

## **MOOR ALLERTON ELDERLY CARE**

### **Safeguarding Vulnerable Adults Policy and Procedure**

#### **1. Policy**

##### **1.1 Statement of intent**

These guidelines have been drawn up in order to enable MAECare to:

- work in a way that ensures adults at risk are safeguarded.
- support any service user who is experiencing abuse and to stop that abuse occurring.
- MAECare acknowledges that abuse may occur. The National Centre for Social Research Kings College London carried out research in 2007 which estimated that 2.6% of people over 66 had experienced abuse from a family member, friend or care. If neighbours and acquaintances are included 4.0% of older people 342,000 a year experience abuse.
- MAECare believes that everyone has the right to live their life free from abuse and neglect.
- Adults at risk will be treated in a way that respects and promotes the right of all citizens under the Human Rights Act (1998) and takes into account their mental capacity as outlined in the Mental Capacity Act 2005 and the Care Act 2015
- Actions taken to protect their interests will aim to respect their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation.
- An individual's communication needs will be considered at all times.

MAECare will work:

- To promote the freedom and dignity of the person who has experienced or is experiencing abuse.
- To promote the rights of all people to live free from abuse and coercion.

- To ensure the safety and well being of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing.
- To manage services in a way which promotes safety and prevents abuse.

## 1.2 Purpose

Safeguarding adults is both a proactive and a reactive approach. The proactive part of this work is around identifying adults at risk and providing people with the skills to protect themselves. The reactive element of this work relates to responding to concerns being raised within agencies that someone may have been abused.

## 1.3 Remit

These guidelines should be read in conjunction with the Leeds Multi-Agency Safeguarding Adults Partnership Policy<sup>1</sup>, the 'No Secrets Guidelines'<sup>2</sup> and the report on the consultation on the review of 'No Secrets'<sup>3</sup>.

## 1.4 Definitions

### What is Abuse?

"Abuse is a violation of an individual's human and civil rights by any other person or persons" No Secrets: Department of Health March 2000)

Abuse includes:

- physical abuse
- sexual abuse
- psychological abuse
- financial or material abuse
- neglect and acts of omission

modern slavery

- discriminatory abuse (including racist, sexist, based on a person's disability and other forms of harassment)

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<sup>1</sup> <http://www.leedssafeguardingadults.org.uk/>

<sup>2</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008486](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486)

<sup>3</sup>

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH\\_102764](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764)

Additionally, adults are occasionally put at risk through self neglect or lack of understanding of how to keep themselves safe.

Abuse may be carried out deliberately or unknowingly.

People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse..

A detailed and comprehensive definition of abuse is in Appendix 1.

This policy has been developed in the context of recent legislation and this is listed in Appendix 4.

### **Description of an adult at risk**

Where a local authority has reasonable cause to suspect that an adult (aged 18 years or more) in its area (whether or not ordinarily resident there) —

- has needs for care **and** support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom.<sup>1</sup>

The decision to carry out a safeguarding enquiry does not depend on the person's eligibility for local authority services but upon the criteria stated in this section.

Unpaid carers will sometimes have care and support needs of their own. However, sometimes unpaid carers will only have support needs. In these circumstances this Multi-Agency Policy and Procedure may still be used as a proportionate response to the concerns where appropriate, using its duty to promote wellbeing.<sup>2</sup> This may be appropriate, for example, if an unpaid carer experiences intentional or unintentional harm from the adult they are trying to support.<sup>3</sup>

Within this policy, an adult at risk is someone who falls within this description. An adult at risk *may* therefore be a person who, for example:

- is an older person who is frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is an unpaid carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- lacks mental capacity to make particular decisions and is in need of care and support

## 1.5 Principles

MAECare:

