ASSESSING A PERSON'S RISK OF SELF-NEGLECT

PERSON		
name	DoB	
address		
		7
PERSON	I'S VIEW OF CONCERNS	
OTHER	PEOPLE'S VIEW OF CONCERNS	1
WHAT D	OES THE PERSON WANT TO HAPPEN?	
KEY THI	NGS TO KNOW ABOUT THEIR BACKGROUND	L.,

HOUSING SITUATION	N/A □			
OTHER PEOPLE IN T		DUSEHOLD		N/A 🗆
	name		rei	ationship
PETS				N/A □
type		any concerns		
ANY INFORMAL SUF	PORT			N/A []
name		what do they	do?	N/A □ contact details

CONCERNS ABOUT AMOUNT OF STORED POSSESSIONS							N/A		
Please refer to the images here <u>clutter image ratings</u> and score kitchen, lounge and bedroom.									
IMAGE REPRESENTATIVE OF KITCHEN 1 2 3 4				5	6	7	8	9	
IMAGE REPRESENTATIVE OF LOUNGE	1	2	3	4	5	6	7	8	9
IMAGE REPRESENTATIVE OF BEDROOM 1 2 3 4			5	6	7	8	9		
FUNCTIONALITY OF SPACE yes no know									
Can they get out in an emerge	ency /	/ peo _l	ole ge	et in?					
Do possessions limit free movement around the property?									
Is the kitchen not accessible or usable?									
Is the bathroom not accessible or usable?									
Do they have somewhere comfortable to sleep?									
DESCRIPTION OF STORED POSSESSIONS					N/A				
CONDITION OF GARDEN OR SHARED ACCESS AREAS									

GENERAL RISKS LINKED TO ACCOMODATION	yes	no	don't know
storing flammable materials			
no smoke alarms in property			
reliance on naked flame for heating / cooking / lighting			
risk of stacked items collapsing			
utilities disconnected			
urgent repairs required (broken windows, leaks etc.)			
gas or electric safety checks overdue			
boiler service overdue			
unable to heat property			
fire safety checks overdue			
infestation of property			
neighbouring property affected			
structural damage to property			
biohazards (used continence products, animal waste, needles etc.)			
property target of vandalism			
cuckooing			
anti-social behavior linked to property			
condition of property precludes care			
tenancy is at risk / threatened eviction			
LANDLORD'S SUMMARY			N/A 🗆
ANY RENT ARREARS? yes □ £			no 🗆
RISK OF EVICTI	ON? y	es 🗆	no 🗆

ARE THEY CURRENTLY EXPERIENCING HOMELESSNESS?	yes □		no □	
IF YES, DO THEY HAVE ACCESS TO	yes	no	don't know	
somewhere dry to sleep				
hot meals				
hot drinks				
changes of clothing				
somewhere to shower / wash				
warm / dry bedding				
laundry facilities				
medical treatment				
	<u>-</u>			
OTHER VULNERABILITY FACTORS	yes	no	don't know	
poor mental heath				
poor physical heath				
alcohol / substance misuse				
recent loss or bereavement				
hate crime / target within local community				
cognitive difficulties				
life changes that they are finding hard to cope with				
social isolation				
risk of exploitation				
tenancy at risk				
SUMMARY OF WHAT IS WORKING WELL FOR THE PERSON				

SUMMARY OF WHAT INCREASES RISK FOR THE PERSON						
•						
ANYONE ELSE AT R	ISK IN THIS SITUATION	N/A □				
		N/A LI				
PEOPLE IN THE SUPPORT NETWORK						
name	agency and contact details	last seen				
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ACTIONS AL	_READY TAKEN	
date	action	outcome