Joint Children's & Adult’s Safeguarding Annual Conference
29th October 2019
Welcome

Gill Frame
Independent Chair SSCP & SSAB
Introduction

Mark Fitton - Director of Adult Services
Anita Rolfe - Executive Director of Nursing and Quality - Stockport CCG
Chris McLoughlin - Service Director - Child Safeguarding & Prevention Services
Our vision for the future

Vision statement for ASC:
“To help the people of Stockport live their best lives possible through promoting independence within our communities, working with our partners and empowering our staff to use an asset-based approach to provide high quality support for residents that is appropriate for their level of need.”

We will do this through:

1. Reclaiming the identity of Adult Social Care for our staff, partners and customers
2. Being outcome-focused, using an asset-based approach in all our interactions with customers
3. Utilising our resources in cost effective and efficient ways to the benefit of our residents
4. Creating and maintaining a service that our workforce is proud of, providing and commissioning the right services to meet local need
5. Valuing the contribution of our partners
6. Nurturing and supporting our workers to work differently, maximising their skills and ambitions for the future
7. Adopting the SMBC values
Our new customer pathway

The end to end future Adults customer pathway describes how a customer will flow through the various offers of support within ASC. Designed using a strengths and assets based approach, so that staff consistently have "different conversations" with customers based on assets, strengths and community resources and have no presumption that the offer of services is the end goal.
Achievements 2018-19

• Representation at the safeguarding partnership groups
• Contributed to the development of the Multi-Agency Domestic Abuse Training
• Enhanced front door offer and all safeguarding is triaged to ensure a timely response
• Taken an active role in the Daily Risk Meetings at the MASSH – this received a GMP Borough Commander Award
• Permanent Adult representative at MARAC
Priorities for 2020

• All staff attend Domestic Abuse Training
• Our assessment staff to be confident to conduct a DASH Risk Assessment
• Review of the Multi Agency Safeguarding Policy & Procedure
• Implementation of LPS by October 2020 – across both Children & Adult Services in conjunction with colleagues from health
• Ensure the adult offer around vulnerable adults is explored across the system and influence future commissioning
Anita Rolfe - Executive Director of Nursing and Quality - Stockport CCG
Chris McLoughlin
Service Director
Child Safeguarding & Prevention Services
Mental Capacity Act (MCA) and the Liberty Protection Safeguards (LPS)

Steven Richards
**Best Interests**

*Definition*: use or threat of force to make a person do something they resist or restriction of liberty of movement, whether or not the person resists.

*Criteria*: Lack capacity + Best Interests + prevent harm to person + Proportionate act

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**When a person cannot consent, the Mental Capacity Act can be applied (16+ and impairment/disturbance of mind/brain)**

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**Assessment of Capacity**

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**Best Interests**

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**Restraint**

*Definition*: use or threat of force to make a person do something they resist or restriction of liberty of movement, whether or not the person resists.

*Criteria*: Lack capacity + Best Interests + prevent harm to person + Proportionate act

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**Deprivation of Liberty: DoLS LPS**
Nine really important reasons why you should use the MCA

**Who?**

**Anyone:** aged 16 and over

With an *impairment or disturbance of mind or brain*

This includes: dementia, learning disability, brain injury, mental illness, autism, confusion, concussion, alcohol or substance misuse, unconscious

**Where?**

**Anywhere** in England and Wales

home, hospital, GP, care home, day centre, dental practice, on the street – no physical boundaries.

**When?**

A person is not able to consent (make decisions about)

health or social care or finances: personal care, going out, nursing care, housing support, contact with others, medical treatment, allied health therapies, emergency care, dental care

**Why?**

It provides the authority (defence) when working with people (care or treatment or finances) who cannot give consent/make decisions.
1. I want to deliver excellent care

Barker Care Limited
St Teresa's Nursing Home

October 2019: A nursing home in Somerset for 70 older people.
‘The provider did not protect the rights of people living in the home in line with the Mental Capacity Act 2005.’
‘Records of best interest decisions were not always decision specific or were incomplete and did not always ensure decisions were truly in person’s best interest.’