- will ensure that all management committee members, staff, volunteers and service users are familiar with this policy.
- will work with other agencies within the framework of the Leeds Multi-Agency Procedures for Safeguarding Vulnerable Adults. This policy should be read in conjunction with this framework a copy of which is kept in MAECare office in the Policies file.
- will act within its confidentiality/data protection policy and will gain permission from service users before sharing information about them with another agency—we may need to inform others without permission if we are informed criminal abuse has taken place.
- will inform service users that where a person is in danger, is at risk, or a serious crime has been committed then a decision may be taken to pass information to another agency without the service user's consent.
- will pass information to the Safeguarding Adults Enquiry Coordinator when a person who does not have the capacity to consent to an adult protection enquiry may be experiencing abuse.
- Service users will be encouraged to use their skills in the running of the organisation. Activities will be organised when appropriate to enable service users to gain information and skills to prevent abuse e.g assertiveness skills, relevant complaints procedures etc.

a) All Trustees, staff, volunteers and service users are expected to treat each other with respect. Violent, abusive and discriminatory behaviour will not be tolerated.

MAECare believes in equality of opportunity in all its practices, and operates according to the following policies:

- Complaints and Compliments
- Equal Opportunities
- Confidentiality/Data Protection
- Recruitment and Selection

- Disciplinary and Grievance
- Whistle Blowing
- Health and Safety.

## **PROCEDURES**

### **1. Recruitment and Selection**

- a) All Trustees, staff and volunteers working directly with older people will need a Disclosure and Barring service check. Rechecks or updates will be carried out every 3 years for staff and every 5 years for trustees and volunteers. Two references will be requested
- b) Referees will be asked if they would be prepared to re-appoint the person they are giving the reference for or to offer them a volunteering opportunity
- c) Those appointing staff will telephone the referees of the selected candidate before the person is appointed to confirm the written reference.
- d) Electronic references will be accepted however they will be followed up with a telephone call to confirm its authenticity.

The volunteer recruitment process will be :-

- Application
- References
- Interview
- Enhanced DBS check.
- Management Committee approval

The authorised signatory for validation of disclosure forms is currently the Project Manager. As this is not a competitive process, references can be viewed early in the process.

### **2. Action for protection**

**2.1 The Lead person for safeguarding adults at MAECare is the Project Manager.**

All situations of abuse or alleged abuse should be discussed with the MAECare manager. Service users will be told that this will happen.

## **2.2 Where a service user is injured or in a situation of immediate danger**

- a) Where you are a witness to abuse or abuse has just taken place the priorities will be:
- i) To ensure that appropriate emergency health services are obtained
  - ii) Where a crime has just been or is being committed, to call the Police
  - iii) To preserve evidence
  - iv) To maintain the safety of yourself, other staff or volunteers and service users
  - v) To inform the project manager as soon as possible about what has happened
  - vi) To record what happened in the service users' case notes and the safeguarding adults log book

## **2.3 Where a service user makes a disclosure**

a) Any one communicating that they have experienced or are experiencing abuse will be given the opportunity to 'tell' about that experience if they wish to do so. This will include creating the time, private physical space and access to the appropriate communication aids (for example, picture boards, sign language interpreters, computer technology). However, staff should not investigate an incident of abuse until the safeguarding strategy has been agreed. In particular staff should not proactively ask the person who may have experienced abuse for information as this may prejudice future action to safeguard the adult (e.g. disciplinary hearings, criminal investigation). Neither should staff do anything that will alert the alleged perpetrator to an investigation unless it is necessary for the immediate safeguarding of an adult covered by these procedures.

Any person disclosing abuse will be given information about other services that can:

- help them to decide what to do about the experiences they have had.

- Enable them to recover from their experiences
- enable them to seek justice in relation to their experiences

If the person is currently experiencing abuse they will also be given information about the Safeguarding Vulnerable Adults Procedures and how agencies can work together to help them stop the abuse.

#### **2.4 Where a member of staff or volunteer is concerned about abuse**

If a member of staff or volunteer suspects that someone is experiencing abuse but isn't communicating about the abuse they should discuss their concerns with the project manager.

If appropriate, s/he will consult a Safeguarding Adults co-ordinator and decide who is the best person to ask the service user about the concerns that have been raised.

