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## 1. Introduction

- 1.1 The aim of this document is to provide guidance to all staff and volunteers who come into contact with adults with care and support needs through their work (paid or unpaid) with Hereford & Worcester Fire and Rescue Service (HWFRS). It covers all HWFRS activities where adults with care and support needs may be present.
- 1.2 These procedures and guidelines have been designed to keep everyone safe and should be followed at all times. More information about our safeguarding policy and principles can be found in the Adult Safeguarding Policy.

In summary, HWFRS recognises that the welfare of adults with care and support needs is paramount and that we have a duty of care. **Safeguarding is everyone's responsibility.**

## 2. The Principles of Adult Safeguarding

The Care Act sets out the following principles that should underpin the safeguarding of adults.

Principles	'I' Statements
<b>Empowerment</b> – People being supported and encouraged to make their own decisions and informed consent.	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.
<b>Prevention</b> – It is better to take action before harm occurs.	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.
<b>Proportionality</b> – The least intrusive response appropriate to the risk presented.	I am confident that the responses to risk will take into account my preferred outcomes or best interests.
<b>Protection</b> – Support and representation for those in greatest need.	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.
<b>Partnership</b> – Local solutions	I am confident that information will

<p>through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse</p>	<p>be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation.</p>
<p><b>Accountability</b> – Accountability and transparency in delivering safeguarding.</p>	<p>I am clear about the roles and responsibilities of all those involved in the solution to the problem.</p>

## 2.1 Making Safeguarding Personal (MSP)

2.1.1 Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about having conversations with people about how we might respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them. It is a shift from a process supported by conversations to a series of conversations supported by a process.

2.1.2 The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, and at the end, the extent to which desired outcomes have been realised.

## 2.2 Mental Capacity

2.2.1 The presumption of the Mental Capacity Act (2005) is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. All interventions in adult safeguarding need to consider the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability to:

- To understand the implications of their situation and to act themselves to prevent abuse.
- To participate to the fullest extent possible in decision making interventions.

2.2.2 All decisions taken in adult safeguarding process must comply with the Act.

The Mental Capacity Act states that if a person lacks mental capacity to make a particular decision, then whoever is making that decision or taking an action on that person's behalf must do this in the person's best interest.

### **2.3 Mental Capacity and Executive Function**

2.3.1 Executive function is an umbrella term used to describe a set of mental skills that are controlled by the frontal lobes of the brain. When executive function is impaired, it can inhibit appropriate decision-making and reduce a person's problem-solving abilities. Planning and organisation, flexibility in thinking, multi-tasking, social behaviour, emotion control and motivation are all executive functions. Professionals assessing capacity in this patient group are faced with a number of obstacles that make determination of capacity more challenging. This can have significant implications because failing to carry out a sufficiently thorough capacity assessment in these situations can expose a vulnerable person to substantial risk.

2.3.2 Problems with executive function might be suspected if someone seems, in theory, to appreciate and understand their situation, but is then struggling to elicit the relevant bits of information and use them in the right context. They may also struggle to act upon or execute a decision.

2.3.2 Executive Function should be considered when mental capacity is being assessed. If further advice is needed the Safeguarding Teams in Herefordshire and Worcestershire should will be contacted.

### **2.4 Consent**

2.4.1 It is essential in adult safeguarding to consider whether the adult is capable of giving informed consent. If they are able, their consent should be sought to be referred to Adult Safeguarding Teams, or other agencies e.g Mental Health, G.P's. If, after discussion with the adult you assess that they have the capacity to make a decision, and they refuse intervention, their wishes should be respected unless:

- There is an aspect of public interest (e.g. not acting will put other adults or children at risk)
- There is a duty of care on a particular agency to intervene (e.g. the police if a crime has been committed.)

If advice is needed regarding consent speak to your line manager or contact the Prevention Team on 0800 032 1155.

