Mentimeter

Swindon Safeguarding Partnership Practitioners Forum

Self-Neglect

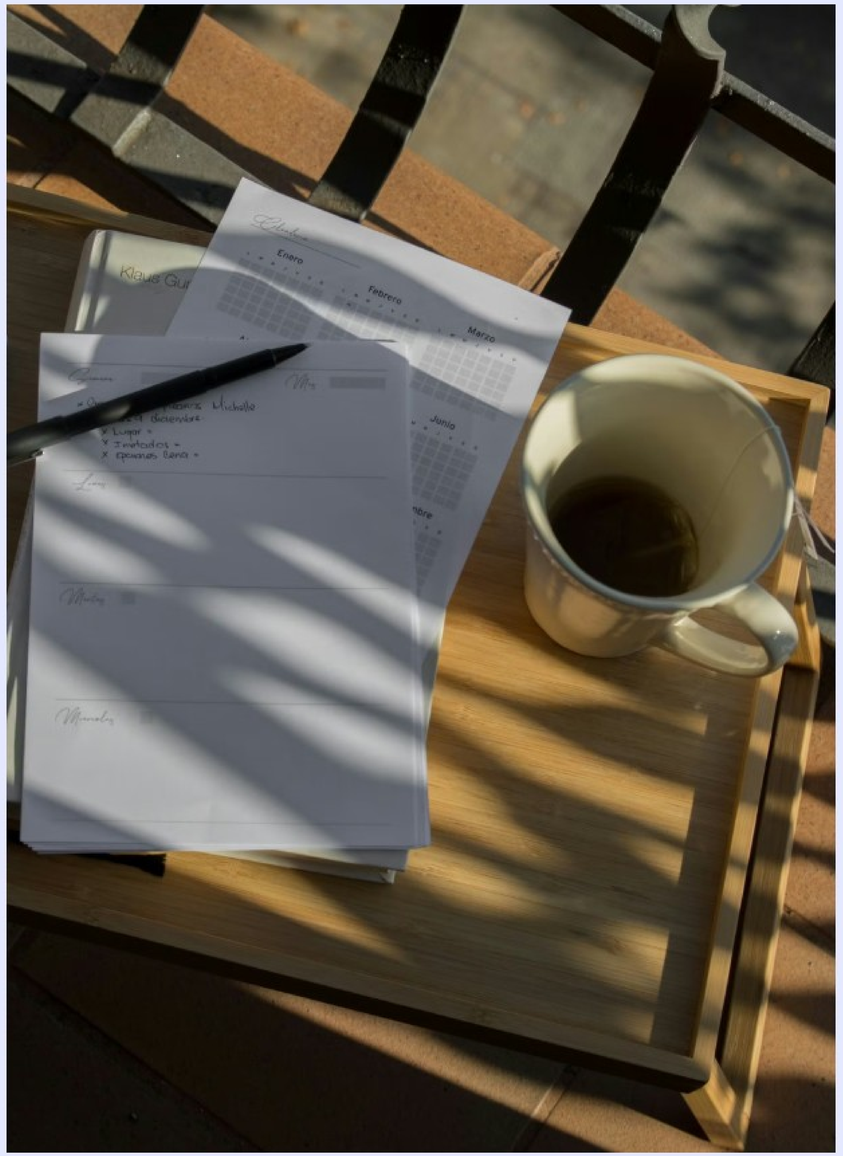
Mentimeter

Instructions

2

AGENDA:

- 9:30 - Introduction & overview of self-neglect locally
- 10:00 - Case Study CGL
- 10:15 - Case Study Safeguarding
- 10:30 - Case Study Homelessness
- 10:45 - Practitioner Discussions
- 11:15 - Survey
- 11:30 - Finish



Welcome to the Swindon Safeguarding Partnership Practitioners Forum

What is the purpose of the Practitioner Forums?

We want to be able to meet and talk regularly to frontline practitioners to gain your views on what is feels like to work across Swindon.

We want to hear about practice, what is good, what is not so good, what support is available or what support you feel might be needed. We would also like you to contribute to, comment on and test out new developments and improvements.

We would also like practitioners to share good practice and provide the voice of children, families and adults with care and support needs in Swindon to the Safeguarding Partnership.

The focus of the forum today will be Working with self-neglect

Mentimeter

What is self-neglect?

Harm to self (capaciated)

Self neglect is a serious level of self care through the inability of individuals to look after themselves

Not coping Living in chaos

Very difficult to manage

Lack of engagement with health and social care services , placing self at risk of harm , hoarding , covers a range of lack of self care

Not being able to look after yourself in the ways that will impact health or wellbeing if not actioned Not taking medication as directed Not eating Hoarding and risk of fires etc

Inability to keep self well kept.

Article 3 HRA positive obligation on all authorities/setvices

Mentimeter

What is self-neglect?

Poor hygiene Lack of adequate nutrition Living in unsanitary conditions

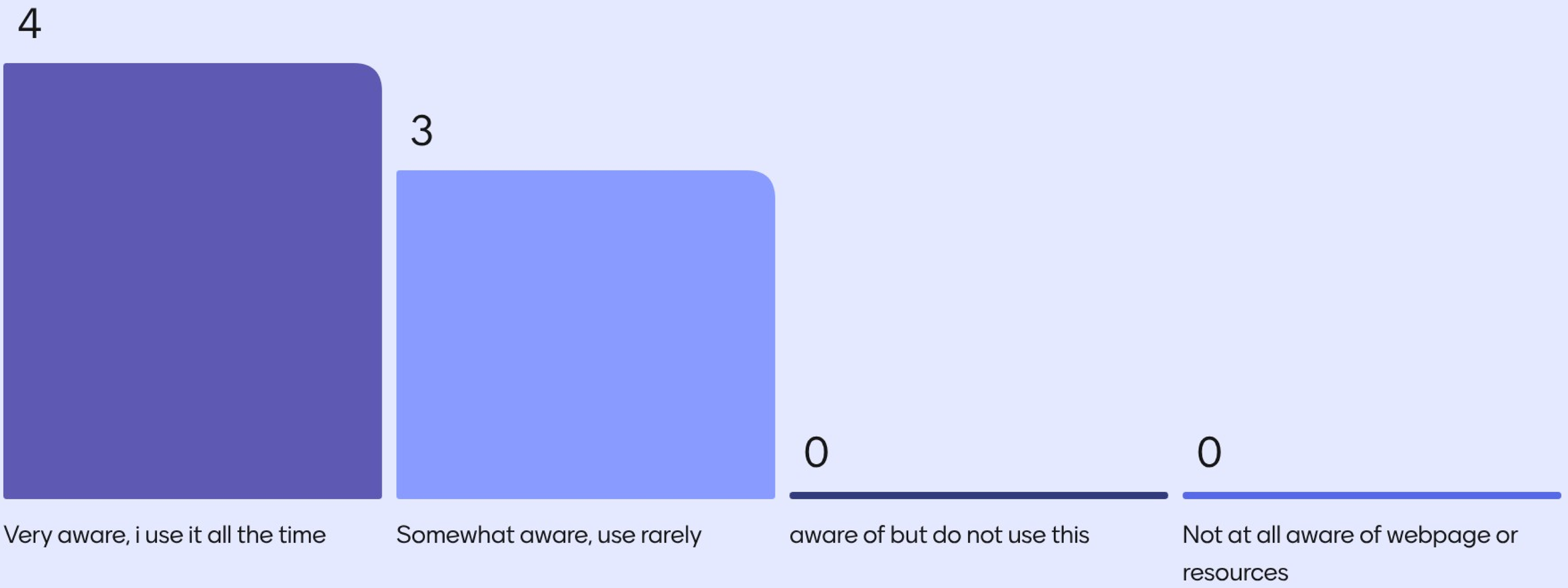
Unable to meet needs Apathy Poor self care

