

1**Introduction**

Managing complex cases where an adult has complex health conditions, self-neglects, has fluctuating capacity and an informal carer who lives with them but does not want to engage with services can be very challenging. Salford's SSAB multi—agency policy on self- neglect offers good practice guidance based on evidenced based national research on best practice. Mary was a lady with complex needs living with her son.

2**Background**

Self-neglect cases are common and require a very particular individual approach. Potentially a person who is self-neglecting with health issues puts their health and life at risk and these cases often lead to premature death. Mary's case highlighted key learning in this area.

3**Best practice**

- Promoting a person-centred approach.
- The response needs to be proportionate to the level of risk to the person and others.
- Each organisation needs to take responsibility for their role in supporting the adult.
- Multi-agency meetings are a helpful approach for more complex cases.
- Accepting self-neglect as a "lifestyle" choice and closing a case without having assessed the risk and engaged with the adult in a meaningful way is unacceptable

7**Further information**

- Self-neglect policy
- Info on advocates
- Info on working with informal carers
- Info on domestic abuse
- Self-neglect multi-agency training
- Report and action plan on case review

**4****Key Learning – Informal Carers**

- Recognise informal carers – establish their role and if they need a carers assessment
- If an informal carer is hostile, consider the implication for the person they care for and if they are under duress in any way (in addition to issues of potential carer stress).
- Informal carer may also have self-neglecting tendencies – need to ensure that the discussion re: support of the informal carer is raised and revisited regularly with the informal carer
- Remain aware of the possibility of negative dependency on an informal carer that involves an abusive element 5.
- Regardless of status of carer and their role – need to talk to person who is self-neglecting and be mindful that there could be coercion
- If coercion is suspected in any way then need to create opportunities to talk to that person without the informal carer present.
- Don't assume a person with an informal carer does not require independent advocate.

6**Key Learning – Self Neglect**

- If the person self-neglecting reaches out then that agency needs to engage with them - not refer on.
- When patients regularly DNA planned appointments there is a need for routine enquiry.
- A welfare check should only be considered complete once user has been seen and spoken to.
- Significance of sharing and recording key information between all agencies and with the service users Primary Care provider.
- In relation to self-neglect versus a right to self-determination it is a matter of professional judgement/duty of care

5**Application of MCA?**

All front line services attending emergency call outs need to assess the person's capacity to decline a service

Any assessment of mental capacity should consider the possibility that the person is being subjected to "undue influence" by another person