



# OLDHAM SAFEGUARDING ADULTS BOARD & OLDHAM SAFEGUARDING CHILDREN PARTNERSHIP

## Self-Neglect Policy, Procedures and Guidance



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With thanks to Stockport and Leeds Adult Safeguarding Boards

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# 1 Introduction

- 1.1 Responding to self-neglect is challenging for the most experienced practitioners. This Policy, Procedures and Guidance document is designed to support practitioners working with individuals who self-neglect.
- 1.2 There are many challenges in the area of self-neglect, not least that the term has little meaning for the individuals who have associated issues. However, the biggest challenge is very much tied up in the need to balance and determine what is an individual's right and choice with what becomes a serious risk to self and others. If an agency is satisfied that the individual has the mental capacity to make an informed choice on the issues raised, then that person has the right to make their own choices, even if these are considered to be unwise. But in cases of significant vulnerability there should be ongoing engagement with the individual, applying the principles outlined in this document and within the Oldham Safeguarding Adults Board (OSAB) and Oldham Safeguarding Children Partnership (OSCP) [Self-Neglect Toolkit](#). A secondary challenge is that in some cases where vulnerability is severe, this determination must be on an ongoing basis and should attempt to draw in information across partner agencies where possible.
- 1.3 This document is informed by existing knowledge and learning that Oldham have taken from Safeguarding Adults Reviews (SARs) and provides a framework for multi-agency practice in regard to possible cases of self-neglect.
- 1.4 This document is written with the understanding that the guidance within will be underpinned by staff training and development giving the workforce confidence to respond to these complex issues.

## 2 What is Self-Neglect?

### 2.1 Legislative Definition

The [Care Act Statutory Guidance 2014](#) states that self-neglect '*covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and include behaviour such as hoarding.*' '*Where someone demonstrates lack of care for themselves and/or their environment and refuses assistance or services. It can be long standing or recent.*'

### 2.2 Descriptions

Self-neglect differs from other forms of abuse because it does not involve a perpetrator. [Braye et al. \(2011\)](#) state that self-neglect is characterised by three main elements, which may present together or singly:

- Lack of self-care (neglect of personal hygiene, nutrition, hydration and/health, thereby endangering their safety and wellbeing)
- Lack of care of one's environment (squalor and hoarding)
- Refusal of services that would mitigate the risk of harm.

#### 2.2.1 Lack of self-care

The following characteristics and behaviours are useful indicators of self-neglect:

- Living in very unclean home environment e.g. rubbish or waste not disposed of
- Physical or health needs not adequately cared for, causing them to deteriorate
- Inadequate diet and nutrition, which impact on the individual's health and wellbeing
- Social contacts not being maintained
- Finances not being managed, or assistance being sought
- Prescribed medication not being taken or being declined
- Refusing to allow access to health and/or social care staff in relation to care needs, health needs or property maintenance, or, being unwilling to attend appointments with relevant staff.

### 2.2.2 Lack of care for one's environment

Squalor describes those situations where an individual is living in extremely dirty, unhygienic or unpleasant conditions that impact on their welfare or wellbeing. This may result from an individual's inability to manage their environment due to their support needs. It may relate to hoarding behaviours; however, it may also relate to other reasons, life trauma, low self-esteem, dementia, obsessive compulsive disorder, learning disability or another similar condition.

Hoarding is a form of self-neglect behaviour. It involves acquiring or saving lots of things regardless of their objective value. An individual who hoards, might have very strong positive feelings whenever they get more items; feel very upset or anxious at the thought of throwing or giving things away; or find it very hard to decide what to keep or get rid of. The reasons people hoard will vary from person to person and may result from underlying factors such as dementia or brain injury, or be triggered by significant life events, such as trauma and loss. However, it is increasingly recognised that hoarding can be a condition by itself, as well as sometimes being a symptom of other mental health problems.

Additional guidance in relation to hoarding can be found via the [OSAB & OSCP Responding to Hoarding Guidance](#).

## 3 Potential Reasons an Individual May Self-Neglect

3.1 People may self-neglect for a variety of reasons including:

- Unmet care and support needs
- Physical and mental health issues
- Inability to maintain own self-care and household chores
- Chronic use of substance/alcohol impacting on executive functioning
- Parents who hoard (learnt behaviours)
- Childhood neglect/childhood trauma/adverse childhood experiences (ACEs)
- The impact of abuse or neglect
- The impact of experiencing or witnessing domestic abuse
- Life changing events e.g. loss of job, bereavement, loss of social status, loss of accommodation etc.
- The loss of a strongly held value system
- The loss of independence as a result of an accident, trauma, major ill health or frailty.

## 4 Indicators of Self-Neglect

4.1 Situations which could be viewed as signs and characteristics of self-neglect may include:

- Dehydration, malnutrition, obesity (particular when related to loneliness, pressure sores, can be life threatening)
- Untreated medical conditions or refusal to take medication
- Poor personal hygiene including dental hygiene
- Poor physical and/or mental health
- Hazardous living conditions e.g. hoarding, improper wiring, no indoor plumbing, no heat, and no running water, insecure
- Unsanitary living quarters e.g. filthy and verminous conditions, animal/insect infestation, no functioning toilet, excrement present
- Potential neglect of animal's needs
- Inappropriate and/or inadequate clothing, lack of necessary medical aids e.g. glasses, hearing aids, dentures
- Grossly inadequate housing or homelessness
- Failure to manage finances/access benefits

- Failure to have social contact
- Alcohol and drug misuse

4.2 Research from the Social Care Institute for Excellence has identified the following characteristics in people deemed to Self-Neglect:

- Fear in losing control
- Pride in self sufficiency
- Sense of connectedness to places or belongings
- Mistrust of services, practitioners, authority.

