

**Multi-Agency Self-neglect and Hoarding Risk Assessment & Guidance Tool**

This document is for guidance purposes and to be used to prompt discussion with the person and aide multi-agency professional planning and decision-making. The document can be used as an ongoing risk assessment tool and should be used when making a referral.

The following scale is not exhaustive but allows the professionals to consider the observed living conditions of the person. The Signs of Safety assessment and planning document, which follows, can be used to support further consideration of required next steps.

The score is for assessment purposes only and may be re-visited at any time to measure progress and prompt discussion with the person and other professionals.

When using the risk tool below, consider whether the person has the mental capacity to understand the risk associated with their living condition. Also consider if the person has capacity to execute changes to reduce the risk.

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| **Please note: Whilst an aid to decision making, it is essential to recognise that the use of the key indicator list and risk assessment and referral tool are not eligibility mechanisms in their own right.** **There should always be the overlay of a sensitive application of professional judgement.** |

**Multi-Agency Self-Neglect Risk Assessment Tool**

**This screening tool needs to be completed by the person who is concerned about possible risk of self-neglect. If self-neglect is identified as an issue by the person working with an individual, this screening tool can be used to identify the level of risk and may be used to support a referral into Adult Social Care.**

**Referrer Details**:

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| **Date of Assessment**  |  |
| **Assessed by**  |  |
| **Organisation**  |  |
| **Contact details**  |  |

**Service User Details**

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| --- | --- | --- | --- |
| **Name:**  |  | **Date of Birth:** |  |
| **Address:** |  | **Telephone Number:** |  |
| **Other Residents:** (note- consider coercive and controlling behaviour)  |  | **Dependents:** (if yes please complete box on next page) | **YES/NO**  |

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| **Has the service user given consent? (X which applies)** |
| **YES** |  | **NO** |  |

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| **If consent is not obtained, please complete boxes below:**  |
| **Reason for Referral** **(Note-Is a Mental Capacity Act Assessment required?)** |  | **Is the adult who is at risk of self-neglect aware that concerns will be reported to appropriate agencies?**  |  |

**Dependent Details**

***(please include any adults as well as children who depend on them)* Think Family**

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| --- | --- | --- | --- |
|  | **Name** | **Address**  | **Age/Date of Birth**  |
| **Dependent 1** |  |  |  |
| **Dependent 2** |  |  |  |
| **Dependent 3** |  |  |  |
| **Dependent 4** |  |  |  |
| **Dependent 5** |  |  |  |

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| **Agencies known to be involved with person:** |
| **Name** | **Contact Details** |
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| **Physical Wellbeing & Medication** |
| **Risk Level** | **Indicating Factors**  | **X if applies** | **Rationale behind decision**  |
| **No identified risk** | The individual is accepting healthcare intervention |  |  |
| The individual is taking prescribed medication |  |
| No evidence of dehydration/weight loss |  |
| No evidence of infection/diarrhoea/vomiting/other which is impacting on their health and wellbeing |  |
| No evidence of untreated skin conditions such as ulcers, skin sores etc. which is impacting on their health and wellbeing |  |
| **Any other risks identified** |  |  |  |
| **Low Risk** | Sporadic acceptance of healthcare intervention - no identified impact on their health and wellbeing at this time |  |  |
| Sporadic taking of prescribed medication - no identified impact on their health and wellbeing at this time |  |
| The individual is not consistently eating and some evidence of dehydration/weight loss - no identified impact on their health and wellbeing at this time |  |
| Some evidence of infection/diarrhoea/vomiting/other - no identified impact on their health and wellbeing at this time |  |
| Some evidence of untreated skin conditions such as ulcers, skin sores etc - no identified impact on their health and wellbeing at this time |  |
| **Any other risks identified** |  |  |  |
| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind decision** |
| **Medium Risk** | Sporadic acceptance of healthcare intervention which is having a negative impact on their health and wellbeing |  |  |
| Sporadic taking of prescribed medication which is having a negative impact on their health and wellbeing |  |
| The individual is not consistently eating and some evidence of dehydration/weight loss which is having a negative impact on their health and wellbeing |  |
| Some evidence of infection/diarrhoea/vomiting/ which is having a negative impact on their health and wellbeing |  |
| Some evidence of untreated skin conditions such as ulcers, skin sores etc. which is having a negative impact on their health and wellbeing |  |
| **Any other risks identified** |  |  |  |
| **High Risk** | The individual is declining healthcare intervention which is compromising and impacting on their health and wellbeing and resulting in significant or lifethreatening harm e.g. evidence of open wounds and refusing to consent to treatment. |  |  |
| The individual is refusing to take prescribed medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| Evidence of significant dehydration/weight loss which is compromising and impacting on their health and wellbeing and resulting in significant or lifethreatening harm |  |
| Evidence of infection/diarrhoea/vomiting/other which is compromising and impacting on their health and wellbeing and resulting in significant or lifethreatening harm  |  |
| Evidence of untreated skin conditions such as ulcers, skin sores etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| **Any other risks identified** |  |  |  |

