



Lanarkshire Adult Protection Committees

Working with Adults Who Self-Neglect

Multi Agency Guidance

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1. Introduction

This multi-agency guidance, produced by North and South Lanarkshire Adult Protection Committees, aims to support practitioners and managers to identify, assess, and respond to adults who self-neglect. This includes when services are finding it difficult to engage with the adult and/or their carers. This document should be read in conjunction with the joint North and South Adult Protection Committees [Self-Neglect and Hoarding Practical Toolkit](#) which provides information on practical resources that practitioners may find useful when assessing and supporting people who self-neglect and/or hoard.

2. What is Self-Neglect?

Self-neglect is defined as 'the inability (intentional or non-intentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the self-neglecters and perhaps even to their community' (Gibbons, 2006). Neglect and self-neglect manifests in different ways and agencies have a duty to respond to concerns in relation to an adult's personal hygiene, health, or environments where there is the potential for harm, wellbeing or safety concerns. Early intervention and prevention is important.

Potential indicators of self-neglect may include:

- Persistently neglecting to care for one's personal hygiene, health conditions or surroundings, including hoarding.
- Poor diet and nutrition, or food that is unfit for consumption.
- Inappropriate and/or inadequate clothing.
- Difficulties in seeking help to seek help or access services which can reasonably be expected to improve the adult's quality of life.
- Hazardous or unsafe living conditions which pose a fire risk and access difficulties.
- Unsanitary or unclean home environment.
- Inability or unwillingness to manage one's personal affairs.
- Self-endangerment through the manifestation of unsafe behaviours.
- Social exclusion leading to a fear and uncertainty over asking and receiving assistance.
- Conditions in the property causing potential risk to people providing support or services.
- Animal collecting with potential unsanitary conditions and neglect of animals' needs.

Although this guidance focuses on self-neglect, practitioners should also be aware that adult's they are supporting, may be experiencing neglect. Neglect is when another person / persons' fail to provide adequate care for someone else. It is the ongoing failure to meet an individual's basic and essential needs, either deliberately, or by failing to understand these. It includes ignoring a person's needs, or withholding essentials to meet needs, such as medication, food, water, shelter and warmth.

3. Importance of Early Intervention

Prevention and early intervention around self-neglect is important in order to minimise the risk of harm escalating and reaching a point where the adult is at risk of harm. All agencies must proactively engage when emerging concerns are identified, using their own agency resources and interventions before situations escalate that may require adult protection interventions.

All professionals should take a [professionally curious](#) approach to their practice. Professionally curious practice is about enquiring deeper and using proactive questioning and respectful challenge, understanding one's own responsibility, and knowing when to act, rather than making assumptions or taking things at face value. For example, if a housing officer notices property deterioration, a GP observes declining self-care, or a care provider notes a change in home conditions, practitioners must consider what their own agency is able to offer in terms of resources and strategies, in order to reduce the risk of escalation. Consideration must also be given to the role of other partner agencies, to ensure the right approach for each individual.

4. Self-Neglect within the Context of Adult Support and Protection

[The Adult Support and Protection \(Scotland\) Act 2007](#) defines Adults at risk of harm as adults (aged 16 and over) who –

- are unable to safeguard their own well-being, property, rights or other interests; and
- are at risk of harm; and
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

Section 5(3) of the Act places a duty on certain public bodies or office holders who know or believe that a person is an adult at risk of harm (**including neglect or self-harm**) to report the facts and circumstances of the case to the council for the area in which the person is considered to be located. Public bodies should ensure that their practitioners are aware of the duty to refer and co-operate, and to encourage vigilance in relation to adults who may be at risk of harm.

If a practitioner **knows or believes** that an adult is at risk of harm as per the Adult Support and Protection (Scotland) Act 2007, they should report their concerns immediately to their line manager and complete an AP1 referral form. The AP1 should detail what actions have already been taken to address the harm. The AP1 should be emailed directly to the relevant social work team, where the adult currently resides within 1 working day.

Referral Information: [South Lanarkshire](#) [North Lanarkshire](#)

In addition, multi-agency practitioners should also refer to and comply with their own agency Adult Support and Protection policy.

Consent of the adult is not required to make an Adult Support and Protection referral.

5. Assessment

[The Adult Support and Protection \(Scotland\) Act 2007](#) gives Councils and in particular Social Work Resources lead responsibility for undertaking inquiries, with or without investigative actions, into the circumstances of adults at risk of being harmed.

