Multi-Agency Self-Neglect Toolkit

Ealing Safeguarding Adults Board

March 2022

Version 1

Contents

Introduction

The Ealing Safeguarding Adults Board (Ealing SAB) ensures that all agencies in Ealing work together to prevent and respond to abuse and neglect in adults at risk.

Learning from Safeguarding Adults Reviews (SARs) commissioned by the SAB and other London Safeguarding Adults Boards suggests that the public and professionals require advice and guidance to support people who are at risk of or who are self-neglecting and/or hoarding. The definition of self-neglect used in the SCIE research was broad and centred on:

a) lack of self-care – neglect of personal hygiene, nutrition, hydration and/or health, thereby endangering safety and wellbeing; and/or

b) lack of care of one's environment – squalor and hoarding (see below); and/or

c) refusal of services that would mitigate risk of harm.

Hoarding is the excessive collection and retention of any material to the point that living space is sufficiently cluttered to preclude activities for what they are designed for.

Why are there challenges in self-neglect work?

In part, it is because the factors that have led to the self-neglect are many and may be deeply rooted. Longstanding and complex problems are not easy to resolve, and social care practitioners are sometimes torn between their duty to care for people and protect them from harm, and the need to respect their choices about how they live (Braye et al, 2013)[1].

This toolkit has been designed to provide practical support to those working hard to support people who self-neglect and promote Making Safeguarding Personal. The toolkit will be subject to on-going development and your feedback will be part of continual improvement. Please contact **ESAB@ealing.gov.uk** to give feedback.

[1] Braye, S., Orr, D., & Preston-Shoot, M. (2013). A scoping study of workforce development for self-neglect work

Chapter 1 Overview of Self Neglect[2]

1.1 What is self-neglect and hoarding?

The important thing is to try to engage with people, to offer all the support we can without causing distress, and to understand the limitations to our interventions if the person does not wish to engage. Working in partnership with other services is usually key to a more effective approach.

What is self-neglect?

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health, or surroundings
- Inability to avoid harm, because of self-neglect
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

1.2 What causes self-neglect?

It is not always possible to establish a root cause for self-neglecting behaviours.
Self-neglect can be a result of:

- a person's brain injury, dementia or other mental disorder, a learning disability
- obsessive compulsive disorder or hoarding disorder
- physical illness which influences abilities, energy levels, attention span, organisational skills, or motivation
- reduced motivation as a side effect of medication
- addictions such as drugs, alcohol, or gambling
- traumatic experiences.

Sometimes self-neglect is related to deteriorating health and ability in older age and people with mental health problems may display self-neglecting behaviours. There is often an assumption that self-neglecting behaviours indicate a mental health problem but there is no direct correlation.

Hoarding is now widely considered as a mental health disorder and appears in the US 'Diagnostic and statistical manual of mental disorders' (5th Edition). Hoarding can sometimes relate to obsessive compulsive disorder, but hoarding and self-neglect do not always appear together, and one does not necessarily cause the other.

1.3 Self-neglect: what are the issues?

People who neglect themselves often decline help from others; in many cases they do not feel that they need it. Family or neighbours can sometimes become frustrated and critical of professionals if they cannot improve the situation of the individual. But there are limitations to what others can do if the adult has mental capacity to make their own decisions about how they live. Sometimes, even when all agencies have done everything in their power to support an individual, they may die or suffer significant harm because of their own action or inaction. It is, therefore, vital that all efforts to engage with and support an individual are clearly recorded.

[2]Adapted from https://www.scie.org.uk/self-neglect

1.4 Barriers to good practice

- Working with people who self-neglect can be alarming and very challenging.
- People who self-neglect may refuse support or fail to acknowledge the problem.
- The risks associated with self-neglect can be high and the options for intervention are limited.
- There can be pressure on professionals to act, but often there is very little they can do.
- There is often a lack of clarity about who should take responsibility for supporting people who self-neglect.
- Poor and infrequent supervision can lead to increased stress on practitioners and lead to poor judgement.
- Work patterns and resources may not support long-term, relationship-based work.
- Individuals do not always have care and support needs – so safeguarding responses may not be appropriate.
- Uncertainty about how and where to escalate concerns.
- Information sharing is sometimes problematic, particularly when the person refuses help.
- Limited legal literacy – professionals may not have a good understanding of the law that can be utilised in relation to self-neglect.
- Application of the Mental Capacity Act can be very complex in relation to self-neglect.
- Lack of resources can prevent appropriate service responses.

1.5 Relevant legislation

It is essential that people working in health and social care are aware of the rights of individuals in law and of the duties, powers, and responsibilities of the local authority and other, including their own, agencies. There is a raft of relevant legislation and guidance to support working with people who self-neglect, but some key ones are listed here:

- The Care Act (2014) statutory guidance recognises self-neglect as a category of abuse and neglect, which means that people who self-neglect will be supported by safeguarding adults teams, as well as receiving more general social care support.

- Article 8 of the Human Rights Act 1998 gives us a right to respect for private and family life. However, this is not an absolute right; it is a qualified right, meaning there may be justification to override it, for example, protection of health, prevention of crime, protection of the rights and freedoms of others.

- Mental Health Act (2007) Section 135 – if a person is believed to have a mental disorder and they are living alone and unable to care for themselves, a magistrate's court can authorise entry to remove them to a place of safety.

- Mental Capacity Act (2005) Section 16 (2) (a) – the Court of Protection has the power to make an order regarding a decision on behalf of an individual. The court's decision about the welfare of an individual who is self-neglecting may include allowing access to assess capacity – See Chapter 2.

- Public Health Act (1984) Section 31-32
  – local authority environmental health could use powers to clean and disinfect premises but only for the prevention of infectious diseases.

- The Housing Act 1988 – a landlord may have grounds to evict a tenant due to breaches of the tenancy agreement.

- Rights of Entry (Gas and Electricity Boards) Act - 1954 a representative of a gas or electricity supply company can apply for a warrant of entry to premises to inspect or read the meter, to install a prepayment meter, or to disconnect the supply.

Inherent Jurisdiction of the High Court[3]:

- There have been cases where the Courts have exercised what is called the 'inherent jurisdiction' to provide a remedy where it has been persuaded that it is necessary, just and proportionate to do so, even though the person concerned has mental capacity.

- In some self-neglect cases, there may be evidence of some undue influence from others who are preventing public authorities and agencies from engaging with the person concerned and thus preventing the person from addressing issues around self-neglect and their environment in a positive way.

- Where there is evidence that someone who has capacity is not necessarily in a position to exercise their free will due to undue influence then it may be possible to obtain orders by way of injunctive relief that can remove those barriers to effective working. Where the person concerned has permitted another person to reside with them and that person is causing or contributing to the failure of the person to care for themselves or their environment, it may be possible to obtain an Order for their removal or restriction of their behaviours towards the person concerned. In all such cases legal advice should be sought.

[3] https://www.kent.gov.uk/_data/assets/pdf_file/0012/16140/Policy-and-procedures-to-support-people-that-self-neglect-or-demonstrate-hoarding-behaviour.pdf

Chapter 2: Positive engagement and best practice[4]

The research on self-neglect suggests beneficial approaches and a range of options, levers and practical measures that could help engagement with individuals. See Chapter 4 for resources that can help build relationships and assess need.

2.1 Approach

Research has shown that those who self-neglect may be deeply upset and even traumatised by interventions such as 'blitz' or 'deep cleaning'. When developing an approach, it is important to try to understand the individual and what may be driving their behaviour.

- Multi-agency – work with partners to ensure the right approach for each individual and increased support for practitioners and agencies
- Person centred – respect the views and the perspective of the individual, listen to them and work towards the outcomes they want
- Acceptance – good risk management may be the best achievable outcome; it may not be possible to change the person's lifestyle or behaviour
- Analytical – it may be possible to identify underlying causes that help to address the issue
- Non-judgemental – it is not helpful for practitioners to make judgements about cleanliness or lifestyle; everyone is different
- Empathy – it is difficult to empathise with behaviours we cannot understand, but it is helpful to try
- Patience and time – short interventions are unlikely to be successful, practitioners should be enabled to take a long-term approach
- Trust – try to build trust and agree small steps
- Reassurance – the person may fear losing control, it is important to allay such fears
- Bargaining – making agreements to achieve progress can be helpful but it is important that this approach remains respectful and professionally appropriate
- Exploring alternatives – fear of change may be an issue so explaining that there are alternative ways forward may encourage the person to engage
- Always go back – regular, encouraging engagement and gentle persistence may help with progress and risk management

2.2 Practical tasks

- Risk assessment – have effective, multi-agency approaches to assessing and monitoring risk
- Assess capacity – ensure staff are competent and supported in applying the Mental Capacity Act in cases of self-neglect
- Mental health assessment – it may, in a minority of cases, be appropriate to refer an individual for Mental Health Assessment
- Signpost – with a multi-agency approach people can be signposted to effective sources of support
- Contact family – with the person's consent, try to engage family or friends to provide additional support and consider the Family Group Conferencing approach
- 'Decluttering' and cleaning services – where a person cannot face the scale of the task but is willing to make progress, offer to provide practical help
- Utilise local partners – those who may be able to help include the RSPCA, the fire service, environmental health, housing, voluntary organisations
  Occupational therapy assessment - physical limitations that result in self-neglect can be addressed
- Help with property management and repairs – people may benefit from help to arrange much needed maintenance to their home
- Peer support – others who self-neglect may be able to assist with advice, understanding and insight
- Counselling and therapies – some individuals may be helped by counselling or other therapies. Cognitive behaviour therapy, for example, may help people with obsessive compulsive disorder, hoarding disorder or addictions

[4] Adapted from https://www.scie.org.uk/self-neglect

2.3 Levers

Resorting to enforcement action should be a last resort with people who self- neglect. There are some options that can be used in extreme circumstances but often the threat of enforcement can encourage an individual to accept help and support. Levers may include housing enforcement options based on tenancy or leasehold breaches and environmental health enforcement based on a public health risk. Local authorities also have powers relating to anti-social behaviour that may be relevant in a minority of cases.

2.4 Safeguarding

The London Multi-Agency Adult Safeguarding Policy and Procedures state:
Self-neglect may result from a behavioural condition in which an individual neglects to attend to their basic needs such as personal hygiene, or tending appropriately to any medical conditions, or keeping their environment safe to carry out what is seen as usual activities of daily living. It can occur because of mental health issues, personality disorders, substance abuse, dementia, advancing age, social isolation, and cognitive impairment or through personal choice. It can be triggered by trauma and significant life events.
However, if self-neglect results from free and informed personal choice, where the adult can care for themselves but chooses not to, this is not a safeguarding issue.

London Multi-agency Adult Safeguarding Policy and Procedures guidance[5] goes on to advise that 'finding the right balance between respecting the adult's autonomy and meeting the duty to protect their wellbeing may involve building up a rapport with the adult to come to a better understanding about whether self-neglect or hoarding are matters for adult safeguarding or any other kind of intervention'.

When you suspect or know an individual is self-neglecting in Ealing you should contact the Adult Social Care Contact Centre on 0208 825 8000 or via email:sscallcentre@ealing.gov.uk who could advise on whether a safeguarding referral should be made or not.

All self-neglect referrals should be captured as a safeguarding concern but may not always be appropriate to progress to a section 42 enquiry in every instance.