Copper Beech Homecare Ltd
Copper Beech Homecare

September 2019: domiciliary care agency in Northumberland
‘There were no mental capacity assessments in people’s care records. Staff followed instructions from some people’s relatives about how their care should be delivered and in some cases these relatives did not have a lasting power of attorney in place to make these decisions lawfully on their family member’s behalf.’

Breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
2. I want to safeguard adults effectively

‘..when following safeguarding duties all professionals must work in line with the MCA (Sections 14.55 to 14.61, Care and Support Statutory Guidance).’

‘The safeguarding process, while it can be used to mitigate risk to a vulnerable adult, does not remove the Council’s (or other professionals’) need to act in accordance with the MCA.’ Failure to assess capacity = fault leading to injustice

3. I want to save lives..

228 LD deaths reviewed. 42% of these deaths were assessed as being premature (compared to a non LD adult of similar age, illness).

‘..professionals in both health and social care commonly showed a lack of adherence to and understanding of the Mental Capacity Act 2005, in particular regarding assessments of capacity, the processes of making ‘best interests’ decisions...”

This work continues via the Learning Disability Mortality Review Programme (LeDeR)
Mrs Justice O’Farrell: considering the withdrawal of CANH to Mr Y who was in a minimally consciousness state.

“The MCA was introduced to create the legislative framework so that the fundamental rights, including Article 2 rights, of persons who lack capacity, could be protected. The principles in section 1 of the MCA are intended to ensure that the rights of vulnerable persons are protected.”

5. I want to act legally

‘It is not sufficient for the Defence to establish simply that an officer acted honestly and in good faith....For my part I am satisfied that where the provisions of the Mental Capacity Act apply, the common law defence of necessity has no application.’

ZH v Police for the Metropolis [2012] EWHC 604
A man with autism + public swimming pool + police. Trespass to the person, assault and battery and false imprisonment.. £28,250 damages
1. Just because I have dementia, learning disability or mental health problems you cannot say I lack capacity to make my own decisions. *Section 1(2) the assumption of capacity*

2. You have to help me as much as possible when you assess my capacity. *Section 1(3) duty to take practicable steps*

3. Just because I make odd or unwise decisions (or disagree with you) you cannot say I lack capacity. *Section 1(4) unwise decisions*

4. When you assess my capacity you have to provide the information in simple and basic terms and in a way appropriate for me. *Section 3(2) understand relevant information*

5. I only have to remember the information long enough to make a decision. *Section 3(3) retain information*

6. I can communicate my decision in anyway recognised, not just verbally. *Section 3(1d) communicate*

7. You cannot say I lack capacity based solely on my age, appearance, behaviour or condition, You have to assess my capacity via the Act. *Section 2(3)(a) & (b)*

8. You cannot generalise and say I lack capacity to make all decisions. You have to assess my capacity to make individual decisions. *Section 2(1) decision specific*

9. You cannot say I lack capacity now and always will do. I have the right to regain capacity and be re-assessed. *Section 2(1) time specific*

My legal rights under the Mental Capacity Act assessing capacity
7. I don’t want to get in trouble with the Ombudsman

Liverpool City Council (18 002 803)

Case concerning the failure of local authority staff to assess the mental capacity of a man with a brain injury who repeatedly stated he wanted to move out of a supported living placement and live independently.

Ombudsman: ‘The Council accepted it should have carried out an assessment of Mr X’s capacity to make decisions about his care and support needs sooner. It has agreed to do this. In acknowledgement of this fault, the Council agreed to cancel the accrued care costs of £25,000.’

8. I want to meet NICE standards

Decision making and mental capacity

Recording: ‘All assessments of mental capacity must be recorded at an appropriate level to the complexity of the specific decision being made at a particular time.’
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<th>Source</th>
<th>Extract</th>
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<tbody>
<tr>
<td>The Code: Professional standards of practice and behaviour for nurses and midwives</td>
<td>‘4.2 make sure that you get <strong>properly informed consent</strong> and document it before carrying out any action ’&lt;br&gt;‘4.3 keep to all relevant <strong>laws about mental capacity that apply</strong> in the country in which you are practising’</td>
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<tr>
<td>Good medical practice:</td>
<td>17. ‘You must be satisfied that you have <strong>consent or other valid authority</strong> before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.’</td>
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<tr>
<td>Social Work England: Professional standards</td>
<td>3.1 ‘Work within <strong>legal and ethical frameworks</strong>, using my professional authority and judgement appropriately.’</td>
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<tr>
<td>Standards of conduct, performance and ethics</td>
<td>1.4 ‘You must make sure that you have <strong>consent from service users or other appropriate authority</strong> before you provide care, treatment or other services.’</td>
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Mental Capacity Act 2005

- Principles
- Capacity test
- Best Interests Decisions
- Advance Decisions
- Research
- Court of Protection & Public Guardian
- Lasting power of attorney
- Deputies
- Advocacy
- Criminal offence
- Restraint
- DoLS Liberty Protection Safeguards
In the 12 month period 2017/18 how many Lasting Powers of Attorney applications were received by the Office of the Public Guardian?

759,976

(this equates to 2,912 every working day of the year – with no bank holidays!)
MIG is 18 years old, has a severe learning disability with hearing, visual and speech impediments. “She is incapable of independent living. She is largely dependent on others.” P v Cheshire West & Chester Council & Q v Surrey CC [2014] UKSC 19

- She has not tried to leave (does not object – settled, content)
- No relatives actively oppose the placement (not objecting)
- Lives in a domestic dwelling - with foster mother whom she regards as her ‘mummy’. She provides intensive support for MIG with most aspects of daily living
- No locked doors – BUT if she tried to leave alone she would be stopped. Escorted outside as not safe to cross the road alone
- Spends much of her time listening to music on her iPod
- No medication – No physical restraint – No restriction on visitors
- She has a good social life + goes to college daily

The Supreme Court found she was subject to: “continuous supervision and control AND not free to leave”
Mental Capacity Act 2005, Deprivation of Liberty Safeguards

England, 2017-18

Published 02 October 2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Applications received</th>
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<tr>
<td>2015-16</td>
<td>195,840</td>
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<tr>
<td>2016-17</td>
<td>217,235</td>
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<td>2017-18</td>
<td>227,400</td>
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<td>LPS</td>
<td>304,000</td>
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On 31 March 2018 there were **75,685** people under an active DoLS.

**Gender** = 60% female  
**Age** = 73% aged 75 and over  
**Ethnicity** = 89% white  
**Disorder** = dementia > LD > MH*  

**Backlog of applications:** estimated at 125,630 – 137,065

37% of applications have been waiting over a year for assessment.
‘One student had been identified by the college as requiring a DoLS due to lacking capacity about being supported closely. They had no capacity assessments or best interest decisions for anything else.’

‘In the main house accommodation and Manor Farm students lacked capacity for specific decisions. There had been no assessment of capacity and no best interest decisions for students.’

‘There was not an effective system in place to monitor the students who required DoLS.’

Breach of Regulation 11 (Need for Consent) and Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Mental Capacity (Amendment) Act 2019

2019 CHAPTER 18

An Act to amend the Mental Capacity Act 2005 in relation to procedures in accordance with which a person may be deprived of liberty where the person lacks capacity to consent; and for connected purposes. [16th May 2019]
Firstly the positive ‘spin’ from government...

**Baroness Blackwood** (Minister): ‘*When the Government introduced it last year we committed to reforming the process so that it is less burdensome for people, carers, families and local authorities. That is what the Bill will deliver. On Royal Assent, the Bill will become an Act and will introduce a new targeted and streamlined system that will allow people to access protections quicker.*’

Now for a bit of reality....

**Baroness Murphy**: ‘*..we have allowed the Bill to disintegrate into a sprawling, all-encompassing bit of a nightmare.*’

**Baroness Barker**: ‘*The problem is that the legislation that came to us was fundamentally flawed, and we could not change that. But we changed the legislation where we could, and those changes will make it better.*’.... ‘*I have no doubt that, in due course, there will be further test cases that will shine a light on the deficiencies of this legislation.*’

**Baroness Thornton**: ‘*I think we started off with a flawed Bill and that we have improved it. In a few years’ time I think we will almost certainly return to this subject, because by then we will have discovered things that have not worked out and that need to be reviewed.*’
The Law

Liberty Protection Safeguards

When the Act became law (16 May 2019) it laid out and fixed the: where, when, how, who, process, assessments, rights, duration, authorising bodies

about 85%* is known

Start date: 1st October 2020 (provisional)
DoLS > LPS: What is changing?