4.3 There are a number of indicators for practitioners to be aware of when engaging with individuals including:

- Neglecting personal hygiene and health leading to pressure ulcers or skin damage
- Neglecting the home environment leading to hazards in the home or pest infestations
- Poor diet and nutrition leading to significant weight loss or gain and other health issues
- Lack of engagement with practitioners and the wider community.
- Hoarding items and demonstrating excessive attachment to possessions.

4.4 Common responses by people deemed to self-neglect include:

- "I can take care of myself."
- "I do my best to make ends meet."
- "I prioritise and let other things go."

## 5 Vulnerability of Individuals Who Self-Neglect

5.1 It is important to consider individuals who self-neglect may be vulnerable to other forms of abuse, exploitation, victimisation, bullying and radicalisation. Similarly, self-neglect could be an individual's way of coping with hidden abuse or exploitation. It is important to be aware of the signs and symptoms in each individual case, including the individual's wider circle, who they associate or live with. Taking a contextual safeguarding approach, enables practitioners to look more widely at an individual's circumstances including, family and peer networks, assess the true nature and extent of the risk(s) and apply the most appropriate support plan.

## 6 Legal Frameworks

### 6.1 Responsibilities of Local Authorities

The [Care Act](#) 2014 sets out the Local Authority's responsibility for protecting those with care and support needs from abuse and neglect including self-neglect. The Act provides particular focus (section 1) on wellbeing and requires organisations to always promote an adult's wellbeing in safeguarding arrangements. The Care Act places specific duties on the Local Authority in relation to self-neglect:

- Assessment** - (Section 9 and Section 11) The Local Authority must undertake a needs assessment, even when the adult refuses, where it appears that the adult may have needs for care and support, and is experiencing, or is at risk of, self-neglect. This duty applies whether the adult is making a capacitated or incapacitated refusal of assessment. In the event that a person refuses an assessment of need in situations of self-neglect, this may indicate the need for a safeguarding enquiry alongside the duty to carry out a needs assessment
- Enquiry** - (Section 42) The Local Authority must make, or cause to be made, whatever enquiries it thinks necessary to enable it to decide what action should be taken in an adult's case, when the Local Authority has reasonable cause to suspect that an adult in its area has needs for care and support; is experiencing, or is at risk of, self-neglect; and as a result of those needs is unable to protect himself or herself against self-neglect, or the risk of it

- c) **Representation and Advocacy** - If the adult has substantial difficulty in understanding and engaging with an assessment or safeguarding enquiry, the Local Authority must ensure that there is an appropriate friend or family member to help them, and if there is not, arrange for an independent advocate.

## 6.2 The Human Rights Act 1998

Public authorities, as defined by the [Human Rights Act 1998](#), must act in a way that is compatible with Human Rights. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take particular action. Instead, the authorities are expected to act fairly, proportionately, rationally and in line with the principles of the Care Act, the [Mental Capacity Act 2005](#), and, where appropriate, consideration should be given to the application of the [Mental Health Act 1983](#). Where appropriate, concerns may be referred to the Court of Protection. In rare cases, where the individual has capacity, but is unable to exercise choice, for example when they appear to be acting under duress, consideration should be given to options available under the Inherent Jurisdiction of the High Court.

## 6.3 The Mental Capacity Act 2005

The Mental Capacity Act (MCA) applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. All professionals have an obligation and duty to comply with the law and the Code of Practice.

Mental capacity considerations are a key aspect of practice around supporting people who self-neglect. The Mental Capacity Act principles, mental capacity assessments, best interests, court of protection, issues of fluctuating capacity and unwise decisions are outlined below.

# 7 Legal Interventions

- 7.1 There will be times when the impact of the self-neglect on the individual's health and well-being or their home conditions or neighbours' environmental conditions are of such serious concern that practitioners may need to consider what legislative action can be taken to improve the situation when persuasion and efforts of engagement have been unsuccessful. Any such actions need to be considered in consultation with legal advice and as part of a carefully considered multi-agency intervention plan. Enforcement approaches are often most likely to succeed where they form part of a plan of support.

- 7.2 Agencies and practitioners should be familiar with the duties, powers and responsibilities of the Local Authority and other agencies, including their own. Possible legislative remedies that might need to be considered are outlined below:

- [Care Act](#) (sections, 9, 11, 42 and statutory guidance) - regarding duties to assess and make safeguarding enquiries.
- [Mental Capacity Act](#) (sections 1-5 and section 16 (2) (a)) - the Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity.
- [Mental Health Act](#) and [Amendment Act 2007](#) (section 135) - if an individual is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety.
- [Human Rights Act 1998](#), Article 5: *Right to Liberty & Security*, Article 8: *Right to Privacy*

For environmental neglect and housing issues:

- [Prevention of Damage by Pests Act 1949](#)
- Public Health Acts [1936](#) and [1961](#)
- [Public Health \(Control of disease\) Act 1984](#), amended by [Health and Social Care Act 2008](#)
- [Housing Act 1985](#) (amended by [Housing Act 1996](#)) and [Housing Act 1988](#).