#### **2.5 Safety and Confidentiality.**

- All members of staff and volunteers should be aware of the utmost need for confidentiality in relation to someone who is experiencing abuse. The risk of abuse becoming more intense is often greatest at the time the victim starts to challenge that abuse.
- All members of the organisation should be aware of standards for safety and confidentiality for all service users, for example:
  - asking for identification before the door is opened
  - ID should be taken to protect everyone's safety
  - not giving information about people to any one (including relatives/spouses) without that person's permission
  - ringing back telephone callers to check they are who they say they are
  - Everyone should also be aware that the person who is acting abusively might also target people who they think are interfering (that is, volunteers and staff) for abuse and sometimes violence. Care

#### **2.6 The Project Manager will make a Safeguarding Adults Referral to a Safeguarding Adults co-ordinator.**

- Where either:
  - (a) The person has the capacity to decide what they want to happen in response to the abuse they are experiencing **and** have asked you to help them start Safeguarding Adults at risk Procedures. The decision to make a referral must be made in a person centred way ( see appendix 2 for more guidance on this)
- Or either:
  - (a) The person does not have the capacity to decide what they want to happen about the abuse they are experiencing
  - (b) There is a risk to other service users from the same perpetrator
  - (c) The abuse is being carried out by a person working or volunteering for an organisation.

### **3. Roles**

#### **3.1 Role of Trustees**

- To ensure that the organisation has done what it can to safeguard the immediate safety and well being of anyone experiencing abuse.
- To Be familiar with the Leeds Multi Agency Policy, Procedure and Practice Guidelines
- To monitor the implementation of MAECare's Safeguarding Policy and Procedures/
- To receive reports on Safeguarding issues once a year.

#### **3.2 Role of manager and named trustee responsible for Adult Safeguarding.**

- To offer support to the Safeguarding Vulnerable Adults procedures, for example by offering a place where the service user can be interviewed, enabling staff to support service users to take part in the Safeguarding Procedures etc.



- For a named person to inform a Safeguarding Adults Co-ordinator of any concerns of abuse or disclosure that has been made about service users who do not have the capacity to consent to an adult protection enquiry.
- Where abuse has occurred within services provided by MAECare, the Project Manager will inform the appropriate Safeguarding Adults Coordinator and discuss with them the extent to which the organisation will take part in the Safeguarding Adults at risk Procedure, for example, carry out an internal investigation that is co-ordinated with any other investigations (e.g. by police). Where appropriate the manager will suggest the part staff can play for example in supporting service users.
- If a member of staff, a volunteer or a Trustee is alleged to have been behaving abusively, the project manager, (or where they are alleged to have been behaving abusively their line manager) will liaise with the Safeguarding Adults Co-ordinator to ensure that the organisation's Disciplinary Procedures are co-ordinated with any other enquiries taking place as part of the Safeguarding Vulnerable Adults Procedure.
- When a service user is alleged to have abused another service user the project manager will ensure that the needs of both service users are met. The needs of the person alleged to be experiencing the abuse will be paramount and where the service offered needs to change (so that for example they are not in contact with each other) the first option should be to change service provision to the alleged perpetrator. Any action taken by the organisation should be co-ordinated with any other aspects of the Safeguarding Vulnerable Adults Enquiry that may be taking place.
- To ensure that staff and volunteers working directly with a service user who has experienced or is experiencing abuse receives appropriate support and supervision
- To ensure that staff and volunteers working directly with service users who behave abusively, receive appropriate support and supervision.
- To ensure that all staff, volunteers and management committee members receive information and attend training courses enabling them to recognise

situations where safeguarding action is required and to operate the appropriate procedures.

- To monitor the number of Safeguarding Adults concerns raised and action taken. The number of these not referred to Safeguarding Adults Enquiry Co-ordinators should be notified to the Safeguarding Adults Co-ordinator as soon as possible after 31<sup>st</sup> March each year (the purpose of this is for the Leeds Safeguarding Adults Committee to monitor the need for resources to address safeguarding adults issues).
- To prepare reports for the management committee.

### **3.3 Role of staff and volunteers**

- To attend available training
- To be aware of MAECare and Leeds Multi Agency Safeguarding Policy, Procedures and Practice Guidelines.
- To share concerns about abuse with the MAECare manager, taking the role as an alerter of potential abuse.
- To keep written records of any incidents, concerns or disclosures.

### **3.4 The role of service users**

- Service users will be encouraged to use their skills and expertise in the running of this organisation.
- Information will be available through the organisation to enable service users to gain information and skills to prevent abuse. Awareness raising sessions will be held.
- Service users, staff, volunteers and Trustees should have access to information about independent help-lines and advocacy providers that can support people experiencing abuse.

## **Complaints**

If any service user or carer has any complaints or is concerned about any aspect of the how this policy and procedures have been carried out then please use MAECare complaints procedures or contact Adult Social Care.

*This Policy and appendices were approved by the MAECare Management Committee at its meeting on.....*

*Signed.....*

**This policy to be reviewed annually.**

Reviewed	Date:	Signed: (chair)
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## Appendix 1

### The categories used to describe abuse

#### ***Discriminatory***

The principles of discriminatory abuse are embodied in legislation including the Race Relations Act 1976 (Amendments) Regulations 2003, Disability Discrimination Act 1995 and the Human Rights Act 1998.

Discriminatory abuse links into all other forms of abuse. Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals.

It is the exploitation of a person's vulnerability, resulting in repeated or pervasive treatment of an individual, which excludes them from opportunities in society, for example, education, health, justice, civic status and protection. It includes discrimination on the basis of race, gender, age, sexuality, disability or religion.

Examples of behaviour: unequal treatment, verbal abuse, inappropriate use of language, slurs, harassment, deliberate exclusion.

#### ***Physical***

"The infliction of physical force, whether accidental or not that results in bodily injury, pain or impairment." (Stein, 1991, quoted in McCreadie 1994).

Examples of behaviour: hitting, pushing, slapping, scalding, shaking, pushing, kicking, pinching, hair pulling, the inappropriate application of techniques or treatments, involuntary isolation or confinement, misuse of medication. Note: inadvertent physical abuse may also arise from poor practice e.g. poor manual handling techniques. (See also: neglect).

#### ***Sexual***

Direct or indirect involvement in sexual activity without valid consent. Consent to a particular activity may not be given because:

- A person has capacity and does not want to give consent
- A person lacks capacity and is therefore unable to give consent
- A person feels coerced into activity because the other person is in a position of trust, power or authority.

#### ***Psychological***

The use of threats, humiliation, bullying, swearing and other verbal conduct, or any other form of mental cruelty, that results in mental or physical distress. It includes the denial of basic human and civil rights, such as choice, self-expression, privacy and dignity. Examples of behaviour: treating a person in a way which is inappropriate to their age and/or cultural background, blaming, swearing, intimidation, insulting, harassing, 'cold-shouldering', deprivation of contact.

#### ***Financial***

"The unauthorised and improper use of funds, property or any resources belonging to an individual." (Stein, 1991, quoted in McCreadie, 1994).

Examples of behaviour: misappropriating money, valuables or property, forcing changes to a will and testament, preventing access to money, property, possessions or inheritance, stealing and misuse of powers of attorney.

Those who financially abuse may be people who hold a position of trust, power, and authority or have the confidence of the vulnerable adult.

Local authorities have in place financial procedures under which people may act as corporate appointee and/or corporate receiver, where a vulnerable adult needs someone to manage their financial affairs and is not able to undertake this themselves. Solicitors may also be appointed to provide this service. Appointee and receivership procedures ensure that:

- the person is in receipt of the correct state pension and benefits
- any private pensions or other investments are correctly paid
- care fees are paid
- personal allowances are made, and
- other bills are paid (e.g. utilities and rates).

Monies held on behalf of the client are correctly banked and where appropriate excess funds are invested. Where clients are still living in the community or sheltered accommodation, provision is made for them to be in control of sufficient sums of money to enable them to manage day-to-day expenditure. More information on receivership and appointeeship can be found by visiting the Public Guardianship Office website. The Department for Work and Pensions can also provide support and guidance.