**DoLS**

- Liberty Protection Safeguards
- Aged 18+
- Care homes & hospitals only
- No explicit power to convey
- Urgent and Standard DoLS

**Liberty Protection Safeguards**

- Aged 16+
- Anywhere = stops the need for Court applications for domestic/community cases

**Para 7 (3):** ‘The arrangements may for example be - (c) for the means and manner of transport for the cared-for person to, from or between particular places.’

**Urgent is now only for life-sustaining treatment or vital act** (see details later)
The Supervisory Body

NHS Trust, CCG, Health Board or Local Authority = whoever is providing or *mainly* commissioning care becomes the **Responsible Body**.

They arrange assessments + authorise the detention + monitor it + responsible for Reviews and appeals to the Court of Protection.

**Note:** local authorities are responsible for self-funders AND all private hospital cases

1 year maximum and then a new DoLS

**Renewable:** 1 year + 1 year + 3 years

Renewed on basis of the Responsible Body having a *reasonable belief* the person continues to lack capacity + mental disorder + necessary & proportionate restrictions.

Conditions

**Removed***
**DoLS > LPS: What is changing?**

**Professional assessors (BIA & MH assessor)**

Assessors = Mental Capacity and Mental Disorder require professionals (social worker, nurse, O/T, doctor) but others may not. Care Home managers can complete the consultation assessment.

**BIA required for all cases**

BIAs become Approved Mental Capacity Professionals (AMCP). They do NOT carry out the LPS assessments. They complete the Pre-authorisation Review but only for some people.

**Mental Health Assessor**

Removed – but there remains a requirement for medical evidence of mental disorder but not a specialist assessor for this. It could be a GP note of person having dementia.
DoLS v LPS

What stays the same(ish)?

Legal criteria: multiple legal criteria must be assessed and recorded

Harm to self only

Mental Disorder

Authorisation process
2-tier process = assess and authorise

Deprivation of Liberty:
Supreme Court ruling of Cheshire West applies

Flexible time periods

LPS is detention only and excludes care/treatment or Article 8 decisions.

Court of Protection:
appeals heard by the Court

Reviews***

Advocacy***
A right to advocacy

Private self-funders not addressed

Representatives:
for each person (Appropriate person or advocate)

Case law:
much of the existing DoLS case law will continue to apply

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Representatives:
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Case law:
much of the existing DoLS case law will continue to apply
LPS: in practice?

1. Do you have a person aged 16 and over with a care plan/ support plan/ treatment plan? **Yes**

2. Do they lack mental capacity to consent to the plan? **Yes**

3. Do the restrictions in the care plan when taken together mean the person is under ‘continuous supervision and complete control’? (Note: there will be restrictions – it is just a matter of identifying them: ‘support with personal care’, ‘support to access the community’) **Yes**

4. Liberty Protection Safeguards (LPS) are required – the only thing left is to identify who is the Responsible Body for completing the assessments and authorising the LPS.

**Question:** can’t we sit back and wait for referrals from care homes etc? **NO.** If you are funding care/treatment for a person you are responsible for 1,2,3 and 4. You have a positive duty under the Human Rights Act – referrals to you by care providers are old skool....
The Responsible body (CCG, LA, Health Board, NHS Trust) can use any staff with the *necessary skills and knowledge* to undertake the assessments and use other assessments previous (if appropriate). Mental Capacity and Mental Disorder assessments must be professionals. Care home managers can complete the Consultation assessment and organise others.

*Further detail in future regulations and Code of Practice.*

The Responsible Body can use any person *not involved in the day to day care or treatment of the person.* They read the completed assessments but do not meet the person.

