# **Self-Neglect Partnership Panel referral form**

*SNPP referrals should be sent by* ***email*** *to*: [ctmsafeguarding@rctcbc.gov.uk](mailto:ctmsafeguarding@rctcbc.gov.uk)



|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Referring Agency |  | | | | | | |
| Contact Name |  | | | | | | |
| Telephone/Email |  | | | | | | |
| Date |  | | | | | | |
| Did the initial referral come from another agency? | | | Y / N | Agency Name | |  | |
| Name |  | | | | DOB |  | |
| Address |  | | | | Diversity Data (see back page for options)  BAME  Disabled  **………………**  LGBTQ  Sex M/F/T/N-B  **………………** | | |
| Accommodation type  (Delete as applicable) | NFA/ PRISON/ COUNCIL/ UNKNOWN/ FRIENDS OR FAMILY/ SUPPORTED/ HOSTEL/ PRIVATE/ HOUSING ASSOC/ OUT OF AREA | | | | | | |
| Telephone Number |  | | | | Is this safe to call? | |  |
| Please insert any relevant contact information e.g. times to call | | | | |  | | |
| Is the person pregnant? |  | | | | EDD (if known) | |  |
| Children living in or visiting the household/other household members | DOB | Relationship | | | Address | | School (if known) |
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| Professional Judgement (moderate risk) | Y / N | High/Critical Risk of Self-Neglect | | | Y / N |
| Risk Indicator Checklist attached | Y/N | SNPP Repeat (within twelve months of previous referral) | | | Y / N |
| If Yes, please provide the date listed (if known) | |  | | | |
| Is the person aware of the SNPP referral | Y / N | If no, why not |  | | |
| Is the person able to consent and, if yes, has consent been given | Y / N | | | | |
| Who does the person prefer to engage with? | |  | | | |
| Has the person been referred to any other SNPP? | Y / N | If yes where/when? | |  | |

**Information: Please outline circumstances**

**Reason for referral: Please explain the new or elevated risks and why you are making the referral to SNPP**

**Actions: What action has already been taken to address this issue?**

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide names and addresses of people from agencies you feel would have relevant knowledge | | | |
| Name | Title | Address | Contact Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signed (Referring Officer): ………………………………………………..**

*Agencies taking part in the SNPP commit to undertake actions agreed in the meeting and recorded as part of the action plan set out in the minutes of the meeting.*

