

## Adult Safeguarding and the Law

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### 1. Introduction

This section of our policy serves as an introduction to a range of laws in Jersey which may be relevant to adult safeguarding. This introductory information should not be seen as specific advice on any matter or case work relating to an individual's needs.

In Jersey, we currently look to the Care Act 2014 [Care Act 2014 \(legislation.gov.uk\)](#) for guidance and to inform our approach on adult safeguarding matters, the Care Act itself does not extend to our Island and is not legally in force.

In addition, while the Care Act covers a wide range of matters such as assessment, charging and eligibility, we only draw upon the matters relating to safeguarding adults in our multiagency adult safeguarding policy & procedures as Jersey has very different rules in relation to charging and eligibility when compared to the UK.

The Care Act and its statutory guidance in respect of adult safeguarding is referenced throughout our P&P.

Jersey is developing its own standalone adult safeguarding legislation, which aims to promote wellbeing to the wider population but will also contain duties to assess/identify the support

needs of those at risk of abuse and to make proportionate enquiries. This work is still in development and a new law may not be enacted until 2025 or later.

For additional info and reading on Care Act please see statutory guidance: [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](#)

[Legislation relating to safeguarding adults - SCIE](#) (read about English legislation – not Jersey specific)

## 2. Human Rights

Agencies and professionals that intervene in the lives of adults at risk should be guided by current best practice and legal obligations with its respect for rights including but not limited to:

- the European Convention on Human Rights and enshrined in domestic law by the Human Rights (Jersey) Law 2000
- the UN and EU Conventions on the Rights of Persons with Disabilities
- the UN Principles for Older Persons 1991.

Any intervention to safeguard an adult at risk should be reasonable, justified, proportionate to the perceived level of risk and perceived impact of harm, carried out appropriately, and avoid restricting an individual's rights and freedoms as far as possible.

A rights-based approach to adult safeguarding includes:

- promotion and respect an adult's right to be safe and secure;
- freedom from harm and coercion;
- equality of treatment;
- protection of the law;
- privacy;
- confidentiality;
- freedom from discrimination.

## 2.1. The Human Rights (Jersey) Law 2000 and the European Convention of Human Rights

The [Human Rights \(Jersey\) Law 2000 \(jerseylaw.je\)](http://jerseylaw.je) and its underlying principles have informed the content of this adult safeguarding policy. The Human Rights (Jersey) Law 2000 incorporates the European Convention on Human Rights (ECHR) into Jersey law. The ECHR is directly enforceable in relation to the actions of any public authority/States' body in Jersey.

In other words, the Human Rights (Jersey Law) 2000 makes it unlawful for a public authority to act in a way which does not reflect ECHR rights. **An "act" also includes a failure to act.**

Public Authority in this context means: "

- *"any person whose functions are of a public nature"* including those who work within Health and Community Services, the Police and anyone exercising a public function.
- A number of professionals, organisations and agencies which receive public funds to carry out a public function but are not a public authority as such. In Jersey, this includes a number of organisations given the nature of funding. For example, long-term care benefit paid to a private home means the private care provider is carrying out a public function.

**The European Convention on Human Rights (ECHR) sets out people's human rights in its different "Articles". These "Articles" are included within Schedule 1 of the Human Rights (Jersey) Law 2000 and the most relevant are summarised in the table below:**

- Article 2: Right to life;
- Article 3: Freedom from torture and inhuman or degrading treatment;
- Article 4: Freedom from slavery and forced labour;
- Article 5: Right to liberty and security;
- Article 6: Right to a fair trial;
- Article 7: No punishment without law;
- Article 8: Respect for private and family life, home and correspondence;
- Article 9: Freedom of thought, belief and religion;

- Article 10: Freedom of expression;
- Article 11: Freedom of assembly and association;
- Article 12: Right to marry and start a family;
- Article 14: Protection from discrimination in respect of these rights and freedoms;

**The following ECHR rights are particularly relevant to Safeguarding Adults:**

- **Article 3** : *'No-one shall be subjected to torture, or inhuman or degrading treatment or punishment'*. This is an absolute right: inhumane or degrading treatment is unlawful, whatever the situation. Treatment may be degrading if it *'humiliates or debases an individual showing a lack of respect for, or diminishing his or her human dignity or arouses feelings of fear, anguish or inferiority capable of breaking an individual's moral and physical resistance'*.

Public authorities have a proactive duty towards Adults at Risk to take "*reasonable steps to prevent ill-treatment of which the authorities had or ought to have had knowledge.*" Public authorities may have responsibility for the harm and in breach of Article 3 where they have **failed to prevent** degrading treatment, rather than having caused it. People whose disabilities make them critically dependent on the help of others are entitled to enhanced protection.

- **Article 6** entitles everyone to a *'fair hearing'* when a decision is made about their civil rights and obligations. This includes the right to be consulted before decisions are made, and to be given reasons for decisions. Safeguarding decisions can have serious consequences for people including where they live and with whom they can live. Agencies are required to follow due process including reinforcing a system which allows people to have their say. Article 6 also requires a system for review of Significant Restriction of Liberty Safeguards under the Capacity and Self Determination (Jersey) Law 2016 and review of detention under the Mental Health (Jersey) Law 2016.

- **Article 8** provides: 'Everyone has the right to respect for (their) private and family life, (their) home and correspondence'. This is a qualified right and public authorities may only interfere with this right in accordance with the law and when necessary in a democratic society in the interests of:
  - Public safety;
  - The prevention of disorder or crime;
  - The protection of health or morals; or
  - The protection of the rights and freedoms of others.

Interference by public authorities must be proportionate to the risk of not taking action. Article 8 can be contrasted with the absolute right of Article 3 which absolutely prohibits torture/ degrading treatment by a public authority.

- **Article 14** prohibits discrimination on any ground in the way that people access their rights under the Convention.

## 2.2. Practical Examples of Human Rights Law's impact on Safeguarding

**People's human rights can be breached in three ways by public bodies and their employees if they:**

- Inflict explicit physical abuse or allow neglect of a person.
- Intervene/ interfere in a person's life without legal justification and in a way that does not balance their needs.
- Fail to intervene to protect a person from being abused or neglected by other persons.

There is likely to be competing rights and interests when considering a situation with human rights repercussions. For example, in cases of the abuse of people and neglect, ECHR's Article 3 right and the Article 8 right are both relevant. The Article 3 right to be protected from

inhuman or degrading treatment may conflict with a decision by the person to refuse intervention and wish to keep their domestic choices private and within the family (the Article 8 right). Practitioners must weigh the evidence and competing rights and make a professional judgement as to which one is to prevail. Each case is different and decided on its own facts. Also, are the human rights of another person affected in a particular situation? If so, what weight should be given to that one person over the rights of another?

Government agencies can seek guidance from the Law Officers Department on matters of human rights and other laws.

For private and commercial organisations/ matters, individuals can seek independent legal advice where this is required.

[Citizen's Advice Jersey](#) may be able to offer guidance on specific matters, or consumer issues.

[Consumer rights](#) may also fall under the remit of Trading Standards Dept.

Click [here](#) to watch a YouTube video on Human Rights Safeguarding Adults UK Explained.

### 3. Capacity and Self-Determination (Jersey) Law 2016

All staff must familiarise themselves and stay updated in respect of the [Capacity and Self-Determination \(Jersey\) Law 2016](#) (CSDL). They must be confident in terms of what is required in assessment of a person's capacity, what happens when they consider a person lacks capacity in relation to a specific question and what the process is to work out what is in the person's Best Interests (when they lack capacity) as defined by the CSDL and its associated [Code of Practice](#).

Notably these **FIVE CSDL principles as detailed by Article 3 of the CSDL** must be considered in safeguarding decision making/ management:

1. A person must be assumed to have capacity unless it is established that (s)he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him (her) to do so have been taken without success.

3. A person is not to be treated as unable to make a decision merely because (s)he makes an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in her (his) best interests.
5. **Before** the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

### 3.1. Encouraging engagement and helping people to make decisions (Article 3 (1)(b) of the CSDL

You may risk criticism if you have not shown that you have tried to help the person make their own decisions and instead, opt for the assumption that they lack capacity without trying to help them reach their own decision/ explaining why any such help would not work. People can be helped with decision making by a variety of measures including: thinking how we provide the information needed to make the decision (both format and content); more education; interpreters; communication aids; asking questions at a certain time of day when a person may be more alert; using a family member or friend (if not implicated, or subject of abuse), or an advocate or representative.