### ***Neglect and acts of omission***

The repeated deprivation of assistance that the vulnerable adult needs for important activities of daily living, including a failure to intervene in behaviour which is dangerous to the vulnerable adult or to others, poor manual handling techniques. Note: under the Mental Capacity Act 2005 wilful neglect and ill treatment become a criminal offence. Self-neglect on the part of a vulnerable adult will not usually lead to the initiation of safeguarding adults procedures unless the situation involves a significant act of commission or omission by someone else with established responsibility for an adult's care. Other assessment and review procedures, including risk assessment procedures, may prove a more appropriate intervention in situations of self-neglect.

Examples of behaviour: failure to provide food, shelter, clothing, heating, medical care, hygiene, personal care, inappropriate use of medication or over-medication, activities and/or social contact.

### ***Institutional***

Institutional abuse arises from an unsatisfactory system of care. It occurs when the routines, systems and norms of an institution override the needs of those it is there to support. Such regimes compel individuals to sacrifice their own preferred life style and cultural diversity in favour of the interests of those there to support them, and others. Institutional abuse can include any or all of the other categories of abuse described. Managers and staff of such services have a responsibility to ensure that the operation of the service is focussed on the needs of service users, not on those of the institution. Managers will ensure they have mechanisms in place that both maintain and review the appropriateness, quality and impact of the service for which

they are responsible. These mechanisms will always take into account the views of service users, their carers and relatives.

Poor practice and lack of skills can cause incidents of neglect, where the home is unable to fulfil specific care needs to service users. This may result in increased levels of user-to-user abuse due to insufficient and inappropriate support or residential homes taking placements where they are unable to meet the person's level of care.

Examples of behaviour: inflexible routines set around the needs of staff rather than individual service users, e.g. requiring everyone to eat together at specified times, bathing limited to times to suit staff, no doors on toilets. Extensive use of medication to control behaviour or use of seclusion. These can arise through lax, uninformed or punitive management regimes. The behaviour is cultural, and not specific to particular members of staff.

#### **Modern Slavery**

Modern slavery includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.

### **Potential Indicators of Abuse**

Indicators are the suspicious signs and symptoms which draw attention to the fact that something is wrong. The presence of one or more indicators does not confirm abuse. However, a cluster of several indicators may reveal a potential for abuse, and a consequent need for further assessment. In reality, an abusive situation is likely to involve indicators from a number of these headings. The lists of indicators are not exhaustive and need to be used as a tool in the assessment of vulnerability and risk.

#### ***Indicators of discrimination***

- lack of respect shown to an individual
- signs of a sub-standard service offered to an individual
- repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status
- failure to follow the agreed care plans can result in the vulnerable adult being placed at risk.

#### ***Indicators of physical harm***

- any injury not fully explained by the history given
- injuries inconsistent with the lifestyle of the vulnerable adult
- bruises and/or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- clusters of injuries forming regular patterns or reflecting the shape of an article
- burns, especially on soles, palms or back; from immersion in hot water, friction burns, rope or electric appliance burns
- multiple fractures
- lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- marks on body, including slap marks, finger marks
- injuries at different stages of healing
- medication misuse.

#### ***Indicators of sexual abuse***

- significant change in sexual behaviour or attitude
- pregnancy in a woman who is unable to consent to sexual intercourse
- wetting or soiling

- poor concentration
- vulnerable adult appears withdrawn, depressed, stressed
- unusual difficulty or sensitivity in walking or sitting
- torn, stained or bloody underclothing
- bruises, bleeding, pain or itching in genital area
- sexually transmitted diseases, urinary tract or vaginal infection, love bites
- bruising to thighs or upper arms
- self-harming behaviour.

***Indicators of psychological harm***

- change in appetite
- low self esteem, deference, passivity, and resignation
- unexplained fear, defensiveness, ambivalence
- emotional withdrawal
- sleep disturbance
- self-harming behaviour.

***Indicators of financial harm***

- unexplained sudden inability to pay bills or maintain lifestyle
- unusual or inappropriate bank account activity
- Lasting Power of Attorney or Enduring Power of Attorney obtained when the vulnerable adult is unable to comprehend and give consent
- withholding money
- recent change of deeds or title of property
- unusual interest shown by family or others in the vulnerable adult's assets
- person managing financial affairs is evasive or uncooperative.