Disengaging with services

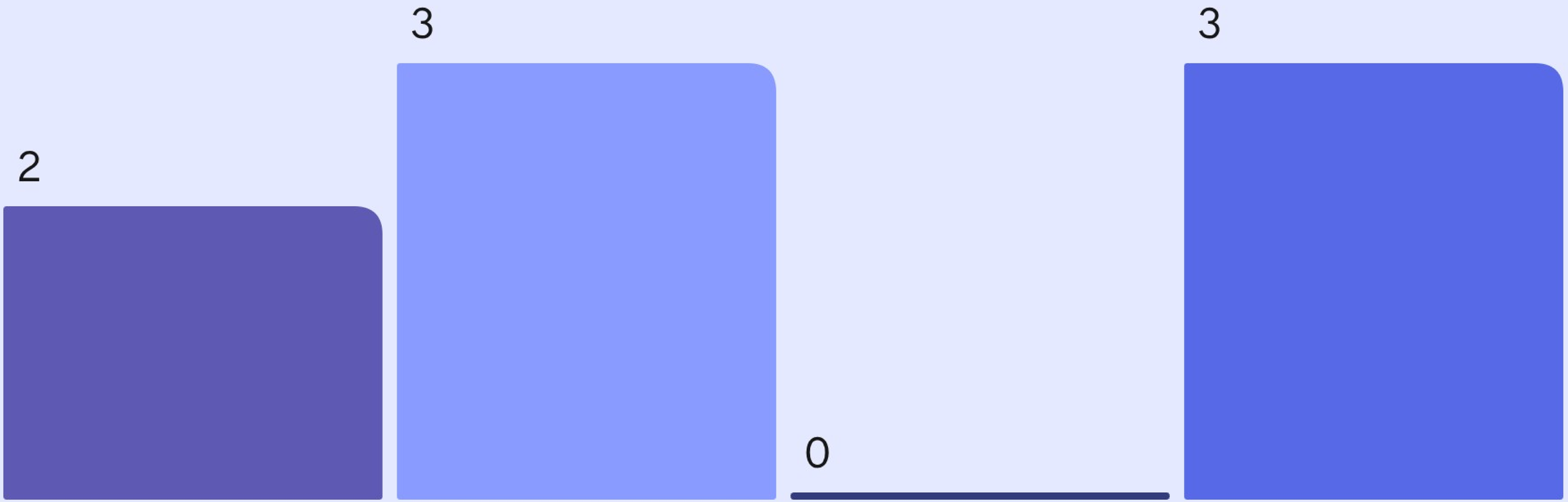
Is this really a lifestyle choice Or is this an assumption by others

7

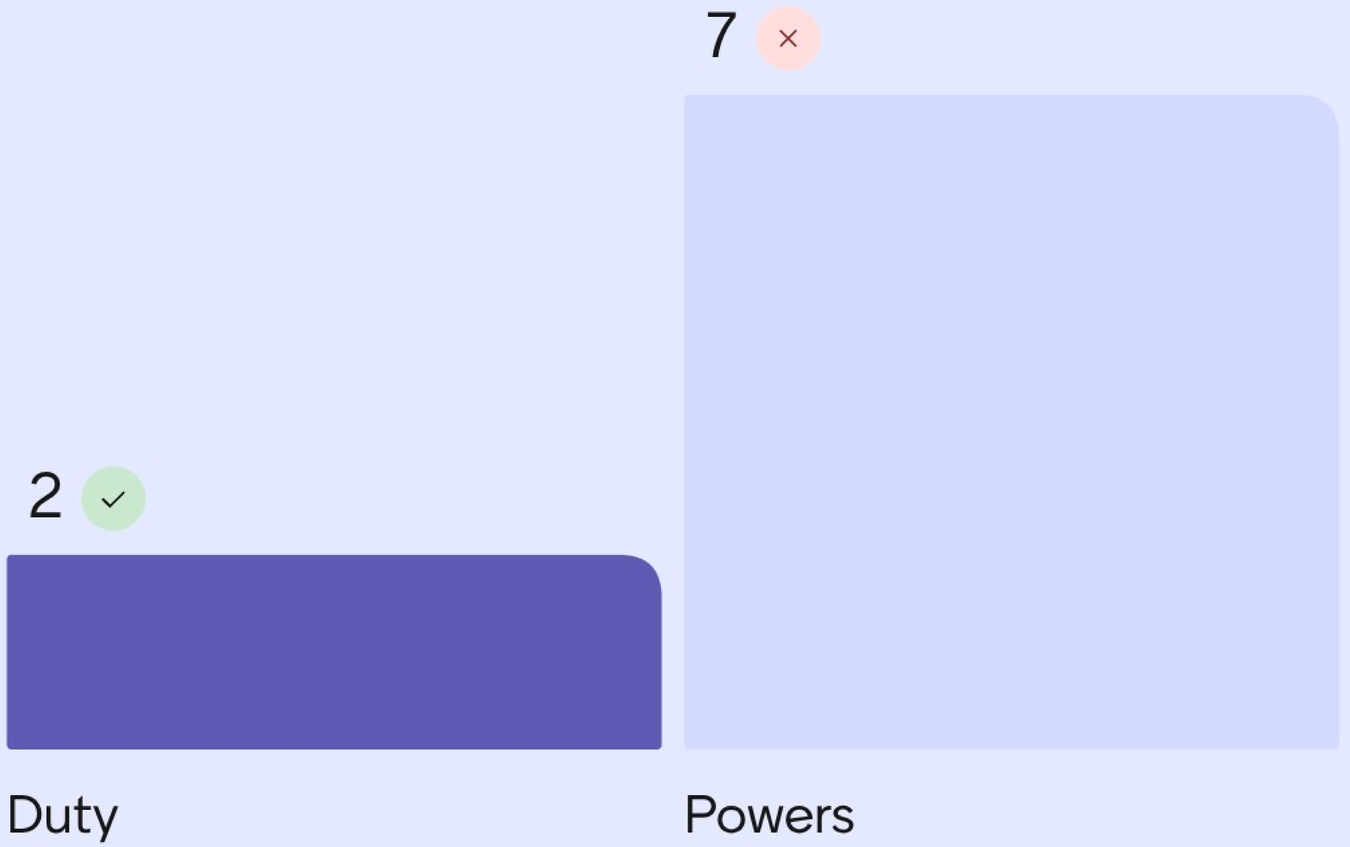
How aware are you of the Swindon Safeguarding Partnership webpage and resources?



