



OLDHAM SAFEGUARDING ADULTS BOARD & OLDHAM SAFEGUARDING CHILDREN PARTNERSHIP

Multi-Agency Strategy and Guidance for Self-Neglect and Hoarding



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Subgroup

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Foreword from the Independent Chair of Oldham Safeguarding Adults Board & Oldham Safeguarding Children Partnership

This strategy has been developed by Oldham Safeguarding Adult Board Multi-Agency Policy and Procedure subgroup and builds upon the Multi-Agency Strategy and Guidance for Self-Neglect and Hoarding of Stockport Safeguarding Adults Board. It is informed by existing knowledge and new learning that Oldham have taken from a Thematic Self Neglect Safeguarding Adults Review undertaken in 2019 /20 and provides a framework for multi-agency practice in regard to possible cases of self-neglect. It is based on best practice policies, particularly from Salford Council, the academic evidence base for self-neglect, and local learning from relevant self-neglect Safeguarding Adult Reviews.

Why do we need this strategy?

Self-neglect is a complex area of work, arising from a large range of contributory and causal factors and has been an emergent priority for Oldham Safeguarding Adults Board since 2019. National Safeguarding Adult Reviews frequently highlight self-neglect signs and symptoms as a factor in or indicators of subsequent serious events that have resulted in life threatening consequences or death.

When seen in isolation self-neglect behaviours may not give rise to safeguarding intervention. When understood collectively as patterns of concern / risk / behaviour, a wellbeing, risk management or multiagency safeguarding response may be required.

The Mental capacity Act 2005 recognises that adults have the right to live the way they choose even when that involves what may be perceived by others as being unwise.

The Care Act 2014 recognises self-neglect as a potential safeguarding matter among those who are either in receipt of, or in need of care and support, and when their health and wellbeing or that of others is seriously compromised.

This strategy sets out the ambition in Oldham to take a multi-agency, evidence-based approach to working with people who experience self-neglect. Defining self-neglect; framing it within the legal context and setting out the responsibilities of the Local Authority and its partners who come into contact with people who may be experiencing self-neglect will support this ambition.

The document sets out our response when self-neglect and/or hoarding have given rise to significant concerns that an individual (and/or others) may be at risk of serious harm. It concludes that a collaborative and multi-disciplinary approach to those at high risk is the most effective way to achieve preventative, creative and proportionate interventions that respect an individual's human rights.

I urge all partners, along with the wider voluntary and community sector in Oldham, to be familiar with the strategy and to contribute to its effective implementation.

Henri Giller
Independent Chair, Oldham Safeguarding Adults Board

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1.0 Introduction

- 1.1 Responding to self-neglect is challenging for the most experienced of our professionals and this strategy is designed to support practitioners working with individuals who self-neglect (and this may include elements of hoarding) and at the same time outline Oldham Safeguarding Adults Board's expectations from the public, private and voluntary sector.
- 1.2 Self-neglect has historically been considered a grey area and there is no one accepted and universally known definition of self-neglect. In England, before the Care Act 2014 implementation, self-neglect was not included in adult safeguarding, with the focus being entirely on abuse and neglect by a third party. This left responding to cases of self-neglect largely at the discretion of local authorities (and their partner agencies) and most service responses were provided by the non-statutory sector. These cases are more commonly known as 'chaotic' or 'complex' and frequently have been dismissed as 'not engaging with services'.
- 1.3 There are many challenges in the area of self-neglect, not least that the term has little meaning for those who have associated issues. However, the biggest challenge is very much tied up in the need to balance and determine what is someone'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 strategy and within the Guidance for Practitioners. 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 partners where possible.
- 1.4 The strategy 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.

