Instructions





Spotlight on Self-Neglect: Policy into Practice 09th July 2024

"Don't judge me by the chapter you have walked in on. I have a past and a future and not defined by my current situation".

Quote from Experts by Experience.

Please put your name and role in the chat

Housekeeping

- → Please keep your camera off and microphone muted.
- This webinar will be recorded and uploaded to the SSP website as a learning resource.
- → If you can't see slides, or they freeze, try logging out then back in
- → Please ask questions by putting them in the chat box.
- → Confidentiality
- → Evaluation
- → Certificates
- → Please put your name, role and organisation in the chat





Aim of this morning

- → For you to understand the national and local picture of self-neglect
- → For you to have an overview of the self-neglect policy and guidance
- → To understand how to access and use the Welfare and Safety Plan
- To hear from our experts by experienceand understand th real impact self-neglect has on individuals lives
- → For you to feel more confident in knowing what steps to take to work with someone who is experiencing self-neglect

Agenda

Add agenda video

Not meeting your own needs or looking after your environment around you

16

Popular

Self-neglect refers to an individual's inability to care for their basic needs, including personal hygiene, appropriate clothing, feeding, and tending to medical conditions.

8

Lack of care for self physically, emotionally and mentally

16

Popular

Someone not able to meet their own needs and not asking for help to do so

6

Psychological state of mind preventing an individual from caring for themselves

13

A form of abuse whereby people neglect to meet their own care and support needs

6

When someone does not attend to basic needs

8

Someone who is neglecting their own health, wellbeing and not engaging with professionals or others to get the support they need.





Different for every individual

6

Unable to meet basic needs

4

Failure to seek medical help

5

Lack of care of self-could be due to mental heath, physical or cognitive concerns. May refuse support offered. Personal or health needs

4

Not looking after basic needs of self

5

Lack of self care

3

Failure to maintain safe personal care or environment

5

Unable or unwilling to care for their own essential needs





Non engagement with health and social care services, placing self at risk of harm

3

Not looking after yourself or you home environment

2

Inability to recognise or respond effectively to maintain wellbeing and safety

3

not taking care of oneself mentally and phisically

2

Being unable to meet own basic needs due to poor mental health/trauma /abuse or other factors

3

Unable or unwilling to care for their own basic needs

2

Inability to identify our own needs

2

It is often a complex situation involving many aspects of a person life and past traumas





not looking after yourself,
making choices that don't fit
with your previous standards
or standards that others
expect about basic needs
such as hygiene, nutrition, etc

not feeling able to look after yourself ie doing daily care tasks

1

Not attending personal hygiene to a detrimental level

1

not caring for yourself, personal hygiene etc

1

Behaviour which affects your ability to care for yourself

1

When some is unable or unwilling to care for their needs

1

Failing to look after your own physical and mental wellbeing.

1

A person who is unable or unwilling to care or meet their own essential needs





Not able to meet your own needs and not realising their decline into this behaviour

1

Not prioritising your basic needs

1

Having difficulty looking after yourself, through choice or other reasons

1

Lack of ability and motivation to take care of your daily needs

1

Behavioural condition

1

Neglecting to care for one's self, the surroundings and health.

1

Not being able to recognise when you have stopped caring for yourself and your environment

1

Medical needs being ignored due to fear or denial





Not valuing yourself and thinking/feeling you are worthless so do not care for yourself

1

Not completing activities of self care

Not attending to basic daily tasks such as washing dressing eating Someone who fails to attend to their own basic needs

Failure to wash and clean yourself

Inability to care for oneself or environment

Not taking the steps to look after all if your physical and mental health needs

Not meeting basic needs





Not looking after one's self. In terms of personal hygiene, appearance, etc Not being able to meet your needs

Unable or unwilling to manage their own essential care needs

Not looking after yourself due to mental issues

Not meeting your own basic needs

When someone is unable or not willing to look after basic needs

not being able to meet your own basic needs or seeking help Not feeling able to engage with support

Not meeting needs

difficulties in meeting own basic needs, health and well-being

Struggling to meet basic needs of self care/own environment.

Various aspects affecting persons ability to care for themselves such as mental health, finance

it can be a deterioration in their mental health

Feeling overwhelmed by things and not being able to do anything for yourself

Overwhelmed by trying to meet ones basic needs

Threaten personal health

A form of self harm

Isolation of self, withdrawn from society

Unwilling to look after themselves

Difficulty to ensure personal and habitat care

unable to support themselves as best as they could without knowing Unable to look after themselves or others in their care

Not caring for yourself and not being able to meet your own needs.

When someone does not take care of themselves, their appearance and hygiene. It could also be mental health and physical needs that are neglected.



Not recognising you are neglecting yourself

Lack the ability to seek help and recognise their ability to to look after themselves or property

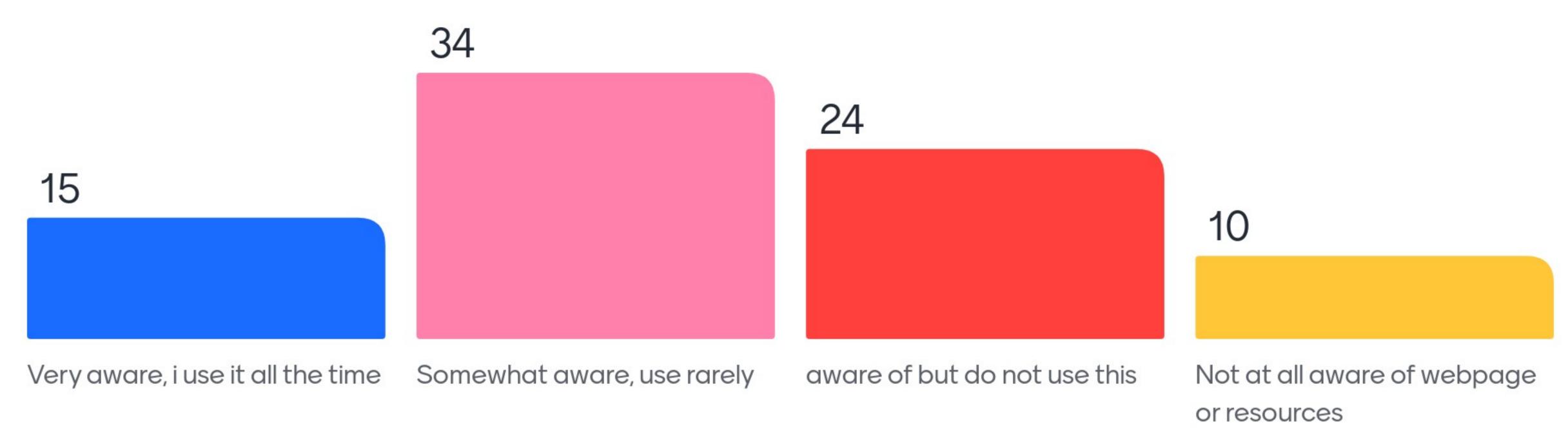
Not taking care of yourself in the way that would be expected by the average person Unable to care for themselves