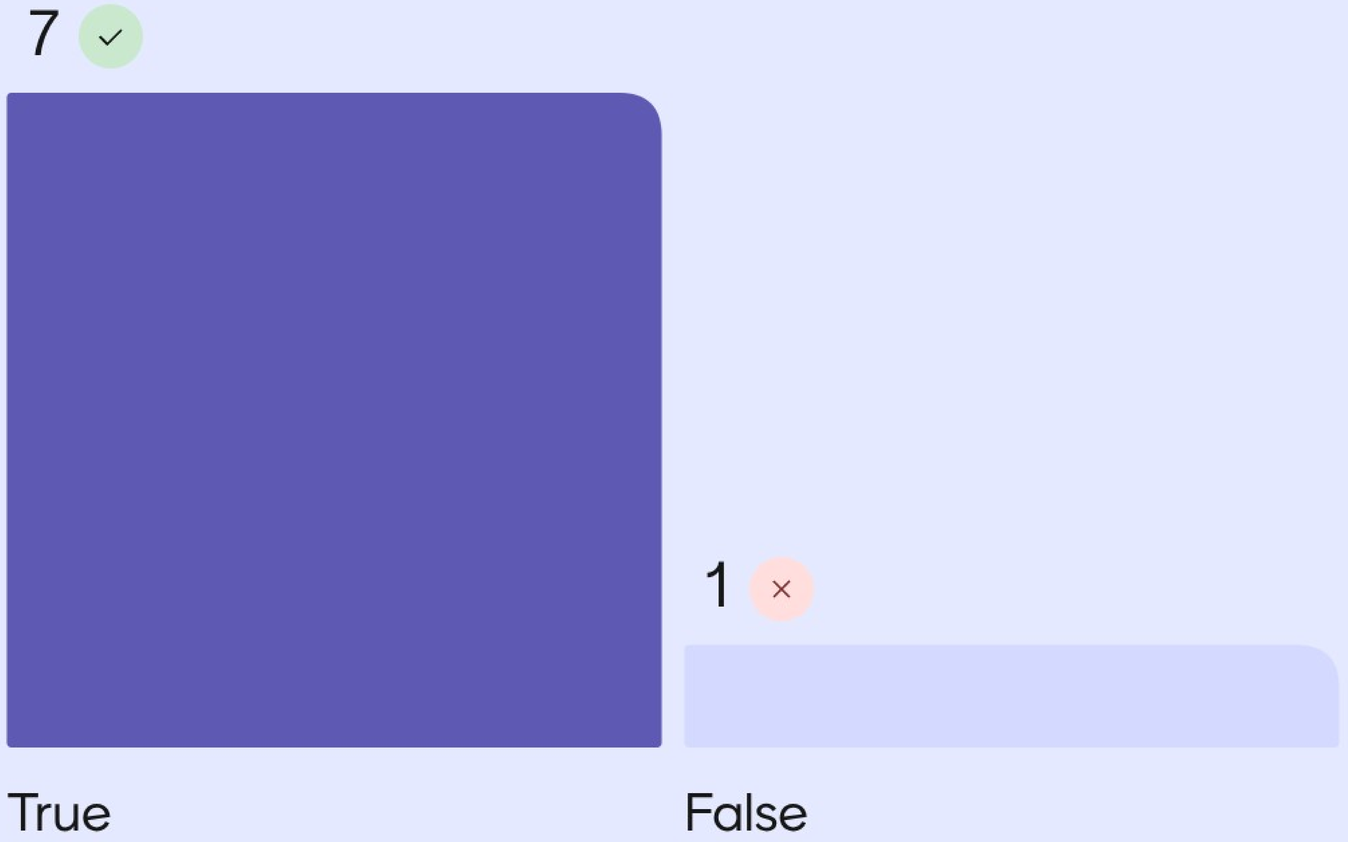
Have you used the Self-Neglect Policy and Guidance before?



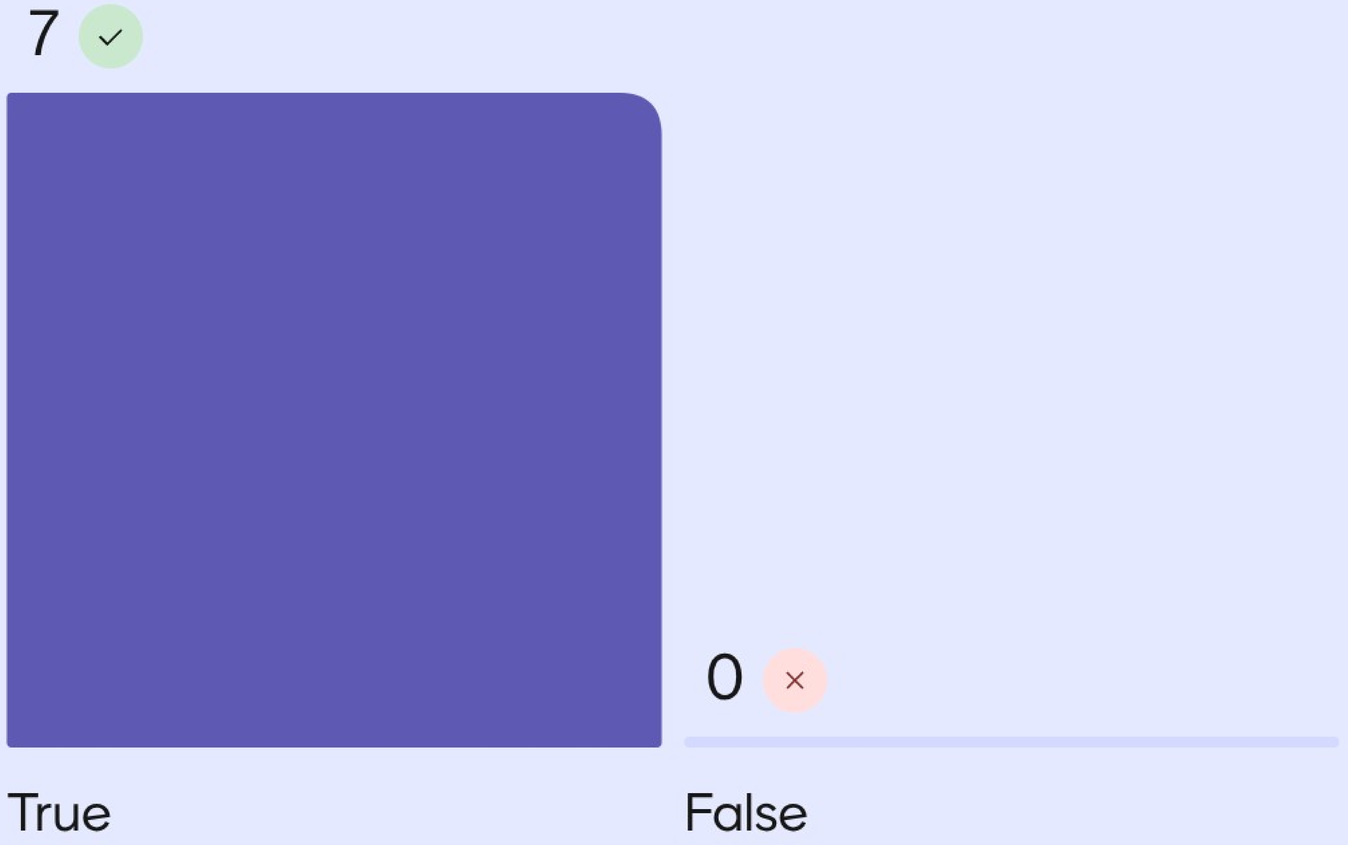
Duty or Powers: Under the **Housing Act 1988**, landlords may seek possession if hoarding breaches tenancy agreements or causes deterioration of premises