2.0 Purpose

The purpose of this strategy is to outline the Safeguarding Adult Board's aim to improve understanding, pathways and outcomes regarding self-neglect cases in Oldham and to work more effectively through:

- Enhanced knowledge of self-neglect and of the legal framework surrounding it
- Fit for purpose assessment skills
- Consistency in decision making and clear and consistent exit strategies
- Cultural change - relationship-building skills and a client-centred approach
- Effective multidisciplinary working
- Embed collaborative and person led approach

3.0 Self-Neglect: Legal Framework and Definition

3.1 Legal Definition

The Care Act Statutory Guidance 2014 defines self-neglect: *'Self-Neglect - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and include behaviour such as hoarding'* (DH 2016). *'Where someone demonstrates lack of care for themselves and /or their environment and refuses assistance or services. It can be long standing or recent'* (DH 2016, Annex J: Glossary)

3.2 Responsibilities and Duties

The Care Act sets out the Local Authority's responsibility for protecting those with care and support needs from abuse and neglect in primary legislation and for the first time this includes self-neglect. The Act provides particular focus (section 1) on wellbeing and requires organisations to always promote the adults wellbeing in safeguarding arrangements. The Care Act 2014 places specific duties on the Local Authority in relation to self-neglect:

- a) **Assessment-** (Care Act 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.
- b) **Enquiry-** 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 (Section 42).
- c) **Advocacy** - If the adult has 'substantial difficulty' in understanding and engaging with a Care Act Section 42 Enquiry, the local authority must ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate.

3.3 The Human Rights Act 1998

Public authorities, as defined by the Human Rights Act 1998, must act in accordance with the requirements of public law. 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 2014, 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 - appears to be acting under duress, consideration should be given to options available under the Inherent Jurisdiction of the High Court.

4.0. What is Self-Neglect?

4.1 Description

Self-neglect is abuse of self. It differs from the other forms of abuse because it does not involve a perpetrator. It is a refusal or failure of an individual to provide themselves with adequate food, water, clothing, shelter, personal hygiene, healthcare, medication (when indicated) and safety precautions. It is frequently associated with hoarding and older people, but the definition is broader than this and applied equally to younger adult age groups and this protocol seeks to explore all age groups equally.

4.2 Underlying Factors

In order to prevent self-neglect, it is essential to understand the wider complexity and possible underlying factors, which may present as, or include:

- Increased incidence of depression and low self esteem
- History of trauma, abuse (including childhood abuse and child sexual exploitation) or bereavement
- Physical and mental health issues
- Hoarding or no possessions at all
- Reclusive or co-dependent, including on pets

- Substance misuse
- Self-harm

4.3 Hoarding

Hoarding can be defined as a psychiatric disorder characterised by persistent difficulty discarding or parting with possessions, regardless of their actual value, resulting in significant clutter that obstructs the individual's living environment and produces considerable functional impairment.

4.4 Indicators of Self-Neglect

There are a number of indicators for practitioners to be aware of when engaging with individuals. These include, but are not limited to:

- 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 professionals and the wider community.
- Hoarding items and demonstrating excessive attachment to possessions.

Practitioners should be willing to challenge views including but not limited to:

- Perceiving / expressing that this is a lifestyle choice.
- Relying on previous assessments or decisions about eligibility, engagement, risk or capacity.
- Challenges from the individual or their family for interventions that reduce risk.
- Attempts to disengage whilst still at risk of significant harm
- The perception that this behaviour is normal for the individual.

The need for multi-agency work and information sharing should be considered at all times.

For further information; see Appendix A: Characteristics of Self Neglect and Appendix B: Further Self-Neglect Resources for a link to the OSAB & OSCP Self-Neglect Toolkit: The Short Guide to Working with People in Circumstances of Complex Self-Neglect

4.5 Characteristics identified in people deemed to Self-Neglect

Research from the Social Care Institute for Excellence has identified the following:

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

Common responses by people deemed to self-neglect:

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

4.6 Characteristics of Hoarding

Hoarding behaviour is typically manifested in three ways:

- **Acquisition** - Compulsive buying and/or the accumulation of items. The motivations for this can be complex and need time to understand. Often reasons for hoarding are deeply entrenched and connected to personal loss or trauma, often going back to childhood. It is important for professionals not to form judgements and to take time to try to identify why the person hoards.

