

A Guide to Self-Neglect Procedures in Swindon

1. An immediate Safeguarding Adults referral must be made if the risks are considered high or very high (risk of life, consider if 999 should be called also) 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.

2. 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-Disciplinary Meeting (MDT). Where a person is in hospital this may need to be an alternative professional due to the acute setting.

3. 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 the most appropriate team in Adult Social Care (ASC). The agency/individual identifying self-neglect must consider whether a MDT meeting needs to be convened before the assessment has been undertaken or concluded.

4. 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.

5. 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. Where an individual declines this referral a decision should be made on a case by case basis of the next steps, taking into account whether the person has mental capacity to make the decision, the level of risk or harm for the person or others if a referral does not take place, whether a referral may be needed without consent due to the level of risks and supporting the person through a risk assessment to explore the risks and how these might be managed.

6. A 'Lead Agency' should be agreed at an early stage. This should be the most appropriate agency involved with the person, e.g. ASC, AWP, a GP, The GWH (may be appropriate to lead on specific elements related to admission), 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 MDT meetings and discussions and to fully co-operate with the process, giving cases of Self-Neglect the same weight as those under the Adults Safeguarding Procedures. Any disputes regarding non-co-operation by a relevant agency which cannot be resolved should be escalated via the [Process for the Resolution of Professional Disagreement Relating to Safeguarding Protection of Adults Policy](#).

9. The MDT 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.

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 the risk, including assessments of the person's mental capacity, where relevant, a review meeting will be held to review progress and further reviews will be organised 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 carers assessment may lead to services being provided. For example, in complex cases discharge planning pathways may not be suitable and a social worker will need to be allocated to assess and risk assess from the hospital rather than when the person is discharged home.

13. A Safeguarding Adult 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 only be closed when a clear reduction in risk can be demonstrated or when the case is escalated to the Adults Safeguarding Procedures.

15. At the point of closure, a plan should be drawn up to establish ongoing arrangements for monitoring the situation if this is 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.

Self-neglect concern identified

The agency / individual, providing ongoing support, which has identified self-neglect concerns convenes a **Multi-Disciplinary Team 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 Adult 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 the 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 raised: Adult Safeguarding Team - Call 01793 463555 or using the [Safeguarding online form](#).

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

Initial enquiry:

- Assess level of risk and significance to individual's circumstances and possible consequences.
- Complete risk indicator assessment tool and discuss with supervisor and MDT
- Decision by the Safeguarding Team whether to progress to s42 Enquiry within five 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 Adults Safeguarding Policy and Procedures.