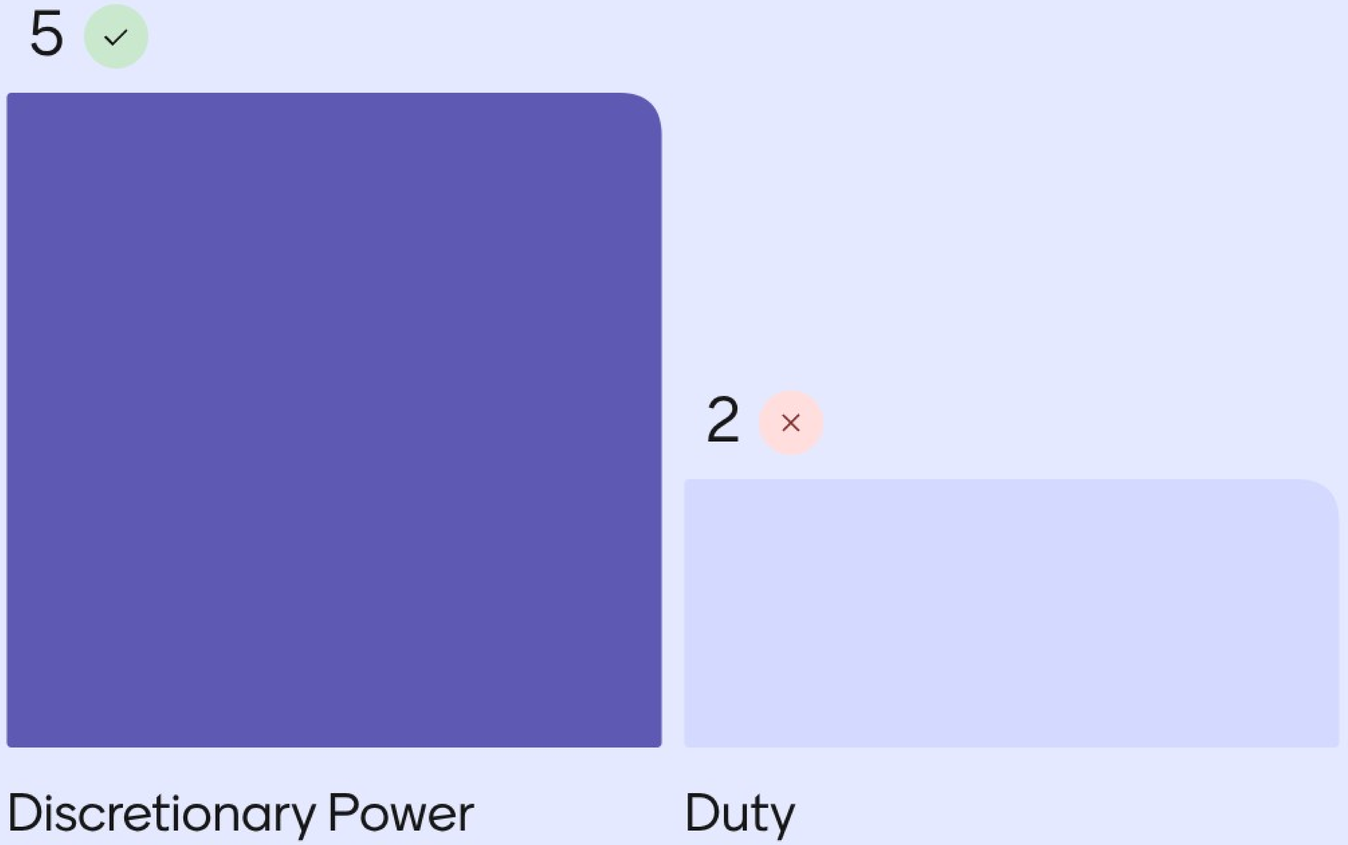
Environmental Health must act under the **Environmental Protection Act 1990** if hoarding causes a statutory nuisance (e.g. pest infestation, odour etc.)



True or False**: Care Act 2014:** Authorities must make enquiries under Section 42 if an adult is at risk of abuse or neglect due to hoarding.



Mental Health Services: May offer therapeutic interventions such as **Cognitive Behavioural Therapy (CBT)**, especially if hoarding is linked to diagnosis



Mentimeter

What resources are there to help your practice?

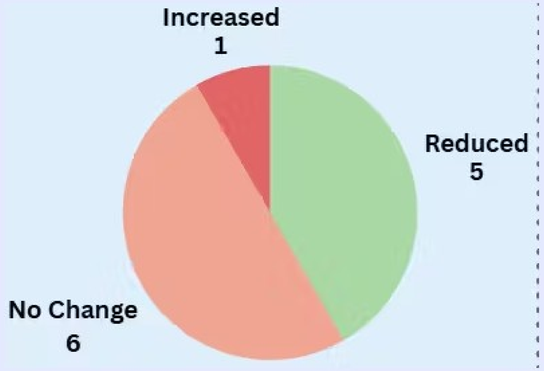
- Search our policies and publication on the SSP website for the Self-Neglect Policy and Guidance
- Welfare and Safety Plan for a supportive conversation with the person
- Look on our Video Archive page for a recording of the Spotlight on Self-Neglect: Policy into Practice recording
- Our Self-neglect webpage has lots of links and resources you can access
- Familiarise yourself with the Multi-Agency Process for the Resolution of Professional Disagreements (Escalation Policy)

Self-Neglect Audit Findings 2024

Key Findings:

In 2024, a multi-agency audit of 12 adults who experienced self-neglect and/or hoarding behaviour was undertaken.

- 55% of those audited the risk remained the same.
- 36% of those audited there was evidence that risk was reduced.
- 9% of those audited risk actually increased.



Multi-Disciplinary Working:

There was evidence that safeguarding processes had improved for safeguarding those who were experiencing self-neglect.

Timeliness of allocation was a factor impacting on those experience self-neglect.

Effective MDT Working is shown to be the biggest key to achieving positive outcomes.

