



North Wales Safeguarding Adults Board

North Wales Regional Safeguarding Board Policy and Procedures to Support People who Self-Neglect

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POLICY

1.0. Introduction

- 1.1. This policy will be referred to where an adult at risk is believed to be self-neglecting. An individual may be considered as self-neglecting and therefore maybe at risk of harm where they are:

Either unable, or unwilling to provide adequate care for themselves

Not engaging with a network of support

Unable to or unwilling to obtain necessary care to meet their needs

Unable to make reasonable, informed or mentally capacitated decisions due to mental disorder (including hoarding behaviours), illness or an acquired brain injury

Unable to protect themselves adequately against potential exploitation or abuse

Refusing essential support without which their health and safety needs cannot be met and the individual lacks the insight to recognise this

- 1.2. A failure to engage with individuals who are not looking after themselves (whether they have mental capacity or not) may have serious implications for, and a profoundly detrimental effect on, an individual's health and wellbeing. It can also impact on the individual's family and the local community.
- 1.3. Public authorities, as defined in the Human Rights Act 1998, must act in accordance with the requirements of public law. In relation to adults perceived to be at risk because of self-neglect, public law does not impose specific obligations on public bodies to take particular action. Instead, authorities are expected to act within the powers granted to them. They must act fairly, proportionately, rationally and in line with the principles of the Social Services and Well Being Act 2014, the Mental Capacity Act (2005) and consideration should be given to the application of the Mental Health Act (1983) where appropriate.
- 1.4. **The Aim of the Policy and Procedures** is to prevent serious injury or even death of individuals who appear to be self-neglecting by ensuring that:
- individuals are empowered as far as possible, to understand the implications of their actions
 - there is a shared, multi-agency understanding and recognition of the issues
The next line is a continuation of this point involved in working with individuals who self-neglect
 - there is effective multi-agency working and practice
 - concerns receive appropriate prioritisation
 - agencies and organisations uphold their duties of care
 - There is a proportionate response to the level of risk to self and others.
- 1.5. This is achieved through:

- promoting a person-centred approach which supports the right of the individual to be treated with respect and dignity, and to be in control of, and as far as possible, to lead an independent life
- aiding recognition of situations of self-neglect
- increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individuals' needs, this includes the extent and limitations of the 'duty of care' of professionals
- promoting adherence to a standard of reasonable care whilst carrying out duties required within a professional role, in order to avoid foreseeable harm
- promoting a proportionate approach to risk assessment and management
- Clarifying different agency and practitioner responsibilities and in so doing, promoting transparency, accountability, evidence of decision-making processes, actions taken and promoting an appropriate level of intervention through a multi-agency approach.

Key Principles

- **Empowerment** - Presumption of person-led decisions and informed consent.
- **Protection** - Support and representation for those in greatest need.
- **Prevention** - It is better to take action before harm occurs.
- **Proportionality** - Proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - Local solutions through agencies working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - Accountability and transparency in delivering safeguarding.

1.6. Empowering individuals

Building a positive relationship with individuals who self-neglect is critical to achieving change for them, and in ensuring their safety and protection.

Consideration needs to be given at an early stage, to determining if the individual has the mental capacity to understand and make informed decisions about their responses to agencies concerns about their apparent self-neglecting behaviour.

2.0. DEFINITIONS

2.1. The following definitions are relevant to these Policy and Procedures:

2.2. Self-Neglect

There is no accepted operational definition of self-neglect nationally or internationally due to the dynamic and complexity of self-neglect.

Gibbons et al (2006) defined it as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who self-neglect and perhaps too to their community”.

2.3. An Adult at Risk:

2.4. Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Self-neglect is included within the safeguarding definitions in the above statutory guidance and “covers a wide range of behaviour, neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding”.

2.5. Adult Support and Care services:

Includes all support and care services provided in any setting or context whether these are funded by a statutory agency or by the person themselves. It also includes the need for care and support (whether or not the local authority or other agencies are meeting any of those needs).

2.6. Significant harm:

- Is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social or behavioural development
- The individual’s life could be or is under threat
- There could be a serious, chronic and/or long lasting impact on the individual’s health physical/emotional/psychological well-being.

2.7. Significant Risk

Where there are indicators that change is likely to occur in levels of risk in the short to medium term, appropriate action should be taken or planned. Indicators of significant risk could include:

- History of crisis incidents with life threatening consequence
- High risk to others
- High level of multi-agency referrals received
- Risk of domestic violence
- Fluctuating capacity, history of safeguarding concerns / exploitation
- Financial hardship, tenancy / home security risk
- Likely fire risks
- Public order issues; anti-social behaviour / hate crime / offences linked to petty crime
- Unpredictable/ chronic health conditions
- Significant substance misuse, self-harm
- Network presents high risk factors
- Environment presents high risks
- History of chaotic lifestyle; substance misuse issues
- The individual has little or no choice or control over vital aspects of their life, environment or financial affairs.

2.8. The scope of this policy does not include:

- Where there is concern that any relevant agency has closed their involvement prematurely, or is not proactively engaging in multi-agency plans to address the concerns and risks for the individual, this will be escalated through the relevant processes for that agency or
- Issues of risk associated with deliberate self-harm. Which may require assessment under the Mental Health Act

2.9. However, it would be appropriate to address the concerns by raising an adult protection alert through the relevant local authority because:

- The self-harm appears to have occurred due to an act(s) of neglect or inaction by another individual or service
- There appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct
- Actions or omissions by third parties to provide necessary care or support where they have a duty either as a care worker, volunteer or family member to provide such care/ support.

2.10. If safeguarding adults concerns are reported to the Local Authority, they would need to decide if the criteria were met for Social Services and Wellbeing Act 2014 Section 126 (2) enquiries to be carried out either by the local authority or they may require others to make such enquiries and feedback the outcomes to enable further actions to be agreed.

3.0. **PROCEDURES**

3.1. **Identifying and Working with Individuals who self-neglect**

3.2. **An assessment (by the agency first identifying the concerns)**

It will be important to carry out an assessment of needs and risks that is appropriate and proportionate to your role. This will be informed by the views of carers and / or relatives as well as by the views of individual themselves, wherever possible and practicable.

Where there are concerns that the individual lacks or appears to lack the mental capacity to fully understand the risks related to their behaviour a mental capacity assessment must be considered in relation to their ability to make informed decisions regarding the risks identified.

3.3. **Indicators associated with self-neglect**

Self-neglect Assessment triangle



- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces
- Neglecting household maintenance, and therefore creating hazards within and surrounding the property
- Portraying eccentric behaviour / lifestyles

- Obsessive hoarding
- Poor diet and nutrition. For example, evidenced by little or no fresh food in the fridge, or what is there, being mouldy
- Declining or refusing prescribed medication and / or other community healthcare support
- Refusing to allow access to health and / or social care staff in relation to personal hygiene and care
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas, electricity)
- Repeated episodes of anti-social behaviour – either as a victim or perpetrator
- Being unwilling to attend external appointments with professional staff
- whether social care, health or other organisations (such as housing)
- Poor personal hygiene, poor healing / sores, long toe nails;
- Isolation
- Failure to take medication.

This list is not exhaustive.

3.4. The involvement of an Independent advocate or an Independent Mental Capacity Advocate (IMCA) should be considered in appropriate circumstances. Where the individual refuses to participate or engage with agencies or provide access, information obtained from a range of other sources may 'hold the key' to achieving access or to determining areas / levels of risk.

3.5. A timely initial response is crucial.

Agencies will formally record (ideally within 24 hours) that these procedures are being applied.

3.6. Identify an individual who is self-neglecting

An Individual is identified as self-neglecting and appears to be at significant risk to self and others they are not engaging with support

A number of organisations may be aware of the individual and consider the risk has reached a significant point.

3.7. Engagement with Other Agencies

3.8. The initiator of concerns should:

Take any appropriate action to mitigate any immediate danger as far as is practicable.

Arrange a teleconference or initial discussion with other appropriate agencies to agree who will lead the coordination of information gathering, this is particularly relevant if the concerns are raised by agencies such as Community Wardens or Environmental Health.

If it is considered by the initiator of the concern that the individual is likely to need care and/or support the local authority should be consulted as they will need to determine from the information available if Social Services and Wellbeing Act 2014 section 126 (2) enquiries are required. If this is the case the local authority are likely to be the lead agency.

3.9. Lead agency coordinates information gathering and determines most appropriate actions to address the concerns

Information sharing within these procedures should be in line with the principle of information sharing contained in the WASPI guidance Information gathered at this stage is to inform:

Decision making regarding whether further multi-agency information sharing is required;

The completion of an initial Risk Assessment, and ensuring any **urgent actions** are carried out. E.g. Contacting emergency services, North Wales Fire and Rescue, completing safety checks and where necessary seeking urgent medical intervention

Where there are concerns that the individual's ability to make informed decisions due to a mental disorder or ill health, consideration must be given to carrying out a Mental Capacity Assessment in relation to any decisions they may need to make regarding their safety or the safety of others.

Information gathering will aim to build an understanding of:

- any previous successful engagement with the individual
- Approaches that appeared to disengage the individual
- An insight into the individual's wishes and feelings
- the views of anyone who has or has had contact with the individual including relatives and neighbours

When working with individuals who may be reluctant to communicate the risk of miscommunication between agencies is greater than usual. It is important to ensure that all relevant information is available to those who undertake any assessments

Use information available as in above of any previous successful engagement with the individual to facilitate direct communication with the individual if possible. This should ensure that the assessment will inform any actions to be taken and include above the wishes and feelings of the individual.

3.10. Balancing individuals' rights and agencies' duties and responsibilities

All individuals have the right to take risks and to live their life as they choose. These rights including the right to privacy will be respected and weighed when considering duties and responsibilities towards them. They will not be overridden:

- Other than where it is clear that the consequence would be seriously detrimental to their, or another person's health and well-being and where it is lawful to do so;

3.11. **Other agencies/organisations engage with the process**

It is likely that these individuals will not clearly meet the criteria for any one or a number of agencies or organisations. Previous experience of attempting to engage may have had limited or no success. These factors increase the risk and should be identified as risk indicators that will prompt action under these self-neglect procedures.

Self-neglect work has been agreed as a multi-agency priority and there is an expectation that:

- All partner agencies will engage when this is requested by the lead agency as appropriate or required; and
- Where an agency is the lead agency, they take responsibility for coordinating multi-agency partnership working.

3.12. **Consider appropriate procedure to respond to the risk**

There may be occasions when it is appropriate to follow another procedure to coordinate all or some aspects of the issues identified.

Where the individual's ability to make informed / relevant decisions appears to be questioned, the principles of the **Mental Capacity Act** must be followed. Where it appears the person may be mentally unwell, the **Mental Health Act** processes must be followed.

If the apparent self-neglect may have developed in response to abuse by others the adult protection policy, protocols and guidance should be used. If there are any child protection or child in need concerns these must be referred to children's services as a matter of urgency.

If other processes are considered more appropriate to use to support the individual the self-neglect procedures may be ended at this point and all of the issues handed over to the practitioner/service taking responsibility for addressing the self-neglect as well as the other concerns. There must be a clear documentation to evidence the handover of responsibilities if this is the case.

Depending on the level and nature of the risks identified, consideration may be given to the work of other agencies and practitioners being carried out in parallel with the self-neglect procedures. There must be a clear agreement about who has the lead for coordination of all the work and for bringing multi-agency/services together with the individual or their advocate to agree an action plan. .

3.13. Comprehensive assessment's including risks to be considered at the multi-agency meeting:

An assessment should be completed using the policy and procedures of the lead agency with contributions from other agencies and services as appropriate to form one comprehensive assessment of the individual and of the risks identified.

Specialist input may be required to clarify certain aspects of the individual's functioning and risk. This will include a mental health or mental capacity assessment where this appears to be appropriate.

The key components of the comprehensive assessment of neglect will include the following elements:

- a. **A detailed social and medical history;**
- b. **Essential activities of daily living (e.g. ability to use the phone, shopping, food preparation, housekeeping, laundry, mode of transport, responsibility for own medication, ability to handle finances);**
- c. **Environmental assessment; to include any information from neighbours**
- d. **A description of the self-neglect;**
- e. **A historical perspective of the situation;**
- f. **The individual's own narrative on their situation and needs;**
- g. **The willingness of the individual to accept support; and**
- h. **The views of family members, healthcare professionals and other people in the individual's network.**

3.14. A multi-agency meeting is arranged under self-neglect procedures

Where an adult has been identified as potentially self-neglecting, is refusing support, and in doing so is placing themselves or others at risk of significant harm it is recommended that a multi-agency planning meeting is convened. This will enable the effective sharing of information to consider the risk(s) of non-intervention and enable an action plan to be agreed. It is recommended that a multi-agency planning meeting, with a clear agenda for discussion will be organised within five working days from the initial concerns being raised

3.15. Reasons for arranging a meeting:

Work has not reduced the level of risk and significant risk remains

It has not been possible to coordinate a multi-agency approach through work undertaken up to this point

The level of risk requires formal information sharing to agree and record a multi-agency action plan

Timescales for achieving actions set at the multi-agency meeting will be specified within the formal written record of the meeting. This will include timescales for completing any outstanding or more specialist assessments.

A date will also need to be set for a review meeting so that any further specialist assessments can be considered and any revised actions agreed.

3.16. Principles for arranging a multi-agency meeting:

The principles for arranging a multi-agency meeting are to consider:

- The individual's view and wishes as far as known;
- Information, actions and current risks;
- The on-going lead professional / agency who will coordinate this work and
- Coordinate information-sharing in line with the principles of information sharing contained in the multi-agency safeguarding adults policy protocols and guidance for North Wales
- Evaluate relevant information to inform the most effective action plan.

3.17. Guidance for multi-agency planning meeting:

- 3.18.** The lead agency is responsible for convening this meeting and making arrangements such as venue and minute taking;

The lead agency will make arrangements to involve the individual concerned. Wherever possible the individual should be fully involved, and attend the meeting. Every effort must be made to engage with the individual and to enable them to communicate their views to the meeting;

If the individual does not wish to attend the meeting, representatives will need to consider how their views and wishes are to be presented at the meeting e.g. by the appointment of a formal or invitation extended to an informal advocate;

It is recommended that the meeting is formally chaired and recorded. Participants from all agencies identified should attend the meeting with an understanding of their responsibilities to share relevant information in order to reach an agreement on the way forward;

It is important to ensure that any actions agreed comply with legislation and statutory duties. Legal representation at the meeting may need to be considered in order to discuss relevant legal options;

A SMART action plan should be developed and agreed by members of the meeting. Where there are disagreements about any aspects of the plan, these should be resolved by consultation with a senior manager from the lead agency;

The Chair of the multi-agency meeting will ensure clarity is brought to timescales for implementing contingency plans, so that where there is legal and professional remedy to do so, risk is responded to and harm is reduced/prevented.

3.19 Outcomes of the meeting will include the following:

- A SMART action plan – including contingency plans and escalation process;
- Agreement of monitoring and review arrangements and who will do this;
- An agreement of a communication plan with the individual / other key people involved
- An agreement regarding which agency will take the lead in the case and
- Agreement of any trigger points that will determine the need for an urgent multi- agency review meeting.

Appropriate written communication should be forwarded to the individual concerned, irrespective of the level of their involvement to date. This communication will include setting out what support is being offered and / or is available and providing an explanation for this. Should this support be declined, it is important that the individual is aware that, should they change their mind about the need for support, then contacting the relevant agency at any time in the future will trigger a re-assessment. Careful consideration will be given as to how this written record will be given, and where possible explained, to the individual.

3.20. Requirements for a Multi-Agency Review meeting

The review meeting is an opportunity to revisit the original assessments, particularly in relation to the individual's current functioning, risk assessments and known or potential rates of improvement or deterioration in:

- The individual,
- Their environment, or
- In the capabilities of their support system.

3.21. Decision specific mental capacity assessments will have been reviewed and are shared at the meeting. Discussion will need to focus upon contingency planning based upon the identified risk(s).

It may be decided to continue providing opportunities for the individual to accept support and monitor the situation. Clear timescales must be set for providing opportunities and for monitoring and who will be involved in this.

Where possible, indicators that risks may be increasing will be identified and that will trigger agreed responses from agencies, organisations or people involved in a proactive and timely way.

A further meeting date will be set at each multi-agency review until there is agreement the situation has become stable and the risk of harm has reduced to an agreed acceptable level.

Where agencies are unable to implement support or reduce risk significantly, the reasons for this will be fully recorded and maintained on the individual's file, with a full record of the efforts and actions taken.

Where the risks are **very high** legal advice must be sought and all available legal options must be considered including application to the Court of Protection where there are concerns about mental capacity or to the High Court where the individual is believed to be mentally capacitated.

3.22. Record keeping

The case record will include a summary record of the efforts and actions taken by all other agencies involved. Individual agencies will also need to keep their own records of their specific involvement.

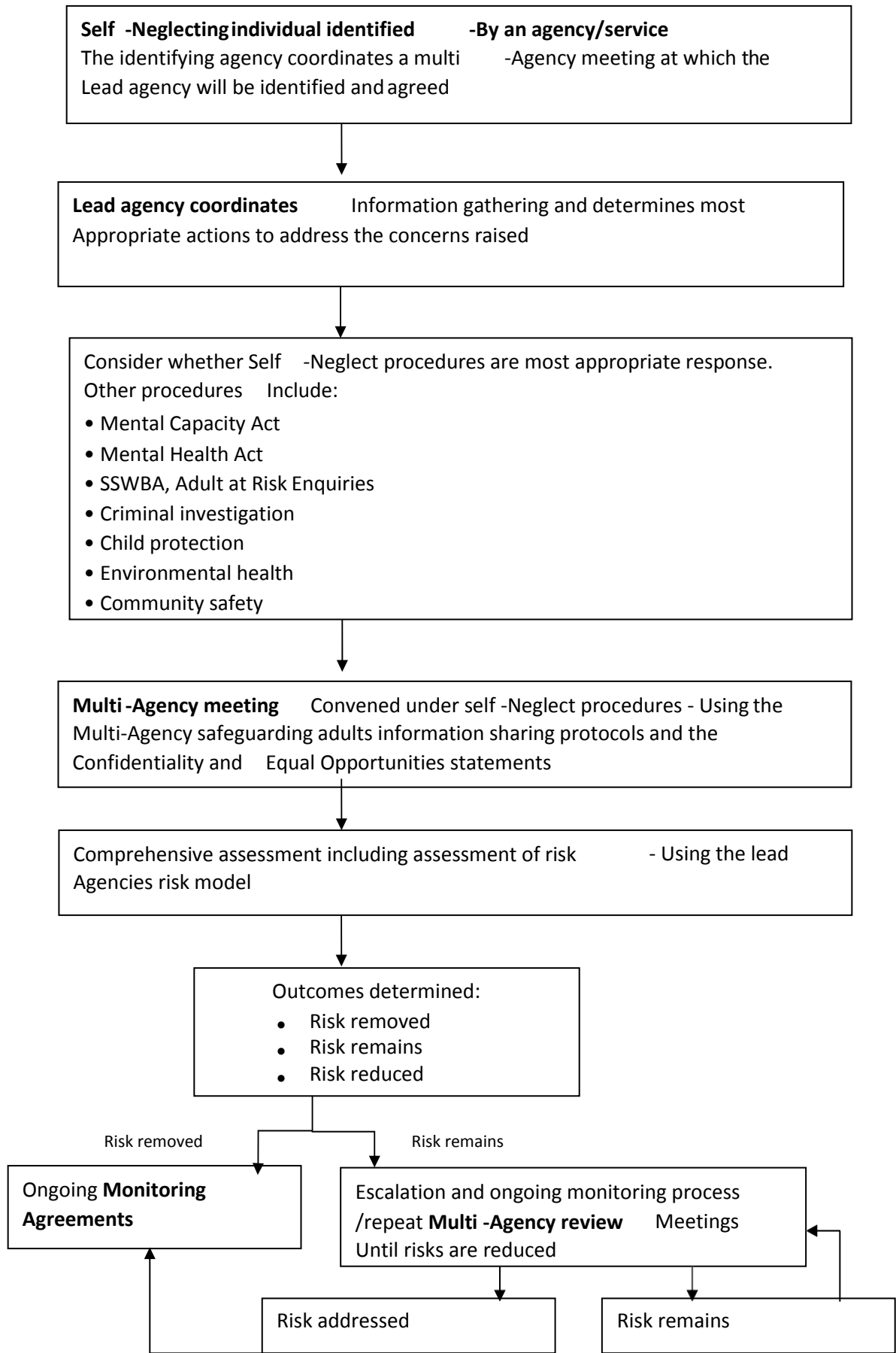
Accurate records will be maintained that demonstrate adherence to this procedures, and locally agreed case recording policy and procedures.

References and further information

Gibbons et al (2006) Self-Neglect: A proposed new NANDA diagnosis, International Journal of Nursing Terminologies and Classifications, 17 (1), pp 10-18.

SCIE (2011) Self-neglect and adult safeguarding: findings from research (Report 46) available from www.scie.org.uk

“Sussex Multi-Agency Procedures to Support People who Self Neglect” (July 2013) available from www.westsussex.gov.uk



Self -Neglecting individual identified -By an agency/service

The identifying agency coordinates a multi -Agency meeting at which the Lead agency will be identified and agreed

Lead agency coordinates Information gathering and determines most Appropriate actions to address the concerns raised

Consider whether Self -Neglect procedures are most appropriate response.

Other procedures Include:

- Mental Capacity Act
- Mental Health Act
- SSWBA, Adult at Risk Enquiries
- Criminal investigation
- Child protection
- Environmental health
- Community safety

Multi-Agency meeting Convened under self -Neglect procedures - Using the Multi-Agency safeguarding adults information sharing protocols and the Confidentiality and Equal Opportunities statements

Comprehensive assessment including assessment of risk - Using the lead Agencies risk model

Outcomes determined:

- Risk removed
- Risk remains
- Risk reduced

Risk removed

Ongoing **Monitoring Agreements**

Risk remains

Escalation and ongoing monitoring process /repeat **Multi -Agency review** Meetings Until risks are reduced

Risk addressed

Risk remains

Proposed agenda template

1. Details of Adult at risk.
2. Confirmation of capacity.
3. Assessment of the risks, agree severity of risks.
4. Discussion regarding practical support and strategies to minimise the risks.
5. Agree actions to manage risks and identify triggers for review.
6. Discuss who best placed to talk with the adult at risk, empower them to make decisions and take action.
7. Agree strategy to monitor the risks.
8. Review – agree timescale for review.

You may want to consult with or invite to a planning/strategy meeting:

North Wales Fire and Rescue

GP

Health Colleagues

Social Services

District Nurses

Learning Disability

Environmental Health

Housing Provider

Community Wardens

Care Agencies

Community Safety

Age Concern

Community/Voluntary Sector

Community Networks

Legal

Case examples

Example 1

Two brothers with mild learning disabilities lived in their family home, where they had remained following the death of their parents some time previously. Large amounts of rubbish had accumulated both in the garden and inside the house, with cleanliness and self-neglect also an issue. They had been targeted by fraudsters, resulting in criminal investigation and conviction of those responsible, but the brothers had refused subsequent services from adult social care and their case had previously been closed.

The local authority received a concern that the brothers were at risk of self-neglect. It was not known if there was reasonable cause to suspect brothers were able to protect themselves from self-neglect or the risk of it, and so an s126 enquiry was not triggered. The needs assessment commenced, and as this progressed, it became clear that- with the right level of support to encourage the brothers to accept services- they were able and had mental capacity to take measures to protect themselves from the risk of self-neglect.

They developed a good relationship with their social worker, and as concerns about their health and wellbeing continued it was decided that the social worker would maintain contact, calling in every couple of weeks to see how they were, and offer any help needed, on their terms. After almost a year, through the gradual building of trust and understanding, the brothers asked to be considered for supported housing; with the social worker's help they improved the state of their house enough to sell it, and moved to a living environment in which practical support could be provided.

Example 2

Ms S is a 63 year old woman with mild learning disability. She has always lived with and was cared for by her parents until they both died over the last 5 years. She now lives alone in the former parental home. The house is in disrepair with no windows at the back of the house. The kitchen floor is always wet from the rain. The house is dirty. The house is cluttered with possessions such that it is difficult to walk through the house. Ms S is incontinent, her legs are ulcerated and weeping. Ms S has recently refused to let her sister into her house, but does still allow her GP to come into her house.

The Local Authority received a concern about risk of harm through self-neglect. The GP feels Mr S's capacity to understand the risks may be in question. The Local Authority decided there is reasonable cause to suspect Mrs S meets the criteria for s126 enquiry under the SSWBA because there is reasonable cause to suspect that Mrs S has needs for care and support, is at risk of self-neglect, and there is reasonable cause to suspect Ms S is unable to protect herself from self-neglect or the risk of it.

The enquiries agreed were for the GP- as the person who knows Ms S best- to work with Ms S to understand what her views and wishes are about her care and support needs and to encourage her to accept input and assessment from the Local Authority, and for the Local Authority to undertake a needs assessment.

Example 3

Ms T lives alone. She has been diagnosed as having a severe compulsive disorder which manifests itself in hoarding. Ms T experiences high levels of anxiety which impacts on her ability to attend to personal care and eat. There are unopened bags of cooked food that Ms T says she has forgotten to eat. Ms T says she is aware of the risk to her health and environment and has noticed vermin droppings in the kitchen. She says she does not clean her home as it causes her anxiety to move things and throw things away.

Ms T gathers all her letters but doesn't open them. Ms T only goes out to familiar places where there are familiar faces.

The Local Authority received a concern about risk of harm through self-neglect. After checking with mental health services, it was found that Ms T had recently seen a psychiatrist. The psychiatrist was contacted and has a clear view that Ms T has full mental capacity to understand these risks, how her mental disorder affects these risks, and to make decisions about her care and support needs.

There is no reason to suspect that Ms T is unable to protect herself from self-neglect, but the Local Authority still has a duty to undertake a needs assessment. The needs assessment was undertaken and Ms T expressed a wish to try to continue to manage her needs herself, as she feels this is the best way for her to cope with her mental health in the longer term. The Local Authority provided information and advice on support services and how to access these. Outcomes were fed back to the psychiatrist who will continue to monitor Mr T's mental health.

Example 4

Mr M, in his 70s, lives in an upper-floor council flat, and had hoarded over many years: his own possessions, items inherited from his family home, and materials he had collected from skips and building sites in case they came in useful. The material was piled from floor to ceiling in every room, and Mr M lived in a burrow tunnelled through the middle, with no lighting or heating, apart from a gas stove. Finally, after years of hiding in privacy, Mr M had realised that work being carried out on the building would lead to his living conditions being discovered. Mr M himself recounted how hard it had been for him to invite access to his home, how ashamed and scared he was, and how important his hoard was to him, having learnt as a child of the war never to waste anything.

Through working closely together, Mr M, his support worker and experienced contractors have been able gradually to remove from his flat a very large volume of hoarded material and bring improvements to his home environment. It has taken time and patience, courage and faith, and a

strong relationship based on trust. The worker has not judged Mr M, and has worked at his pace, positively affirming his progress. Both Mr M and his support worker acknowledge his low self-esteem, and have connected with his doctor and mental health services. The worker has recognised the need to replace what Mr M is giving up, and has encouraged activities that reflect his interests. Mr M has valued the worker's honesty, kindness and sensitivity, his ability to listen, and the respect and reciprocity in their relationship.

Possible legal interventions

Agency	Legal Power and Action	Circumstances requiring intervention
Environmental health	Power of entry/ Warrant (s.287 Public Health Act) Gain entry for examination/ execution of necessary work required under Public Health Act Police attendance required for forced entry	Non engagement of person. To gain entry for examination/execution of necessary work (All tenure including Leaseholders/ Freeholders)
Environmental health	Power of entry/ Warrant (s.239/240 Public Health Act) Environmental Health Officer to apply to Magistrate. Good reason to force entry will be required (all party evidence gathering) Police attendance required	Non engagement of person/entry previously denied. To survey and examine (All tenure including Leaseholders/ Freeholders)
Environmental health	Enforcement Notice (s.83 PHA 1936) Notice requires person served to comply. Failure to do so can lead to council carrying out requirements, at own expense; though can recover expenses that were reasonably incurred	Filthy or unwholesome condition of premises (articles requiring cleansing or destruction) Prevention of injury or danger to person served. (All tenure including Leaseholders/ Freeholders/Empty properties)
Environmental health	Litter Clearing Notice (Section 92a Environmental Protection Act 1990) Environmental Health to make an assessment to see if this option is the most suitable.	Where land open to air is defaced by refuse which is detrimental to the amenity of the locality. An example would be where hoarding has spilled over into a garden area.
Police	Power of Entry (S17 of Police and Criminal Evidence Act) Person inside the property is not responding to outside contact and there is evidence of danger.	Information that someone was inside the premises was ill or injured and the Police would need to gain entry to save life and limb

Housing	<p>Anti-Social Behaviour, Crime and Policing Act 2014</p> <p>A civil injunction can be obtained from the County Court if the court is satisfied that the person against whom the injunction is sought has engaged or threatens to engage in anti-social behaviour, or if the court considers it just and convenient to grant the injunction for the purpose of preventing the person from engaging in antisocial behaviour.</p>	<p>Conduct by the tenant which is capable of causing housing-related nuisance or annoyance to any person. "Housing-related" means directly or indirectly relating to the housing management functions of a housing provider or a local authority</p>
Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA	<p>Animal Welfare Act 2006 Offences (Improvement notice)</p> <p>Education for owner a preferred initial step, Improvement notice issued and monitored, If not complied can lead to a fine or imprisonment</p>	<p>Cases of Animal mistreatment/ neglect. The Act makes it not only against the law to be cruel to an animal, but that a person must ensure that the welfare needs of the animals are met. See also: http://www.defra.gov.uk/wildlife_pets/.</p>
Mental Health Service	<p>Mental Health Act 1983 Section 135(1)</p> <p>Provides for a police officer to enter a private premises, if need be by force, to search for and, if though fit, remove a person to a place of safety if certain grounds are met. The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor. NB. Place of Safety is usually the mental health unit, but can be the Emergency Department of a general hospital, or anywhere willing to act as such.</p>	<p>Evidence must be laid before a magistrate by an AMHP that there is reasonable cause to believe that a person is suffering from mental disorder, and is being</p> <ul style="list-style-type: none"> • Ill-treated, or • Neglected, or • Being kept other than under proper control, or • If living alone is unable to care for self, and that the action is a proportionate response to the risks involved.