*Please complete the Risk Indicator Checklist below before submitting your Referral.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FACTORS** | | | **GUIDANCE** | | | | | | |
| 1.The vulnerability of the person | | | Less vulnerable | More vulnerable | | | * Does the person have mental capacity to make decisions with regard to care and support/accommodation etc? * Does the person have a diagnosed mental disorder? * Does the person have an alcohol or substance dependency? * Does the person have any informal support network? * Does the person accept support services? * Does the person understand the challenges they are facing? | | |
| 2.Types of seriousness of Hoarding | | | Low risk | Moderate | | High/Critical | * Refer to the table below. Types & Seriousness of the issues. Look at the relevant categories and use your knowledge of the person and your professional judgement to gauge the seriousness of the concern. * Consistent low-risk judgements could potentially be addressed by a single agency.   **This tool does not replace professional judgement and does not aim to set a rigid threshold for intervention but seeks to provide a framework to support professional decision-making.** | | |
| Self-Neglect | | |  |  | |  |
| Hoarding Property | | |  |  | |  |
| Hoarding Household Functions | | |  |  | |  |
| Hoarding Health & Safety | | |  |  | |  |
| 3. Level of Self-  Neglect/Hoarding | | | Low Risk | Moderate Risk | | High Risk | Determine if the hoarding *I* self-neglect is:   * A Fire Risk * Impacting on the person's wellbeing (Social Services & Well-Being Act 2014 definition)? * Preventing access to emergency services? * Affecting the person's ability to cook, clean and general hygiene? * Creating limited access to main areas of the house? * Is the person at increased risk of falls? | | |
| 4.Background to self-neglect/Hoarding | | | Low Impact | Some needs identified | | Seriously affected | * Does the person have a disability that means that they cannot care for themselves? * Does the person have mental health issues and to what extent? * Has this been a long-standing problem? * Does the person engage with services, support and guidance offered? * Are there social isolation issues? | | |
| 5.Impact on Others | | | No-one else affected | Others indirectly affected | | Others directly affected | Others may be affected by the self-neglect or hoarding. Determine if:   * Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding *I* self-neglect? * Does the hoarding *I* self-neglect prevent the person from seeing family and friends? * Are there animals within the property that are not being appropriately cared for? | | |
| 6. Reasonable suspicion of Abuse or Neglect by another party | | | No suspicion of abuse or neglect by another party | Some indicators present | | Reasonable suspicion exists | Determine if there is reason to suspect:   * That the self-neglect/hoarding is an indicator that the person may be being abused or neglected by someone else * That a crime may be taking place * That the person is being targeted for abuse or exploitation from local people   **If any of the above apply, seek advice from MASH Adult Safeguarding Teams. Complete Safeguarding Report.** | | |
| 7.Legal Frameworks | | | No current legal issues | Some legal issues but not currently impacting | | Serious legal issues | Try to determine whether:   * The person is at risk of eviction, fines, non -payment issues * There is an environmental risk that requires action- Public health issues * There are safeguarding and animal welfare issues * Fire risks that are a danger to others | | |
| **Types and Seriousness** | **Examples of concerns that might be managed by a single agency approach.** | | | **The examples below are likely to require a multi-agency, co-ordinated approach. If any professional perceives that the person is in immediate danger, 999 should be called.** | | | |
| **LEVEL OF RISK** | **MINIMAL RISK** | | | **MODERATE RISK** | | | **HIGH/CRITICAL RISK** |
| Self-Neglect | * Person is accepting of support and services (beware disguised compliance) * Health care needs are being addressed * Person is not losing weight * There are no carer issues * Person has access to social and community activities * Person is able to manage daily living activities * Personal hygiene is good | | | * Access to support services is limited * Health care and attendance at appointments is sporadic * Person is losing or of low weight * Person's mental health and wellbeing are being affected * Person has limited social interaction * Carers are not present * Person has limited access to social and community activities * Person's ability to manage daily living skills is compromised * Personal hygiene is becoming an issue | | | * The person refuses to engage with services * Health care is poor and there is deterioration in health * Weight is reducing and the person is noticeably under-weight * Wellbeing is affected on a daily basis; the person's mood is low and they may be expressing thoughts of self-harm or suicide. * Substance misuse (alcohol, illicit or prescription drugs) is an additional complicating factor * Person is isolated with little or no support from family/friends * Person does not engage in social or community activities * The person cannot manage daily living activities * Hygiene and personal care are poor and may be causing health conditions (e.g. scabies, pressure sores, untreated wounds, infections) * Aids and adaptations are refused or not accessed * Repairs are refused |