Where a person is not currently receiving support and is unintentionally self- neglecting as a result of changes to their ability to self-care, a Care Act assessment and plan may be sufficient to address the concerns. In cases where the self-neglect is very severe, the person is at high risk, other approaches under care management have not worked, and/or the person is refusing support, the safeguarding concern should progress to a s42 enquiry and safeguarding plan, to support the multi-disciplinary response to the risks.

When the matter is not appropriate for a safeguarding response this should not deter the allocated worker from using the mechanisms of multi-agency discussion, risk assessment and supervision to evidence and manage risk that falls outside the parameters of the safeguarding pathway.
The Care Act places an emphasis on Making Safeguarding Personal and moves away from set timescales.
The referrer should report their concerns immediately if urgent but within 24 hours in other cases.

If a concern progresses to a formal enquiry, the intended timescales for the enquiry process would be the following:

- Initial conversation should be held on the same day the concern is received to decide on any immediate actions needed to ensure the person is safe
- Planning meetings should take place within 5 working days or sooner depending on urgency
- Enquiry actions should be completed within 20 working days
- Agreeing the outcome should happen within 5 days of the enquiry report being published.

[5] londonadass.org.uk/wp-content/uploads/2019/05/2019.04.23-Review-of-the-Multi-Agency-Adult-Safeguarding-policy-and-procedures-2019-final-1-1.pdf

The aim for the safeguarding plan and review should be the following:

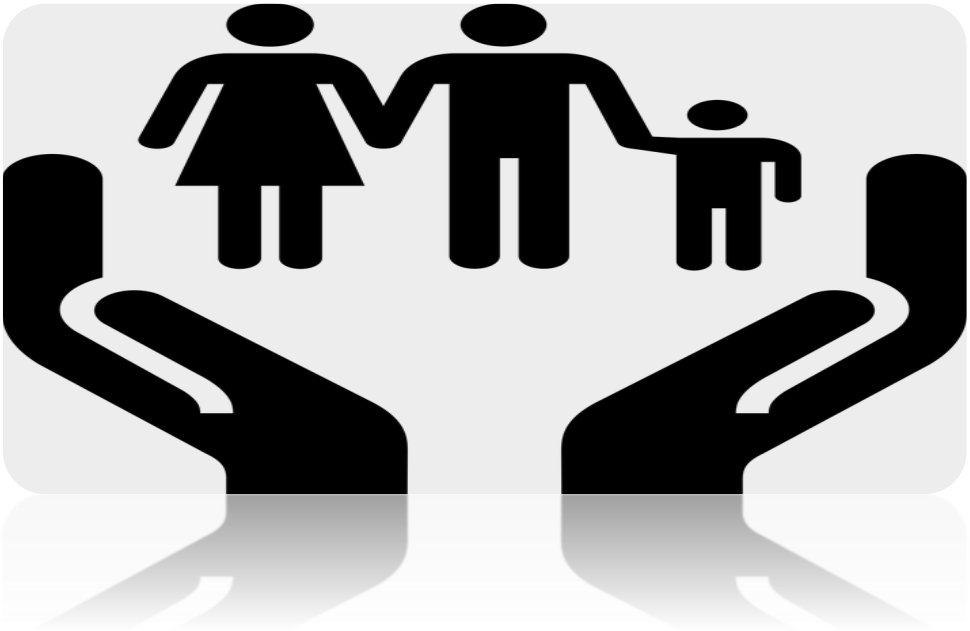
- Safeguarding plan should be in place 5 days from the enquiry report.
- The review of the safeguarding plan should be within 3 months, although could be sooner dependent on risk.
- In terms of closing an enquiry the aim should be the following:
- Action immediately following a decision to close.

To discuss a safeguarding referral, call Social Care Customer Contact Centre
0208 825 8000

Email Social care contact centre: sscallcentre@ealing.gov.uk

Emergency duty team: 0208 825 8000 or 5000

Download the Safeguarding Adults Referral Form and email to scallcentre@ealing.gov.uk



2.5 Mental Capacity

Among adults who are vulnerable to self-neglect, the capacity to make decisions may remain intact. However, the capacity to identify and extract oneself from harmful situations, circumstances, or relationships may be diminished[6]. Building good relations can maintain a level of contact that enables support to be accepted over time and with that, the monitoring of capacity[7].

The Mental Capacity Act 2005 provides a legislative framework and a Code of Practice **www.gov.uk/ government/publications/mental- capacity-act-code-of-practice** to support and protect the rights of people who may lack capacity to make some or all decisions.

The key principles are:

- Assume capacity
- Support people make their own decisions
- The right to make unwise decisions
- Best interests
- Least restrictive option

2.5.1 What is mental capacity?

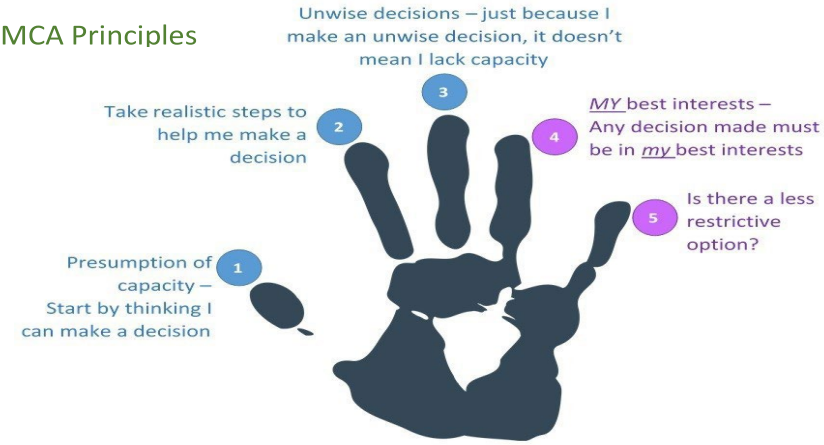
Mental Capacity is the ability to make a decision e.g.

- Daily life decisions.
- Serious or significant decisions
- Decisions that may have legal consequences

- **Time specific** – Capacity must be assessed at the time a decision needs to be made. Capacity and decisions must be reviewed at agreed times, or it may even be possible to wait until a more appropriate time if that is better for the person.
- **Decision specific** – Capacity is assessed in relation the ability to make a specific decision, not a general ability to make decisions. What is the decision to be made? Always keep going back to the decision in question, it is easy to drift away from the actual decision.
- **Consider** – does the decision have to be made now, can it wait if likely to regain capacity? Is this the best time of day for the person? Have you made all efforts to support the decision making before assessing capacity? Are the right people there to support the person? Do you need to ask someone with more experience in capacity assessments to support you?

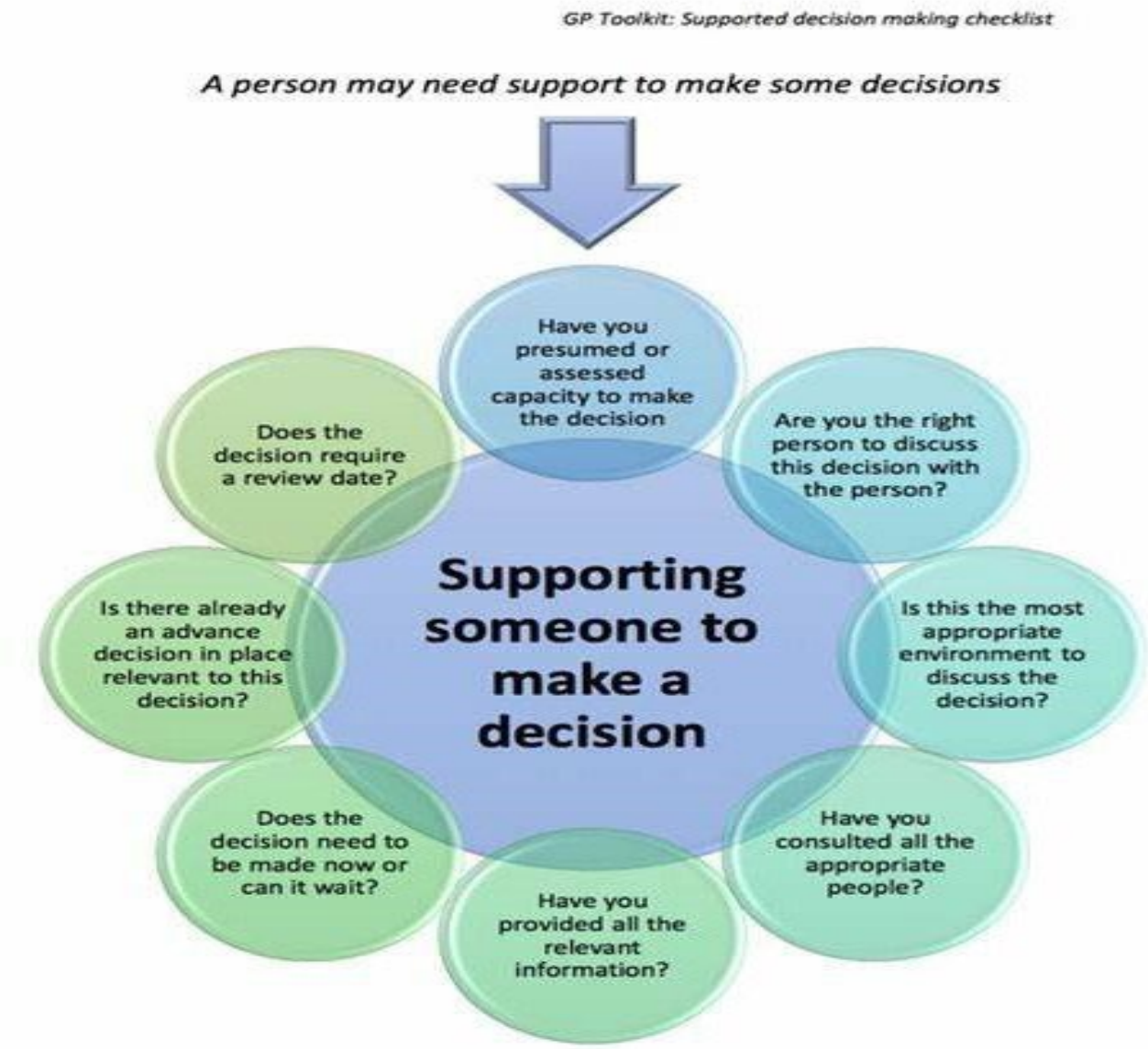
Figure 1 illustrates the principles from the person's perspective while Figure 2 provides some useful prompts to consider when supporting someone to make a decision about their life.