- **Saving** - There are three common reasons for saving: 'sentimental' which can be motivated by grief and refers to the emotional attachment a person feels toward an object i.e. it may become linked to a happy memory or someone they love and miss; 'instrumental' which can often stem from a history of having experienced deprivation, or of having had possessions forcibly taken from them in the past and so items are saved 'just in case I need them' or to guard against 'being without' again in the future; 'intrinsic' or 'aesthetic' where items are saved because they are seen as too beautiful to be discarded.
- **Disorganisation** - Items of value are mixed in with rubbish and items of no apparent value. People who hoard often have difficulty with information processing, categorisation, sequencing tasks and decision making. They may also believe that they have a poor memory which leads to items being stored where they are visible instead of put away in cupboards i.e. 'if I put them away, I won't be able to see them and if I can't see them I won't remember I have them and they will be lost to me'.

Simply working to clear the hoarding is known not to have lasting impact and can cause and exacerbate the long term situation by reinforcing mistrust. Agreed standard practice must be to work with the individual and to agree a strategy which reduces risk and works to minimise future problems. The types of things hoarded vary just as much as the reasons why, and the level of personal acceptance that this is a problem.

The emotions stirred up when attempting to discard hoarded items can be too distressing and/or leave the person feeling vulnerable and insecure. In addition, difficulty with decision making and not being able to break a task down into smaller steps could mean that the process of clearing hoarded items is overwhelming for the person and so avoided.

4.7 Clutter Images

Hoarding Disorders UK is a not for profit Community Interest Company with the aim of provide practical hands-on support as well as expert advice to those affected by the varying levels of hoarding disorder. It references [clutter images](https://hoardingdisordersuk.org/research-and-resources/clutter-image-ratings/) (https://hoardingdisordersuk.org/research-and-resources/clutter-image-ratings/) to support an impartial assessment of scales of clutter and hoarding. These Clutter Image Ratings have been produced from a previous study and are widely used across the world. The rating are via The International OCD Foundation and were originally from a study by Frost RO, Steketee G, Tolin DF, Renaud S. Development and validation of the Clutter Image Rating. Journal of Psychopathology and Behavioural Assessment.

5.0. Principles

5.1 Safeguarding Principles

The following are the key principles that should be applied to all areas of safeguarding adults practice (Care Act 2014 statutory guidance);

- **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 treats 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."

5.2 Further Principles

The following principles underpin this guidance in working with self-neglect and hoarding issues:

- Promoting a person centred approach that 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.
- The response needs to be proportionate to the level of risk to the person and others, the OSAB & OSCP Self-Neglect Toolkit, can be used to support informed multi agency risk assessment. The risk should be monitored where it is moderate or high, making proactive contact with the adult to ensure that their needs and rights are fully considered in the event of any changed circumstances
- Each organisation needs to take responsibility for their role in supporting the adult to address issues caused through self-neglect
- Partnership approach should be used in cases where appropriate to enable powers and abilities of different organisations to be implemented
- Multi-agency working is required for all cases of self-neglect/hoarding situations. Balancing choice, control, independence and wellbeing calls for sensitive and carefully considered decision-making.
- 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 as this exposes the adult at risk to ongoing or increased harm or risk, and organisations to failing in their duty of care. 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 DNA such as literacy, capacity, mental health issues, coercion and control features, should be avoided, and adjustments should be made to allow the individual to attend.

5.3 Intervention

Part of the challenge is knowing when and how far to intervene when there are concerns about self-neglect and a person makes a capacitated decision not to acknowledge there is a problem or to engage in improving the situation, as this usually involves making individual judgments about what is an acceptable way of living, balanced against the degree of risk to an adult and/or others.

5.4 Mental Capacity and History

Assessing mental capacity and trying to understand what the history is which has played a role in the manifestation of self-neglect is often complex. It is usually best achieved by working with other organisations and, if they exist, extended family and community networks. 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 people, particularly older people, who self-neglect may lack the ability and/or confidence to come forward to ask for help and may also lack others who can advocate or speak for them.

6.0 Legal Interventions

6.1 There will be times when the impact of the self-neglect on the person'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 failed. Such considerations should be taken as a result of a multi-disciplinary, multi-agency intervention plan with appropriate legal advice.

6.2 Possible legislative remedies that might need to be considered are outlined in the legal options.

Agencies and practitioners should be familiar with the duties, powers and responsibilities of the local authority and other agencies, including their own.