Please note, all legal routes would need to be considered in consultation with legal advice and the options outlined above are for information only.

## 8 Key Practice Principles

The key practice principles outlined below are important considerations for all practitioners. Based upon research, they provide guidance on the approaches most likely to achieve positive outcomes for individuals living in circumstances of self-neglect. Practitioners will need to apply these with proportionality based upon the nature and extent of any risks, the individual's wishes and individual circumstances.

### 8.1 Safeguarding Principles

The following principles are taken from the Care Act Statutory Guidance and should be applied self-neglect cases and all areas of adult safeguarding practice:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
- **Prevention** - It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- **Proportionality** - The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed."
- **Protection** - Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."
- **Accountability** - Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they."

### 8.2 The Importance of Relationships

Building a positive relationship with individuals who live in circumstances of self-neglect is critical to supporting them to achieving change, and in ensuring their safety and protection. Practitioner and individual's tips from research:

- Take time to understand what is important to the individual
- Do not make assumptions about what the individual wants or needs
- Do not make judgements about the individual
- Show humanity
- Demonstrate patience
- Listen and show empathy and kindness
- Be reliable, honest and respectful
- Be someone the individual can trust
- Work at the individual's own pace.

The research identifies a range of approaches which can help build relationships and engagement when working with self-neglect. These include the following themes:

- **Building rapport** - Taking the time to get to know the individual. Show acceptance and understanding, In contrast, do not display shock by an individual's situation as this can cause embarrassment, defensiveness and a reluctance to engage.



- Moving from rapport to relationships - Avoid kneejerk responses to self-neglect. Do not jump in and take over. Seek to build relationships, talk through interests, history and stories.
- Finding the right tone - Be honest whilst also being non-judgmental; separate the individual from the behaviour.
- Going at the individual's pace - Moving slowly and not forcing things; this may mean talking about other things until the individual is ready to talk about the evidence of self-neglect. Opening up can take time. Involvement over time makes a difference.
- Agreeing a plan - Making clear what is going to happen; this might mean starting with very small steps. A weekly visit might be the initial plan.
- Finding something that motivates the individual – Seek to understand the individual's interests and make links with these (For example, someone who is hoarding for environmental reasons might be interested in recycling initiatives; and someone who cares for their pets may be motivated to improve their living space).
- Starting with practicalities - Providing practical help with small tasks at the outset may help build trust.
- Bartering – Consider linking practical help to another element of agreement e.g. 'I could help with this... If you could....'
- Focusing on what can be agreed - Finding something to be the basis of the initial agreement, that can be built on later.
- Keeping company - Being available and spending time to build up trust.
- Straight talking - Being honest about risks and potential consequences.
- Finding the right person – Identify those people who are well placed to achieve positive engagement with the individual at risk. Those people with established relationships might be able to act as a bridge to support new relationships.
- External levers - Recognising where relevant and appropriate, the possibility of enforcement action. This usually works best as part of a plan of support.

### 8.3 Understanding the Individual

The associated stigma can prevent the individual from accessing support. An approach based around understanding the individual and the underlying reasons for their behaviour, is seen throughout the research to achieve better outcomes than solely focusing on a reduction of the presenting behaviours. It is crucial to engage, to get alongside, and seek to understand their views and perspectives. A person-centred approach supports the right of the individual to be treated with respect and dignity, and, as far as possible, to be in control of their own life. The focus should be on person-centred engagement and risk management, and consideration should be given to if the individual is more inclined to engage with some organisations than others. If so, this should be optimised in the engagement with the individual.

Wherever possible, practitioners should:

- Explore and understand the individual's life history and circumstances, and their possible connections to current patterns of self-neglect. Recognise that underlying reasons for an individual's self-neglect may be linked to earlier life experiences or traumas or be occurring within in the context of complex relationships. For more information about a trauma informed approach, see the [QSAB Trauma Informed Practice Guidance](#).
- Use this approach to form an accurate assessment of the issues and work out what kinds of intervention are most likely to enable the person to achieve change.
- Recognise the emotional component of an individual's current experience of their circumstances. Practitioners need to work with people who may be experiencing fear, anxiety, embarrassment and shame in relation to their circumstances, which may pose barriers to accepting support.
- Demonstrate calm and understanding reactions to self-neglect. The research identifies that where practitioners normalise the self-neglect, neither dismissing it nor treating it as exceptional, this is valued.
- Adopt strength-based approaches. Learning from research identifies that individuals who used services emphasised their own resilience and determination in coping with the circumstances that



had led to self-neglect. They felt that practitioners did not often recognise these qualities, focusing instead on the highly visible signs of neglect, and they valued practitioners who recognised and worked with the strengths they had.

#### 8.4 Engaging with the Individual's Family/Unpaid Carers

Working closely with family members/unpaid carers can be an important element of achieving effective engagement with the individual, and in providing support that reduces risks and improves personal circumstances. The family member/unpaid carer should be involved with the individual's consent or in their best interests under the Mental Capacity Act. There may also be occasions where involving an individual's family members/unpaid carers without consent is a proportionate act taking into account Article 8 of the Human Rights Act.

