THE LANTERN COMMUNITY

Supporting individuals, with diverse learning abilities, to achieve their full potential in a unique community setting

THE LANTERN COMMUNITY
SAFEGUARDING ADULTS POLICY AND PROCEDURE

Prepared by The Lantern Community General Manager and endorsed by The Lantern

Community Trustee Board November 2016

Reviewed March 2017, May 2018, November 2020, April 2021, November 2022

This document relates to the response to and prevention of harm and needs to be used alongside the 'Safeguarding Adult Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole' and as set out by the relevant host authority.

Some parts of the Dorset Safeguarding Adults Procedures are not covered in detail in the Lantern Community Safeguarding Adult Policy and Procedures due to they are either not relevant and/or there is a very low probability of certain incidents happening within the Lantern Community e.g. forced marriage, modern slavery etc. because of demographical factors and client group. If a situation arises, the Lantern Community will review the policy and procedures accordingly and refer to 'Safeguarding Adult Procedures: Multi Agency Procedures for the Protection of Adults with Care and Support Needs in Bournemouth, Dorset and Poole'.

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THE LANTERN COMMUNITY SAFEGUARDING ADULTS POLICY

AIMS OF THE LANTERN COMMUNITY SAFEGUARDING ADULTS POLICY:

- To uphold the right of everyone to live free from harm and the fear of harm
- To ensure individuals are protected from harm and exploitation; wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
- To promote the human rights of all individuals irrespective of nationality, race, culture, religion, disability, gender, age and sexual orientation
- To ensure the community's safeguarding and protection arrangements are up to date and entirely in line with UK and Dorset CC best practice
- To liaise effectively with external agencies and bodies regarding the reporting of harm or suspected harm
- To ensure a proportionate, timely, professional and ethical response is made to any adult at risk of harm and least intrusive response where possible.
- To make all decisions and actions are taken in line with the Mental Capacity Act 2005 so that people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent
- To train workforce to ensure the risk of harm within the organisation is minimised
- To ensure transparency in delivering safeguarding practice and enquiry
- Promote an approach that concentrates on improving life for the adults concerned
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult

DEFINITION OF 'ADULT AT RISK'

An adult at risk is**: "**one who is or maybe in need of community care services by reason of mental or other disability; age or illness: and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation**"**

DEFINITION OF 'SAFEGUARDING'

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect and the purpose of this document is to guide people and organisations to identify and respond appropriately when adults may be at risk of harm, abuse or self-neglect.

'*Safeguarding Adults*' (ADSS October 2005) proposes we need to ensure protection procedures are inclusive and enable any adult to receive an appropriate response. Safeguarding adults at risk is everyone's business; a concern should be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons. This may include anyone self-neglecting.

Urgent actions will be taken to safeguard anyone at risk of immediate harm if any of the following concerns are apparent:

- active abuse is witnessed, or
- an active disclosure is made by an adult or third party, or
- there is suspicion or
- fear that something is not right or there is evidence of possible abuse or neglect.

SIX PERSON CENTERED PRINCIPLES IN SAFEGUARDING

- Empowerment: people being supported and encouraged to make their own decisions, presumption of person led decisions and informed consent.
- Prevention: wherever possible the aim will be to take action before harm occurs and ensure early engagement with all relevant people.
- Proportionate: a response that is least intrusive and appropriate to the risks presented.
- Protection: support and representation for those in greatest need.
- Partnership: local solutions through services working with the individual communities. Ensure engagement with local communities to prevent, detect and report abuse.
- Accountability: transparency in delivering safeguarding.

DEFINITION OF HARM AND NEGLECT

Harm is: 'A violation of an individual's human and civil rights by another person or persons**'**

Harm may consist of a single act or repeated acts. It may be physical, verbal or psychological. It may be an act of neglect / self-neglect or omission to act or it may occur when an adult at risk is persuaded to enter into a financial or sexual transaction

to which he or she had not consented or cannot consent. Harm can occur in any relationship and may result in significant harm to, or exploitation of the person subjected to it.

Intent is not an issue at the point of deciding whether an act or a failure to act is harm; it is the impact of the act on the person and the harm or risk of harm to that individual. Harm can take place anywhere. Harmful acts may be crimes and informing the Police must be a key consideration.

Adults at risk may be harmed by a wide range of people including relatives and family members, professional staff, co-workers, volunteers, paid workers, other adults at risk, neighbours, friends and strangers. There is often a particular concern when harm is perpetrated by someone in a position of power or authority who uses his or her position to the detriment of an adult at risk.

Harm can take place in any context. The seriousness or extent of harm to an adult at risk is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind.

CATEGORIES OF HARM, INDICATORS AND EXAMPLES

PHYSICAL HARM

EXAMPLES (not exhaustive)

Hitting, slapping, pinching, shaking, pushing, scalding, burning, dragging, kicking, physical restraint, locking an individual in a room or a car, harassment, enforced sedation, inappropriate use of medication, catheterization of a patient for management ease, inappropriate sanctions, exposure to heat or cold, not giving adequate food or drink.

What are the signs of PHYSICAL HARM? (Not exclusive)

History of unexplained falls or minor injuries
Bruising which is characteristic of non-accidental injury – hand slap marks, pinch marks, grip marks
Black eyes/injuries to the face
Marks made by implements
Bruising to buttocks, lower abdomen, thighs
Bite marks
Burns/scalds
Individual flinches at physical contact
Reluctant to undress or uncover body
Loss of weight

SEXUAL HARM

EXAMPLES (not exhaustive)

Direct or indirect involvement in sexual activity without capacity and/or consent.
Individual did not fully understand or was pressured into consenting.
Consent is defined as not given when a person has mental capacity but does not want to give consent, a person lacks mental capacity and is therefore unable to give consent, a person feels coerced into activity because the other person is in a position of trust, power of authority or the other party is a close relative and the action would be classed as incestuous.

Non-contact: Inappropriate looking, pornography, photography, indecent exposure, harassment, serious teasing or innuendo, coercion to watch sexual activity.

Contact: Coercion to touch e.g. of breasts, genitals, anus, mouth, masturbation of either self or others, penetration or attempted penetration of vagina, anus, mouth with or by penis, fingers and or other objects

Sexual exploitation: The term "sexual exploitation" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

What are the signs of SEXUAL HARM? (Not exclusive)

Physical signs may apply to male or female and may include urinary tract infections, vaginal, penal or anal infection, sexually transmitted disease
Pregnancy in a women unable to give consent
Difficulty in walking or sitting with no apparent explanation
Torn, stained or bloody underclothes or bedding Bleeding, bruising, torn tissue or injury to the rectal, anal and/or vaginal area
Bruising to thighs and/or upper arms
Behavioural changes
Uncharacteristic sexually explicit/seductive behaviour
Promiscuity
Use of explicit language
Self-harm
Obsession with washing
Fear of pregnancy may be exaggerated
Remember individuals may partially disclose using repeating phrases like "it's a secret" or "shut up" or I'll hurt you"

PSYCHOLOGICAL HARM:

EXAMPLES (not exhaustive)

Behaviour which has a harmful effect on an individual's emotional well-being, causing mental distress undermining their self-esteem and affecting individual's quality of life.
Willful infliction of mental suffering by a person in a position of trust and power.
Psychological harm may present with other forms of harm.

Behaviour which deliberately causes serious psychological and emotional harm may constitute a criminal offence.
Shouting, controlling, coercion, bullying, blaming, swearing, insulting, ignoring, threats of harm or abandonment, intimidation, harassment, humiliation, depriving an individual of the right to choice and their privacy, dignity, self -expression, deprivation of contact, undermining self-esteem, isolation and over- dependence.

What are the signs of PSYCHOLOGICAL HARM? (Not exclusive)

Loss of interest, withdrawn, anxious or depressed Appear to be frightened, fearful or avoiding eye contact Irritable, aggressive or challenging behaviour, unexplained sleep disturbance
Poor concentration
Self-harm, refusing to eat,
Incontinence
Eating problems,
Unusual weight gain or loss

FINANCIAL OR MATERIAL HARM:

EXAMPLES (not exhaustive)

Stealing, fraud, misuse of enduring power of attorney, lasting power of attorney or appointeeship.
Money and possessions stolen
Misappropriating money, valuables or property
Forcing changes to will
Denying the adult at risk the right to access personal funds, property possessions or inheritance
Unauthorized disposal of property or possessions
Being asked to part with money on false pretences

Factors that may increase vulnerability:

- Person unable to manage own money
- Person isolated in community
- Person is dependent on others to handle finances
- Person has no independent advocates

Financial harm is a crime

What are the signs of FINANCIAL HARM? (Not exclusive)

Unexplained or sudden inability to pay bills
Power of Attorney obtained and misused when a person lacks or does not lack mental capacity to understand
Unexplained withdrawal of money with no benefits
Person lacking goods or services that they can afford
Extortionate demands for payments for services

NEGLECT AND ACTS OF OMISSION:

EXAMPLES (not exhaustive)

Ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, equipment, the withholding of the necessities of life, such as medication, adequate nutrition and heating; Failure to intervene in behaviour which is dangerous/failure to report harm
Being prevented from receiving visitors or interacting with others

What are the signs of NEGLECT? (Not exclusive)

This form of harm may be identified within a person's accommodation, their physical presentation or in the standard and care provided. Indicators may include
Inadequate heating and lighting
Neglect of accommodation
Poor physical condition (e.g. leg ulcers or ulcerated bed sores) Clothing or bedding in poor condition including being wet or soiled
Failure to ensure access to health or social care
Weight loss or gain through inadequate or unsuitable food
Medication not given as prescribed
Failure to ensure appropriate privacy and dignity

SELF-NEGLECT:

EXAMPLES (not exhaustive)

This includes a broad spectrum of behaviour. The Care Act 2014 statutory guidance defines self-neglect as: "a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding". Self-neglect is recognized as the failure or unwillingness to meet your own basic care needs required to maintain health.

What are the signs of SELF-NEGLECT? (Not exclusive)

Inadequate heating and lighting
Neglect of accommodation
Poor physical condition (e.g. leg ulcers or ulcerated bed sores) Clothing or bedding in poor condition including being wet or soiled
Failure to ensure access to health or social care
Weight loss or gain through inadequate or unsuitable food
Frequent medication errors

ORGANISATIONAL ABUSE

EXAMPLES (not exhaustive)

Involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of service to adults at risk.

Occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfillment of adults at risk.
Can occur in any setting providing health and social care.

Lack of individualized care inappropriate confinement or restriction
Sensory deprivation
Inappropriate use of rules
Custom and practice
No flexibility on bedtimes or waking times
Dirty clothing or bed linen
Lack of personal possessions or clothing
Deprived environment or lack of stimulation
Misuse of medical procedures
Medication errors
Dietary needs not met
Poor moving and handling

What are the signs of ORGANISATIONAL ABUSE? (Not exclusive)

Unacceptable practice encouraged, tolerated or left unchanged
Organisational standards not meeting those laid down by regulatory bodies
Service users not treated with dignity and respect
Diverse needs not recognized and valued in terms of age, gender, disability, ethnic origin, race or sexual orientation
Services not flexible
Organisation do not promote choice and individual focus
Communication discouraged
Whistle blowing policy not in place and accessible
Insufficient employees training and development.

DISCRIMINATORY ABUSE:

EXAMPLES (not exhaustive)

Exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals.
Principles of discriminatory harm are provided by legislation, includes Race Relations Act 1976, Disability Discrimination Act 1995, Sex Discrimination Act 1975, Equality Act 2010 and Human Rights Act 1998. Consists of harmful or derisive attitudes or behaviour based on a person's gender and gender identity, sexuality, ethnic origin, race, culture, age, disability, faith or belief.

Hate crime is any criminal offence committed against a person or property that is motivated by an offender's hatred of someone because of one or more of the above.

Verbal harm
Harassment or similar treatment
Unequal treatment
Deliberate exclusion from services such as education, health, justice and access to services and protection
Harmful or derisive attitudes

What are the signs of DISCRIMINATORY ABUSE? (Not exclusive)

Lack of respect for an individual's beliefs and cultural background
Unable to eat culturally acceptable foods
Religious observances not encouraged or anticipated
Isolation due to language barriers
Signs of sub-standard service offered to minority groups or individuals
Repeated exclusion from rights afforded to citizens such as health, education, employment and criminal justice.

INTERNET/ CYBERBULLYING:

EXAMPLES (not exhaustive)

Internet/cyberbullying can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass or embarrass someone else. It can be an extension of face-to-face bullying, with the technology offering the bully another route for harassing their victim, or can be simply without motive. Cyberbullying can occur using practically any form of connected media, from nasty text and image messages using mobile phones, to unkind blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual or virtual abuse during an online multiplayer game

(Please see Bournemouth, Dorset and Poole Safeguarding Adult Procedures for the other categories of abuse -Domestic Violence, Forced Marriage, Forced Marriage Protection Orders, Exploitation by radicalization, Modern Slavery.)

RESPONSIBILITIES OF THE STAFF REGARDING SAFEGUARDING PROCESS

- Don't forget safeguarding is everybody's business. Employees have a duty to report in a timely way any concerns or suspicions that an adult at risk is being or is at risk of being harmed.

- Observe, listen carefully.

- Take immediate action wherever it is required

- Make an immediate evaluation of the risk and take reasonable and practical steps to ensure that the adult is in no immediate danger.

- Inform the registered managers/safeguarding adult co-ordinator immediately.

- If it is not possible to inform the manager, and the matter is urgent, inform the Safeguarding Adults Contact Point in the Local Authority immediately.

- Do not try to question the alleged victim, except in relation to immediate needs.

- Where appropriate, dial 999 for an ambulance for medical treatment.

- Contact the Police if a crime has been or may have been committed. All involved should recognise that civil litigation is always possible.

- Do not disturb or move articles that could be used in evidence, and secure the scene for example, by locking the door to a room.

- Contact Children's Social Care if a child is also at risk.

- If possible, make sure that other service users are not at risk.

- Create a clear factual record of their concern and the action taken.

RESPONSIBILITIES OF MANAGERS REGARDING SAFEGUARDING PROCESS

- To ensure the alleged victim is made safe.

- To ensure that any employee, volunteer or other person who may have caused harm is not in contact with service users and others who may be at risk.

- To ensure that appropriate information is provided in a timely way.

- To ensure that access to records and information relating to the adult at risk, is given to the Nominated Enquirer from DCC, Safeguarding Adults Practitioner from DCC or Police. The primary responsibility for co-ordinating information

in response to a Safeguarding Adult concern is vested in the Enquiry Manager (EM) working with the Police if a crime is suspected. If this is the case, the Police will lead the investigation.

- Make employees aware of their duty to report any allegations or suspicions of harm to Safeguarding Adult Co-ordinators or to the local authority.

- Meet the responsibilities and ensure compliance with the Care Act 2014. Notify the CQC about the case

- Operates safe recruitment practices and routinely take up and check references.

- Creating, developing and putting in place suitable policies and procedures to handle allegations and incidents;

- Reviewing policies and procedures both periodically and following serious incidents,

- Adhere to and operate within the 'whistle-blowing' policy and support employees who raise concerns.

- Managers of regulated activity providers must fulfil their legal obligations under the Vulnerable Groups Act 2006 and the Disclosure and Barring Service. Managers have responsibility for making checks on and referring employees and volunteers who have been found to have harmed an adult at risk or put an adult at risk from harm.

RESPONSIBILITIES OF HUMAN RESOURCE AND DISCIPLINARY ACTIONS

- When a safeguarding allegation has been made in relation to an employee the person raising the concern must follow the safeguarding procedures and inform their Registered Managers and /or Safeguarding Adult Co-ordinators and Adult Social Services.

- The responsible manager will inform their Human Resource department and follow the disciplinary procedures.

- If their registered manager is the person alleged to have caused harm, they must inform the Safeguarding Adult Co-ordinator or make direct contact with the local Adult Social Services, who will advise.

- A restricted part of the safeguarding Enquiry meeting can determine how to proceed, drawing on the advice of the Human Resources. Both HR and safeguarding procedures will need to be followed remembering that priority must always be given to safeguarding the adult at risk and if a criminal investigation is taking place pursuing forensic evidence.

RESPONSIBILITIES OF THE TRUSTEE BOARD

Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity are not harmed in any way through contact with it. They have a legal duty to act prudently and this means that they must take all reasonable steps within their powers to ensure that this does not happen.

Trustees will support the management in:

- Assessing the safeguarding risks that might arise from their charity's activities and operations;
- Creating, developing and putting in place suitable policies and procedures to handle allegations and incidents;
- Undertaking on-going monitoring to ensure effective implementation of those policies and procedures;
- Taking steps to ensure that both the board and people working within the charity respond properly when allegations and incidents arise and report as necessary to the police and other agencies; and
- Reviewing policies and procedures both periodically and following serious incidents, using their experience of particular incidents to manage and minimise the risk of something similar happening again by making any necessary changes to the charity's policies and procedures.

POLICY REVIEW AND UPDATES

This policy is written in line with Bournemouth, Dorset and Poole Multi-Agency Safeguarding Adults Policy and Procedures and will be reviewed according to the changes in the local authority safeguarding policy.

General Manager, Registered Managers and Safeguarding Adult Co-ordinator will keep policies and procedures under review via the Care and Support Sub Committee policy review and report on these in the annual report as necessary.

Safeguarding Policy and Procedures will be shared with staff as part of staff induction. Managers and Staff will receive regular refresher safeguarding trainings relevant to their responsibility areas.
Line managers will discuss safeguarding procedures with their staff regularly and check their competency regarding safeguarding in supervision sessions.

THE LANTERN COMMUNITY SAFEGUARDING ADULTS PROCEDURES

DETAILED GUIDANCE ON SAFEGUARDING ENQUIRIES

WHEN TO RAISE A CONCERN

A concern should be raised when there is reason to believe an adult at risk may have been, is, or might be the subject of harm, abuse or neglect by any other person or persons, this includes anyone self-neglecting. The local authority will determine if the concern meets the criteria for a Section 42 Enquiry and if not, what other actions may be taken.

Section 42 Enquiry. *A statutory Section 42 Enquiry refers to the local authority being in receipt of information about an individual aged 18 or over who has care and support needs (whether or not these needs meet the National Eligibility criteria) and is unable to protect themselves and the local authority is satisfied there are concerns the person is at risk of harm, abuse or neglect and therefore an Enquiry is needed in order to ensure the person is enabled to keep safe. This applies to those who are cared for and their carers.*

Section 42 Enquiry criteria not met, consider other options such as signposting, assessment of need and referral to other services in order to prevent deterioration and promote independence, health and wellbeing.

The Purpose of the Section 42 Enquiry is:

- To be clear about the views of the adult at risk, identify if a mental capacity assessment is required and instruct an Advocate/ IMCA or other appropriate person if indicated
- To establish the facts and contributing factors leading to the concern being raised.
- To identify and manage risk to ensure the safety of the individual and others.
- To assist them to recover from any trauma.
- To determine if the allegations or concerns are founded and what action should be taken.
- To review the management of the setting/service and any improvements required or sanctions to be recommended.

WHAT TO DO WHEN HARM IS DIRECTLY OBSERVED OR DISCLOSED BY THE INDIVIDUAL

When harm is directly observed, all efforts should be made by the observer to ensure the individual is safe and urgent steps taken to report to the Local Authority. Also the Police if a crime appears to have been committed.
It is vital to listen carefully to what the person is saying, reassure them they will be involved in decisions about what will happen and get as clear a picture as possible but

avoid asking too many questions at this stage. Then you must be assured the individual is safe from harm or any further harm. This may mean contacting any/all of the emergency services.

RESPONDING TO AN ADULT AT RISK WHO IS MAKING A DISCLOSURE

- Accept what the person is saying – do not question the person or get them to justify what they are saying – reassure the person that you take what they have said seriously.
- Don't 'interview' the person; just listen carefully and calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can make a record.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person or others that you'll keep what they tell you confidential or "secret". Explain that you will need to tell to the manager or/and safeguarding adult coordinator but you'll only tell them so that they can help.
- Reassure the person that they will be involved in decisions about what will happen.
- Do not be judgmental or jump to conclusions.
- If the person has specific communication needs, provide support and information in a way that is most appropriate to them.
- There must be an assumption that the individual has capacity. Where there is doubt it may be necessary to undertake a full capacity assessment including issues of duress and coercion.
- Do not discuss the disclosure with other employees/public. Appropriate confidentiality is essential at all times.
- Be aware that different versions of events can arise through loose talk and misinterpretation by others.

Careful consideration will need to be given regarding who else needs to know about the concern. The concern must/should not be discussed with the person alleged to have caused harm.

HOW TO FORM A WRITTEN REPORT

As soon as possible on the same day, make a chronological written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern also makes a written record.

The written record will need to include:

- the date and time of the disclosure, or when you were told about or witnessed the incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, in the person's own words, keeping it factual and not interpreting what you saw or were told,
- the views and wishes of the adult,

- the appearance and behaviour of the adult and/or the person making the disclosure,
- any injuries observed,
- any actions and decisions taken at this point,
- any other relevant information, e.g. previous incidents that have caused you concern.

***Remember to*:**

- Wherever possible and practicable seek the persons consent to raise the concern. Where the person raises objections and there are significant risks, or if other adults or children may be at risk, it may be necessary to override their expressed wish not to consent.
- include as much detail as possible,
- make sure the written record is legible, written or printed in black ink, and is of a quality that can be photocopied,
- make sure you have printed your name on the record and that it is signed and dated,
- keep the record factual as far as possible. However, if it contains your opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence. Information from another person should be clearly attributed to them.
- keep the record/s confidential, storing them in a safe & secure place until needed.

CONFIDENTIALITY AND INFORMATION SHARING

This protocol recognises that information sharing between organisations is essential to safeguard adults at risk of harm, neglect and exploitation.

Information will be shared within and between organisations in line with the principles set out below:

- A d u l t s 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:
- Information given to an individual employee belongs to the organisation and not to the individual employee. An individual employee cannot give a personal assurance of confidentiality to an adult at risk.
- An organisation should obtain the adult at risk's consent to share information and should routinely explain what information may be shared with other people or organisations where ever possible however it is recognised that this may not always be possible in extreme situations of self-neglect.
- Difficulties in working within the principles of maintaining the confidentiality of an adult should not lead to a failure to take action to protect the adult from harm.
- Confidentiality must not be confused with secrecy, that is, the need to protect the management interests of an organisation should not override the need to protect the adult.

Public Interest Disclosure Act 1998 Decisions about what information is shared and with who will be taken on a case-by-case basis. Whether information is shared with or without the adult at risk's consent, the information shared should be:

- ❖ Necessary for the purpose for which it is being shared.
- ❖ Shared only with those who have a need for it.
- ❖ Be accurate and up to date.
- ❖ Be shared in a timely fashion.
- ❖ Be shared accurately.
- ❖ Be shared securely.

PRESERVING EVIDENCE

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc.;
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and person alleged to have caused the harm. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

INCIDENTS OF PHYSICAL AND/OR SEXUAL ASSAULT

- Preserve bedding and clothing where appropriate, do not wash;

- Try not to have any personal or physical contact with either the victim or the person alleged to have caused the harm. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or source of risk can cross contaminate evidence

- The most important priority is to ensure that the urgent medical and welfare requirements of the adult at risk are met.

- Preserve any potential forensic opportunities, and record verbatim the disclosure made by the adult at risk.

- Any sexual activity that is not freely consented to is criminal and must be reported immediately to the police via 999, before any internal investigation/ interview.

- Preserve anything that is used to comfort the assaulted person, for example, a blanket.

- Try not to touch items/weapons. If necessary, as before keep handling to a minimum. Put them in a clean dry place until the Police collect them.

- The room should be secured and no-one allowed to enter, unless necessary to support the person present, the assaulted person and/or the person alleged to have caused the harm, until the Police arrive.

- If the person alleged to have caused the harm is also a service user, a separate employee needs to be assigned to them.

- Sexual relationships or inappropriate sexual behaviour between an employee and a service user are always harmful and will lead to disciplinary proceedings. This is additional to any criminal action that has been taken. A sexual relationship between the service user and a care worker is a criminal offence under Sections 38–42 of the Sexual Offences Act 2003.

- There may be Safeguarding Adults referrals that involve sexual innuendo or remarks that will not result in a criminal investigation; however, all Safeguarding Adults referrals that indicate any form of sexual assault require a risk assessment, intelligence gathering and appropriate information sharing with relevant partners.

Managers will contact the Safeguarding Referral Unit (SRU). Contact Children's Social Care if a child/children are also at risk.

RAISING CONCERNS WITH THE POLICE

If a crime is suspected, it is critical that the Police are informed. Try not to disturb the scene as it may be important for the Police to collect forensic evidence. If in any doubt, ask the Police for advice.

People raising a concern must make it clear whether they are reporting a crime or suspected crime, or seeking advice. Discuss with Adult Social Care safeguarding contact point who will advise, unless the matter is urgent. In an emergency call the Police on 999.

The Police will always determine whether a criminal investigation is required and decide which department will undertake the investigation. It is likely that offences against the person which are complex and serious will be investigated by the Criminal Investigation Department and lesser offences of concern to a local area will be dealt with by the Safer Neighbourhood Team (SNT). Criminal investigation by the Police will take priority over all other lines of Enquiry. However, safeguarding the adult at risk is of prime importance throughout the investigation.

Professionals must ensure the adult at risk is involved, consulted and consent gained unless there are specific risks that would make this unsafe e.g. domestic violence. This principle will be applied at each step. If the adult or carer / representative says they don't want you to share information, you must consider the whether following situations apply:

- Other people or children could be at risk from the person causing harm.
- It is necessary to prevent crime.
- Where there is a high risk to the health and safety of the adult at risk.
- The person lacks capacity to consent, is under duress or being coerced.

SUPPORTING AN ADULT WHO MAKES REPEATED ALLEGATIONS

An adult who makes repeated allegations that are shown to be unfounded should be treated without prejudice.

- Each allegation must be risk assessed and reviewed to establish if there is new information that requires action under these procedures.
- A risk assessment must be undertaken and measures taken to protect staff and others, as necessary.
- Each incident must be recorded.
- The Lantern Community will respond to such allegations that respect the rights of the individual, while protecting staff from the risk of unfounded allegations.

RESPONDING TO FAMILY MEMBERS, FRIENDS AND NEIGHBOURS WHO MAKE REPEATED ALLEGATIONS

Allegations of abuse or neglect made by family members, friends or neighbours will be responded to without prejudice. However, where repeated allegations are made and there is no foundation to them and further Enquiries are not in the best interests of the adult, then local procedures for dealing with multiple, unfounded complaints will apply.

ANONYMOUS REPORTING & PROTECTING ANONYMITY

Anonymous reporting: It is preferable to know who is reporting a concern. It can make it more difficult to follow up concerns if the identity or contact details of the referrer are not known.
Workers in paid or unpaid positions should always be expected to state who they are when reporting concerns. However even if the identity of the referrer has been withheld the adult safeguarding process will proceed in the usual way. This will include information being recorded as an adult safeguarding concern.
***Protecting anonymity*:** While every effort will be made to protect the identity of anyone reporting concerns who wishes to remain anonymous, this may not be guaranteed throughout the process.

SELF- NEGLECT INTERVENTION

AIM OF THE GUIDANCE

A failure to engage with individuals who are perceived to be seriously self-neglecting i.e. 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 local community. The aim of this guidance is to prevent death and serious injury to self-neglecting individuals by ensuring:

- Individuals who are self-neglecting are empowered as far as possible, to understand the implications of their actions;
- A shared, multi-agency understanding and recognition of the issues involved in working with individuals who self-neglect;
- Effective multi-agency working and practice;
- Appropriate prioritisation;
- Upholding duties of care.

This is achieved through:

- Prompting a person-centered approach which supports the right of the individual to be treated with respect and dignity, to be in control of, and as far as possible, to lead an independent life;
- Aiding recognition of situations of possible self-neglect;
- Increasing knowledge and awareness of the different powers and duties provided by legislation and their relevance to the particular situation and individual's 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;
- Prompting 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, and actions taken;
- Promoting an appropriate level of intervention.

This guidance also provides a framework for managers and staff working with adults who have mental capacity and refuse to engage with services but are / or may become at serious risk of harm.

In the majority of cases the community care assessment/ care programme approach will provide the most appropriate routes to engage with adults at risk.

WHAT IS SELF-NEGLECT?

There are multiple definitions of self-neglect. The Care & Support Statutory guidance (2014) states that self-neglect,

"Covers a wide range of behaviour - neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding."

The following characteristics and behaviours are useful examples of potential impairments to lifestyles:

- Living in very unclean, sometimes verminous circumstances, such as living with a toilet completely blocked with faeces;
- Refusing support and personal care services from staff
- Neglecting household maintenance and therefore creating hazards;
- Portraying eccentric behaviours / lifestyles, such as obsessive hoarding;
- Poor diet and nutrition, evidenced by for instance little or no fresh food in the fridge, or what there is 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
- Refusing to allow access to other organisations with an interest in the property, for example, staff working for utility companies (water, gas and electricity);
- Being unwilling to attend appointments with staff

SELF NEGLECT AND SECTION 42 ENQUIRY

It should be noted that self-neglect and hoarding may not prompt a section 42 enquiry and an assessment should be made on a case by case basis. A decision to respond under safeguarding will depend on the adult's ability to protect themselves and their wellbeing by controlling their own behaviour. There may come a point when they are no longer able to do this without support.

Self-neglect may be seen as a person's inability or unwillingness to perform essential self-care tasks both in relation to themselves and their immediate living environment. It may include behaviours or lifestyle choices that conflict with social norms and the values, attitudes and beliefs of others.

It may arise from deterioration in skills, once functional behaviour which has now become problematic, personal values (e.g. belief in self-sufficiency, pride, mistrust of professionals) or in the case of hoarding a desire to maintain a sense of continuity or connectedness with people or past events. There is evidence to suggest that the risk of self-neglect increases with diminishing social networks and financial hardship.

Managing the balance between protecting adults with care and support needs from self-neglect and respecting their right to self-determination is a serious challenge for professionals and the public services as it poses particular challenge as it can result in conflict between core professional values of rights to self-determination and a duty of care. Further, the rights of an individual may be in direct conflict with the rights of the wider community where neglect of their home environment poses a risk to others. Where exactly the boundaries fall between an individual's inability or their unwillingness to accept support can in part be determined through the application of the Mental Capacity Act 2005, as well as a multi-agency intervention. The motivation of the individual concerned to relate to and undertake potential changes is at the heart of all efforts to tackle their situation.

It is important for all professionals to understand what lies behind the adult's response to the concerns, and why their views may not be consistent with the current situation they find themselves in. The best outcomes result from professionals working closely with the adult who is self-neglecting to understand what is important to them and it is essential to find out about their life history and social, economic, psychological and physical situation.

HOARDING

Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross 1993). Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe “cluttering” of the person's home so that it is no longer able to function as a viable living space;

- Significant distress or impairment of work or social life (Kelly 2010).

Hoarding can also be a symptom of other mental disorders. A Hoarding Disorder is distinct from the act of collecting, and is also different from people whose property is generally cluttered or messy. It is not simply a lifestyle choice and the main difference between a hoarder and a collector, is that hoarders have strong emotional attachments to their objects which are well in excess of their real value.

Hoarding does not favour a particular gender, age, ethnicity, socio-economic status, educational / occupational history or tenure type. It presents across the population in

association with many psychiatric disorders, most frequently with elderly self-neglect and obsessive compulsive disorder, or none but often following life trauma or significant loss. Both clinical and statutory interventions are often resisted and therefore success rates are low. Recurrence rates are high but multi-agency approaches that involve long-term support are recommended.

Anything can be hoarded in many different areas including the property, garden or communal areas. Items include but are not limited to:

- Clothes
- Newspapers, magazines and/or books
- Bills, receipts and/or letters
- Food and/or containers
- Collectables such as toys, DVDs and/or CDs
- Animals

TYPES OF HOARDING

There are typically three types of hoarding:

- **Inanimate objects**: This is the most common and could consist of one type of object or collection of a mixture of objects, such as old clothes, newspapers, food, containers or papers.
- **Animal hoarding**: This is on the increase and often accompanied with the inability to provide minimal standards of care. The hoarder is unable to recognise that the animals are at risk because they feel they are saving them. The homes of animal hoarders are often eventually destroyed by the accumulation of animal faeces and infestation by insects.
- **Data Hoarding:** It could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

General Characteristics of Hoarding

- *Fear and anxiety*: Compulsive hoarding may have started as a learnt behaviour or following a significant event such as bereavement. The person who is hoarding believes buying or saving things will relieve the anxiety and fear they feel. The hoarding effectively becomes their comfort blanket. Any attempt to discard the hoarded items can induce feelings varying from mild anxiety to a full panic attack with sweats and palpitations.

- Long term behaviour pattern: possibly developed over many years or decades of ‘buy and drop’. Collecting and saving with an inability to throw away items without experiencing fear and anxiety.

- Excessive attachment to possessions: people who hoard may hold an inappropriate emotional attachment to items.

- Indecisiveness: people who hoard may struggle with the decision to discard items that are no longer necessary, including rubbish.

- Unrelenting standards: people who hoard will often find faults with others; requiring others to perform to excellence while struggling to organise themselves and complete daily living tasks.

- Socially isolated: people who hoard will typically alienate family and friends and may be embarrassed to have visitors. They may refuse visits from professionals or staff.

- Large number of pets: people who hoard may have a large number of animals that can be a source of complaints by neighbours. They may be a self-confessed 'rescuer of strays'.

- Mentally competent: people who hoard are typically able to make decisions that are not related to hoarding.

- Extreme Clutter: hoarding behaviour may be in a few or all rooms and prevent them from being used for their intended purpose.

- Churning: hoarding behaviour can involve moving items from one part of the property to another, without ever discarding them.

- Self-care: a person who hoards may appear unkempt and disheveled, due to lack of bathroom or washing facilities in their home. However, some people who hoard will use public facilities in order to maintain their personal hygiene and appearance.

- Poor insight: a person who hoards will typically see nothing wrong with their behaviours and the impact it has on them and others.

The factors below have been identified as learning from recent Safeguarding Adult Reviews that may lead to individuals who are self-neglecting or hoarding being overlooked: -

- The perception that this is a "lifestyle choice."
- Poor multi-agency working and lack of information sharing.
- Lack of engagement from the individual or family; challenges presented by the individual or family making it difficult for professionals to work with the individual to minimise risk.
- Supporter without a clear understanding of what their role includes which can lead to assumptions that support is being provided when it is not.
- A de-sensitisation to/from well-known cases, resulting in minimisation of need and risk.
- An individual with mental capacity making unwise decisions, withdrawing from agencies however continuing to be at risk of significant or serious harm.
- Individuals with chaotic lifestyles and multiple or competing needs.
- Inconsistency in thresholds across agencies and teams – level of subjectivity in assessing risk.

WHEN TO RAISE A CONCERN ABOUT SELF-NEGLECT OR HOARDING

It is recognised that self-neglect and hoarding are complex condition and that a variety of agencies will come into contact with the same person.
Any professional working with an individual who may be self-neglecting or hoarding should complete their professional assessment.

The response taken to manage self-neglect or hoarding can vary from

- Care / Case Management,
- Multi-Disciplinary team approach,
- Multi Agency Risk Management
- Section 42 Adult Safeguarding enquiry.

Any response taken should consider the risk and develop risk management plans for the support of the individual to determine all risks have been identified and actions taken to mitigate risk are in place.

The Criteria used to identify or determine whether an issue should be raised as a ***Statutory 42 Enquiry*** -Safeguarding Adults concern are as follows:

- The adult has needs for care and support
- Is experiencing, or at risk of, abuse or neglect;
- The abuse, harm or neglect is allegedly by a third person or people, apart from individuals who may be self-neglecting and hoarding
- The adult/s is unable to take care of themselves without support
- The adult is unable to protect him or herself against abuse, harm or neglect

DOING NOTHING IS NOT AN OPTION IN THE MANAGEMENT OF SELF NEGLECT AND HOARDING

The threshold for professional intervention in self-neglect situations is where harm is being caused to the person or others including children and the potential risks to the wider community.

Five key areas below should be considered when assessing whether harm is being caused;

- impact on physical health
- impact on emotional well-being
- impact on social functioning
- impact on environment and impact on other people.

Physical Wellbeing
The person is likely to need hospitalisation as a result of self-neglect e.g. extensive skin ulcers, dehydration, malnutrition or untreated / unmanaged health conditions or injuries. Also where there is a pattern of a person requiring medical treatment for preventable conditions as a direct result of self-neglect.

Emotional Wellbeing
The person is experiencing extreme distress as a result of their inability to manage essential self- care tasks or there is an adverse effect upon their mental health. This also includes distress caused by the person's recognition of a problematic home environment.

Social Functioning
The person is unable to participate in usual activities

Home Environment
The home environment poses significant risk to health e.g. outstanding gas checks, disconnected facilities, structurally unsound property, treasured possessions are being lost or damaged, pending enforcement under environmental health, risk of losing tenancy or essential support services cannot be provided due to risk to workers.

Other People
Self-neglect is presenting a significant risk to other people e.g. insanitary living conditions or vermin infestations are affecting neighbouring properties, hoarding or use of unsafe lighting / heating / electrical supply which poses a fire risk to neighbouring properties, or damage is being caused to neighbouring properties due to burst pipes, collapsing walls etc.

CONSENT AND MENTAL CAPACITY

The consent of the adult should always be sought regarding any decisions or actions regarding any care and treatment. If consent is not achievable, consideration under the mental capacity act principles should be considered.

If the individual has capacity and is choosing not to consent, relevant information can be shared for:

- The purpose of safeguarding intervention
- In the public interest
- Where significant risk to the individual
- A risk to others is identified A Crime is committed or suspected.
- If the individual is under over control or duress

Consent and Capacity must be considered throughout the process and reassessed regularly.

The staff should seek and work with the consent of the adult unless it is necessary to take action in the public interest. If there is reason to doubt the mental capacity of the adult to take decisions regarding care and treatment a formal assessment of mental capacity should be undertaken. If the person is found to lack capacity decisions and actions can be taken in line with the requirements of the Mental Capacity Act 2015. The assessment of mental capacity regarding a situation of self-neglect can be complex and should be re-considered during involvement and at review.

Competing moral imperative

Staff may be anxious that by raising concerns particularly if the individual appears to have mental capacity to make an unwise decision. They may find themselves colluding with the individual without realising they are doing so.

Staff should:

- Understand the application of the Mental Capacity Act 2005 in practice underpins work undertaken with adults who self-neglect.

- Remember The Act empowers people to make decisions for themselves wherever possible, and protect people who lack capacity by providing a framework that places individuals at the very heart of the decision-making process.

Staff may experience difficulty in determining whether self-neglect is due to lacking mental capacity or unwillingness to maintain appropriate standards of self-care.
A critical question to consider from the outset is 'Who is this a problem for?'
Where a person is unwilling to recognise the potential risks of self-neglect, there is limited likelihood of them engaging with support. Staff should assess whether the person is able to make links between self-neglect and the impact on physical wellbeing, emotional wellbeing, social functioning, home environment and other people, these assessments should focus on the person's recognition and understanding of the potential consequences.

Whilst capacity to make individual decisions relating to self-care may remain intact, the wider capacity to sequence key tasks or to identify and address harmful situations may be diminished. The cumulative effect of a number of small decisions may result in an unforeseen situation that the person does not want and feels unable to change.

In addition to assessing an individual's capacity around the decisions being made it is important to consider the person's cognitive function. The person's ability to carry out the tasks that minimise the risk of self-neglect i.e: Show Me Tell Me should help to demonstrate they can. This is dependent upon the person's ability to understand, retain and weigh up information and then to communicate their decision and their ability to put a decision into action. Examples of questions that can support the capacity assessment can be found at the end of the guidance to assess if the individual has the functional capacity to make changes and problem solve. For example: A person may state that they are able to wash and dress without assistance, but presents with very poor personal hygiene which is impacting on their wellbeing. Where there is contradictory evidence, it will be necessary to explore whether failure to accomplish essential care tasks is due to practical difficulties, an over-estimation of their skills or ability, or a lack of motivation to achieve the task in hand. People that are physically unable to perform necessary tasks for care may have capacity but lack the function and physical capability to carry out the task.

When should capacity be assessed?

Any capacity assessment carried out in relation to self-neglect / hoarding behaviour must be time specific, and relate to a specific intervention or action.

An assessment of capacity should be undertaken, by an appropriate professional, when there is reason to doubt a person's capacity to make a decision.

The professional responsible for undertaking the capacity assessment will be the person who is proposing the specific intervention or action, and is referred to as the 'decision-maker'.

Although the decision-maker may need to seek support from other professionals in the multi- disciplinary team, they are responsible for making the final decision about a person's capacity.

There are a number of reasons why a person's capacity to make a decision may be questioned.

- The person's behaviour or circumstances cause doubt as to whether they have the capacity to make a decision
- Somebody else says they are concerned about the person's capacity
- The person has previously been diagnosed with an impairment or disturbance that affects the way their mind or brain works and it has already been shown they lack capacity to make other decisions in their life.

When there is a query regarding a person's capacity to make a decision you should consider the following issues

- Does the person clearly understand the choices that are to be made?
- Has all the support possible been made available (best time & place for any discussions to take place, what is best route of communication, who is the best person to support them or is an advocate required).
- After the discussion can the person explain to the person undertaking the assessment what the choices are?
- Can the person understand why a choice is needed?
- Can the person understand why other people are concerned?
- Can the person consider the best and worst options in relation to the choice being made?
- Can the person think in relation to the future? (what will be happening next week or next month)
- Can the person consider the risks and associated consequences of their decision?
- Can the person act on their decision?

It is important to record an assessment of capacity when there has been a doubt that an individual has the capacity to make that specific decision.

Fluctuating Capacity

Depending on their condition, some adults present with fluctuating capacity. An assessment must only examine a person's capacity to make a particular decision when it needs to be made. It may be possible to put off the decision until the person has the capacity to make it. Support should be provided to ensure that the person is assisted to make a decision themselves wherever possible.