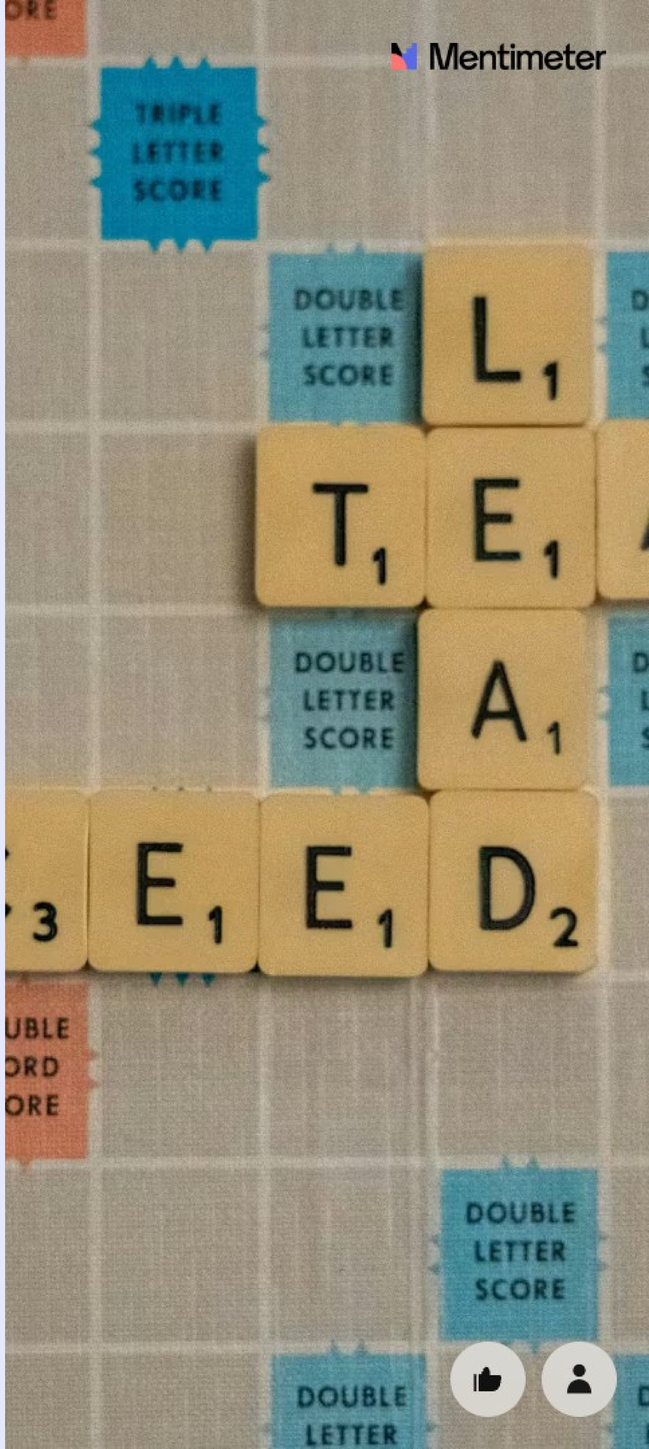
Making Safeguarding Personal:

There was evidence that MSP and recording of a persons wishes was stronger in case recordings across the partnership.

There is still progress to make through including adults in decisions and conversations about their lives.

Lead Agency:

Agreeing a lead agency still remains a vital part of the puzzle in supporting those experiencing self-neglect and/or hoarding behaviour.



Mental Capacity Assessments (MCA):

There was evidence of some improvements in professional curiosity around completing MCAs in practice.

Understanding of executive functioning remains an area for improvement for professionals.

What's Next:

The Self-neglect Group are working on the recommendations from the audit and monitoring the embedding of these in practice.

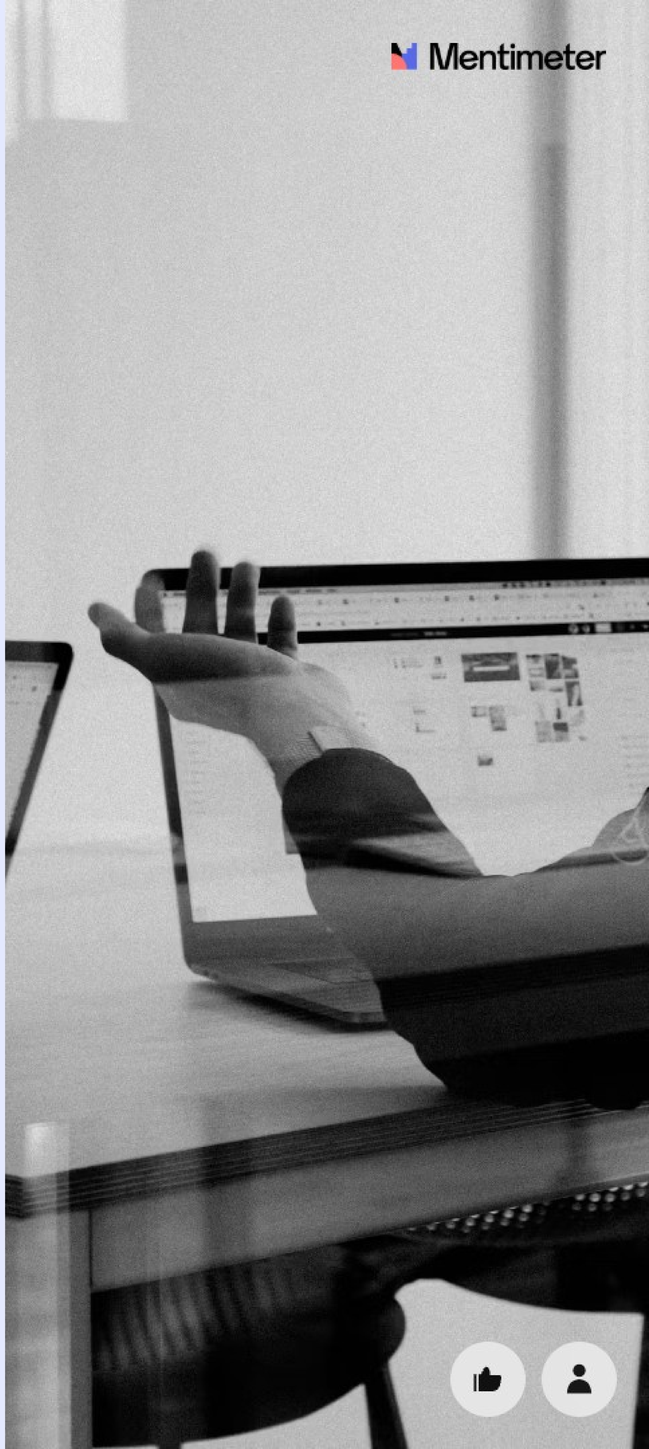
The next audit for self-neglect will take place in January 2026 and the learning identified will be considered in relation to the previous audit.

The focus of the next audit is on alcohol dependency and self-neglect following recommendations from SAR Robert.

