

232 - ADULT SAFEGUARDING POLICY

PROTECTING ADULTS AT RISK FROM ABUSE & NEGLECT

This policy provides the framework within which members of Cheshire Fire and Rescue Service (the Service) shall report matters of concern wherever an adult at risk is subject to harm, abuse or neglect. This includes self-neglect, or harm and abuse or neglect arising from poor service provision or professional practice.

An 'adult at risk' is someone over 18 years of age who is or may be in need of community care services by reason of mental health, age or illness and who is, or may be, unable to take care of themselves, or protect themselves against significant harm or exploitation. It replaces the term 'vulnerable adult'.

This policy also refers to situations where the Service will express concerns and make recommendations to other agencies in relation to adults at risk who are at heightened risk from fire.

Compliance with this policy ensures that the Service works in support of local authority statutory responsibilities as set out in the Care Act 2014.

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CROSS REFERENCES:

1. 244 - Vulnerable Persons Data Handling Guidance Document
2. 1213 - Dignity At Work Policy
3. 1212 - Human Resources Code of Conduct for Employees
4. Statement Of Government Policy On Adult Safeguarding
5. National Framework Of Standards For Good Practice & Outcomes In Adult Protection Work: Association of Directors for Adult Social Services (ADASS)
6. Department of Health Clinical Governance & Adult Safeguarding – An Integrated Process
7. Hate crime – The Cross Government Action Plan (HM Gov't)
8. The Care Act 2014
9. Mental Capacity Act 2005
10. 1074 - Information Management Policy
11. 1255 - Information Security Policy
12. 1142 - Data Protection Policy

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PART 1 - POLICY SECTION

1. Policy Statement

An 'adult at risk' is someone over 18 years of age who is, or may be in need of, community care services by reason of mental health, age or illness and who may be unable to take care of themselves or protect themselves against significant harm or exploitation.

Members of the Service shall refer matters of concern wherever an adult at risk is subject to abuse, neglect, targeted crime or it is suspected. All suspicions or allegations of neglect, abuse and criminality will be taken seriously and responded to.

The Service will consult with, and may make recommendations to, other agencies in relation to adults at risk at heightened risk from fire and where a risk of death, or harm, is foreseeable.

2. Specific Commitments

The Service has a responsibility to ensure that the people it interacts with are kept safe from harm. Therefore, it must be accepted that '*safeguarding is everyone's responsibility*'.

The Service is committed to ensuring that adults at risk are protected from harm caused by neglect, abuse, criminal activity, self-neglect or any other relevant circumstance including poor service provision or professional practice. This includes being protected from the risk of fire.

This policy supports the principles of the Care Act 2014 and contributes to the aims and objectives of the Local Safeguarding Adults Boards (LSAB) in Cheshire West and Chester (CW&C), Cheshire East (CE), Halton (H) and Warrington (W).

This policy takes cognisance of the six principles of the Care Act 2014 and explains the practices and procedures which will ensure compliance with that statement. These principles being:

- **Empowerment** - presumption of person led decisions and informed consent.
- **Protection** - support and representation for those in greatest need.
- **Prevention** - it is better to take action before harm occurs.
- **Proportionality** – proportionate and least intrusive response appropriate to the risk presented.
- **Partnership** - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** - accountability and transparency in delivering safeguarding.

Members of the Service will report concerns in accordance with the Aide Memoire at Appendix 1. Failure to do so may be subject to investigation with the potential for disciplinary action.

3. Ownership/monitoring

This policy will be subject to annual review. Responsibility for ensuring completion of the review will rest with the Head of Prevention. Significant developments and changes must be communicated to the Assistant Chief Fire Officer (ACFO) who will determine the appropriate mechanism for approval.

PART 2 - PROCEDURE SECTION

4. Reporting concerns (Raising an alert)

Reporting abuse and neglect, or suspicions of abuse and neglect can be difficult. However, saying or doing nothing is never an option. All members of the Service must know, understand and apply the procedures contained in this section. The Service will support anyone who, in good faith, reports concerns even if those concerns prove to be unfounded.

Definitions

It is important to understand the meaning of certain expressions:

- **Alert** is the reporting of a concern that an adult at risk is, or may be, a victim of abuse or neglect. An alert may be a result of a disclosure, an incident, or other signs or indicators.
- **Alerter** is the person who first reports that an adult is being, has been, or is at risk of being abused or neglected. In the context of this policy it will be a member of the Service. In other circumstances it may be the person themselves, family member, carer, friend or neighbour.
- **Alerting Manager** is the person to whom the Alerter will formally report their concern. It is the Alerting Manager who will contact the local authority.
- **Referral**, an alert is termed as a referral only when it has been logged, risk assessed and categorised in accordance with local authority procedures.

Local Authority Alert Forms

The Service works across four LSAB areas and the Service's reporting process is consistent with the needs of each area. Expressing a concern is not dependant upon the Alerting Manager completing the local authority Alert Form. Alert Forms will be completed by the person within the local authority with whom the Alerting Manager first makes contact.

Under all circumstances the Alerting Manager will urge the acceptance of the alert by telephone. A copy of Form VA1 (Appendix 2) must be submitted to the local authority contact point as a record of the alert. This is the responsibility of the Alerting Manager.

Where insistence upon completion of a local authority Alert Form prevents acceptance of the alert the matter must be notified to the Prevention team at Sadler Road for an approach to be made as to the reason.

The Alert Process

Whenever an adult at risk is suspected of being abused, neglected or criminally targeted it must be reported. This may arise as result of an action or omission by:

- A member of staff (including volunteers)
- A member of their family
- A carer
- An agency
- Any other person, including another adult at risk.

ABUSE SHOULD NEVER BE TRIVIALISED OR EXAGGERATED AND ALLEGATIONS MADE TO A STAFF MEMBER, BY ANY OTHER PERSON, MUST ALWAYS BE PROGRESSED.

Expressing a concern and raising an alert is by way of the Aide Memoire and Form VA1.

Faith must not be placed in other agencies to raise an alert on behalf of the Service without prior consultation and documented agreement. This may cause an inability to evidence action taken, particularly where the agency fails to complete the alert.

At ALL operational incidents where there are safeguarding concerns and there are multiple agencies attending, a discussion must take place between the representatives of those agencies as to the concerns identified. This discussion must determine whether Fire, Police or Health (Ambulance Service) are best placed to action the safeguarding needs of the incident. This is important where an agency assumes a duty of care by taking the person into custody, to a place of safety or transferring them to hospital. For example, when attending forced entry incidents.

At operational incidents an Incident Handover Form must be completed and the incident log updated via North West Fire Control (NWFC) to indicate who is to implement the required safeguarding actions. Where another agency is taking responsibility an Informative Message must be sent from the Incident Commander (IC) stating: **“Safeguarding needs identified and being attended to by Police or North West Ambulance Service (NWAS) who have taken the individual into their care. Incident Handover Form completed”**.

Where safeguarding needs relate to self-immolation, arson by/or against the individual or are derived from/give rise to risk from fire, the IC must instigate an alert and inform the Duty Group Manager (DGM). Where the individual is not regarded as being an adult at risk in accordance with the definition in section 1 normal procedures for arson incidents will apply.

The role of any member of the Service raising a concern (the Alerter) is to:

- Ensure factual and non-judgemental information is provided to the Alerting Manager.
- Ensure no undue delay is caused prior to contacting the Alerting Manager.
- Deal with pressing requirements first. For example, provide or request urgent medical treatment. In the case of on-going violence, or threat of violence, the Police must be notified without delay and the matter then reported as a safeguarding concern.
- Ensure conflict with regard to the Service's neutrality is secondary to the well-being and safety of the adult at risk. Police must therefore be informed where a crime has been committed or is suspected of having been committed.

During office hours the designated Alerting Manager will be the relevant Prevention Locality Safety Manager (LSM), or in their absence SM or GM in the Sadler Road Prevention team. Where neither are immediately available it must be the DGM.

Outside office hours the DGM is the designated Alerting Manager. They must be immediately informed of any concerns and on the first working day ensure that Prevention at Sadler Road and the relevant local Prevention team is informed.

The Alerting Manager shall:

- Receive the alert and determine the need to notify the local authority. Form VA1 must be used to ensure retention of factual information. Conjecture must be avoided.
- Notify the local authority without delay and maintain confidentiality. The Aide Memoire and Form VA1 are regarded as self-explanatory.
- Upon raising an alert, indicate to the person receiving the call within the local authority that the Service wishes to discuss an adult safeguarding matter.
- Record on Form VA1 the name of the person with whom the initial exchange of information is taking place and discuss the matter fully and openly; information must not be withheld.
- Confirm who else should be informed and what actions will be taken and by whom.
- Be the point of contact with the local authority and any other appropriate agency. In relation to out of hours' alerts, an appropriate Prevention manager will assume responsibility for being the point of contact on the first working day after the alert and must therefore be briefed by the DGM to ensure ownership of case management.
- Instigate, delegate and/or confirm any Service actions that may be necessary following an alert being made, HSA, domestic premises flagging etc.
- Follow the advice of the local authority call handler and/or social worker and take no further action unless advised to do so.

Out of hours, the DGM will consider advising the Duty Area Manager (DAM) who will consider the need to inform the Duty Principal Officer.

The completed Form VA1 must be presented to Prevention at Sadler Road as soon as

practicable. Either personally (if hard copy) or via internal e-mail to the Prevention Admin mailbox (if scanned locally). This is the responsibility of the Alerting Manager. The email address for submissions is CommunitySafetyAdmin@cheshirefire.gov.uk

Prevention at Sadler Road will place an e-copy in the secure T drive - Safeguarding Alert Folder and insert a record in the secure register. Any hard-copy will be destroyed.

If there is doubt as to any actual, or potential, risk of harm the immediate action will be to notify the local authority contact point (contact numbers at Appendix 2). Where a crime has been committed, or is suspected, Police must be informed and requested to attend the address.

