

Resource 2: Self-Neglect Multi-Agency Risk Assessment Tool Template

To be completed by the MDT involved with the client after the initial single agency assessment

Name of person who hoards/is at risk	
Address	
Date Of Birth	

HOUSEHOLD APPLIANCE CHECK LIST

Check property for working or Useable Appliances	Observed Yes/No	Working/Connected Yes/No	Comments/Concerns
Oven/cooker			
Kitchen sink			
Washer/dryer			
Electricity			
Fridge/freezer			
Bathroom sink			
Toilet			
Shower/bath			

Fire related questions	Observed Yes/No		Comments/Concerns/Immediate risk reduction advice
Chip Pan user			

Fire related questions	Observed Yes/No		Comments/Concerns/Immediate risk reduction advice
Use of candles			
Oxygen user			
Smoker			
Blocked exits			
Property high rise			
Unsafe electrics i.e. Overloading of sockets/extensions			

Summary of findings (highlight key areas of concern identified above)

SELF-CARE CHECK LIST

Activities of Daily Living Access to or usability of appliances/ability to care for self	N/A	Can do Yes/no	Can do with difficulty Yes/no	Unable to do Yes/no	Comments
Prepare food/cook					
Buy food / Resources					
Use fridge/freezer					
Use oven					
Use sink					
Eat at the table					
Move around					
Use toilet					
Use bath/shower					
Use sink					
Sit on the sofa/settee					
Sleep in bed					
Clean home					
Wash clothes					
Find bills/pay bills					

Activities of Daily Living Access to or usability of appliances/ability to care for self	N/A	Can do Yes/no	Can do with difficulty Yes/no	Unable to do Yes/no	Comments
Care for animals					
Care for other dependents					
Manage medication					
Manage health needs/long term conditions					
Manage to attend appointments					
Manage finances					
Access support services					

Summary of findings (highlight key areas of difficulty and potential needs identified above)

Questions to ask the adult - Please be mindful of the language used when asking questions. “Clutter” as perceived by professionals may be items of significant value to the individual.

	Views of the person	NOT AT ALL	MILDLY	MODERATELY	EXTREMELY DIFFICULT
1	Because of the clutter how difficult is it to use your rooms?				
2	To what extent do you have difficulty discarding or recycling , selling or giving away items				
3	To what extent do you have a problem with collecting free items, buying more than you need/afford				
4	To what extent do you experience distress because of clutter or difficulty discarding or problems with buying items				
5	To what extent does the clutter problems, buying, discarding interfere with your life – such as your ability to work, invite friends around				
6	To what extent do you have any rituals, habits such as washing hands, collecting objects, inability to change routine				
7	Has there been anything in your past that may be linked to your behaviour? e.g. abuse in childhood, bereavement, divorce, experiences of crime....	<u>Free Text Response:</u>			
8	Has anything happened in your life that you are worried about that you haven't told anyone else about?	<u>Free Text Response:</u>			
9	Is there a reason for you calling emergency services or frequently seeing your GP / attending your A and E department?	<u>Free Text Response:</u>			
10	Are you worried about anything? Such as financial worries, threats from others	<u>Free Text Response:</u>			

Risk Rating Key - The risk rating scale is taken from the NHS National Patient Safety Model which is an approved methodology used to identify areas of risk. This should be used to determine the level of the risk and possible harm which could be caused based on risk, harm and frequency

Risk Category	Negligible	Minor	Moderate	Major	Catastrophic
	<p>Harm, injury, illness, or psychological trauma of a degree that is consistent with normal life experiences.</p> <p>'One off' interventions may be required e.g. First aid / possible GP appointment</p> <p>Transient impact on health or an aspect of independence or wellbeing</p>	<p>Harm, injury, illness, Or psychological trauma of a degree that requires medical intervention e.g. prescribed Treatment</p> <p>Minor or temporary deterioration on aspects of health or independence and wellbeing</p>	<p>Harm, injury, illness, or psychological trauma of a degree that requires hospital admission / treatment, psychotherapy or medium to long term treatment</p> <p>Significant or medium to long-term negative impact on aspects of health or independence, and wellbeing</p>	<p>Fatality or permanent harm, injury, long term incapacity/disability or long term severe psychological trauma caused by the individual to themselves</p> <p>Long term / Permanent significant negative impact on health or independence and wellbeing</p>	<p>Fatality or permanent harm, Disability / incapacity or long term severe psychological trauma caused by one person to another</p>
Frequency Descriptor	Rare	Unlikely	Likely	Highly Likely	Almost Certain
	Do not expect this to ever occur	The incident is less likely to occur than not to occur	The incident is more likely to occur than not	Expect this to happen in the medium term	Expect this to happen in the short term. Occurrence of an Incident may be imminent
	Rare	Unlikely	Likely	Highly Likely	Almost Certain
Catastrophic	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
Major	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>	Extreme <input type="checkbox"/>
Moderate	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>	Extreme <input type="checkbox"/>
Minor	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	High <input type="checkbox"/>
Negligible	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Low <input type="checkbox"/>	Moderate <input type="checkbox"/>	Moderate <input type="checkbox"/>

Appliance/Self-care Risk Assessment Template

Environmental risk	Risk rating Frequency descriptor/degree of harm caused	Comments
Fire hazard- Unsafe electrics	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Exits blocked Fire Hazard - Emergency services cant access property and may need access due to fire risk and or health related issues	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Stairs unsafe/ risk of falling	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Fall risk due to clutter	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Structural damage risk of injury	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Risk of food poisoning / decomposing / out of date food /Animal faeces/carcases	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	

Environmental risk	Risk rating Frequency descriptor/degree of harm caused	Comments
Risk of exploitation and abuse	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Risk of frequent or avoidable hospitals admissions	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Risk to other dependents in the household. Risk of being arrested and prosecuted due to nature of behaviour	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Risk to overall physical and mental health	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Risk to wider public	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	
Financial risk – due to disengagement (i.e. rent arrears, power bills...)	Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Extreme <input type="checkbox"/>	

FORM COMPLETED BY LEAD PROFESSIONALS

Name Designation Organisation.....

Name, Designation and contact details of other persons completing assessment	Signature	Date

Were a multi-agency assessment of risk is undertaken, record other parties involved:

Name	Signature	Designation	Contact number	Date

Actions (where applicable) add any arising actions and record name of organisation e.g. Fire Service, Mental Health Service

Immediate Actions/risk scores and plans	Risk plan from agency /level of risk	By whom	Date
Risk assessment will be shared at Professionals meeting	Meeting arranged- date time venue	Parties invited	
Details	Yes/ no	List of attendees	

Concerns due to none compliance re safety escalated to CSP..... DATE.....
Safeguarding Team DATE.....
Contingency plan around frequent caller/ user of service shared with key agencies DATE.....

Decision Tree for Risk Management