An AMCP must do the review where the person is objecting or in a private hospital or where the Responsible Body asks them. The AMCP must *meet the person and consult others (if considered appropriate and practicable to do so).*

The Responsible Body (LA, NHS, CCG). No detail on profession or qualification so it could be anyone considered appropriate by the Responsible Body.
The person is aged 16 and over

The person lacks mental capacity to the arrangements giving rise to the deprivation of liberty

The person has a mental disorder

The arrangements are a deprivation of liberty (Cheshire West – acid test)

The arrangements (restrictions) are necessary and proportionate to prevent harm to the person

Consult the person and others (caring for + interested in welfare)

Excluded arrangements (Mental Health Act)

Is the person Objecting? (AMCP needed)

Is there an Appropriate Person (if not = IMCA)

Note: Is there a health & welfare Lasting Power of Attorney or Deputy? Do they object?
**Peter** is in his forties and has a diagnosis of mild learning disability and ASD. He has challenging behaviour with a forensic history. He has been living in ‘care unit X’ for four years. His care plan includes: 1. Fifteen minute observations  2. Escorted and unescorted leave  3. Two hours unescorted leave a week which has to be agreed with staff (the unit is locked). Peter has asked for more leave and this has been refused  4. His alcohol usage is limited to 4 units per week and he is breathalysed to monitor this after unescorted leave. *Where is Peter living?*

**In a care home. PJ v A local health board [2015] UKUT 0480 (AAC)**

**Michael** has profound learning disabilities and lives in a ‘care unit’. Michael is unable to communicate or mobilise independently. He is frequently strapped into his wheelchair + he is put into a padded room alone with the door closed for parts of the day + he is regularly physically restrained for personal care as he is highly resistant. The unit is locked and he is not allowed out alone. *Where is Michael living?*

**At home with his mother who is the sole carer** and there are no paid carers (CCG direct payment) *SCC v MSA, JA and SCCG [2017] EWCOP 18*

**Edith** is 85 years old and has dementia. She lives in care unit ‘X’. The door is locked and she is unable to open it. For a large part of each day she is unsupervised often left ‘watching’ the TV in the lounge although electronic monitors ensure she remains within the boundary of the care unit. She is actively supported by ‘staff’ to wash and dress herself. Her medication is locked away and given to her at meal times. She is only allowed outside if another adult supervises her. *Where is Edith living?*

**She lives at home – with domiciliary care staff and assistive technology**
**Assistive technology:** *Staffordshire CC v SRK, RK and Ors [2016] EWCOP 27.* Mr Justice Charles: ‘Pursuant to his care package he is constantly monitored either by support workers or by the use of assistive technology.’ A man with severe injuries including brain injury following a road traffic accident. Living in alone with 24 hour care provision.

**Medication to manage behaviour** (off licence): *AG v BMBC & SNH [2016] EWCOP 37.* District Judge Bellamy: ‘Medication without consent and covert medication are aspects of continuous supervision and control that are relevant to the existence of a DOL.’ 92 year old woman with Alzheimers dementia in a care home.

**Unescorted outside:** *Welsh Ministers v PJ [2018] UKSC 66.* A man with a learning disability living in a care home. His care plan has multiple restrictions but he does have 2 hours unescorted leave a week: (Note: lots of other case law confirming this). Unescorted leave = 1. Controlled by others 2. Time limited 3. Action taken if person does not return.
Community deprivation of liberty

- In the matter of: AJ [2018] EWCOP 44: a 24 year old man with autism, learning disability and sometimes challenging behaviour. He lives at home with his parents and sister who act as carers plus they directly employ carers. CCG direct payment of £250,432 per year to parents.

Children and young people

- In the matter of D (a child) [2019] UKSC 42 Lady Black: ‘I would hold that as a matter of common law, parental responsibility for a child of 16 or 17 years of age does not extend to authorising the confinement of a child in circumstances which would otherwise amount to a deprivation of liberty.’