Assessing Capacity in Situation of Ongoing Concerns

Generally, capacity assessments should be related to a specific decision. But there may be people with an ongoing condition that affects their ability to make certain decisions or that may affect other decisions in their life. One decision on its own may make sense, but may give cause for concern when considered alongside others.

Mental capacity should be considered:

- During assessment
- Whenever a care plan is being developed or reviewed
- At other relevant stages of the care planning process
- As particular decisions need to be made
- MCA should be considered and reviewed at any point when the professional assesses the situation has changed

It is important to acknowledge the difference between:

- Unwise decisions, which a person has the right to make
- Decisions based on a lack of understanding of risks or inability to weigh up the information about a decision.

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.

Best Interests Decision Making

If it is established that a person lacks capacity in relation to a specific decision, then the best interests' decision making process must be followed. The decision maker will be the person who needs to undertake the action relating to the decision to be made. Best interests' decision making can be used to develop a support plan and identify those accountable for actions. The known wishes of the individual and the wishes of the carers should be considered in best interest decisions.

Court of Protection

The Court of Protection was set up under the Mental Capacity Act 2005. It can make decisions on whether people have capacity in relation to particular decisions, make decisions on their behalf, appoint or remove people who make decisions on people's behalf, and make decisions relating to Lasting Power of Attorney or deputyship.

Adult Assumed to Have Mental Capacity Regarding Self-Neglect and hoarding decisions:

The concerns regarding potential self-neglect should be discussed with the adult. This discussion should include consideration of the potential risks and consequences and reviewing of social care needs assessment.

Article 8 of the Human Rights Act 1998 recognises a right to respect private and family life. However;
"The right to a private life can be legitimately interfered with where it is in accordance with the law and is necessary, for example, for the prevention of crime or disorder, for public safety, for the protection of health or morals, or for the protection of the rights and freedoms of others.

You will need to consider the social need and whether sharing the information is a proportionate response to that need and whether these considerations can override the individual's right to privacy. If a child or young person is at risk of significant harm, or an adult is at risk of serious harm, or sharing is necessary to prevent crime or disorder, interference with the individual's right may be justified under Article 8".

ENDING INVOLVEMENT OF CASES OF SELF-NEGLECT AND INDIVIDUALS WHO HOARD

- Ideally work will be carried out with individuals, which will result in their situation being improved to a state where it is deemed to be safe enough. This will be based on decisions made with the individuals themselves, their families/carers (if appropriate) and any agencies involved.

- There may come a point at which all options have been exhausted, and no improvement has been established. In cases where a critical level of harm has been encountered and it has not been possible to reduce risks, senior management must be informed and consulted.

- Where safeguarding adult procedures have been used, a decision to end involvement must be made on a multi-agency basis and will be based on an individual risk assessment.

- The shared decision will be recorded highlighting any monitoring that may be in place. It will also be clear that future concerns will be reassessed if the person is agreeable and motivated to become involved in the future or if risk increases.

- Where safeguarding adult's procedures have not been used (because the level of risk/harm is deemed to be low or due to a lack of consent) a decision to end involvement should be communicated with the other agencies/services involved.

When supporting individuals who self-neglect, staff should remember:

- Adopt an approach of not overwhelming
- Taking small steps by having a conversation – linking with/involving other agencies as the person engages
- Identifying achievable (SMART) outcomes through a practitioner/professional who has a good relationship with the adult – or the best chance of developing a good relationship.
- Be honest about potential consequences of behaviours – for example, losing their tenancy
- Recognise that asking 'Care-frontational' questions can be positive and can help to clarify why a person behaves in the way they do – e.g. "Why do you keep all your rubbish?"
- Asking questions in a non-judgmental manner, in order to understand and not make assumptions.
- Recognise the person's logic may be influenced by many things, e.g. their capacity, their upbringing or experiences.
- Lifestyle choices are only choices if the person sees alternatives and chooses to not change – this needs to be evidenced before calling something a 'lifestyle choice'. If the person has not been given this opportunity to reflect, they have not been given the option to self-determine and we may fail in our duty of care.
- Must record what legal frameworks have been considered and why they were dismissed.
- Motivational Interviewing/Assertive engagement approaches work well

- If the hoarding reaches the level of clutter one, manage the case through case management, with discussion and liaison of all agencies known to the individual.

- Consideration should be given to the individual's capacity to understand the risk that the hoarding is potentially causing and if the individual has the capability to do something about it.

- Consideration should be given to how receptive the individual is engage with professionals to help themselves.

- If the individual lacks capacity or is not willing to engage with professionals a discussion with the relevant adult safeguarding team should be undertaken.

- If hoarding reaches the level of clutter or above a discussion with the relevant adult safeguarding team should be undertaken to determine the management pathway to support the individual, which may include case management, Multi Agency Risk Management or a section 42 safeguarding enquiry

- You must record all actions undertaken in the recording system relevant to the agency you work for, detailing conversations with other professionals, actions taken and those yet to be taken.

AFTERCARE

Consideration needs to be made to the sustainability of any immediate solutions that may be adopted to resolve any immediate issues. It is known that hoarding behaviours can often return if the underlying cause is not dealt with.

Some ongoing aftercare solutions can include:

- Reviewing support care package;
- Counselling;
- Cognitive behaviour therapy;
- Assistance with moving home or property adaptation;
- Power of attorney or authorised advocacy provision.

APPENDIX 1.

RELATED POLICIES:

* The Lantern Community Concern Procedures for Co-workers
* The Lantern Community Guidance on Suspension
* Lantern Community Complaint Handling Policy and Procedure
* Easy-read Version of Complaint Handling Policy and Procedure
* 'No Secrets' Guidance for the service users
* Lantern Community Equal Opportunities and Anti Discriminatory Policy
* Lantern Community Lone- working Policy
* Lantern Community Lone working risk management
* Lantern Community Policy on Companions' Personal Relationship and Sexuality
* Lantern Community Reporting Procedures for Incidents/Accidents/Harm Allegations
* Lantern Community Equality Scheme
* Lantern Community Protection of Co-workers' and Employers' Children
* Lantern Community Gift Policy
* Lantern Community Cash Handling and Financial Support Policy & Procedure
* Lantern Community Policy on the Use of Restrictive Physical Intervention