Figure 1: The MCA Principles



[6] Naik, A. D., Lai, J. M., Kunik, M. E., & Dyer, C. B. (2008). Assessing capacity in suspected cases of self-neglect. Geriatrics, 63(2), 24.
[7] https://www.scie.org.uk/publications/reports/report46.pdf

Figure 2: Supporting Decision Making



2.5.2 Assessing Capacity

If you have taken steps to fully support the person to make a decision but doubt their ability to make it, then you should complete the capacity assessment.
Have you ensured:

- The person knows their capacity is being assessed
- You and they are clear on the decision to be made
- Any communication aids for example interpreters/signing, hearing aids, dentures and glasses are in place and working?
- The person has those present who make them feel safe and supported?
- This is the best time of day for the person? Are they at their best in the morning or evening?
- They have not had medication or drugs/alcohol that affects decision making?
- Anything that makes them anxious or distracted has been removed or reduced?
- The environment is helpful to making decisions e.g., not too noisy, or uncomfortable?
- You are able to record your findings and share them with the person

Capacity assessment is comprised of a two-stage test:

1. Does the person (P) have an impairment or disturbance of the mind or brain?
   Examples of this could be dementia, a brain injury, a learning disability, effects of substance misuse or medication, acute illness/infection
2. Does the impairment or disturbance affect the ability to make THIS decision at THIS time? To establish this, you must evidence the following components and ensure this is done in a way that maximises a finding of capacity:

- Can P understand the information? Yes/No – evidence: can they explain back to you what is relevant to the decision? E.g., 'I have a urinary infection, antibiotics are needed for 5 days to clear it and without them it will probably get worse, and I could end up in hospital'
- Can P retain the information? Yes/
  No – evidence: They can demonstrate that they can remember the information long enough to be able to make the decision. This should be in proportion to the type of decision being made.
  E.g., information about a blood test for as long as the blood test takes, if it is to move to a new home this would be something the person should be able to remember as it has long term consequences.
- Can P use and weigh the information – Yes/No - evidence: can the person tell you the pros and cons of the decision?
  E.g., 'I know the antibiotics would make my infection better quicker and prevent further serious complications, but I prefer to wait and take-home remedies to see if it improves first'
- Can P communicate their decision? – Yes/No – evidence: can they tell you, their decision? This may be through various means, and you may need a speech and language expert or interpreter to ensure you understand the person's wishes

Document your assessment and do not set the bar of understanding higher than would be reasonable for most people. Remember that the conclusion of your assessment is based on the balance of probabilities.

2.5.3 Top Tips

- A person should be fully supported to make a decision before deciding to assess capacity
- A person must be made aware their capacity is being assessed
- Make use of any templates your service has for documenting capacity
- The decision maker assesses capacity
  e.g., if it is a medical issue a clinician may assess, if it is about a social care issue, social worker would assess – be clear on what the decision is before assessing
- It is time and decision specific – it is not a mini-mental state exam. Inability to make one decision does not permit anyone to assume a general 'lacks capacity' for everything
- Be careful about constantly assessing capacity – to assess capacity is highly intrusive and must be justified, it is not repeat testing until we get the right answer!
- If a person refuses to engage, an assessment of capacity for a decision could be made based on ancillary information
- Capacity should not equate to abandonment; support should be offered with reasonable adjustments to suit the persons wishes

Chapter 3: Information Sharing

Key messages:

Adults have a right to independence and control over their lives including their information. There are circumstances in practice with adults where the right to confidentiality can be overridden.

The Care Act 2014 sets out general duties to cooperate between the Local Authority and other organisations providing care and support, including for the purposes of safeguarding adults at risk. It also outlines the responsibilities of others to comply with requests for information from the Safeguarding Adults Board, if such information is not forthcoming. More information can be found in the London Multi-Agency Safeguarding Adults Policy and Procedures and the SCIE website/.
Safeguarding adults: sharing information | SCIE

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.
- Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).
- There should be a local agreement or protocol in place setting out the processes and principles for sharing information between organisations.
- An individual employee cannot give a personal assurance of confidentiality.
- Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations.
- It is good practice to try to gain the person's consent to share information.
- As long as it does not increase risk, practitioners should inform the person if they need to share their information without consent.

Information sharing can present professionals with uncertainty over the legal position and ethical dilemmas. Your organisation and professional body will have policy and guidance for you when you are unsure about sharing. It is important to consider the risk of not sharing information as well as the duty of confidentiality when weighing up your decision.

Information Requesting

An important point that can be overlooked, is how information about an adult at risk is requested. The request should be clear about the purpose, whether consent has been obtained and clear reasons as to why it has not. The request should also be very specific about who is requesting, the nature of the information required and the purpose for which it will be used. This can help the information holder to make an informed and defensible decision.

All information requests must be sent securely and provide a secure email to return them, if in doubt, check. If a request is not constructed in a way that enables you to cooperate, contact the sender and ask them to be more specific to guide your decision.

Adults sometimes refuse consent for their information to be shared, this is often due to fear of services interference or fear of an abuser. It is important that the adult is supported to discuss concerns they have and receive clear information about professionals' concerns about risk plus any reassurance about their fears where it is possible to provide it.

It is possible to override the wishes of an adult not to share their information in the following circumstances:

- the person lacks the mental capacity to make that decision – this must be properly explored and recorded in line with the Mental Capacity Act 2005
- other people are, or may be, at risk, including children
- sharing the information could prevent a crime
- the alleged abuser has care and support needs and may also be at risk
- a serious crime has been committed
- staff are implicated
- the person has the mental capacity to make that decision, but they may be under duress or being coerced
- the risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
- a court order or other legal authority has requested the information.

You must clearly document in the persons record, details of the request along with what you have shared and your reasons for doing so.

There are occasions where it may be appropriate not to share information requested by another agency. This is when the adult does not consent and:

- Nobody else is at risk – always consider any children at risk as well as adults
- no serious crime has been or may be committed
- the person alleged to have caused harm has no care and support needs
- no staff are implicated
- no coercion or duress is suspected
- the public interest served by disclosure does not outweigh the public interest served by protecting confidentiality
- the risk is not high enough to warrant a multi-agency risk assessment conference referral
- no other legal authority has requested the information.

If you decide not to share information you must clearly record the request and your reasons for not sharing.

Chapter 4: Useful Ealing Services and Resources

4.1 What support can agencies provide?

Seminal research from Braye et al[8], 2014 found that service involvement for people who self-neglect is more successful when it draws on multi-agency working. It is sometimes challenging to know which agencies you can contact for support and what you can expect from those agencies when you do make contact. In response to this, agencies working in Ealing have provided this practical information about what support services can provide.

Adult Social Care - London Borough of Ealing

Adult social care can offer holistic and person-centred assessment and interventions where there are concerns about self-neglect and hoarding, to support individuals to achieve positive outcomes. Adult social care practitioners can complete assessments under relevant statutory frameworks including the Care Act, the Mental Capacity Act and initiate safeguarding processes.

This may include co-ordinating a multi-agency approach and liaising with partner agencies to deliver joined up risk assessment and management, including health colleagues, care providers, housing, environmental health, the Fire Service and High-Risk Panel.
In the majority of cases the usual Care Act assessment procedures will be the best route to provide an appropriate intervention. If assessed as having mental capacity to make informed decisions on the issues raised, then the person has the right to make their own choices. However, the assessor must ensure that the person has fully understood the risk and likely consequences if they refuse services. Involvement with the person should not stop at this point and efforts should be made to engage the person in the management of risks and to form a relationship with them to do this.

If the person is assessed as not having capacity to make the relevant decisions, then care should be provided in line with “best interest” principles (Section 4 MCA). If any proposed care package might amount to a deprivation of liberty (DoLS), consideration must be given as to whether it would be necessary to obtain authorisation under the DoLS procedure or an order from the Court of Protection. Assessment of self-neglect should include assessment of any health issues such as impaired sight and mobility, pain issues, or long-term conditions that may be contributing towards the self- neglect.

Housing

Under Part 1 of the Housing Act 2004, the housing department has powers to take enforcement action where there is any risk of harm to the health or safety of an actual or potential occupier of a dwelling or house of multiple occupation which arises from a deficiency in the dwelling or house of multiple occupation or in any building or land in the vicinity (whether the deficiency arises as a result of the construction of any building, an absence of maintenance or repair, or otherwise). The housing department can require access to residential premises in their district to assess if such a hazard exists.

The duty to inspect the property is restricted to where there is an official complaint made either to the Justice of the Peace or local council. However, where there is evidence that there is imminent risk of serious harm to the health and safety of the occupier, the local authority has emergency power to serve a remedial action notice or emergency probation notice prohibiting the use of the property.
There are also powers to serve a deferred action notice and take emergency remedial action.

[8] Braye, S., Orr, D., & Preston-Shoot, M. (2014). Self-neglect policy and practice: Building an evidence base for adult social care.

There is no requirement that the property is owned by the local authority, nor is the capacity of the inhabitant relevant to the exercise of these powers. However, use of these powers in isolation will have limited effect on those who have persistent behaviours. The Housing Act powers cannot be used to remove hoarded items or address any health and safety problems that are the result of the owner's action.

Private landlords/housing associations/registered social landlords

Private landlords/housing associations and registered social landlords have an obligation to ensure that their properties are in a good state of repair and are fit for human habitation. Where the tenant is responsible for the disrepair the landlord has a right of action, including ultimately seeking possession of the premises. The role of the landlord/housing association and powers afforded to them means that they have a key role in alerting the statutory authorities to particular cases and that consideration should always be given to their inclusion within multi-agency discussions.

Regulatory Services

Regulatory Services have a range of powers to intervene where a property is in a condition that is prejudicial to health, or where the premise is materially affecting neighbouring premises. Regulatory Services is a frontline agency in raising alerts and early identification of cases of self-neglect and hoarding. Where properties are verminous or pose a statutory nuisance Regulatory Services will take a leading role in case managing the necessary investigations and determining the most effective means of intervention.

Where the individual is residing in conditions that only pose a threat to their own welfare, the powers available to Regulatory Services may have limited or no effect. In cases involving persistent hoarders the powers may only temporarily address and/or contain the problem. Therefore, utilising powers under public health legislation in isolation may not be the most effective use of resources, particularly where a coordinated approach could provide immediate protection of the individual and others and also promote a long-term solution.

Ealing Adult Community Team for People with Learning Disabilities (CTPLD)

Adults with a diagnosis of learning disability can get support from the community team for people with learning disabilities (CTPLD). This team of health and social work professionals work in partnership with people with learning disabilities, their families, carers, and other agencies.

CTPLD offers care and support for self-neglect or hoarding/collecting if the person is aged 18+ years and is known to the service and has been assessed as being eligible for the service due to having a formal diagnosis of a Learning Disability.

A Learning Disability is not necessarily the main factor that causes self-neglect and hoarding. If there are indicators that the person may have a Learning Disability, then a referral should be made to CTPLD – Psychology for a formal Learning Disability assessment. Please note high functioning Autism may be associated with self-neglect and hoarding/collecting, however, this customer group does not necessarily have a Learning Disability diagnosis and would not be eligible for care and support from CTPLD.

If a person has been assessed as being eligible for care and support from CTPLD then we offer a multi-disciplinary service provided by a range of health and social care professionals experienced in the following disciplines – social work, occupational therapy, psychology, positive behaviour support, psychiatry, advanced nurse practitioners, community nursing, speech and language therapy, physiotherapy, art therapy and music therapy.

Adults with a formal diagnosis of a Learning Disability must have an Ealing GP to access the health service and an Ealing residential address to access the social care component of the team.

CTPLD social work practitioners may complete a strengths-based assessment under relevant the statutory framework of the Care Act 2014. This may include collaborative work and risk management with other partner agencies including heath, the housing department, landlords, the London Fire Brigade where apt.