Find the results summary on the self-neglect page on the SSP website

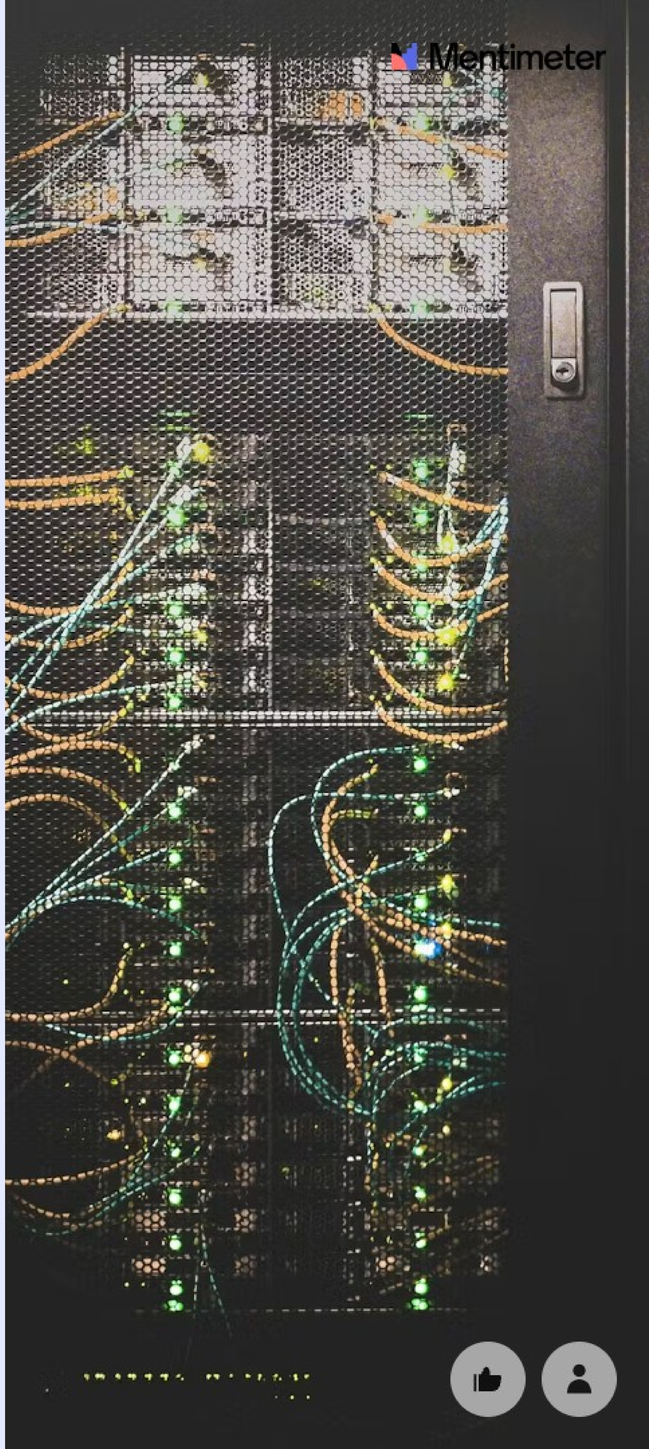
What is a Safeguarding Adult Review (SAR)

- A Safeguarding Adult Review (SAR) is a multi-agency statutory review designed to determine what the relevant agencies and individuals involved may have done differently to prevent harm or death.
- They determine what may be known from each person's death and for agencies to understand where there were system failings. It does not proportion blame.
- A set of recommendations or findings are developed which are then actioned through the Practice Review Group



SAR Robert

- Robert a white British male died at the age of 53. He lived with his partner Michelle, Robert did not have children of his own but considered Michelle's two children as his.
- During Covid-19 Robert struggled with the transition of working from home, missing the routine. Michelle asserted that Robert's subsequent doubts over his capability to carry out his responsibilities were unwarranted.
- Robert started consuming an excessive amount of alcohol in August 2022, and this escalated in October 2022
- SWAST attended his home on numerous occasions due to falls from excessive alcohol consumption, they observed that he was intoxicated and had sustained numerous face injuries, expressing a wish to die.



SAR Robert

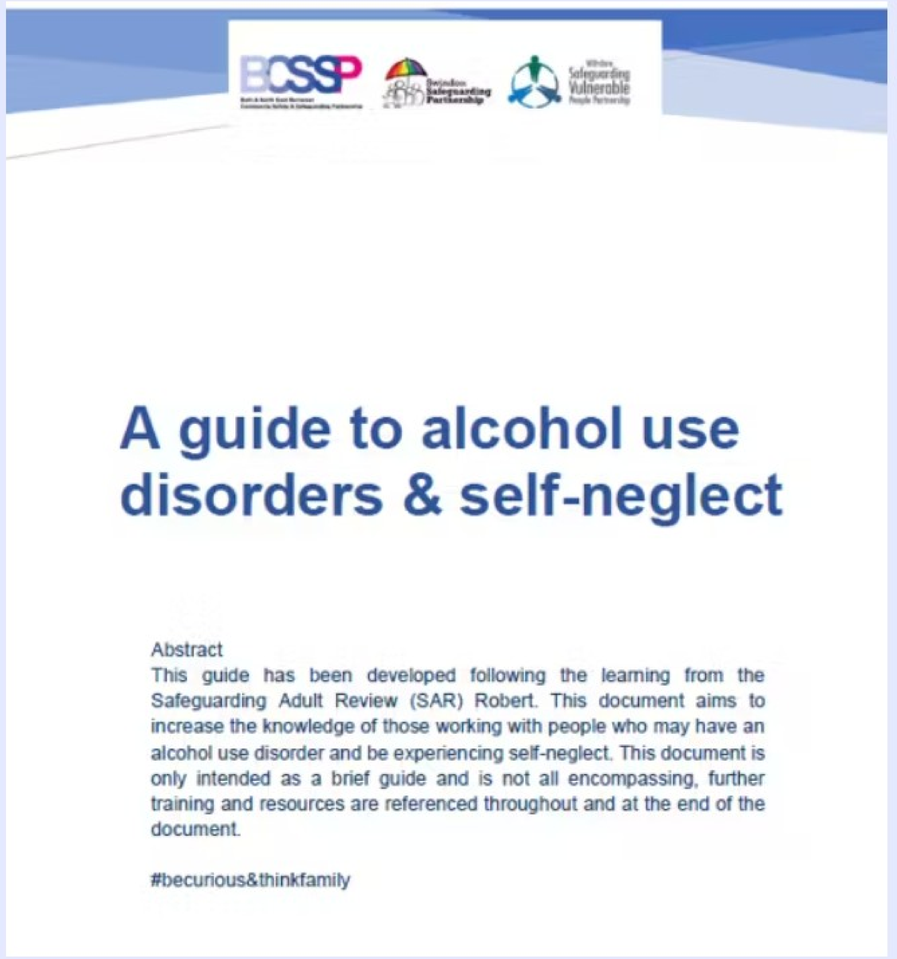
- Michelle had taken respite at her sister's home three weeks before Robert's death and returned every three days; she confirmed they had not separated.
- Robert's employer visited him at home eight days before his death and informed Swindon Borough Council of a safeguarding adult concern around his self-neglect, alcohol misuse, and suicidal risk.
- Michelle discovered the body of Robert in their home in January 2023.
- In March 2024 SAR Robert Report was published

Mentimeter

SAR Robert Learning

- Professional Curiosity
- Interaction between alcohol & safeguarding law, particularly ‘self-neglect’
- Legal literacy - understanding around ‘unwise decisions’ and the MCA
- The interaction between alcohol dependence and mental health
- The need for multi-agency working and convening of professionals meetings.