A symptom of poor self esteem or a skewed perception of self Lack of financial management, unable to pay for essential items

Unable to care for their basic needs

Nutricional deficiency

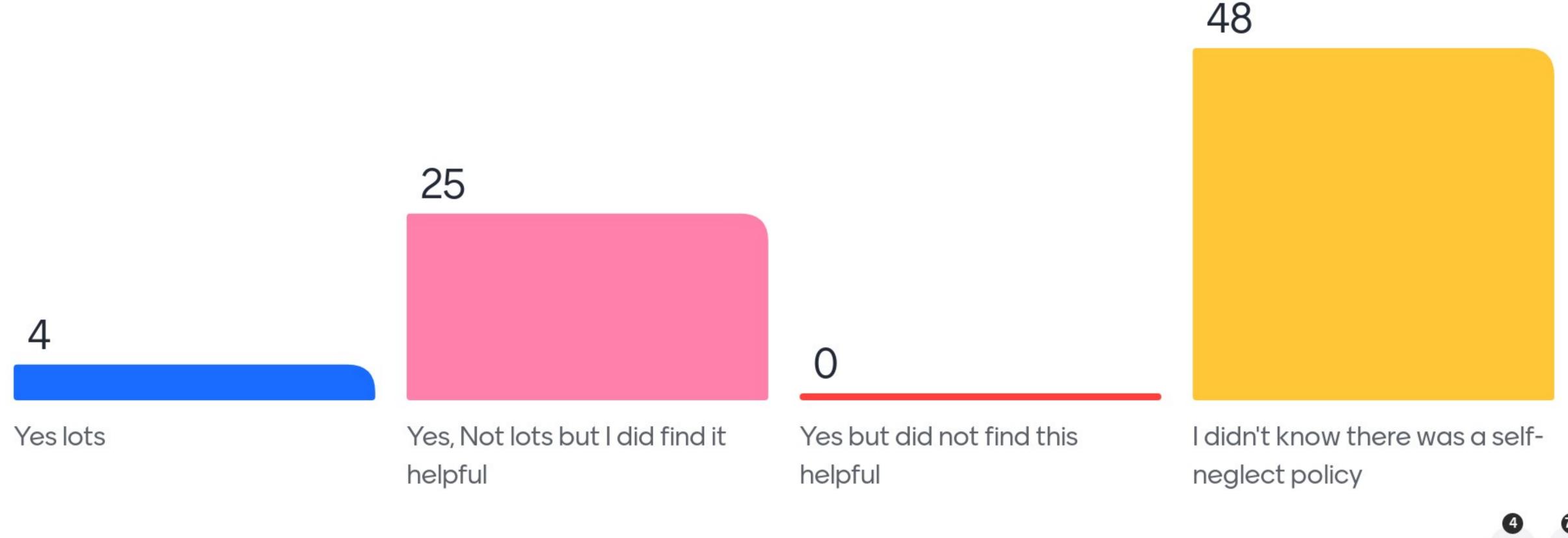
How aware are you of the Swindon Safeguarding Partnership webpage and resources?







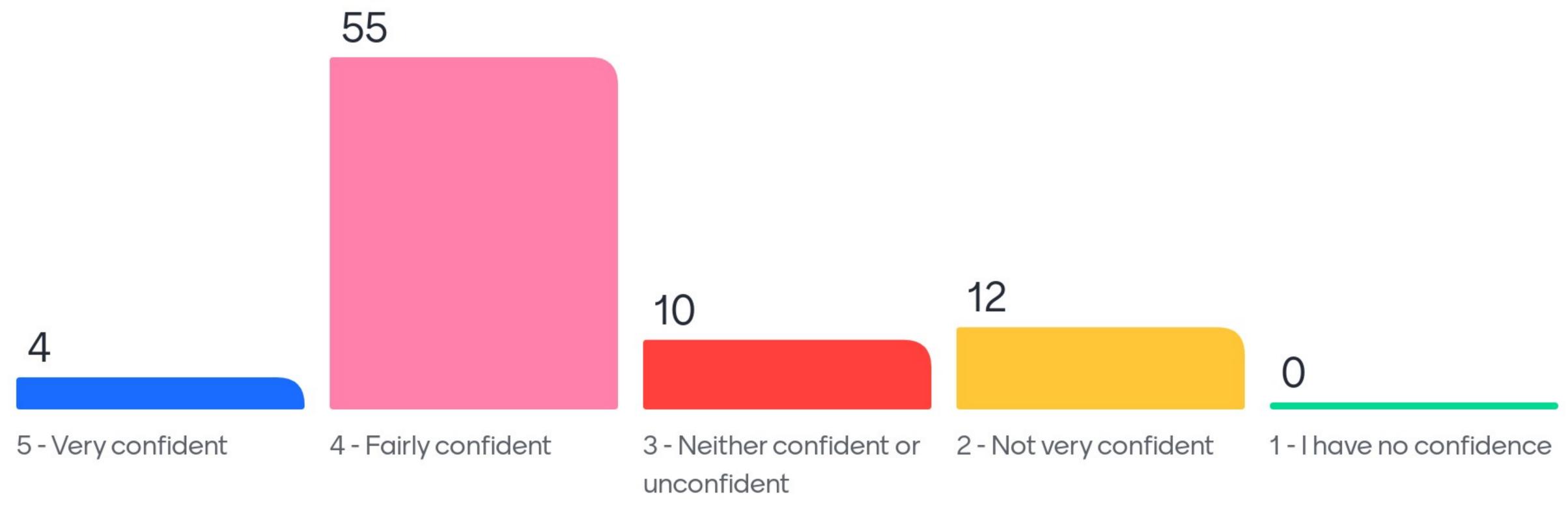
Have you used the Self-Neglect Policy and Guidance before?