**Considering the Least restrictive action when thinking what should be done in a person's best interests (Article 3 (2) of the CSDL) :** UK research has found that staff are not routinely compliant with this principle. The decision or intervention that is least restrictive of rights and freedoms is likely to be the most empowering.

### 3.2. Assessment of Capacity and the CSDL

You are expected to be familiar with the legal definition of someone who is unable to make a decision on a particular matter and is considered to lack capacity in relation to that matter.

Article 5 of the CSDL states that person is **unable** to make his or her own decision if they cannot:

- Understand the information relevant to that decision (this information includes information about what is likely to happen if they make the decision one way or another or if they entirely fail to make the decision);
- Retain the information for a period, however short, which is sufficient to make that decision;
- Use or weigh the information in making the decision; or
- Communicate the decision (whether by speech, sign language or any other means).

In order to be satisfied that a person has capacity, the person needs to satisfy each aspect of Article 5 and not just one aspect. S/he may be able to communicate a decision, for example, but s/he still lacks capacity if he cannot understand the relevant information needed to process the information. The CSDL Code of Practice ([ID Capacity and Self Determination \(Jersey\) 2016 - Code of Practice.pdf \(gov.je\)](#)) provides further guidance as to how to assess capacity. It may also be that the person has fluctuating capacity (in other words, at some points of the day/ week s/he may be able to make the relevant decision and at other points s/he cannot). If that is the case, you need to work carefully with the person and those who know/care for them to try and establish when a good time is to ask them to make a decision. Capacity is decision specific; it may be that a person has capacity in relation to one decision on an aspect of their life but not another. It should not be assumed that a person lacks capacity entirely if they lack capacity to decide something in a particular matter.

### 3.3. Best Interests

After the assessment(s) have taken place and a person is considered not to have capacity, the CSDL and its Code of Practice set out a process that you should follow to help establish what is in the person's best interests. Article 6 of the CSDL states that decisions should not be based on a person's age or appearance or any aspect of their behaviour but should take into account:



- The person’s past and present wishes and feelings (and whether they have provided any written request/ advance decision in relation to the issue you wish to ask them about. In medical treatment cases formal “advance decisions to refuse treatment” have legal force under Part 3 of the CSDL and care should be taken to establish whether such a refusal exists.)
- The beliefs and values of the person which would be likely to influence the decision if they had capacity, and other issues they would think were important.

You may speak with anyone identified as someone to speak with/ consult with in trying to establish what is in the person’s best interests as well as anyone who cares for that person or is interested in their welfare. Under the CSDL, you must also speak with anyone who has a health and welfare Lasting Power of Attorney or has been appointed a health and welfare Delegate under the CSDL. Chapter 8 and Chapter 10 of the CSDL Code of Practice ([ID Capacity and Self Determination \(Jersey\) 2016 - Code of Practice.pdf \(gov.je\)](#)) provide more information on Lasting Powers of Attorney and Delegate status including how you establish whether the person has a valid Lasting Power of Attorney / Delegate status and what type of decisions they can make.

The CSDL has also provided for the person who lacks capacity but does not have anyone to speak on their behalf and who is willing to participate in discussions about their future. An Independent Capacity Advocate (“ICA”) service will step in to assist in the decision-making process in cases where you need to consider:

- Change of long-term accommodation
- Serious medical treatment
- Requesting authorisation on a significant restriction of liberty (“significant restriction of liberty” is a defined term under the CSDL and is explained below),

In cases where you consider that an ICA may be needed, it is essential that one is appointed. Click here to read more about [My Voice](#) independent advocacy service.

### 3.4. Best Interests decisions

Certain decisions made on behalf of a person who lacks capacity may have a significant impact on their regular daily lives. These include where they will live, who they will have contact with on a day-to-day basis and serious medical treatment or medication issues. It is good practice to ensure that any meetings (or discussions) where the options relating to the person's welfare are recorded, including details of who was present at the meeting, how the decision about best interests was reached, what the reasons for reaching the decision were, who was consulted to support working out best interests and what particular factors were taken into account. The factors which should be taken into account include past beliefs and wishes as detailed by Article 6 of the CSDL. The record should remain on the person's file.

Where there is a significant dispute between what you and other professionals consider to be in a person's best interests and family members/ someone who has a Lasting Power of Attorney/ Delegate status from the Royal Court say, legal advice should be obtained as the matter may require a Court application if the dispute cannot be resolved.

If a Lasting Power of Attorney is deemed to not be acting in the person's best interest – a report should be made to the Viscount's office.

Practitioners are encouraged to do their own research, reading and seek ongoing training on this topic.

Click [here](#) to watch a 5-minute video called "What does Jersey new Capacity Law mean for Islanders"?

**Further reading:**

[Mental Capacity Guidance Notes | 39 Essex Chambers](#)

### 3.5. Significant Restrictions on Liberty

Part 5 of the CSDL deals with restrictions of liberty for people who lack capacity. Significant Restrictions on Liberty ("SRoL") are authorised when those who care for someone without capacity consider that certain restrictions on what they can do/ where they can go must be

put in place to protect the person from harm. SRoL do not apply to those detained under the Mental Health Law and the person must lack capacity about how and where they should live.

How do you know what is being proposed amounts to a SRoL? Article 5 of the ECHR states that everyone is entitled to liberty and the security of person. No one should be deprived of their liberty unless it has been lawfully sanctioned and there is a process in place that allows review of the restriction and if no longer necessary, ensures that the restriction can be removed. In Jersey, for people over 16 years of age, a SRoL can only be lawful if authorised by the Minister or the Court. SRoL may apply to those who live in care homes or have significant care packages to assist a person with day-to-day needs.

The CSDL Code of Practice at Chapter 11 [ID Capacity and Self Determination \(Jersey\) 2016 - Code of Practice.pdf \(gov.je\)](#) provides helpful guidance about SRoL and whether a proposed restriction/ aspect of a care plan amounts to a restriction of liberty. A SRoL will exist if their care or treatment plan means that the person who lacks capacity is:

- Under continuous supervision and control; and
- Is unable to leave where they live.

Other factors which should be considered include whether **restraint** is required; when are these restrictions required and for how long they last; what are the views of the person/ relatives/ carers, and do they object and are there any less restrictive options for delivering care or treatment?

Part 5 of the CSDL make it clear that authorisation for SRoL can only be granted if it:

- It is in the person's best interests to protect them from harm,
- it is a proportionate response to the likelihood and seriousness of the harm, and
- there is no less restrictive alternative.

#### 4. The Inherent Jurisdiction

Where adults retain capacity but their ability to promote their own interests is seriously compromised, for example, while being coerced, the CSDL cannot be used. However, controlling or coercive behaviour should be dealt with as part of **safeguarding and public**

**protection** procedures. In such instances an application could be considered for the Royal Court (Jersey) under its inherent jurisdiction.

The Royal Court's inherent jurisdiction is, in part, aimed at enhancing or liberating the autonomy of a vulnerable adult whose decision-making ability is compromised by a reason other than capacity. This can include situations where a person is:

- under constraint
- subject to coercion or undue influence
- deprived of the ability to make the relevant decision or disabled from making a free choice for some other reason
- prevented from giving or expressing valid consent.

An inherent jurisdiction application should be protective in relation to adults in vulnerable circumstances. The Royal Court will always avoid undermining the five core principles of establishing capacity in Article 3 of the CSDL. The Royal Court will give considerable weight to the principle that a person can make unwise decisions and it has to be persuaded by evidence that it must intervene in a particular case.

There is no specific definition of what constitutes *vulnerable* in such cases. The inherent jurisdiction's powers are not confined to vulnerable adults. Equally adults at risk of abuse and neglect do not automatically come under the definition of vulnerable. There is a risk that professionals involved in the care and treatment of a person may feel drawn towards an outcome that is more protective and in certain circumstances fail to carry out an assessment that is detached and objective. The Royal Court will critically review evidence for the '**protective imperative**' to ensure that the application of inherent jurisdiction does not raise the spectre of judicial paternalism. Therefore, an application for the use of inherent jurisdiction is normally restricted in scope to an autonomy promoting or defending role.

