to be referred as a SAR
- ▶ These findings are echoed in Worcestershire with 78% of local SARs concerned with self-neglect
- ▶ The analysis cited the application of the Mental Capacity Act 2005, risk assessment, assessment of needs and responding to health needs as practice areas most frequently found to need improvement.
- ▶ Assumption of capacity, without further exploration, of whether the individual can take practical steps to resolve their situation and the need for a nominated practitioner to coordinate and facilitate multi-agency working have also been themes within SARS conducted in Worcestershire.

SARs can be viewed at

[www.safeguardingworcestershire.org.uk](http://www.safeguardingworcestershire.org.uk)

## Where there is a decision of no Significant Harm

Social worker convenes an initial multi-agency safety planning (or CARM) meeting to decide:

- Lead professional (not necessarily social worker) who will coordinate the case going forward
- Best placed professional to undertake direct work with the person
- Actions needed to increase the person's safety and wellbeing
- Arrangements for feedback if the person has been unable / unwilling to attend
- Views from all attendees/contributors on level of safety / risk at this point
- Timescale for review
- Safety plan then circulated, and lead professional confirms actions completed and convenes any reviews
- Escalation policy can be used if there are disputes.  
A copy of the escalation policy can be found by following this link [WSAB Escalation Policy](#)

## Defining Significant Harm

Concept introduced by Luke Clements in Community Care and Law 6th Edition

There is no absolute definition of significant harm, so a degree of professional judgement based on available evidence is necessary.

Where self-neglect or hoarding behaviour has / is likely to result in life threatening or irreversible life changing outcomes, it is reasonable to assume that significant harm has / will occur e.g. permanent disability leading to dependency on care services, eviction leading to rough sleeping, repeated attendance at A&E, repeat victimization

**Further advice on Self Neglect can be found on our website by following these links:**

[WSAB Self neglect page](#)

[WSAB Self Neglect and Hoarding Policy](#)

## Working with people who self-neglect

Self-neglect can be a complex and challenging issue for practitioners to address, not least because of difficulties in striking a balance between respecting a person's right to autonomy and fulfilling the statutory duty of care to protect their health and wellbeing.

Practitioners must never default to the assumption that the person is choosing to make unwise decisions or that self-neglect is a 'lifestyle choice'. Sometimes the person may understand individual elements of what needs to be done to protect or care for themselves but cannot complete these actions in an integrated and sustained manner.

Understanding the person's 'story' and how they came to be in their current situation is critical to supporting them to move on from self-neglect. This also helps to make sense of seemingly unwise or inconsistent responses to offers of help.

Attempts to address self-neglect will not succeed unless practitioners have first formed a degree of trust with the person. This is best achieved through ensuring there is a consistent practitioner who is committed to this work and who is supported by their agency to invest the necessary time to work with them.

'Quick fix' approaches fail to encompass the person's underlying emotional state and are likely to be traumatising. This can result in the person rejecting further support. Intervention should seek to minimise the risk while respecting the individual's choices. It is rare that a total transformation will take place and positive change should be a long-term, incremental process

We have also produced an one page guide:

### [Think Self Neglect](#)

The revised Self-Neglect and Hoarding Policy provides links to resource for further advice on working with people who self-neglect.