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| **Mental Health/Wellbeing** |
| **Risk Level**  | **Indicating Factors**  | **X if applies** | **Rationale behind decision**  |
| **No identified risk** | No concerns regarding mental health |  |  |
| The individual is accepting health/support services |  |
| The individual is attending health/support appointments |  |
| Taking prescribed medication |  |
| **Any other risks identified** |  |  |  |
| **Low Risk** | Some concerns regarding mental health - no identified impact on their health and wellbeing at this time |  |  |
| Attendance at health/other appointments is sporadic - no identified impact on their health and wellbeing at this time |  |
| Sporadic engagement with support services - no identified impact on their health and wellbeing at this time |  |
| Not consistently taking medication – no identified impact on health and wellbeing at this time |  |
| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind decision** |
| **Medium Risk** | Some concerns regarding mental health which is having a negative impact on their health and wellbeing |  |  |
| Attendance at health/other appointments is sporadic which is having a negative impact on their health and wellbeing |  |
| Sporadic engagement with support services which is having a negative impact on their health and wellbeing |  |
| Not consistently taking medication which is having a negative impact on their health and wellbeing |  |
| **Any other risks identified** |  |  |  |
| **High Risk** | Concerns regarding mental health which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |  |
| Attendance at health/other appointments is sporadic which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| Sporadic engagement with support services which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| Not consistently taking medication which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| Risk of Mental Health Crisis |  |
| **Any other risks identified** |  |  |  |

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| **Managing and Maintaining Nutrition** |
| **Risk Level**  | **Indicating Factors**  | **X if applies** | **Rationale behind decision**  |
| **No identified risk** | The individual is aware of own nutritional needs and is able to manage and maintain nutritional needs independently. |  |  |
| No evidence of weight loss/weight gain |  |
| Kitchen space is uncluttered, and the environment is kept clean |  |
| Kitchen appliances suitable to persons needs are being used as and when required |  |
| **Any other risks identified** |  |  |  |
| **Low Risk** | The individual has some awareness of nutritional needs - no identified impact on their health and wellbeing at this time |  |  |
| Some evidence of weight loss/weight gain (consider health related issues). No identified impact on their health and wellbeing at this time |  |
| Kitchen space is becoming cluttered and evidence that the person is not able to keep the environment clean. No identified impact on their health and wellbeing at this time |  |
| No usable appliances such as fridge freezer, cooker, microwave, kettle, toaster etc. No identified impact on their health and wellbeing at this time |  |
| Food sometimes is not a priority compared to Alcohol or drugs which results in missing meals and or not having food available. |  |
| **Any other risks identified** |  |  |  |
| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind decision** |
| **Medium Risk** | The individual has some awareness of nutritional needs, can access some food but this can be inconsistent which is having a negative impact on their health and wellbeing |  |  |
| Some evidence of weight loss/weight gain (consider health related issues) which is having a negative impact on their health and wellbeing |  |
| Kitchen space is becoming cluttered and evidence that the person is not able to keep the environment clean which is having a negative impact on their health and wellbeing |  |
| No usable appliances such as fridge, freezer, cooker, microwave, kettle, toaster etc. which is having a negative impact on their health and wellbeing |  |
| Food regularly is not a priority compared to Alcohol or drugs which results in missing meals and or not having food available. |  |
| **Any other risks identified** |  |  |  |
| **High Risk** | Evidence that food and drink is not a priority which is leading to concerns such as dehydration/malnutrition/significant weight loss etc. which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |  |
| No evidence of food in the property or evidence of mouldy and out of date food items which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| Kitchen area is not usable due to unsanitary conditions or clutter which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| The individual is not able to use appliances (or no useable appliances) such as fridge, freezer, cooker, microwave, kettle and toaster independently and refuses support which is compromising and impacting on their health and wellbeing and resulting in significant or lifethreatening harm |  |
| Food is rarely a priority compared to Alcohol or drugs which results in missing meals and or not having food available |  |
| **Any other risks identified** |  |  |  |