Ealing Community Team for People with Learning Disabilities
62 Green Lane
London
W7 2PB

Tel: 020-8566-2360
Email: Learning_Disabilities_duty_Team@ealing.gov.uk

Ealing Adult Autism Assessment Services

This multi-disciplinary service provides specialist diagnostic autism assessment and a follow up of up to 3 sessions for people who:

- Have no significant learning disability
- Are aged 18 or over
- Have an Ealing GP and live within 1 mile of the Ealing borough border.

The team does not provide long term management of mental health issues and is only available for people who have not previously received an assessment for autism.

This service was established in 2019 better to support people to access assessment and support in the local area, avoiding the need for referral to out of area services.

Referrals can be made by healthcare professionals via the West London NHS Trust Single Point of Access Referral form

Ealing Multi-Agency Risk Assessment Panel

The Ealing Multi-Agency Risk Assessment Panel (EMARAP) was established by the Ealing Safeguarding Adults Board to

provide a multi-agency way of supporting individuals with complex needs presenting with high risk in order to secure positive and person-centred outcomes. The various partners of the EMARAP will support agencies in their work to reduce and manage risk for both individuals and their immediate neighbours. The panel has a consultative and advisory role.

The EMARAP aims to:

- Consider a variety of options for supporting individuals
- Improve support for practitioners
- Identify risk at an earlier opportunity
- Deliver a proportionate, coordinated, effective and timely response
- Improve outcomes for the adult with care and support needs
- Attempt to reduce risk, keep residents safe and combine knowledge, experience, and expertise from different services to provide advice.
- Providing a support network of organisations and agencies.
- Developing better partnership working between the agencies to ensure a holistic approach to care.

Eligibility for the Multi-Agency Risk Assessment Panel

For cases to be accepted to the EMARAP, practitioners need to demonstrate a range of options have been considered or evidence of actions that have been tried to reduce the risks to the individual with no or little effect. Cases must be:

- Deemed to be of high risk – serious harm to themselves or others. The risk will have maintained high despite interventions. The Risk Matrix (Appendix 1) can be used to help determine the level of risk, high risk being mostly orange or red. There may also be serious safeguarding concerns.
- Not a new case to the practitioner
- Not have immediate safeguarding risks, these should be managed under the London Multi-agency Adult Safeguarding Policy and Procedures.

Referrals should be made by completing a referral form **EMARAP - referral form** and emailing it to the EMARAP inbox (**ESAB@Ealing.gov.uk**).

Health Services - General Practice

Advice for adult patients who are not registered with a GP and who are deemed to have capacity and decline to register[8]:

The reasons why these patients do not want to be registered should be fully explored by any professional in contact with the patient and any potential barriers considered and discussed/challenged as appropriate. If the patient is not registered with a GP, it may restrict their access to any hospital-based services or community services outside of urgent and emergency care as these referrals are usually made via the GP practice. They may also not receive regular screening tests for things like cancer which are often co-ordinated via the GP.

The following information may be useful for other professionals when discussing why to register with a GP and how to Go about choosing a GP as well as your rights as a patient. GPs are usually the first medical point of contact with the NHS. They are responsible for the comprehensive and continuing care of patients registered with them. GPs provide advice and treatment. If further treatment or investigation of a problem is required, the GP will co-ordinate this and ensure that it is provided. Further treatment might be provided by your GP, or by a member of their team such as a practice nurse, midwife, or health visitor, or if required, by referral to a specialist doctor called a consultant or to other specialist services. GPs are also keen to promote good health amongst their patients.

They and their staff give advice on diet, exercise, healthy living, and disease prevention. Most patients are looked after by the same GP for many years. This builds up a bond of trust between the GP and patient and enables the GP to build up a good knowledge of you and your health.

Advice for health and social care staff who look after patients who lack mental capacity to make decisions about their care, and are at risk of self-neglect

In the case of a patient who is at risk of consequences of self-neglect, who lacks mental capacity to decide about his or her care, and who refuses to register with a general practitioner, another person may make the application on his or her behalf. This person may include:

- a relative
- the primary carer
- a lasting power of attorney
- a person appointed by a court under the Mental Capacity Act

This is stated in the GP contract, and practices that refuse to register patients must send their decision to the applicant in writing within 14 days. Practices may only decline to register a patient (whether as a temporary resident or permanent patient)
if they have reasonable grounds to do so. These grounds must not be related to an applicant's race, gender, social class, age, religion, sexual orientation,
appearance, disability, or medical condition.

Once registered with a GP practice, the GP becomes the decision maker and will make a continuous assessment of someone's capacity through the Mental Capacity Act as appropriate.

Under the Mental Capacity Act, patients should also be provided with an independent advocate (IMCA) if they do not have an appropriate advocate who will support them to make decisions in certain situations, such as serious treatment or where the individual might have significant restrictions placed on their freedom and rights in their best interests.

It is not necessary for a patient to present formal identification or proof of address to be registered with a general practice.

Furthermore, if a patient is homeless, they may register using the practice address.

If a health or social care professional has concerns about registering a patient with a general practice, please contact

Ealing Clinical Commissioning Group
Tel: 020 8280 8080
email: nhsnwlccg.ealing@nhs.net

You can find your nearest GP by searching on the NHS Choices website Find a GP .

Acute hospital

Healthcare professionals provide holistic assessments of patients who present, displaying characteristics of self- neglecting behaviours. They are crucial in raising concerns to the Trust safeguarding team, who will then refer to the relevant local authority for assessment and planning prior to discharge. A Datix (clinical incident reporting form) is completed for governance.

Of the potential multiple professionals that can be involved in self-neglect cases, the liaison psychiatric team may reveal underlying mental health issues, particularly regarding hoarding behaviours. This information can then be linked to community teams and/or the risk assessment panel.
Mental capacity assessments will be essential to identify intentional self-neglect where refusal of services in the community is a feature.

Some of the multi-disciplinary team (MDT) who may be involved within the Trust are doctors; nurses; specialist teams such as drug and alcohol liaison, tissue viability, palliative care, dietician, therapists; liaison psychiatry. This is not an exhaustive list and will be tailored using a person-centred approach.

A key role for acute health is discharge planning involving the MDT both within and external to the Trust, and the patient in order to consider their wishes where possible, to plan for a safe departure from the acute health service.

West London NHS Trust - Mental Health Services

Hoarding disorder and Diogenes syndrome

We are improving the way we provide mental health care across Ealing, Hammersmith and Fulham and Hounslow. We are making services easier to access, better designed to meet individual needs and better connected to the community.

Our community-based teams are made up of different professionals with a wide range of skills. They focus on supporting people's mental health, alongside their physical health and social care needs. Our teams work closely with GPs, social services, the voluntary sector, and other organisations to offer treatment and care in a more integrated - or joined up way.

West London NHS Trust is at the forefront of developing and delivering this new model of community-based mental health care. We have called it MINT which stands for Mental health Integrated Network Teams.

Hoarding disorder or Diogenes is a relatively rare syndrome which describes an aggravation of eccentric and aloof/ reclusive personalities, leading to isolation, severe self-neglect, extreme hoarding, and squalid living conditions.
The preferred term (coded in DSM-V) for people who hoard objects is 'hoarding disorder'. Hoarding and squalor can be due to dementia, frontal lobe
damage from a stroke, depression, OCD, and chronic schizophrenia. Many however do not have an additional psychiatric disorder and there is often a resistance to accept help. Research has shown that a cognitive behavioural treatment can be helpful for people who hoard.

For referrals in emergencies contact the Trust Single Point of Access (SPA) 0800 328 4444 or non-urgent the client's GP.
Referral forms should be emailed to wlm-tr.wlmhtSPA@nhs.net
https://www.westlondon.nhs.uk/professionals/referral-guidance

District Nursing and Community Health Services

At West London NHS Trust we help people manage long term conditions and provide community nursing, often at home. These services include management of diabetes, bladder and bowel problems, wound care, and home oxygen.

Ealing Community Partners (ECP) is a group of NHS, Ealing Council and voluntary organisations working together to deliver community health and care services for people in Ealing. ECP is led by West London NHS Trust (WLNHST), and all services in ECP are delivered under the direction of WLNHST. Our services include:

- Care for people with long term conditions, such as diabetes, pressure ulcers and continence needs, as well as psychological and psychiatric care
- Nursing and therapy for children who need specialist healthcare
- Healthcare for people with a learning disability
- Physiotherapy, podiatry, speech and language therapy, occupational therapy, and other services to help people maximise their independence
- Nursing for people in their homes and community clinics
- General practice (GP) services for patients in care homes
- Care at home for people who are at the end of their life.
- Our services are for people who:
- Are registered with an Ealing GP practice; and live in the London Borough of Ealing or within one mile of its boundaries.

The Community Referral Hub is a single point of contact and referral for all services provided by ECP.

A team led by clinicians brings all ECP services together into one single team for administrative triage, 24

hours a day, 7 days a week.

The Community Referral Hub welcomes referrals for eligible patients from healthcare professionals.

ECP can also help with enquiries directly from patients and carers who are using a service.

Email: ealingcommunity.referrals@nhs.net
Telephone: 0300 12345 44

As practitioners often visit patients in their homes, they can identify and raise concerns about self-neglect or hoarding and play an important role in risk assessment and management.

The multi-disciplinary team encompasses district nursing, nursing care, rehabilitation, self-management, and enablement for people in their own homes and other community settings.

The care can include the following:

- Complex wound care/tissue viability
- Continence care
- End-of-life care
- Falls services, including exercise groups
- Case management
- Medicines administration
- Continuing healthcare
- Home-based rehabilitation, including
- equipment loans
- The aim of the service is to provide high-quality care to support GPs in managing often complex housebound patients to live as independently as independently as possible.

The service is not suitable for people:

- In need of social care but do not have a nursing need or rehabilitation potential
- Who need immediate admission to secondary care
- Who require administration of psychiatric medication or whose main presenting problem is a mental health issue (these should be referred to the appropriate mental health team)?
- Who need help with tasks such as collection of prescriptions, delivery of incontinence equipment or purchasing equipment privately.

Rapid Response and Home First

Our joint Rapid Response and Home First teams provide a crisis response for individuals who are at risk of hospital admission and help people return home quickly after a severe or sudden illness when they have been discharged from a general hospital.
The service is for people aged 18 or over who live in the London Borough of Ealing or who are registered with an Ealing GP (family doctor).
Similar services are sometimes referred to as intermediate care, integrated care, or virtual wards.

Emergency services

London Fire Brigade

LFB carry out home fire safety visits to properties and focus on the most vulnerable people in the community. LFB crews can provide smoke alarms and fire-retardant bedding. Crews can also signpost the vulnerable members of the public to Ealing's more specialist staff. Often LFB can gain access to properties due to their trust in the community and LFB work with partner agencies to carry out joint visits to give a more holistic approach which benefits the community.

Home fire safety visits can be requested on the London Fire Brigade website https://www.london-fire.gov.uk/safety/the-home/book-a-home-fire-safety-visit/

using the code **Ealing P1-12** (in the additional information section).

Metropolitan Police Service

If you have a concern about a Vulnerable person, please see below for advice on offences and Police assistance:

Cuckooing

Professional criminals are targeting the homes of adults with care and support needs so that the property can be used for drug dealing – a process known as 'cuckooing'

These criminals are very selective about who they target as 'cuckoo' victims and are often entrepreneurial. A lot of the time victims are lonely, isolated, frequently drug users themselves and are already known to the Police. Dealers often approach the victim offering free drugs to use their home for dealing.