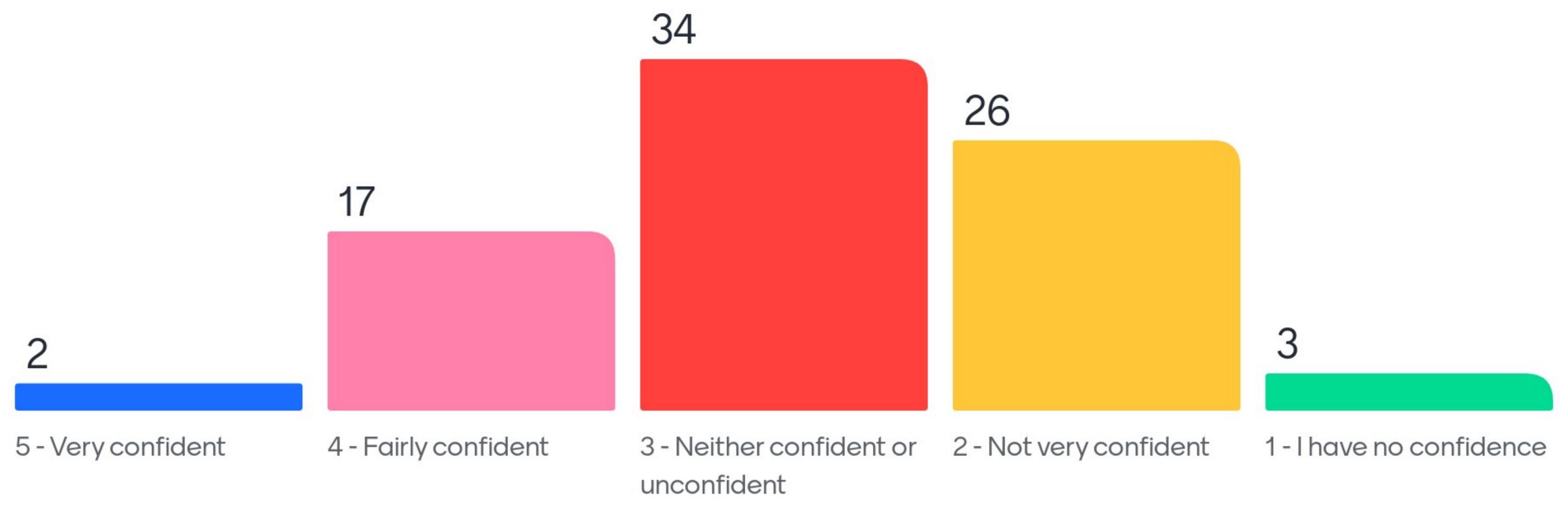
How confident do you feel in identifying early signs of self-neglect?







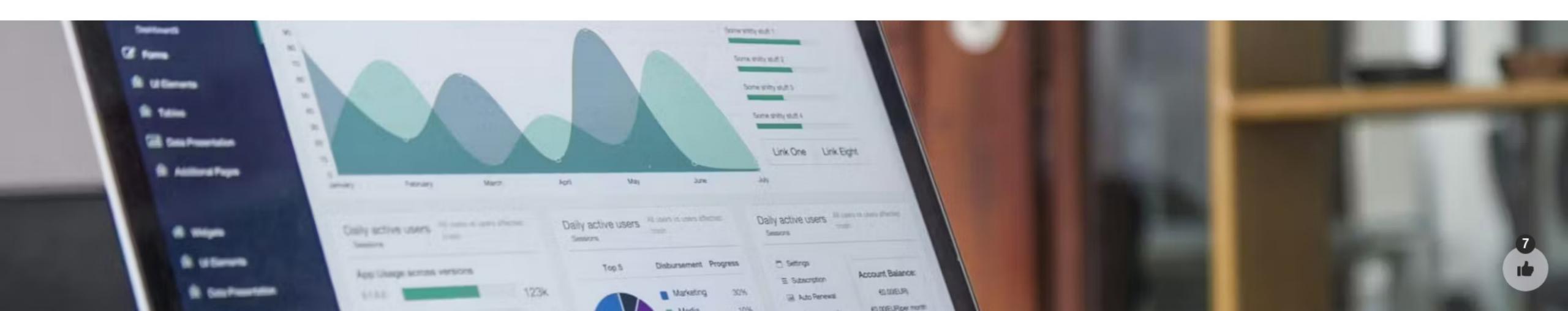
How confident are you in facilitating positive outcomes where a person is self-neglecting?





The National Picture

- → The 2nd SAR national Analysis is due to be published in June 2024. What do the findings tell us?
- → The percentage of SARs with self-neglect as a theme has increased from 45% to 60%
- Cross-agency coordination and communication were identified as shortcoming in over 70% of cases
- → Poor risk assessment (82%)
- → Lack of attention to mental capacity (58%)
- → Poor recognition of the abuse (56%)
- Lack of personalised approaches (50%)
- → Absence of professional curiosity (44%)