Family members and unpaid carers:

- Have unique relationships with the individual that may support positive engagement with practitioners
- Will be able to support assessments of need and risk
- Will have a unique understanding of the individual's past history and motivation
- May provide ongoing support, or be key to the provision of support in the future.

Practitioners should consider the following when working with family members and unpaid carers:

- Ensure the individual is aware and wherever possible consenting to the proposed role of the family member or unpaid carer in their care/treatment plan
- Offer/undertake a carers' assessments if family members or unpaid carers are providing care or support
- Involve the family member or unpaid carer in the development of any care and support plan. Consider if it is appropriate to invite them to meetings or develop other ways of involving them in planning
- Ensure the carer's role and responsibilities are clearly recorded on formal care and support plans
- Check that they are willing and able to provide care and support
- Provide them with necessary support, training, information to do what is expected
- Mentor/supervise to ensure they understand and have the skills they need
- Explore the dynamics between family members as these may underpin the individual's self-neglecting behaviours and influence their decision making
- Recognise that family members or unpaid carers may have shared life experiences with the individual
- Adopt the Think Family approach to understanding the support needs of family, and their ability to provide support to the individual.

#### 8.5 Creative Interventions

The underlying causes of self-neglect and the individual's unique circumstances, history, wishes and perspectives mean that there is no single response that will work in every situation. Individually tailored and creative approaches are most likely to achieve the best outcomes.

Key considerations:

- The starting point for all interventions should be to encourage the person to do things for themselves. Where this fails in the first instance, the approach should be revisited regularly throughout the intervention and consideration given to the reasons for this failing.
- Efforts should be made to build and maintain supportive relationships through which services can in time be negotiated. This involves a person-centred approach that listens to the individual's views of their circumstances and seeks informed consent where possible before any intervention.

- It is important to note that a gradual approach to gaining improvements in an individual's health, wellbeing and home conditions is more likely to be successful than an attempt to achieve substantial change all of a sudden. This may be too much for the person to accept or tolerate.
- Creativity is key to all interventions involving self-neglect; this involves:
  - Flexibility (to fit individual circumstances)
  - Negotiation (of what the individual might accept/ cope with/tolerate)
  - Proportionality (to act only to contain risk, rather than to remove it altogether, in a way that preserves autonomy).
- Sometimes this involves understanding and recognising the limitations of what is possible, with practitioners need to focus on reducing harm in the first instance rather than achieving the ideal outcome.

Practitioners will need to work with people to offer support in ways the person feels able to accept.

Interventions will need to be unique to the situation, but might involve:

- Being there
- Maintaining contact; building relationships
- Monitoring risk and wellbeing
- Identifying opportunities and motivations
- Support with healing trauma, loss or bereavement:
  - Removing threats to help an individual to feel safe and accepted
  - Supporting an individual to recognise triggers, understand how trauma has affected them individual and that they can heal
  - Encouraging the individual to keep a diary
  - Encouraging the individual to try meditation, yoga, swimming
  - Supporting the individual to build friendships, restore safe and happy relationships, or to be part of a community
  - Addressing self-esteem and self-worth issues
- Practical assistance:
  - Help to support with daily living activities e.g. safe food storage or preparation areas; that improve wellbeing and reduce risks whilst providing opportunities to build up trust
  - Assistance and support look after the welfare of pets.
- Risk reduction:
  - Responses to immediate health risks e.g. preventative actions relating to deteriorating health conditions, such as skin integrity, diabetes and or safe use of medication. Adaptations and repairs that make the property more habitable, safer and help build trust.
  - Safe substance use schemes (support for a set level of consumption)
  - Fire safety measures - addressing immediate risks, including those caused by smoking in unsafe environments.
- Therapeutic interventions:
  - Support with specific mental health conditions or support to change the way in which an individual might think about themselves
- Change of environment:
  - Moving home (together with support to minimise the risk of future environments deteriorating)
  - Short-term respite
- Building social networks and interests:
  - Building upon the individual's interests, including any that led to self-neglect
  - Reducing social isolation
  - A forward-looking focus on lifestyle, companionship and activities (helping to let go of/replace previous lifestyles).
- Cleaning/clearing:
  - Deep cleaning or removal of hoarded material (although often this is found to work best when done in agreement and as part of an overall planned intervention). Sometimes a partial reduction will be more easily achievable – the aim is proportionate risk-reduction.

- Health matters:
  - Assistance with specific health conditions; GP/medical appointments.
- Enforced action:
  - Setting boundaries on risks to self and others
  - Recognising and working with the possibility of enforcement action.
- Care and support:
  - As self-neglect can often be linked to poor physical functioning, a key intervention can be assistance with activities of daily living such as support with bills and paperwork (often along with the identification of benefits that can be applied for); negotiations around assistance with cleaning, laundry, medication management and personal care; or prompting around daily living tasks.

