

SPACE (Safety Priority Assessment for Cluttered Environments)

Resident:	Assessor name and signature:			Date:
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				<i>(For example: advise social worker and contact fire services)</i>
Defensive or aggressive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does not understand seriousness of situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual has disclosed mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor air quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signs of an infestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mould or damp evidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biohazards present (faeces/urine/chemical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barriers to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barriers to the bath/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barriers to food preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Barriers to access bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limited access to oven, fridge and sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limited access to garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of rotting food and/or overflowing bins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Risk	No evidence	Minor evidence	High-level evidence	Actions required
Evidence of self-neglect/personal presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of high levels of medication seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 2 - Safe Pathways				
Doors/windows blocked or unusable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unstable piles/avalanche risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stairs contain obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limited movement through the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Slips and trips hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3 - Structure/safety				
Unstable floorboards/stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaking roof/plumbing issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable items close to heat source/stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of hazardous materials/weapons/drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bulging/crumbling walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No heating or electricity connected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heaters/radiators/fires obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daisy chaining/worn wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 4 - Areas of concern				
Threat to other residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Threat to pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Threat to visitors/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of occupants and details				
Clutter Image Ratings				
Safeguarding Concern				