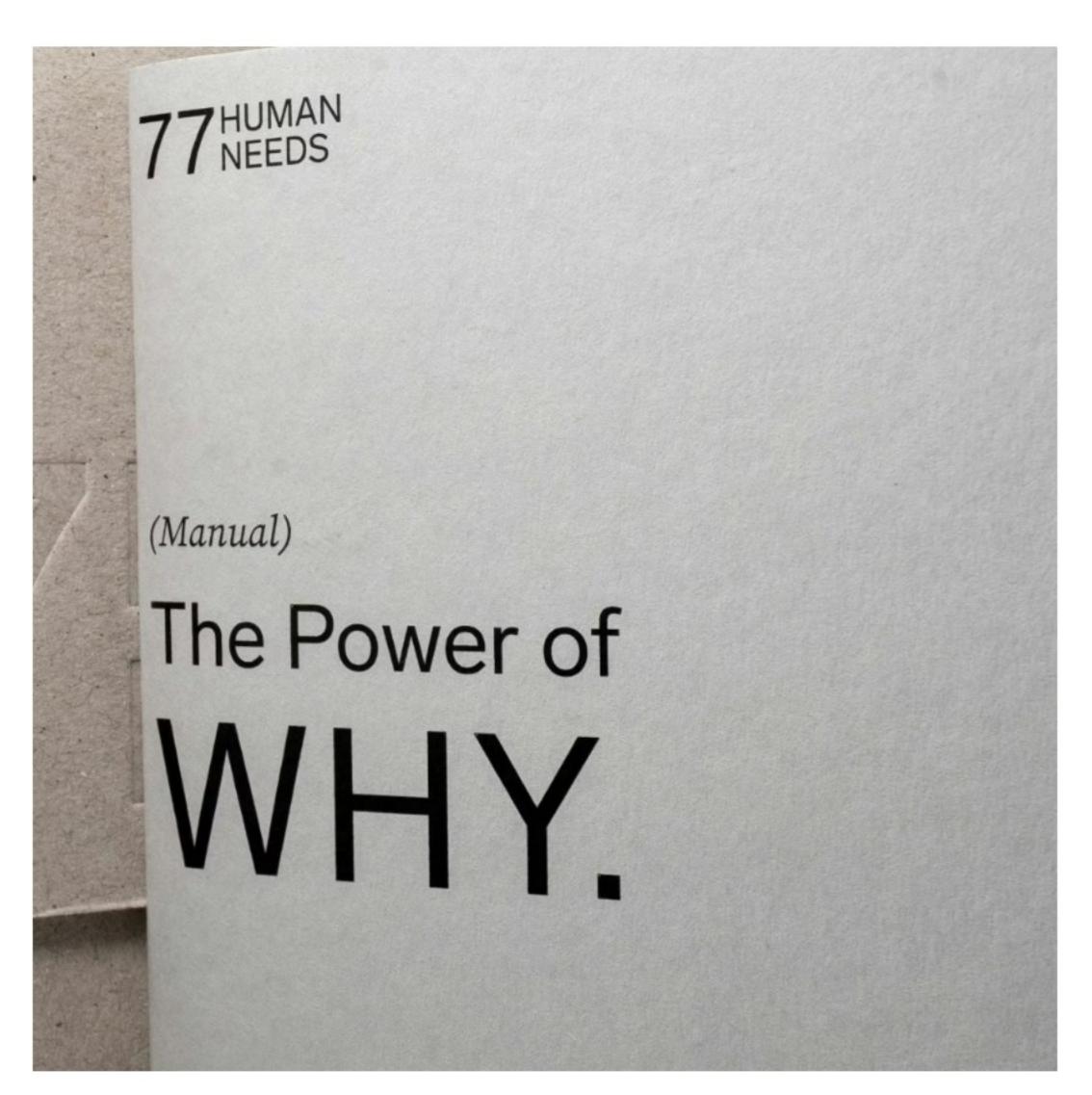


The Local Picture

- → 10 out of 12 local Safeguarding Adult Reviews (SARs) that have had the theme of Self-Neglect in Swindon since 2019
- There is another SAR underway that has the theme of self-neglect, so this will soon be 11 out of 13 SARs
- Of these reviews there are common learning themes that we need to address including:
- → Multi-Agency working
- → Professional Curiosity
- → Mental Capacity assessments including executive functioning
- → Lack of clear decision making rationales and record keeping
- → Relationship between alcohol use and self-neglect
- → Trauma informed practice

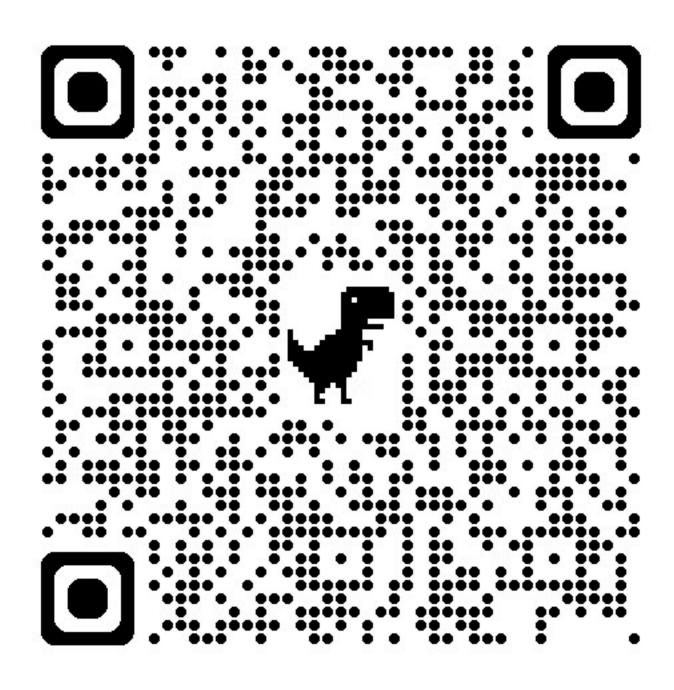


Why is this important to us?



- → This is a national and a local challange
- People are coming to harm and dying at an increasing rate
- → Self-Neglect is multi-faceted, people are usually isolated and have a long history of social and economical challenges
- Self-neglect is a symptom and we are not addressing the core reasons
- People are often socially excluded and have health inequalities and lack of access to services
- If we don't address these things early on in a persons life cycle this leads through to adulthood. This is for everybody
- We cannot do this in isolation of each other, everyone has a part to play. Health, Social Care, Emergency services etc.
- We need to remember this in the context of those who have died and the lives of family and friends who have lost people





Remembering those from Safeguarding Adult Reviews (SARs)

- → Terry (2019)
- → Kieran (2012)
- → Alison (2020)
- → Andrew (2020)
- → Brenda (2023)
- → Brian (2023)
- → Robert (2024)
- → Wendy (2024)
- → Richard (2024)
- → Ethan (2024)



Any Questions?

30 questions 25 upvotes

Her banks."

When Lingdood! And accorption the had been exting her Chairs all the removing. What is similarly made the major made it is necessary. What is similarly made the major made. They made in heavy allows. There was no read to the regression of these and does not good. In the regression of these particles were and the series and the new grows. In the highest particle, the series are. At the Castle diese their prochaight was baint, if Don't he day here you was all the remove and the series are. At the Castle diese their prochaight was baint, if Don't he day per lives their, if the series and.

See Second to record a strong up to lead, practing the reserve are.

He helped at two is through. This was not at all these clients region is talk, the felt was.
"What do you most." dis countered,
"May I mode."
The modes, and taking not bis pips he began to lift it. "Well, what for attended are to this place was its air of precitions. I wanted to do more insiding in the district, not it seemed to see that an attalk makin's loops to find a more congenial helping."

