

A guide to alcohol use disorders & self-neglect

Abstract

This guide has been developed following the learning from the Safeguarding Adult Review (SAR) Robert. This document aims to increase the knowledge of those working with people who may have an alcohol use disorder and be experiencing self-neglect. This document is only intended as a brief guide and is not all encompassing, further training and resources are referenced throughout and at the end of the document.

#becurious&thinkfamily

Date:	March 2025
Review Date:	March 2027
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Contents

<u>Alcohol use disorders and self-neglect.....</u>	<u>2</u>
<u>What are the risks associated with alcohol use disorders?.....</u>	<u>2</u>
<u>What are the possible signs of self-neglect?.....</u>	<u>3</u>
<u>Examples of self-neglect experienced by those using substances.....</u>	<u>3</u>
<u>What support is available in B&NES, Swindon and Wiltshire?.....</u>	<u>4</u>
<u>The Mental Capacity Act 2005.....</u>	<u>6</u>
<u>How can you support engagement?.....</u>	<u>7</u>
<u>When to escalate?.....</u>	<u>8</u>
<u>A safeguarding response.....</u>	<u>9</u>
<u>Support for Families.....</u>	<u>9</u>
<u>Further information & resources.....</u>	<u>10</u>

Alcohol use disorders and self-neglect

Self-neglect is a key issue facing many people who have an alcohol use disorder. Self-neglect is a safeguarding concern, which if left unaddressed can lead to an individual becoming at risk of experiencing significant harm.

Self-neglect is a theme within many multi-agency safeguarding adult reviews (SARs), following the death or serious injury of an adult. In Swindon SAR Robert published in 2024 highlighted the learning needed on the relationship between self-neglect and alcohol use disorder. It is widely acknowledged that self-neglect is complex and requires multi-agency input to ensure the best outcomes are achieved for individuals.



What are the risks associated with alcohol use disorders?

There are links which can be identified between those with alcohol use disorder and abuse or neglect.

- Alcohol use disorder can lead to increased risk of deterioration in physical and mental health.
- There is always a risk of overdose if taken with other medication or drugs.
- There can be an increased risk of individuals engaging in criminal activity to fund alcohol use.
- There can be an increased risk of violence, domestic abuse and exploitation by others. Alcohol use disorder and mental health need often co-exist and there can be heightened risk of suicide and self-harm behaviours.
- Financial difficulties can occur due to expenditure on alcohol, resulting in debts and inability to pay for basic needs.
- Increased risk of homelessness, due to issues experienced in obtaining and retaining accommodation.
- Addiction to substance of choice can lead to prioritising this above all else and can impact on their relationship with others, ability to engage and increase risk.

What are the possible signs of self-neglect?

Identifying signs of self-neglect is crucial in safeguarding efforts. Indicators include:

- Dehydration
- Malnutrition
- Poor hygiene and untreated medical conditions
- Hazardous or unsafe living conditions (poor wiring, plumbing, heating, animal or insect infestation, no toilet, faecal or urine evidence)
- Inappropriate or inadequate clothing
- Lack of medical aids or support
- Refusal of medical treatment or essential support services
- Changes in contact with services (reduced or no contact)
- Isolation from family and/or friends

For those using alcohol, self-neglect may be compounded by refusal of services, significant clutter or hoarding, and failure to meet basic care needs. It is important to consider a person's capacity when there are concerns relating to self-neglect.



Examples of self-neglect experienced by those using alcohol



Below are some examples of self-neglect by those individuals using alcohol:

Poor home conditions including hoarding, significant clutter and/or the home being unsanitary which may result in feelings of shame and reluctance to seek support.

- [SAR Robert](#) – Robert had a partner who was supporting him, their home was clean, tidy, food in the fridge. Due to this support network, Robert was not seen as self-neglecting which resulted in him not getting access to some services and support. Remember to consider, the physical impact of alcohol dependency on the person. What relationships and support networks does the person have? Is there someone who is a carer for the person you are concerned about, what support can you consider for their support networks. Be curious, think family and seek advice from those more knowledgeable around alcohol use disorder for support.
- Not seeking medical attention or refusing medical treatment
- Refusal of support and services
- Not meeting basic care needs such as eating, drinking, staying warm or keeping clean.

What support is available in B&NES, Swindon and Wiltshire?

BaNES

Developing Health and Independence (DHI) offer free and confidential support to Bath and North East Somerset residents suffering with issues related to drugs or alcohol. They also offer a needle exchange and naloxone training service.

You can contact them directly by emailing TheBeehive@dhibath.org.uk or by calling **01225 329411**, or you can drop in to see them (in Bath or Midsomer Norton). Visit the [DHI website](#) for full details. You can self-refer to this service and do not need a referral from a professional agency to access support. You can also talk to your GP about how you're feeling, and they might refer you to a drug and alcohol service such as DHI, or discuss other treatment options with you.



