Mr R

Mr R was a private man hence we don’t know very much about him. It is clear that he enjoyed the outdoors being out and about for hours. Staff report that Mr R used to leave the hostel early in the morning and return at dusk. He was reluctant to engage with services and would sometimes resort to some tactical behaviour to avoid professional interventions. However, some practitioners managed to build a relationship with Mr R despite him only staying in the hostel for the last 6 months of his life.

This bulletin is based on Mr R’s case which was referred to us for a Safeguarding Adults Review (SAR) by Broxbourne Borough Council. The referral describes a homeless man who for a short period of time was placed in a hostel and supported by housing support staff from Broxbourne Council. Our SAR Subgroup considered the case carefully and decided that it did not meet the criteria for a SAR. However, we would like to highlight the exceptional practice shown by housing support workers and health staff from Hertfordshire Community Trust (HCT) in supporting Mr R.

Mr R. had a history of depression and many physical health problems which he neglected. He wasn’t managing to look after himself and was resistant to accepting support. A hostel support worker, Mark reported that Mr R had refused to leave the car to visit the community hospital when accompanied by him. However, on that day Mr R agreed to go to Tesco to buy a mobile phone. This was a positive step as Mark showed Mr R how to use the phone and this reduced his reliance on staff and gave him more control over his personal affairs. It also strengthened the link with Mark.

Hostel support workers like Mark worked hard with Mr R to help him to address his health problems but many of their attempts went in vain as Mr R would refuse help. Mr R was determined to maintain his autonomy, but there were also serious concerns about his living conditions which were posing the risk to other residents and staff. The matron from HCT who visited had a difficult but honest conversation with Mr R about his declining mobility, severity of leg ulcers and safety in the home. Unfortunately, her persuasions to take him to hospital were ignored. Health staff continued to work tirelessly with Mr R which resulted in him accepting a pair of medical boots and some equipment to help him with hygiene. These small changes improved his quality of life but sadly, Mr R died in his room soon after. Coroner’s report stated cancer and a heart condition as a cause of death.
There were other agencies involved such as Age UK Hertfordshire and ACS and the case illustrates good multi-agency practice, communication and joint working. A professionals meeting was held to discuss the case and coordinate actions. Our SAR Subgroup was particularly impressed by compassion and tenacity of practitioners working with Mr. R.

**Mental Capacity**

Mr R’s story has several elements which are common to other cases involving adults who have mental capacity and may be at risk of self-neglect. Such cases can be particularly challenging if the adult chooses not to engage with the support being offered by professionals to reduce harm and improve their life outcomes and instead continues to make what could be considered unwise decisions or choices.

Balancing the autonomy and self-determination with the duty of care can be difficult and this case shows that practitioners made Mr R aware of the possible implications of his decisions and were satisfied that he understood them.

Working with people who self-neglect is challenging and can sometimes leave practitioners feeling helpless.

What can we learn from this case:

- Don’t do it alone - involve the right people to help you
- Try to understand the reasons behind the person’s behaviour
- Explore alternative ways to help people who self-neglect to take part in assessment, medical appointment, etc
- Multi-agency approach works best and long-term involvement is sometimes necessary. Always consider a professionals meeting
- Focus on the positives: small wins can lead to bigger changes
- Reducing the risk of harm rather than removing it completely may be a good approach
- Not all interventions have a happy ending. The support provided by different agencies did not prevent Mr R’s death, but his life was improved.

We have resources to help you with self-neglect practice. Go to [www.hertfordshire.gov.uk/hsab](http://www.hertfordshire.gov.uk/hsab) and read our Self-neglect Policy.