5. Allegations against Service Staff and Volunteers

The DGM must be informed who will then inform the DAM and the Service's Designated Adult Safeguarding Manager (DASM). Procedures for dealing with an allegation against any member of the Service are set out in detail in Appendix 6. The role of the DASM is explained in Appendix 7.

ALLEGATIONS AGAINST A STAFF MEMBER MUST ALWAYS BE ACTED UPON.

6. Confidential Reporting Procedure - 'whistle blowing'

The Confidential Reporting Procedure is a means to express concerns involving members of the Service. This is explained in the Code of Conduct for Employees.

7. Multi-agency conferencing

The Service will, from time to time, participate in multi-agency conferencing, particularly where there is heightened risk from fire. Generally, it will be a member of the Prevention management team who will represent the Service. Consultation with the Service's legal department must be considered in respect of legal considerations or implications.

Multi-agency conferencing is essential where the needs of the individual are outside the scope and capabilities of a single agency, or more than one agency is required to:

- discuss the circumstances of the case.
- consider the needs and wishes of the individual.
- confirm the risks that need to be addressed.
- identify contributory factors e.g. mental health, capacity, disability, drink, drugs etc.
- focus on improved outcomes for the individual.
- develop an action plan including specified actions by individual agencies and those actions that will be delivered jointly.
- agree completion dates for actions wherever possible.
- set further review meetings to confirm progress.

8. Audit and review

Periodic audit and review of processes and procedures falling within the scope of this document will be conducted in accordance with the Quality Assurance Framework. Examples of processes to be audited will include, but not necessarily be confined to:

- SAW completion and administration.
- Referral completion and administration.
- Safeguarding information retention (Sadler Road).
- Adherence with the requirements of the Handling VP Data Guidance Document.
- Vulnerable person's tracker for content and currency.
- Vulnerable person's case files for structure, content and quality of information.
- An annual report will be submitted at the end of the financial year to the Performance and Overview committee by the DASM.

PART 3 - GUIDANCE SECTION

9. Context

The Service is committed to safeguarding adults at risk by virtue of its LSAB membership and its day to day working arrangements and is committed to the principle that:

'Safeguarding is everyone's responsibility'.

Therefore, all staff and volunteers who have contact with adults at risk, or who have access to information about them, have a safeguarding responsibility.

The Service comes into contact with adults who may be at risk of abuse, neglect and targeted crime as a consequence of incidents as well as prevention and protection activity.

The Service supports adults at risk by providing the following services:

- Inspection of residential care homes and other commercial premises where adults at risk reside including sheltered housing and supported living.
- Home (Fire) Safety Assessments (HSA) to reduce risk from fire.
- Community Groups attending Safety Central to receive training and awareness in all aspects of a safer and healthier lifestyle.
- Attendance at MARAC meetings and liaison with Domestic Abuse Support Services or Domestic Abuse Partnerships to support victims of domestic abuse.
- Liaison with police wherever a hate crime is suspected of being committed, or information is received that a hate crime may be about to be committed. Particularly where there is a threat of arson.
- In accordance with legal responsibilities, partnership agreements and data sharing protocols the Service will share information to assist action by other agencies where resolution of the need is outside the Service's scope and capabilities.
- The Service also liaises with; social care providers, mental health teams, drug & alcohol teams and social landlords amongst others.

10. Governance arrangements for Safeguarding Adults at Risk

Governance arrangements that are external to the Service are overseen by each of the four LSABs. Those arrangements that are internal are overseen by the Prevention Group Manager.

External Governance

The LSM represents the Service on the LSABs for CW&C, CE, and H&W. Where attendance is not possible a deputy must be nominated. Only in extenuating circumstances must apologies for non-attendance be offered.

Each LSAB is local authority led and may be independently chaired. It is the responsibility of the chair of each LSAB to ensure governance arrangements are in place. For example,

terms of reference, meeting schedules, agendas and minutes, business plans, reports and reviews. Attendees are expected to comply with LSAB requirements. If there is doubt as to the legitimacy of a required action the attendee must discuss this with their line manager. The actions of the Service must be within its boundaries and stand up to scrutiny in terms of reasonableness.

Internal Governance

Those managers with specific responsibilities for the Service's adult safeguarding arrangements are:

- The Head of Prevention
- Prevention Group Manager
- Prevention Station Manager with line management responsibility for LSMs
- LSMs.

From time to time other relevant internal stakeholders may be consulted. For example:

- Corporate Communications
- Information Manager
- The Service's legal department

Adult Safeguarding is a standing item on the agenda of the monthly LSM/LA meeting. Guidance on this section of the LSM/LA meeting is provided at Appendix 5.

11. What is safeguarding and which adults are at risk

'Clinical Governance & Adult Safeguarding – An Integrated Process' - 2010 Department of Health (DoH) states:

Safeguarding is a range of activity aimed at upholding an adult's fundamental right to be safe. It is of particular importance for people who, because of their situation or circumstances, are unable to keep themselves safe...

...Safeguarding adults at risk from abuse and harm is everyone's business and is now an important part of everyday public sector service provision'...

Adult safeguarding extends beyond the health sector and the content of what was intended as a DoH specific publication (No Secrets 2000) has now become accepted safeguarding terminology. The same is true of the National Framework of Standards for Good Practice & Outcomes in Adult Protection Work (ADASS).

The definitions below are taken from the publication Clinical Governance & Adult Safeguarding – An Integrated Process (DoH 2010):

What Is Abuse?

Abuse is a violation of an individual's human and civil rights by any other person or

persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm or exploitation.

Forms Of Abuse

Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

Sexual abuse, including rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal of services or supportive networks.

Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse, including racist or sexist abuse, disability, or other forms of harassment, slurs or similar treatment.

Organisational abuse, poor care practice within an institution or specific care setting such as a hospital or care home. Poor practice in relation to care provided in one's own home.

Domestic abuse, an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence.

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

Self-neglect, this covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Abuse may constitute a criminal offence. Where a criminal offence is suspected of being committed, or about to be committed, the matter must be reported to the Police immediately.

Neglect

Neglect and poor professional practice may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems and this is sometimes referred to as institutional abuse.

Neglect may constitute a criminal offence. Where a criminal offence is suspected of being committed, or about to be committed, the matter must be reported to the Police immediately.

12. Mental Capacity

It is appropriate to consider mental capacity for the following reasons:

- The targeting of adults with reduced mental capacity is a method of operation by perpetrators seeking to abuse, neglect or exploit others for personal gain.
- In relation to hate crime, reduced mental capacity is often a factor that gives rise to the targeting of groups, or individuals.
- Adults with reduced mental capacity may lack the ability to receive and understand information, or make informed decisions with regard to their own personal safety.

The Service will offer guidance and support (specific to risk from fire) so that, as far as is practicable, adults at risk may make informed decisions as to home fire safety.

Service personnel will not make professional judgments in relation to capacity.

Understanding mental capacity is important as the raising of an alert may be based on the abuse, neglect, targeting or exploitation of a person for whom a capacity assessment may need to be made.

The provisions of the Mental Capacity Act 2005 will apply. These being:

- A person is assumed to have capacity unless it is established by a qualified professional that they lack capacity.
- 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.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.

- An act done, or decision made, under the Act for, or on behalf of, a person who lacks capacity must be done, or made, in his/her best interests.
- 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.

From time to time there may be doubt as to the adult's capacity to appreciate their risk from fire or retain the guidance and support given. Under these circumstances and the Service must discuss the matter with a suitably qualified professional to express concerns.

The Service will, as needs require, engage in multi-agency case conferencing to assist in reducing risk from fire. As the Service's statutory responsibility extends only to the risk from fire it will not take ownership of matters beyond its scope or expertise. The Service may offer opinion where the decisions of other agencies, impact on risk from fire and Service will always urge that risk from fire be a consideration.

Where the Service believes an assessment, decision or plan is inappropriate the Head of Prevention must be consulted prior to any formal action being undertaken. In certain circumstances consultation with the Service's legal department and the ACFO may be necessary prior to formally informing the management of other agencies of concerns.

13. Attempted suicide incidents

From time to time the Service will attend attempted suicide incidents.

Non-Fire Related Attempted Suicide

Generally, for non-fire related attempted suicides or self-harm incidents the Service will not raise an adult safeguarding alert. For example, calls to a person threatening to jump or other calls to assist Police and/or Ambulance with access and/or rescue.

The agency assuming responsibility for the ongoing welfare of the individual (Police or Ambulance) must instigate their own safeguarding procedures. This must be recorded on an Incident Handover Form and in an informative message to NWFC.

Fire Related Attempted Suicide

Where fire has been utilised as a means to cause self-harm or attempt suicide, personal details must be taken and an Alert initiated. The LSM will assume ownership of further Service involvement, instigate multi-agency dialogue and provide services to assist the individual and those in their proximity who may be at heightened risk from fire.

Outside of normal working hours the DGM will complete the Alert and ensure notification of the matter to the LSM on the first working day. Procedures for case managing vulnerable persons at heightened risk from fire will be initiated.

14. Lifestyle, Self-harm & Self-neglect

Adults may be at risk by choice or through self-harm or self-neglect. Although the criteria for abuse, neglect or targeted crime by a perpetrator may not apply, matters may still be reportable in order to exercise a duty of care toward the adult at risk.

Circumstances may be complicated where the individual is assessed as having decision making capacity but chooses to live in a way that may be regarded by others as being unorthodox, or potentially harmful to themselves or others. Adults who make unwise choices as to their chosen lifestyle have certain rights under the Human Rights Act providing that their decisions or actions do not pose a risk to others.

Adult social care will determine whether those who make choices leading to increased risk will fall within the context of adult safeguarding procedures. It may be that; unless they pose a risk to another who is, or may be, an adult at risk no further action may be taken. Under such potentially complex circumstances the Service must express its concerns without making any formal determination as to the capacity of the individual.

