Self-Neglect: Assessment

Nursing & Midwifery Planning & Development Unit Cork & Kerry
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Masterclass - PHN Service Cork/Kerry Community Organisation
Bru Columbanus, Cork
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Objectives

• Background & Context
• Domains of Assessment: Physical/Medical, Psychological/Mental Health, Environment, Financial, Social/Cultural
• Capacity
• Assessment of Self-Neglect
• Ethical Decision Making Framework to explore responses to self-neglect
• Documentation recording decisions, and actions fulfilling legal responsibilities harm reduction
• Self-Neglect Practice
• Lessons from serious case reviews
• Conclusion
Safeguarding Policy Principles

Principles –
• Human Rights;
• Person-Centeredness;
• Advocacy;
• Confidentiality;
• Empowerment;
• Collaboration.

NB Currently HSE undertaking a review of the safeguarding policy. Deficiency in the lack of a legislative framework for assessment, planning and co-ordination in responding to safeguarding concerns and managing interventions (O’ Donnell et al., 2017).
Definition of Vulnerable Adults

• A Vulnerable Person is an adult who may be restricted in capacity to guard himself / herself against harm or exploitation or to report such harm or exploitation (HSE, 2014).

• Failure to:
  (a) engage in self-care acts that adequately regulate independent living or,
  (b) to take actions to prevent conditions or situations that adversely affect the health and safety of oneself or others” (HSE, 2014, p.45).
ADVERSE OUTCOMES AND SELF-NEGLECT

Vulnerable self-neglecting adults are characterized by profound and chronic negative sequelae, including:

- significantly greater mortality
- hospitalization
- hospice use
- nursing home placement
- elder abuse
- and risk for homelessness

582 cases as extreme self-neglect, and represent 7% of the overall cases. Most of the self-neglect cases (12% (n=440)) relate to people in the over 65 age category and 3% (n=131) were aged 18-64 years.
**National Safeguarding Committee**

Promoting the Rights of Adults who may be vulnerable

The Committee exists to promote positive organisational and societal culture(s) that uphold the rights of adults who may be vulnerable

- Raise public awareness and understanding
- Inform and Influence Government policy

It will work to ensure that policies and practices are effective in recognising and dealing effectively with vulnerability and its impact on individuals

- Promote people’s rights
- Build the Committee’s capacity and capability

**Utilising Committee resources**

- Communicating and engaging

**Sourcing external resources**

- Collaborating
- Researching
- Influencing
Safeguarding Vulnerable Adults

(HSE, 2014, p.49)
A fundamental principle of a democratic society is the simple principle

"Nothing about you - without you".
Self-Neglect

Understanding risk factors

- Physical/Psycho-Social Factors
  - Physical Health
  - Mental Health
  - Personal endangerment
  - Social Networks

- Environmental Factors
  - Personal Living Conditions
  - Physical Living Conditions
  - Financial Issues

(Iris et al, 2010)
Executive Function and Dysfunction

Executive function (frontal lobe function) is necessary for planning, initiation, organisation, self-awareness and execution of tasks and is critically important for protection and safety and independent living. Executive dysfunction inhibits appropriate decision making and problem solving (Hildebrand et al. 2013).

Characteristics of Executive Dysfunction

Inability to complete complex cognitive tasks (i.e. managing finances, identifying dangerous situations)

Inability to maintain adequate hygiene or self-administer medications (Royall et al., 2005, Dyer et al., 2007)

The presumption of capacity

- Supporting people to maximise capacity and supporting decision-making
- Respecting people’s choices and unwise decisions
- Any intervention should be as limited as possible
- Essential considerations when making an intervention
- The inclusion of other people whose views may be helpful
- Respecting the privacy of the relevant person
Risk Assessment

- Client’s capacity
- Support Network
- Identify repeating patterns occurrence, immanency and frequency of the event and severity of consequences i.e. behaviours
- Addressing immediately presented behaviours and crises, and other events co-occurring paying attention to underlying causes
- Discuss and assess known risks with the individuals concerned i.e. relating to physical health deterioration, alcohol and drug misuse, financial abuse, fluctuating mental health needs, suicidal ideation and self-neglect
- Practice in relation to prescribing and then the monitoring of the impact of medication
- Monitoring of weight, fluid and food intake, and pressure ulcers in care homes, accompanied sometimes by an absence of concerned curiosity or investigation of physical or mental deterioration
- Safety of home environment i.e. fire risk etc.

