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

*SNPP referrals should be sent by* ***email*** *to*: ctmsafeguarding@rctcbc.gov.uk

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|  |  |
| --- | --- |
| 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?
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| 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?
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| 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?
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| 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?
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| 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
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| **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
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| 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
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| 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. |