

## Appendix One. Self – Neglect Risk Assessment and Management Tool and Flow Chart for Self-Neglect

The Self-Neglect Risk Assessment and Management Tool may provide a useful framework to assess the risks and demonstrate if the interventions have reduced the risks. If there are multiple risks, consideration should be given to scoring each risk area individually.

If any of the risks score 10, a safeguarding concern should be raised and a multi-agency planning meeting completed. If organisations are not working in partnership scores of 8 and above should result in a multi- agency assessment of the risks lead, initially, by Adult Social Care.

### Scoring the self -neglect risk

Using the risk matrix below a risk score can be calculated.

#### Service user risk

**Low** = harm that would be unlikely to require medical, criminal or other intervention and would be unlikely to cause serious harm (in the short term) if the adult refuses to cooperate with recommended interventions (e.g failure to follow medical advice, accept a care package that they are eligible for etc) **(score =1)**.

**Medium** = harm that would require medical, criminal or other intervention to prevent serious /life threatening harm to the adult. The adult’s failure to engage will result in serious harm if interventions are not agreed and as a consequence may be imposed on the adult **(score = 2)**.

**High** = harm that may result in permanent harm or death without interventions, this model should be considered for adults in violent situation that do not meet the threshold for MARAC or who do not meet the MARAC criteria (Domestic violence involving adults not in a family relationship). These will include cases where interventions have been imposed but the risks continue to escalate. **(score =3)**.

This score should be multiplied by the score below – likelihood to agree the level of response.

#### Likelihood of risk

Low	Medium	High
History of refusing services/interventions will sometimes accept services on an ad hoc or short-term basis but will not maintain involvement to bring about sustained change. Does engage with some agencies for specific purposes – e.g. GP, housing etc.	History of refusing services and regularly refuses to talk to services about the concerns or agrees to actions which they subsequently refuse. Currently refusing to engage with key services relating to health or social care and	History of refusing services and interventions, currently refusing to engage with any services unless under duress –e.g. court proceedings for rent arrears, fire regulations etc. The adult’s health and wellbeing is at serious risk as a result of their refusal to engage.

<b>(Score - 3)</b>	refusing all or most interventions <b>(Score - 4)</b>	<b>(Score - 5)</b>
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**Risk Matrix Score = Risk to service user x the Likelihood of the risk.**

Where the matrix score is **10 or above, the Hoarding and Self-Neglect Process must be initiated or 8 if organisations are not working effectively together**

Where the matrix score is **below 10, the following should be considered** to determine if self-neglect/safeguarding is appropriate:

- 1) Are agencies working together in a coordinated way with a shared understanding of each other's roles and responsibilities to the adult?
- 2) Are agencies clear about the factors that would indicate that the risk is escalating and know what to do if this is the case?
- 3) What is the person saying about the risks and are they able to make choices to reduce them?

**If the answer is 'No' to either 1) or 2) above** the Hoarding and Self-Neglect or Safeguarding Process should be initiated. If 1) and 2) are answered positively a decision should be agreed at the initial meeting about the merit of this model being adopted.

If the adult lacks capacity, then the principles of the Mental Capacity Act (including capacity assessments and best interest decisions) should be applied.

If the case enters the self-neglect process **a lead co-coordinator must be identified** whose role is to coordinate the multiagency plan and ensure that the reviews are held in a timely manner. If this results in a S42 self -neglect and hoarding response, the lead coordinator will be Adult Social Care in the first instance

Maximum **Timeframes for review:**

**Score = 6 – 10** review within 50 working days of agreeing the Risk Management Plan

**Score = 11 -15:** review within 25 working days of agreeing the Risk Management Plan