**Self-screening Tool**

**Purpose of the Tool**

The purpose of this tool is to help **you** to:

* Think about your situation
* Consider if you are looking after yourself as well as you would like to be able to
* Notice what areas you might need some more help with

**Using this Tool**

Read each statement and then tick the box which best describes you. There is space for you to write some notes by the side of each one. You can fill this in on your own or with a friend/neighbour or someone who is working with you. It might be that they have different answers to you, this could be because they are really worried about you. You can talk to each other about your answers and find out what you might need or want some extra help with and who can help you.

If you are filling this form in with a worker then it maybe that they ask you further questions or prompt you around some of the areas of concern. They may also suggest involving other people who may be able to help you.

**Your Details:**

Name:

Date of birth:

Address:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of concern**(examples are given as a guide only) | **Yes** | **No** | **Not****known** | **Please give details here** (Please tell us what you think could improve the situation for you) |
| 1. **Your weight**
 |
| * Are you under or overweight?
 | [ ]  | [ ]  | [ ]  |  |
| * Is your level of fitness a concern?
 | [ ]  | [ ]  | [ ]  |  |
|  **2. Your access to adequate food**  |
| * Do you have concerns about the availability of food in your home?
 | [ ]  | [ ]  | [ ]  |  |
|  **3. Home and garden conditions**  |
| * Do you feel that your house and garden are well maintained; are you able to have repairs if they are needed?
 | [ ]  | [ ]  | [ ]  |  |
| * Are you concerned about your safety in your home and garden? For example, are there fire hazards, faulty equipment, things which may trip you, an overgrown garden, rats and/or mice. Would you be able to leave quickly in an emergency and could emergency services access you within your home?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have lots of things around? Are there things piled up high in different rooms?
 | [ ]  | [ ]  | [ ]  |  |
| **Area of concern**(examples are given as a guide only) | **Yes** | **No** | **Not****known** | **Please give details here** (Please tell us what you think could improve the situation for you) |
| * Is your house overcrowded? (this could be with items, people or pets)
 | [ ]  | [ ]  | [ ]  |  |
| * Does the cleanliness of your home concern you?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have electricity/gas? & can you use it?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have running water? & can you use it?
 | [ ]  | [ ]  | [ ]  |  |
| * Can you use your appliances in your kitchen?
 | [ ]  | [ ]  | [ ]  |  |
| * Can you wash in your bathroom?
 | [ ]  | [ ]  | [ ]  |  |
| * Can you sit down in your sitting room?
 | [ ]  | [ ]  | [ ]  |  |
|  **4.** **Your sleeping arrangements** |
| * Do you have enough bedding on your bed?
 | [ ]  | [ ]  | [ ]  |  |
| * Does your sleep pattern worry you?
 | [ ]  | [ ]  | [ ]  |  |
| * Can you sleep on your bed?
 | [ ]  | [ ]  | [ ]  |  |
| **Area of concern**(examples are given as a guide only) | **Yes** | **No** | **Not****known** | **Please give details here** (Please tell us what you think could improve the situation for you) |
|  **5. Others living with you**  |
| * Do any other adults live with you? How many?
 | [ ]  | [ ]  | [ ]  |  |
| * Do any of the adults rely on you for care or support?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have any children living with you?
 | [ ]  | [ ]  | [ ]  |  |
| * Are you able to look after the children properly? (provide them with affection, food, a bed, clothes and clean up after them. Are they accessing school and health services.)
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have pets? How many?
 | [ ]  | [ ]  | [ ]  |  |
| * Are you able to look after them properly? (provide them with food and clean up after them)
 | [ ]  | [ ]  | [ ]  |  |
| * Do you tend to accumulate items?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you find it difficult to discard things?
 | [ ]  | [ ]  | [ ]  |  |
| **Area of concern**(examples are given as a guide only) | **Yes** | **No** | **Not****known** | **Please give details here** (Please tell us what you think could improve the situation for you) |
| * Do you have areas full of possessions – e.g living areas, garden, sheds, vehicles etc
 | [ ]  | [ ]  | [ ]  |  |
|  **6. Your clothing and footwear** |
| * Do you have clothing/footwear that is right for the weather conditions?
 | [ ]  | [ ]  | [ ]  |  |
| * Do your clothes fit you? Do you have somewhere to clean them if they are dirty?
 | [ ]  | [ ]  | [ ]  |  |
|  **7. Your physical appearance** |
| * Are you worried about your cleanliness
 | [ ]  | [ ]  | [ ]  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of concern**(examples are given as a guide only) | **Yes** | **No** | **Not****known** | **Please give details here** (Please tell us what you think could improve the situation for you) |
|  **8. Your health** |
| * Do you have any health problems that you haven’t seen a doctor or other health professional about?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have medication that you don’t take?
 | [ ]  | [ ]  | [ ]  |  |
| * If you have an appointment to see a Doctor or someone at the hospital do you go?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have a Dentist? When was the last time you visited the dentist? What is the reason for this?
 | ☐ | ☐ | ☐ |  |
| * Do you have a Doctor? when was the last time you visited the doctor? What is the reason for this?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have tooth pain or a sore mouth? Does this determine what you eat or drink?
 | [ ]  | [ ]  | [ ]  |  |
| * If a doctor or nurse gives you advice about your health do you follow it?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you avoid going to the Dentist/Doctors or Hospital even when you need to?
 | [ ]  | [ ]  | [ ]  |  |
| **Area of concern**(examples are given as a guide only) | **Yes** | **No** | **Not****known** | **Please give details here** (Please tell us what you think could improve the situation for you) |
| * Do you feel scared or frightened a lot of the time?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you find that you lose your temper quickly?
 | [ ]  | [ ]  | [ ]  |  |
| * Are you using drugs or alcohol? Does the amount of drugs or alcohol you use concern you or friends and family?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you have pain anywhere?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you struggle to get around because of mobility issues or pain?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you often feel low in mood?
 | [ ]  | [ ]  | [ ]  |  |
|  **9. Your friends** |
| * Are you lonely
 | [ ]  | [ ]  | [ ]  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of concern**(examples are given as a guide only) | **Yes** | **No** | **Not****known** | **Please give details here** (Please tell us what you think could improve the situation for you) |
| * Do you have friends?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you see friends as much as you like? What do you like to do with your friends?
 | [ ]  | [ ]  | [ ]  |  |
|  **10. Contact from people you don’t know** |
| * Do you have/use a computer and/or a smart phone?  If yes, what do you use them for?
 | [ ]  | [ ]  | [ ]  |  |
| * Have you been asked to share personal and/or banking details with anyone?
 | [ ]  | [ ]  | [ ]  |  |
| * Do you receive phone calls/emails/texts from people you don’t know or have not met face-to-face?
 | [ ]  | [ ]  | [ ]  |  |
| * Do people you don’t know call at your home and try to sell you products/services?
 | [ ]  | [ ]  | [ ]  |  |
| * Have you been asked to keep any financial arrangements secret?
 | [ ]  | [ ]  | [ ]  |  |
| * Have you ever felt pressured into buying something as a result of a phone call or someone at your door?
 | [ ]  | [ ]  | [ ]  |  |
| * Have you been asked to pay for products/services upfront, in an unusual way or to do so urgently?
 | [ ]  | [ ]  | [ ]  |  |
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| --- | --- | --- | --- | --- |
| **Area of concern**(examples are given as a guide only) | **Yes** | **No** | **Not****known** | **Please give details here** (Please tell us what you think could improve the situation for you) |

