



Tameside Adult
Safeguarding Partnership
Board
Self-Neglect Strategy
2025-2028

TASPB Self Neglect Strategy - 2025 to 2028

Introduction

This strategy was initially created in 2021 and has been reviewed in 2025. It was created by Tameside Adult Safeguarding Partnership Board (TASPB) to demonstrate commitment to, and the importance of supporting adults who self-neglect. It has been developed to improve outcomes for adults who self-neglect, by providing a clear framework and delivery plan to support the multiagency partnership.

Self-neglect is complex and can present challenges to successfully engage and improve the circumstances of adults who self neglect. Many safeguarding adult reviews (SAR) both nationally and locally have highlighted self-neglect as a factor which has resulted in life threatening consequences or even death. This includes the SAR Ann locally and self-neglect being prevalent in around 45% of SARs.

Self-neglect can involve a wide range of behaviours that can result in a significant risk to a person's health and wellbeing, such as a lack of self-care and lack of care for their living environment (including hoarding) and not being able to access vital services such as health services. It can also result in death and significant risk to others.

The strategy is written with the understanding that the guidance within will be underpinned by staff training and development giving the workforce confidence to respond to this complex issues.

This strategy is intended to:

- Help raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult.
- To identify factors which have contributed to, or caused the abuse or neglect.

Adult Safeguarding

Adults have the right to live the way they choose even when that involves what may be perceived by others as poor or risky lifestyle choices. Responding to self-neglect is challenging for professionals, and there is often a need to balance and determine what is someone's right and choice with what becomes a serious risk to themselves and/or others.

The Care Act 2014 recognises self-neglect as a potential safeguarding matter among those who are either in receipt of, or in need of care and support, and when their health and wellbeing or that of others is seriously compromised. Referrals and action in safeguarding is a legal duty.

In most cases consent should be obtained from the adult who self neglects for a safeguarding referral. However in certain circumstances where it is believed that the adult is being coercively controlled, where mental capacity to make key decisions is doubted, when there is a risk to others, or a risk of death (this list is not exhaustive).

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs);
- and is experiencing, or is at risk of, abuse or neglect;
- and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult; and
- address what has caused the abuse or neglect

Self-Neglect

The Care and Support Statutory Guidance relating to the Care Act 2014 in relation to self-neglect states:

‘This covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis. A decision on whether a response is required under safeguarding will depend on

the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.'

A key feature of self-neglect is that the person also declines support or services that could reduce or remove the risk of harm. At other times adults who are seen as self-neglecting may lack mental capacity to make decisions in areas of their life particularly linked to self-neglect.

Examples of self neglect include:

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid harm as a result of self-neglect
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Whilst everyone makes decisions that others may consider to be unwise, practitioners and services must never dismiss self-neglect as a 'lifestyle choice'.

Is it really a choice when:

- You don't see how things could be different?
- You don't think you're worth anything different?
- You didn't choose to live this way, but adapted gradually to circumstances
- Your mental ill-health makes self-motivation difficult?
- Impairment of your executive brain function makes your decisions difficult to implement?

We know that people who self-neglect can find it difficult to allow practitioners and services into their lives, to help them with behaviours that whilst harmful, may have also helped them to manage stress and trauma. We also know the challenges for practitioners and services in engaging and supporting people who for various reasons, find it difficult to accept that help. The Care Act 2014 recognises self-neglect as a potential safeguarding matter among those who are either in receipt of, or in need of care and support, and when their health and wellbeing or that of others is seriously compromised.

What causes self-neglect?

It is not always possible to establish a root cause for self-neglecting behaviours. 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 which has an effect on abilities, energy levels, attention span, organisational skills or motivation
- reduced motivation as a side effect of medication
- addictions
- traumatic life change.

The nature of the potential harm is often a chronic risk that originates in quite deep rooted psychological issues (e.g. unresolved grief).

The adult often struggles to recognise the risks they are living with. They may lack mental capacity in relation to the care needs, but often very fine judgements are required to determine whether the adult has capacity but is making a choice about how they are living. Assessment of the adult's 'executive functioning' (the ability to set goals and carry them out) is a key component in the assessment of their mental capacity in relation to specific decisions.

The most effective approaches are ones which allow a worker to get alongside the adult and work with their wishes as far as possible to build a relationships of trust. It is important for local partners to have a clear unified policy and process for when to raise a safeguarding referral in a situation of self-neglect, and when other approaches of support are more appropriate. A multi-agency approach to risk assessment and risk management in partnership with the adult is likely to be most effective, where it is possible.

In some more complex and high risk circumstances it may be necessary to consider using the Mental Capacity Act 2005 and consideration of executive function and mental capacity.

A Strengths Based Approach

Strengths based practice is an approach that focuses on building relationships and working on what strengths an individual has or can access within their support circle. The focus remains on an individual's strengths, not deficits and practitioners need to have open and honest (yet respectful and empathetic) conversations with the person.

