



# Practice Examples

The Complexity of Self-Neglect

# “Marnie”

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Marnie was a 72-year-old lady who lived with her husband and son. She also had a daughter.

After a fall and hospital admission, Marnie was assessed by ASC and found to be eligible for support. However, once home, carers were turned away from the door. Over the next three months, lots of contacts were received from other professionals, all very concerned about the home conditions and impact on Marnie's health.

A safeguarding enquiry was started. Marnie was visited by a Dr and Approved Mental Health Professional and agreed to a voluntary admission to a community hospital for healthcare.

Marnie was assessed as having capacity – she went to a care home briefly, whilst social care staff tried to engage her husband in clearing the home environment. This was unsuccessful.

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Marnie discharged herself from the care home against advice – staff could not stop her as she had capacity and was not subject to a Deprivation of Liberty Safeguards order. Care was still declined and whilst a protection plan was put in place to ensure concerns about Marnie were escalated if seen, there was little more staff can do.

Multi-agency safeguarding meetings took place every 3 weeks.

Marnie became unwell again, refusing hospital admission and concerns escalated regarding her husband's coercive control. Marnie agreed to care at home but again did not engage with the staff and refused access to a social worker who visited her at home.

Marnie was admitted to hospital and died, 10 months after first coming to our attention.

# Reflections

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- The risks to Marnie were swiftly identified and treated as a safeguarding matter
- Marnie's circumstances were chronic, prior to her becoming known to ASC.
- Marnie consistently refused support from a range of professionals
- Marnie's husband was equally disengaged, adding a further barrier to making improvements in the home conditions
- Marnie's capacity was carefully assessed in hospital – as she had capacity, this limits the options for intervention
- There was considerable multi-agency working but in the time frame, no solution was available to enforce actions against Marnie's will

# “Darren”

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Darren is 53. He is well known to various agencies / emergency services due to his chronic substance misuse, associated health and social issues and his difficulties staying safe. He self-neglects to a serious extent and finds it hard to engage but was felt to have capacity when not intoxicated.

Reablement care was being provided following his most recent hospital discharge – but it was proving difficult to provide care and Darren was most often intoxicated. He was mis-managing his medication.

Darren was being managed via the Vulnerable Adults Risk Management process – to support joint working to reduce the risks to Darren’s safety and wellbeing. However, no progress was being made and the risks were increasing.

The Safeguarding Adult Board escalation process was used to draw senior leaders into the conversation.

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- The escalation process agreed extra-ordinary actions to try and reduce risks and engage with Darren:
  - To increase reablement visits to build a better picture of Darren's life, as a short-term action
  - Joint visits by social worker and GP to review medication and care options and to start capacity assessments
  - To build a team around Darren – with regular communication and coordination of activity
  - Engage Darren's daughter who is supportive but finds it difficult to help Darren when he is drinking so heavily

# Reflections

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- This was a long-standing, entrenched situation and people knew Darren could die through unintentional neglect or his substance misuse
- Escalating the risks allowed senior leaders to make 'out of the ordinary' decisions, which Darren was able to engage with

As a result:

- Darren is safer at home and accepting regular help from a personal assistant
- His daughter is his appointee for finances, so he has money for the things he needs
- He has regular support for his addictions although they persist
- He has not been admitted to hospital for 6 months
- His situation has been stable enough to de-escalate to usual support oversight.