While Councils have the statutory lead role in adult support and protection, effective assessment and intervention will only come about as a result of multi-agency cooperation and communication. What one person or public body knows, may only be part of a wider picture. The multi-agency nature of adult support and protection is crucial in ensuring adults at risk of harm are safeguarded.

As part of their inquiries with or without investigative actions, Council Officers will gather relevant information about the adult from available sources and analyse this information. The information gathered should include (but is not exhaustive to):

- The views of the adult and their carers/family/relevant others
- The views of multi-agency partners
- Protective factors and strengths
- Current supports in place
- Nature of the self-neglect behaviours
- Severity of the self-neglect behaviours
- Impact of the self-neglect behaviours – on the adult and others
- Patterns/trends identified from the Chronology of Significant Events
- Are there any gaps in the information we have?
- Role and impact of the adult's mental health on current situation
- Role and impact of substance use on current situation
- Is there evidence of undue pressure?
- Has the adult's level of capacity been considered / assessed?
(Even if an adult has the legal capacity to make decisions – practitioners also need to consider the decisional and executorial **ability** of the adult. *More information can be found about executive functioning [here](#).)*
- 'Unable' vs 'Unwilling'
(*Unable is defined in the Collins English Dictionary as "lacking the necessary power, ability, or authority (to do something) not able". Whereas unwilling as "unfavourably inclined; reluctant" and may thus describe someone who is aware of the potential consequences but still makes a deliberate choice. It is important to look beyond what may appear as a "lifestyle" choice and fully explore the adult's decision-making processes. Take into consideration the adult's circumstances including their physical and mental wellbeing and potential experience of trauma and/or any factors which may have impacted upon them with the effect of impinging on, or detracting from, their ability to make and action free and informed decisions to safeguard themselves.*

6. Duty of Care vs Autonomy

Managing the balance between protecting adults from risk of self-neglect against their right to self-determination is a serious challenge for practitioners. It is not uncommon for practitioners to encounter adults who are unwilling to engage in the adult protection process, however where risks are evident, the case should not be closed until the identified risks are addressed. The [Adult Support and Protection Code of Practice](#) states "Even if there are no concerns in

relation to incapacity or undue pressure, the adult's refusal to cooperate in an adult protection inquiry should not automatically signal the end of any inquiry, assessment or intervention.”

“Whilst the adult has a right not to engage in any such process, the council and its partners should still work together to offer any advice, assistance and support to help manage any identified significant risks.”

Adults may disengage from services in a variety of ways:

- Not enabling necessary contact (can include the adult missing or cancelling appointments or it could be a carer refusing to allow access to the adult. If practitioners have concerns that an adult is unseen and / or was not brought to appointments, they have a responsibility to take action until the partner(s) concerned are satisfied that the individual is not at risk of harm, abuse, or neglect. Practitioners should follow their agencies unseen child and adult guidance if available).
- Active non-compliance (can involve the adult and/or their carer proactively preventing efforts to bring about change and/or actively not complying with actions set out in the protection plan).
- Disguised compliance (where the adult and/or their carers appear to engage and co-operate with agencies without actually carrying out actions or enabling them to be effective).
- Threats of violence or intimidation (where the adult and/or their carers display behaviours such as inappropriately challenging professionals, provoking arguments, threatened or actual violence).
- On-line behaviours (can include practitioners being filmed, either covertly or knowingly, whilst carrying out support such as home visits).

Practitioners should consider if the pattern of disengagement warrants an early multi-agency discussion or if it may be appropriate in these circumstances to proceed to a multi-agency Adult Protection Case Conference, in order for partners to discuss risk and agree supports to be offered. Offers of support should be creative, e.g. if an adult will not accept support from one particular agency, would they accept it from another? If they will not accept the recommended support, would they accept a different level of support? The adult should be kept informed of the processes throughout and be provided with opportunities to participate in a way acceptable to them, where this can be accommodated.

Taking a trauma informed approach will assist practitioners to better understand the barriers and challenges facing service users in accepting support. Links have been established between self-neglect and previous harm, trauma and bereavement, such as the loss of parents in childhood, child abuse, and wartime experiences. There are also complex links with problematic substance misuse, which is also often associated with earlier trauma. This means all partner agencies must apply a [trauma informed approach](#) involving empathy and kindness whenever we come into contact with an adult who is experiencing self-neglect.