## **3. Definition of Abuse**

*Abuse is mistreatment by any other person or persons that violates a person's human and civil rights.*

- 3.1 Defining abuse is complex and rests on many factors. The term 'abuse' can be subject to wide interpretation. It may be an act of neglect, or occur where a person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.
- 3.2 Patterns of abuse vary, they can be a one off incident or long term abuse, it can be intentional or a failure to provide the care and support an adult needs. It can affect one individual or a group of people. It is important to show professional curiosity; to share information if you have a concern so any patterns can be identified.

#### **4. Types of Abuse and Possible Indicators**

##### **4.1 Physical abuse**

###### **Possible indicators:**

- Unexplained bruising, in various stages of healing or which are in the shape of an object or which appear on several areas of the body.
- Unexplained or inappropriately explained injuries or fractures, at various stages of healing.
- Unexplained burns on unlikely areas of the body e.g. soles of the feet.
- Adult appears frightened or flinches at physical contact. Adult asks not to be hurt.
- Person reluctant to undress or uncover parts of their body.
- Unexplained weight loss.

##### **4.2 Domestic violence**

The Home Office definition of domestic violence is:

- Incident or pattern of incidents of controlling, coercive or threatening behavior, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.
- Includes; Psychological, physical, sexual, financial, emotional abuse so called 'honour' based violence, Female Genital Mutilation, forced marriage.
- Age range extended down to 16.

Family members are defined as: mother, father, son, daughter, brother, sister and grandparents, whether directly related, in laws or step family.

4.2.1 **Forced marriage** is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to assistance of their parents or a third party in identifying a spouse.

4.2.2 In a situation where there is a concern that an adult with care and support needs is being forced into a marriage they do not consent to, there will be an overlap between action taken under the forced marriage provisions and the adult safeguarding process. In this case action will be coordinated with the police and other relevant agencies. The police must always be contacted in such cases as urgent action may need to be taken. Contact can be made via Fire Control on 03333 99 0033. Further advice is also available from the Forced Marriage Unit on 020 7008 0151.

4.2.3 **Honor – based violence** is a crime and referring to the police must always be considered. It has or may have been committed when families feel that dishonor has been brought on them. Women are predominantly but not exclusively the victims and the violence is often committed with a degree of collusion from other family members and/or the community.

Indicators of honor-based violence can include domestic violence, concerns about forced marriage, enforced house arrest and missing persons report.

If an adult safeguarding concern is raised, and there is a suspicion of honor-based violence, then referring to the police must always be considered as they have the necessary expertise to manage risk.

4.2.4 **Female Genital Mutilation (FGM)** involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The Female Genital Mutilation Act (2004) makes it illegal to practice FGM in the UK or to take girls who are British nationals or permanent residents in the UK abroad for FGM.

### 4.3 **Sexual abuse:**

#### **Possible indicators:**

- Unexpected or unexplained change in behaviour. Adult is unusually subdued, withdrawn or poor concentration.
- Soreness around the genitals, or pain, itching or bleeding.
- Torn, stained or bloody underwear
- A preoccupation with anything sexual, or exhibits significant changes in sexual behaviour

- Sexually transmitted diseases or urinary tract infections that are not otherwise explained.
- Pregnancy where adult does not have the capacity to consent to intercourse

#### **4.4 Psychological abuse:**

##### **Possible indicators:**

- Adult appears anxious or withdrawn, particularly in the presence of the alleged abuser.
- Untypical ambivalence, deference, passivity, resignation.
- Adult exhibits low self esteem.
- Untypical changes in behaviour (e.g. Continence problems, sleep disturbance.)
- Adult is not allowed telephone calls or visitors.
- Locks on the outside of a room.
- Adult is denied access to aids or equipment (e.g. glasses, dentures, hearing aids etc).
- Adult's movement is restricted by use of furniture or other equipment.
- Adult's access to personal hygiene and toilet is restricted.
- Bullying via social networks or persistent texting.

#### **4.5 Financial or material abuse:**

##### **Possible indicators:**

- Lack of heating, clothing or food.
- Inability to pay bills, unexplained shortage of money.
- Inadequately explained withdrawals from accounts.
- Unexplained loss or misplacement of financial documents.
- Recent acquaintances showing a disproportionate interest in the adults and their money.
- Disparity between assets / income and living conditions.
- Miss-selling / selling by door-to-door trader / cold calling.

