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## Section 3: Self-Neglect

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Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## 16.0 Self-Neglect

The Health Service Executive is committed to the protection of vulnerable persons who seriously neglect themselves and is concerned with vulnerable persons where concern has arisen due to the vulnerable person seriously neglecting his/her own care and welfare and putting him/herself and/or others at serious risk.

Responding to cases of self-neglect poses many challenges. The seriousness of this issue lies in the recognition that self-neglect in vulnerable persons is often not just a personal preference or a behavioural idiosyncrasy, but a spectrum of behaviours associated with increased morbidity, mortality and impairments in activities of daily living. Therefore, self-neglect referrals should be viewed as alerts to potentially serious underlying problems requiring evaluation and treatment (Naik et al, 2007).

Family, friends and community have a vital role in helping vulnerable people remain safe in the community. Visiting, listening and volunteer driving are examples of ways to reduce isolation. People wish to respect autonomy and may not wish to be intrusive. However, if concerned or aware of a significant negative change in behaviour, do consider making contact or alerting services.

The purpose of this Policy and Procedures is to offer guidance to staff of the HSE and of organisations in receipt of funding from the HSE who become aware of concerns regarding extreme self-neglect. It also offers guidance to Safeguarding and Protection Teams (Vulnerable Persons) when referrals are received or where advice and support is sought. Cases of self-neglect may require multi-disciplinary and/or multi-agency involvement.

This applies to all HSE services and those organisations in receipt of funding from the HSE. Non-statutory organisations should have their own procedures for the management of situations of extreme self-neglect consistent with this document.

## 17.0 Definitions

### 17.1 Self-neglect:

- Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently.
- A vulnerable person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services.
- The result of an adult's inability, due to physical and /or mental impairments or diminished capacity, to perform essential self-care tasks.
- The failure to provide for oneself the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.

- Self-neglect in vulnerable adults is a spectrum of behaviours defined as the 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.

## 17.2 Groups that may present with self-neglecting behaviours.

- Those with lifelong mental illness.
- Persons with degenerative neurocognitive disorders such as dementia or affective disorders such as depression.
- Those whose habit of living in squalor is a long-standing lifestyle with no mental or physical diagnosis (Poythress, 2006: 11).
- Self-neglect is common among those who consume large quantities of alcohol; the consequences of such drinking may precipitate self-neglect (Blondell, 1999).
- Those who live alone, in isolation from social support networks of family, friends and neighbours (Burnett et al, 2006).

Self-neglect can be non-intentional, arising from an underlying health condition, or intentional, arising from a deliberate choice.

## 18.0 Guiding Principles

1. Self-neglect occurs across the life span. There is a danger in targeting vulnerable persons and the decisions they make about lifestyle, which society may find unacceptable.
2. The definition of self-neglect is based on cultural understandings and challenges cultural values of cleanliness, hygiene and care. It can be redefined by cultural and community norms and professional training.
3. A threshold needs to be exceeded before the label of self-neglect is attached – many common behaviours do not result in action by social or health services or the courts.
4. Distinguish between self-neglect, which involves personal care, and neglect of the environment, manifested in squalor and hoarding behaviour.
5. Recognition of the community aspects or dimensions rather than just an individualistic focus on capacity and choice: some self-neglecting behaviour can have a serious impact on family, neighbours and surroundings.
6. Importance of protection from harm and not just 'non- interference' in cases of refusal of services. Building trust and negotiation is critical for successful intervention.
7. Interventions need to be informed by the vulnerable person's beliefs regarding the stress experienced by Care Givers, including family members, and must address the underlying causes.
8. Assumptions must not be made regarding lack of mental capacity and, as far as possible, people must be supported in making their own decisions.

## 19.0 Manifestations of Self-Neglect

### 19.1 Hygiene

Poor personal hygiene and/or domestic/environmental squalor; hoarding behaviour (Poythress et al, 2006; Mc Dermott, 2008).

### 19.2 Life Threatening Behaviour

Indirect life threatening behaviour: refusal to eat, drink; take prescribed medications; comply with an understood medical regime (Thibault et al, 1999)

### 19.3 Financial

Mismanagement of financial affairs.

