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Introduction

The Care Act 2014 defines self-neglect as: “a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding” People who self-neglect will often have a combination of complex physical, mental, social and/or environmental problems, however when offered help and support from professionals they will tend to refuse assessments or support. Self-neglect is complex and a range of factors are known to be possible factors including fluctuating mental capacity, trauma, significant loss and other experiences in a person’s life. Working with people who self-neglect can be really challenging for professionals and applying standard working protocols such as closing cases for non - engagement are not appropriate.

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Background

Andy lived in Salford and died in April 2018 at the age of 32. He suffered from a number of complex medical problems, including a condition that caused his throat to swell, diabetes and renal failure which required him to have regular dialysis. Andy lived alone, his living conditions in private rented accommodation were poor and he was not claiming all the benefits he was entitled to. Andy wanted to move, however, his engagement with efforts to improve his housing or financial situation were intermittent. He was known to consistently be hard to engage. There was a pattern of rejecting assessments and treatment.

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What happened

Due to Andy’s complex medical problems, he had several hospital admissions where he came into contact with a range of health and social care professionals. However Andy often refused assessments and support offered. Andy was routinely assessed as having the mental capacity to make ‘unwise decisions’.

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What happened next?

Andy continued to miss appointments and treatment, including dialysis which led to deterioration in his health. He didn’t engage with professionals who were wanting to assess his needs. He didn’t return phone calls or respond to letters that were sent. Professionals closed his case due to non- engagement. Professionals were unaware that Andy often felt very unwell, could take a long time to answer the door or had no credit to return calls. Andy was found dead at his home.

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Further information

To read the report in full, please see:

<https://safeguardingadults.salford.gov.uk/media/1095/sar-report-ar-final-march-2019.pdf>

SSAB Self Neglect Policy and Procedure:

<https://safeguardingadults.salford.gov.uk/professionals/policies-and-procedures/self-neglect/>

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Findings continued...

5. Professionals did not appear to explore why Andy was rejecting assessments and support.
6. No change in approach or escalation despite there being no change or improvement.
7. There was an over-reliance on telephone calls and letters instead of home visits.
8. There is a need to understand the impact of poverty on a person’s physical and mental health and their well-being.
9. There were repeating patterns of not engaging followed by A&E attendances and hospital admissions.
10. Family members provided a significant insight into Andy’s life that professionals were unaware of.

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Findings

1. Safeguarding Adults procedures were not applied to manage the risk and bring agencies together (Section 42 Enquiry). This could have led to an improved and co-ordinated response.
2. There was limited evidence of mental capacity assessments, especially executive capacity in light of repeating patterns of unwise decisions.
3. The impact of his life experiences (bereavements, diabetes, renal failure, medication) on his mental capacity were not recognised
4. Salford’s multi-agency self- neglect policy and procedures outline best practice that was not followed.