

ARTS EMERGENCY ADULTS AT RISK POLICY

Safeguarding Adults at Risk Policy

1 POLICY STATEMENT

Approved by the Board: 9 December 2024

Arts Emergency in all its activities is committed to working in ways which promote the freedom and the dignity of those it comes into contact. Intrinsic to this is the safeguarding of those who might be vulnerable, no matter whether they are children or adults. This policy outlines our commitment to the safeguarding of adults at risk.

Adults at risk are a category of vulnerable adults that are afforded special protection by legislation. Identifying someone as an adult at risk triggers a reporting process to the Local Authority where the adult is residing, often followed up by an assessment carried out by the Local Authority and support services being offered.

Adults that are vulnerable at certain times in their lives or that are disabled do not automatically fall under the category of Adults at Risk. See section 2.1.1. below for the definition of an Adult at Risk.

Policies and guidance

There are several other policies and guidance documents relating to the support of vulnerable employees, volunteers or beneficiaries engaging with Arts Emergency.

These can be found on the Arts Emergency website, as follows:

- Mentor Handbook - arts-emergency.org/mentor-handbook
- Code of Conduct - arts-emergency.org/code-of-conduct

In addition, the safer recruitment policy is relevant in making sure that Arts Emergency takes a safe approach in the recruitment of employees and volunteers that will be engaging with vulnerable beneficiaries.

1.1 Policy Objectives

The policy seeks to ensure that everyone involved with Arts Emergency:

- Understands their responsibility to protect adults at risk in all areas of our activities
- Knows what to do if they are concerned about the welfare of an Adult at Risk or are concerned about the behaviour of others towards an Adult at Risk
- Knows where to go for advice and support if they are not sure about any aspect of protecting an Adult at Risk.

1.2 Who does it apply to?

This policy applies to anyone who engages with beneficiaries for or on behalf of Arts Emergency. It includes:

- All Employees
- Freelance staff and contractors
- Trustees & other governing groups
- Volunteers

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Everyone has a role to play in safeguarding and Arts Emergency expect everyone to take on this responsibility in supporting good safeguarding practices and behaviours.

Arts Emergency will expect all our partners to share the same commitment to safeguarding adults from risk of abuse or neglect and we expect them to have their own safeguarding policy and procedures in place which meet safeguarding requirements to a safe standard. If they are not 'fit for purpose' or require substantial improvements or amendments, then Arts Emergency would expect partners to adhere to Arts Emergency's safeguarding adults policy and procedures.

1.3 Roles and Responsibilities

We all have a responsibility to:

1. Know and work within this policy framework in order to safeguard Adults at Risk including knowing how to report concerns
2. Promote safe practices by being an excellent role model; positively involve people in developing safe practices wherever possible and report any concerns about poor practice swiftly using the mechanisms in this policy
3. Encourage open communication by treating all people equally with respect and dignity and share information appropriately with others and within the law.

Arts Emergency has three Designated Officers to whom any safeguarding concerns must be reported to immediately. These are:

Joe Burton, Head of Mentoring, Designated Safeguarding Officer (DSO)

joe@arts-emergency.org

Melissa Wong, Director of Programmes, Deputy Designated Safeguarding Officer (DDSO)

melissa@arts-emergency.org

Danny Kilbride, Mentoring Manager, Deputy Designated Safeguarding Officer (DDSO)

danny@arts-emergency.org

If the DSO or DDSOs are not available, or if your concern is about the DSO or DDSOs, contact the Safeguarding Lead Trustee can be contacted:

Alex Keramidas

alex_kera@yahoo.co.uk

2 SAFEGUARDING ADULTS AT RISK

2.1 What is adult safeguarding?

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

2.1.1 Definition of an Adult at Risk

In law, safeguarding duties apply to an adult aged over 18 who is deemed to be at risk because they:

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

There may be occasions when someone is aged 18 or over but is still receiving children's services (for example a disabled young person who is in a residential educational setting until aged 25 or a care leaver) and a safeguarding issue is raised. These matters should be dealt with through adult safeguarding arrangements.

