

Self-Neglect Key Audit Findings 2026

In January – March 2026, a review of multi-agency practice relating to adults experiencing **self-neglect and alcohol dependency**. 9 individuals were audited across 17 partner agencies using a structured tool and reflective sessions.



Methodology and Participation

- Multi-agency audit ratings: 1 Outstanding, 2 Good, 5 Requires Improvement, 0 Inadequate, and 1 Ungraded
- Non-completion was due to either lack of response or agencies not knowing individuals.
- Sample heavily skewed toward White British individuals, raising questions about identification, bias, and recording practices where there is self-neglect and / or alcohol dependency.

Key Findings

Risk Reduction and Outcomes

- Risk reduced in only a minority of cases; in most, it remained unchanged or increased.
- Limited improvement compared to previous audits, partly due to short-term, crisis-led interventions.

Leadership and Coordination

- Lack of a clear lead professional in most cases resulted in fragmented responses and unclear accountability.
- Strong leadership correlated with better coordination and outcomes.

Complexity of Needs

- High prevalence of:
 - Alcohol-related brain injury
 - Physical health issues (e.g. COPD, mobility)
 - Cognitive impairment and trauma
- Lack of specialist service pathways for this cohort was identified.

Multi-Agency Working (MDT)

- Inconsistent MDT use, with poor attendance and exclusion of key partners (e.g. health, police, fire).
- Evidence of silo working and weak information sharing, leading to ineffective outcomes.
- Where MDT working was strong, risk reduction improved.

Making Safeguarding Personal

- Improved recording of individual voice and wishes across agencies.
- However, safeguarding plans often lacked:
 - SMART actions
 - Clear accountability
 - Timely progression

Strengths Identified

- Dedicated and persistent workforce.
- Examples of effective multi-agency collaboration leading to improved outcomes.
- Growing use of person-centred and relationship-based approaches.

Trauma-Informed Practice

- Good understanding exists, but inconsistent application.
- System-wide embedding of trauma-informed approaches is not yet achieved.

Mental Capacity Act (MCA)

- Inconsistent and sometimes absent MCA assessments, especially in complex cases.
- Ongoing challenges around:
 - Executive functioning
 - Impact of trauma and alcohol use
 - Conflicting assessments between agencies
 - Fluctuating capacity

Key Challenges

- Fragmented, non-systematic multi-agency working.
- Persistent silo practice and poor coordination.
- Over-reliance on individual practitioner effort rather than system processes.
- Limited progress on recommendations from previous audits.

Conclusion

While there is clear evidence of good practice, overall impact on risk reduction remains limited. Practice is not yet consistently trauma-informed, coordinated, or outcome-focused. Stronger system leadership, accountability, and multi-agency integration are required to improve outcomes for people experiencing self-neglect and alcohol dependency.

Priority Recommendations

- Strengthen multi-agency coordination with clear leadership and mandatory partner involvement.
- Improve safeguarding planning (SMART actions and accountability).
- Increase consistency of MCA practice.
- Focus on measurable risk reduction outcomes.
- Embed trauma-informed, flexible engagement approaches.
- Address system gaps, including shared information systems and specialist pathways