(Preston-Shoot, 2017, MacLeod & Stadnyk, 2015)
Assessment

• Assessment is a process
• Ensure person remains central
• Contains full, concise relevant accurate information including a chronology/ and or family social history;
• Use observable information not speculation
• Make good use of information from a range of sources;
• Include analysis that makes clear links between recorded information plan for intervention (safeguarding plan) or decisions not to take any further actions –Action or Inaction
• Keep an eye on progress regularly reviewing assessment
Self-Neglect Assessment Measure  
(Day & McCarthy, 2016, 2017)

- Environment: 12 items
- Social Networks: 7 items
- Emotional & Behavioural Liability: 8 items
- Health Avoidance: 6 items
- Self-Determinism: 4 items
Risk Management

- The assessment and management of risk should promote independence, real choices and social inclusion of vulnerable adults.
- Risks change as circumstances change.
- Risk can be minimised but not eliminated.
- Identification of risk carries a duty to manage the identified risk.
- Involvement with vulnerable persons, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments and decision making.
- Defensible decisions are those based on clear reasoning.
- Risk-taking can involve everybody working together to achieve desired outcomes.
- Confidentiality is a right, but not an absolute right, and it may be breached in exceptional circumstances when people are deemed to be at risk of harm or it is in the greater public interest.
- The standards of practice expected of staff must be made clear by their team manager/supervisor.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an event has occurred.
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<thead>
<tr>
<th>Actions</th>
<th>Responsibilities</th>
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<tr>
<td>1. Articulate the ethical problem(s) and identify relevant facts</td>
<td>Be ethically sensitive and communicate clearly</td>
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<td>2. Identify stakeholders’ interests, needs, values</td>
<td>Be respectful and inclusive</td>
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<tr>
<td>3. Weigh the merits and demerits of available courses of action</td>
<td>Be informed and fair</td>
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<tr>
<td>4. Select the action which can best be supported by ethical principles</td>
<td>Be impartial and transparent</td>
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<td>5. Review</td>
<td>Check: have I been sensitive, clear, respectful, inclusive, informed, fair, impartial and transparent?</td>
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Some Key Questions on Reflection?

• What are the concerns at this point.
• Does risk assessments clearly incorporate the service user’s perspective
• Are you seeing the picture clearly or are your views being swayed by the labels this service user has acquired, or their historical reputation? Is it really the person’s ‘choice’ to live in the way that they are? What has brought them to this ‘choice’
• Is pressure from neighbours making you act in a way that may not necessarily be in the service user’s best interests? Alternatively, have the neighbours got a point?
• What other professionals need to be involved? Can recourse to the law help?
• How can a trusting relationship be built up? How can resources be identified and mobilised to support the service user?
• Is there family?
• Do we need to speak to other professionals and agencies?
# Self-Neglect Practice

(Day et al., 2016, Day & McCarthy, 2017, Braye et al., 2017)

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<tr>
<th>Category</th>
<th>Description</th>
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<tr>
<td>Legal knowledge</td>
<td>Knowledge and skilled application of legal options and requirements</td>
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<tr>
<td>Ethical knowledge</td>
<td>Reflective and critical consideration and justification in application of values, rules, principles and actions (Day et al., 2016; Day &amp; McCarthy, 2017; Braye et al., 2017)</td>
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<td>Relationship centred practice</td>
<td>Engaging with people’s unique biographies and lived experiences, demonstrating concerned curiosity</td>
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<td>Emotional literacy</td>
<td>Managing stress and anxiety, recognizing the impact of personal orientation to practice</td>
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<td>Knowledge</td>
<td>Drawing on a wide range of evidence</td>
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<td>Organisational Knowledge</td>
<td>“Understanding accountability and management of practice within a multiagency context, challenging procedures, cultures and decision making where these make error more likely” (Braye et al. 2017, p. 180)</td>
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<td>Decision Making</td>
<td>Sharing of information, managing the multiagency partnership, explicitly weighing the evidence in relation to different options</td>
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Legislation and Serious Case Reviews?