'Care and support' is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like getting out of bed, washing, dressing, getting to work, cooking meals, eating, seeing friends, caring for families, being part of the community. It might also include emotional support at a time of difficulty and stress or helping people who are caring for an adult family member or friend. Care and support includes the help given by family and friends, as well as any provided by the council or other organisations.

An Adult at Risk may be a person who:

- Is elderly and frail due to ill health
- Has a learning disability
- Has a physical disability and/or a sensory impairment
- Has mental health needs including dementia or personality disorder
- Has a long-term illness or condition
- Misuses substances or alcohol
- Is unable to make their own decisions and is in need of care and support
- Is a young adult, over the age of 18, who has care and support needs and is 'in transition' from children's to adult services
- Is a carer (looking after another person with care and support needs)

This list is not exhaustive, other people might also be considered to be Adults at Risk.

2.1.2 Who abuses and neglects adults?

More often than not, the person who is responsible for the abuse is someone who is known to the adult although anyone can perpetrate abuse or neglect, including:

- spouses/partners
- other relatives and family members
- neighbours, friends, acquaintances
- other residents or service users attending the same support service
- strangers, including those people who deliberately befriend vulnerable people in order to exploit them
- paid staff, professionals, volunteers
- those providing or overseeing care services
- paid or unpaid carers, personal assistants
- another adult/adults or a child/young person

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2.1.3 Where can abuse and neglect of adults happen?

Abuse can happen anywhere: for example, in someone's own family and home, in a public place, online, on the phone, in the workplace, in hospital, in a care home or in college. It can take place when an adult lives alone or with others.

2.1.4 What is abuse and neglect?

This is the ill-treatment or abuse of an Adult at Risk. A person may abuse or neglect an adult at risk by inflicting harm or by knowingly failing to act to prevent harm.

Abuse incidents may be one-off or multiple and affect one person or more.

Repeated instances of poor care may be an indication of more serious problems and in order to see these patterns it is important that information is recorded and appropriately shared.

Anyone can witness or become aware of information suggesting that abuse and neglect is occurring. The matter may, for example, be raised by a member of staff or a volunteer. Regardless of how the safeguarding concern is identified, everyone should understand what to do and where to go to get help and advice. It is vital that we are vigilant and can recognise signs and indicators of safeguarding concerns.

Abuse and neglect may take place in very many different forms and circumstances. Please refer to Appendix 1 for Types of Abuse: Definitions and Possible Signs and Indicators.

2.2 Examples of where Arts Emergency may come into contact with Adults at Risk

The examples below illustrate how we may come into contact with vulnerable adults in the course of our work. This list is not exhaustive.

2.2.1 Events and meetings

Concerns may be raised further to any trips (theatre, workplace etc.), workshops, whilst meeting network volunteers, during mentoring or coaching meetings or during any other other events we provide to our mentees and young community.

E.g. an adult visitor attending an event reported to be acting erratically, displaying suicidal thoughts or aggressive behaviour towards others.

2.2.2 Unsolicited/solicited contact

We may be contacted directly by an Adult at Risk via email/social media or other forms of communication, in response to the content of one of our campaigns

2.3 Reporting and responding to abuse and neglect

2.3.1 What should you do if you get told about abuse or you witness/suspect abuse of an adult?

If there is no immediate danger, please complete the safeguarding referral form on the website or contact:

Joe Burton, Head of Mentoring, Designated Safeguarding Officer (DSO)
joe@arts-emergency.org

Melissa Wong, Director of Programmes, Deputy Designated Safeguarding Officer (DDSO)
melissa@arts-emergency.org

Danny Kilbride, Mentoring Manager, Deputy Designated Safeguarding Officer (DDSO)
danny@arts-emergency.org

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The Safeguarding Trustee can be contacted if the DSO or DDSO are not available:

Alex Keramidas
alex_kera@yahoo.co.uk

If the adult is in immediate danger or requires medical attention:

You **must** contact the police or ambulance services on 999 or seek immediate medical attention. Once you have done that refer the matter to the Designated Officer as soon as possible and follow this up by completing the safeguarding reporting form on the Arts Emergency website.

