- Legal Literacy: Homelessness and Dependent Drinkers

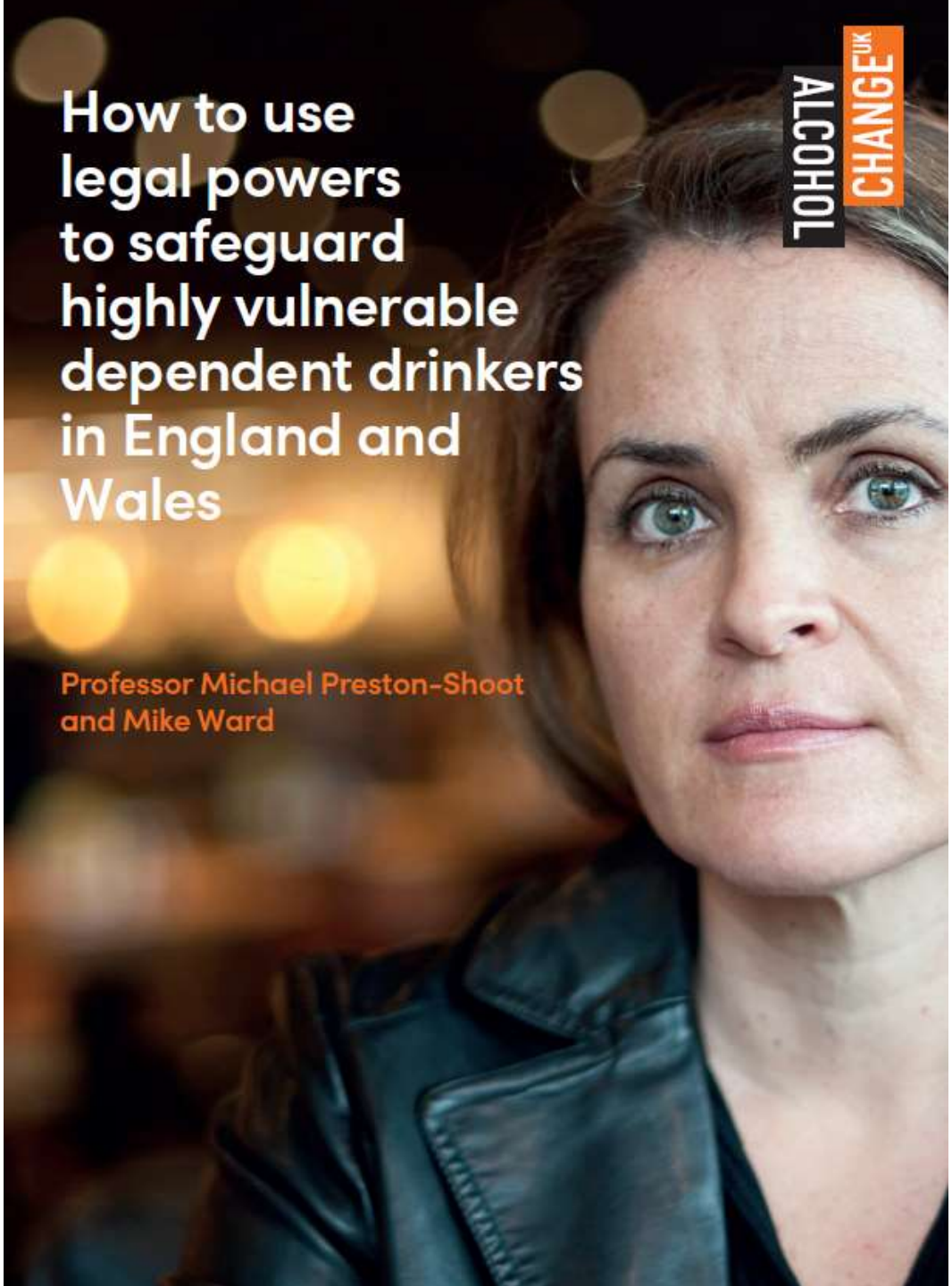
Lewisham

Course Slides 2023

Mike Ward

Aim

- In conjunction with Professor Michael Preston-Shoot, ACUK has developed national guidance which will:
- *Enable professionals in England (& Wales) to use legal frameworks to manage and protect chronic dependent drinkers.*


How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales
Professor Michael Preston-Shoot and Mike Ward
ALCOHOL CHANGE UK

Learning objectives

By the end of the course participants have:

- improved legal literacy around homelessness and alcohol dependency and how this links to a Section 42 Adult Safeguarding Enquiry.
- considered how the Care Act and Mental Capacity Act applies to this group
- generated practise / care planning ideas with the professionals working with this client group.
- had time to talk to colleagues about your experiences.

Section 1

- **Introduction**
- **The client group and the gap**

Section aim

- *To look at the features of the clients who need the protection and support offered by these powers*
- *To highlight the gaps in the use of these powers*

Local SARs

- Amanda
- Mia

Amanda

- Amanda was a white woman who was born and grew up in southeast London. She died in May 2019 at age 57.
- Diagnosed with paranoid schizophrenia. Amanda had previously been detained under the Mental Health Act and her ongoing care and support was funded under the s.117 aftercare provisions of that Act. The Care Home where Amanda lived provided her with 24-hour care and support.
- Amanda developed a dependence on drugs and alcohol and used different substances at different times in her adult life.
- She was regularly drinking large amounts, mainly vodka. She was making efforts to reduce her alcohol intake, and she was achieving this intermittently. She hoped to attend a residential detox placement to begin further rehabilitation.

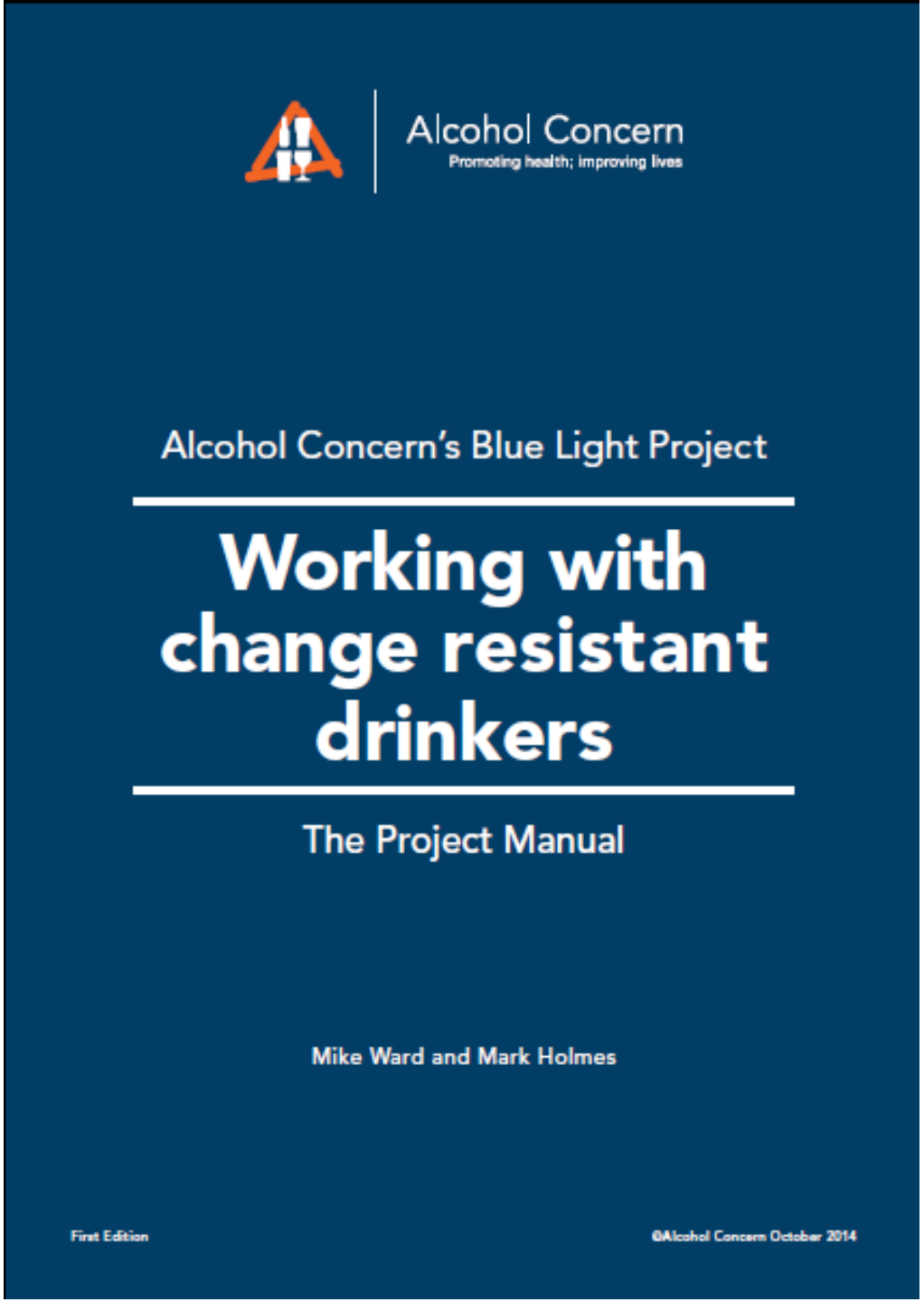
- In 2018-2019 some of her social life revolved around street drinking. When intoxicated Amanda was susceptible to falling and suffering head injuries.
- The police were often involved in responding to incidents in public places and she was regularly transferred to hospital by ambulance
- On 15 May 2019 Amanda did not return to the Care Home. Staff informed the police that she was missing. On 5 July 2019 the police found her body in the back of a boarded up garage.
- The cause of her death had not yet been established.

Amanda's parents

- *"Amanda was always a vulnerable girl; painfully shy, introverted and very creative. She started to self-harm and abuse drugs from the age of 14. Despite this, Amanda did well at school and got a degree in Art. She was bright and a talented artist who produced many beautiful paintings and mosaics."*

Mia

- Mia was an EU national who died at the age of 41. She was a heroin and crack/cocaine user who died of sepsis.
- She was homeless and was the victim of repeated domestic violence.


Alcohol Concern
Promoting health; improving lives
Alcohol Concern's Blue Light Project
Working with change resistant drinkers
The Project Manual
Mike Ward and Mark Holmes
First Edition
©Alcohol Concern October 2014

Basic message

- **We should not write off people who do not want to change their drinking.**
- **There are things you can do to make a difference.**

- At the end of the Blue Light pathway there are clients who are not changing and whose vulnerability means that they require some more structured framework to manage their behaviour.


Learning from tragedies
An analysis of alcohol-related Safeguarding Adult Reviews published in 2017
June 2019
ALCOHOL CHANGE UK
Nothing about alcohol harm is inevitable. By working together, we can better protect those most in need.

Analysis of SARs published in 2017

- 41 reviews were found in total.
- In 11 alcohol was a problem for the adult being safeguarded.

Alcohol-Related SARs
Professor Michael Preston-Shoot's SAR analysis

- 57 cases (25%) where the principal focus was on a person with alcohol-related concerns
- Correlations with self-neglect and/or homelessness
- Examples of fire deaths involving alcohol abuse
- Impact of loss and trauma

- Additional 5 cases where someone in the person's environment was alcohol-dependent
- Highlights the importance of thinking family (domestic abuse, impact on children, understanding family and relational dynamics)
- One case of a paid carer being alcohol-dependent

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Angela Wrightson

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“Alcoholic Angie”

- AW was attacked and murdered in her home in December 2014. Two teenage girls, aged 13 and 14, were convicted of AW’s murder.
- She had a long history of chronic alcohol use, mental health problems and vulnerability and had been identified as having multiple care and support needs, and many agencies and professionals had had involvement with AW going back some years.
- *Diagnosed with an Emotionally Unstable Personality Disorder. AW was considered to have a dual diagnosis.*

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AW

- *In 3 years, over 1000 recorded direct contacts with mental health and alcohol services, ambulance, hospital.*
- *472 reported incidents to the police.*
- *Incidents relating to 175 offences, mostly while intoxicated. An Anti-Social Behaviour Order (ASBO) and a legal order was made on 16 July 2009 for a period of three years, meaning it was a criminal offence for AW to buy alcohol or attempt to buy or obtain alcohol from a licensed premise…*

- Professionals need a better understanding of the legal structures that can support and manage these very challenging clients.

Section 2

- ***It's Their Choice***
- **Barriers to change: the need for professional curiosity**

Section aim

- *To challenge the idea that this client group are **choosing** a chaotic or self-neglecting lifestyle*

- **These are not just “unwise decisions”**
- **This client group face very real barriers to change and engagement**
- **Professional curiosity is required to understand these barriers to change.**

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e.g. Professional curiosity

Training on Professional Curiosity should focus on the subjects of 'normalisation' and 'desensitisation'. Professionals did not fully recognise the 73 visits Amanda had to the Emergency Department (in 17 months) as a very significant risk trend in her life, as they became too accustomed to these episodes as 'normal' for her.

Amanda and Mia

Exercise

- What factors could pose a barrier to change and engagement for a chronic dependent drinker?

Understanding barriers to change

The perfect storm of physical conditions

- Depression
- Alcohol related brain damage
- Alcohol related brain injury
- Physical health problems e.g. fatigue due to liver disease
- Hepatitis C (Amanda)
- Confusion e.g. liver disease, pancreatitis and UTIs
- Sleep disorders
- Poor nutrition
- Foetal Alcohol Damage
- …and they are dependent.

e.g. Amanda – Head injuries

- Amanda sustained repeated injuries. She often fell in public places including on roads. … Some of her injuries and bruising were suggestive of assault…Generally, Amanda was unwilling or unable to give accounts of how her injuries had been sustained.

Checklist of barriers 2

- Anxieties about how they will appear to others e.g. do they smell or are they dirty?
- Previous negative experience with services
- The targets set are unrealistic
- Fear e.g. of fits, of falling, of failure, of change
- Financial problems – debt and benefit problems
- Lack of a clock, watch or diary
- Inability to access services

Barriers - Coercion and control

Professionals should be able to recognise and act upon the signs and symptoms of emotional coercive or controlling behaviour, and economic abuse, in order to support adults at risk.

Mia

Prejudice

- …stereotypes associated with substance dependency and anorexia play a role in traditional patterns of blame. The mental picture of a person with anorexia is likely to be a well-mannered young woman; while the mental picture associated with alcohol dependency is likely to be a dishevelled older man… the stereotypes evoked may well influence judgements about blame. (Craigie 2018)

Further assessment

It is easy to view this group of drinkers as:

- “Choosing their lifestyle”
- “Liking living in a chaotic and dirty setting”

The situation is much more complex than that

Section 3

- **Legal powers: England**

Powers 1

Containment Powers For Substance Misusers

- The Care Act 2014 (England)

- Mental Capacity Act 2005
  (including DOLS and LPS)

- &

- Mental Health Act – 1983/2007

Powers 2

- Human Rights Act
- Anti-Social Behaviour powers
  - ❑ CBOs and Civil Injunctions
  - ❑ ASB community trigger
  - ❑ Closure Orders
- ATR – Alcohol Treatment Requirement / Probation Orders with Conditions of Treatment
- Environmental Health legislation

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e.g. Amanda's Parental Statement

- *Amanda's last 10 years were dominated by alcohol. It was the prop she couldn't let go of. It was hugely destructive. There appeared nothing that could be done for her, despite her endless 'accidents' and obvious vulnerability, she was deemed to have capacity and could not be sectioned under the Mental Health Act. This was very frustrating and difficult to accept.*

- The Care Act 2014

Amanda & Mia

Do you follow local safeguarding pathways consistently and fully in relation to adults with care and support needs who have alcohol misuse problems?

In Mia's case there were also missed opportunities from some agencies and organisations to submit safeguarding referrals for her...

All professionals, including police staff, must continue to be supported and encouraged to complete and submit Safeguarding Concerns to the Local Authority.

Does the Care Act apply to dependent drinkers?

- YES - The Department of Health and Social Care has stated that: *To meet the national eligibility threshold… local authorities … must consider…if the adult has a condition as a result of…* (among others)…*substance misuse or brain injury.*
- A formal diagnosis is not required to prove eligibility; but
- Care and support needs are required.

Care Act Statutory Guidance - Neglect

The Care Act requires that each local authority must:

• *make enquiries, or ensure others do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.*

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Self-neglect

- The Act places a duty on local authorities to *protect people from abuse and neglect*. This includes *those who self-neglect*.

These duties apply equally to:

- *adults with care and support needs*
- *whether those needs are being met ,*
- *whether the adult lacks mental capacity or not.*

Self-neglect

- SCIE describes self-neglect as *an extreme lack of self-care*, and says *that it… may be a result of other issues such as addictions*.

However:

Andrew SAR (Waltham Forest)*It is not routine or shared practice to accept that chronic alcohol misuse is a form of self-neglect...This directly affects the response by professionals ...*

Local authorities have a duty to safeguard self-neglecting dependent drinkers.

But safeguarding is everybody's business.

Exploitation & coercion

- They may also be victims of abuse and exploitation by others.
- The need to protect abused drinkers has not always been recognised.
- AW SAR: *AW's drinking put her at risk of exploitation…. This did not result in a safeguarding alert at the time, although there was ongoing financial exploitation.*

SARs

- Section 44 of the Care Act requires the local Safeguarding Adults Board to undertake a Safeguarding Adults Review (SAR) where an adult with care and support needs has died and the SAB knows or suspects that the death resulted from abuse or neglect. Reviews can provide important evidence about how to manage this client group.

Summary

- **The Care Act 2014 applies to people with alcohol problems.**
- **Dependent drinkers with care and support needs have a right to assessment under the Act and, if they meet certain criteria, the right to a care package.**
- **Dependent drinkers who are vulnerable, abused or self-neglecting may require safeguarding by local authorities.**
- **Self-neglect (and/or living with abuse and exploitation) should never be regarded as a "lifestyle choice".**

Summary

- **Safeguarding concerns should be submitted to the local authority about such cases.**
- **Local authorities have a duty to make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect.**
- **An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom.**
- **A Safeguarding Adult Review should be undertaken by the Safeguarding Adults Board in cases of serious failure to support a vulnerable person.**

The local referral pathway

- Lewisham Safeguarding Adults Board - Lewisham Safeguarding Adults Board > Lewisham Adult Safeguarding Pathway (safeguardinglewisham.org.uk)

Stages of the process

Concerns Stage 1: Advice for Submitting an Adult Safeguarding Concern

- 1. You need to recognise if what you are seeing or hearing is potential abuse or neglect
- 2.1 If the adult does not wish to report the abuse: Are they in immediate danger or risk of serious harm?
- 2.2 Consider if this matter meets the Section 42 (1) criteria within the Care Act 2014 as a Safeguarding Concern:
- a. do I have reasonable cause to suspect that the adult has needs for care and support; and
- b.do I have reasonable cause to suspect that the adult is at risk, or, experiencing abuse or neglect.

- 3. Seek the adult's consent to submit a Safeguarding Concern to the Local Authority
- A Safeguarding Concern can still be submitted without the adult's consent if 'vital' or 'public' interest considerations apply (see 2.1 above).
- 4. Gather as much information as possible
- 5. Submit the concern

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- Enquiry Stage 2: Advice for Conducting an Adult Safeguarding Enquiry
- Plan & Review Stage 3: Multi-Agency Adult Safeguarding Planning Meeting Guidance
- Stage 4: Closing the Enquiry

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Section 6

- Mental Capacity Act 2005

Section aim

- *To explore how the Mental Capacity Act can support and protect this client group*

Mental Capacity Act 2005

- Provides a statutory framework for people who lack capacity to make decisions for themselves... It sets out who can take decisions, in which situations, and how they should go about this.

Mental Capacity Act 2005

- A person who lacks capacity means a person who lacks capacity to make a **particular decision** or take a **particular action** for themselves **at the time the decision or action needs to be taken**.

Two dynamics

- Supporting the development of a plan that is in someone's best interest
- Preventing someone being dismissed as *having capacity*

The key question

- Are there circumstances under which chronic dependent drinkers do lack the capacity to make decisions about e.g. their care, treatment, safety, finances or living conditions?

The two part mental capacity test

Stage 1: Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain?

An impairment or disturbance in the functioning of the mind or brain may include:

- **the symptoms of alcohol or drug use.**

Stage 2: Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

4.14 A person is unable to make a decision if they cannot:

1. understand information about the decision to be made
2. retain that information in their mind
3. **use or weigh that information as part of the decision-making process**, or
4. communicate their decision.

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Using or weighing information as part of the decision-making process

4.22 ***For example, a person with the eating disorder anorexia nervosa may understand information about the consequences of not eating. But their compulsion not to eat might be too strong for them to ignore.***

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- Legal judgement

London Borough of Croydon -v- CD [2019] EWHC 2943 (Fam)

- CD: a 65 year old man who suffers from a range of medical problems; he has a psychiatric background characterised by depression, he suffers from epilepsy and complications arising from chronic alcohol abuse. Diabetes and physical disabilities.

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CD

- Frequent incidents of falling in his flat,
- Non-concordant with medication,
- Severe self-neglect,
- Inability to manage his personal care, activities of daily living, his health and wellbeing.
- Home environment deteriorated to a stage that a care agency were unable to access the flat for fear of cross contamination and infection.
- Frequently called the London Ambulance and Police… he attended A&E regularly.
- CD lives alone and he has limited positive support network, he socialises with friends in the same block of flats who equally have alcohol misuse problems."
- Unable to safely complete most activities of daily living without help from his carer."

CD

- The judge ruled that CD lacked capacity in relation to decisions concerning his care.
- Made orders about actions to be taken in his best interest.

The real challenge

The repeated cycle of:

- lack of capacity
- hospital
- detox
- capacity
- home

Executive Capacity

- *…the concept of "executive capacity" is relevant where the individual has addictive or compulsive behaviours. This highlights the importance of considering the individual's ability to put a decision into effect (executive capacity) in addition to their ability to make a decision (decisional capacity). Therefore, for an individual such as AW the assessment of mental capacity is unlikely to be as straightforward as a simple yes or no.*

Angela Wrightson SAR

Amanda Executive Capacity

- When Amanda was intoxicated, and when she was recovering from a head injury, her capacity to make decisions was seriously compromised. Furthermore, a background history of substance use and head injuries from young adulthood onwards, was likely to mean that her capacity to commit to the actions needed to implement a decision was also compromised…

- Amanda's executive function or dysfunction is not explored in detail in the records supplied to the review. In the context of someone with a long history of substance use and misuse, the records are largely silent on how compulsive her use of alcohol must have been leading to what was effectively self-neglect and real difficulties in following through on her stated intentions.

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The Code of Practice supports this stating that:

4.30 Information about decisions the person has made, based on a lack of understanding of risks or inability to weigh up the information, can form part of a capacity assessment – particularly if someone repeatedly makes decisions that put them at risk or result in harm to them or someone else.

To think about when assessing repeated lack of capacity

- Frontal lobe injury is common in drinkers.
- People may present as coherent in assessment
- But have very limited impulse control

To think about when assessing repeated lack of capacity

- Kindling
- Is this in the client's *best interests*?

If they *have capacity*…

- Even if it was decided that someone did not lack the capacity to care for himself, professionals may still need to help them to make decisions about care.
- The MCA Code of Practice repeatedly highlights the need to assist capacitous people with their decision making e.g. *people must be given all appropriate help and support to enable them to make their own decisions; it is important to take all possible steps to try to help them reach a decision; it is important to provide appropriate advice and information; providing relevant information is essential in all decision-making.*

If they *have capacity*…

Perhaps more relevantly the Code of Practice comments that:

- *2.11 There may be cause for concern if somebody:*

• *repeatedly makes unwise decisions that put them at significant risk of harm or exploitation or*

• *makes a particular unwise decision that is obviously irrational or out of character.*

These things do not necessarily mean that somebody lacks capacity. But there might be need for further investigation…

Amanda: DoLS

- The Mental Capacity Act …makes provision for people to be subject to Deprivation of Liberty Safeguards (DoLS). Where people cannot consent to their care arrangements in a care home or a hospital, the Local Authority can authorise a DoLS, enabling carers to use restraint and restrictions in the person's best interest. There are detailed procedures that must be followed to assess and to put the deprivation arrangement in place.

- There are several references in the records which indicate that the possibility of assessing Amanda for a DoLS was being considered. Had one been put in place, it could have meant, for example, that staff at The Care Home could have prevented her from leaving the home if they felt that her level of intoxication meant that she could not keep herself safe while out and about.

Summary

- **The Mental Capacity Act 2005 applies to people with mental impairments due to the symptoms of alcohol or drug use**
- **The compulsion associated with an addictive behaviour can be seen as over-riding someone's ability to use information. This can imply a lack of capacity.**

Summary

- **Executive capacity should be included explicitly in assessments, linked to the person's ability to use and weigh information.**
- **Mental capacity decisions with this client group will need to be marathons not sprints.**
- **They will take time and require multi-agency discussion and professional challenge.**

Summary

- **If uncertain whether and how to proceed in a person's best interests, the case should be presented before a judge, with care and safeguarding plan options.**

Section 7

Care planning ideas

Using the Mental Capacity Act and the Care Act

Section aim

- *To explore what will help make the two key legal powers work in practice*

- The Care Act and the Mental Capacity Act do not define *what happens next.*
- They provide a framework which can support care planning.

Group Exercise

What are the key elements of a good care plan for a vulnerable dependent drinker?

Multi-agency planning

- Ensure that all work with complex clients is built on a multi-agency approach.

- *Where concerns persist in a domestic abuse or an adult at-risk case, a multi-agency safeguarding planning meeting should be convened to consider the wider impact on the health and wellbeing of the person.*

- *Ensure the right people are invited to participate at multi-agency meetings to ensure effective communication, so that all of the relevant information is considered.*
- Mia

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Structure

- Agencies and their staff need to build positive relationships with other workers involved with the client.
- Workers will need to be persistent in arguing for the most appropriate response.
- Workers will need to be prepared to challenge other professionals.

Structure

- Agencies need to be willing to escalate concerns and make complaints.
- Good recording is required.

Structure

- A thorough assessment will be required and this may require persistence and joint working to find an appropriate opportunity.
- This may require multiple meetings.
- However, assessment should not become a barrier to beginning to build a relationship with a client.
- Undertake a comprehensive risk assessment, especially in situations of service refusal.

Structure

- Undertake a detailed exploration of the person's wishes, feelings, views, experiences, needs and desired outcomes.
- Take time to address the impact of adverse experiences, including issues of loss and trauma. It also should explore repetitive patterns.
- Maintain contact so that trust can be established, even when the person is not engaging in planned interventions.

Content

- ACUK's Blue Light project manual will be the best guide to the types of practical intervention to be used. These will include harm reduction, dietary approaches and motivational interventions that work with these clients.

What works 1

Outreach is the best evidenced intervention

- Surrey evidence
- Wigan, Notts, Salford, Lincs

- ACTAD - £1 spent on assertive outreach can save £3.42

What works 2

- It takes time

What works 3

- Multi-agency groups (*Team around the person)*
- e.g. Medway, Northumberland, Sandwell and Gloucester

- *The best approach is assertive outreach guided by a multi-agency group*

What works 4

- *We cannot overstate the importance of diet*

Diet

- In the long term, vitamin B1 (thiamine) deficiency can result in alcohol related brain damage

- Simply drinking without food increases the risk of liver disease

Water

- The risk of dehydration exists which causes confusion and lethargy.
- Lack of water can worsen liver disease
- Ice cubes in a drink to reduce the impact
- (Coffee and liver disease)

What works 5

- A body of evidence exists that family or carer involvement in care planning can help improve engagement and increase the likelihood that a care plan will succeed.

- However, family members may also need protection and support

What works 6

- Structure

What works 7

Use a **motivational interviewing** approach

Motivational Interviewing: Preparing People to Change Addictive Behaviour – William Miller & Steve Rollnick, 1991

3rd Edition was published in 2012

Key techniques

- Rolling with resistance

&

- Promoting self belief

What works 8

- Develop an engagement plan –
- Think through how you can keep the person engaged.
- Discuss with the client what is to be done if they disengage.