- B, Re [2017] EWFC B93: an 11 year old boy with ASD who exhibits extreme behaviour. Interim care order means the parents cannot ‘consent’ to the DoL. Placement is not registered secure accommodation.
- As he is too young for DoLS (and not in a care home or hospital) this requires a court to authorise the deprivation of liberty
What will CCGs and NHS Trusts need to do?
(Just what local authorities do now)

**Identify:** patients/clients that you are funding care packages for (supported living, care homes, domestic packages) who lack capacity and could be deprived of liberty

**Assess:** have enough staff trained and able to undertake the necessary LPS assessments at a defensible standard. They will need time to complete the assessments.

**Pre-authorisation:** have enough staff trained and able to undertake pre-authorisation reviews. These staff will need to have the time to critically read the assessments and judge whether they meet the standards to withhold future appeal. They will also need to be willing to take on the role of authorising detention. Note: the local authority registers staff as AMCPs but CCGs and NHS Trusts should identify and train staff to become AMCPs.
What will CCGs and NHS Trusts need to do?

**Administrate and advise:** sending back inadequate assessments, record the Appropriate Person, appoint IMCAs, monitor LPS expiry dates, advise, produce statistics for govt, inform CQC, produce authorisation record.

**Review:** undertake and monitor planned reviews and responsive reviews

**Appeals:** a small % of cases WILL go to appeal to the Court of Protection. This will require staff to be allocated to write reports and perform case management of the case – legal and organisation level. Formal legal advice required. Attendance at hearings by staff. Hearings can take many months to reach a final judgment with repeated hearings and requests for evidence during this time period.
The importance of the Mental Capacity Act.....

**Todays conference**

1pm  **Hoardings**

*Extreme hoarders – will often not be able to use or weigh the information about risk/consequences and therefore lack mental capacity (hoarding is a disorder recognised by Royal College of Psychiatrists). Councils are using the Court of Protection and the MCA to as one method to address hoarding (extreme cases)*

2 pm  **Dementia scenarios**

*As dementia progresses those affected will lose mental capacity to make different decisions and any decisions will need to be made via the MCA, including safeguarding.*

3.15pm  **Self neglect**

*Safeguarding reviews highlight the failure to identify mental capacity in self-neglect cases and wrongly label it as an unwise decision (again not addressing the ability to use or weigh info)*

**Mate hate crime**

- Re B (Capacity: Social Media: Care and Contact) [2019] EWCOP 3
- Re A (Capacity: Social Media and internet use: Best interests) [2019] EWCOP 2
Break
Tea & Coffee
Stamp Out Prejudice, Hatred & Intolerance Everywhere
ILLAMASQUA

Make-up for your alter ego

Discover the SOPHIE- Technique

In support of SOPHIE
THE SOPHIE LANCASTER FOUNDATION
Ryan Herbert
18yrs
5yrs 6mths

Joe Hulme (16)
16yrs
9mths

Danny Hulme (15)
5yrs
6mths

Brendan Harris (15)

Danny Mallet (16)

SENTENCES
NO.....

Sophie

- because she looks like a alcoholic and a drugie
- non trust worthy
- looks like a trouble maker
- dangerous
Session 1 - Birthday party / Camping trip task
“I really enjoyed this session. The structure and coherence of the lessons along with the challenging materials/resources really encourage deep thinking. Fantastic use of questioning.”

Session 2 - As seen by…
“Great how the children are able to be really honest about how they really feel about how someone’s appearance can affect how they feel about them. Good discussion amongst the groups.”

Session 3 - I am…..
“Extremely thought provoking. To quote one child ‘I will never look at a Goth the same again. I used to think they were evil’.”

Session 4 - Dress up week
“Children really enjoyed dressing up and using face paint. Nice to see a change in attitudes and how opinions of people from different subcultures has altered since the first session.”

Session 5 - Writing and drawing exercise on bullying/Hate crime
“Children felt able to talk and express their views in a safe environment.”

Session 6 - Discussions/Evaluation
“Thoroughly enjoyed it and funding should be found to make it available free to all primary schools.”
BBC AUDIO & MUSIC AWARDS 2012

SIMON ARMITAGE, SYLVIA LANCASTER, SUE ROBERTS

BEST SPEECH PRODUCTION
BLACK ROSES – THE KILLING OF SOPHIE LANCASTER
BBC RADIO DRAMA, SALFORD, FOR RADIO 4
BBC-Murdered for being Different
CERTIFICATE OF RECOGNITION
UPSTANDERS, NOT BYSTANDERS

#No2H8 Crime Awards 2017
is pleased to honour

The Sophie Lancaster Foundation
as an esteemed recipient of the

Upstanding Organisation Award
for outstanding contribution to tackling hatred, intolerance, and prejudice.