2.3.2 If you get told directly by an adult about abuse or neglect

If an adult discloses information to you about their own experience of abuse or neglect it is important that you tell them that you cannot keep this confidential and that you have a duty to report. This may be a disclosure of recent or historical abuse.

It is important that you:

- remain calm and do not show shock or disbelief
- listen carefully to what is being said
- do not ask detailed, probing or leading questions
- tell them that you take what they are saying seriously
- tell them what you are going to do next and that you will only tell people who you think need to know
- tell them that when you have spoken to someone they will be told what is going to happen next and
- make a full and written record of what has been said/heard as soon as possible.

2.3.3 What to do if I am concerned about safeguarding practices?

Within a school or partner organisation

In the event your concern is witnessed within a school, you must refer your concern to the Designated Officer who will then liaise with the school if required.

Safeguarding Online

If you have any online safeguarding concerns these should be referred to the Designated Safeguarding Officer. This may relate to concerns relating to sexual images, bullying, grooming, self-harm or suicide.

Concerns about an adult working for, associated with or representing Arts Emergency and their contact with adults who may be at risk

If you have concerns about the behaviour of a person - who is working for, or representing, Arts Emergency - towards an adult who may be at risk, you must speak to the Designated Officer immediately. You can be confident that you will not suffer any personal detriment by sharing your concerns.

You may be concerned that someone working for or on behalf of Arts Emergency:

- is behaving, or has behaved, in such a way that an adult at risk has been harmed or may be harmed
- may possibly have committed a criminal offence against an adult at risk
- has behaved towards an adult at risk in a way that makes you think they may pose a risk of harm to others – including other adults or children

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- behaves in a way that compromises the reputation and ability of Arts Emergency to safeguard Adults at Risk. Examples of such behaviour (not exhaustive) could be:
 - contravening or continuing to contravene any safe practice guidance for working with individuals
 - exploiting or abusing a position of trust and/or power
 - consistently demonstrating a failure to understand or appreciate how their own actions could adversely impact upon the safety and wellbeing of adults at risk
 - exhibiting an inability to make sound professional judgements which safeguard the welfare of adults at risk
 - failing to understand or recognise the need for clear personal and professional boundaries in their work; or behaving in such a way that it seriously undermines the trust and confidence placed in them by Arts Emergency.

2.3.4 What we will do

Once you have shared your concern with the Designated Officer, they will then decide what the next course of action should be and they will be responsible for taking this forward. The principle of this is that early sharing of information is the key to providing an effective response where there are emerging concerns.

Potential pathways are:

- a discussion is held with the adult at risk to explore with them the way forward
- a referral is made to a statutory agency such as the police, Adults Safeguarding Services in the local authority, Children's Services in the local authority where an adult at risk is a parent of a child
- a discussion is held with the carer of the Adult at Risk or the agency/institution that the adult attends for services
- advice is sought from a statutory agency regarding next steps, and guidance sought regarding whether to seek consent to share information, make a referral or any other case specific matter.
- In the case of a **school or partner organisation**, the Designated Officer may liaise with the school to ensure appropriate action is taken.
- If the concern is about the **behaviour of a person working for, associated with or representing, Arts Emergency toward an Adult at Risk** the Designated Officer will liaise with the Chief Executive and the Safeguarding Lead Trustee and take the matter further. A record will be made of their discussion, the action they have taken, who they contacted and what was agreed.

We will share information only on a 'need to know' basis when it is in the interests of the adult. In accord with Data Protection legislation, we will try and gain the consent of the adult to share information.

If an adult refuses to consent to information being disclosed for safeguarding purposes, then the Designated Officer must consider whether there is an overriding public interest that would justify information sharing (for example, because there is a risk that others are at risk of serious harm). These decisions will be taken on a case by case basis and in some instances it may be appropriate for the designated safeguarding advisor to seek advice from the local authority whilst initially keeping the details of the adult anonymous

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APPENDIX 1: Ten categories of abuse and neglect in adult safeguarding work

The ten categories, along with their definitions and the signs and indicators are set out in the table below. These signs and indicators are not an exhaustive list and nor do any of these examples prove that abuse is occurring in this way. However, they do indicate that a closer look and possible inquiries may be needed.