## 20.0 Assessment of Self-Neglect: Key Areas

Area / Domain	Evidence of Serious/Severe Neglect
Personal Appearance: hair, nails, skin, clothing, insect infestation	Matted, dirty hair; long, untrimmed, dirty nails; multiple or severe pressure ulcers, other injuries; very soiled clothing; multiple insect infestation.
Functional Status: cognitive; delusional state; response to emergencies; Medical needs	Impaired cognition; delusional state; unable to call for help or respond to emergencies. No documentation of a health care provider; untreated conditions, appears ill or in pain or complains of pain or discomfort.
Environment	Poorly maintained- evidence of rubbish, debris; dilapidated dwelling – broken or missing windows, walls. Severe structural damage, leaking roof. Pungent, unpleasant odour. Human /animal waste. Rotting food; litter. Clutter- difficult to move around or find things. Multiple uncared for pets. Problems with electricity, gas water, telephone.
Nutrition	Nutritional deficiencies are significant. It is difficult to assess food storage, availability of food groups and expiry dates.

(Dyer et al, 2006) From Draft of the Self-Neglect Severity Scale accessed from: <http://www.bcm.edu/crest/?PMID=5668>

## 21.0 Procedures

### Consider the possibility.

- Concerns regarding extreme neglect can arise for a variety of people in diverse circumstances. It is critical that one remains open to considering the possibility that a vulnerable person may not be acting in his/her own interest and that his/her welfare is being seriously compromised.
- Considering the possibility of extreme self neglect is a professional responsibility and a service to the person.
- Discuss the concerns with appropriate people and directly with the vulnerable person.
- If concerns cannot be addressed directly, they should be directed to the Safeguarding and Protection Team (Vulnerable Persons) who will assist in an assessment of the severity of the situation.

### Approach

- As far as possible and appropriate the Safeguarding and Protection Team (Vulnerable Persons) will support professionals and services in undertaking assessment and intervention.

### Assessment:

- On receiving a report of concern about a vulnerable person neglecting himself/herself, the professional/service receiving the report will begin the process of preliminary assessment.
- The Professional/Service will establish whether the vulnerable person is aware of the referral and his/her response to the person making the referral.
- The Professional/Service will consult with other health and social care professionals in order to gain further information. The focus of this preliminary process is to establish the areas of concern, i.e. the manifestations of self-neglect and the perception of those making the referral of the potential harm to which the vulnerable person and/or others are exposed.
- The Professional/Service will establish if there have been any previous attempts to intervene and the outcome of such attempts/interventions.
- The Professional/Service will arrange for an appropriate person to meet the vulnerable person to ascertain his/her views and wishes.
- The Professional/Service may arrange a multidisciplinary strategy meeting, where a decision can be reached as to the person best placed to take a lead role.
- A comprehensive assessment may need to be undertaken by a relevant specialist. This will require a GP referral. Where there is a doubt about the person's capacity to make decisions and/or to execute decisions regarding health, safety and independent living, the assessment should include specific mental competency assessment. If it is not possible to engage a vulnerable person in obtaining such an assessment, it may be appropriate to seek legal advice.

**Safeguarding Plan:**

- One lead person must be appointed to act as a co-coordinator of information and intervention. The lead person will arrange a full review at agreed intervals.
- The responsibility for appointment of a lead person will be with the Manager in the service or area involved.
- If the vulnerable person has mental capacity and agrees to intervention, a Safeguarding Plan will be developed in accordance with his/her wishes.
- If the person has mental capacity and refuses services, every effort is made to negotiate with the person. Time is taken to develop and build up rapport and trust. It is important to continue to monitor the person's well being.
- If the person lacks mental capacity, legal advice may be required to inform the decision making process. Decisions must be made in the best interests of the person and, if possible, based on his/her wishes and values. However, it is not appropriate to take a paternalistic view which removes the autonomy of the vulnerable person.

**Review:**

- The lead person will arrange a full review of the Safeguarding Plan at agreed intervals.
- The vulnerable person's situation must be kept under review, as appropriate and deemed necessary
- Family, friends and community have a vital role in helping vulnerable people remain safe in the community.
- The Safeguarding and Protection Team (Vulnerable Persons) will be available to provide advice and support as appropriate.

Flow Chart 4







