|  |
| --- |
| Person causing concerns:       Address:  Postcode: |
| Personal Identifier (CD or       DOB:  NHS Number if Known): |
| GP:       Surgery: |
| Person Completing Checklist:       Date Completed: |

NB: Consent may not always be given by the person however if it is considered that the person or children/young people are at risk and it is in the person’s best interest, this form should be completed. It may not be possible to complete all the questions.

\*Please add any comments/justification/evidence in the box on the rear of this form

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Issues for consideration when deciding if an individual is seriously self-neglecting** | **YES** | **NO** |
| 1 | Is the person over 18 with a physical or learning disability, mental health needs, physically frailty or long term condition or misuses substances or alcohol? In need of care and support and unable to protect themselves by controlling their own behaviour. |  |  |
| 2a | Does the person have capacity to make decisions about their health, care and support needs?  Has a formal mental capacity assessment been undertaken?  If the person lacks capacity to understand they are self-neglecting has a Best Interest meeting taken place? NB: you may not be able to ascertain this at this stage |  |  |
| 2b |  |  |
| 2c |  |  |
| 3 | Is the person unwilling or failing to perform essential self-care tasks? |  |  |
| 4 | Is the person living in unsanitary accommodation possibly squalor? |  |  |
| 5 | Is the person unwilling or failing to provide essential clothing or medical care for themselves to maintain physical health, mental health and general safety? |  |  |
| 6 | Is the person neglecting household maintenance to a degree that it creates risks and hazards? |  |  |
| 7 | Does the person present with some eccentric behaviour, do they obsessively hoard and is this contributing to the concerns of self-neglect? |  |  |
| 8 | Is there evidence to suggest poor diet or nutrition eg. very little fresh food in their accommodation or mouldy food identified? |  |  |
| 9 | Is the person declining prescribed medication or health treatment and/or Social Care staff in relation to their personal hygiene and having a significant impact on their wellbeing? |  |  |
| 10 | Is the person declining or refusing to allow access to healthcare and/or Social Care staff in relation to their personal hygiene? |  |  |
| 11 | Is the person refusing to allow access to other agencies or organisations such as utility companies, fire and rescue, ambulance staff, housing or landlord? |  |  |
| 12 | Is the person unwilling to attend appointments with relevant health or Social Care staff? |  |  |
| 13 | Have interventions been tried in the past and not been successful? |  |  |
| 14 | Has the person any family or friends that may be able to assist with interventions? |  |  |
| 15 | Is the perceived self-neglect impacting on anyone else? eg. family members, neighbours, etc. |  |  |
| 16. | Are there any dependent children living in the accommodation? |  |  |
| 17. | Is the accommodation private sector rented? |  |  |
| 18. | Is the accommodation owner occupied? |  |  |
| 19 | Is the accommodation housing association or LA rented? |  |  |
| 20.. | Has consent been given? |  |  |

**Once completed send to** [**hoardingpanel@bcpcouncil.gov.uk**](mailto:hoardingpanel@bcpcouncil.gov.uk)

**NB: If there are concerns identified in one or more area from question 2 and the person is not able or willing to engage, consideration must be given to holding a Multi–Agency Risk Management meeting. More information can be found in the**

[**Multi-Agency Safeguarding Adults Policy**](https://www.bcpsafeguardingadultsboard.com/uploads/7/4/8/9/74891967/bpdsab_multi_agency_policy_v2.0_final_13.02.17_for_pdf.pdf)

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| --- |
| **Comments/justification/evidence relating to issues raised. ASC indicate if Care Act assessment completed** |
| Please include where possible what interventions have been tried and also indicate the outcome of the Clutter Image rating tool on pages 3 – 5. |

**Risk Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category**  **Identify areas of major risk** | **Observations / Evidence** | **Describe Identified Risks** | **Actions Suggested to Mitigate/Reduce Risks discussed (inc. services in situ or declined)** |
| **Environment**  **Inc. heating / water / lighting** |  |  |  |
| **Personal Hygiene** |  |  |  |
| **Nutritional state** |  |  |  |
| **Substance or Alcohol Use / Misuse** |  |  |  |
| **Falls** |  |  |  |
| **Health / Medical Concerns / Meds** |  |  |  |
| **Mental Health** |  |  |  |
| **Cognition / Communication** |  |  |  |
| **Capacity** |  |  |  |
| **Financial** |  |  |  |
| **Social Dis/Engagement** |  |  |  |
| **Safety Awareness / Fire Risk** |  |  |  |
| **Impact on others / Family Neighbours / children** |  |  |  |
| **Animals / Pets** |  |  |  |
| **Social Support Network** |  |  |  |
| **Hoarding Property please state clutter rating for each room** |  |  |  |
| **Other (please give detail)** |  |  |  |

**Panel Outcomes:**

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**Refer to Safeguarding Yes No**

**Refer to Other Agency (please state which):**

**Date:**