***Indicators of neglect***

- physical condition of the vulnerable adult is poor, e.g. bed sores, unwashed, ulcers
- clothing in poor condition, e.g. unclean, wet, ragged
- inadequate physical environment
- inadequate diet
- untreated injuries or medical problems
- inconsistent or reluctant contact with health or social care agencies
- failure to engage in social interaction
- malnutrition when not living alone
- inadequate heating
- failure to give prescribed medication
- poor personal hygiene.

***Indicators of institutional abuse***

- inappropriate or poor care
- misuse of medication
- restraint methods
- sensory deprivation, e.g. denial of use of spectacles or hearing aid
- lack of respect shown to the vulnerable adult
- denial of visitors or phone calls
- restricted access to toilet or bathing facilities
- restricted access to appropriate medical or social care

- failure to ensure appropriate privacy or personal dignity
- lack of flexibility and choice, e.g. mealtimes and bedtimes, choice of food
- lack of personal clothing or possessions
- lack of privacy
- lack of adequate procedures, e.g. for medication, financial management
- controlling relationships between staff and service users
- poor professional practice
- high levels of abuse between service users
- high turnover of staff or large numbers of agency or temporary staff.

With thanks to:  
Leeds Multi-agency Safeguarding Adults Partnership Policy.



## Appendix 2

Current Legislation and Policy relevant to Adult Safe Guarding.

National Assistance Act ( section 47) 1948/1951

Mental health Act 1983

Police and Criminal Evidence Act 1984

National Health Service and Community Care Act 1990

Family Law Act 1996

Human Rights Act 1998

Care Standards Act 2000

No Secrets 2000

Sexual Offences Act 2003

Domestic Violence Crime and Victims Act 2004

SafeGuarding Adults ( ADSS) 2005

Disability Discrimination Act 2005

Mental Capacity Act 2005

Deprivation of Liberty April 2009

Safeguarding Vulnerable Groups Act 2008

The Mental Health Act 2007

**Care Act 2015**

## Appendix 3

The lead person for safeguarding vulnerable adults is the Project Manager,

**Tel: 0113 266 0371.** S/he should be contacted for support and advice on implementing this policy and procedures

**To contact a Safeguarding Adults Enquiry Coordinator ring Adult Social Care Telephone Centre on 0113 222 4401 and ask to make a Safeguarding Vulnerable Adults referral. This number can also be used for advice.**

## Appendix 4

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. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote the adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual wellbeing, as defined in Section 1 of the Care Act 2014.

The focus of the safeguarding adults procedure is on achieving an outcome which supports or offers the person the opportunity to develop or to maintain a private life. This includes the wishes of the adult at risk to establish, develop or continue a relationship and their right to make an informed choice. Practice should involve seeking the person's desired outcomes at the outset and throughout the safeguarding arrangements, and checking whether the desired outcomes have been achieved.

Intervention should be proportionate to the harm caused, or the possibility of future harm. As well as thinking about an individual's physical safety it is necessary to also consider the outcomes that they want to see and take into account their overall happiness and wellbeing. For example, someone with mental capacity may choose to overlook a relative taking money from them when they do the shopping for the sake of their relationship with that relative, because the relationship has the overall effect (outcomes) of improving the life of the adult, including their safety, happiness and mental well-being.

The assessment of risk should be based on the fact that some risk is an inevitable consequence of life. The objective is not necessarily to eliminate risk, but to reduce risk so as to enable a person to safely maintain their independence and well-being wherever possible.

Assessments of risk should be undertaken in partnership with the person at risk, who should be supported to weigh up risks against possible solutions. People need to be able to decide for themselves where the balance lies in their own life, between living with an identified risk and the impact of any Safeguarding Plan on their independence and/or lifestyle.

**It is important to listen to the adult at risk both in terms of the alleged abuse and in terms of what resolution they want. The views of the adult at risk should be taken seriously and acted upon in an appropriate manner. Individuals have a right to privacy; to be treated with dignity and to be enabled to live an independent life.**