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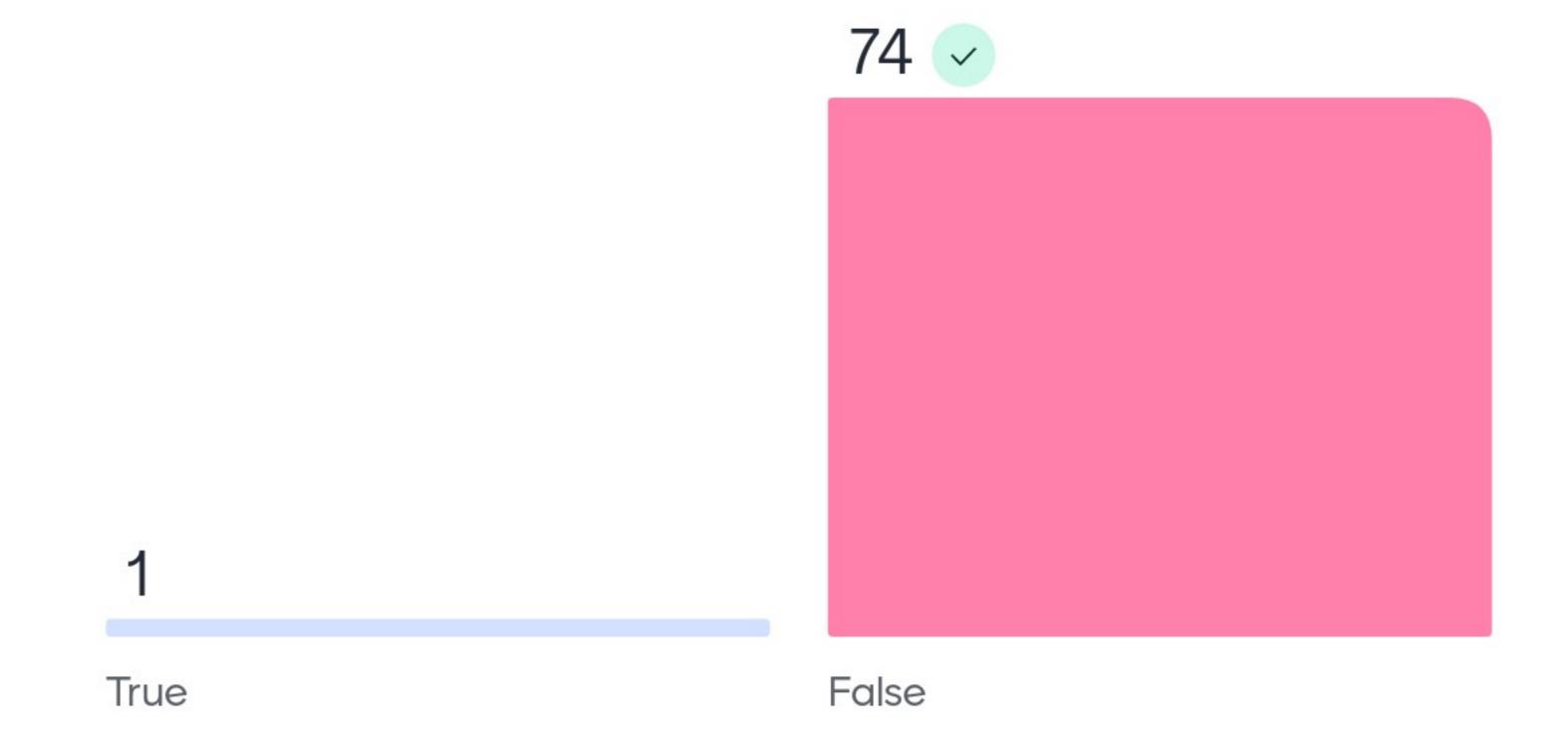
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Mentimeter

Emily's story

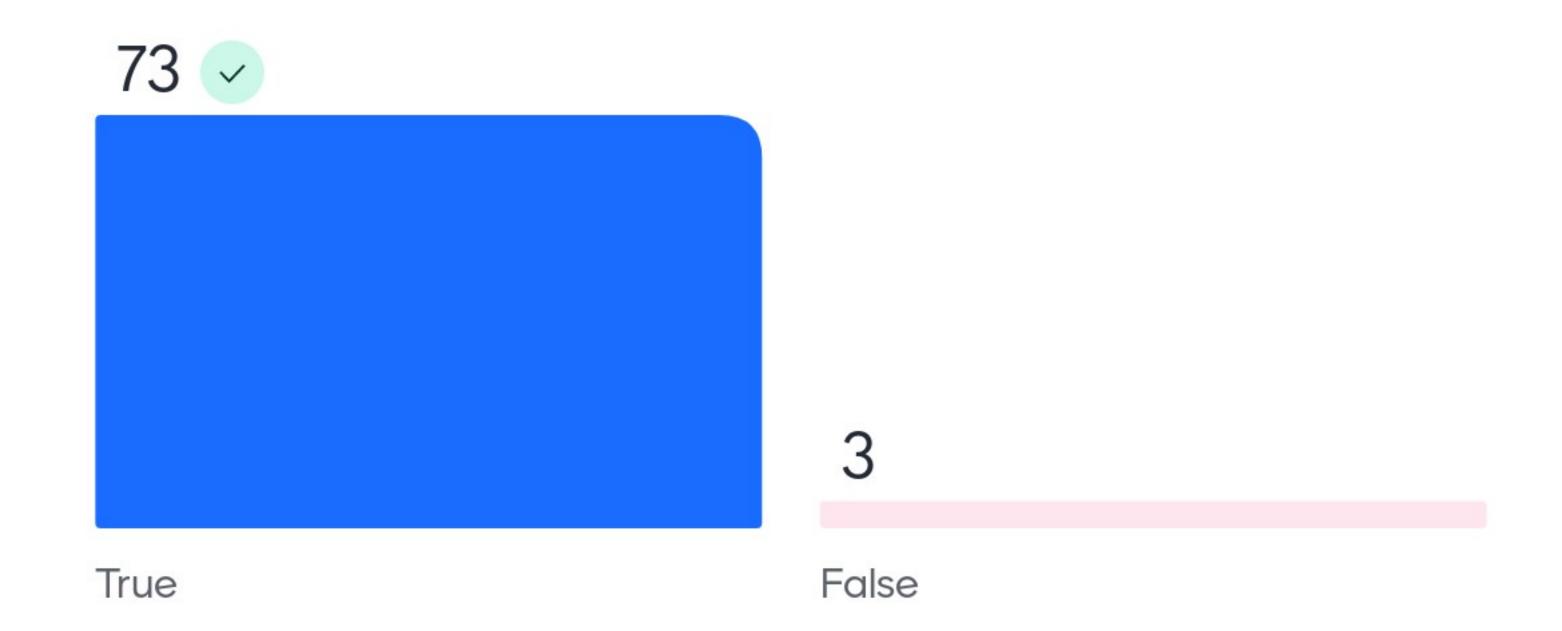
"The or or game," for said: "We said you it is man't be dead of the law it? with both well you find at the man't be made to the part the man has been at the man has been at the law it is said. The man has been at the law it is said. "The find I have been at the law it is said." The man't be man't be

Self-neglect is usually a lifestyle choice. True or false?

