**Self-Neglect / Hoarding Risk Management Tool (SNARM)**

**(Complete Section 1 at the initial self-neglect/ hoarding meeting,**

**Section 2 at each review meeting, and attendance sheet at EVERY Self Neglect / Hoarding meeting)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1** | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Name of Adult** | | | | | |  | | | | | | | | | | | | Date of birth | | | | | / / | |
| **2. Address of Adult (if homeless state)** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **3. Care First/ NHS Number** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **4. Date of Assessment /face to face conversation to establish outcomes** | | | | | |  | | | | | | | | | | | | | | | | | | |
| **5. Name(s) of workers/individuals involved in the risk assessment /face to face.** | | | | | | | | | | | | | | | | | | | | | | | | |
| **6 What does the adult want as outcomes** | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Current Risk factors (include clients insight to self-neglect / hoarding and outcomes of mental capacity assessments)** | | | | | | | | **6. Relevant previous risk factors** | | | | | | | | | **Source of risk data – service user, workers, files etc. Information verified as current and accurate?** | | | | | | | |
| **Scoring the risk** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Clutter image ratings (if hoarding issue)**  Living Room …….. Bedroom 1 …….. Other rooms, please state: ……………………….  Kitchen …….. Bedroom 2 …….. ……………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick if present** | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire risk |  | Homeless | |  | Concerns over house cleanliness | | | | |  | Animal waste in house | | | |  | Concern for children /young people at property | | | | |  | Structural damage to property / missing doors | |  |
| Visible human faeces |  | Rotten food | |  | Insect or rodent infestation | | | | |  | Large number of animals in house | | | |  | Concern for other adults at the house | | | | |  | Clutter / waste outside | |  |
| Domestic abuse |  | Lack of personal hygiene | |  | Lack of nutrition / hydration | | | | |  | Mental health issues | | | |  | Physical health issues | | | | |  | Learning disability / difficulty | |  |
| No / broken family network |  | Lack of motivation | |  | Crime involvement | | | | |  | Begging | | | |  | Disguised compliance | | | | |  | Subject of previous serious assaults/ abuse /exploitation | |  |
| Risky / chaotic behaviour |  | Inappropriate clothing | |  | Socially withdrawn | | | | |  | Anti-social behaviour | | | |  | Non-compliance / neglect of healthcare | | | | |  | Heavy smoker implicating fire risk | |  |
| Writing on property walls |  | Previous convictions sexual offences | |  | Previous convictions of violent offences | | | | |  | Violent / aggressive/ abusive behaviour | | | |  | Expressing suicidal thoughts | | | | |  | At risk of deliberate self-harm | |  |
| Alcohol misuse |  | Substance misuse | |  | Other addictions state; | | | | |  | Evidence of weight loss i.e. baggy clothes | | | |  | At risk of breaching probation | | | | |  | Refusal of assistance from services / non engagement | |  |
| **Using the risk assessment guide identify the level of risk – Tick as appropriate** | | | | | Level 1 | | | | | | | | | Level 2 | | | | | | | Level 3 | | | |
| **Is the case entering the Self Neglect / Hoarding procedure?** | | | | | **YES/ NO** | | | | | | | | | | | | | | | | | | | |
| **Rationale for the decision:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Management plan**  please detail what actions will be taken, when, by whom, and what contingency plans have been agreed | | | | | | | | | | | | | | | | | | | | | | | | |
| **What action will be taken** | | | | | | | | | | | | **By whom** | | | | | | | | **By when** | | | | |
|  | | | | | | | | | | | |  | | | | | | | |  | | | | |
| **Membership of core group (Name)** | | | | | | | **Contact details** | | | | | | | | | | | | | | | | | |
|  | | | | | | | **Lead co-ordinator of risk management plan** | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Timescale for Self Neglect / Hoarding review meetings** | | | | | | | **Level 2 review within 50 working days**  **Level 3 review within 25 working days** | | | | | | | | | | | | | | | | | |
| **Date of next Review Meeting** | | | | | | |  | | | | | | | | | | | | | | | | | |
| **End of section 1**  **This completed form should be stored on the leading organisations system and a copy emailed securely to** [**dsab@doncaster.gov.uk**](mailto:dsab@doncaster.gov.uk)  **Senior Managers should be informed and updated on high risk cases** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2 - Multi-agency Self Neglect / Hoarding Review Meeting** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Review:** | | |  | | | | | | | | | | | | | | | | | | | | | |
| **To be completed at each review meeting (Virtual or Actual)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Review Record – Detail below how the Risk Management Plan has been implemented.** | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact with the individual? By whom, when, if not what attempts have been made? | | | | | | | | | | | | | Have any elements of the self-neglect Management Plan been implemented – detail | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | |
| Have the risks increased – what has changed? What can be done to address this? At this point rescore risk using the clutter image rating / complex lives rating and Assessment Tool Guidelines | | | | | | | | | | | | | Have the risks decreased – what has changed? At this point rescore risk. Have the outcomes agreed with the adult been met? Is it appropriate to exit this self-neglect / hoarding procedure? | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Revised Self Neglect / Hoarding Management Plan or Exit Plan: What actions have been agreed and who will carry them out?** | | | | | | | | | | | | | | | | | | | | | | | | |
| Action | | | | | | | | | Name of workers | | | | | | | | | | Timescales | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | | | |
| **Date of next review** | | | | | | | | | **Venue – if meeting** | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Organisational Risk score – high/medium/low. Who will notify the relevant service manager -** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Service manager notified of the risks, | | | | | | | | | Contact details/ Telephone Number: | | | | | | | | | | | | | | | |
| **Date Notified to senior manager** | | | | | | | | |  | | | | | | | | | | | | | | | |
| **This completed form should be stored on the leading organisations system and a copy emailed securely to** [**dsab@doncaster.gov.uk**](mailto:dsab@doncaster.gov.uk)  **Senior Managers should be informed and updated on high risk cases** | | | | | | | | | | | | | | | | | | | | | | | | |

**Attendance register**

**To be completed at the end of each Self-Neglect / Hoarding meeting (Actual or Virtual)**

|  |  |  |
| --- | --- | --- |
| Name | Contact Details | Signature |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |