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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_ <http://sharepoint1/sites/CFS/SitePages/Safeguarding.aspx>

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
Empowerment – 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.
Prevention – 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.
Proportionality – 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.
Protection – 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.
Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse	I am confident that information will 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.
Accountability – Accountability and transparency in delivering safeguarding.	I am clear about the roles and responsibilities of all those involved in the solution to the problem.

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 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. **See PREVENT Strategy 2011 or contact the HWFRS National Inter Agency Liaison Officer (NILO)**

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->

9 Sharing Information and Data Protection.

- 9.1 Sharing the right information, at the right time, with the right people, is fundamental to good practice in adult safeguarding but has been highlighted as a difficult area of practice.
- 9.2 The Care Act 2014 Section 45 'Supply of Information' duty covers the responsibilities of others to comply with requests for information from the Safeguarding Adults Board. Sharing information between organisations as part of day to day safeguarding practice is already covered in the common law duty of confidentiality, the General Data Protection Regulation, the Human Rights Act and the Crime and Disorder Act. The Mental Capacity Act 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 mental capacity to make a decision concerning risk, safety or sharing information.
- 9.3 Adults have the right to independence, choice, self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances such as emergency or life-threatening situations and where there is a public or vital interest that means the concern needs to be raised anyway.

HWFRS needs to share safeguarding information with the right people at the right time to:

- Prevent death or serious harm.
 - Coordinate effective and efficient responses,
 - To enable early interventions to prevent the escalation of risk.
 - Reveal patterns of abuse that were previously undetected and could identify others at risk.
 - Identify low level concerns that may reveal people at risk of abuse.
- 9.4 If an adult shares information about being abused or if they have been abused in your presence, then you must always explain that this information will be raised as a concern and will need to be shared with the relevant and appropriate people and/or agencies unless explaining this would put them at risk of further harm.

10 Safer Recruitment.

HWFRS are committed to providing a safeguarding approach to recruitment and selection of staff and volunteers who may directly or indirectly work with adults with care and support needs. When recruiting new staff or volunteers or when affording our current staff and volunteers the opportunity to work on additional programmes we will-

- follow the good practice recommendations of the codes of practice and other guidance issued by the Equality Commission and ACAS;
- not discriminate unlawfully against any person.
- We select the best person for the job in terms of qualifications and abilities.

To achieve these aims, we have set up a recruitment and selection procedure:

- These procedures will be applied fairly and consistently to all appointments
- Assistance must be given, where needed, to applicants who are disabled.
- All recruitment must be planned in advance and opened up to competition.
- All persons who wish to work for us must complete an application form in response to an advertised vacancy.
- All applicants must then be assessed against the job description and person specification to determine who the best person for the job is.
- Safeguarding questions will form part of the interview process and a suitable level DBS check will be undertaken as necessary.
- References will be taken up.

Further information can be found within our Recruitment Policy, which incorporates Safer Recruitment. - [Recruitment Policy \(Incorporating Safer Recruitment\) v2.00.docx](#)

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. Reporting Procedures

12.1 All staff will familiarise themselves with the Safeguarding Reporting Process in the Adult Safeguarding Policy.

12.2 If advice or support is needed then the PreventionTeam 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

Appendix 1.

Safeguarding Reporting Process Following Concern of Abuse

HWFRS 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)