Mentimeter



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

Swindon Partners worked together to develop this guide which was shared wider with our partners in B&NES and Wiltshire.

SAR Ferdynand

- Ferdynand, a 61-year-old white Polish male, described as pleasant & challenging in equal measure, depending on his mood, circumstances & impact of his illnesses. Known to both Swindon & Oxfordshire health and social care.
- Ferdynand died on an acute inpatient ward of natural causes; acute chronic cardiac failure & ischaemic & hypertensive heart disease.
- Ferdynand was known to both Swindon & Oxfordshire, there was an ongoing disagreement on who held Ordinary Residence that remained unresolved. This led to delays in support being offered.

Mentimeter

- Delays in discharge planning from physical and mental health hospitals was highlighted as an area for learning and improvement.
- It was apparent that meeting Ferdynand's needs through the available homelessness options, was not appropriate.

Case Example: Adult Safeguarding

Alex Coward - Experienced Social Worker

Mentimeter

Mr B background

- Criminal involvement, drug (including crack cocaine) and alcohol history leading to long term health conditions. Declining health professionals support, Mr B lives with his mother where there has been abuse towards her whilst there is also a co-dependency between the two
- MDT working has been ongoing for 12 months
- Mr B has has several hospital admissions to have fluid drained and Mental Capacity Assessments for managing health conditions. There were challenges with unsafe discharges because of behaviour that challenge from Mr B to staff. There was also a crack pipe found in his bed
- There have been safeguarding discussions with his mother also and a Carers Assessment in her own right
- Challenges meeting with and working with Mr B due to verbal and chaotic behaviours
- Mr B has ADHD

Mental Capacity Assessment:

- Through excellent co-working with the GP surgery there has now been an MCA undertaken.
- Questions remained for a while about whether Mr B had dementia, although this has now been determined that he does not have this diagnosis.
- Determined that Mr B does have capacity around managing his health needs and the impact his drug use had on his physical health.

Mentimeter

Multi-agency Team:

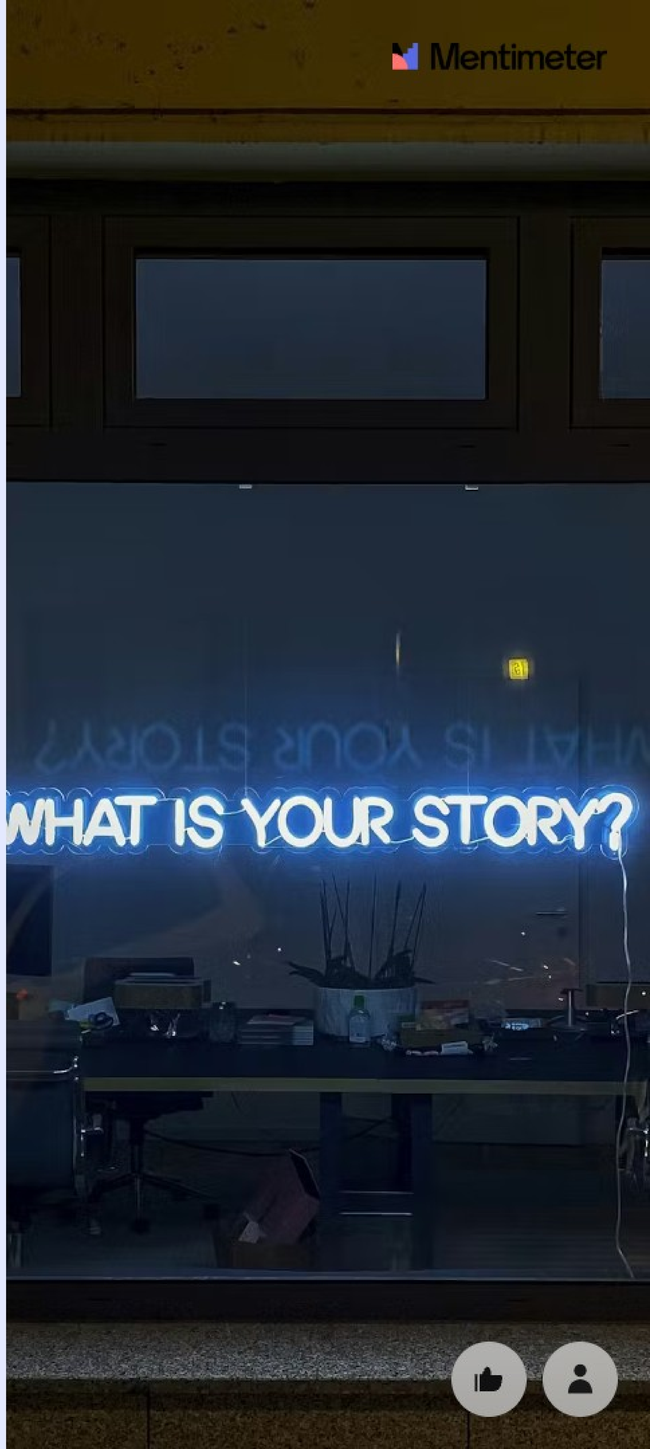
- GP Surgery and Social Prescriber
- SBC Housing - to support with looking at Mr B and mother moving into separate accommodation
- SBC Safeguarding
- GWH Safeguarding
- GWH wards
- AWP Safeguarding and PCLS
- Paragon
- MARAC for mother
- CGL
- SAMs advocacy

What supported things to become 'unstuck':

- Partners working together and the right agencies taking the lead where needed
- Monthly planning meetings helping to keep things on track and a priority
- Effective communication between partners involved with Mr B

Mr B's voice

- Mr B is proud that he has not had a relapse of alcohol for some time now. This is additionally challenging given the levels of drug and alcohol use in his local area.
- Advocacy is working with Mr B to express his wishes
- Mr B is clear he does not wish to die young, which is a risk with his lifestyle at present
- Mr B would like to look at moving into his own place, where he can receive the support he needs
- Mr B would like to have some connection with his children who has been removed from his care



What next?

- Supporting M B to manage his health through completing a Welfare and Safety Plan
- Community Led Support (Adult Social Care) to continue to take on the lead agency role when safeguarding closes
- Paragon to link in with Mr B's mother who is also Mr B's informal carer
- MARAC meeting to take place
- Explore housing options
- MDTs to continue following closure of safeguarding

Mentimeter

Any questions or reflections?

Mentimeter

Case Example: Change Grow Live

Holly Black - Quality Lead

Case study - self-neglect

- Male, White British, in his 40s
- Supported accommodation
- Dependent alcohol user (also cannabis use)

Background and risks:

- Long term alcohol user
- Self-neglect
- Previous trauma
- Domestic abuse risk
- Bereavement
- Previous rough sleeping
- Vulnerable adult
- Hopelessness / helplessness

Interventions:

- Compassion and empathy
- Motivational interviewing
- **Patience** and support to engage
- Individualised plan & overcoming barriers
- Clinical oversight and MDT
- Referrals and sign-posting
- Multi-agency working
- Making safeguarding personal
- Importantly, **empowerment** and confidence boosting
- SMART goals / harm reduction

Mentimeter

Any questions or reflections?