#### **4.6 Modern slavery:**

Modern slavery can be committed by organised crime groups or individual perpetrators.

Someone is in slavery if they are:

- Forced to work – through mental or physical threat.
- Owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse.
- Dehumanised, treated as a commodity or bought and sold as 'property'.
- Physically constrained or has restrictions placed on his/her freedom of movement.

Contemporary slavery takes various forms and affects people of all ages, gender and races.

**4.7 Human Trafficking** involves an act of recruiting, transporting, transferring, harboring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them.

If an identified victim of human trafficking is also an adult with care and support needs, the response will be coordinated under the safeguarding process. The police are the lead agency in managing responses to adults who are the victims of human trafficking.

There is a national framework to assist in the formal identification and help to coordinate the referral of victims to appropriate services, known as the National Referral Mechanism.

#### **Possible indicators:**

- Adult is not in possession of their legal documents, (passport, identification and bank account details).
- The adult has old or serious untreated injuries and they are vague, reluctant or inconsistent in explaining how the injury occurred.
- They appear under the control/influence of others, rarely interact or appear unfamiliar with their neighbourhood.
- The adult perceives themselves to be in debt to someone else or in a situation of dependence.
- The adult is withdrawn or appears frightened, unable to answer questions directed at them or speak for themselves and/or an accompanying third party speaks for them. If they do speak, they are inconsistent in the information they provide, including basic facts such as the address they live at.

#### **Environmental indicators:**

- There are bars on the outside of the windows, or it is not possible to see in the property due to curtains being drawn or a coating has been applied to the window.

- There are CCTV cameras installed.
- Inside the property, access to rooms are restricted or doors are locked. The property is overcrowded and in poor repair.

#### **4.8 Discriminatory Abuse:**

##### **Possible indicators:**

Indicators for discriminatory abuse may not always be obvious and may also be linked to other types of abuse.

- An adult may reject their cultural background and/or racial origin or other beliefs, sexual practices or lifestyles choices.
- An adult making complaints about the service not meeting their needs.

#### **4.9 Organisational abuse**

Organisational abuse includes neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Organisational abuse is the mistreatment, abuse or neglect of an adult by a regime or individuals in a setting or service where the adult lives or that they use. Such abuse violates the person's dignity and represents a lack of respect for their human rights.

Organisational abuse occurs when routine systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affect the whole setting and deny, restrict or curtail the dignity, privacy, choice, independence or fulfilment of adults with care and support needs. It can happen in any setting providing health or social care.

#### **4.10 Neglect and Acts of Omission**

##### **Possible indicators:**

- Adult has inadequate heating and/or lighting.
- Adult's physical conditions/ appearance is poor (e.g. unkempt or soiled clothes, unhygienic living conditions).
- Adult is malnourished, has sudden or continuous weight loss and/or is dehydrated.

- Callers/ visitors are refused access by the adult or by the person supporting/caring for them.
- Person is exposed to unacceptable risk.

### **Self- Neglect**

#### **Possible Indicators:**

- Unclean, poorly maintained or verminous living conditions.
- Poor self-care, poor personal hygiene, poorly maintained clothing.
- Poor nutrition.
- Isolation.

### **Related Issues**

#### **4.12 Radicalisation**

Individuals may be susceptible to recruitment into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits, embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. The Home Office leads on the anti-terrorism strategy.

[Get help for radicalisation concerns - GOV.UK](#)

#### **4.13 Hate Crime**

A hate crime is any criminal offence that is motivated by hostility or prejudice based upon the victim's disability, race, religion or belief, sexual orientation, or transgender identity.

Hate crime can take many forms including:

- Physical attacks, damage to property, offensive graffiti and arson.
- Threat of attack includes- offensive letters, abusive or obscene telephone calls, intimidation by individual or groups and unfounded, malicious complaints.
- Verbal abuse, insults or harassment, abusive gestures, or offensive leaflets.

## **5 Location of Abuse**

Abuse can take place anywhere, for example:

- The person's own home, whether living alone, with relatives or others.
- Day or residential centres.
- Supported housing.
- Educational establishments.
- Work settings.
- Care homes.
- Hospitals and clinics.
- Prisons.
- Other places in the community.

## **6 Who might abuse?**

A wide range of people may harm adults.

These include:

- A spouse/partner.
- Family members, these may be caring for the occupier.
- Neighbour or friend.
- Paid staff or professionals or volunteers.
- Local residents.

Whether the abuse or neglect is intentional or not, a concern must be raised. If a crime has been committed then the police should be contacted.

### **6.1 Abuse by children**

If a child or children is or are causing harm to an adult with care and support needs, this should be dealt with under the adult safeguarding policy and procedures, but will also need to involve the local authority children's services.

## 6.2 Position of Trust (PoT)

For the purpose of this guidance, a person in a position of trust (PoT) is someone who works with, or cares for, adults with care and support needs in a paid or voluntary capacity and about whom allegations of adult abuse or neglect are made. This includes 'shared lives' carers.

All allegations of abuse, neglect or maltreatment of adults with care and support needs by a PoT must be taken seriously. PoT concerns may be current or historical. The Adult Safeguarding Policy outlines the process that must be followed if an allegation is made against someone who works or volunteers for HWFRS.

## 6.3 Prisoners and person in approved premises

Local authority duties for safeguarding enquiries (Section 42) and safeguarding adults reviews (Section 44) do not apply to adults living in prisons or approved premises, inmates of which are the responsibility of that specific institution. If abuse or neglect is observed in these settings contact Fire Control who will notify the Duty Group Commander, they will then decide if the prison governor or National Offender Management Service (NOMs) (who have responsibility) need to be informed.

## 7 Recognising Abuse

Whilst some possible indicators have been identified in this Guidance there may be many other indicators not listed. Recognising that a person is suffering or likely to suffer from, abuse or neglect is not easy and it is not expected that HWFRS employees will investigate an incident or decide whether or not abuse has taken place. However, all employees have a responsibility to act if they have a safeguarding concern.

Safeguarding training is provided to all staff to assist them to recognise indicators of abuse.

## 8 Trauma Informed Practice

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing. Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?' For further guidance –

<https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

## 9 Professional Curiosity

Professional Curiosity is a combination of looking, listening, asking direct questions, checking out and reflecting on all information we receive. It means not taking information at face value and triangulating all information from different sources to gain a better understanding of the people and families we support.

To find out more about Professional Curiosity please see links for Worcestershire Safeguarding Adults Board and Herefordshire Safeguarding Adults Board:

[Professional-Curiosity-Briefing-2023.pdf](#)

[Adults Policies & Guidance - Herefordshire Safeguarding Boards and Partnerships](#)

## 10 Serious Adult Review

Since the implementation of the Care Act (2014) there is a statutory requirement to undertake Safeguarding Adults Reviews (SARs). They are commissioned when:

- there is reasonable cause for concern about how WSAB members or other agencies providing services, worked together to safeguard an adult,  
  
and
- The adult has died, and WSAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died)  
  
or
- The adult is still alive, and WSAB knows or suspects that the adult has experienced serious abuse or neglect.

A Safeguarding Adults Review (SAR) is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place. The purpose of a SAR is not to apportion blame. It is to promote effective learning and improvement to prevent future deaths or serious harm occurring again. (Worcestershire Safeguarding Adults Board)

HWFRS will refer an adult for a SAR where the criteria above is met.

[Safeguarding Adult Reviews \(SAR\) - Worcestershire Safeguarding Boards](#)

[Safeguarding Adult Reviews - Herefordshire Safeguarding Boards and Partnerships](#)

### 10.1 Death of a Care Leaver Notification

- From January 2024 local authorities should notify the Secretary of State for Education and Ofsted of the death of a care leaver aged up to their 25th birthday as per the revisions to Working Together to Safeguard Children. Care Leaver Notifications for care leaver deaths will allow the Department for Education to

understand and learn more about what happened so they can make better informed policy decisions to prevent future deaths.