Professionals must consider whether the use of inherent jurisdiction would risk breaching Article 8 of the [\(ECHR\)](#): a person's right to respect for private and family life. Legal advice should be sought regarding the appropriateness of asking the Royal Court to consider exercising its inherent jurisdiction and this must take into account *human rights* implications. An inherent jurisdiction application to the Royal Court should not ask the Court to overrule

the wishes of an adult with capacity, but to determine that the adult is making decisions freely.

Government agencies can seek guidance from the Law Officers' Department on matters which could involve Court powers under the inherent jurisdiction.

For private and commercial organisations/ matters, individuals can seek independent legal advice where this is required.

## 5. Data Protection, Confidentiality and Information Sharing

Sharing information between organisations as part of day-to-day safeguarding practice is covered in the common-law duty of confidentiality, the [Data Protection \(Jersey\) Law 2018 and the Human Rights \(Jersey\) Law 2000 and the Children and Young People \(Jersey\) Law 2022.](#) The Capacity and [Self Determination \(Jersey\) Law 2016](#) is also relevant, as all those coming into contact with adults with care and support needs should be able to assess whether someone has the capacity to make a decision concerning risk, safety or sharing information.

- A recurring factor in Serious Case Reviews (Safeguarding Adult Reviews in the UK) has been a failure to understand the legislation and guidance surrounding information sharing and a failure to share information effectively. The risk of sharing information is often perceived as higher than it actually is, and it is therefore important that staff consider the **risks of not sharing** safeguarding information when making decisions.
- Organisations need to share safeguarding information with the right people at the right time in order to:
  - Prevent death or serious harm
  - Coordinate effective and efficient responses
  - Enable early interventions to prevent the escalation of risk
  - Prevent abuse and harm that may increase the need for care and support
  - Maintain and improve good practice in adult safeguarding
  - Reveal patterns of abuse that were previously undetected and could identify others at risk of abuse

- Identify low-level concerns that may reveal people at risk of abuse
- Help people access the right kind of support to reduce risk and promote wellbeing
- Help identify people who may pose a risk to others and, where possible, work to reduce offending behaviour
- Reduce organisational risk and protect reputation

Adults have a general right to independence, choice and self-determination including control over information about themselves. Each organisation must comply with the rights of the individual in a fair and consistent manner and in accordance with any specific legislative requirements, regulations, or guidance. This will include:

- appropriate policies and procedures in place to facilitate both the protection and the exercising of rights in relation to data access.
- Each organisation must also inform individuals about their additional rights in respect of legislation and how these may be exercised. This will include the provision of appropriate support in order that individuals may best exercise those rights, for example: Providing information in alternative formats or languages, providing support in the form of advocacy, assisting them to make a subject access request or to request the rectification of inaccurate personal data concerning them.
- Following agreements or protocols setting out the processes and principles for sharing information between organisations. Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instances except in emergency situations.
- All staff must ensure that when they share information they do so in a way that is compliant with the [General Data Protection Regulation \(GDPR\)](#) which was incorporated in Jersey law by the [Data Protection \(Jersey\) Law 2018](#). The following points are a guide and should be considered alongside local policies:

- The [GDPR](#) and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately
- When sharing or requesting personal information from someone, staff must be certain of the basis upon which they are doing so and should always take advice from their organisations data protection officer if unsure
- Staff must be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement and, even when sharing without consent, tell them when information is being shared unless it is unsafe or inappropriate to do so
- Staff should share with consent only where appropriate and where sharing the information does not fall under a different lawful reason. Where staff have consent, they must be mindful that an individual would have the expectation that only relevant information would be shared and must have the option to withdraw their consent
- Staff should consider safety and well-being and base their information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions
- Information sharing should always be necessary, proportionate, relevant, adequate, accurate, timely and secure: Staff must ensure that the information shared is necessary for the purpose for which they are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, is shared securely, and that is arrangements in place for it to be returned or destroyed
- Staff must **always** keep a record of their decisions and the reasons for them – whether it is to share information or not. If a decision is made to share, then record what you have shared, with whom and for what purpose.

5.1. Practice guidance on data protection, confidentiality, and information sharing – N.B. this is guidance, not law.

Consent/agreement of the adult should ideally be sought before raising the concern, **unless**:

- a. Seeking consent will increase the level of risk posed to the person (or other adults at risk or a child); or
- b. Consent cannot practically be sought (e.g., the person was unconscious, being treated for an emergency); or
- c. The adult lacks capacity to consent, and a decision has been made that raising a concern is in their best interests. (If so a capacity assessment from service providers/professional referrers may be required).