Swindon

Change Grow Live (CGL) deliver substance use recovery services in Swindon. The following themes have been identified when working with adults who have an alcohol use disorder and are self-neglecting:

- Deterioration in someone's health due to alcohol dependence, evidence of liver disease and service users not accessing medical assistance. Poor home conditions and inability to meet basic care needs due to impact of complex needs such as alcohol dependence, mental health needs and physical health conditions.
- CGL offer assessments drop ins, nurse alcohol assessments, wellbeing checks and access to recovery focused detox alongside psychosocial workshops to prepare using evidence based programmes.

Location:

Temple Chambers, 4 Temple Street, Swindon SN1 1SQ

Telephone: 01793 328150

Email: Swindoninfo@cgl.org.uk



Wiltshire

Wiltshire Connect Substance Use Service is a free drug and alcohol service led by Turning Point in partnership with Developing Health & Independence (DHI), Julian House and The Nelson Trust.

Connect strikes a balance between prevention, early intervention, education and treatment, offering free, flexible, person-centred support to Wiltshire residents of all ages.

Locations:

Rothermere House, Bythesea Road, Trowbridge, BA14 8JQ

Cheviot House, 69 – 73 Castle Street, Salisbury, SP1 3SP

Doorway Wiltshire, The Citadel, Bath Rd, Chippenham SN15 2AB

Web: <https://www.turning-point.co.uk/services/connect-wiltshire>

Phone: 0300 5550 157

Email: connectreferrals@turning-point.co.uk



The Mental Capacity Act 2005

Learning from Safeguarding Adults Reviews (SARs) involving alcohol use disorder often focuses upon the lack of practical application of the Mental Capacity Act. Understanding the mental capacity of the person is crucial to managing risks associated with drug and alcohol misuse. This will often require a Mental Capacity Assessment.

Practitioners should ensure that the risks around a particular decision are clearly and honestly explained to allow the person to make an informed choice. This might involve telling someone that they are putting their life at risk. Learning from cases has also highlighted the need to consider whether a person has impaired executive function which may impact on a person's ability to implement a decision they have made. It is also key to assess fluctuating capacity, due to the impact of someone being under the influence and withdrawal from alcohol.

The Mental Capacity Act 2005 is critical when working with individuals experiencing alcohol use disorder issues. Important considerations include:

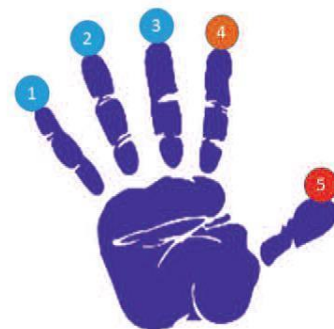
- Informed Risk Awareness: Clear, honest discussions about the life-threatening implications of their choices.
- Fluctuating Capacity: Understanding decision-making variability due to alcohol influence or withdrawal.
- Executive Capacity: Assessing a person's ability to execute decisions made, not just their understanding.

For further information

You can the Swindon Safeguarding Partnership Learning Resources for a training video on Executive functioning - [Mental Capacity Act mini series](#)

Mental Capacity Act 2005 – 5 principles

1. **A presumption of capacity**
 - Start by thinking I **can** make a decision
2. **Individuals supported to make their own decisions**
 - Do all you can to **help** me make a decision
3. **Unwise decisions**
 - You must **not** say I lack capacity just because my decision seems unwise
4. **Best interests**
 - Use a **best interest checklist** for me if I can't make a decision
5. **Less restrictive option**
 - Check the decision made **does not** stop my freedom more than needed



How can you support engagement?

Alcohol use disorder, co-occurring needs and someone's life experiences can impact on practitioners' ability to engage with the person. It's really important that as practitioners we understand the challenges those using alcohol may face in accessing support. This is further compounded if issues of self-neglect co-exist and can lead to someone being less visible and isolated. Non-attendance means increased risk and it is vitally important that where there are concerns relating to self-neglect, people are seen face to face to ensure appropriate assessment of need and risk.

Implementing change can be difficult due to other risks associated with alcohol use disorder. Non-engagement with services may result in increased risks associated with alcohol use disorder e.g. the quantity of alcohol, how someone might present after taken etc.

Some important points for consideration when supporting someone with alcohol use disorders:

1. Build Trust and Relationships

- Consistency in Approach: Ensure repeated and patient attempts to build rapport, even in the face of initial rejection.
- Non-Judgmental Communication: Avoid stigmatizing language. Focus on the individual's story and unique needs.
- Active Listening: Demonstrate genuine interest in understanding their challenges and priorities.

2. Face-to-Face Interactions

- Home Visits: Conduct face-to-face assessments in the individual's living environment to understand the extent of self-neglect.
- Observational Assessments: Note unsanitary living conditions, untreated medical conditions, or signs of alcohol use disorder.