Some key legislation is outlined below:

- [Care Act \(2014\)](#) sections, 9, 11, 42 and statutory guidance – self-neglect regarding duties to assess and make safeguarding enquiries.
- [Mental Capacity Act \(2005\)](#) 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 1983](#) and [Amendment Act 2007](#) Section 135 – if a person 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 here are for information only. It is important to note that section 46 of the Care Act 2014 abolishes Local Authorities' power in England to remove a person in need of care under s47 of the National Assistance Act 1948.

7.0 The Mental Capacity Act and Self-Neglect

7.1 Mental Capacity Act Assessment

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 adult 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.

7.2 Considerations

Professionals 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. Professionals may need to find creative ways to address risks and needs as although interventions contrary to the adult'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.

7.4 Executive Capacity and Fluctuating Capacity

Mental capacity involves not only the ability to *understand* the consequences of a decision, (decisional capacity), but also the ability to *execute*, or carry out, the decision, (executive capacity).

Where an adult has fluctuating capacity, it may be possible to establish a plan when they are capacitated which determines what they want to happen when they lack capacity and it is important to make every effort to 'enhance' the person's capacity through the timing of discussions etc.

8.0 Defensible Decision Making

8.1 The duty of care in relation to decisions made will be considered to be met where:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Policies and procedures have been followed
- Practitioners and their managers adopt an investigative approach and are proactive

8.2 Defensible decision making is making sure that the reasons for decisions, as well as the decision itself, have been thought through, recorded and can be explained. A multi-agency risk assessment should be completed and agreed by all partner agencies.

9.0 Advocacy

9.1 Advocacy and support is paramount for people who may be self-neglecting themselves or their environment. The relationships with partner agencies may no longer be constructive. If the adult has 'substantial difficulty' in understanding and engaging with any social care process, including a Care Act Section 42 Enquiry, the local authority must ensure that there is an appropriate person to help them, and if there isn't, arrange an independent advocate.

9.2 It is important that all staff are familiar with and are mindful of their 'Duty of Care' when dealing with cases of self-neglect or hoarding, even if the adult has mental capacity to make decisions specifically related to

their care. 'Duty of Care' (established through common law) can be summarised as 'the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property'. Any failure in the duty of care that results in harm could lead to a claim of negligence and consequent damages.

- 9.3 Human Rights Act 1998 article 8 gives everyone the right to '*respect for his private and family life, his home and his correspondence*' and needs to be considered at all times.

10.0 The Impact On Children, Young People And Families

10.1 Hoarding: Implications for Safeguarding Children

Growing up in a hoarding property can put a child at risk by affecting their development and, in some cases, leading to neglect, which is a safeguarding issue. The needs of the child at risk must come first and any actions we take must reflect this.

Where children live in the property, and the hygiene conditions within the home present a serious and immediate environmental/health risk to children or the physical accommodation places the child in danger, a referral to Children's Social Care should always be made, with consideration of contacting the police on 999 if the risk to the child/children is immediate.

Impacts that Hoarding can have on a child are:

- Social isolation: not being able to have friends over.
- Reduced living space: children may have to use one space for multiple uses and purposes, such as sleeping, eating, homework, TV and playing.
- Anxiety: this may develop due to their parent's behaviour towards objects. They may get anxious living within a household with many objects that they are unable to touch.
- Health: asthma, allergies, headaches etc. which can be due to dust, the cleanliness of the household and the things that are being hoarded.
- Fire risk: being trapped in a fire.
- Bitten/infection by pests.
- Developmental delay: not having the space to explore and develop significant milestones like crawling, cruising, walking etc.
- Risk of accidents/injury
- Lack of access to cleaning facilities: bathroom, toilet, shower
- Lack of access to cooking facilities: food preparation, sterilising of baby bottles.

10.2 Support and Intervention

When working with families where there are concerns about hoarding simply working to clear the hoarding is known not to have lasting impact and can cause and exacerbate the long-term situation by reinforcing mistrust.

Children's services will need to consider the OSAB & OSCP Toolkit for Self-Neglect and Hoarding and how services can work together to support hoarding households where there are children: [Self-Neglect Toolkit Guide to Working with People in Circumstances of Complex Self-Neglect](#).