It may be appropriate to raise a concern **without consent/agreement** if:

- a. 'Vital interests' are at stake (life, death, injury).
- b. The adult is being subjected to inhuman or degrading treatment which is having a serious impact on their wellbeing.
- c. Other adults or children are at risk of being abused.
- d. There are concerns that a decision has not been made freely, that the adult has been unduly influenced or is subject to coercive control.
- e. The allegations implicate a staff member who is in a position of trust.
- f. The alleged abuser may have unaddressed needs for care and support.
- g. There is a pattern in emergence, indicating possible organisational abuse, or large-scale abuse affecting multiple others.

Agencies/professionals should notify the person at risk that they are overriding their consent/agreement to raise a concern (\*providing this does not increase the risk to the person or others).

Where a decision has been made to raise a concern without the adult's agreement the reason for doing so should be clearly recorded on the concern form, and in the agency's own notes.



Service providers regulated by the Jersey Care Commission (JCC) have an obligation to notify the JCC of all safeguarding matters or incidents. Regulation 21 of the Regulation of Care (Standards and Requirements) (Amendment) (Jersey) Regulations [Regulation of Care \(Standards and Requirements\) \(Amendment\) \(Jersey\) Regulations 2022 \(carecommission.je\)](#) states:

*“A registered person must notify the Commission of such incidents, accidents or other events that have posed or may pose a risk of harm to care receivers as the Commission may specify in such manner as the Commission may specify.”*

Notifications to the JCC are not reliant on any agreement from the individual person at risk.

A cautionary note about consent: we do not have adult safeguarding legislation in Jersey yet, but in time this may provide a legal basis for information sharing when the law is enacted. The problem with consent is it can be easily withdrawn. (Health and Community Services are creating a local policy on consent – this was not ratified at the time of this update), For now, we are working to the principles that adults have a general right to independence, choice and self-determination including control over information about themselves.

In the context of adult safeguarding, these rights can be overridden in certain circumstances.

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
- The law does not prevent the sharing of sensitive, personal information **within** organisations. If the information is confidential, but when there is a safeguarding concern, sharing it may be justified.
- The law does not prevent the sharing of sensitive, personal information **between** organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.

*'The risk of sharing information is often perceived as higher than it actually is. It is important that staff consider the risks of not sharing safeguarding information when making decisions.'* (SCIE)

- Frontline staff and volunteers should always report safeguarding concerns in line with their own organisation's policy – this is usually to their line manager or DSL in the first instance except in emergency situations.
- It is good practice to try to gain the person's agreement to share information.
- Practitioners should inform the person if they need to share their information without consent (if this does not increase the risk to the individual).

## 6. Wilful Neglect

**Wilful neglect** is where a person ill-treats or wilfully neglects any person, they have the care of, by virtue of being paid to provide social care or health care. It is an offence under the CSDL and the Mental Health (Jersey) Law 2016 and can lead to imprisonment. It should be noted that any neglect should be 'wilful', and that ill-treatment requires a deliberate act or action that is reckless. Genuine errors or accidents are not within the scope of the offence.

There is no definition of ill-treatment or neglect within the relevant legislation so everyday meanings/ examples in case law provide definition. The meaning of ill-treatment relies upon definitions of types of abuse which include the following areas:

- **Physical**
- **Sexual**
- **Discrimination**
- **Psychological**
- **Financial**
- **Emotional.**

The offence of wilful neglect applies to the care and treatment of people, in care homes, provided with home care and in supported living arrangements under the CSDL. It applies to those who work in an approved mental health establishment, guardianship or anyone one under care/ custody by virtue of a legal or moral obligation under the Mental Health (Jersey)

Law 2016. The offence carries the legal sanctions of both fines and imprisonment for any person found guilty of the crime.

Further reading:

[Sexual Offences \(Jersey\) Law 2018](#)

[Domestic Abuse \(Jersey\) Law 2022](#)

[Statutory Nuisances \(Jersey\) Law 1999](#)

[Public Health and Safety \(Rented Dwellings\) \(Jersey\) Law 2018](#)