10th October 2017
Date

#No2H8 Crime Awards
2017

Founder
Fiyaz Mughal OBE
OUR WORK

PRESENTATIONS

GROUPWORKS

BLACK ROSES

FESTIVALS

TRAINING
DR. SYLVIA LANCASTER O.B.E
Definition of Alternative Subculture

Alternative Subculture means a discernible group that is characterized by a strong sense of collective identity and a set of group-specific values and tastes that typically centre on distinctive style/clothing, make-up, body art and music preferences.

Those involved usually stand out in the sense their distinctiveness is discernible both to fellow participants and to those outside the group. Groups that typically place themselves under the umbrella of “alternative” include Goths, emos, punks, metalters and some variants of hippie and dance culture (although this list is not exhaustive).

Sylvia Lancaster
Jon Garland
Paul Hodkinson
March 2013
<table>
<thead>
<tr>
<th>Alternative Subcultures Hate Crime Monitoring Services</th>
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<tbody>
<tr>
<td>GMP</td>
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<td>West Mercia</td>
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Lunch
Hoardings – Impact on children, families and young carer’s

Lyndsey Grundy
Tidy Homes Tidy Minds
Southway Housing Trust
Manchester

Stockport Safeguarding Conference 2019
What is Hoarding?

- Hoarding is the persistent difficulty in discarding or parting with possessions, regardless of their monetary value.

- This difficulty is due to the perceived need to save the items and distress associated with discarding them. Hoarders have issues discarding possessions resulting in the accumulation of possessions that congest and clutter active living areas.

- Hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of function. (DSM-5 2013)
Types of Hoarding

**Chronic Disorganisation:** Where occupants don’t know what they have as there is no order to the clutter. So for example if they can’t find something they will just replace it rather than spend time sorting the clutter. Professional people are often put in this category because they have such busy lives they don’t have time to keep on top of things.

**Hoarding Behaviour:** Collecting that has become out of control, mental health issues – OCD, ADHD, Autism, depression and anxiety

**Hoarding Disorder:** Diagnosis by a mental health professional where the clutter has consumed their life and causes immense anxiety when deciding whether an item should stay or go. Where the hoarding affects their living conditions and general well-being of the hoarder

**Diogenes Syndrome:** Where a person is living in hoarded and squalid conditions – no running water or hot water, no heating, basic needs are not being met and affecting their health resulting in self neglect

**Animal Hoarding:** keeping a lot of animals with the best intentions of saving them from harm but often not recognising that they are subjecting them to more harm by not tending to their medical needs, living conditions and neutering

**Digital Hoarding:** Not deleting emails, saving data on hard drives, discs, lots of external hard drives and towers.
Assessing how hoarding impacts on daily life

LIFE IN A HOARDED HOME

- Clothes can’t be put away or accessed
- Unable to sleep in bed
- Friends and family can’t visit
- Can’t relax comfortably
- Children have no place to play or study
- Unable to bathe or complete personal hygiene
- No where to cook meals
- No place to eat meals or pay bills
- Car filled with belongings
- Unable to park inside the garage
- Unable to wash clothes at home
- No room for holidays or celebrations
- Heating/AC can’t be accessed for repairs
- Stairs become dangerous to navigate
- Unused food expires and goes bad
How do we decide if it’s Hoarding?
Why do people hoard?

• **Cognitive impairment:** Have issues that affect decision making, the anxiety it causes to make the decision to keep or part with items

• **Anxiety & Depression:** Low mood can affect motivation to put away or dispose of things.

