



7-minute Briefing

Learning Disability Mortality Review Programme– Self Neglect

1. The Background?

The Learning Disabilities Mortality Review programme (LeDeR) aims to make improvements to the lives of people with learning disabilities and prevent them from dying young. It was set up to drive improvement in the quality of both health and social care service delivery for people with learning disabilities and autism. LeDeR summarises the lives and deaths of people with a learning disability and autism. Cheshire and Merseyside LeDeR review deaths via a LeDeR panel. It has been identified via several reviews that Self-Neglect has been a factor in the person's life/or death.

2. Self-Neglect

Self-Neglect is a category of abuse identified by the Care Act (2014). There is no one definition of self-neglect but the term is used to cover a wide range of behaviours of a person neglecting their own health, personal hygiene or their surroundings and includes behaviour such as hoarding. It can be difficult to recognise particularly if a person has capacity to make their own decisions.

It has also been recognised that people with a learning disability are more likely to self-harm and self-neglect than the general population.

3. How does self-neglect present?

The type of behaviours considered to be self-neglect include:

- Lack of self-care, not attending to personal hygiene, nutrition and hydration, or health needs, to an extent that it may endanger their safety or wellbeing.
- Lack of care of their environment and living in situations that could lead to domestic squalor or elevated levels of risk in the domestic environment (for example, health or fire risks/hazards caused by hoarding)
- Refusal of assistance that might alleviate these issues. This might include, for example, refusal of care services in either their home or a care environment or of health assessments or interventions, which could potentially improve self-care or care of one's environment.
- Failure to manage personal affairs such as social contact and finances.

4. Reasons why someone may self-neglect

There are various reasons why people self-neglect. Some people have insight into their behaviour, while others do not.

It is not always possible to establish a root cause for self-neglecting behaviours. However Self-neglect can be a result of:

- a person's brain injury, dementia or other mental disorder
- obsessive compulsive disorder or hoarding disorder
- physical illness that may affect the persons abilities, energy levels/motivation or attention span
- reduced motivation as a side effect of medication
- addictions
- traumatic histories and life changing events
- result of loss, fear of losing control, pride in self-sufficiency,
- a mistrust of professionals/people in authority,
- personality traits.



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5. Professional Curiosity?

Working with people who self-neglect can be very challenging. People who self-neglect may refuse support or fail to acknowledge the problem. Therefore, it is important that practitioners display professional curiosity. Professional curiosity is the capacity and communication skill to explore and understand what is happening to children, young people and adults rather than making assumptions or accepting things at face value. This can be described as the need for practitioners to practice ‘respectful uncertainty’ and applying critical evaluation to information they receive and maintaining an open mind. For those who display self-neglect the practitioner should consider what is driving the persons behaviour and the meaning of the behaviour and what can be done to support.

6. How to Support?

When developing an approach to engage the person there are some general pointers for an effective approach:

- Multi-agency approach to care – avoid working in silo and work with partners to ensure the right approach for the person.
- Person centred care – respect the views and the perspective of the person, listen to them and work towards the outcomes they want. What is their desired outcome?
- Risk management may be the best achievable outcome; it may not be possible to change the person’s lifestyle or behaviour. Consider if there is any risk to others.
- Be non-judgemental and empathic – it isn’t helpful for practitioners to make judgements about cleanliness or lifestyle; everyone is different
- Patience and time – short interventions are unlikely to be successful, practitioners should be enabled to take a long-term approach to build trust and agree small steps
- Offer reassurance and consider alternatives as the person may fear change/losing control, so explaining that there are alternative ways forward may encourage the person to engage. Ensure you consider any reasonable adjustments that may help the person to engage
- Contact family – with the person’s consent, try to engage family or friends to provide additional support
- Consider the persons capacity and follow the Mental Capacity Act 2005
- Always revisit options/referrals to support services, encouraging engagement and gentle persistence may help with progress and risk management.

(SCIE 2018)

7. Key Points

The management of self-neglect is both complex and challenging. Not all cases will meet the threshold for a safeguarding enquiry. However, any incidents of self-neglect need to be considered on a ‘case by case basis and you **must follow your local safeguarding procedures.**

Also: Think Family – does the self-neglect put anyone else at risk?

Seek advice from your line manager and safeguarding lead/professional, make a safeguarding referral if required.

Halton Safeguarding Adult Board processes can be found here:

<https://adult.haltonsafeguarding.co.uk/>