**Professionals Checklist**

**For establishing if a concern meets the criteria of self-neglect/hoarding**

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| Person causing concerns:      Address :       |
| Personal Identifier NHS Number or IT number if known:  |       | D.O.B: |       |
| Person Completing Checklist: |       | Date Completed: |       |

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

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|  | **Issues for consideration when deciding if an individual is seriously self-neglecting /Hoarding.** | **YES** | **NO** |
| 1 | Is physically frail or has a physical disability, learning disability, mental health needs, long term condition or misuses substances or alcohol? | ☐ | ☐ |
| 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? | ☐ | ☐ |
| 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, medical care for themselves necessary 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 and do they obsessively hoard and is this contributing to the concerns of self-neglect? | ☐ | ☐ |
| 8 | Is there evidence to suggest poor diet or nutrition e.g. very little fresh food in their accommodation/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 , partners or friends that may be able to assist with any interventions? | ☐ | ☐ |
| 15 | Is the perceived self-neglect impacting on anyone else? e.g. family members, partners, neighbours, etc. | ☐ | ☐ |
| 16. | Are their dependent children living in the accommodation? | ☐ | ☐ |

**N.B:** If there are concerns in one or more of the areas identified above then consideration must be given to instigating a Multi-Agency Risk Management Meeting Self-Neglect.

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| **Comments/justification/evidence relating to issues raised**  |
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