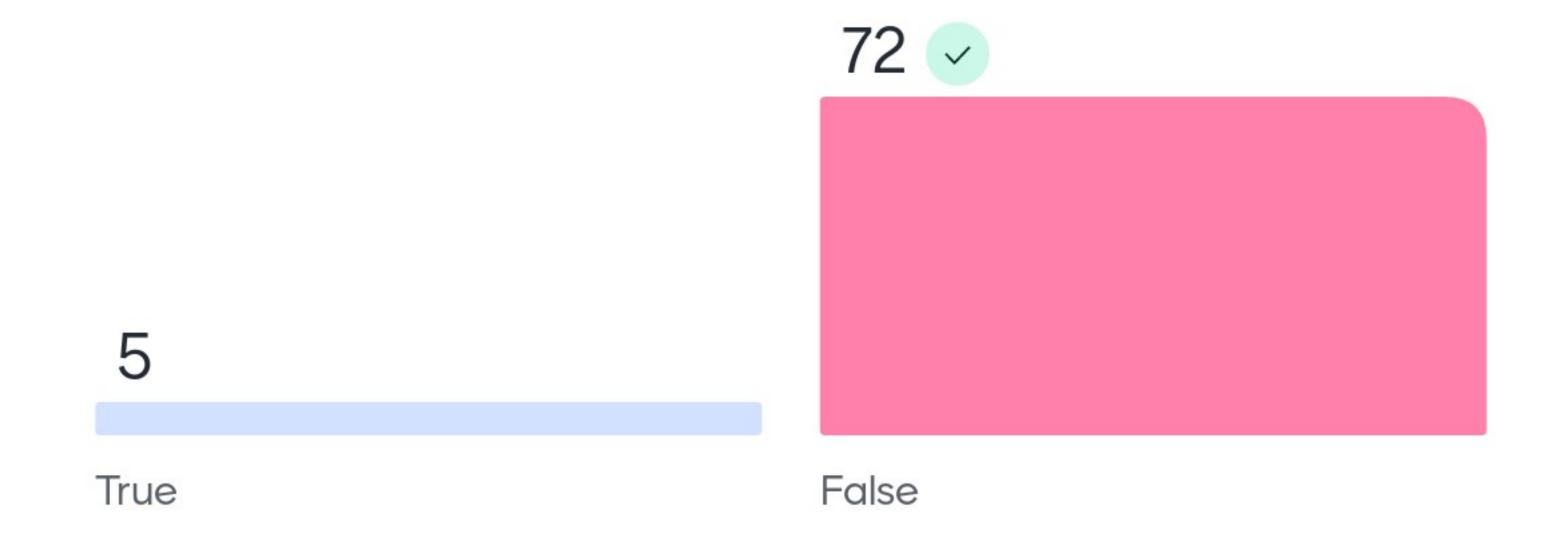




Self-neglect doesn't always have to be the subject of a safeguarding enquiry. True or false?

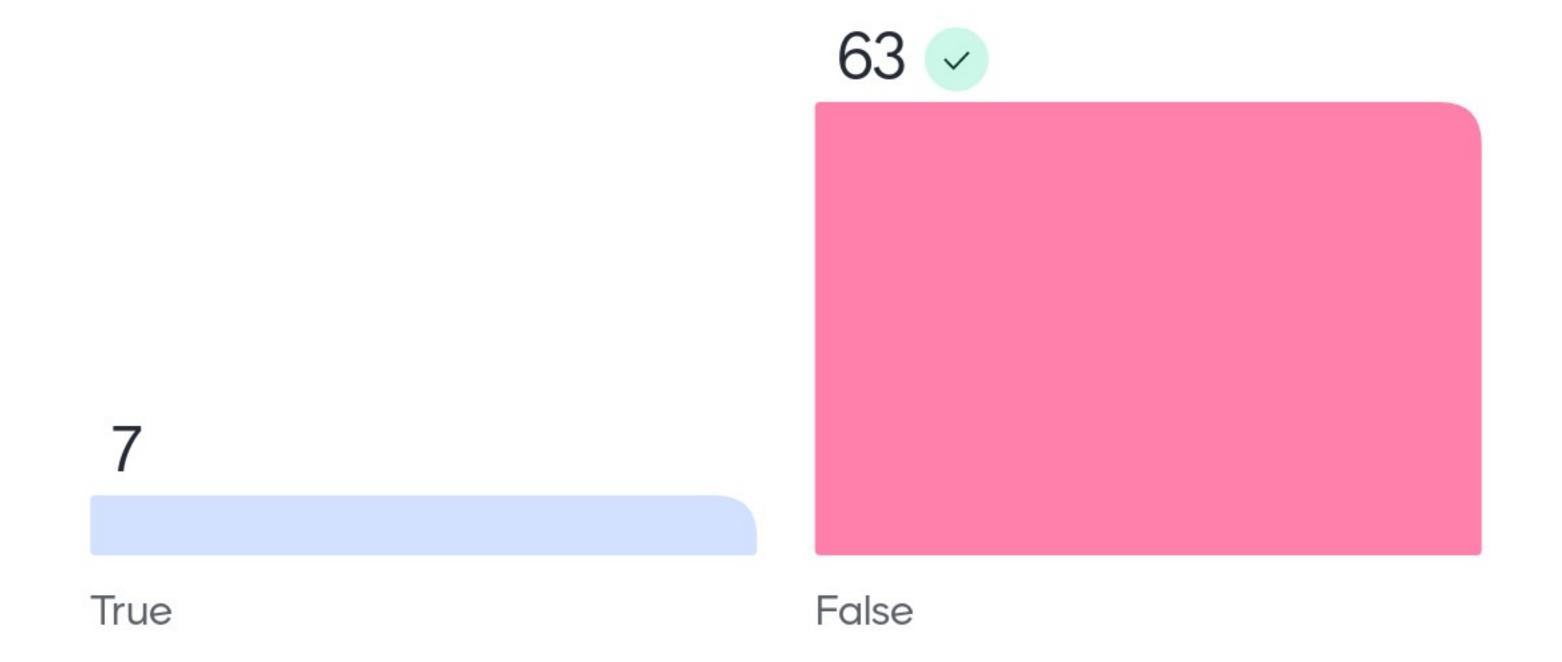


If someone who is self-neglecting has mental capacity and refuses to engage in intervention, there is nothing that can be done to impose a solution.