'Cuckooing' means the criminals can operate from a discreet property, which is out of sight, making it an attractive option. They can use the premises to deal and manufacture drugs in an environment not under police radar.

When the criminal uses the victim's property for criminal's enterprises, the inhabitants become terrified of going to the Police for fear of being suspected of involvement in drug dealing or being identified as a member of the group, which would result in their eviction from the property.

If you know or suspect of someone who is a victim of cuckooing, there are a variety of ways you can get report it:

- Inform a local Police Officer
- Attend your nearest Police Station
- Report online via the 'report it' page on the Metropolitan Police website.
- Call 101
- Or, if you would like to remain anonymous, please call Crimestoppers 0800 555 11

Anti-Social Behaviour

Anti-Social Behaviour (ASB) takes many forms and may be exhibited in or around the address of the Vulnerable adult.

General examples of ASB could be noise, rowdy behaviour, begging, street drinking, fireworks, nuisance calls, and abandoned vehicles.

Below are some important signs to look out for if you feel a property is being used to deal drugs, or if you are concerned about a property.

- Usually takes place in a multi- occupancy or social housing property
- An increase in the number of coming and goings
- Offenders will often have new vehicles outside the property, frequently use taxis or hire cars
- Possible increase in ASB activity in and around the property
- Professionals visiting may be aware of new unidentified persons in the property
- The property may become to appear almost sparse of valuable possessions inside and go into a state of disrepair.

Advice

Seek assistance from the police and local authority who are working in partnership to tackle Anti-Social Behaviour in the community.

Record evidence of what is happening by keeping an Anti-social behaviour diary recording the five Ws, Who, What, When, Where and Why.

Make the relevant landlord or housing officer aware as soon as possible.

Police have a range of tactics at their disposal including extra patrols, Dispersal zone powers, Community Protection Orders, Criminal Behaviour Orders and stop and search powers.

Welfare checks

Police will only attend an address to carry out a Welfare check in an emergency, if someone is believed to be in immediate danger such as collapsed.
Police have a Power of Entry under Section 17 (1) (e) PACE 1984 in order to go into a property to save 'life and limb' in such circumstances.

Police attending people's homes for welfare checks, following up on
anti-social behaviour, cuckooing concerns, or called out for other reasons often identify concerns about someone's living conditions or presentation and can alert other agencies to these concerns via Ealing's Multi-Agency Safeguarding Hub (MASH).

When to call police 999 v 101

Call **999** if:
- a serious offence is in progress or has just been committed
- someone is in immediate danger or harm
- property is in danger of being damaged

Call **101** for Non-emergency Neighbourhood Police.

Neighbourhood Policing Teams work in the local areas. Local Policing teams can be consulted about any individuals and vulnerable persons and will be able to offer advice and act when required.

Ealing Police Safer Neighbourhoods Team (Ealing Broadway)

Email: ealingbroadway.snt@met.police.uk
Website: met.police.uk/teams/ealing
Tel: 020 8246 9575 / 07843 065906

Address: Ealing Broadway Team
Ealing Police Station
Ealing
London
W5 5SJ

Hostel Services

Homelessness Services have a duty of care towards clients and have a duty refer any safeguarding or self-neglect concerns to the safeguarding Adults Team safeguardingadults@ealing.gov.uk.

Hostels officers and Housing Solutions officers will discuss a range of issues with applicants, signposting them to other services.

Housing Associations are private companies whose not-for-profit arms perform a public function, including the provision of social housing. They are obliged to complete a Fire Risk Assessment for their properties. All services will have internal health and safety procedures they are required to follow. This may include how often they need to check the client's room and what access they require to the room.

Ealing Carers Support

There is a wide range of support and advice available in Ealing for carers. You can find the right thing for you by using Care Place, a directory of support and advice available in Ealing. Use the search options within Care Place to find the best advice and support for you.

You can also use Care Place to find out about activities and support for the person you care for.

For detailed information about all benefits, Carers UK is also a good source of information.

Locally, **The Carers' Centre** provides support to carers and can give you advice on what benefits you may be eligible to receive. **Telephone** 0203 137 6194 for more information.

Contact details for carers support

CarePlace
www.careplace.org.uk/Categories/23/Carers

CarePlace activities and support
www.careplace.org.uk

Carers UK
www.carersuk.org

The Carers' Centre
www.tuvida.org/ealinghub

The Recovery College

The Recovery College is a training and resource centre which develops and delivers education and tools to support wellbeing and the self-management of mental health difficulties. The Recovery College works with you either to support you in your recovery or to help you support someone for whom you care.
The wide range of courses are open to those using the West London NHS Trust's (WLNHST) mental health services, staff, carers, families, and supporters. The courses are also available to local authorities and partner organisations.

Courses are co-produced and delivered by a member of WLNHST's staff and at least one peer trainer, recognising the equal value of professional training and lived experience and expertise.
The college works to an educational rather than a clinical model. We follow the guiding principles for recovery colleges as defined by Implementing Recovery through Organisational Change (ImROC)
ImROC - Implementing Recovery through Organisational Change
You must be enrolled before you can complete a Recovery College course or workshop. You can enrol online. It takes about approximately five minutes to complete the registration process, and once enrolled, you can book yourself onto any of our courses throughout the year.
Email: bookings.recoverycollege@westlondon.nhs.uk

Telephone: 020 8483 1456

Chapter 5: Risk and Assessment Tools

The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person's happiness. What good is it making someone safer if it merely makes them miserable?[10]

We all manage risk in our daily lives, and it is our right to take certain risks which is why the right to make unwise decisions is
enshrined in the Mental Capacity Act 2005. Some people choose dangerous sports or to smoke cigarettes knowing this carries risk to safety and wellbeing. Determining what risks, we are prepared to take is a skill developed over the lifespan, some people, for example with a learning disability, may not have been given the opportunity to develop skills in relation to risk. It is vital to exercising human rights that people are supported to develop and practice the skill to make independent decisions and weigh up risks[11]

Enabling Risk

At the heart of the Care Act 2014 is the well-being principle, which assumes that the individual is the best judge of their own well-being, of what is important to them and the outcomes they wish to achieve[12]. White (2017)[13] offers three key questions to be answered in relation to any possible actions taken by professionals:

Can we promote the person's safety without interfering with the benefits they gain or infringing their rights?

Are there ways we can help change the situation or reduce risk to acceptable levels while still respecting their choices?

Accepting things could go wrong – what could go wrong and how could we respond if it did?

Assessment Tools

Assessment tools can be useful to support practitioners, they are designed to support assessment but are not a substitute for critical thinking, knowledge, and experience. As with any professional assessment, knowledge is required to inform the conduct of the assessment is concerned, for instance, with determining the appropriate environment for conducting assessment; forming judgements about the kinds of contribution the service user seeks, and is able, to make; and timing the transition from assessment to intervention[14].

If the practitioner is not experienced in working with self-neglect, they may require support and supervision to use assessment tools.

The involvement of the person and those they wish to be involved, is considered integral to the assessment process in all of the frameworks reviewed. Assessment should be about determining the service users' needs but should not be a process that is 'done to' people.

Whichever tool is used, it must capture risk to enable a proportionate approach by helping to demonstrate what is to be gained from taking a particular risk as well as what could go wrong without oversimplifying the concerns.

[12] Anka, Sorensen, Brandon, Bailey, (2017) "Social work intervention with adults who self-neglect in England: responding to the Care Act 2014", The Journal of Adult Protection, Vol. 19 Issue: 2, pp.67-77

[13] Cooper, A., & White, E. (2017). Safeguarding adults under the care Act 2014. Jessica Kingsley Publishers.

[14] Crisp, B. R., Anderson, M. R., Orme, J., & Green Lister, P. (2006). Assessment frameworks: A critical reflection. British Journal of Social Work, 37(6), 1059-1077.

Use of Photography

With agreement from the person, research conducted in the USA has shown using photography as a monitoring and reviewing tool to encourage service user participation in decisions relating to the decluttering of possessions and using a camera to create a photo album (at pre- and post-intervention) to support a service user to declutter[15].

Fire Safety Risk Assessment

Safeguarding Adult Reviews have highlighted insufficient attention is paid to the threat a person's behaviours may pose to others, particularly in relation to the accumulation of items and any propensity to start fires. Such circumstances should lead to a thorough assessment of mental capacity and if the risk is so significant it poses a wider risk this cannot be dismissed as personal choice. A more instructive intervention involving the person may be required. A smoke alarm check sheet with information on how to request a Home Fire Safety Visit has been included on page 32.

[15]Cermele, J.A., Melendez-Pallitto, L. and Pandina, G.J. (2001), "Intervention in compulsive hoarding: a case study", Behavior Modification, Vol. 25 No. 2, pp. 214-32.

Home Fire Safety Visit, Smoke Alarms and Guidance Note

1. Maintenance and disposal of alarms

- Smoke alarms fall under the WEEE Regulations (Waste Electrical and Electronic Equipment) category of the Monitoring and Control Instruments Regulations.
  Therefore, they should not be thrown out in general rubbish. Householders can:
- Take old electrical equipment to their local Civic Amenity site (tip).
- Arrange for their local authority to collect the equipment (some local authorities provide a free collection service and others charge).
- Arrange for an electrical retailer delivering new equipment to take away the old alarms.

2. Selecting the best position for smoke alarms

It is essential to make sure that smoke alarms are correctly positioned within a room or area to give the optimum level of protection.

Flat ceilings

- This is the preferred location for smoke alarms. They should be mounted on a flat ceiling whenever possible. The ceiling covering should be checked for integrity. If the covering is flaky, damp or shows other signs of poor integrity, an alternative site may need to be found.
- Consideration must be given to how easily the occupant(s) will be able to access the alarms for testing. Ideally, do not place them directly over stairwells or other hazards and check that the resident will be able to reach the alarms before fixing them in place.
- Ideally, the smoke alarms should be positioned in the centre of the ceiling. Beams or other fixtures too close to smoke alarms can prevent or delay smoke reaching them and mean the alarms do not activate quickly enough.
- As a minimum, they should not be closer than 300mm to any walls, beams, or light fittings. Where fluorescent light fittings are present, check the smoke alarm manufacturer's guidance, as some alarms are required to be positioned more than 300mm from such fittings.

Sloping ceilings

- In rooms with simple sloped, peaked, or gabled ceilings, smoke alarms can be installed on the ceiling.
- Ideally ensure that alarms are positioned 900mm below the highest point of the ceiling.
- 'Dead air' at the peak of a ceiling may prevent smoke from reaching alarms in time to provide an early warning.
- As with flat ceilings, ease of reach for testing and the integrity of the ceiling should be considered.

Wall mounting

The best position to ensure smoke alarms activate quickly is on the ceiling. However, if a suitable site cannot be located on the ceiling, smoke alarms can be mounted on a wall provided that:

- The top of the detection element is between 150mm and 300mm below the ceiling.
- The bottom of the detection unit is above the level of any door opening.
- The manufacturer's instructions state that the smoke alarm is suitable for wall mounting.
- The area of the room does not exceed 50m. If this is the case, additional smoke alarms will be required

in the room to ensure coverage of the whole space.
- Ease of reach for testing and the integrity of the wall covering should be considered.