- If HWFRS is aware of the death of a young person who is between the ages of 18 and 24 (up to and including 24 years old) who is known, or suspected to be, a care leaver they must inform Children's Social Care in Worcestershire or Herefordshire.
- The Prevention Team will check, when made aware of a fatality if that young person was a care leaver. They will then notify the appropriate Children's Social Care.
- In Herefordshire HWFRS will notify Children's Social Care via MASH in writing, stating the young person's details.

## **11. Lone Working**

11.1 HWFRS recommends staff/volunteers who work alone follow the Policy below:

11.2 HWFRS Lone working Policy No. 6, Section C, Part 22 for further information.

11.3 If staff or volunteers have any concerns about lone working they should speak to their line manager.

## **12. Recording**

### **12.1 Use of labels in recording.**

When recording it is essential that an accurate and detailed description is recorded rather than using an overriding term or label such as 'challenging or inappropriate behaviour', 'disguised compliance' or, 'non engagement'. Without the detail professionals will be unable to assess the needs of the individual/ family and ensure the right services and support is provided. Labels can promote stereotypes and prejudices. When we label someone as "aggressive," or "challenging" we often ignore the complexities and circumstances that define their behaviour. These labels can become shorthand for stereotypes that overshadow the individual's true character.

Once a label is attached, it can be challenging to think outside of it. Labels can act like blinkers, narrowing our perspective and preventing us from seeing beyond our initial assessment.

[Learning-Briefing-SAR-DOROTHY-v-9-Final.pdf](#)

### **12.2 The importance of detail in recording.**

Whatever it is you are expressing – fact or opinion – state accurately what is happening, or what you believe, and avoid vagueness wherever you can. Saying 'the front room was in a terrible state' may be quicker than saying 'the front room contained 14 bags of rubbish, and I saw 20 empty fast-food packages. I also saw what looked like mice droppings in one corner of the room'. Recording in accurate terms like this avoids any possible value judgements and is more helpful to a

colleague who might visit and see a room that is still in a 'terrible state', but where there are only six bags of rubbish and 10 takeaway packages, and who therefore can note a significant improvement. Importantly, this would help the person themselves, whose efforts to get on top of things would be recognised, rather than overlooked.

There is a middle ground between the delicate but uninformative 'she has issues with personal hygiene' and the disrespectful 'she smells revolting'. A more explicit record of 'due to her advancing dementia, Rowena often forgets to have a bath, resulting in an increasingly unpleasant personal odour that I think is having a negative effect on her relationship with her neighbours' may take longer to record, but identifies precisely what the issue is, enabling a more honest discussion with the person. For more information:

[Social work recording - SCIE](#)

### **13. Reporting Procedures**

- 13.1 All staff will familiarise themselves with the Safeguarding Reporting Process in the Adult Safeguarding Policy.
- 13.2 If advice or support is needed then the Prevention Team can be contacted on 0800 032 1155 from Monday to Thursday 9.00 – 5.00pm and Friday 9.00 – 4.30pm or out of hours contact the Duty Commander via Fire Control on 03333 99004
- 13.3 Where an allegation of abuse of an adult with care and support needs is made against a member of HWFRS personal this must be reported to the Duty Group Commander via Fire Control.
- 13.4 If an allegation is made at an individual of Duty Group Commander or above then the next management level above them will take responsibility for the reporting line.