Where self-neglect is evident and there is an immediate risk of harm, an Alerting Manager must be consulted. Whilst an alert may not be required it may be the case that the Service should take action to reduce risk and advise adult social care of the situation. During office hours the Prevention LSM, Station Manager or Group Manager will make this call. Outside of office hours the DGM must consider the needs of the situation and determine whether an alert to the Emergency Duty Team is necessary.

Where an alert is not deemed necessary it must be confirmed that immediate actions have been taken to reduce any risk from fire and that matters are reported to Prevention on the first working day for progression to Social Care. Appendix 4 provides further guidance.

In all cases the Service's responsibility is to focus primarily on the risk from fire. However, interventions such as the giving of advice via HSA are offered services. A householder is not compelled by any legal requirement to accept it, nor does the Service have any power to enforce it, this must be known and understood by partner agencies.

There will, from time to time, be cases where the enforcing powers of the Service will be relevant and under these circumstances consultation between Prevention and Protection will not only be necessary but could prove highly beneficial.

15. Hate Crime

The following definitions have been agreed by the Association of Chief Police Officers and the Crown Prosecution Service:

Hate motivation:

'Hate crimes and incidents are taken to mean any crime or incident where the perpetrator's hostility or prejudice against an identifiable group of people is a factor in determining who is victimised.'

Hate incident (race incident is used here as an example; for other types of incidents substitute 'religion', 'sexual orientation', 'disability' or 'transgender' for 'race' as appropriate):

'Any non-crime incident which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's race or perceived race.'

Hate crime (religious hate crime is used here as an example; for other types of incidents substitute 'race', 'sexual orientation', 'disability' or 'transgender' for 'religion' as appropriate):

'A hate crime is a criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's religion or perceived religion.'

Hate crime is often targeted and based on a lack of understanding of difference and on intolerance. Responses to hate crime are therefore the responsibility of a wide range of public bodies.

Although there are definitions relevant to what constitutes a hate crime it must be borne in mind that any criminal act will require Police involvement at an early stage.

The Service may, from time to time, promote hate crime awareness.

16. Adult Safeguarding Awareness Raising

Arrangements will be made by the Prevention Group Manager to ensure the cascade of information contained in this policy. Mechanisms to facilitate this will include:

- Safeguarding awareness delivered by competent Prevention staff as part of the corporate induction process for all new staff members.
- Periodic policy review by Fire Authority Members and the Service's Senior Management Team.
- Development of Prevention teams by competent staff (GM, SM, and LSM).
- Development of Station Commanders and other Operational staff by competent Prevention staff (GM, SM, and LSM).
- Prevention department liaison with Learning & Development.
- An e-learn module on the learn-pro platform in support of all of the above.

There is information available from local authorities to support adult safeguarding knowledge and understanding. It is for LSMs to secure additional input from skilled local authority staff as may prove beneficial.

Appendix 3 entitled 'general guidance when engaging with adults at risk' provides further information.

17. Serious Case Reviews (SCR) and Internal Management Reviews (IMR)

A SCR may be required where a fatality, or incident involving serious harm, occurs to an adult at risk who is known to, or has been supported by, more than one agency. The Service may request, or be asked to participate in a SCR. It is the responsibility of local authorities, via their LSAB, to have in place arrangements for conducting a SCR.

The purpose of a SCR is to determine whether the occurrence may have been preventable had alternative approaches been considered. If so, the review will establish what if anything can be learnt and how this information may be used to inform future practice.

SCR's will culminate in the writing of a report with conclusions and recommendations (if applicable). It is the responsibility of the Head of Prevention to secure the report from the LSAB. The Head of Prevention will discuss the outcomes of the SCR with the Monitoring Officer and ACFO to agree any Service actions.

Experience has shown that as an alternative to a SCR the LSAB may request that agencies conduct a management review of an incident and their involvement. It will be a matter for the Head of Prevention to liaise with the Service's legal department regarding any approach to the Service for such a review, or participation in a SCR.

18. Information Management

For case management and audit purposes the Service ensures that personal information is obtained, received, processed, used, stored, shared and disposed of in accordance with:

- the Data Protection Act 2018;
- the Information Management, Information Security and Data Protection Policies of the Service; and
- the Data Sharing Agreements and Information Sharing Protocols that the Service has entered into with partner agencies.

The Service has also developed its own guidance document for Handling Vulnerable Persons Data. This document provides management instruction and offers practical support for handling sensitive personal information.

Whenever the Service identifies the need to make an Adult referral, we will at all times, where practicable, inform the occupier. If the occupier does not consent to the Service making the referral we will have to consider our overall duty for the safety of the individual. This will still be in compliance with the legislative responsibilities of the Data Protection Act 2018 and the General Data Protection Regulations.

Appendix 1

Aide Memoire for Expressing a Concern & Raising an Alert

This aide memoire does not replace the need for staff to have an awareness of the Adult Safeguarding Policy.

Abuse, Neglect or Targeted Crime is identified or suspected.



Complete SAW/HSA (if in domestic property)

During Office Hours

Contact an Alerting Manager (LSM, Prevention SM, Prevention GM or DGM) immediately.

The Alerting Manager will report matters of concern to the local authority contact point, either as a safeguarding alert (Abuse or Neglect) or as a general expression of concern.

Police must be notified in the event of a crime or suspected crime.

If the occurrence is in a residential care setting a Protection officer must be informed.

Form VA1 must be completed (action by the Alerting Manager) and forwarded to CommunitySafetyAdmin@cheshirefire.gov.uk

Form VA1 must be forwarded to the local authority contact point by the Alerting Manager.

Out of Hours

Contact DGM.

DGM will exercise judgment in informing the Emergency Duty Team. The DGM will action the alert and process Form VA1 as per above.

DGM will inform local Prevention team (LSM or Lead Advocate) of actions and next steps.

Prevention will take ownership on first business day. If applicable to a residential care setting, Protection at HQ must be consulted.

For allegations against staff the DAM must be informed and specific actions implemented.

Appendix 2

Adult Safeguarding Alert Form VA1.v3

Record of Adult Safeguarding Alert to Local authority

1. Informing the local authority contact point must not be unduly delayed.
2. During office hours, a Prevention LSM, SM or GM will action the alert and process the Form VA1.
3. Out of hours, or in the absence of those stated at 2 (above), the Duty GM will process the alert & VA1.
4. If information is 'not known' please state.
5. Immediate risk reduction measures must be implemented. For example; Police notification, HSA, consider Fire Retardant Letter Box &/or appropriate flag on the mobilising system.
6. Out of hours, the Duty GM must inform the local Prevention team as soon as practicable for the purpose of ongoing case management. If this is via telephone a supporting e-mail must also be sent.
7. The completed Form VA1 must either be hand written or protected by the Alerting Manager to avoid amendment and then presented to Prevention at HQ as soon as practicable. Either personally (if hard copy) or via e-mail to the Prevention Admin mailbox; CommunitySafetyAdmin@cheshirefire.gov.uk (if scanned locally).
8. Form VA1 will be stored in the secure HQ folder and recorded in the register maintained by Prevention at HQ in accordance with the requirements of the Prevention VP Data Handling Guidance Document. E-copy will be retained and the hard-copy will be destroyed following scanning.

Section A: Information about the person at risk			
Date of alert		Has a copy form been sent to the local authority?	
Name		Gender	
Date of birth (if known)			
Gender			
Ethnic Origin (if known)			
Religion (if known)			

Disability or Capacity issues (if suspected):

Address:

House Number/Name	
Street	
Town	
Postcode	

Living Arrangements

	Yes	No
Wholly independent lifestyle		
Care package		
Sheltered housing		
Residential care		

Name of Primary Carer (if known)

Name of GP (if known)

Section B: For use by Alerting Manager

Name:

Role:

Contact Number:

Details of case including matters of concern. Include times, places and any persons present.

Continued...

Information source:		
Is the adult aware of the Alert YES/NO	Is the carer aware of the Alert YES/NO	Is the family aware of the Alert YES/NO
What was their response?		

SECTION C: Local Authority Information

- When contacting the local authority it must be stated clearly that this is an adult safeguarding alert.
- Out of hours, the Duty GM must ask to speak with the out of hours duty social worker.
- Alerts should be confirmed via e-mail submission of VA1 to a named person within the local authority within 48 hours, generally this will be the call handler or social worker to whom the matter is passed.

Name of local authority area.			
Person receiving alert in first instance.		Date	Time
Person alert is being passed onto.			
Is the adult already known to the local authority? YES/NO	If YES, is there an aligned social worker? Name: If NO, who will be the aligned social worker? Name:		

Section D:

General notes; record of conversations including date, time, persons involved and further action to be taken by the local authority and (if required) Fire & Rescue Service. Continue on a separate sheet if necessary.

Continued...

Sign and Print Name:

Date:

Local Authority Safeguarding Telephone Numbers

Cheshire East

Office hours 0300 123 5010

Out of hours 0300 123 5022

Cheshire West & Chester

Office hours 0300 123 8123

Out of hours 01244 977 277

Halton

Office hours 0151 907 8306

Out of hours 0845 050 0148

Warrington

Office hours 01925 44 4239

Out of hours 01925 44 4400

Informing the Duty AM is mandatory where;

- A criminal act has been committed and Police are also immediately informed.
- An accusation is made against a member of the Service.
- The safeguarding matter has occurred in a residential care setting.
- The risk is such that the Service is advising the local authority or Police that an immediate emergency intervention is required.

On all other occasions notification to the Duty AM is discretionary.

Appendix 3

General guidance when engaging with adults at risk

This Appendix provides some general guidance.

