



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**HSE Policy and Procedures  
For  
Responding to Allegations of Extreme Self-Neglect**

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Date: **17<sup>th</sup> January 2012**

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## **1. POLICY STATEMENT**

The Health Service Executive is committed to the protection of older people who seriously neglect themselves. This policy takes as its foundation the Health Service Executive Policy *Responding to Allegations of Elder Abuse* and the underlying principles outlined in that document (HSE, 2008:2). This policy is concerned with people aged 65 and over who are experiencing extreme levels of self neglect where there may be a risk to the person or others.

This policy may be followed in circumstances where concern has arisen due to the older person seriously neglecting his/her own care and welfare and putting him/herself or others at serious risk (HSE, 2008: 5)

Responding to cases of self-neglect poses many challenges and it is a growing public health problem. The seriousness of this issue lies in the recognition that self neglect in older people is often not just a personal preference or a behavioural idiosyncrasy that becomes apparent in old age, 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).

## **2. PURPOSE**

The purpose of this policy is to offer guidance to Senior Case Workers when referrals are received, or where advice is sought, which might suggest extreme levels of self neglect. The Senior Case Workers will then be in a position to support other appropriate staff, e.g., Public Health Nurses. Cases of self neglect may require multi-disciplinary and/or multi-agency involvement. Appendix 1 offers guidance on the degree of severe self neglect which may constitute an appropriate referral or consultation to the Senior Case Worker by staff of HSE.

## **3. SCOPE**

This procedure applies to Senior Case Workers and all HSE employees in identifying extreme levels of self neglect.

## **4. GLOSSARY OF TERMS AND DEFINITIONS**

### **4.1 Self-neglect:**

Self-neglect is the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently (Poythress et al, 2006)

### **4.2 Self-neglect: Additional definitions**

**4.2.1** An older person's profound inattention to health or hygiene, stemming from an inability, unwillingness, or both, to access potentially remediating services (Pavlou, 2006)

- 4.2.2 The result of and adult's inability due to physical and /or mental impairments or diminished capacity to perform essential self-care tasks (Duke, 1991),
- 4.2.3 The failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain (Aung et al, 2006)
- 4.2.4 Self-neglect in older 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 (Naik et al, 2008)

## **5. GUIDING PRINCIPLES**

- 5.1 Self-neglect occurs across the life span. There is a danger in targeting older people and the decisions they make about lifestyle, which society may find unacceptable but would be tolerated in the case of younger people.
- 5.2 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.
- 5.3 Recognise that 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.
- 5.4 Distinguish between self-neglect, which involves personal care and neglect of the environment, manifested in squalor and hoarding behaviour.
- 5.5 Recognise 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, surroundings. The public health aspects are important.
- 5.6 Importance of protection from harm- not just 'non- interference' in cases of refusal of services. Building up trust and negotiation can bring about successful intervention.

## **6. MANIFESTATIONS OF SELF- NEGLECT**

### **6.1 Hygiene**

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

### **6.2 Life Threatening Behaviour**

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

### **6.3 Financial**

Mismanagement of financial affairs.

## **7. ASSESSMENT OF SELF NEGLECT: KEY AREAS**

- Upkeep of the environment to include, for example, exterior and interior condition; pets; utilities.
- Personal Hygiene – evidence of significant neglect of personal hygiene
- Cognition -This complex area includes the capacity to make decisions, the capacity to identify and extract oneself from harmful situations and relationships and the implementation of decisions. Recent research indicates that executive dysfunction may be at the root of many cases of self-neglect (Dyer et al, 2007).
- Failure to make use of medical care to include evidence of untreated health conditions; the importance of screening for depression.
- Availability and use of social support networks.
- Nutritional status.Nutritional deficiency is a significant factor in self-neglect (Aung et al, 2006).
- Management of financial affairs – an inability to reasonably manage financial affairs to the detriment of the person’s financial well-being.
- Lack of safety awareness.
- Social disengagement.
- Substance misuse e.g. drugs or alcohol

## **8. PROCEDURES**

Staff of the HSE may become aware of concerns regarding the self neglecting behaviour of older people with whom they work. These staff members may have their own local or internal guidelines for the management of such cases. In addition, the HSE Elder Abuse Policy states that the procedures could be followed in cases of *‘extreme levels of self-neglect’ or where older persons are ‘seriously neglecting their own care and welfare and putting themselves or others at serious risk’*.

Therefore the Senior Case Workers for elder abuse, in responding to a referral or consultation, may be involved initially in an assessment of the severity of the situation.

- 8.1** On receiving a report of concern about an older person neglecting themselves, the Senior Case Worker carries out an initial discussion with the person making the referral and gathers some facts to begin the process of a preliminary assessment.

- 8.2** The Senior Case Worker establishes whether the older person is aware of the referral and their response to the person making the referral.
- 8.3** The Senior Case Worker also consults with other health and social care professional in order to gain further information about the case. The focus of this preliminary enquiry 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 older person and/or others are exposed.
- 8.4** The Senior Case Worker establishes if there have been any previous attempts to intervene and the outcome.
- 8.5** Senior Case Worker can arrange a multidisciplinary strategy meeting, where a decision can be reached as to the person best placed to take a lead role.
- 8.6** Senior Case Worker or other appropriate staff member, e.g. Public Health Nurse, may take on the lead role and the assessment of the situation begins.
- 8.7** Senior Case Worker, or other staff member, arranges to meet the older person to ascertain their views and wishes.
- 8.8** Ideally, a comprehensive geriatric assessment should take place. 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 must include specific mental competency assessment.
- 8.9** Legal advice may be considered regarding the decisions and actions for the following points, 8.10 ,8.11, 8.12.
- 8.10** If the person has mental capacity and agrees to intervention, a care plan is developed in accordance with their wishes. However, in some cases, their consent may limit the intervention in such a way that the needs of the wider community are not considered e.g. environmental squalor, dangerous wiring, unsafe structures, accumulated rubbish. In such cases legal advice regarding interventions may be required.
- 8.11** 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.
- 8.12** If the person lacks mental capacity, legal advice becomes an important part of the decision making process. This may include applications to take the person into Wardship or use the Mental Health legislation. In the absence of an appropriate legal framework, decisions must be made

in the best interest of the person and if possible based on their wishes and values if known.

### **8.13** Review

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## 10.0 APPENDICES

### Appendix I Guidance on assessing severity of self-neglect

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>

## **Appendix II Groups that may present with self-neglecting behaviours include:**

- Those with lifelong mental illness such as schizophrenia;
- Older 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 (Poitress, 2006: 11)
- Self-neglect is common among those who consume large quantities of alcohol; it is thought that the consequences of drinking too much 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)

Appendix III - Referral of Self Neglect Flow-Diagram

