

Self-Neglect, Coercion and Domestic Abuse: Learning from the case of Mary

1. Background

Managing complex cases where an adult has complex health conditions, self-neglects, has fluctuating capacity and an informal carer who lives with them but does not want to engage with services can be very challenging. Salford's SSAB multi—agency policy on self- neglect offers good practice guidance based on evidenced based national research on best practice. Mary was a lady with complex needs living with her son.

2. Why it matters

Self-neglect cases are common and require a very particular individual approach. Potentially a person who is self-neglecting with health issues puts their health and life at risk and these cases often lead to premature death. Mary's case highlighted key learning in this area.

3. Best practice

- Promoting a person centred approach
- The response needs to be proportionate to the level of risk to the person and others
- Each organisation needs to take responsibility for their role in supporting the adult
- Multi-agency meetings are a helpful approach for more complex cases
- Accepting self-neglect as a "lifestyle" choice and closing a case without having assessed the risk and engaged with the adult in a meaningful way is unacceptable

4. Key Learning – Informal Carers

1. Recognise informal carers – establish their role and if they need a carers assessment
2. If an informal carer is hostile consider the implication for the person they care for and if they are under duress in any way (in addition to issues of potential carer stress).
3. Informal carer may also have self-neglecting tendencies – need to ensure that the discussion re support of the informal carer is raised and revisited regularly with the informal carer
4. Remain aware of the possibility of negative dependency on an informal carer that involves an abusive element
5. Regardless of status of carer and their role – need to talk to person who is self-neglecting and be mindful that there could be coercion
6. If coercion is suspected in any way then need to create opportunities to talk to that person without the informal carer present.
7. Don't assume a person with an informal carer does not require independent advocate

5. Key Learning – Self Neglect

If the person self-neglecting reaches out then that agency needs to engage with them - not refer on.

When patients regularly DNA planned appointments there is a need for routine enquiry. A welfare check should only be considered complete once user has been seen and spoken to.

Significance of sharing and recording key information between all agencies and with the service users Primary Care provider.

In relation to self-neglect versus a right to self-determination it is a matter of professional judgement/duty of care and should involve a collective response to the management of

In relation to case management & risk management - one agency should take the lead, co-ordinating multiagency input.

6. Application of MCA

All front line services attending emergency call outs need to assess the person's capacity to decline a service. Any assessment of mental capacity should consider the possibility that the person is being subjected to "undue influence" by another person

7. Further information

- Self-neglect policy
- Info on advocates
- Info on working with informal carers
- Info on domestic abuse
- Self -neglect multi-agency training
- Report and action plan on case review