Agreed standard practice must be to work with the individual and to agree a strategy which reduces risk and works to minimise future problems.

The risks and impacts of hoarding for safeguarding children must always remain paramount. An impartial assessment of the scale of clutter and hoarding is vital in assessing the impact of hoarding on children and in

determining if there is a safeguarding concern that warrants children's social care involvement or early help support.

The [clutter image ratings](#) must be utilised to support any referral to CSC or early help for hoarding. This ensures that there is a common understanding of the risk posed and can also be used to demonstrate improvements in hoarding behaviours.

10.3 Think Family

It is the responsibility of all staff across all services to address the support required and to ensure the safety of everyone living in a household.

A multi-agency/service 'Think Family' approach can be effective in helping families and is most effective in improving outcomes.

This includes staff in adults' services being able to identify children's needs, and staff in children's services being able to recognise adults' needs. Such services are viewed positively by families and professionals alike.

Best practice for a 'Think Family' approach includes:

- Early intervention prevents problems becoming entrenched; the practical help, advice and emotional support which many parents value can often be given without referral to specialist services. Children and young people also prefer an informal approach.
- In order to access services, parents must feel reassured that they are not being judged or stigmatised and be helped to overcome their fears of having their children removed. 'I do have a sort of feeling of being ashamed of having difficulties. It's not something I talk about'.

There are three situations that apply to Think Family:

1. Families with adults and children, where adult and children services need to work in partnership with each other as well as in partnership with the family to ensure that all members of the family's needs are met effectively.
2. Intergenerational families consisting of all adults, e.g. older parent/s living with adult children with mental health needs/learning and/or physical disabilities. As people are living longer and are supported in the community rather than institutions intergenerational families are becoming more common.
3. Families with multiple needs (e.g. educational, health, and social) with large numbers of agencies working with them. The issue here is about working in a way that is family led and best meets the needs of the family.

11.0 Information sharing

11.1 Information sharing across all relevant agencies (subject to appropriate information sharing protocols) is crucial so that all agencies involved to better understand the extent and impact of the self-neglect and to work together to support the individual and assist them in reducing the impact on their wellbeing and on others.

11.2 Multi-agency 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. Information is shared under the OSAB Information Sharing Protocol.

12.0 Resolution of Disagreements and Complaints

- 12.1 The OSAB has a responsibility to monitor the effectiveness of agencies response to safeguarding matters locally, which can include reviewing practice in cases. There are two routes for professionals to raise concerns to the OSAB depending on the nature of the issue:
1. After all Inter-agency attempts to resolve disputes regarding appropriate responses to cases have been exhausted: Agencies can report disputes to:
Oldham.SafeguardingAdultsBoard@oldham.gov.uk
 2. Concerns in relation to Safeguarding Adult Review cases – if an adult dies or suffers permanent or serious 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 the board using the [Referral Form on the OSAB website](https://www.osab.org.uk/cms-data/depot/hipwig/OSAB-Safeguarding-Adult-Review-Referral-Form.docx) (https://www.osab.org.uk/cms-data/depot/hipwig/OSAB-Safeguarding-Adult-Review-Referral-Form.docx)
- 12.2 If an agency has a specific complaint regarding practice of another professional 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 professionals have disputes arise during the course of identifying & responding to an adult at risk of self-neglect & hoarding then it is imperative that these issues do not delay the provision of support or care to the individual. All agencies will be expected to resolve disputes in a timely fashion and ensure minimal impact on the individual.

Appendix A: Characteristics of Self-neglect

The following situations could be viewed as signs and characteristics of self-neglect. These may include but are not limited to:

- 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 the 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

Appendix B: Further Self-Neglect Resources

Additional Self-Neglect resources, including the OSAB & OSCP Self-Neglect Toolkit: The Short Guide to Working with People in Circumstances of Complex Self-Neglect, can be found on the Resources and Guidance section of the [OSAB Website](https://www.osab.org.uk/professionals/guidance/) (<https://www.osab.org.uk/professionals/guidance/>).

Appendix C: 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 individuals 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 detailed above.