Mentimeter

Mentimeter
Case Study: Homelessness
Chelsie Eddolls - Rough Sleeper Team Manager

Mentimeter

Overview	Self neglect indicators	Summary of present	Actions
• 28 year old female • Care experienced • Had children removed • Entrenched rough sleeper • Using substances • Sex working • Recent sexual assault	• Not dressing appropriately • Not keeping herself safe • Not attending key appointments • Not in receipt of benefits • Not washing • Drug use – no harm reduction • Not practising safe sex • Rough sleeping despite help available	• Referral to safeguarding – closed and allocated to CLS but they are unable to engage • Supported with a support worker • Benefit claim in place • Housed in emergency accommodation • Working with Nelsons and discussed at ASEP	• To try and engage with CGL to explore harm reduction • To support her with police disclosure • To establish trust • To complete a welfare and safety plan • To try and establish a safe move on plan with housing

Case Study 1

Mentimeter

Overview	Self neglect indicators	Summary of present	Actions
• 40 year old male • Autism diagnosis • Previous mental health episodes that have resulted in section 2 • Has been sleeping rough for over 12 months, refuses emergency accommodation	• Not showering/ changing clothes • Has access to £40k due to inheritance however has lost bank card and wont go to the bank • Picking up cigarette butts • Not eating any hot meals • Not accessing any services • Not addressing any basic health needs	• Referral to safeguarding – closed and allocated to CLS Supported with a support worker • Regular outreach • MCA around decisions for emergency accommodation	• MCA to take place over finances • Try and establish what it is he wants • Support him to access funds • Try and encourage to accept accommodation of some kind

Case Study 2

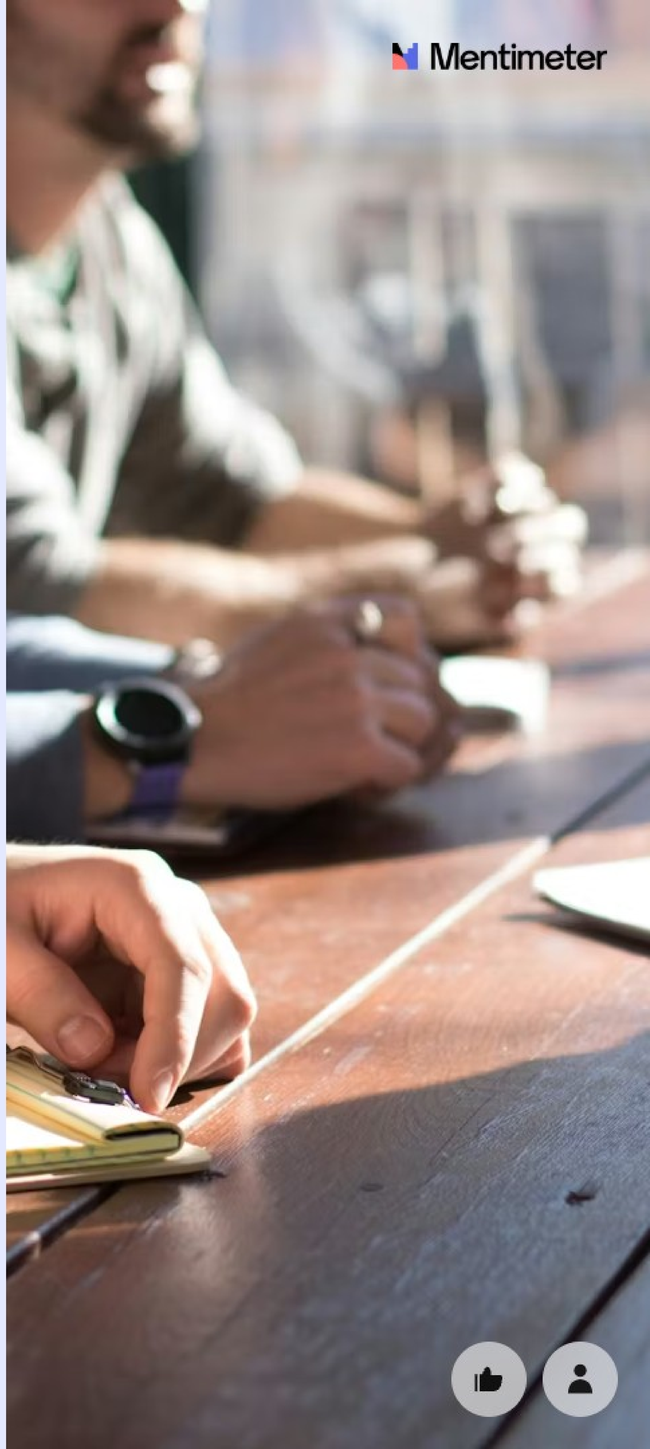
Mentimeter

Overview	Self neglect indicators	Summary of present	Actions
• 41 year old male • Entrenched rough sleeper • Had very limited options around his housing • Childhood ACEs • Alcohol dependent • Child who is now in care • Drug use • Experience of prison and known to police	• Alcohol use • Sleeping on the floor • Health needs not being met • Needle in his groin – not being addressed • Not eating	• Referral to safeguarding – allocated to CLS Supported with a support worker • Regular MDT's • Use of escalation policy	• Escalation meeting to take place • Mental health to assess • Police to support with arrest where appropriate

Case Study 3

What has worked well

1. Partnership working
2. Sharing the welfare and safety plans to be completed by trusted worker
3. Using the escalation policy
4. MDT approach and regular meetings
5. Safeguarding working flexibly – working from the Haven
6. Meeting people face to face



What are the barriers

1. Closing applications based on non engagement
2. Closing on not being able to contact
3. Waiting for people to be housed for interventions
4. Resource
5. Poor engagement
6. People not recognising their own self neglect

Mentimeter

Any questions or reflections?

Mentimeter

Mentimeter

What works well when working with self-neglect from your experiences?

Please remember confidentiality if talking about others.

Mentimeter

If you would prefer not to speak feel free to add any comments here:

Mentimeter
What have been challenges for you when working with self-neglect & how did you overcome these?
Please remember confidentiality if talking about others.

Mentimeter

If you would prefer not to speak feel free to add any comments here:

Mentimeter
Is there anything that you feel you need to support you in working with those who are self-neglecting?

Mentimeter

Is there anything that you feel you need to support you in working with those who are self-neglecting?

Mentimeter

Who do you intend to share your learning from today with and how?

My work colleagues but also family and friends who work in similar fields

With my ward team and MDTS on the hospital ward

The phrase Chelsie used “refusal or not coping with change “ is something I’m going to discuss with the trainer and dept leads in relation to Self neglect and especially our front door service .

The collaborative working to support people in a way that works for them, has been great to see. There is some brilliant work being done out there and definitely deserves a Pat of the back

This will be shared with the wider community nursing team.

1 4

Mentimeter

Self-neglect Practitioners Survey

Please support the self-neglect group by completing this survey. It takes between 5-10 minutes.

SSP Self Neglect Survey (November 2025) – Fill in form

Mentimeter

Thank You!

Please complete the feedback for in the chat now.

Share any learning you have taken from today widely with colleagues.