Type	Definition	Possible Signs and Indicators
Physical Abuse	<ul style="list-style-type: none"> ● assault, hitting, slapping, pushing, biting ● misuse of medication ● restraint ● inappropriate physical sanctions, rough handling, restricting movement (e.g. tying to a chair) ● scalding, burning ● deliberate making uncomfortable, e.g. removing heating ● involuntary isolation or confinement ● force feeding or withholding food 	<ul style="list-style-type: none"> ● no explanation for injuries or inconsistency with account of what happened ● injuries are inconsistent with the person's lifestyle ● bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps ● frequent injuries ● unexplained falls ● subdued or changed behaviour in the presence of a particular person ● failure to seek medical treatment or frequent changes of GP
Domestic abuse	<ul style="list-style-type: none"> ● Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. ● The abuse can encompass, but is not limited to physical, psychological, sexual, financial and emotional harm. ● It also includes so called 'honour' -based violence, female genital mutilation and forced marriage. ● Coercive or controlling behaviour is a core part of domestic violence. ● Coercive behaviour can include: acts of assault, threats, 	<ul style="list-style-type: none"> ● low self-esteem ● self-blame ● physical evidence eg bruising, cuts, broken bones ● verbal abuse and humiliation in front of others ● fear of outside intervention ● damage to home or property ● isolation – not seeing friends and family ● limited access to money

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	<p>humiliation and intimidation, harming, punishing, or frightening the person, isolating the person from sources of support, exploitation of resources or money, preventing the person from escaping abuse, regulating everyday behaviour.</p>	
Sexual abuse	<ul style="list-style-type: none"> ● rape, attempted rape or sexual assault ● inappropriate touching ● non- consensual sexual activity ● any sexual activity that the person lacks the capacity to consent to ● inappropriate looking, sexual teasing or innuendo or sexual harassment ● sexual photography or forced use of pornography or witnessing of sexual acts ● indecent exposure 	<ul style="list-style-type: none"> ● bruising, particularly to the thighs, buttocks and upper arms and marks on the neck ● torn, stained or bloody underclothing ● bleeding, pain or itching in the genital area ● unusual difficulty in walking or sitting ● infections, unexplained genital discharge, or sexually transmitted diseases ● pregnancy in a woman who is unable to consent to sexual intercourse ● the uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude ● self-harming ● poor concentration, withdrawal, sleep disturbance ● excessive fear/apprehension of, or withdrawal from, relationships ● fear of receiving help with personal care ● reluctance to be alone with a particular person
Psychological abuse	<ul style="list-style-type: none"> ● enforced social isolation, eg through removing mobility or communication aids, preventing someone from being able to meet their religious needs, deprivation of contact ● preventing the expression of choice and opinion ● failure to respect privacy 	<ul style="list-style-type: none"> ● tension when a particular person is present ● withdrawal or change in the demeanour of the person ● insomnia ● low self-esteem ● uncooperative and aggressive behaviour ● a change of appetite, weight loss/gain

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	<ul style="list-style-type: none"> ● preventing stimulation, meaningful occupation or activities ● intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse ● threats of harm or abandonment ● cyber bullying 	<ul style="list-style-type: none"> ● signs of distress: tearfulness, anger
Financial or material abuse	<ul style="list-style-type: none"> ● theft of money or possessions ● fraud, internet scamming, postal scamming, doorstep crime ● preventing someone from accessing their own money ● taking 'loans' or 'borrowing' money or goods ● undue pressure, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions ● arranging less care than is needed to save money to maximise inheritance ● denying assistance to manage/monitor financial affairs ● misuse of personal allowance in a care home ● moving into a person's home and living rent free without agreement or under duress, unauthorised use of a car or possessions ● misuse of a power of attorney or other legal authority ● rogue trading 	<ul style="list-style-type: none"> ● missing personal possessions ● unexplained lack of money or inability to maintain lifestyle ● financial hardship and apparent disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house, rent arrears. ● impact on health and well-being as a result of shortage of money ● impact on mental health resulting from mounting financial pressures ● lack of heating, clothing or food ● unexplained withdrawal of funds from accounts ● others show unusual interest in the assets of the person ● a lack of clear financial accounts held by a care home or service ● unnecessary property repairs ● misplacement of financial documents ● sudden or unexpected changes in a will or other financial documents
Modern slavery	<ul style="list-style-type: none"> ● slavery ● human trafficking ● forced labour ● domestic servitude ● sexual exploitation, such as escort work, prostitution and pornography 	<ul style="list-style-type: none"> ● signs of physical or emotional abuse ● appearing malnourished, unkempt or withdrawn ● isolation from the community, seeming under the control or influence of others

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	<ul style="list-style-type: none"> ● debt bondage – being forced to work to pay off debts that realistically they never will be able to 	<ul style="list-style-type: none"> ● living in dirty, cramped or overcrowded accommodation and/ or living and working at the same address ● lack of personal effects or identification documents ● always wearing the same clothes ● avoidance of eye contact, appearing frightened or hesitant to talk to strangers ● fear of law enforcers or government workers
<p>Discriminatory abuse</p>	<ul style="list-style-type: none"> ● unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010) ● verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic ● denying access to communication aids, not allowing access to an interpreter, signer or lip-reader ● harassment or deliberate exclusion on the grounds of a protected characteristic ● denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic ● substandard service provision relating to a protected characteristic 	<ul style="list-style-type: none"> ● appears withdrawn and isolated ● expressions of anger, frustration, fear or anxiety ● support offered does not take account of the person's individual needs in terms of a protected characteristic
<p>Organisational abuse</p>	<ul style="list-style-type: none"> ● discouraging visits or the involvement of relatives or friends ● run-down or overcrowded establishment 	<ul style="list-style-type: none"> ● lack of flexibility and choice for people using the service ● people being hungry or dehydrated

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	<ul style="list-style-type: none"> ● authoritarian or rigid regimes ● lack of supervision ● insufficient staff or high turnover resulting in poor quality care ● abusive and disrespectful attitudes towards people using the service ● inappropriate use of restraints ● not providing adequate food and drink, or not offering choice or promoting independence ● misuse of medication or failure to provide care with dentures, spectacles or hearing aids ● not taking account of individuals' cultural, religious or ethnic needs ● failure to respond to abuse appropriately ● not respecting privacy eg interference with personal correspondence 	<ul style="list-style-type: none"> ● lack of personal clothing and possessions, lack of clean clothing or range of clothing ● absence of visitors ● few social, recreational and educational activities ● public discussion of personal matters ● unnecessary exposure during bathing or using the toilet ● lack of adequate procedures, poor record-keeping and missing documents ● absence of individual care plans ● lack of management overview and support
Neglect and acts of omission	<ul style="list-style-type: none"> ● failure to provide food, shelter, clothing, heating, stimulation and activity, personal or medical care ● failure to administer medication as prescribed ● refusal of access to visitors ● not taking account of individuals' cultural, religious or ethnic needs ● not taking account of educational, social and recreational needs ● ignoring or isolating the person ● preventing the person from making their own decisions ● preventing access to glasses, hearing aids, dentures, etc. ● failure to ensure privacy and dignity 	<ul style="list-style-type: none"> ● poor environment – dirty or unhygienic ● poor physical presentation and/or personal hygiene ● pressure sores or ulcers ● malnutrition or unexplained weight loss ● untreated injuries and medical problems ● inconsistent or reluctant contact with medical and social care organisations ● accumulation of untaken medication ● uncharacteristic failure to engage in social interaction ● inappropriate or inadequate clothing ● depression
Self-neglect	<ul style="list-style-type: none"> ● lack of self-care to an extent that it threatens personal health and safety 	<ul style="list-style-type: none"> ● very poor personal hygiene ● unkempt appearance ● lack of essential food, clothing or shelter

