**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| Risky / chaotic behaviour  |  | Inappropriate clothing |  | Socially withdrawn |  | Anti-social behaviour |  | Non-compliance / neglect of healthcare |  | Heavy smoker implicating fire risk |  |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****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****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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |