



Self-Neglect and Hoarding Protocol 2016

Support to Adults with self-neglect and hoarding behaviours

Developed with:

Havering Adult Social Care

Havering CCG

Havering Housing Services

North-East London NHS Foundation Trust

Barking, Redbridge and Havering University Trust

Havering Environmental Health

London Fire Brigade, Havering

Metropolitan Police, Havering

Version Control.

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V0.1	First Draft	Charlotte Fitzgerald	
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Introduction

Adults who are reluctant to or who do not engage with services can have complex and diverse needs that often fall between different agencies and can leave them at direct risk of harm. Self-neglect can cover a wide range of behaviours such as neglecting personal hygiene, health or living environment, and includes hoarding. In these situations, the adults' needs are usually long standing and recurring and may be commonly known to a range of agencies. They may frequently put themselves and neighbours, family and animals at significant high risk of harm as self-neglect and hoarding behaviours can lead to the risk of fires, gas and water leaks and of infestations spreading

The Care Act 2014 includes self neglect as an abuse category, prioritising people's health and wellbeing, personal needs and goals. Many adults who neglect themselves or show hoarding behaviours may not meet the 3-stage test for a Section 42 safeguarding enquiry, i.e.

- (a) has needs for care and support (whether or not the authority is meeting any of those needs),
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

However, it may be relevant to proceed to 'other' may need to proceed to enquiry as they may benefit from preventative interventions. Consideration of risk levels must be carried out on a case by case basis.

Adults sometimes choose what others, including family and friends, may see as risky or poor choices. Services have to find a balance between protecting adults at risk from self-neglect or hoarding behaviours against their right to make such choices. These people can often be hard for services to engage with, so this can be time consuming and stressful for all concerned. In some cases neighbours or their representatives become very anxious about a hoarding neighbour, or one who self-neglects. When dealing with them it is important to emphasise the rights of the individual, particularly when there is no public health or immediate fire risk. Neighbours need to understand that it takes perseverance to resolve issues and sometimes they cannot be resolved to their satisfaction.

Multi-agency partnership is central to finding the best way of engaging with the person, by finding the strongest relationships, agreeing approach and timings and working through agencies/staff in whom there is trust and confidence.

It is critical to prevent, remove or reduce risk, following the Making Safeguarding Personal¹ approach, by making sure the person is at the centre and feels in control of their care and support needs.

Aims and Objectives of the Protocol

Hoarding and self-neglect behaviours do not always present together. They can, however, be similar in terms of health and social issues e.g. isolation of the individual, lack of engagement with services. As such they can present a significant

¹ [Making Safeguarding Personal](#)

challenge to practitioners where there is ongoing and significant risk of harm. This protocol has been developed to provide support to practitioners in all partner agencies in the engagement of the individual and the management and de-escalation of risk.

Each partner organisation is expected to follow their own procedures, using the clutter ratings matrix and risk assessments until there are no further options available and significant risk to self or others still remains.

See Appendix 1 Hoarding and Self-Neglect – who can help and how?

Definitions Self-neglect (SCIE definition)

The nature of self-neglect means that it can often be difficult to support or protect the adult at risk. Self-neglect has emerged as a significant challenge to practitioners and policy makers. The term covers behaviours that in different ways manifest unwillingness or inability to care for oneself and/or one's environment. For definitional purposes SCIE states that "it includes people, either with or without mental capacity, who demonstrate:

- lack of self-care – neglect of personal hygiene, nutrition, hydration and/or
- health, thereby endangering safety and wellbeing, and/or
- lack of care of one's environment – squalor and hoarding, and/or
- refusal of services, equipment and/or care ,which would mitigate the risk of harm."

There is no typical type or pattern to self-neglect; each case is individual and may include a complex relationship between mental, physical, social and environmental factors. It may be longstanding or a recent change and be linked to loss or bereavement, past trauma and/or low self-esteem. Professional interest, triggered by the level of harm or risk associated with the behaviour, may be at odds with the individual's own perception.

The most complex challenge comes when people appear to choose rationally or intentionally to self-neglect. In such cases there are often clinical, social and ethical decisions to be made in managing the case to a successful conclusion, while keeping the adult's preferred outcomes at the centre of planning and discussions.

In dealing with cases of self-neglect, interagency communication, collaboration and the sharing of risk are essential to secure good outcomes with the adult at risk.

Hoarding

Compulsive hoarding is a specific type of behaviour apparent by gathering and failing to dispose of a large number of items which, to the hoarder, are perceived to have huge value but would appear to have little or no value to others, severe cluttering of the home so that it is no longer viable as a living space and has a significant negative impact on work or social life.

Hoarding can be a symptom of dementia, brain lesions, depression, autism and learning difficulties, genetic disorders (e.g. Prader-Willi) eating disorders, obsessive compulsive personality disorder, obsessive compulsive disorder. It can also start following bereavement and loss, when to discard any of the deceased's possessions, clothes, papers etc. is unbearable to the bereaved. For many sufferers there is no

evidence to support a diagnosis, so practical support and time are needed to assist the person to come to a resolution.

Most hoarders will not seek help. People are referred for other reasons – depression, anxiety, obsessive compulsive disorder, or the hoarding becomes evident on discharge from hospital or respite care. It is important to ask questions about hoarding symptoms using the clutter rating matrix or with home visits which can identify the extent of the problem.

People who hoard are often difficult to support. They may deny that there is a problem, rationalise the situation and/or show little or no motivation to change their living environment. Clearing away of possessions without the agreement and support of the hoarder, or with any force, is rarely successful and can cause negative reactions.

In some situations, following multi-disciplinary consultation, it will be necessary for professionals to actively intervene. This will be the case when:

- *there is a clear and immediate risk to the health or safety of the individual or others* – in these cases Environmental Health Services will investigate and analyse the situation in order to make a decisions on public health or safety grounds about whether to take sanctions or not. If this is the case, very close working with the person at risk and with professionals involved may bring a case to a smoother resolution.
- Hoarding poses a significant risk to both the people living in the hoarded property and those living nearby. Where a hoarded property is identified regardless of the risk rating, individuals need to be advised of the increased risk and identify a safe exit route. Appropriate professional fire safety advice must to be sought. The London Fire Brigade (LFB) can assess the level of fire risk associated with accommodation by undertaking a home fire safety visit (HFSV) and provide advice and guidance with regard to fire prevention in the home. This advice can be given to the individual at risk and also be used as part of multi-disciplinary consultation. The HFSV will also highlight if other precautions or control measures that can reduce the risk of fire for vulnerable people. For instance, the LFB can provide a smoke alarm, if one is required, fire retardant bedding or an arson letterbox. Organisations must share information with appropriate emergency services by alerting them to hoarded properties. This will allow crews to respond appropriately. Once properties are cleared the information must be updated. Or;
- *When there is evidence of mental health problems requiring treatment outside of the home environment.* It may be considered necessary to remove the individual from their home on a temporary basis. Consideration should be given to the use of section 135(1) Mental Health Act 1983 to remove the person to a place of safety if they are believed to have a mental disorder and are unable to care for themselves. This allows an approved mental health professional (AMHP) to remove a person to a place of safety for a period of up to 72 hours in order to assess for detention under the Mental Health Act or other provision for their care. A place of safety is usually the mental health

unit but may be a general hospital, police station or a care home, if they are willing to accept the person under that provision. If intervention of this kind is considered appropriate the case should be initially discussed with the AMHP manager. An appropriate place of safety needs to be identified. It should be born in mind that any hospital admission would be likely to be for a short duration, therefore alternative provision, such as a care home placement, may need to be organised. Arrangements must be made to carry out the required work in the property as a matter of urgency

Any such intervention should be carefully planned in a person-centred way.

Legal Context

Care Act 2014 - Section 42 Enquiries

When an adult who self neglects and/or hoards comes to notice and there is a serious risk of harm to the person themselves or to others, the case should be escalated to the local authority for consideration, *even when the person has capacity to make a decision about their own safety.*

A Safeguarding Concern must be raised with the Havering Safeguarding Adults Team, using the Concerns Reporting Form (Form SA1) to start an enquiry. Local authorities have a duty to undertake a Section 42 Enquiry, even if it is decided that no further action beyond prevention is needed.

This enquiry should determine any action that needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

- a. It needs to ensure that safeguarding is person centred
- b. Ensure that all appropriate agencies are involved in responding to the concern and the work thereafter.
- c. Arrange for an Advocate or Independent Mental Capacity Advocate if the person seeks representative support, does not have a representative or is unable to make decisions about their safeguarding for themselves due to lack of mental capacity and needs help to make decisions in their best interests.
- d. Refer onto the Community MARAC if multi-agency working fails to deliver positive outcomes.

Full risk assessment is crucial in assessing the level of risk and to underpin appropriate actions or support in situations of self-neglect or hoarding. Some agencies may become aware of fire risk due to environmental concerns, it is critical that this is referred on to the fire brigade for assessment, even if it does not become a Section 42 enquiry.

The cases which may give rise to the most concern are those where an adult refuses any intervention and is seen to be at serious risk of harm. If practitioners are satisfied that the person has the mental capacity to make an informed decision on the issues raised, then that person has the right to make their own choices. However, in these circumstances staff need to follow the principles in this protocol.

It is important to consider whether it is appropriate to intervene at all.

When a person's hoarding behaviour poses a serious risk to their health and safety, professional intervention will be required. With the exception of statutory requirements, the intervention or action proposed must be with the individual's consent. Article 8 of the European Convention on Human Rights (The right to respect for private and family life) - is engaged. Interference with a person's life must be lawful, necessary and pursue a legitimate aim.

However, Article 8 is a qualified right and has to be balanced against other laws designed to protect the individual and/or those around them from harm. Therefore, this does not mean that a 'softly, softly' approach should be ruled out and gentle discussion towards constructive intervention should always be considered.

Principles of Effective Working

Havering Adult Social Care has lead responsibility for coordinating Safeguarding Concerns. Havering Safeguarding Adults Board has responsibility for making sure that a multi-agency approach is taken, that people who are at risk from harm remain safe and to give direction to Safeguarding policy.

1. The priority is to manage within services
2. The lead professional may come from any partner agency and would usually be the person who has the most cooperative and positive relationship with the adult at risk.
3. Any agency can call a high-risk professionals meeting, using the Safeguarding Adults Meeting structure, by contacting safeguarding leads in partner agencies, to identify the most appropriate people to become involved
4. All partners will resource discussions to resolve issues
5. All agencies are expected to cooperate to achieve the best outcome for the adult who chooses to hoard or who self-neglects, making sure that they follow their own organisational responsibilities and fulfil their duty of care.
6. Any discussions of concerns, assessment or enquiry must have the person concerned fully involved in the process, along with a carer or chosen representative (or advocate) and /or any other person they might want involved. All Partners will take action to prevent harm – either to the person or others
7. The focus should be on person centred engagement and risk management, not on organisational boundaries
8. All adults should be assumed to have Mental Capacity to make decisions about their self-neglect or hoarding behaviours. If this is in question, a mental capacity assessment should be carried out and, if the person is found to lack capacity around those decisions, a representative or advocate should be identified to be involved in a best interest decision-making process.
9. Addressing self neglect requires time and patience; improvements often take time to come to fruition, sometimes weeks, months or even longer. As this does not fit with some models of case management, particularly short-term preventative interventions, managers and staff need to allow flexibility in such cases.
10. Referrals into the Community MARAC will apply where an adult has been identified as:
 - a. self-neglecting or where hoarding behaviours have put them or others at risk which could result in significant harm and
 - b. the Safeguarding Enquiry or multi-agency discussion has not been able to

mitigate the risk of significant harm.

Carers

For the first time carers have the same rights as adults eligible for adult social care support under the Care Act 2014. In situations where a carer is supporting or living with someone who self neglects or has hoarding behaviours, there are statutory requirements to assess carers' needs. Carers' assessments must seek to establish the carer's need for support, and the sustainability of the caring role itself – practical and emotional support. The local authority must include a consideration of the carer's potential future needs for care and support.

Children

Safeguarding Children refers to protecting children from maltreatment, preventing the impairment of their health or development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care. If there are children or young people in the home, practitioners should consider whether the clutter/cleanliness is such that the child/children may be subject to harm. Growing up in a hoarded property can put a child at risk by affecting their development and in some cases, leading to the neglect of a child, which is a safeguarding issue.

If so, or if in doubt, you should contact MASH on 01708 433 222 to discuss your concerns. If a child is caring for an adult in any way they may be a Young Carer. If this is the case, you should contact Children's Services 01708 433 222 to ensure that the child/young person is properly supported.

Information Sharing

Under Data Protection Act 1998, all agencies have the responsibility to ensure that personal information is processed lawfully and fairly. All individuals have a right to view any information held about them.

Sharing Information with Consent

Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Even in situations where there is no legal requirement to obtain written consent before sharing information, it is good practice to do so.

Sharing Information without Consent

The Data Protection Act 1998 allows the sharing of information without consent where it is in the adult's vital interest. This is to enable professionals to assess the risks and options and permit sharing of information where it is critical:

- to prevent serious harm or distress or in life threatening situations.
- for the protection of others who may be at risk from these behaviours.
- to meet practitioners' duty to share information with relevant professionals to prevent harm to others
- where there is a child at risk

The practitioner should inform the adult at risk that this action is being taken unless doing so would increase the risk of harm. This is a matter of professional judgement and rationale for all decisions should be recorded in full.

Sharing information when the person does not have capacity to consent

If an adult at risk lacks capacity to make informed decisions about their health and well being and does not consent to a referral under this policy, professionals may have a duty to share the information if it is in the adult's best interests under the Mental Capacity Act 2005.

Hoarding and Self-Neglect – who can help and how?

Organisation	Role in Hoarding and Self-neglect	Support/assistance available	Thresholds for support	Contact arrangements
Metropolitan Police	<p>The main process for MPS would be to highlight issues of hoarding and self-neglect via a Merlin ACN and raise them through to adult social care.</p> <p>London Multi Agency safeguarding adults policy and procedures reflect the revised Care Act and the agreed safeguarding position</p>	<p>The MPS can respond to assistance requests from partners. These requests will be risk assessed and allocated to the most relevant units based on the information received.</p> <p>Police act at point of request to crisis, support would then be sought from partners.</p>	Response to calls for assistance under the current call grading.	<p>Via 101 in non-emergency situations</p> <p>Via 999 in emergency situations.</p>
North-east London Foundation Trust (NELFT) Mental Health	Person-centred planning, risk-assessment and case management to reduce, prevent or remove risk	Build rapport with the person who hoards or self-neglects. Assessment to build understanding of why it is happening, try to understand the triggers and identify capacity issues. Seek support from partners.	Use Care Act guidance, may be below the threshold of the 3-stage test , NELFT High Risk Reporting protocol	Email: Safeguarding.Adults2@nhs.net Duty Number: 0300 555 1201 x 64715 Safeguarding Adults Team Suite 4 Phoenix House SS14 3EZ
North-east London Foundation Trust (NELFT) Community Health	Hoarding is part of safeguarding policy, training and standard operating procedures.	Build rapport with the person who hoards or self-neglects. Build understanding of why it is happening, try to understand the triggers and identify capacity issues. Seek support from partners	High Risk Reporting protocol	Email: Safeguarding.Adults2@nhs.net Duty Number: 0300 555 1201 x 64715 Safeguarding Adults Team Suite 4 Phoenix House SS14 3EZ
GPs	Identify where self-neglect is contributing to or a result of an adults' poor mental or physical well-being.	Ensure referral is made to Adult Safeguarding where there are concerns; seek support and guidance from SAB partners. Support the adult with self-care advice. Contribute to multi-agency discussions about potential solutions which may be acceptable to the adult at risk. Build rapport with the adult.	NHS safeguarding thresholds	Contact number for relevant GP practice, which is available through NHS Choices – 'Find GP services'

LB Havering Adult Social Care	Person-centred planning, risk-assessment and case management to reduce, prevent or remove risk.	Build rapport with the person who hoards or self-neglects. Assessment to build understanding of why it is happening, try to understand the triggers and identify capacity issues. Seek support from partners	Use Care Act guidance, may be below the threshold of the 3-stage test.	Front door 01708 432000 Safeguarding 01708 433550 Emergency Duty Services out of hours 01708 433999
LB Havering Children's Services	If children live within the family home, would follow the Children Act 1989, Children Act 2004, assess and determine level of support or risk to the children.	As determined by the assessment, could be assisting with removal of items via financial support, could be children living temporary else where.	Children in need of support s17 Children Act 1989. S47 of Children Act 1989	MASH Team, Children's Services, Mercury House, Mercury Gardens, Romford, RM1 3SL Tel: 01708 433313 Fax: 01708 433375 Email: tmash@havering.gov.uk
London Fire brigade	To protect and prevent fire.	Assess risk, provide fire prevention advice and guidance to the individual and other partners, install smoke alarms, provide fire resistant bedding and arson-free letterbox	Risk of fire and danger to life	Home Fire Safety Visit (HFSV) Call Centre FREEPOST RRSK-TLGS-YLAK 169 Union Street SE1 0LL Freephone: 08000 28 44 28 Email: smokealarms@london-fire.gov.uk or speak to one of the Fire Brigade representatives at any multi-agency meeting
Housing Services	Focus is on Council housing stock. Follow clutter rating and Hoarding Procedure. Refer to MASH if safeguarding concerns	Build rapport with the person who hoards or self-neglects. Assessment to build understanding of why it is happening, try to understand the triggers and identify capacity issues. Seek support from partners	Risk to individual or other tenants; risk to housing stock	Via the Council's Contact Centre 01708 434000 by email: TenancySustainment@havering.gov.uk By post: London Borough of Havering, Tenancy Sustainment Services, Chippenham Road, Harold Hill, Romford, RM3 8YQ

LB Havering Environmental Health	To determine if triggers in S.35 of the Public Health Act 1961 have been met, i.e. that any premises— (a) are in such a filthy or unwholesome condition as to be prejudicial to health, or (b) are verminous. Refer to MASH if safeguarding concerns.	Decide whether formal intervention is justified and necessary. Seek support from partners to avoid distress to the occupier that typically arises if formal action identifies the need to remove or destroy filthy and/or verminous articles.	Assess risk, assess prejudice to the health of the occupier and decide if the premises are filthy, in an unwholesome condition or are verminous.	Via the monitored account environmental.health@havering.gov.uk.
Registered Social Landlords (RSLs)	Follow clutter rating and Hoarding Procedure. Refer to MASH if safeguarding concerns	Build rapport with the person who hoards or self-neglects. Assessment to build understanding of why it is happening, try to understand the triggers and identify capacity issues. Seek support from partners	Risk to individual or other tenants; risk to housing stock	Contact number for Housing Provider's office which covers Havering

Clutter Image Rating Scale (CIRS)²

The purpose of this tool is to gauge the impact of hoarding on the person with the hoarding behaviour.

Any rating above level 4 should trigger inter-agency discussions

Clutter Image Rating Scale: Part 1 of 3 – Kitchen

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

²Source: Department of Health Hoarding and squalor – a practical resource for service providers (June 2013) Department of Health Section 8.2 Clutter Image Rating Scale (CIRS) From Frost RO, Steketee G 2006a, *Compulsive Hoarding and Acquiring: Therapist Guide*. New York. Oxford University Press. The Clutter Image Rating (CIR) Tool, p. 188. Used by Department of Health with permission of Oxford University Press, USA.

Clutter Image Rating Scale: Part 2 of 3 – Bedroom

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Clutter Image Rating Scale: Part 3 of 3 – Living room

Please select the photo below that most accurately reflects the amount of clutter in your room.



1



2



3



4



5



6



7



8



9

Additional Information:

Resources are available to help with reducing risks and aid learning and development

- Tenants who self-neglect; Guidance for frontline housing staff and contractors <http://www.scie.org.uk/publications/guides/guide53/frontline-housing/self-neglect/>
- SCIE REPORT 46- 'Self-neglect and adult safeguarding: findings from research' <http://www.scie.org.uk/publications/reports/report46.asp>
- LFB Hoarding Policy: <https://www.london-fire.gov.uk/safety/carers-and-support-workers/hoarding-disorder/>

Powers that can be considered in cases of hoarding or self-neglect

AGENCY	LEGAL POWER AND ACTION	CIRCUMSTANCES REQUIRING INTERVENTION
All Agencies	<p>Mental Capacity Act 2007</p> <p>The MCA when making decisions or acting for that person. This applies whether decisions are life changing events or more every day matters and is relevant to adults of any age, regardless of when they lost capacity.</p> <p>The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.</p> <p>The Act has five statutory principles which are the benchmark and must underpin all acts carried out and decisions taken in relation to the Act.</p> <ul style="list-style-type: none"> • Principle 1: A presumption of capacity. • Principle 2: Individuals being supported to make their own decisions • Principle 3: Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. • Principle 4: Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests. • Principle 5: Less restrictive option • MCA Code of Practice 	<p>Where the person lacks capacity to make decisions in relation to support offered and interventions.</p> <p>Careful attention should be paid to the assessment of mental capacity, especially with regards the person's ability to weigh up and make use of information.</p> <p>It is important to be aware that people can be articulate and superficially convincing regarding their decision making but when probed about their behaviour are unable to identify risks and indicate how they are able to address the concerns of others.</p> <p>The nature of any intervention will to a certain extent centre on the question of whether the adult concerned has the mental capacity to make decisions.</p> <p>Consideration should also be made for people who may fall under the substantial difficulty criteria.</p> <p>Respect for the persons wishes and beliefs needs to be central to our approach. Professionals need to find creative, sensitive ways to work with people who hoard, understanding what the behaviour means to them and how they themselves wish to address the problem.</p> <p>However, the Mental Capacity Act gives professionals the authority to override the wishes of</p>

		<p>people who lack capacity to make a decision about specific matters if this is in their best interests and a proportionate response to the harm that would otherwise occur.</p>
<p>LBH Adult Social Care / North East London Foundation Trust/ Health</p>	<p>Care Act 2014 The Care Act 2014 builds on recent reviews and reforms, replacing numerous previous laws to provide a coherent approach to adult social care in England. Local authorities (and their partners in health, housing, welfare and employment services) must now take steps to prevent, reduce or delay the need for care and support for all local people.</p> <p>Part 1 - Care and Support Local authorities will have a general duty, when undertaking adult social care functions with an individual, to promote their well-being.</p> <p>Local authorities must exercise its functions regarding adult social care with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would, among other things, promote the well-being of adults in its area.</p> <p>A local authority must assess a person’s needs for care and support unless that person refuses an assessment. But an assessment cannot be refused, and the local authority must carry it out, if the person lacks capacity to refuse and carrying it out would be in their best interest, or the adult is experiencing, or is at risk of, abuse or neglect.</p> <p>Statutory 42 Enquiries and 44 Safeguarding Adults reviews Under section 42 of the Care Act, a local authority has a duty to make enquiries itself or cause others to make enquiries in cases where it has reasonable cause to suspect that an adult:-</p> <ul style="list-style-type: none"> • Has needs for care and support (whether or not the local authority is meeting any of those needs) 	<p>Councils have a legal duty to assess needs where a concern has been raised about a person’s health and well being.</p>

	<ul style="list-style-type: none"> • Is experiencing or at risk of abuse or neglect • As a result of those care and support needs is unable to protect themselves from either the risk of, or experience of abuse or neglect <p>A safeguarding enquiry may not result in a 'safeguarding response' but it could lead to other action to protect the adult concerned e.g. providing care and support for either the adult or their carer).</p>	
Environmental Health	<p>Section 83 Public Health Act 1936 Filthy /Unwholesome premises which are prejudicial to health or verminous.</p> <p>Service of Notice requiring clearance/cleansing/pest control treatment. No appeal.</p> <p>Council has powers to enter premises by warrant if reasonable access not given after giving notice. This will be to assess the conditions or carry out works in default. Possible prosecution and Council can recover expenses for works in default.</p> <hr/> <p>Section 79/80 Environmental Protection Act 1990 Statutory Nuisances Service of Abatement Notice requiring action to remove nuisance and/or prevent a recurrence.</p> <p>Appeal against notice possible.</p> <p>Warrant powers similar to above.</p> <p>Possible prosecution and Council can recover expenses for works in default.</p> <p>Injunctive proceedings may be taken.</p>	<p>Where hoarded materials result in filthy, unwholesome or vermin infested premises. This is often where there is a lack of engagement or co-operation of occupier.</p> <p>There must be likelihood of adverse health effect to occupant or rodents or insects present. There may also be complaints from neighbours which must be investigated by the Council</p> <hr/> <p>Council has a legal duty to investigate complaints of statutory nuisance and must take action if nuisance proven.</p> <p>The premises must be in such a state that they are prejudicial to healthy or a nuisance to neighbours. This may be from condition of the premises, accumulations, deposits or even animals kept in unsanitary conditions.</p> <p>Intervention often prompted by complaints from neighbours.</p> <p>For exceptional situations where widespread</p>

		nuisance to neighbours continues after intervention and usually after service of notice
	<p>Housing Act 2004 Housing hazards such as Domestic Hygiene, Pests and Vermin, Excess Cold, Fire.</p> <p>Service of Improvement or Hazard Awareness Notice usually on owner of premises requiring building defects being rectified to reduce the hazards. Council can charge for costs incurred serving notices.</p> <p>Appeal provisions. Possible prosecution and Council can recover expenses for works in default</p>	<p>Relates to possible health and safety effects on occupier. Hoarding can lead to fire hazards from accumulated materials.</p> <p>Due to hoarding, there may be a lack of repair/maintenance of property leading to other health effects on occupier such as lack of heating (excess cold) or washing/sanitary facilities. Usually used in private rented dwellings.</p>
	<p>Prevention of Damage by Pests Act 1949 (section 4) Service of Notice to keep land free from rats or mice</p> <p>No warrant powers</p> <p>Possible prosecution and Council can recover expenses for works in default</p>	<p>Powers usually used for accumulations of rubbish or items attracting/ harbouring rodents on private land.</p> <p>This is usually used for external parts of property e.g. gardens.</p>
Social Landlords including Councils and Housing Associations	Injunctive or possession proceedings by Landlord for breach of tenancy or lease conditions under relevant Housing Acts depending on type of tenure	Enforcement of tenancy conditions can include an injunction (a court order to comply with the conditions of the tenancy, breach of which can lead to a fine) or a possession order to evict the tenant from the property for breach of tenancy conditions related to the hoarding. This can include damage to the premises and nuisance caused to the Landlord and/or neighbours
Metropolitan 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

<p>London Fire Brigade</p>	<p>Prohibition or Restriction of use (Regulatory Reform (Fire Safety) Order 2005) The fire brigade can serve a prohibition or restriction notice to an occupier which will take immediate effect. In some circumstances this can apply to domestic premises including single private dwellings where the appropriate criteria of risk to relevant persons apply.</p>	<p>If a premises involves such risk to persons so serious that the use of the premises ought to be Prohibited or Restricted notice can be served on the responsible person (owner/occupier).</p>
<p>Animal Welfare agencies such as RSPCA/Local authority e.g. Environmental Health/DEFRA</p>	<p>Animal Welfare Act 2006 Offences (Improvement notice) 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.</p>
<p>North East London Foundation Trust/ LBN</p>	<p>Mental Health Act 1983 Section 135(1) 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.</p> <p>The police officer must be accompanied by an Approved Mental Health Professional (AMHP) and a doctor.</p> <p>In general practice an AMHP would apply for the 135(1) warrant at the appropriate Magistrates Court.</p> <p>Section 135(1) permits removal to a place of safety for up to 72 hours with a view to the making of an application under the provisions of the Mental Health Act or other arrangements for the persons care or treatment.</p> <p>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</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is suffering from mental disorder, and is being <input type="checkbox"/> Ill treated, or <input type="checkbox"/> Neglected, or <input type="checkbox"/> Being kept other than under proper control, or <input type="checkbox"/> If living alone is unable to care for self <p>And that the action is a proportionate response to the risks involved</p>

	<p>Section 4 of the Mental Health Act 1983 Admission for assessment in cases of emergency. In any case of 'urgent necessity'. The criteria for detention mirror Section 2 (below) but Section 4 may be used in cases of emergency where it has not been possible to secure an assessment by a second doctor.</p> <p>This section expires after 72 hours unless a second medical recommendation is received within this time period.</p>	<p>In any case of 'urgent necessity' an application may be made by an AMHP or Nearest Relative and founded on one medical recommendation made by, if practicable, a doctor with previous knowledge of the person or a Section 12 approved doctor</p>
	<p>Section 2 of the Mental Health Act 1983. Admission to hospital for assessment.</p> <p>Application can be made by an AMHP or Nearest Relative based on 2 medical recommendations in the prescribed form by 2 independent doctors.</p> <p>The person may be detained for a period of up to 28 days.</p>	<p>The following grounds must be met:</p> <p>The person is suffering from a mental disorder of a nature or degree which warrants the detention of that person in hospital for assessment (or assessment followed by treatment).</p> <p>That the person ought to be detained in the interests of his/her own health or safety or with the view to the protection of others.</p>
	<p>Section 3 of the Mental Health Act 1983 Admission to hospital for treatment.</p> <p>Application can be made by an AMHP or Nearest Relative and is based on 2 medical recommendations in the prescribed form by 2 independent doctors.</p> <p>The person may be detained initially for a period of up to 6 months for the purposes of treatment</p>	<p>The following grounds must be met:</p> <p>That the person is suffering from a mental disorder of a nature or degree which makes it appropriate for him/her to receive medical treatment in a hospital.</p> <p>That it is necessary for the health or safety of the person or for the protection of others that he/she should receive this treatment and it cannot be provided unless the person is detained under this section.</p> <p>That appropriate treatment is available for him/her.</p>