## 8.6 Multi-Agency Working/Team Around the Adult

Multi-agency working is required for all cases of self-neglect. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making. The partnership approach should be used to enable powers and abilities of different agencies to be effectively applied. The response needs to be proportionate to the level of risk to the individual and others, the [OSAB Tiered Risk Assessment and Management \(TRAM\) Protocol](#) can be used to support informed multi-agency risk assessment and an approach where a Lead Professional is identified that can build a relationship with the individual. Each agency needs to take responsibility for their role in supporting the individual to address issues caused through self-neglect. The risk should be monitored making proactive contact with the individual to ensure that their needs and rights are fully considered in the event of any changed circumstances.

The [OSAB Partner Agency Safeguarding Roles and Responsibilities Profiles](#) have been written by representatives from each OSAB partner agency with the aim of improving multi-agency understanding of each other's safeguarding roles and responsibilities, and avoiding any delays in delivering person-centred safeguarding responses. These can be used to consider which agencies may be involved with an individual, or which agencies to refer to, or seek advice from.

## 8.7 Information Sharing

Information sharing across all relevant agencies is crucial so that all agencies involved better understand the extent and impact of the self-neglect and work together to support the individual and assist them in reducing the impact on their wellbeing and on others. In line with the [TRAM Protocol](#), multi-agency Team Around the Adult (TAA) meetings to share information must be implemented in all cases, in order to better understand and manage risk. Wherever possible, the person themselves should be included in the meeting along with significant others and an independent advocate where appropriate. For more information, see the [OSAB 7-Minute Briefing concerning Information Sharing](#) and the [OSAB Data Sharing Agreement](#).

## 8.8 When to Keep an Individual's Case Open

Accepting self-neglect as a 'lifestyle' choice and closing a case without having assessed the risk and engaged with the individual in a meaningful way is not acceptable as this exposes the adult at risk to ongoing or increased harm or risk and can lead to agencies failing in their duty of care. National analysis of SARs found a common theme in safeguarding practice as assumptions being made about lifestyle choice in cases of self-neglect; this was deemed to be problematic. Partner agencies should refer to guidance on closing cases in the [OSAB & OSCP Self-Neglect Toolkit](#).

Rigid Did Not Attend (DNA) policies that do not take into account reasons for not attending such as literacy, capacity, mental health issues, coercion and control features, should be avoided, and reasonable adjustments should be made to allow the individual to attend.

## 8.9 Mental Capacity

It is important to understand that poor environmental and personal hygiene may not necessarily always be as a result of self-neglect. It could arise as a result of cognitive impairment, poor eyesight, functional and financial constraints. In addition, many individuals, particularly older people, who self-neglect may lack the ability and/or confidence to ask for help and may also lack others who can advocate or speak for them.

Where there is a belief that the adult may not have the relevant mental capacity, they should be assessed under the [Mental Capacity Act](#), making sure that sufficient information is provided to the individual to enable informed decision making. There should be formal assessment of capacity, including enabling the adult to demonstrate understanding, the weighing of potential risks, benefits and solutions, and making a choice including the ability to put decisions into effect. For more information, see the [OSAB Mental Capacity Act Policy and Procedure](#).

Mental capacity is a key factor in understanding an individual's circumstances and how they respond in practice. That is:

- When an individual is presumed to have mental capacity or has been assessed as having capacity, their autonomy must be respected, and efforts should be directed to building and maintaining supportive relationships through which agencies can in time be negotiated if required.
- When an individual has been assessed not to have capacity to understand and make specific choices and decisions, interventions and services can be provided in the individual's best interests.

Practitioners must also be alert for signs of undue pressure or coercion being exercised, or of other circumstances preventing the individual giving free or informed consent. Practitioners may need to find creative ways to address risks and needs as although interventions contrary to the individual's wishes may be supported in some situations by legislation, it must be necessary and proportionate. It is also important to understand the function-specific nature of capacity, so that the apparent capacity to make simple decisions is not assumed automatically in relation to more complex ones.

Practitioners must consider the impact of executive functioning issues and if the individual struggles to complete any of the following:

- Ordering and sorting
- Attending appointments
- Managing emotions
- Responding to correspondence
- Forgetting important information
- Managing multiple tasks
- Having a strong sense of identity
- Sustaining attention for the duration of a conversation
- Preventing triggers
- Managing relationships
- Coping with rejection or being let down
- Being flexible

These could all result in burn out, fight, flight, freeze, or flop responses which can impact on decision making. Practitioners need to think about reasonable adjustments which may be required in order to support the individual.

For more information about mental capacity see Appendix A and the [OSAB Mental Capacity Act Policy and Procedures](#).

## 8.10 Risk to Others including Children

Self-neglect involves situations where an individual places themselves at risk due to difficulties providing for their own health and care needs, and a reluctance or refusal to accept support. The impact or consequences

of these decisions may sometimes also place others at risk and there may be a need to take actions, to ensure the rights and safety of others are also protected. For example:

- An individual living in circumstances of squalor could result in an environmental health risk to neighbours, as well as themselves. In such cases, Oldham Council Environmental Health Services, alongside other key agencies such as housing, should be included in multi-agency TAA meetings. There may be actions required to protect others that are contrary to the individual's own wishes.
- An individual's hoarding behaviour may result in a fire hazard to neighbours, as well as themselves. In such cases, Greater Manchester Fire and Rescue Service should be included in multi-agency TAA meetings to advise on appropriate responses, and actions may be required in the public interest.
- An individual's self-neglect behaviour may pose a risk to a child living in their direct care. In such cases, Oldham Children's Social Care should be alerted immediately and subsequently included within multi-agency TAA meetings.
- Similarly, where living conditions impact on the safety and welfare of another adult with care and support needs being cared for within a household, Oldham Adult Social Care should be consulted on the need to follow the OSAB Adult Safeguarding Policy and Procedures.