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	<ul style="list-style-type: none">● neglecting to care for one's personal hygiene, health or surroundings● inability to avoid self-harm● failure to seek help or access services to meet health and social care needs● inability or unwillingness to manage one's personal affairs	<ul style="list-style-type: none">● malnutrition and/or dehydration● living in squalid or unsanitary conditions● neglecting household maintenance● hoarding● collecting a large number of animals in inappropriate conditions● non-compliance with health or care services● inability or unwillingness to take medication or treat illness or injury
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APPENDIX 2: LEGAL FRAMEWORK

This policy has been written on the basis of law and guidance that seeks to protect adults at risk. The legislation below is mainly applicable to England and Wales but is broadly consistent with that in the devolved nations.

- Human Rights Act 1998
- Equality Act 2010
- Care Act 2014
- Care and Support Statutory Guidance 2016 (issued under The Care Act 2014)
- Mental Capacity Act 2005 & Deprivation of Liberty Standards
- Care Standards Act 2000
- NHS and Community Care Act 1990
- Children (Leaving Care) Act 2000
- Sexual Offences Act 2003
- Serious Crime Act 2015
- Domestic Violence Crime and Victims Act 2004
- The Protection from Harassment Act 1997
- Mental Health Act 1983
- Mental Health Act 2007
- Health and Social Care Act 2012
- The Police Act – CRB 1997
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Rehabilitation of Offenders Act 1974
- Public Interest Disclosure Act 1998
- Youth Justice and Criminal Evidence Act 1999 – Special Measures
- Data Protection Act 1998
- Protection of Freedoms Act 2012

In Scotland:

- Adult Support and Protection (Scotland) Act 2007
- Protection of Vulnerable Groups (Scotland) Act 2007
- Sexual Offences (Scotland) Act 2009
- The Adults with Incapacity (Scotland) Act 2000
- The Mental Health (Care & Treatment) (Scotland) Act 2003

In Wales:

- The Social Services and Well-being (Wales) Act 2014
- All Wales Protection of Vulnerable Adults Professional Concerns Protocol

In Northern Ireland:

- Adult Safeguarding: Prevention and Protection in Partnership (2015)

The Mental Capacity Act 2005

This legislation applies to England and Wales and to anyone aged 16 years and over. Its principles are key to being able to work with adults in safeguarding and the principles are:

- People must be assumed to have capacity to make their own decisions unless it is established that they lack capacity.
- They must be given all practicable help to understand and make decisions before anyone treats them as not being able to make their own decisions.

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- Where an adult is found to lack capacity to make a decision then any decision made for them must be made in their best interests.
- Anything done for a person who is deemed to lack capacity must be the least restrictive of their rights and freedoms.
- In adult safeguarding, this can sometimes mean that an adult has capacity for making specific decisions that nevertheless places them at risk of being abused or neglected. A person is not to be treated as unable to make a decision merely because it is seen as 'eccentric or unwise'.
- Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time and their ability to make a decision may fluctuate over time.

The Mental Capacity Act 2005 introduced the **Deprivation of Liberty Safeguards** (DoLS) which provide a legal framework around the deprivation of liberty.

DoLS are designed to protect the interests of an extremely vulnerable group of individuals so that people can be given the care they need in the least restrictive regimes and arbitrary decisions cannot be made which deprive vulnerable people of their liberty. Deprivation of liberty is where a person is under continuous supervision and control and is not free to leave.

DoLS apply to anyone who is aged 18 and over; who has a mental disorder; who lacks capacity to consent to the arrangements made for their care or treatment in either a hospital or a care home and for whom a deprivation of liberty may be necessary in their best interests to protect them from harm.

If a hospital or care home identifies that a person who lacks capacity is being, or risks being, deprived of their liberty, they must apply to the local authority for an authorisation of deprivation of liberty. Authorisation is granted only after comprehensive focus of assessment is undertaken and where the assessments satisfy the criteria.