3. Multi-Disciplinary Collaboration

- Establish Core Groups: Bring together health, social care, housing, and substance use professionals.
- Joint Care Plans: Develop integrated care plans addressing all aspects of the individual's needs.
- Cross-Agency Learning: Share outcomes and strategies for handling complex cases.

4. Tailored Interventions

- Individualized Care Plans: Recognize co-existing issues such as mental health, physical health, and alcohol use disorder, offering comprehensive services.
- Flexible Services: Modify support services to align with the individual's lifestyle and ability to engage.
- Access to Peers and Advocates: Provide peer support and advocacy to reduce isolation.

5. Training for Practitioners

- Understanding Alcohol Use Disorder: Offer training on addiction as a chronic, relapsing condition.
- Mental Capacity Act (MCA): Focus on executive functioning and fluctuating capacity related to substance use.
- Trauma-Informed Care: Equip staff to understand and mitigate the impact of trauma on engagement.

6. Utilise Safeguarding Frameworks

- Thresholds for Intervention: Familiarize practitioners with thresholds for self-neglect referrals.
- Legal Powers: Use protective measures where there is significant risk to life or well-being, ensuring the individual's rights are upheld.

7. Community Resources and Referrals

- Support Networks: Involve community resources such as addiction recovery groups or supported housing.
- Continued Monitoring: Implement regular check-ins to prevent disengagement.

8. Persistence Without Pressure

- Avoid closing cases due to non-engagement. Many individuals require multiple attempts to connect before they trust and participate in services.

Alcohol use disorder is a chronic and relapsing health condition, that requires the same access to services, as less stigmatised health needs.

When to escalate?

It's important to question if without urgent intervention, could the persons condition deteriorate rapidly to a point where they need emergency medical attention or there may be a threat to life?

Safeguarding escalation is necessary if there is:

1. A threat to life or immediate risk requiring urgent intervention.
2. Persistent concerns and deteriorating conditions despite previous interventions.

Are there significant risks evident, do these require an immediate response?

Where there are ongoing concerns and these are persist, there is a need to seek additional advice and escalate. This might be from Legal Services, Senior Managers and/or Safeguarding or Mental Capacity Act Leads.

Addiction as a chronic and relapsing health condition. Alcohol use disorder is not a "lifestyle choice" and it is important we view the lived experiences of those using alcohol and associated risk, to provide an effective response to self-neglect. Multi-agency cooperation ensures a holistic view of needs and risks, enabling effective interventions.

A safeguarding response

If you are working with a person who has alcohol use disorder and dependency, care and support needs and you are concerned they are at risk of abuse or neglect (including self-neglect) you can raise a safeguarding concern.

To report concerns to Adult Social Care please contact the following;

Locality	Referral	Guidance
Swindon Borough Council	01793 445500 for advice or refer using the online form at Swindon Borough Council e-guidance	Swindon Safeguarding Partnership have published Self-Neglect Policy and Guidance supported by the Welfare and Safety Plan to help ascertain level of concern, this can be found here . The Clutter Image Rating Tool can also assist in having a common language to express level of concern for belongings in a person's home.
B&NES	01225 394200 for advice or professionals can refer using the online form	Further information and guidance about self-neglect and Safeguarding can be found on the BCSSP website
Wiltshire	0300 456 0111 Email: adviceandcontact@wiltshire.gov.uk or use the online form here	Wiltshire SVPP have developed Self Neglect Guidance document which can be found here

Support for Families

AI-NON -AI-Anon Family Groups UK & Eire is there for anyone whose life is or has been affected by someone else's drinking.
Confidential helplines are available every day of the year (even on Christmas Day!).
UK: 0800 0086 811 (10am to 10pm)

Adfam – Adfam is the leading charity in England for all the millions of people affected by someone else's drinking, drug use or gambling via website.

DrugFAM provide support to families that have been bereaved as a result of a loved one's drug/alcohol misuse, phone **0300 888 3853** or [VISIT WEBSITE](#) for more information.

Further information & resources

- [How to use legal powers to safeguard highly vulnerable dependent drinkers.](#) This guide aims to help practitioners to improve the well-being and safety of adults who are highly vulnerable, chronic, dependent drinkers.
- The Blue Light project is an initiative to develop alternative approaches and care pathways for drinkers who are not in contact with treatment services. The Blue Light manual sets out these strategies in detail and offers a fundamental positive message that change is possible, access the [The-Blue-Light-Manual.pdf](#) and for more information visit the [Alcohol Change UK website.](#)
- Watch [here](#) a presentation by Kate Spreadbury covering findings from the National Review of Safeguarding Adult Reviews where alcohol dependence and substance misuse was an issue.
- **StigmaKills** You can watch a video [here](#) that highlights from NHS addictions Provider Alliance on working with stigma.
- Severity of Alcohol Dependence Questionnaire (SADQ) can be found [here](#)

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