Article 8 of the Human Rights Act allows for an individual's right to his private and family life, his home and correspondence to be restricted, in circumstances such as where necessary to protect public safety, health, or for the protection of rights and freedoms of others.

Where an individual poses a risk to others, it remains important to work with them as far as possible to support them to bring about change in their circumstances. However, actions may be necessary that are contrary to their wishes, including the enforcement actions of agencies to protect the safety of others. Practitioners should seek to explain to the individual why the actions have had to be taken and talk through the implications for the individual concerned.

Legal advice may be required if risks remain high, and the individual continues to refuse care and support.

## 9 Self-Neglect: Procedures

Self-neglect involves situations where an individual declines essential support that significantly impacts on their health or wellbeing. In circumstances, where a person finds it difficult or is reluctant to engage with essential services, four levels of responses should be considered. These are not always mutually exclusive.

### 9.1 Response to the Declining of Support and Services

Key points:

1. Practitioners should always work to engage with individuals, offer all the support they are able to without causing distress, and understand their limits to intervention if the individual does not wish to engage.
2. Where someone is assessed as not having capacity in relation to relevant decisions, actions should be taken in the person's best interests, in accordance with the Mental Capacity Act.
3. Where mental capacity is presumed or has been assessed as being present, and the individual is expressing that they do not wish to engage with services, any actions taken should be proportionate to the risk and with due consideration of Article 8 of the Human Rights Act.

Where an individual is declining support assessed to be essential to their health or wellbeing, then further actions may still be appropriate to assess risk, offer support and support their engagement. However, in each case practitioners must weigh up whether their actions are proportionate to the risks, and no more intrusive than is necessary to achieve a legitimate aim.

Understanding the individual involves trying to get alongside and work with them, and this includes seeking to understand why the person is reluctant or unwilling to seek or accept support. Practitioners should seek

to engage with people who are self-neglect with due consideration of the best practice principles set out in Section 8.

Before disengaging with an individual declining support or services:

- Consider if the individual has been provided with all the necessary information in a format they can understand.
- Assess the risk as far as is possible given the individual's limited engagement. Be open and honest; share concerns about these risks with the individual self-neglecting.
- Check as far as possible, if the individual has understood the options and the consequences of their choices.
- Listen to and show understanding of the individual's reasons for mistrust, disengagement, refusal and their choices and consider if there are ways to provide support in the way the individual feels able to accept.
- Where the individual is willing, ensure there is time to have conversations over a period of time to develop a trusting relationship.
- Check out your concerns with other relevant agencies in accordance with the [OSAB Data Sharing Agreement](#).
- Consider who (whether family, advocate, other professional) can support engagement with the individual. You may not be the best person.
- Formally assess an individual's mental capacity if there is evidence to indicate this is lacking in relation to these specific decisions.
- Formally record decisions, actions, attempts to engage and the individual's responses.

However, where there is significant threat to the individual's health and wellbeing, practitioners and services should seek to provide continued support and take further actions in accordance with this policy.

Where there is limited or partial engagement and risks are low, seek to provide continued engagement and support to help the individual to identify and overcome barriers they may experience in accepting support, as set out in Section 9.2.

Where there is a significant threat to the individual's health and wellbeing, consider whether a multi-agency TAA meeting is needed to understand the issues, concerns, and assess and respond to the risks, as set out in Section 9.3.

In circumstances where the individual appears to be unable to protect themselves from the self-neglect they are experiencing; concerns should be reported in line with the OSAB Adult Safeguarding Policy and Procedures (Section 9.4).

## 9.2 Engagement and Support

In some circumstances, an individual may only periodically or partially engage with services, but the impact on their health and wellbeing is low. Although individual circumstances would need to be considered, low impact may be illustrated by examples such as:

- Health care and attendance at appointments is intermittent
- There is a minor impact on the individual's wellbeing
- Personal hygiene is becoming an issue
- The individual does not engage with social or community activities and this is having an impact on their health and wellbeing
- The individual does not manage daily living activities
- Hygiene is poor and causing skin problems
- Aids and adaptations are refused or not accessed

Incidents such as these are usually best managed by positive engagement with the individual using the key practice principles set out in this policy. This may involve supporting the individual to address their concern, engage with community activities, or access social care services, health care and counselling.

There may need to be good communication and a level of coordination across different agencies involved with the individual in order to have a consistent approach, but this will be consistent with usual agency assessment and support roles. Agencies currently involved should aim to work with the person over time to understand their concerns and to support their engagement with appropriate services.

### 9.3 Formal Multi-Agency Responses

Where there are significant concerns that an individual with capacity or who lacks capacity is self-neglecting, to an extent that this poses a significant threat to their health and wellbeing, concerns should be reported to Oldham Adult Social Care. Where it appears the individual has needs for care and support; the Local Authority must carry out an assessment of eligible care and support needs, under the Care Act.