- 1 Where the required assistance is within the statutory responsibilities of the Service then standard policies, procedures and service provision will apply.
- 2 Where matters do not fall within the statutory responsibilities of the Service, actions consistent with those that would be expected of any reasonable person and which may be deemed to be reasonably free from risk of significant personal harm must be taken.
- 3 To ignore a person in distress, or not offer assistance, on the basis that; *it was not my job or, I thought someone else would do something*, is not regarded as being in the spirit of reasonableness. Under certain circumstances this could be a neglect of duty or failure to exercise a reasonable duty of care.
- 4 Members of the Service are urged to adopt a sensible risk based approach to assisting and must not accept an unjustifiable level of risk on the basis that they feel an obligation to do so.
- 5 In certain circumstances, where personal risk is high, it will be appropriate to immediately seek assistance. This may include other members of the Service, or an external agency such as Police or Ambulance.
- 6 Members of the Service must operate within the law, their legal responsibilities, their expertise and their capacity.
- 7 Operational, Prevention & Protection staff are those most likely to engage with adults at risk; at incidents, during HSAs or during audits of residential care establishments, sheltered housing, houses in multiple occupation etc.
 - 7.1 In many cases, the capability and capacity of the adult will not prevent a normal standard of service. However, where a standard approach is not appropriate it may be that only the most immediate and basic safety requirements should be put in place. For example, fitting of smoke detectors in a dwelling where there may be none fitted.
 - 7.2 Where any member of the Service believes circumstances to be beyond their expertise the following must be undertaken:
 - Liaise with an LSM in the first instance. Alternatively, Prevention at HQ or Duty GM.
 - LSM may attend or send Prevention staff where Operational or Protection staff require support.

- The LSM may liaise with Prevention at HQ, the Duty GM or any other agency as may be appropriate to the needs of the person at risk. Records of such contacts must be maintained.
- A safeguarding alert must be considered.

8 An adult at risk may have complex needs requiring a range of approaches to be considered. Therefore, it is not possible to prescribe a standard approach, sections (8.1 to 8.5) offer some suggested approaches.

8.1 The lone working policy must be considered, bearing in mind that only Prevention staff and certain Service Delivery staff are trained to lone work (where conditions allow). There will be times where lone working must not be allowed.

8.2 Staff must be adequately briefed as to underlying risk factors prior to any home visits.

8.3 Consideration may need to be given to utilising a mixed gender team to conduct a HSA. It may also, at times, be advisable to avoid situations of one-to-one contact.

8.4 A home visit involving more than one agency may assist when matters are out with the expertise of a single agency.

9 Advice on physical contact.

The guidance in this section applies to physical contact carried out by members of the Service as well as that which may be witnessed by members of the Service. This guidance is not intended to place undue restrictions upon rescue related activities by Operational staff.

9.1 Operational staff will come into physical contact with adults at risk when affecting rescue, or assisting other agencies. A reasonable approach must be adopted and the circumstances of the case appreciated. Physical contact by Operational staff must be appropriate to the assistance that was required.

9.2 Other members of the Service will not generally engage in physical contact unless it is in pursuance of an act for which the guidance in sections 1 to 5 of this appendix applies.

9.3 There may be circumstances where it would be impossible to ensure someone's safety without physical contact. This guidance is intended to ensure that it is appropriate.

9.4 Apart from casualty handling, members of the Service will not normally carry out physical intervention. However, members of the Service are allowed to intervene where, if they were not to, there would be a significant risk to personal safety. For example, stopping a person from wandering across a road or preventing them from hurting another.

- 9.5 Assisting an adult with a mobility need (for example, offering an arm to lean on, or assisting someone to sit in/get up from a wheelchair) is not physical intervention for the purposes of the reporting arrangements set out in 9.6 (below). However, verbal consent must have been given by the person themselves, or by a carer if the person concerned does not appear to have the capacity to give such consent. Contact must be appropriate and witnessed by the carer or, if they are not available, then a second member of staff.
- 9.6 Circumstances with the potential for a complaint that are not related to rescue or casualty handling at incidents, or which are outside of the scope of 9.5 must be brought to the attention of the DGM who should then determine an appropriate course of action. A written account is regarded as being the minimum requirement in the first instance. The matter may require notification to the DAM for information purposes or for additional guidance and support. The complaints procedure must be followed in the event that a complaint is made.
- 9.7 Members of the Service should have an awareness of the limits within which physical contact by any person of any agency should take place and of the possibility of such contact being inappropriate. Two examples worth mentioning are:
- Repeated touching as a style of working or as a way of relating to individuals is not acceptable.
 - Any form of physical punishment is unlawful.

10 Guidance on matters affecting personal safety and dignity at work.

In certain circumstances an adult's behaviour, or their actions, may be uncomfortable, offensive and in some cases pose a danger to themselves or other people.