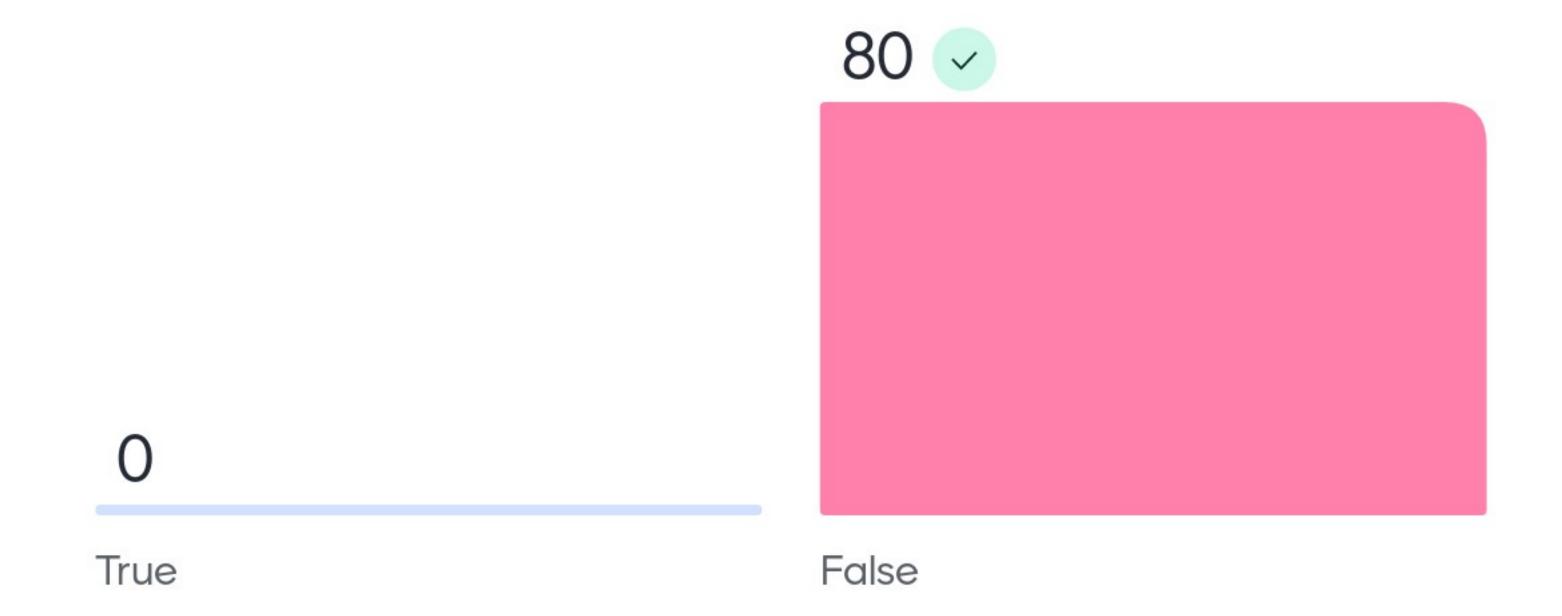


Making safeguarding personal means you can only do what the person will allow you to do. We have to respect autonomy.





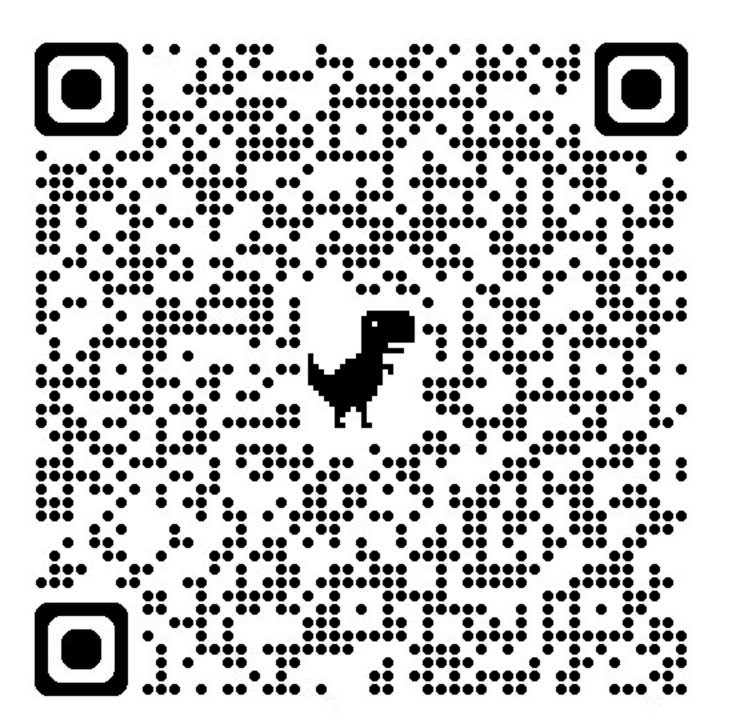
Making safeguarding personal takes too long – we don't have time we need to find quick solutions.





Self-Neglect Policy and Guidance

- How do you find the self-neglect policy and guidance?
- Why use the policy and guidance?
- How do you use the policy and guidance?





Breakout Rooms

- → Discuss what key learning you will take from the policy and guidance into your practice?
- → Where might this be helpful or more challenging?
- → What would enable you to use the policy and guidance more often?
- → Are there any questions you would like to raise with us on the policy and guidance? Note them down for the Q&A later.

Being aware of the policy is a really good start as I didn't know about it

21

11

Popular

Really interesting conversations looking at things from different perspectives, sharing experiences and ideas I really liked the idea of asking Why? 5 times to get to the nitty gritty

13

Having good conversations with other professionals and sharing of training

9

awareness of the policy and where to find it.