- Direct practice with the individual adult;
- Organisational factors that influenced how the practitioners worked;
- How practitioners and agencies worked together;
- The SAB’s interagency governance role (Preston, 2017).

Quality of direct practice with the individual adult

(Preston-Shoot, 2017)

- Risk: Absence or inadequacy of risk assessment, failure to recognise persistent and escalating risks, failure to act commensurate with risk;
- Mental capacity: Missing or poorly performed capacity assessments, and in some cases an absence of explicit best-interests decision-making;
- Making safeguarding personal: (a) Lack of personalised care and focus on needs, wishes and preferences, insufficient contact, reliance on the view of others; (b) Personalisation prioritised to the exclusion of other considerations such as risk to others, reflecting the dilemma between respect for autonomy and self-determination, and a duty of care;
- Challenges of engagement and of balancing autonomy with a duty of care: lack of persistence in working with reluctance to engage, lack of time to build trust and continuity, refusal taken at face value – lifestyle choice;
- Working with family members: failure to involve carers, and/or to recognise their needs, absence of attention to complex family dynamics;
- Understanding history: lack of curiosity about the meaning of behaviour; failure to recognise key features in life histories;
- Transfer between services and settings.
Organisational factors that influence how practitioners work (Preston-Shoot, 2017)

- Safeguarding literacy: knowledge and confidence of staff; failure to recognise safeguarding concerns and cumulative patterns; failure to make safeguarding alerts when these were clearly indicated; reluctance to escalate concerns;
- Records and recording: key information in case documentation absent or unclear; failure to consult records or to ensure that crucial information was read; technology shortcomings that did not identify important information;
- Inadequate resources – workloads, staffing and specialist placements in particular;
- Management oversight of cases: lack of proactive scrutiny; inadequate response to escalation; lack of support and supervision; mismanagement of dual relationships;
- Legal literacy: insufficient knowledge and understanding of legal powers and duties;
- Market features: insufficient contract monitoring; commissioning gaps; insufficiently robust inspections of provision.
- Agency culture: insufficient priority given to matters such as escalation, accountability and dignity; tolerance of poor care standards; missing or unclear policies and guidance; available guidance not followed.
Service coordination: work conducted on multiple parallel lines, lacking coordinating leadership; absence of use of multidisciplinary meetings to establish shared ownership and approach; no overall risk picture; absence of escalation between agencies;

Communication and information-sharing: crucial information not shared or communications not timely; protocols not used;

Absence of safeguarding literacy: failures to implement safeguarding procedures; inadequate responses to safeguarding alerts; absence of challenge to poor service standards;

Shared records: invisibility of key records to other agencies/professionals; absence of single record systems;

Thresholds for services: inflexible use means risks and needs not addressed;

Legal literacy: misunderstanding of the legal rules; agencies failing to consider together how legal powers and duties could be exercised in a joint strategy.
Conclusions

• Self-neglect is a growing serious, and complex public health issue
• Knowledge and skilled application of legal options and requirements
• Mental health issues are associated with and significant risk for self-neglect
• An objective assessment measurement tool has potential to reduce or prevent negative health outcomes
• Each case is unique relationship based practice making safeguarding personal understanding the persons life history and seeking positive engagement over time
• Interprofessional and interagency collaboration
• An ethical approach to decision-making
• Devising flexible responses and interventions
• Supervision and support.
Reading Prior to Masterclass


• Health Service Executive (2014). *Safeguarding Vulnerable Persons at Risk of Abuse National Policies and Procedures* Social Care Division, HSE, Kildare
References


