Hammersmith & Fulham Safeguarding Adults Board

Diabetes Management and self-neglect

Neglect of diabetes management is not always recognised within the context of self-neglect, and it can often present challenges for staff seeking to manage risk to person who may be refusing to engage with services.

> Did you know that many patients on the diabetes register in H&F also have a mental health diagnosis?



1/ Recognising self-neglect in the context of diabetes management

We can often think about self-neglect in the context of personal hygiene or hoarding, as opposed to medical self-neglect . This means that issues around reaching shared decisions with the patient around diabetes management plans are not always seen as a potential safeguarding issue.

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Management of diabetes requires the individual to engage in daily self-care tasks, including monitoring of blood glucose; managing diet and taking medication as directed, performing proper hygiene, including foot and dental care, and attending medical appointments.

Adults with diabetes and cognitive impairment who live alone are at particular risk of self-neglect and harm due to potential inadequate food and drink intake, poor medication adherence, and poor hygiene. Daily self-care tasks can become overwhelming.

Safeguarding Adults Reviews have shown evidence of awareness of health problems, but failure to explicitly consider diabetic care and risks of chronic conditions developing (Lambeth thematic SAR). Poor self-care increases risk of diabetic complications, lowers quality of life, and can impact on a person's vital interests.



2 / Mental Capacity

Where someone is making repeated unwise decisions around the management of their diabetes or refusing services, and this is putting them at significant risk of harm, it may be helpful to consider whether the person has capacity to make decisions about their diabetes medication and whether a best interests decision needs to be made. In assessing capacity, practitioners should also consider executive functioning - where a person may understand the principles of diabetes management, but is unable to implement it effectively - and fluctuating capacity which may be impacted by other medication, changes in mental health or use of drugs/alcohol.

Likewise, where an adult at high risk of self-neglect has mental capacity, but refuses a needs assessment despite repeated concerns, then partners should seek to undertake assessment so far as possible utilising the safeguarding framework and ensure this is documented.



3 / Importance of multi-agency working

Successful responses to self-neglect collaboration of different agencies and practitioners.

Multi-agency networks need to be self-neglect which impacts on a person's health, and this should mental health care coordinators.



Check out the <u>H&F SAB multi-</u> <u>agency self-neglect guidance for</u> access to tools and resources to support you in practice.



4 / Seeing the whole person

Where an adult appears to be disengaging or refusing to agree to diabetes care management plans, every effort should be made to maintain contact and understand why they may be doing so.

- You may wish to consider:Whether the person's understanding has been overestimated or the concerns have

- been overestimated or the concerns have not been explained clearly think about role of the person's beliefs, misconceptions and priorities.
 Can they explain to you what they understand about diabetes management and potential risks?
 Has the person had previous experience that means they are less likely to trust health or social care professionals?
 What else is happening in the person's life? Are there other issues that may be overwhelming them, such as housing problems, or living with addiction? Are there other services that can support in these areas? these areas?



A Safeguarding Adults Review (SAR) is a multi-agency process which seeks to determine what relevant agencies and individuals involved in the life of an adult with care and support needs could have done differently, where the adult at risk has either died or experienced significant harm. These review processes have highlighted learning in relation to working with individuals with diabetes diagnosis who may selfneglect - such as in the case of Jasmine.

Jasmine

Jasmine was a 20-year-old woman, who had a history of safeguarding concerns arising from poorly managed diabetes and emerging mental health issues.

lasmine's diabetes and mental health were generally treated as separate conditions, and services

acted in silos. Multi-agency approaches may have facilitated better responses to Jasmine's needs,

Jasmine's poor concordance with her diabetes regime and refusal of services that would mitigate by her college guidance councillor in 2018, explicitly raising concern about self-neglect.

Opportunities to mitigate risks may be missed when issues relating to neglect of health needs or concerns around refusal to engage with services are missed. Making use of the multi-agency partnership may also have highlighted pathways to reengage with Jasmine by identifying those

Find out more by reading the full review: Richmond & Wandsworth SAB - 2020



H&F SAB multi-agency self-neglect guidance Management of Adults with Diabetes and Cognitive Problems Poor diabetic management self-management: A psychosocial perspective Learning from Safeguarding Adults Reviews: - Jasmine, Richmond & Wandsworth SAB - 2020

- Judith, Camden SAB 2021

- Josh, Teeswide SAB 2019