In addition to the above points, care should be taken to avoid fitting alarms in the following locations:

1. In turbulent air from fans, heaters, or windows to avoid disruption of smoke flowing to the alarm.
2. Laundry or boiler rooms or other areas of high humidity, as moisture particles are likely to cause nuisance alarms.
3. Near objects such as ceiling decorations, as these could impede the flow of smoke to the alarm.
4. Very dusty or dirty areas as these can build up in the sensor and impair the sensors.

To request a free home safety visit either go on LFB website **www.london-fire.gov.uk/safety/the- home/book-a-home-fire-safety-visit** (using the code **Ealing P1-12** in the additional information section) or call **08000 28 44 28**

Smoke alarms should be tested once a month and in accordance with manufacture instructions

Date	Signature		Date	Signature

To request a free home safety visit either go on LFB website Book a home fire safety visit | London Fire Brigade (london-fire.gov.uk) (using the code **Ealing P1-12** in the additional information section), or call - **08000 28 44 28**

Appendix 1: Clutter Image Rating Tool Guidance

The clutter image rating scale can be useful in objectively describing the environment a person is living in by selecting which level of 'clutter' is involved. Individual perceptions will differ to what constitutes 'clutter' or 'hoarding', so this is a helpful way to ensure a consistent and proportionate understanding of the level of concern, particularly when sharing information with other professionals or making referrals.

It should be noted the title 'Clutter Scale' is unlikely to reflect the feelings and values of the person who is living in the environment. People's property is often precious to them regardless of the opinions of those who have concerns about the way they are living.
Language such as 'clutter' may be offensive to the person at the centre of the concerns and, therefore, should be avoided.

Use the Clutter Image Rating Scale and Guidance provided on the following pages to assess the level of the customer's hoarding problem and decide on the appropriate action you should take.

How to use this tool:

Using the 3 series of pictures (Bedroom, Living Room, and Kitchen), select the picture that best represents the amount of clutter in the house or individual rooms.

- Images 1-3 indicate level 1 (Green) – Signposting
- Images 4-6 indicate level 2 (Amber) – Escalate Concerns
- Images 7-9 indicate level 3 (Red) – Multi-agency response and consider mental capacity assessment

Alongside the practitioner's assessment, it is also useful to ask the person which pictures they think represents the state of their home, and then compare their perception with that of the practitioner's, to gain an understanding of their view of the problem and initiate discussion of changes they might like to achieve. Using the numbers that have been chosen, the practitioner and the person can look at whether they agree on the same level of clutter and if not, why not. An approach could be that they then together agree which room numbers the person would like their home to look like and how they are going to work together to achieve this. This may be done by prioritising one room at a time, or one type of item they wish to remove.

Appendix 2 also includes a range of **assessment tools** designed to support co-production and self-evaluation with individuals who may be self-neglecting or hoarding.

Clutter Image Rating (CIR) – BEDROOM
Please select the CIR which closely relates to the amount of clutter

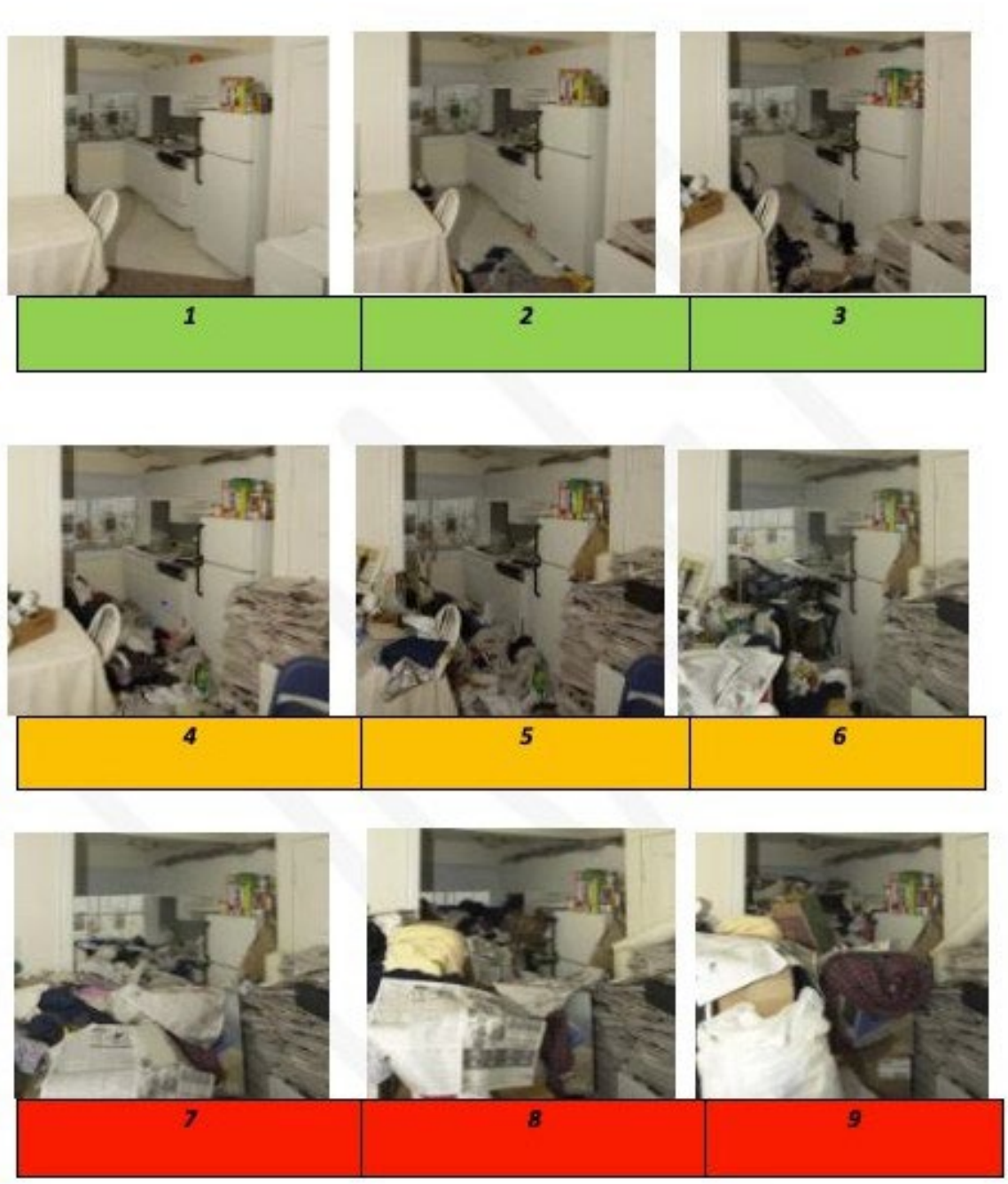
1	2	3

4	5	6

7	8	9

Clutter Image Rating (CIR) – LOUNGE
Please select the CIR which closely relates to the amount of clutter

Clutter Image Rating (CIR) – KITCHEN
Please select the CIR which closely relates to the amount of clutter



Description of Risk - Level One

Level 1 Clutter image rating 1 - 3	Household environment is considered standard. No specialised assistance is needed. If the resident would like some assistance with general housework or feels they are declining towards a higher clutter scale, appropriate referrals can be made subject to circumstances.
1. Property structure, services & garden area	• All entrances and exits, stairways, roof space and windows accessible. • Smoke alarms fitted and functional or referrals made to London Fire Brigade and Rescue Service to visit and install if criteria met. • All services functional and maintained in good working order. • Garden is accessible, tidy, and maintained
2. Household Functions	• No excessive clutter, all rooms can be safely used for their intended purpose. • All rooms are rated 0-3 on the Clutter Rating Scale. • No additional unused household appliances appear in unusual locations around the property. • Property is maintained within terms of any lease or tenancy agreements where appropriate. • Property is not at risk of action by Environmental Health.
3. Health and Safety	• Property is clean with no odours, (pet or other). • No rotting food. • No concerning use of candles. • No concern over flies. • Residents managing personal care. • No writing on the walls. • Quantities of medication are within appropriate limits, in date and stored appropriately.
4.Safeguard of Children & Family members	• No concerns for household members.
5. Animals and Pests	• Any pets at the property are well cared for. • No pests or infestations at the property.
6. Personal Protective Equipment (PPE)	• No PPE required. • No visit in pairs required.

Description of Risk - Level Two

Level 2 Clutter Image Rating 4 – 6	Household environment requires professional assistance to resolve the clutter and the maintenance issues in the property.
1. Property structure, services & garden area	• Only major exit is blocked. • Concern that services are not well maintained. • Smoke alarms are not installed or not functioning. • Garden is not accessible due to clutter, or is not maintained • Evidence of indoor items stored outside. • Evidence of light structural damage including damp. • Interior doors missing or blocked open.
2. Household Functions	• Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose. • Clutter is causing congestion between the rooms and entrances. • Room(s) score between 4-6 on the clutter scale. • Inconsistent levels of housekeeping throughout the property. • Some household appliances are not functioning properly and there may be additional units in unusual places. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Evidence of outdoor items being stored inside.
3. Health and Safety	• Kitchen and bathroom are difficult to utilise and access. • Offensive odour in the property. • Resident is not maintaining safe cooking environment. • Some concern with the quantity of medication, or its storage or expiry dates. • Has good fire safety awareness with little or no risk of ignition. • Resident trying to manage personal care but struggling. • No risk to the structure of the property.
4.Safeguard of Children & Family members	• Hoarding on clutter scale 4 -6. Consider a Safeguarding Assessment. • Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders.
5. Animals and Pests	• Hoarding is impacting the welfare of any pets at the property • Infestation may be beginning at the property

6. Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Is PPE required?

Description of Risk - Level Three

Level 3 Clutter image rating 7 - 9	**Household environment will require intervention with a collaborative multi-agency approach with the involvement from a wide range of professionals. This level of hoarding constitutes a Safeguarding alert due to the significant risk to health of the householders, surrounding properties and residents. Residents are often unaware of the implication of their hoarding actions and oblivious to the risk it poses.**
1. Property structure, services & garden area	• Limited access to the property due to extreme clutter. • Extreme clutter may be seen at windows. • Extreme clutter may be seen outside the property. • Garden not accessible and extensively overgrown. • Services not connected or not functioning properly. • Smoke alarms not fitted or not functioning. • Property lacks ventilation due to clutter • Evidence of structural damage or outstanding repairs including damp. • Interior doors missing or blocked open. • Evidence of indoor items stored outside.
2. Household Functions	• Clutter is obstructing the living spaces and is preventing the use of the rooms for their intended purpose. • Room(s) scores 7 - 9 on the clutter image scale. Rooms are not used for intended purposes or very limited. • Beds inaccessible or unusable due to clutter or infestation. • Entrances, hallways, and stairs blocked or difficult to pass. • Toilets, sinks not functioning or not in use. • Resident at risk due to living environment. • Household appliances are not functioning or inaccessible. • Resident has no safe cooking environment. • Resident is using candles. • Evidence of outdoor clutter being stored indoors. • No evidence of housekeeping being undertaken. • Broken household items not discarded e.g., broken glass or plates. • Property is not maintained within terms of lease or tenancy agreement where applicable. • Property is at risk of notice being served by Environmental Health.