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| **Maintaining Personal Hygiene/Being Appropriately Clothed** |
| **Risk Level**  | **Indicating Factors**  | **X if applies** | **Rationale behind decision**  |
| **No identified risk** | Evidence that the person is maintaining their personal hygiene |  |  |
| The individual is appropriately clothed for the weather. For example, the person is clean, bathed and groomed regularly with clean, weather appropriate clothes |  |
| **Any other risks identified** |  |  |  |
| **Low Risk** | Is unable to maintain regular personal hygiene - no identified impact on their health and wellbeing at this time |  |  |
| The individual is wearing inappropriate clothing for the weather - no identified impact on their health and wellbeing at this time |  |
| **Any other risks identified** |  |  |  |
| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind decision** |
| **Medium Risk** | Is unable to maintain regular personal hygiene which is having a negative impact on their health and wellbeing |  |  |
| The individual is wearing inappropriate clothing for the weather which is having a negative impact on their health and wellbeing |  |
| Limited number of clothes available to change them according to the weather and or wash them. |  |
| **Any other risks identified** |  |  |  |
| **High Risk** | Consistently fails to maintain personal hygiene which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |  |
| Wearing clothes inappropriate for the weather which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| No change of clothes available to change them according to the weather and or wash them. |  |
| **Any other risks identified** |  |  |  |

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| **Managing Toilet Needs** |
| **Risk Level**  | **Indicating Factors**  | **X if applies** | **Rationale behind decision**  |
| **No identified risk** | The individual is able to manage and maintain own toileting needs |  |  |
| No evidence of skin breakdown |  |
| No identified risk to people providing support or services |  |
| Has full access to bath/bathroom appliances |  |
| **Any other risks identified** |  |  |  |
| **Low Risk** | Maintaining toileting needs is sporadic some evidence of faecal matter and urine - no identified impact on their health and wellbeing at this time |  |  |
| Slight evidence of skin breakdown - no identified impact on their health and wellbeing at this time |  |
| Some identified risk to people providing support or services as a result of individual’s ability to meet toileting needs – no identified impact on their health and wellbeing at this time |  |
| No usable and or accessible bath/bathroom appliances - no identified impact on their health and wellbeing at this time |  |
| **Any other risks identified** |  |  |  |
| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind decision** |
| **Medium Risk** | Maintaining toileting needs is sporadic some evidence of faecal matter and urine which is having a negative impact on their health and wellbeing |  |  |
| Evidence of skin breakdown which is having a negative impact on their health and wellbeing |  |
| Evidence of faecal matter and urine which is having a negative impact on the health and wellbeing of others including people providing support or services |  |
| No usable and or accessible bath/bathroom appliances which is having a negative impact on the health and wellbeing of others including people providing support or services |  |
| **Any other risks identified** |  |  |  |
| **High Risk** | Maintaining toileting needs is sporadic some evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |  |
| Evidence of skin breakdown which is compromising and impacting on their health and wellbeing and resulting in significant or lifethreatening harm |  |
| Evidence of faecal matter and urine which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| No usable and or accessible bath/bathroom appliances which is compromising and impacting on their health and wellbeing and resulting in significant or life-threatening harm |  |
| **Any other risks identified** |  |  |  |

