

Self-Neglect Case Study:

Billy

THE BACKGROUND

Billy entered the care system at age 4 and was initially accommodated by the Local Authority. In 2008, a full care order was established.

Billy had over 40 placements in adolescence and young adulthood before moving to extra-sheltered housing, since 2013. He has been settled in his own flat, calling it his 'home and a safe place'.

Billy's mother lives in the next town and refuses contact. His younger siblings also refuse to have contact, leading to no relationships. It is also reported that his stepbrothers have threatened and caused physical harm in the past. Billy's father is in prison.

Billy is a vulnerable man seeking affection and relationships, often offering money and items for friendship. He has also taken items without permission, avoided leaving home and seeking online interaction. Billy has experienced cyberbullying, and financial exploitation in recent years.

Billy is diagnosed as morbidly obese (over 35 stone), and he reports that 'being big protects' me from 'physical harm'. This has triggered his asthma to become severe and caused the formation of leg ulcers due to reduced mobility and poor hygiene. Billy also has a diagnosis of Oppositional Defiance Disorder and a mild Learning Disability. In the past, Billy was under the care of CAMHS and is currently receiving secondary adult mental health services due to depression and anxiety.

In the past couple of years, concerns have been raised regarding Billy's social and health needs and his unwillingness to engage with services.

This resulted in four care agencies and a personal assistance agency under Direct Payments withdrawing their services over a period of three years. The reason for this was the concerns of Billy's wellbeing was at risk due to increased weight, leg ulcers, poor personal hygiene, and an unhealthy environment (hoarding, build-up of human excrement in the bathroom, and mouldy food being left in the flat).

Since the start of 2023, the Local Authority has received four safeguarding referrals from health, care agencies and the housing department, all raising concerns about self-neglect, significant deterioration in health and increased social isolation from services and his community was another concern.

During Adult Social Care intervention, Care Act Assessments, reviews, Mental Capacity Assessments, and safeguarding investigations were undertaken. All came back as Billy having capacity, but making unwise but informed decisions, and having the ability to make executive decisions.

On 6th April 2023, Billy was rushed into hospital and admitted, receiving urgent surgery on his legs. Without this form of intervention, it was reported that Billy was at high risk of losing part of his lower limbs.

THE LEARNING

- The local authority with the new allocated social worker needed to balance Billy's right to a private life at the same time trying to keep Billy safe from harm, in this case self-neglect.
- The key to effective interventions in self-neglect is building relationships to effectively engage with people without causing distress and reserving use of legal Powers to where they are proportionate and essential.
- The social worker began preparation to complete a reassessment based on strength-based practice and person-centred approach, to think differently about the situation, but not led, by what she already knew about Billy. This was to avoid writing a story before meeting Billy.
- The social worker began to look at risk differently by collective working with lots of reflection and discussion. A whole-team involvement was required.
- Adjust the lens is to fine-tune where the focus point falls on the person and their story.
- This helped the social worker to support Billy to gain trust, and he began disclosing that he refused personal care and professionals entering his house due to his fear of males touching him and having some form of authority or power over him. Billy also disclosed he felt no one would listen to him or leave him alone; therefore, he isolated himself.

Implementing the trauma informed approach.

- The social worker also implemented a multi-disciplinary approach, led by the GP, to develop a health action plan for Billy's discharge. The Multi-Disciplinary Team (MDT) included district nurses, a housing officer, and a new care agency with experienced female staff. The MDT monitored Billy's legs, provided a deep cleaning service, care was put in place and ensured the flat was safe for Billy's return.

THE OUTCOME

- Billy is engaging more with the members of the MDT and reports he feels he has gained more autonomy and control over his life.
- The MDT report that since discharge Billy has settled well and his engagement has increased. However, the MDT have raised concerns that Billy's response and willingness can shift some days. All report that it is apparent that Billy is experiencing an externalising an inner conflict.
- MDT continue to hold regular review meetings to address new and ongoing concerns and ensure intervention is integrated into the action and support plans to overcome challenges.

MORE INFORMATION

Further information on self-neglect is available via the [DSPP website](#)

Further information for practitioners relating to training, briefings and reviews is available via the [Learning Zone](#)



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