3. Health and Safety	• **Human urine and excrement may be present.** • **Excessive odour in the property may also be evident from the outside.** • **Rotting food may be present.** • **Evidence may be seen of unclean, unused and or buried plates & dishes.** • **Broken household items not discarded e.g., broken glass or plates.** • **Inappropriate quantities or storage of medication.** • **Pungent odour can be smelt inside the property and possibly from outside.** • **Concern with the integrity of the electrics.** • **Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics.** • **Concern for declining mental health.**
4.Safeguard of Children & Family members	• Properties with adults presenting care and support needs should be referred to the appropriate Social Care referral point. • Please note all additional concerns for householders.
5. Animals and Pests	• Animals at the property at risk due the level of clutter in the property. • Resident may not be able to control the animals at the property. • Animals' living area is not maintained and smells. • Animals appear to be under nourished or over fed. • Hoarding of animals at the property. • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.). • Visible rodent infestation.
6. Personal Protective Equipment (PPE)	• Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Visit in pairs required.

Appendix 2: Assessment Tools

The following pages include a range of assessment tools to help initiate conversations with individuals who may be self-neglecting or hoarding, encourage them to engage in self-evaluation, identify their priorities, and other ideas to support co-production. This supports a person-centred approach to the assessment and management of risks, which assumes that the individual is the best judge of their own well-being, of what is important to them and the outcomes they wish to achieve.

This includes:

- Tools for Co-Production with People Who Self Neglect
- A simple two-part quiz to find out how overwhelmed by clutter you are
- Practitioner's Hoarding Assessment
- Using photography to support assessment
- Satisfaction with life questionnaire
- One Page Profile: a tool to help you work with someone to identify their priorities
- My Notes – prompts for practitioners
- Clutter's Anonymous questionnaire
- Person-centred and strengths-based approach
- Leaflet on Self-Neglect Guidance

Below is a simple risk matrix which is commonly used by agencies and can be useful in articulating and monitoring risk, both with colleagues and possibly the person being supported.

Likelihood	Impact				
	Insignificant	Minor	Moderate	Major	Severe
Almost certain	Moderate	High	High	Extreme	Extreme
Likely	Moderate	Moderate	High	High	Extreme
Possible	Low	Moderate	Moderate	High	Extreme
Unlikely	Low	Moderate	Moderate	Moderate	High
Rare	Low	Low	Moderate	Moderate	High

Some Tools for Co-Production with People Who Self Neglect

Social work with adults who self-neglect through hoarding presents a number of challenges for individuals, practitioners, organisations, and communities. An integrated Care Social Worker has used some of the tools used below as prompts, resources, and templates.

They have proved (at least partially) effective to prevent, protect and intervene with people who self-neglect and address the wide range of behaviours (such as neglecting to care for personal hygiene, health, or surroundings) and including behaviour such as hoarding.

1. William Morris Wallpaper (1834-1896). William Morris was a socialist who sought to change the world with creative functional designs that were useful and beautiful. Use the Wallpaper designs to establish a dialogue. William Morris famously said: 'Have nothing in your houses which you do not know to be useful or believe to be beautiful'. Clients might start to talk about what they like/ dislike about their own environment.

2. Getting to know the Person Grid: Use this tool to get to know the person, you can use or modify this template. You will get to know the person you are working with and perhaps draw out their strengths. Rather than focus on deficits have a conversation about what matters to the client.

3. First Thing Envelope: Introduce the idea of co-production with your client by asking them to write down the first thing they want to get rid of, clean or change in their life and 'post' it to you. The envelope has the address of the Recovery College on it you might want to discuss the Recovery College using the text from the tool kit.

4. Ten-Day Challenge. Use this tool to introduce the idea of removing one item – one day at a time. Change happens in steps. Indicate that you will stick to the client and help them one day at a time.

5. Myths and Truths Chart (All Answers are 'False'). Self-Neglect and Hoarding are not always presented accurately in the media. Hoarders, in particular, are presented as 'Folk Devils'. The person you are working with might be deeply ashamed even to be thought of as a 'Hoarder'. Use the Myths and Truths Chart to discuss and deconstruct the myths and indicate to the client that this time you are there to support them and understand the condition.

6. Van Gogh Painting Bedroom at Aries Winter Morning (1888). Use this picture by Van Gogh to start having a conversation about objects. Clearly for Van Gogh, his bedroom, the chairs, bed, table, mirror, paintings, water jug were important enough to paint. Throughout our life, possessions are increasingly a part of a reflection of what and who we are. It is helpful to discuss this as a human issue with your client. Sometimes it is harder and painful to throw away, for example, a soiled mattress, bed, chair or table, jacket that has been with us for a very long time. Like Van Gogh, the client might like to record (photograph) of her/his flat.

7. Wellbeing Rainbow: At the Heart of the Care Act 2014 is the Wellbeing Principle, which assumes that the individual is the best judge of their own wellbeing, of what is important to them and the outcomes they want to achieve. Use the Wellbeing Rainbow to discuss how so many domains are compromised by self-neglect and hoarding, Sustainability of Living accommodation and Person Dignity immediately come to mind.

8. World Health Organisation Announcement: Use the brief Guardian article on WHO to discuss how a diagnosis of a medical disorder can help the person to seek treatment for a condition such as Self-Neglect/Hoarding – which you are ideally equipped to support them with. Talk openly about other mental health diagnosis such as depression, medication, and any therapeutic input.

9. Cheryl Strayed's Wild: Use the film/book to talk about Cheryl Strayed's journey along the South Pacific Trail, which runs from Mexico in the South through the United States to Canada in the North. After suffering from depression, bereavement and addictions, Cheryl sets out on the journey alone. She is so anxious that she over packs her rucksack (see the things she has with her), unable to lift it from the ground, a kind traveller she meets on the route shows her how to edit. Use the exercise to talk about editing and intentional life and letting things go. This has proved a very popular exercise at the Recovery Challenge.

10. Patterns of Expenditure: Use this tool to explore the link between expenditure (typically on items from Supermarkets and Charity shops) and hoarding loss of control. Many of the client's issues with self-neglect/hoarding start with overbuying and not taking an inventory.

11. Hoarding and Collecting Through Shower. Many clients will tell you that they are a collector or archivist. Use this Thought Shower to discuss the well-evidenced differences between hoarding and collecting.

12. Clutter's Anonymous. There is help out there – Encourage the client to reach out, as they say: 'God, grant me the serenity to keep the things I need to keep, the courage to release the things I do not need, and the wisdom to know the difference!'

Quiz

Take this simple two-part quiz to find out how overwhelmed by clutter you are!
There is no scoring on this – it is just an aid to help you identify your areas of clutter and disorganisation.

Part 1 – How organised are you?

You have 10 minutes, how many of the following could you find?

- A bank statement from exactly six months ago
- Your P60 (if you are employed) or a completed tax return (if self-employed) for the last tax year
- A week's worth of clean underwear
- Vaccination certificate
- TV Licence
- Blank envelope and stamp
- Spare front door key
- Needle & black thread
- Candle & matches
- Passport

Part 2 - How cluttered are you?

How many of the following do you have in the house?

- More than one basket of clean clothes waiting to be put away
- A free CD or DVD from a newspaper you will never play
- More than one set of gardening/decorating clothes
- Curtains from a previous home that you have never used
- A filing / storage system bought but never used
- A pile of magazines that has been there for months
- Christmas cards sent to you last year (excludes those that are very precious!)
- Several nearly empty notebooks, bought in an attempt to get organised
- More than three half-used bottles of shampoo
- A worn towel with a hole in it
- Clothes that make you feel fat or ugly
- A skirt or pair of trousers that have not fitted for over 3 years
- Bed linen that does not fit any of the beds in the house
- More than four loads of laundry waiting to be washed
- A half-finished sewing project that you will never finish
- Drawers that are empty
- Pictures that you have never hung on the wall
- Creased, used wrapping paper
- A single earring (the other is lost or broken)
- A pair of shoes you have never worn because they are too tight
- An empty jewellery box
- Out of date prescription medicine
- Any of the following that you never use – bread maker, juicer, food processor or a sandwich maker
- Exercise video or equipment you have never used, or just once or twice
- Dead batteries
- More than five take-away menus
- More than one 'spare' pair of spectacles
- An ornament or picture given as a gift you dislike
- Expensive make-up you never use
- A pot from a dead houseplant
- Old Lampshades

Practitioner's Hoarding Assessment

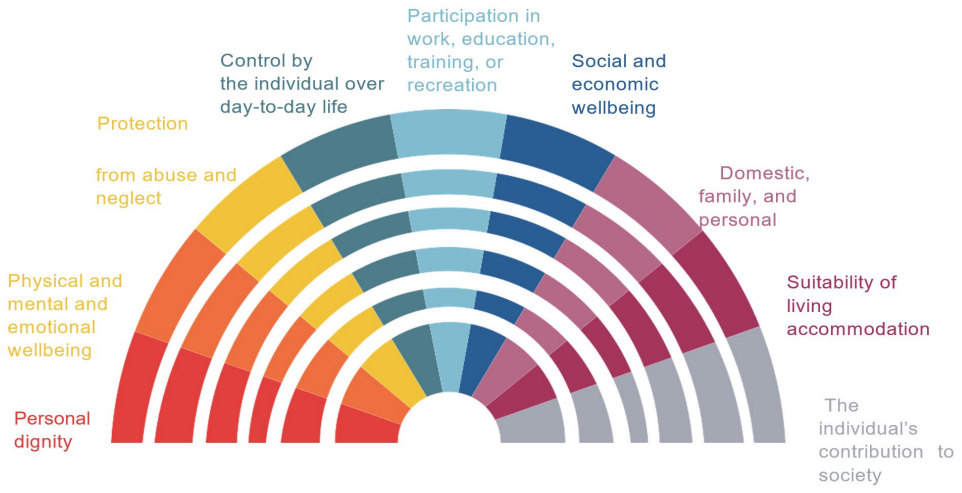
This page and the following two pages can be used together as a single comprehensive hoarding assessment tool, along with scoring from the Clutter Image Rating Tool. These include supporting the individual to participate in reflection on the extent of their hoarding, prompts for practitioners regarding potential referrals to consider, and the use of photography to help the individual capture their progress over time. It also includes the Wellbeing Rainbow, which highlights areas that are related to wellbeing as defined by The Care Act 2014, to encourage practitioners to consider the individual's wellbeing in relation to these.

When does hoarding and self-neglect become a problem?

When you cannot stop acquiring buying and keeping things
When you keep things, you have no need of such as carrier bags from skips, rubbish bins
When your bandages smell
When your space becomes increasingly chaotic and disorganised
When you wear the same clothes for days
When your body smells
When you cannot open your door
When you cannot get near your window
When you cannot eat a meal at the table
When you cannot invite friends or relatives over
When you cannot let professionals in
When you cannot find important papers
When you have no physical space
When you are embarrassed or ashamed
When you cannot get your boiler fixed because engineers refused to come inside
When you cannot wash or dry your clothes
When you hear rats or mice playing in newspapers
When you cannot find or pay the bills
When you cannot use hot water in the bathroom
When the flat /house smells
When you cannot cook
When you cannot find clean clothes
When animal urine and faeces cause ammonia
When you cannot look at yourself

This hoarding assessment tool was developed by Martin Hampton, an Integrated Care social worker in Camden Adult Social Care

Have you had a family group conference? Is the landlord threatening you with eviction? Do you have a smoke alarm? Has your home had a fire safety check?
Provide a Description of the Hoarding Problem: (Presence of Human or Animal Waste, Rodents, or Insects, rotting food. Are utilities operational? Is there structural damage or problems with blocked exits? Are there combustibles, is there a fire risk? etc.) **Level 1 - Green** ★ **Level 2 - Orange** ☻ **Level 3 - Red** ⊘
Name of Practitioner undertaking assessment Name of Organisation Contact Details Next Action to be taken
List Agencies Referred to with Dates and Contact Names Referred to The Recovery College? Referred to Multi-Agency Risk Assessment Panel? Referred for Fire Safety Check?