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| **Maintaining a Habitable Home** |
| **Risk Level** | **Indicating Factors**  | **X if applies** | **Rationale behind decision**  |
| **No identified risk** | Property is well maintained, usable and safe |  |  |
| Amenities such as heating, electricity and water are all usable and in fully working order |  |
| Organisations with an interest in the property, for example, staff working for utility companies (water, gas, and electricity), housing services etc. have full access as required |  |
| No evidence of infestations such as rats, vermin, flies, maggots etc |  |
| Animals in the property are well cared for and are not a concern for the individual |  |
| **Any other risks identified** |  |  |  |
| **Low Risk** | Some evidence of neglecting household maintenance with no identified impact on health, wellbeing and safety at this time |  |  |
| Amenities such as heating, electricity and water may show signs of needing some maintenance or repair, no identified impact on their health and wellbeing at this time |  |
| Evidence of hoarding - refer to Hoarding Framework for further guidance |  |
| Not consistently allowing access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services etc. with no identified impact on their health and wellbeing at this time |  |
| Some evidence that animals within the property are not being fully cared for, no identified impact on the individual’s health and wellbeing at this time. (Contact RSPCA for advice) |  |
| **Any other risks identified** |  |  |  |
| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind decision** |
| **Medium Risk** | Evidence of neglecting household maintenance and therefore creating hazards which is having a negative impact on their health and wellbeing |  |  |
| Amenities such as heating, electricity and water need maintaining which is having a negative impact on the health and wellbeing of the individual and others including people providing support or services |  |
| Evidence of hoarding - refer to Hoarding Framework for further guidance |  |
| Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity), housing services etc., which is having a negative impact on their health and wellbeing |  |
| Some evidence of infestations such as rats, vermin, flies, maggots etc. which is having a negative impact on their health and wellbeing (Contact Environmental Health) |  |
| Failure to meet animal(s) needs which is having an impact on the individual’s health and wellbeing (Contact RSPCA for advice 0300 1234999) |  |  |
| Homeless but using services / hostels to prevent from sleeping rough |  |  |
| **Any other risks identified** |  |  |  |
| **High Risk** | Evidence of infestations such as rats, vermin, flies, maggots etc. which could compromise and impact on the individual’s health and wellbeing and result in significant or life-threatening harm (Contact Environmental Health) |  |  |
| Possible risk of fire which could compromise and impact on the health and wellbeing of the individual or another person visiting, (including people providing support or services), and result in significant or life threatening harm. Contact CDDFRS who will visit the person and offer support, information and appropriate interventions. |  |
| Failure to meet animal(s) needs which is compromising and impacting on the individual’s health and wellbeing and result in significant or life threatening harm (Contact RSPCA) |  |
| Living areas are not usable due to unsanitary conditions or clutter which is compromising and impacting on the individual’s health and wellbeing and result in significant or life-threatening harm. |  |
| Neglecting household maintenance to the extent that the property becomes dangerous e.g. unsafe gas, electric, water or structural damage (unsafe floorboards, roof etc.) which is compromising and impacting on the health and wellbeing of the individual or another person visiting, (including people providing support or services). The extent of which may result in significant or life-threatening harm. |  |
| Homeless, sleeping rough and impacting on their safety |  |  |
| **Any other risks identified** |  |  |  |

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| **Financial/Benefits** |
| **Risk Level**  | **Indicating Factors**  | **X if applies** | **Rationale behind decision**  |
| **No identified risk** | The individual is able to manage and maintain own finances |  |  |
| No evidence of difficulty in identifying and claiming benefits  |  |
| No identified risk to people providing support or services |  |
| **Any other risks identified** |  |  |  |
| **Low Risk** | Finding it hard to cope with finances, may require support but not impacting on wellbeing |  |  |
| Requires support in identifying and applying for any benefits that they may be intitled to.  |  |
| **Any other risks identified** |  |  |  |
| **Risk Level** | **Indicating Factors** | **X if applies** | **Rationale behind decision** |
| **Medium Risk** | Finding it increasingly hard to cope with finances, requires support as it is impacting on wellbeing |  |  |
| Requires support in identifying and applying for any benefits that they may be intitled to |  |
| Makes unwise financial decisions but not impacting significantly. |  |
| **Any other risks identified** |  |  |  |
| **High Risk** | Unable to cope with finances, requires support as it is having a significant impacting on their wellbeing |  |  |
| No current income and at extreme risk of exploitation |  |
| Makes unwise financial decisions and impacting significantly on ability to pay bills and buy food |  |
| **Any other risks identified** |  |  |  |

**Risk assessment and referral summary**

**Please mark x below to indicate highest level of risk recorded**

|  |  |
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|  | **No indicators higher than low risk** |
|  | **No indicators higher than medium risk**  |
|  | **ANY of the indicators are of HIGH RISK**  |

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| **Further comments/Decision Making Rationale**  |
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| **Action to be Taken**  | **By Whom**  | **Deadline**  |
|  |  |  |
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