| Hoarding Property | * All entrances and exits, stairways, roof space and windows accessible. * Smoke alarms fitted and functional or referrals made to fire service to visit and install. * All services functional and maintained in good working order . * Garden is accessible, tidy and maintained | | | * Only one major exit is blocked * Only one of the services is not fully functional * Concern that serv1ces are not well maintained * Smoke alarms are not installed or not functioning * Garden is not accessible due to clutter, or is not   Maintained   * Evidence of indoor items stored outside * Evidence of light structural damage including damp Interior doors missing or blocked open | | | * Limited access to the property due to extreme clutter Evidence may be seen of extreme clutter seen at windows * Evidence may be seen of extreme clutter outside the property   Garden not accessible and extensively overgrown   * Services not connected or not functioning properly * Smoke alarms not fitted or not functioning * Property lacks ventilation due to clutter * Evidence of structural damage or outstanding repairs including damp * Interior doors missing or blocked * Evidence of indoor items stored outside |
| Hoarding - Household Function | * No excessive clutter, all rooms can be safely used for their intended purpose * All rooms are rated 0-3 on the clutter Rating scale * No additional unused household appliances appear in unusual locations around the property * Property is maintained within terms of any lease/tenancy agreements where appropriate * Property is not at risk of action by Environmental Health | | | * Clutter is causing congestion in the living spaces and is impacting on the use of rooms for their intended function * Clutter is causing congestion between the rooms and entrances * Room scoring is between 4-5 on the Clutter Rating Scale * Inconsistent levels of housekeeping throughout the property * Some household appliances are not functioning properly and there may be additional units in unusual places * Property is not maintained within the terms of the lease or tenancy agreement where applicable * Evidence of outdoor items stored outside | | | * Clutter is obstructing the living spaces and is preventing the use of rooms for their intended purpose * Room scores 7-9 on the Clutter Rating Scale and not used for their intended purpose * Beds inaccessible or unusable due to clutter or infestation * Entrances, hallways and stairs blocked or difficult to pass * Toilets, sinks not functioning or not used * Resident at risk due to living environment * Household appliances are not functioning or inaccessible and no safe cooking environment * Resident is using candles * Electrical wiring appears unsafe or gas supply is turned off * No evidence of housekeeping being undertaken * Evidence of outdoor clutter being stored indoors * Broken household items not discarded e.g. broken plates or glass * Concern for deteriorating mental health and wellbeing * Notice of seeking possession or eviction proceedings in progress * Environmental health enforcement action being considered or in progress |
| Hoarding Health & Safety | * Property is clean with no odours * No rotting food * No concerning use of candles * No concern over flies * Resident is managing personal care * No writing on the walls * Quantities of medication are within appropriate limits, in date & stored appropriately * Personal protective equipment is not required | | | * Kitchen & bathroom are not kept clean * Offensive odour in the property * Resident is not maintaining safe cooking environment * Some concern about the quantity of medication or its storage or expiry dates * No rotting food * No concerning use of candles * Resident trying to manage personal care but struggling * No writing on the walls * Light insect infestation (bed bugs, animal fleas, cockroaches, ants etc) * Personal protective equipment required (gloves, boots, face mask, hand sanitiser, insect repellent) | | | * Human urine and or excrement may be present * Excessive odour in the property, may also be evident from the outside * Rotting food may be present * Evidence may be seen of unclean, unused and or buried plates & dishes. * Broken household items not discarded e.g. broken glass or plates * Pungent odour can be smelt inside the property or from outside * Inappropriate quantities or storage of medication * Concern with the integrity of the electrics * Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics * Concern for declining mental health * Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish etc) * Visible rodent infestation   I  . |
| Hoarding - Safeguarding of children, family members, animals | * No Concerns for household members | | | * Children or vulnerable adults living in the property - will require reporting to MASH * Animals in the property who appear to be unwell, malnourished or with skin conditions - may require reporting to RSPCA | | | * Hoarding on clutter scale of 7-9 * Children or adults at risk living in the property - will require reporting to MASH * Animals in the property who appear to be very unwell, malnourished or with skin conditions - will require reporting to RSPCA |
| RESPONSIBILITY | CAN BE MANAGED VIA SINGLE AGENCY BUT ANY WORKERS ENGAGE WITH THE PERSON AND WORK COLLABORATIVELY ON ALL ISSUES | | | **IF MODERATE RISK IS IDENTIFIED IN ANY DOMAIN, THE FOLLOWING ACTIONS WILL BE REQUIRED**  HOUSING OFFICER (IF SOCIAL HOUSING LANDLORD) OR SOCIAL WORKER ARRANGES A MULTI-AGENCY MEETING TO SHARE INFORMATION AND DEVELOP A CO-ORDINATED INTERVENTION PLAN WHICH IS REVIEWED AT REGULAR AGREED INTERVALS.  A LEAD AGENCY AND LEAD PROFESSIONAL ARE IDENTIFIED. | | | **IF ANY HIGH/CRTICAL RISK IS IDENTIFIED IN ANY DOMAIN, THE FOLLOWING ACTIONS WILL BE REQUIRED.**  REFERRAL TO SELF-NEGLECT PARTNERSHIP PANEL IS MADE BY THE LEAD AGENCY OR ANY AGENCY/PROFESSIONAL INVOLVED WITH THE PERSON. |