Wellbeing

'Wellbeing' is a broad concept, and it is described as relating to the following areas in particular (The Care Act 2014)

Satisfaction with Life Questionnaire

1. In most ways my life is close to ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life
4. So far, I have got the important things I want in life.
5. If I could live my life over, I would change almost nothing.

Guidance notes

The person rates each statement on a seven-point scale: from 1 = strongly disagree, to 7 = strongly agree.

This questionnaire can be useful for using before and after any clearing out and change over time.

One Page Profile

Name of person

Important things you need to know about me.

Including history and significant life events.

What is most important to me?

How best can you support me?

My notes

What are the key risks I have identified?

What is the person's view?

Who is involved at present?

What improvements need to be made? List in order of importance

What support can I use to improve things?

What legislation and guidance are relevant?

What is my plan for escalation and supervision?

Clutterer's Anonymous

Am I a Clutterer? Do you have more possessions than you can comfortably handle?

1. Are you embarrassed to invite family, friends, health care providers, or maintenance workers into your home because it is not presentable?

2. Do you find it easier to drop something instead of putting it away or to wedge it into an overcrowded drawer or closet rather than finding space for it?

3. Is your home, or any part of it, unusable for its Intended purpose, with a bed you cannot sleep in, a garage you cannot park in, a kitchen you cannot cook in, or a table you cannot use for dining?

4. Is clutter causing problems at home, at work, or in your relationships?

5. Do you hesitate to share this problem because you feel embarrassment, guilt, or shame about it?

6. Do you have a weakness for discarded objects, bargain items, freebies, reading materials, or yard sales?

7. Do you use avoidance, distraction, or procrastination to escape dealing with your clutter?

8. Does your clutter create a risk of falling, fire, infestation, or eviction?

9. Do you avoid starting assignments, miss deadlines, or abandon projects because you cannot find the paperwork or material you need?

10. Do you have difficulty making decisions about what to do with your possessions, daily living, or life in general?

11. Do you rent storage space to house possessions that you rarely use?

12. Do cleaning, organizing, follow through, upkeep, and maintenance all become daunting tasks, making the simplest of chores insurmountable?

13. Do you bring an item into your home without designating a place for it and releasing an equivalent one?

14. Do you believe that there is 'all the time in the world' to clean your house, finish those projects, and read all those piles of old magazines or newspapers?

15. Are you easily side-tracked, moving from one project to another, without finishing any off them?

16. Are you constantly doing things for others while your own home is out of order?
17. Do you often replace possessions rather than and or clean those you already have?

18. Does perfectionism keep you from doing anything at all?

19. Does clutter cause you to have late charges added to your monthly financial obligations?

20. Do you feel a strong sense of emotional attachment toward your possessions, which makes it difficult to release them?

21. Do you consider all your possessions to be of equal worth, whether the objects have financial, functional, or sentimental value?

22. Do you waste your valuable time and talents by constantly rescuing yourself from clutter?

23. Does clutter keep you from enjoying quality leisure time?

24. Is the clutter problem growing?

Many of us have answered yes to most of these questions, while some of us have identified with only a few. However, the actual number of positive responses is not as important as how you feel inside about your clutter. Moreover, these questions may have shown you that your life is unmanageable or out of control.

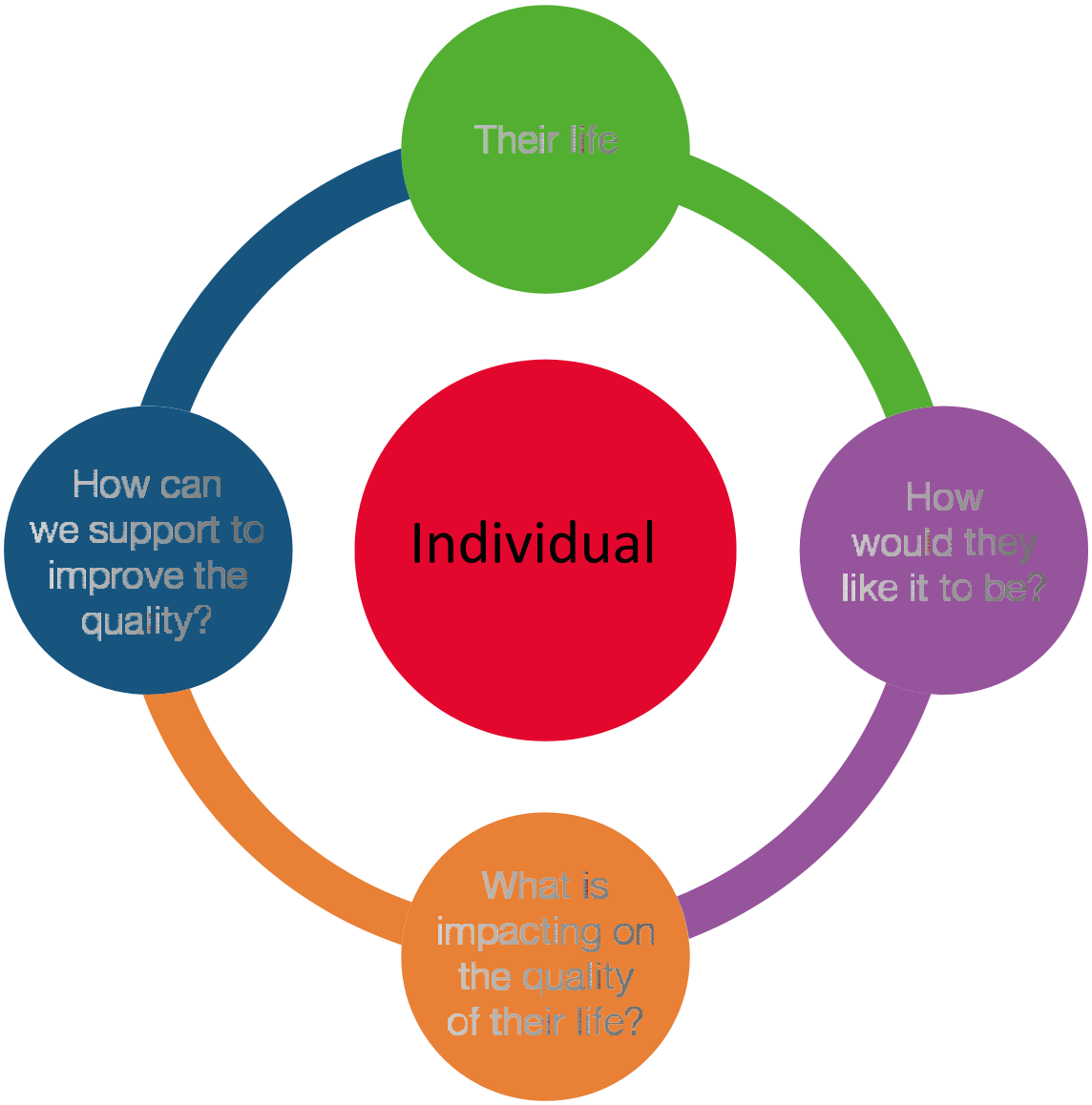
Clutter may manifest in both blatant and subtle ways. The symptom/end patterns of our compulsion are as numerous as there are clutterers. The amount of clutter in our lives is not as important as the desire to stop cluttering.

Person centred and strengths-based approach

Strengths Based Approach Practice Framework and Practice Handbook, Dept Health and Social care, p27

'The strengths perspective holds firm the idea that everyone who struggles learns something from their struggle and develops capacities and traits that may ultimately turn out to be bountiful resources in moving towards a better life. It is to assert that everyone has dreams, visions, and hopes even though they may currently be dashed on the shoals of disease, oppression, poverty, or muted by a run of rotten luck'.

Saleeby D (2000) The Strengths Perspective in Social Work Practice (2005).4th edition. London: Pearson.



Self-neglect guidance leaflet

What is Self-neglect

Self-neglect can cover a wide range of behaviours relating to when an individual neglect to attend their basic needs.

This can include:

- Lack of self-care – such as neglecting personal hygiene, nutrition and/or hydration, health, and medical needs.
- Lack of care – relating to personal environment, such as hoarding or squalor.
- The refusal of services that may help/assist in relieving issues of self-neglect.

An individual may be considered as self-neglecting and therefore at risk of harm where they are:

- Either unable or unwilling to provide adequate care for themselves.
- Unable or unwilling to obtain necessary care to meet their needs.
- And/or decline essential support without which their health and safety needs cannot be met.

What is hoarding?

Hoarding is when a person acquires and stores an excessive number of items. The items can be of little or no monetary value and are often stored in a chaotic manner and take up a lot of space creating an unmanageable amount of clutter.

Hoarding is considered to be a significant problem if:

- The amount of clutter interferes with the persons everyday living and activates.
- The clutter is causing significant distress or negativity affecting the persons quality of life or their families
- It affects the health and safety of other people – i.e., neighbours.

How do you recognize self-neglect?

Most people have come across someone who is self-neglecting either at work, through family, friends, or television programmes. However, self-neglect can present in various forms and levels.

It can often take many years before a person who self-neglects to come the attention of services. Self-neglect can then be very difficult to address as behaviour may have become very fixed. People can also self-neglect over a short period if they are unwell and unable to care for themselves.

Signs of self-neglect to look out for

- Living in unclean environments – such as rodent/insect infested areas, or with piles of waste food, etc.
- Living in a home that is unsafe, due to not being repaired, or hoards of items etc. which prevents people from accessing parts of their home (bedroom, bathroom, kitchen).
- Poor diet and nutrition or not taking medication for diagnosed health conditions.
- Refusing help from social care or health services, which then affects their day to day lives and may lead to a deuteriation of their health.
- Having poor personal hygiene, and lack of self-care

What can you do if you think someone is self-neglecting?

If you become aware that a person is self-neglecting and appropriate measures have not already been taken, you may need to take additional steps to reduce the risk of further deterioration in the situation.

Consider whether it is necessary to call the emergency services if you believe there is immediate serious risk to life.

If you are in a paid role or caring for someone who is self-neglecting, you have a duty of care to the person concerned. To make a referral to the Adult Safeguarding Team at sscallcentre@ealing.gov.uk

If you feel you are unable to make any significant progress with the person you can make a referral to the Ealing Multi-Agency Risk Assessment Panel (EMARAP) who will provide advice and support. Referrals to the EMARAP can be made by requesting a referral form from ESAB@ealing.gov.uk.

You can contact Adult Social Care on 020 8825 8000

EALING SAFEGUARDING ADULTS BOARD

Ealing
www.ealing.gov.uk

Ealing Safeguarding Adults Board would like to acknowledge and give credit to Camden SAB Multi-agency Toolkit for which this document has been adapted, for use in Ealing.