Principles When Working with Adults Who Self Neglect

The following principles underpin this guidance in working with self-neglect issues:

- Making Safeguarding Personal -Promoting a person centred approach that supports the right of the individual to be treated with respect and dignity, and, as far as possible, to be in control of their own life. The focus should be on person centred engagement and risk management, and consideration should be given to if the individual is more inclined to engage with some organisations than others - if so, this should be optimised in the engagement with the individual. Each organisation needs to take responsibility for their role in supporting the adult to address issues caused through self-neglect.
- Team around the adult multi-agency meetings are recommended approach for more complex cases that are higher risk - these should be considered in cases where a single agency approach has been exhausted and a substantial risk still remains. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making.
- Accepting self-neglect as a "lifestyle" choice and closing a case without having assessed the risk and engaged with the adult in a meaningful way is unacceptable as this exposes the adult at risk to ongoing or increased harm or risk, and organisations to failing in their duty of care. Partner agencies should refer to guidance on closing cases.
- Did Not Attend (DNA) policies that do not take into account reasons for DNA such as literacy, capacity, mental health issues, coercion and control features, should be avoided, and adjustments should be made to allow the individual to attend. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many people, particularly older people, who self-neglect may lack the ability and/or confidence to come forward to ask for help, and may also lack others who can advocate or speak for them.
- Trauma informed approaches are important when supporting adults who self-neglect. Considering trauma when understanding the reasons why adults who hoard may refuse services or may not make contact with professionals should be taken. Feelings of guilt, shame, need for privacy, compulsion and how overwhelming self-neglect situations are should be considered. Organisations should take steps to support adults who self-neglect to access their services and should also consider referrals to partners with duties under legal frameworks such as the Care Act 2014 or the Environment Act 1995.

Legal Framework

The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect particularly S.42 which is the duty to make enquires and reduce risk when an adult self neglects and S.11 which is the duty to assess when an adult refuses an assessment but is under S.42 of the Care Act 2014.

Advocacy - If the adult has 'substantial difficulty' in understanding and engaging with a Care Act

The Human Rights Act 1998 - Public authorities, as defined by the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take particular action. Article 2, 3, and 8 are particularly relevant to self neglect cases and action often must consider the careful balance between rights and risk.

Mental Capacity Act 2005, Mental Health Act 1983. Where appropriate, concerns may be referred to the Court of Protection. In rare cases, where the individual has capacity, but is unable to exercise choice, for example - appears to be acting under duress, consideration should be given to options available under the Inherent Jurisdiction of the High Court.

Use of Legal Framework

There will be times when the impact of the self-neglect on the person's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have failed. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice. Possible legislative remedies that might need to be considered are outlined in the legal options.

Please note all legal routes would need to be considered in consultation with legal advice and the options outlined here are for information only.

Other Pathways

The Tameside Tiered Risk Assessment Model (TRAM) is required to be used by all agencies in certain circumstances where adults self-neglect and have mental capacity to make

decisions about their life. The Pathway should be used to support multiagency decision making and to ensure cases are escalated as required.

[TASPB-Tiered-Assessment-and-Management-\(TRAM\)-Protocol-V2.pdf](#)

Other guidance is also available and the MRM should be used alongside documents such as the TASPB hoarding guidance [TASPB-Tameside-Hoarder-Guide.pdf](#) , internal GMFRS guidance for GMFRS staff re hoarding etc.

Multi-Agency Approach

Responding to self-neglect and high levels of harm is a multi-agency responsibility. Agencies working in isolation can lead to less informed and less effective safeguarding responses. A multi-agency approach is not only required where the Local Authority commences a S42 enquiry as there are multiple cases where S42 criteria is not met and the response would benefit from multi-agency involvement approach. It is really important that a lead agency is identified and the TRAM process is followed. This ensures that all agencies are clear who will be coordinating the approach. All agencies are also required to engage where requested by the lead agency.

Defensible Decision Making

Defensible decision making is making sure that the reasons for decisions, as well as the decision itself, have been thought through, recorded and can be explained. The duty of care in relation to decisions made will be considered to be met where:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Policies and procedures have been followed

Practitioners and their managers adopt an investigative approach and are proactive.

Information sharing

Information sharing across all relevant agencies (subject to appropriate info sharing protocols) is crucial so that all agencies involved to better understand the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others.

Section 6 of the Care Act 2014 places a duty on the local authority and partners to work together this includes in safeguarding work.

Safeguarding Adult Review

Cases may require referral to the Tameside Safeguarding Adult Partnership Board for Safeguarding Adult Review (SAR) under the following criteria:

If an adult dies or suffers permanent or serious harm as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult then agencies should submit the case to TASP.B.

Learning from SARs

Since the Self Neglect Strategy was launched in 2021 we have seen increasing numbers of people affected by self-neglect being supported using the Safeguarding Framework.

A number of Safeguarding Adult Reviews have featured issues associated with self-neglect and we have learnt the following:

- Relationship building is crucial. Work at the adult's pace wherever this is possible. Persistence and commitment require time and patience.
- Trauma informed practice is really important, people may have experienced trauma in their past including poor experiences of accessing support in the past.
- Professional curiosity is important, exploring the persons wishes and fears for the future is important as well as ensuring you are communicating regularly with other professional involved.
- Think Family – who might be in the person network that we may need to liaise with? or who else maybe affected by the situation are there other family members children or adults who may also be vulnerable that need to be considered.
- Transitions are key risk factor when working with adults who may self neglect, including moving from one home to another, or from childhood to adulthood or from a health setting to home.
- Multiagency risk assessments and partnership working should be at the heart of the work we do.

TASP.B Self Neglect Strategy Workshop

The TASP.B self-neglect strategy workshop took place in March 2024. This involved a multiagency group drawn from partners discussing self-neglect to develop actions and reflect on the necessity for further TASP.B action to support practice with adults who self-neglect.

Several areas of self-neglect were considered. These were:

- The importance of taking opportunities to 'find the person'
- To pay particular attention to transitions
- To consider options to support people to improve their motivation
- To ensure that professionals working with people who are self-neglecting receive supervision and support
- To give appropriate attention to the refusal of services that would mitigate the risk of harm.
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As a result of this workshop there were several recommendations made that have been evaluated to support further actions for TASP.B.

Proposed Future Actions

- Self-neglect tool kit for practitioners
- Self-neglect training
- Best practice guide for safeguarding supervision
- TASP.B to develop a definition of, and practice in relation to transitions
- TRAM to be reviewed and relaunched