Where it is established via this assessment and/or other agency assessments, that the individual has care and support needs and finds it difficult or is reluctant to accept essential services which threaten their health and wellbeing, the Local Authority will need to consider whether to initiate a multi-agency meeting/discussion to assess and respond to the concerns. Such decision-making should take into consideration issues of mental capacity to make decisions, risk and the individual's wishes. Actions taken should be proportionate to the concerns. Multi-agency responses as determined by the Local Authority, dependent on the circumstances, may take the form of:

- Multi-agency TAA meeting/discussion lead by Adult Social Care within their care management function.
- Multi-agency TAA meeting chaired by a partner agency. This may be more appropriate, for example, where the individual at risk has mainly health needs.
- Multi-agency adult safeguarding policy and procedures where the criteria set out in Section 8.4 is met.

All agencies would be expected to support such meeting/discussions consistent with the Care Act Duty to Cooperate, in the exercise of respective functions relating to adults with needs for care and support and carers.

### 9.4 Adult Safeguarding Policy and Procedures

The multi-agency Adult Safeguarding Policy and Procedures should be followed in specific circumstances, where there is reasonable cause to suspect that the person is unable to protect themselves from the self-neglect.

The Care Act states that where a Local Authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- has needs for care and support
- is experiencing, or is at risk of, [self-neglect], and
- as a result of those needs is unable to protect himself or herself against the [self-neglect] or the risk of it

the Local Authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.

The Care and Support Statutory guidance further states: 'a decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support'. Practitioners will need to consider this provision, regarding whether someone is able to control their own behaviour, based upon the unique circumstances of each individual. It should also be noted that self-neglect may occur alongside abuse and neglect caused by another party, for example, where self-neglect occurs alongside



neglect by a carer; or the individual is experiencing coercion and control or other forms of domestic abuse, that prevent the individual from accessing support and services they would otherwise wish to accept. These situations would further indicate the need to follow the Adult Safeguarding Policy and Procedures rather than other multi-agency responses.

Adult safeguarding referrals relating to abuse, neglect or self-neglect should be made to the Oldham Multi-Agency Safeguarding Hub (MASH) by:

- Telephone: 0161 770 7777
- Email: [adult.mash@oldham.gov.uk](mailto:adult.mash@oldham.gov.uk)
- or [Online Referral Form](#).

The [OSAB Adult Safeguarding Policy and Procedures](#) set out subsequent processes to be followed.

## 10 Resolution of Multi-Agency Disagreements and Complaints

- 10.1 Agencies are encouraged to apply the principles of the TAA as detailed in the [TRAM Protocol](#), ensuring the continued central focus on the needs of the individual and a commitment to work holistically as a team to achieve common outcomes. Sometimes organisational criteria can unwittingly detract from person-centred approaches. At times there will be differences in opinion, concerns about professional practice, or issues in difficulty in communication. The [OSAB Escalation and Resolution Conversations Protocol](#) to set out a standard of communication expectations alongside a pathway to resolve or escalate concern.
- 10.2 OSAB has a responsibility to monitor the effectiveness of agency response to safeguarding matters locally, which can include reviewing practice in cases. In line with the [OSAB Escalation and Resolution Conversations Protocol](#), after all Inter-agency attempts to resolve disagreements regarding appropriate responses to cases have been exhausted practitioners can engage with OSAB to support resolution through contact with the Business Manager via [OldhamSafeguardingAdultsBoard@oldham.gov.uk](mailto:OldhamSafeguardingAdultsBoard@oldham.gov.uk).
- 10.3 If an adult with needs for care and support dies or suffers significant harm as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult then agencies should submit the case to OSAB for consideration of a Safeguarding Adult Review using the [Referral Form on the OSAB website](#). For more information, see the [OSAB 7-Minute Briefing in relation to Safeguarding Adult Reviews](#).
- 10.4 If an agency has a specific complaint regarding practice of another practitioner or agency then they should consider using the appropriate complaints process of that agency to flag such concerns. Exceptions to this would be when the issue relates to either of the processes described above. Should agencies or practitioners have disputes arise during the course of identifying and responding to an adult at risk of self-neglect or hoarding then it is imperative that these issues do not delay the provision of support or care to the individual. All agencies are expected to resolve disputes in a timely manner and ensure minimal impact on the individual.

## Appendix A: Mental Capacity and Self-Neglect

The information below cannot act as a full guide to best practice in relation to issues of mental capacity but serves to highlight some important areas of consideration when working with individuals who self-neglect.

### The Mental Capacity Act Principles

All work with people who self-neglect must be undertaken with due regard to the Mental Capacity Act, which is underpinned by five clear principles. It can be helpful to consider the principles in order. The first three principles support the process before or at the point of determining whether someone lacks capacity. If it is decided that someone lacks capacity in relation to a specific decision, then the last two principles inform the decision-making process.

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

### Assessing Mental Capacity

The Act sets out a two stage test mental capacity for whether someone lacks mental capacity to make a specific decision, at the time it needs to be made.

Section 2 of the Act states that a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain

Section 3 of the Act clarifies that for the purposes of section 2, a person is unable to make a decision for himself if he is unable:

- to understand the information relevant to the decision
- to retain that information (for as long as required to make the decision).
- to use or weigh that information as part of the process of making the decision, or
- to communicate their decision (whether by talking, using sign language or any other means)

Therefore it is important to assess whether any inability in understanding, retaining, using or weighing relevant information, or in communicating the decisions, results from an impairment or disturbance in the functioning of the mind or brain.

