**Appendix 1**

**Self-Neglect Risk Indicator Assessment Tool**



|  |  |  |
| --- | --- | --- |
| Name: | DoB: | ID No: |

|  |  |
| --- | --- |
| **Risk Indicator** | **Supporting evidence** |
| History of crisis incidents with life threatening consequences |  |
| High risk to others |  |
| High level of multi-agency referrals received |  |
| Non-engagement with agencies |  |
| Risk of domestic violence |  |
| Fluctuating mental capacity, history of safeguarding concerns / exploitation |  |
| Financial hardship, tenancy / home security risk |  |
| Likely fire risk |  |
| Public order issues; anti-social behaviour / hate crime / offences linked to petty crime |  |
| Unpredictable / chronic physical or mental health conditions.  |  |
| Serious concerns for health and well-being that require an immediate response |  |
| Significant substance misuse |  |
| The individual’s network presents high risk factors. |  |
| Environment presents high risks and hazards that could result in injury to self and / orothers, a health risk or possible eviction |  |
| History of a chaotic lifestyle |  |
| The individual has little or no choice overvital aspects of their life, environment or financial affairs |  |
| Others |  |

**Assessment of Need and Risk (Self-Neglect)**

|  |  |  |
| --- | --- | --- |
| Name: | DoB: | ID No: |

|  |  |
| --- | --- |
| Description of home situation |  |
| Engagement with essential activities of dailyliving (e.g. ability to use the phone / pendant alarm, shopping, food preparation, housekeeping, laundry, mode of transport, responsibility for medication, ability to handle finances). |  |
| Functional and cognitive abilities of the person |  |
| Family and social support networks |  |
| Medical history, to include engagement with professionals, treatments and interventions |  |
| Mental health conditions or substance misuse issues |  |
| Social history - to include any social care services offered / in place |  |
| Environmental assessment, to include any information from family/professionals/others(this should include any environmental health monitoring in place) |  |
| A description of the self-neglect and impact on the person’s health and well-being |  |
| A historical perspective of the situation |  |
| The person’s own perspective about their situation and needs |  |
| The person’s own mental capacity in relation to risks identified (please list) and how this has been assessed (please consider theperson’s ‘executive functioning’) |  |
| The willingness of the person to acceptsupport |  |
| The views of family members, health andsocial care professionals and other people in the person’s network |  |
| Assessor’s conclusion and recommendations |  |

**Appendix 2**



**Self-Neglect**

**Risk Management Meeting Draft Agenda**

1. **Welcome and introduction**
	* Apologies
	* Roles of agencies/professionals/individuals represented
2. **Details of the adult at risk of self-neglect**
	* Confirm whether adult at risk is aware of safeguarding alert/procedures in place to manage concerns of self-neglect
	* Views (if known) of the adult at risk, and the outcomes that they are seeking
	* Agency involvement (in place/refused)
3. **Details of mental capacity**
	* Decision(s) and associated risks and consequences against which mental capacity (including ‘executive functioning’) has been assessed
	* How capacity assessment was carried out, when and by whom
	* If mental capacity has been assumed, how has this assumption been reached?
	* Any identified concerns
	* Is a legal view required?
4. **Assessment of risk indicators**
	* Agree severity of risks identified
5. **Practical support and strategies to minimise the risks**
6. **Agree actions** to manage risks and identify triggers for review
7. **Communicating with the person at risk**
	* Agree who is best placed to talk to the adult at risk, empower them to make decisions and to take action
8. **Agree Lead Agency / Lead Worker to co-ordinate ongoing work**
9. **Agree Self-Neglect Intervention Plan**
10. **Review** - agree timescales for review

**Appendix 3**

**Person at risk of self neglect**

**Intervention Plan**

**Adult at Risk: Intervention Plan completed by:**

* 1. **B: LAS No:**

**Age: NHS No:**

**Date of relevant referrals: Date of Plan:**

**Agencies consulted:**

**Dates of any multi-agency meetings:**

*Note: The agency with concerns is responsible for arranging an immediate risk management meeting to consider the risks and draw up an intervention plan in line with this policy.*

* + 1. **Person’s circumstances / background**

*Please describe the nature of the person’s accommodation / daily living / support provided*

*/ nature of self- neglect etc*

* + 1. **Person’s views and capacity to consent to the Intervention Plan**

*What are the person’s views on his / her situation?*

*(Does an IMCA or Care Act advocate need to be appointed?)*

* + 1. **Views of other significant people**

*This should include family members / other members of the social network / professionals.*

* + 1. **Further relevant information**

*Please include details of whether this case has been considered under Safeguarding procedures and reasons given by Chair for their decision etc.*

*Also please consider family and social support networks / person’s medical history (where relevant) / mental health issues etc.*

* + 1. **Risk identification and assessment**

*Please include 1. nature of risk(s). 2. Likelihood of harm and potential severity of harm.*

* + 1. **Risk Reduction Strategies / Actions attempted or currently in place**

*What has already been tried? When? With what degree of success? What is the current Action Plan?*

* + 1. **Unmanaged Risks and Seriousness of Risk**

*What risks remain and how serious are they?*

**8. Agreed Actions**

*Actions resulting from the risk management meeting:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **By Whom** | **By When** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

1. **Contact details of all those involved**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Contact Details** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Agreement to the Intervention Plan**

Signed and Dated (Lead Worker): Service User:

Line Manager: Family/Carer/Service Provider: Others:

1. **Review Date / Time / Venue**