• **Learnt behaviour:** May have been brought up with parents or relatives that hoarded items

• **Life Events:** Abuse, death, abandonment, ACE’s, trauma, crime

• **Empty nest syndrome:** holds on to children’s items from school books, reports, clothes. So much so it fills the void left when a child leaves home
Real Life Story

https://www.youtube.com/watch?v=kL43-yyK_8E

Chrissy

My House is My Castle: Emotional story of hoarding

Raven Housing Trust
Heather Mattuozzo Clouds End CIC
Two bodies found after 'hoarders' house fire in Allerton

25 October 2016 | Liverpool

The fire caused the roof to collapse on to the first floor which then collapsed on to the ground floor.

Two bodies have been found in a burned-out house in Liverpool.

Firefighters were called to the house in Mather
How does Hoarding affect Housing Providers?

Housing professionals have identified hoarding as a growing issue with serious and costly implications. These include:

• Risk management, health and safety concerns, legal and repair costs and Safeguarding/self-neglect.

• Unfortunately there is no concrete data on hoarding but general figures are 2-6% (approx. 1.2 Million)

• Estimated costs for one hoarding case is £45k (Catalyst Housing)

• Buildings insurance – Invalid, extra premiums and neighbours affected

• Barriers in referral process - statutory services, training, funding
Safeguarding, Self-Neglect & Hoarding

• **The Care Act 2014:** Sets out in one place, local authorities duties in relation to assessing people's needs and their eligibility for publicly funded care and support.

• **Self Neglect & Hoarding:** Self-neglect has been defined by the Department of Health as “a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.”

• **Section 42:** Requires that each local authority must 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 prevent or stop abuse or neglect, and if so, by whom.
• **Section 9**: This section requires a local authority to carry out a “needs assessment”, where it appears that an adult may have needs for care and support and what those needs may be. Also whether the nature of their needs is such that the local authority will be under a duty to meet them if eligible. If the person has eligible needs, they will receive tailored information on the services available in their local community to help meet the needs they do have.

• **A personal budget**: Is the amount of money allocated by the local authority to ensure the person’s assessed needs are appropriately met.

• **Direct payments**: A funding choice within personal budgets. The aim is to maximise the person’s involvement and control over how their needs are met and to achieve the best possible outcomes in line with how they want to live their life.

• **Multi Agency Self Neglect Strategy**: Stockport Council

https://www.stockport.gov.uk/information-for-professionals/multi-agency-self-neglect-strategy
Help for Hoarders – Do’s and Don’ts

DO!

• Start with small area, suggest were to work up to. When there, summarise what has been done and achieved before deciding to continue or stop till next time
• How would you want to be treated? – Treat them the same way
• Listen to how they describe their situation – terminology, language
• Complement them on their possessions – suggest how to display the nice things, things that mean a lot to them
• Take time out if things become emotional or anxieties escalate
• Bin Liners – coloured ones
• Try and group things together were you can – clothes in colours, shoes colours and styles, books,

Don’ts!

• Be judgemental
• Tell them what to keep or go! – its their house their stuff
• Argue with them – just put to one side and revisit later
• Touch things without asking – opening drawers, going in rooms
• Use negative language
Conclusion

Attitudes towards hoarding need to change and also the way we work in regards to hoarding.

In light of new definitions of hoarding as a mental health disorder and medical condition in its own right, every service needs to take this issue seriously and discuss it at a higher level. Collate Data to show the need for funding from Central & Local Government.

#letsgethoardingtalkedabout
Support for hoarders & those who support them

**Tidy Homes Tidy Minds** – Southway Housing Trust Hoarding Scheme available to Southway tenants and non-Southway residents in the North West. Cost £35 per hour can be self funded or funding could be sought by professionals

**APDO:** Association of Professional Declutterers & Organisers - Average cost is £30/£40. Hoarding and personal organising professionals

[www.apdo.co.uk](http://www.apdo.co.uk) – Find a member

**Hoarding UK:** National charity in UK for advice and support

[www.hoardinguk.org](http://www.hoardinguk.org)
AFTA Thought Training Consultants
Think Family in Practice
Dementia & Family Dynamics
Break
Tea & Coffee
AFTA Thought Training Consultants

Think Family in Practice

Self-Neglect & Professional Curiosity
Closing Thoughts

Gill Frame

Independent Chair SSCP & SSAB