Self-Neglect

3 key factors

- Management and understanding of making safeguarding personal: The difference between risk centred and person centred safeguarding and the outcomes achieved (Safe and well)
- The understanding of trauma in a persons life and how this affects executive functioning (Capacity assessments and defensible decision making)
- The barriers presented by service boundaries that reinforce and exacerbate feelings of being undeserving and rejection

How much would you like us to explore and to what extent?

Management and understanding of making safeguarding personal: The difference between risk centred and person centred safeguarding and the outcomes achieved (Safe and well): Risk Centred (No Secrets approach) – Does not work

Recognition of abuse / neglect – opportunities to miss all aspects of self-neglect and potential other forms of abuse.

Consent for referral – not required and misleading presenting barriers to multi agency collaboration

Risk assessment and threshold – subjective response without knowing the risks (No capacity assessments)

Case management approach – No one making enquiries, coordinating capacity assessments / holding agencies accountable, understanding the complexities involved across agencies, focusses on person and can miss whole family approach particularly if health lead (Mental Health Services) as often not Care Act needs assessment

Lack of coordination and accountability – Person passed from pillar to post

Person is asked what they want – Leave me alone

Management and understanding of making safeguarding personal: The difference between risk centred and person centred safeguarding and the outcomes achieved (Safe and well): Person Centred Approach (Care Act)

Each agency asks themselves is this person safe and is this person well before ending that intervention – If not ask the person what would make you feel safe and what would make you feel well? Early intervention

If the single agency is unable to support the person to be safe and well they seek relevant agencies to meet the wellbeing and safeguarding duties under the Care Act – If this is not working they seek advice, guidance and oversight from the Local Authority (Comprehensive Needs Assessment identifying which agency is meeting what need and whether the person is capacitated to make those decisions)

Local Authority assign a relevant agency to lead the enquiry – All agencies are held accountable for complying with safeguarding responsibilities / duties and conducting relevant capacity assessments with understanding of how the deficits in executive brain function can affect a persons ability to employ self-care skills and prevent impulsive responses.

Collaborative Agency Approach – Uses skills and knowledge of all agencies to build engagement and a pathway of support. Services rejecting support presenting gaps in care and support are appropriately challenged and concerns escalated. SAB member accountability. Hypothesis regarding abuse / neglect explored and ruled in / out. Whole family / community approach.

Each agency tries to achieve safety and wellbeing as defined by the person (Capacitated) or in the persons best interests (Lacking Capacity – assessed and recorded) – As a picture builds this is added to the comprehensive Social Work Assessment so that oversight is maintained.

Person remains at the centre and in control – Focus is on healing what happened to the person and their interpretation of this leading them to feel bad about themselves resulting in self-neglecting. Focus is removed from the clutter or personal harm – Harm minimisation techniques used until person is ready for change. Therapeutic intervention from a trauma informed perspective that seeks to accept rather than reject the person and aims to not retraumatise.

Person measures their own success

The understanding of trauma in a persons life and how this affects executive functioning (Capacity assessments and defensible decision making)

- All agencies have a clear picture of the persons history and things that have impacted on them
- Trauma assessment
- Trauma informed intervention – no re-traumatisation
- Recognise anxiety triggers
- Tailor therapeutic approaches eg EMDR or CBT for trauma
- Work with the GP on basic anxiety, depression, paranoid ideation
- Work with OT regarding sensory stimulus triggering responses
- Do not let the person down
- Create open doors
- Recognise the use of relevant case law regarding trauma, impulsion, compulsion and the ability to employ skills and use this in assessing capacity

The barriers presented by service boundaries that reinforce and exacerbate feelings of being undeserving and rejection

- Recognise what message they are telling you by their responses, body language and way of living
- Recognise what you are telling them by way of communication, rejection, passed between services
- Recognise that the chaotic way that services approach people who self-neglect replicates the chaos in their own life, not detracting from it but adding to it. More appointments, more people rejecting them, more people saying criminal, not motivated enough, not mentally unwell just acting out behaviours, not traumatised and fighting to survive but making lifestyle choices – the messages are reinforcing
- Recognise how often and when
- Identify who is really going to make that connection, not blame but support and fight to get the barriers removed before the person is presented to the service