



Tool Three - Practitioner’s checklist for establishing if a concern meets the criteria of Self-Neglect

Persons name: _____

Personal Identifier: CD or NHS

Number if Known: _____ D.O.B _____

Address: _____

GP: _____

Person Completing Checklist _____ Date completed _____

NB: Consent may not always be given by the person however if it is considered that the person is at risk 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	Maybe
1	Is the person over 18 and has a physical disability, learning disability, mental health needs, is physically frail or has a long term condition or misuses substances or alcohol? Has care and support needs and is unable to protect themselves or others by controlling their behaviour.			
2a	Does the person have capacity to make decisions about their health, care and support needs?			
2b	Has a formal mental capacity assessment been undertaken?			
2c	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			
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 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 neighbours, etc.			
16	Are there dependent children living in the accommodation?			
17	Does the person have issues around managing their money/budget?			

Comments / justifications / evidence relating to issues raised.

Comments/views by person about whether they agree with findings above and their views on their current situation/priorities.

This tool should be used with the Board's Threshold Tool <http://www.buckinghamshirepartnership.co.uk/media/4919754/BSAB-Threshold-Document.pdf> which will enable you to decide what to do next? 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, or a

referral to the MASH or to RAMP. It is also important to think about when you use this tool as it needs a certain level of relationship/rapport with the person to complete.