Advance directives

- *An interesting example of efforts to improve engagement comes from Engage Merton. They ask all new clients to write themselves a letter which will be kept on file and sent if the person drops out of treatment. The letter is encouraging the person him or herself to keep going or try again. Other services use a postcard.*

What works 9

- Are they smoking as well as drinking and, therefore, increasing the risk of oral cancer?
- E-cigarettes
- Amanda smoked cigarettes, a cause of further potential health problems and a fire risk when she was under the influence of alcohol.

What works 10

Home Safety

Do they have a smoke alarm fitted?

Beyond smoke alarms

- Sand buckets
- Cooking
- Heating

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What works 11

Money

- Sort out benefits / finances
- Appointeeships
- Jamjar accounts (credit union)
- Improve bank account safety
- Pin numbers

What works 12

- If necessary make a **referral** to local alcohol services

But

- Signposting is not enough!!

- We need a “warm introduction”

Incentivise engagement with services

- In some cases substance misusers have been offered gifts and vouchers to engage with treatment services. This is costly and problematic but may be seen as an option with some high risk cases.

- Incentives work but…

Incentives

- e.g. offering complementary therapies.
- Clothing
- Food
- Travel costs

Section 9

- Other Powers

Section aim

- *To explore other legal frameworks that can support and protect this client group*

Other powers

- Mental Health Act 1983 & 2007
- Human Rights Act 1998
- Anti-Social Behaviour powers
  - ❑ CBOs and Civil Injunctions
  - ❑ ASB community trigger
  - ❑ Closure Orders
- ATR – Alcohol Treatment Requirement / Probation Orders with Conditions of Treatment
- Environmental Health legislation

The Government's *2015 Mental Health Act Code of Practice*

- 2.11 Alcohol or drug dependence may be accompanied by, or associated with, a mental disorder which does fall within the Act's definition. If the relevant criteria are met, it is therefore possible, for example, to detain people who are suffering from mental disorder, even though they are also dependent on alcohol or drugs. This is true even if the mental disorder in question results from the person's alcohol or drug dependence.

The Human Rights Act 1998

- Article 2 – the right to life
- Article 8 – to protect the physical or moral integrity of the individual (especially but not exclusively) from the acts of other persons

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- The Anti-social Behaviour, Police and Crime Act 2014

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ASB Powers

– Criminal Behaviour Orders &
– Civil Injunctions

The *civil injunction* is a civil order issued by the courts and the *criminal behaviour order (CBO)* is available on conviction of any offence.

– ASB community trigger
– Closure Orders

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Positive requirements

- These orders not only allow courts to ban behaviours (e.g. drinking in a particular location), but also allow the imposition of *positive requirements* which will help encourage permanent change.
- These powers are appropriate for people whose ASB is due to alcohol problems
- The requirements can include treatment-type interventions, e.g. to receive *support and counselling* or attend *alcohol awareness classes.*
- Breaching a CBO or a Civil Injunction can lead to imprisonment or a fine or both.
- **These powers have not been well used nationally.**

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The Criminal Justice Act 2003

- Alcohol Treatment Requirements. These are effectively probation orders with conditions of alcohol treatment and mirror two other similar orders Drug Rehabilitation Requirements and Mental Health Treatment Requirements.

Examples of Environmental Health Legislation

- **Public Health Act 1936** - Contains the principal powers to deal with filthy and verminous premises.
- **The Public Health Act 1961** - Section 36 Power to Require Vacation of Premises During Fumigation
- **Housing Act 2004** - Allows the local authority to carryout risk assessment of any residential premises to identify any hazards that would likely cause harm and to take enforcement action where necessary to reduce the risk to harm. If the hazard is a category 1 there is a duty by the LA to take action. If the hazard is a category 2 then there is a power to take action.
- **Building Act 1984 Section 76:** - Available to deal with any premises which are in such a state as to be prejudicial to health.
- **Prevention of Damage by Pests Act 1949**:- Local Authorities have a duty to take action against occupiers of premises where there is evidence of rats or mice.
- **Fire and Rescue Services Act 2004 –** this defines the circumstances under which a fire officer can enter premises and the powers they have on entry.

Exercise

- What does your experience of local services suggest needs to be done to improve the safeguarding of vulnerable homeless / substance misusing individuals?

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- www.alcoholchange.org.uk