# **SELF NEGLECT PATHWAY CHECKLIST/AIDE MEMOIRE**

**This document is designed to represent an aide memoire for practitioner to consider if appropriate actions have been taken from both a single agency and multi-agency perspective where self-neglect concerns arise. This is also a prerequisite for completion of considering referrals to either the self-neglect panel or multi-agency risk panel.**

Does self-neglect relate to concerns regarding neglect of health needs, hygiene or environment?

| Aspect of the adult’s life where self-neglect is evident | Indicate as relevant |
| --- | --- |
| Health/medical needs |  |
| Hygiene |  |
| Environment |  |
| Other |  |

Following the above question, please advise in your own words, specifically what the self-neglect concerns are in relation to this adult; including and making explicit if there are concerns regarding hoarding

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What specific elements of risk have you identified and what actions have been taken to address this to date? *West Midlands Fire Service engagement is of particular importance where a person is hoarding items which may pose a high risk of fire at the property.*

*While a person’s consent to involve the West Midlands Fire Service should always be sought, it may be necessary to override the person’s wishes if they are at risk of serious injury or death if a fire occurs.*

*If you wish to refer to West Midlands Fire Service, this can be actioned via access to the following link;* [https://www.wmfs.net/our-services/safe-and-well/](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wmfs.net%2Four-services%2Fsafe-and-well%2F&data=04%7C01%7CAngela.Copestick%40walsall.gov.uk%7C2c055602556541cc316508d911844464%7C5ddc79c77e69428fba3084b24a1ad994%7C0%7C0%7C637560082067369237%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=H8WY%2Bm7LjzjWG4ij3qnbIn1pfgec38mRJGV6HcWaSzw%3D&reserved=0)

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| --- | --- |
| Risk identified | Actions taken to address and mitigate risk |
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Has the referring professional had an open and honest conversation regarding professional concerns regarding self-neglect with the adult, and what was the outcome of such?

*If no, what is the rationale for this? Unless in very unusual circumstances, the practitioner needs to have open and honest discussions with the adult if they have concerns, to ascertain their views and understanding of presenting concerns*

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What are the adult’s views regarding concerns?

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Does the referring professional have any concerns regarding the mental capacity of the adult to make decisions pertinent to the self-neglect concerns?

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

If yes; Has a mental capacity assessment been completed?

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

Please stipulate the date and time of assessment and the specific decision considered

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What were the outcomes?

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Are there any concerns regarding the adult’s mental health and well-being?

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

If yes, have any referrals been made or further contact initiated to primary or secondary mental health services?

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Please advise of the involved professionals or agencies currently supporting the adult?

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| --- | --- | --- |
| **Name of agency** | **Name of professional supporting the adult from the agency** | **Contact details** |
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What options have been explored to support the adult to date? *A referral is only to be made to the self-neglect panel or multi-agency risk panel 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 from the self-neglect panel or multi agency risk panel*

Further to the question above, please advise of the following:

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| Date MDT meeting convened: |  |
| Parties present (name and agency): |  |
| Agreed actions and parties responsible: |  |

Does the adult have any informal support, such as from family, friends or neighbours? If so, has the referring professional engaged with such parties in exploring options to support the adult (with consent where appropriate)?

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Has the adult’s situation and your concerns been discussed with your line manager and advice/support offered at teams level? *Presenting the situation at the panel does not constitute sufficient advice as a standalone piece of advice and referrals to be panel will not be accepted without evidence that supervisory support within your agency has been provided in the first instance*

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

Do any other adults or children live in the property? If yes, please provide details

| Name | Adult of child |
| --- | --- |
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Are any actions required to support and safeguard such persons? *If there are children who reside in a premises where there are self-neglect concerns, a referral to MASH must be made*

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Are there any pets within the property and are there concerns regarding animal welfare as a consequence of the adult’s self-neglect?

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

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| If yes, please advise of actions taken; |

Does the adult experience substantial difficulty in being involved in responses to self-neglect concerns?

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

*If yes, is there any appropriate person within their social support network to support?*

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

If no, it is a legal requirement to ensure that the support of an independent advocate is sought.

Therefore, if no please advise of date of referral made for advocacy provision

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Please advise of your professional opinion regarding the current situation and support provided as a consequence of this

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Has the adult consented to this referral being made?

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| Yes |  |
| No |  |

If not, what are the grounds for referring – is there felt to be a significant and escalating risk of harm?

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Has S9/11 assessment been completed by the Local Authority, or other associated assessment by health care professionals as appropriate (e.g. if adult is accessing CHC/CCG funded support)?

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**Referral completed by:**

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| Name | Agency |
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**Line Manager endorsing referral:**

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

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| Name | Agency |
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