|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SPACE (Safety Priority Assessment for Cluttered Environments)** | | | | | |
| **Resident:**Click or tap here to enter text. | **Assessor name and signature:**Click or tap here to enter text. | | | | **Date:**DD/MM/YYYY |
| **Identify the risks** | **Score the risks by the evidence seen or information given** | | | **Recommend the actions needed to reduce**  **the risk or avoid a risk developing** | |
| **Risk** | **No evidence** | **Minor evidence** | **High-level evidence** | **Actions required** | |
| **Section 1 - Wellbeing** | *(****For example****: advise social worker and contact fire services)* | |
| Defensive or aggressive behaviour |  |  |  | Click or tap here to enter text. | |
| Does not understand seriousness of situation |  |  |  | Click or tap here to enter text. | |
| Not alert |  |  |  | Click or tap here to enter text. | |
| Anxious |  |  |  | Click or tap here to enter text. | |
| Confused |  |  |  | Click or tap here to enter text. | |
| Individual has disclosed mental health issues |  |  |  | Click or tap here to enter text. | |
| Poor air quality |  |  |  | Click or tap here to enter text. | |
| Signs of an infestation |  |  |  | Click or tap here to enter text. | |
| Mould or damp evidence |  |  |  | Click or tap here to enter text. | |
| Biohazards present (faeces/urine/chemical) |  |  |  | Click or tap here to enter text. | |
| Barriers to the toilet |  |  |  | Click or tap here to enter text. | |
| Barriers to the bath/shower |  |  |  | Click or tap here to enter text. | |
| Barriers to food preparation |  |  |  | Click or tap here to enter text. | |
| Barriers to access bed |  |  |  | Click or tap here to enter text. | |
| Limited access to oven, fridge and sink |  |  |  | Click or tap here to enter text. | |
| Limited access to garden |  |  |  | Click or tap here to enter text. | |
| Evidence of smoking |  |  |  | Click or tap here to enter text. | |
| Evidence of rotting food and/or overflowing bins |  |  |  | Click or tap here to enter text. | |
| **Risk** | **No evidence** | **Minor evidence** | **High-level evidence** | **Actions required** | |
| Evidence of self-neglect/personal presentation |  |  |  | Click or tap here to enter text. | |
| Evidence of high levels of medication seen |  |  |  | Click or tap here to enter text. | |
| **Section 2 - Safe Pathways** |  |  |  |  | |
| Doors/windows blocked or unusable |  |  |  | Click or tap here to enter text. | |
| Unstable piles/avalanche risk |  |  |  | Click or tap here to enter text. | |
| Stairs contain obstacles |  |  |  | Click or tap here to enter text. | |
| Limited movement through the home |  |  |  | Click or tap here to enter text. | |
| Slips and trips hazards |  |  |  | Click or tap here to enter text. | |
| **Section 3 - Structure/safety** |  |  |  |  | |
| Unstable floorboards/stairs |  |  |  | Click or tap here to enter text. | |
| Leaking roof/plumbing issues |  |  |  | Click or tap here to enter text. | |
| Flammable items close to heat source/stove |  |  |  | Click or tap here to enter text. | |
| Evidence of hazardous materials/weapons/drugs |  |  |  | Click or tap here to enter text. | |
| Bulging/crumbling walls |  |  |  | Click or tap here to enter text. | |
| No heating or electricity connected |  |  |  | Click or tap here to enter text. | |
| Heaters/radiators/fires obstructed |  |  |  | Click or tap here to enter text. | |
| Daisy chaining/worn wiring |  |  |  | Click or tap here to enter text. | |
| **Section 4 - Areas of concern** |  |  |  |  | |
| Threat to other residents |  |  |  | Click or tap here to enter text. | |
| Threat to pets |  |  |  | Click or tap here to enter text. | |
| Threat to visitors/services |  |  |  | Click or tap here to enter text. | |
| Number of occupants and details | Click or tap here to enter text. | | | | |
| **Clutter Image Ratings** | Click or tap here to enter text. | | | | |
| **Safeguarding Concern** | Click or tap here to enter text. | | | | |