# **REFERRAL TO SELF-NEGLECT PANEL**

**Please note, appendix 2 of the process will need to be considered prior to referring to the Self-Neglect Panel.**

**This referral should be completed if the practitioner and their line manager/safeguarding lead feels that the presenting self-neglect concerns require consideration at the Self-Neglect Panel.**

**The self-neglect panel will consider cases where there is deemed to be a medium to high risk to the adult, where it is evident that a coordinated multi-agency approach has not made any impact or only minimal impact on the adult’s circumstances and specialist multi-agency advice is required.**

**As stipulated above, prior to any referral being made to the panel the pre-referral checklist must be completed to ensure that key factors have been considered and actioned prior to referral.**

**The Self-Neglect Panel should also receive referrals using the appropriate referral process where;**

**- The risk is critical - Interventions continue to be refused by an adult who has capacity and the level of risk is escalating from high to severe - The adult lacks capacity and all options have been explored and there is potential need for the Court of Protection involvement**

**.**

Please confirm this referral is to request assistance from the self-neglect panel?

**For the purpose of this framework, severe and critical refers to where there is a potential high risk of death or significant injury (either physical or psychological) which professionals view to be imminent or very likely to occur.**

Has the self-neglect pathway checklist (appendix 2) been completed?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**If not, referrals to either the self-neglect pathway will not be considered**

Has a safeguarding concern been raised to the Local Authority? Referral should be made if the adult has needs for care and support, is experiencing or at risk of abuse or neglect, and is unable to protect themselves from such as a direct consequence of their needs for care and support *If risks are deemed to be at a significant or critical level, such referrals must be made, as well as being considered where concerns are at a medium to high risk*

|  |  |
| --- | --- |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| Date adult safeguarding concern referred to Local Authority |  |

Has the adult consented to this referral? *If no, please stipulate why consent has not been sought or achieved.* Although consent to referral into the self-neglect panel processes are ideally sought, these are not essential to enable discussions to be undertaken

|  |  |
| --- | --- |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| If no, please stipulate rationale |  |

Please stipulate rationale for the decision to refer to either the self-neglect panel

|  |
| --- |
|  |

**Referral completed by:**

|  |  |
| --- | --- |
| Name | Agency |
|  |  |

**Line Manager endorsing referral:**

**Please note that referrals to either the self-neglect panel will not be accepted without evidenced endorsement from the practitioner’s line manager or senior agency representative**

|  |  |
| --- | --- |
| Name | Agency |
|  |  |

**Please submit this referral securely to**

[selfneglectpathway@walsall.gov.uk](mailto:selfneglectpathway@walsall.gov.uk)