 |
|  **11. Finances** |
| * Are you worried about your finances?
 | [ ]  | [ ]  | [ ]  |  |
| * Has anyone who cares about you ever said they are worried about your finances?
 | [ ]  | [ ]  | [ ]  |  |

|  |  |
| --- | --- |
| **I am seeking help/want to talk about this because:** | **Please tick Checkmark with solid fillwhere appropriate** |
| Because I am experiencing Anti-Social Behaviour from others  |  |
| Because I have realised that the situation has become dangerous for me  |  |
| I would like help to resolve my behaviour |  |
| I am feeling overwhelmed by the situation and I don’t know where to start to make things better |  |
| I feel unwell because of how I am living, and I want things to change |  |
| My Landlord/ other agency has said I need to make some changes and I don’t know how to, without help |  |
| I want to make sure that my family don’t have to deal with this when I am dead |  |

**Additional help and support**

If you would like further help and support with some of the things mentioned in this form, then the following websites and services can provide you with further advice and signpost you to support. The Shropshire Safeguarding Community Partnership Website has a page dedicated to self-neglect.

You can visit it at [www.shropshiresafeguardingcommunitypartnership.co.uk](http://www.shropshiresafeguardingcommunitypartnership.co.uk) and find lots of information and support services.

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| **Provider** | **What they do** | **Email/website** | **Telephone** |
| Access Team  | Free phone service receiving referrals for mental health services in Shropshire | [Mental Health Community Services :: Midlands Partnership Foundation Trust (mpft.nhs.uk)](https://www.mpft.nhs.uk/services/mental-health-community-services)Email: access.shropshire@mpft.nhs.uk | 0808 196 4501 |
| Age UK | Befriending services, support and advice, events and advocacy. | [Welcome to Age UK Shropshire Telford & Wrekin](https://www.ageuk.org.uk/shropshireandtelford/) | 01743 233 123 |
| Citizens Advice Consumer Service/Trading Standards | Advice and support for people affected by scams and doorstep crime | <https://www.citizensadvice.org.uk/consumer/>  | 0808 223 1133Relay UK - if you can't hear or speak on the phone, you can type what you want to say: 18001 then 0808 223 1133 |
| GP | Emotional and physical health support | You will have your own GP practice | You will have your own GP practice |
| Housing providers | Housing support Officers, debt support, emotional support. | You will have your own housing provider | You will have your own housing provider |
| Local Authority - First Point of Contact (FPOC) | Help, support or advice about Social Care, Housing, Environmental Health  | [Shropshire Council](https://www.shropshire.gov.uk/) | 0345 678 9044 |
| Qube | Shropshire’s Local Directory | [Find local support in Shropshire - Shropshire's Local Directory (shropshire-directory.co.uk)](https://shropshire-directory.co.uk/) |  |
| Shrewsbury Ark | Ongoing support and day centre facilities for the homeless and vulnerable in our community | [Home | Support for vulnerable and homeless in Shrewsbury | The Shrewsbury Ark](https://www.shrewsburyark.co.uk/) | 01743 363305 |
| Shropshire Choices | Signposting resources to lots of different agencies that can help | [Shropshire Choices | Shropshire Council](https://www.shropshire.gov.uk/shropshire-choices/) |  |
| Shropshire Fire and Rescue | Safe and well visits to properties and health and well-being checks. | [Safe and Well Visit | Shropshire Fire and Rescue Service](https://www.shropshirefire.gov.uk/safe-and-well-visit) | 01743 260 260 |
| Shropshire Mental Health Support | Support and services for people affected by mental health issues | [www.shropshiremhs.com](http://www.shropshiremhs.com) | 01743 368647 |
| Shropshire Recovery Partnership  | Drug and Alcohol Services | [Shropshire - With You (wearewithyou.org.uk)](https://www.wearewithyou.org.uk/services/shropshire/) | 01743 294700 |