It is important that all decisions are defensible, are grounded in evidence and all agencies should clearly record all decisions in the adult's file. This includes where no further action has been taken. Where professional disagreement arises when responding to an adult who self neglects, practitioners should follow their agencies own escalation protocols. At no time must professional disagreement detract from ensuring that an adult is protected. The adult's health, wellbeing and safety must remain paramount throughout the process.

7. Multi Agency Response

Consideration should always be given to the role of all multi agency partners – what can services offer to support the adult and minimise the risk. For example, consideration should be given to the role of the following services (this list is not exhaustive):

- Social Work Resources, including Care at Home Services, Mental Health Services and Addiction Services
- Occupational Therapy Services
- NHS Lanarkshire, including Mental Health Services, Psychology Services
- Police Scotland
- Housing and Technical Resources
- Environmental Services
- Scottish Fire and Rescue Service
- Voluntary Organisations and Support Providers
- Advocacy
- Citizens Advice Bureau or Money Matter Services
- Alcohol and Drug Partnership
- SSPCA

More information about what local services can offer, can be found [here](#).

8. Good Practice Principles

- **Multi-agency** – work with partners to ensure the right approach for each individual.
- **Person centred** – respect the views and the perspective of the individual, listen to them and work towards the outcomes they want.
- **Acceptance** – good risk management may be the best achievable outcome; it may not be possible to change the person's lifestyle or behaviour.
- **Analytical** – it may be possible to identify underlying causes that help to address the issue. Understand their life history and current circumstances and how they connect to self-neglect, loss, grief, harm, mental health, cognitive impairment.
- **Patience and time** – short interventions are unlikely to be successful, practitioners should be enabled to take a long-term approach.
- **Trust** – try to build trust and agree small steps.
- **Reassurance** – the person may fear losing control, it is important to allay such fears.
- **Exploring alternatives** – fear of change may be an issue so explaining that there are alternative ways forward may encourage the person to engage.
- **Always go back** – regular, encouraging engagement and gentle persistence may help with progress and risk management.
- **Risk assessment** – have effective, multi-agency approaches to assessing and monitoring risk.
- **Consider capacity** – ensure practitioners are aware of capacity issues and what to do if there are concerns that a person lacks decision-making capacity.
- **Alcohol & Drugs or Mental health assessment** – it may be appropriate to refer an individual for support to recover from alcohol or drug issues, or a mental health issue.
- **Consider relevant legal responsibilities and tools** – it may be appropriate to consider other pieces of legislation to support the adult (e.g. [Adults with Incapacity](#))

[\(Scotland\) Act 2000](#) , [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) , [Public Health etc. \(Scotland\) Act 2008](#) , [Housing \(Scotland\) Act 2006](#) , [Antisocial Behaviour etc. \(Scotland\) Act 2004](#), [Environmental Protection Act 1990](#) , [Prevention of Damage by Pests Act 1949](#)).

- **Contact family** – with the person’s consent, try to engage family or friends to provide additional support.
- **Decluttering and cleaning services** – where a person cannot face the scale of the task but is willing to make progress, offer to provide practical help.
- **Occupational therapy assessment** – physical limitations that result in self-neglect can be addressed.
- **Help with property management and repairs** – people may benefit from help to arrange much needed maintenance to their home.
- **Counselling and therapies** – some individuals may be helped by counselling or other therapies. Cognitive Behaviour Therapy, for example, may help people with obsessive compulsive disorder, hoarding disorder.
- **Accept a reduction** - Negotiate the level of intervention the adult can tolerate, are we able to contain the risk rather than fully remove the risk? Accept a reduction in neglect as a good outcome as opposed to complete cessation of self-neglect.

9. Managerial Oversight

Managers have a responsibility to support practitioners in making defensible decisions. Management oversight and governance, including the rationale for signing off decisions, should be evident within case records, including where no further action has been taken. Managers should take a fresh look at a case, with a degree of ‘healthy scepticism’ and challenge. This can help practitioners take a more balanced and informed view of a case and identify appropriate interventions and responses than through working in isolation.

Support for practitioners must include time for regular one to one supervision with their line manager which provides them with the opportunity to meet with someone with the skills to foster reflective practice, provide a safe space and help practitioners to speak about the impact of self-neglect. Managers must create environments that give permission for practitioners to acknowledge the impact of their work on them as individuals, in a way that is non-stigmatising, and which can help lead to increased support in the workplace. In the absence of formal supervision systems, advice should be sought from an appropriate manager in the first instance.