

## Appendix 3 self-neglect assessment tool

In all instances consider;

- Does the person have capacity to make decisions with regard to issues such as care provision/housing?
- Does the person have a diagnosed mental illness?
- Does the person have support from family or friends?
- Does the person accept care and treatment?
- Does the person have insight into the problems they face?

In all instances all workers to engage with the person, develop a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair.

**This document should be read in conjunction with Greater Manchester Fire Service Policy on hoarding**

Low risk	Moderate risk	High Risk
<p>Person is accepting support and services</p> <p>Health care is being addressed</p> <p>Person is not losing weight</p> <p>Person accessing services to improve wellbeing</p> <p>There are no carer issues</p> <p>Person has access to social and community activities</p> <p>Person is able to contribute to daily living activities</p> <p>Personal hygiene is good</p> <p>The indicators below may also imply low risk. Each is contextual, dependent upon individual circumstances they may trigger concern in the moderate risk category</p> <p>Access to support services is limited but there are no other factors of concern</p> <p>Health care and attendance at appointments is sporadic but there is evidence of limited or no impact on health/wellbeing and the person has capacity to</p>	<p><b>The indicators below may also imply low risk. Each is contextual, dependent upon individual circumstances they may trigger concern in the high risk category. Consideration given to the context, if information is known about, for example, cause of weight loss and whether other professionals are involved.</b></p> <p>The person refuses to engage with necessary services, they have capacity and there is limited or no evidence of their health/wellbeing being adversely affected</p> <p>Health care is poor and there is deterioration in health</p> <p>Weight is reducing</p> <p>Wellbeing is affected on a daily basis</p> <p>Person is isolated from family and friends</p> <p>Care is prevented or refused</p> <p>The person does not engage with social or community activities and this is having an impact on the health and wellbeing of the individual</p> <p>The person does not manage daily living activities</p> <p>Hygiene is poor and causing skin problems</p> <p>Aids and adaptations refused or</p>	<p><b>Where moderate concerns have been raised and despite all efforts they continue and/or increase.</b></p> <p>The person refuses to engage with necessary services and where their health and wellbeing is being adversely affected and where there is evidence of trying to engage and work with the person</p> <p>Health care is poor and there is deterioration in health and there is no overt cause and/or professionals involved</p> <p>Weight is reducing</p> <p>Wellbeing is affected on a daily basis and there is no overt cause and/or professionals involved.</p> <p>Person is isolated from family and friends, this may not be a lifestyle choice</p> <p>Care is prevented or refused despite efforts to engage the person</p> <p>The person does not engage with social or community activities and this is s having a significant impact on health and wellbeing of the individual</p> <p>The person does not manage daily living activities despite a plan being in place to support</p>

<p>make the decision          Person is of low weight          Persons wellbeing is partially affected          Person has limited social interaction          Carers are not present          Person has limited access to social or community activities          Persons ability to contribute toward daily living activities is affected</p> <p>Personal hygiene is becoming an issue</p>	<p>not accessed          Issues raised by carers          Possible coercion by informal carers</p>	<p>the person with these          Hygiene is poor and causing skin problems despite efforts to work with the person to improve this          Aids and adaptations refused or not accessed despite efforts being made to engage the person          Issues raised by carers          Possible coercion by informal carers</p>
<b>Response and responsibilities</b>		
<p>Single agency response</p>	<p>Minimal risk is often managed via single agency response. If in doubt consultation from other agencies should be sought and documented.          Clear documentation of plans and decisions made should be kept. Chronologies evidencing improvement and/or deterioration should be maintained.          In some instances professional judgement may result in a multi-agency response (with the consent of the person) in order to minimise and reduce risk.</p>	<p>High risk should involve a multi-agency response.          Clear documentation of plans and decisions made should be kept. Chronologies evidencing improvement and/or deterioration should be maintained. Consideration should be given as to whether the safeguarding threshold has been met.          Professional judgement may result in a referral to safeguarding.</p>
<p><b>Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the moderate and high risk need to be reported – Use professional judgement .</b></p>		