Furthermore, mental capacity is time- and decision- specific. This means that a person may be able to make some decisions but not others. A person's mental capacity to make a decision may also fluctuate over time. It is also important to be aware however, that when assessing mental capacity people can be initially articulate and superficially convincing regarding their decision making but as issues are explored, may actually be unable to identify risks or understand how these could be addressed.

The [Mental Capacity Act Code of Practice](#) should be referred to for further guidance.

## Executive Functioning

The term, 'executive functioning' refers to the ability to carry out decisions and intentions, for example in relation to one's own welfare. Where tasks involve several steps or decisions a person may have difficulties carrying these out if the person's mental processes involved are affected, for example, by brain injury or illness. This is commonly called 'executive dysfunction'.

Executive dysfunction may be evident when a person gives coherent answers to questions, but it is clear from their actions that they are unable to carry into effect the intentions expressed in those answers. It may also be that there is evidence that the person cannot bring to mind relevant information at the point when they might need to implement a decision that they have considered in the abstract. This will be relevant to assessments of mental capacity; as it raises the question as to whether someone can 'understand', 'retain' and 'use or weigh relevant information' in the moment when a decision needs to be enacted.

For these reasons, assessments of capacity may need to be supplemented by real world observation of the person's functioning and decision-making ability in order to provide the assessor with a complete picture of an individual's decision-making ability.

It can also be helpful to not only ask the person to articulate what they would do, but to demonstrate how they would do something in practice. Where a person is unable to carry out their expressed intentions, a key question in the mental capacity assessment is whether the person is aware of their own deficits – in other words, whether they are able to use and weigh (or understand) the fact that there is a mismatch between their ability to respond to questions in the abstract and to act when faced by concrete situations

This is a complex area, and practitioners should seek advice from their lead practitioners, and legal advisers as and when required. For more information, see the [OSAB Executive Functioning Guidance](#).

## Best Interests Decision

For individuals who have been assessed as lacking the mental capacity to make specific decisions about their health and welfare, the Mental Capacity Act allows for agency intervention in the person's best interests. Chapter 5 of the Mental Capacity Act Code of Practice sets out a non-exhaustive list of considerations for such decisions. In urgent cases, where there is a view that an individual lacks mental capacity (and this has not yet been satisfactorily assessed and concluded), and the home situation requires urgent intervention, the Court of Protection can make an interim order and allow intervention to take place.

## Court of Protection

Where an individual without mental capacity, resolutely refuses to any intervention, will not accept any amount of persuasion, and the use of restrictive methods not permitted under the Mental Capacity Act are anticipated, it may be necessary to apply to the Court of Protection for an order authorising such protective measures. Legal advice should be sought where such actions and interventions are being considered.

The Court of Protection deals with decisions and orders affecting people who lack mental capacity. The court can make major decisions about health and welfare, as well as property and financial affairs, that the person lacks the mental capacity to make (Mental Capacity Act 2005; Sections 15-23).

## Fluctuating Capacity

Fluctuating capacity is when an individual's ability to make a specific decision frequently or occasionally changes. Such changes could be brought on by the impact of a mental illness, physical illness, the use or withdrawal of medication, or the use of illicit substances or alcohol. Where an individual has fluctuating capacity, it may be possible to support them to appoint a lasting power of attorney or produce an advanced statement that sets out what they want to happen when they lack capacity in the future.

## Unwise Decisions

Circumstances of self-neglect will often involve decisions, including those to take actions, or not take actions or decline support that others consider unwise. However, an individual is not to be treated as unable to make a decision merely because he makes an unwise decision. This applies even if family members, friends or practitioners are unhappy with a decision.

There may be cause for concern however, if an individual repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or makes a particular unwise decision that is obviously irrational or out of character. These things may not necessarily mean that an individual lacks capacity but there might be need for further investigation, taking into account the individual's past decisions and choices. For example, further investigation may reveal whether an individual may need more information to help them understand the options available to them or the consequences of the decision they are making; or whether the individual has a mental disorder or illness that is impacting on their decision.

## Inherent Jurisdiction

A power that the High Court has to make orders and grant injunctions in particular circumstances. Any person or body with legal standing can bring an application to the court. It can be applied to adults who do not lack mental capacity, but who are considered, legally, to be 'vulnerable' because of some sort of abuse, neglect, undue influence, or coercion.

The aim of the jurisdiction is to ensure that the person being coerced or abused has the space to make their decisions more freely.

## Appendix B: Self-Neglect and Suicide/Self Harm

The concerns for a person who carries out self-harm and/or attempts to commit/completes suicide does not constitute a safeguarding concern for self-neglect alone. Agencies must take the individual's whole circumstances into consideration, as the individual may be displaying other characteristics which may constitute self-neglect as well the self-harm/suicidal tendencies, i.e. untreated medical conditions, unsanitary living environment, the misuse of substances.

Agencies should consider an individual's physical and emotional ability to self-care. If a person is suffering from mental instability, this will in all likelihood have an overall impact on their wellbeing, this could include characterises of self-neglect as detailed above.