12

Working with people showing empathy and support and referring to policy. Working at their pace and not walking away if they don't want to engage

9

The MDT template is brilliant, a good reminder we don't need statutory teams to lead this

12

Would be helpful to have a case study where there was a positive outcome- what point a referral was made, who attended MDT meeting, steps taken, outcome for person etc





Policy clear, resourceful some of the group were unaware of it so now know

6

Useful to know anyone can call an MDT was interesting, I assumed it was social workers/ safeguarding that would lead

3

Interesting conversations about complex cases, how the policy may help, being able to call MDT meetings. Capacity was a theme.

6

Being able to check the polices and having that accessible, enabling you are following procedures within your role.

3

challenging if person doesnt want to engage

5

3

understanding capacity - and when person says all the right things and demonstrates they can weigh up info but there is a mismatch between what they say and do (lived action) helpful to know anyone can start process and useful having templates for meeting with othe rprofessionals

3

Most of the team felt being aware of the policies is a great information





As others have said, helpful to be aware of policies to use as a structure

2

use of the policy, use of links and support from the templates

2

Awareness and accessibility to information

2

Having confidence as a care provider or other agency such as a charity to call a Team together to support, rather than relying on Social workers or mental health teams.

2

It's good to involve the individual right from the beginning however some people with capacity will not engage. Challenging in my area is time and continuity which will help with gaining trust

2

Confidence in MDT approach, Understanding curiosity and the guide gives advise which is clear and helpful

1

Adjusting meeting to meet client needs; taking breaks and handing over some sections to another day etc.

1

More training for all staff so they become more aware of how to get people with self neglect to engage or what can be done at front line





Being aware of the policy and able to call MDT's and using your professional curiosity to ask questions, don't look at questions as a challenge to you. ASk open questions.

Really interesting conversation

Interesting discussions and helpful tips

Are appendices on website as word documents. Policy and guidance is pdf so can't use the welfare and safety form from that

MDT

Good conversation with other professionals sharing recent experiences if people not willing to engage

Helpful to be aware of policies and resources





Add your feedback here on your discussions

It was very useful conversation with a lot knowledge.

Have seen an amazing example of a social prescriber lead an MDT and begin to secure some positive steps

Being brave and challenging other peoples thoughts, for instance not everyone will see or questions someone's mental capacity.

Awareness of the policy, is great to know

Sharing this information with team and using it in best practice

It was very useful conversation, with good knowledge.

Helpful to know about the policy as I wasn't aware. MDT working and allowing the time to address a safeguarding as hard with current pressures

awareness of policy and resources sharing it with team



Add your feedback here on your discussions

Felt let down by previous selfneglect safe guarding referrals that have been made but due to capacity been got Ben no action







Welfare and Safety Plan

- We worked with people who have experienced self-neglect and/or hoarding behaviour
- living document for the person. breathing person perspective into the document
- making it valuable for different people how to express this?
- → We were mindful of language and approach

Welfare & Safety Plan

TOP TIPS





Any questions?

30 questions 25 upvotes



Breakout Rooms

- → What are the key benefits of using this tool?
- → Where might there be challanges in using this tool?

using the tool will help inform your work

It is a very good form love the ways to approach frim people with lived experiences.

Good tool that allows you to work through the questions.

tool is good. Involves different teams to support the individual. Challenges again are time and continuity

the tool is a helpful guide but not limited too Good starting point

Really good breakout.

Need a central system for all

a good tool that everyone can use and understand but may take time to fill in if others won't engage

Really beneficial tool BUT biggest concern is how it can be shared as no central place to save welfare and safety plan.

Concern re: silo approach for recording assessment and other teams may not know

More networking is needed to allow better partnership working!

Major challenge/ issue is that we cannot share information across services agencies. So if a care agency for eg completed the tool the acute setting can't see it

Provides good guidance

why is the not one national system to share info Detailed form that uses non judgemental language and highlights their strengths

Good to hear from different professions with vast knowledge These discussions are very useful and talking things through with other professionals is extremely enlightening

Tool can be used by unregistered clinicians who may know patient better/better relationship

a useful tool, but acknowledge that it's not a one size fits all and the conversations and relationships the most important thing Key benefits would be to access this tool. Engaging with the client and changing languages to suit them. Involving other professionals and excellent communication. The plan is a good source to make you think differently about how you ask and discuss concerns. Common theme for a lot of people is having the time to complete if no engagement.

Good guide, however how consistent will it be?
Dependent on the person completing the form, time taken and knowledge.

The tool may allow the individual themselves to recognise the level of their self-neglect. This could be quite hard hitting for them.

Great tool, but could come across issues around time taken both in terms of getting actions sorted in a timely and safe manner, while you build up relationships, and the financial cost of staffing

We need 1 system that everyone can access to share information

Often very hard to know best person to invite to MDTs?
Often don't know who else involved

Re: documentation - different services use different IT systems which cannot be accessed by other services If Safeguarding team not aware of person and case working in silo, how would ie ED or ambulance crews know about work going on with the person as ED and ambulance would raise a Safeguarding concern.

Top Tips:

Be patient. Take
different approaches.
One size doesnt fit all

13

Popular

Communication and networking are key to ensure person centered care and breaking down barriers

11

Working in partnership with other professionals is very important AndNot making assumptions, ask questions. Use your professional curiosity

11

Be patient and understanding, there is no quick fix and small gradual steps in the right direction is key

9

Knowledge and training are important

6

Offer to take the client out for coffee and cake, paid on expenses if you are struggling to create a positive relationship. This is a great way for us.

6

Including the person in thier own meeting so they can directly share thier views, preferences and wishes

5

Group Safeguarding supervision sessions to share case learning

3





Top Tips:

Awareness of policies regarding safeguarding really important

3

group reflective case discussions

We are confident in calling MDT's

1

MDTs being arranged with service leads inputs

Networking and sharing is really important

1

People will likely take steps back in the process of change and things may get worse before they get better.





Any questions you want to add to the Q&A?

30 questions 25 upvotes



Closing Reflections

30 questions 25 upvotes



Using the QR code please complete your feedback

 Once we receive your feedback we will be able to supply you with a certificate of attendance



Thank You!

On behalf of the Swindon Safeguarding Partnership, thank you for joining and taking part today.