## APPENDIX 4 Safeguarding Reporting Process Following Concern of Abuse

**H&WFRS SAFEGUARDING REPORTING  
PROCESS**

**DOING NOTHING IS NOT AN OPTION**

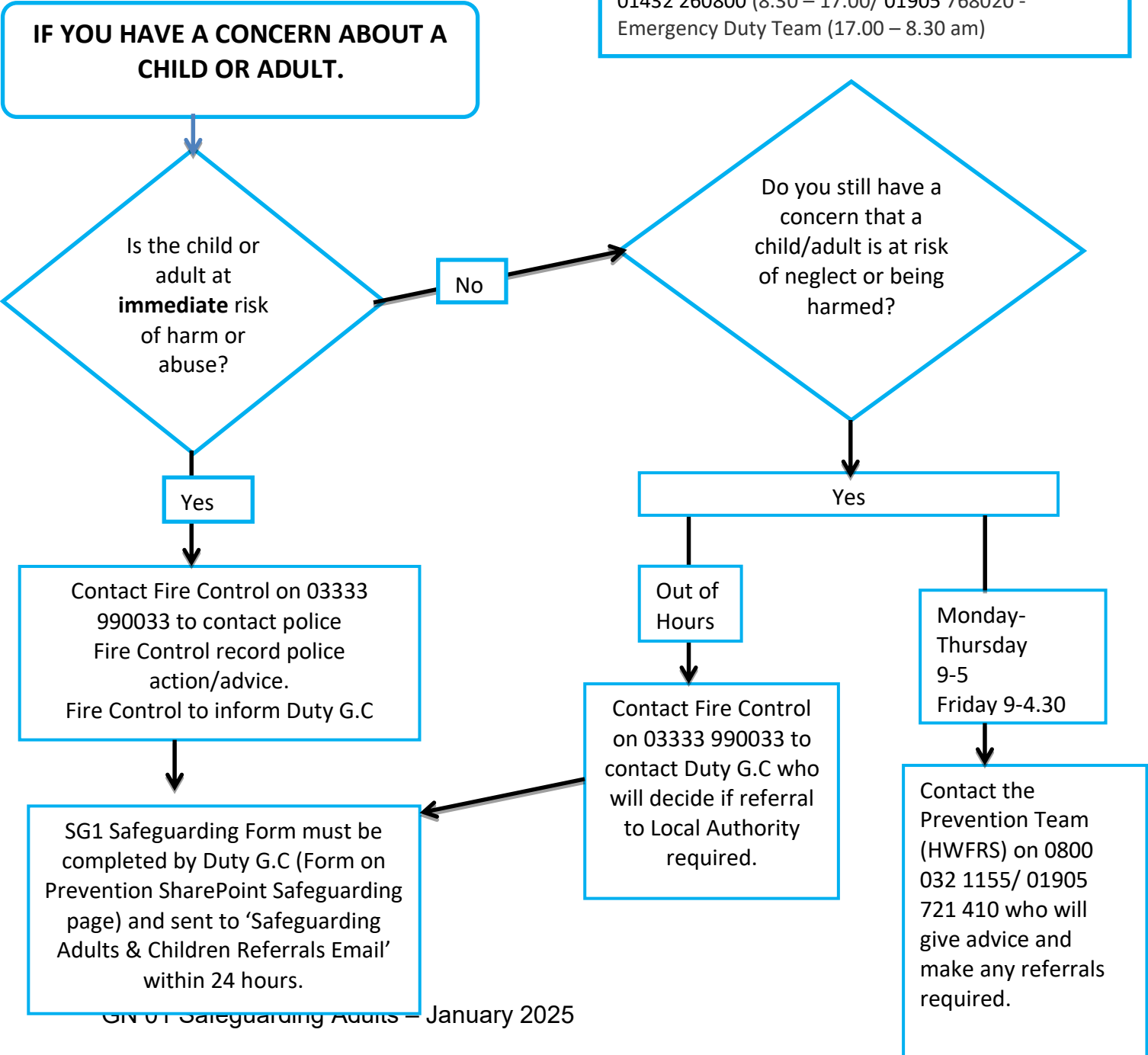
Local Authority Contact Details:

Worcestershire Adults:  
01905 768053(8.30 – 17.00)/ 01905 768020-  
Emergency Duty Team (17.00 – 8.30 am)

Worcestershire Children:  
01905 822666 (8.30 – 17.00)/ 01905 768020-  
Emergency Duty Team (17.00 – 8.30 am)

Herefordshire Adults:  
01432 260715 (weekdays 9am-5pm)/ 0330 123 9309  
(after 5pm, weekends and public holidays)

Herefordshire Children:  
01432 260800 (8.30 – 17.00/ 01905 768020 -  
Emergency Duty Team (17.00 – 8.30 am)



## Reporting Process Following a Safeguarding Allegation Made Against a Staff Member or Volunteer