- 10.1 The Dignity at Work Policy is applicable and the Zero Tolerance statement must be known and understood by all members of the Service. Any member of the Service may draw attention to unacceptable language or conduct directed toward them and request that it must stop. Where the situation does not improve the service may be withdrawn without having to seek consent to do so. The matter must be reported immediately.
- 10.2 Where a member of the Service feels immediately uncomfortable as to their personal safety they must withdraw without hesitation and report the matter immediately.
- 10.3 Where a member of the Service is subjected to harm, or threat of harm, the matter must be reported immediately as an injury or a near-miss. In some cases it will be appropriate to inform the Police without delay and then contact a Service manager.
- 10.4 Mental capacity may be a contributory factor. Where risks are known, due to prior engagement by Service staff, or by communication with other agencies they should be dealt with in accordance with pre-planned arrangements and control measures.

The Service may legitimately seek to obtain information from carers which should be used to assist the safety of staff. This information may include specific behaviours and the possible triggers for this.

10.5 In cases where there may be an unacceptable risk to personal safety during home visits, lone working must not take place. Staff may also be accompanied by a representative of another agency with an ability to deal with any untoward occurrences. For example, a Social Worker, Carer or Police Officer.

11 Station open days & general community engagement events on/off premises.

- 11.1 Any member of the Service whilst representing the organisation, or planning an event, must on all occasions ensure they abide by the guidance in sections 11.2 to 11.5.
- 11.2 Station open days and significant Service led community engagement events, whether on or off Service premises, must be subject to completion of an Equality Impact Assessment (EIA). This is the responsibility of the event organiser.
- 11.3 The needs of individual service users and groups will vary considerably. EIA's must include reference to the roles and responsibilities of those members of other agencies with carer responsibility for the welfare of adults with additional needs.
- 11.4 The event organiser should ensure that additional needs are adequately catered for by those with carer responsibility. No member of the Service shall assume carer responsibility.

Appendix 4

Considerations for Adults with Decision Making Capacity

This guidance applies where the person at risk has been determined by an Approved Mental Health Professional as having decision making capacity but chooses to live in a way that may be regarded by others as being unorthodox or potentially harmful to themselves.

Do they pose a risk to others?

Those that must be considered in relation to case conferencing and clarification on responsibilities may be:

- Approved Mental Health Professional
- Owner or operator of the premises; if sheltered accommodation or residential care.
- Local authority, registered social landlord or private landlord if rented accommodation.
- Adult Social Care – even where they may state they require no involvement it must be borne in mind that they may have expertise to offer and must not therefore be excluded.
- Local Health & Safety Executive.
- Local Authority Environmental Health.
- Police.

If they pose a risk to others

It must be agreed and understood which agency's responsibilities take primacy over all others.

Agencies must fulfill their own responsibilities in support of a satisfactory outcome; particularly where a failure to do so may cause failure of any part of a multi-agency approach.

Accepted Cheshire Fire & Rescue Service Practice

- LSM or Lead Advocate responsible for the area in which the case is relevant will establish a Vulnerable Persons Folder in accordance with the Vulnerable Persons Data Handling Guidance Document and liaise with the Prevention SM and GM as appropriate.
- Where no other agency is taking initial ownership, or instigating a multi-agency approach, it is necessary to identify key agencies and make contact.

- Discuss the relevant circumstances of the case and encourage other relevant agencies to do the same.
- Discuss the responsibilities and powers of each agency and develop a multi-agency action plan which includes the legal powers that may be invoked and by whom.
- Agree the action plan which must encourage the proactive involvement of the adult and be personalised to their needs.
- It is suggested that one agency be nominated to act as the lead agency through which all contact will be co-coordinated. Ordinarily this should be the agency with primary legal responsibility. This will avoid a fragmented approach involving multiple contacts and a feeling of being harassed on the part of the individual concerned. Generally, the Service will not take the role of lead agency.
- Agree timely follow-up meetings to discuss progress against actions and next steps.
- Maintain records in accordance with CFRMIS and the Vulnerable Persons Data Handling Guidance Document. Ensure VP folder created and tracker updated with relevant information.
- It must be borne in mind that; certain provisions within the Human Rights Act might apply. The individual may be entitled (in law) to live according to their own wishes providing they pose no risk to other person's or property, or are not in contravention of any legal requirements placed upon them. Under these circumstances agencies though acting in the best interests of the individual may be operating outside of their powers as well as in contravention of the Act – legal advice must be sought.

Appendix 5

Terms of Reference for the Standing Agenda Item 'Adult Safeguarding'

The meeting within which the agenda item will recur as a standing item comprises the following members;

- Prevention GM, Prevention SMs, LSMs and LAs
- Other staff members may, from time to time, attend due to the value of their sector expertise. For example; Legal and Communications.

Scope

The aim is to confirm policy, procedures, develop practice and share experiences in relation to the safeguarding of adults at risk.

Frequency

These meetings are held monthly.

The Terms of Reference

By working together the group will strive to provide the best possible safeguarding service for adults at risk; to protect the person from the risk of fire and enhance their quality of life via referral of other matters to partner agencies as appropriate.

The group will:

- Be focussed on reducing the risk from fire.
- Challenge current practice where there is scope for further improvement.
- Inspire and enable positive changes in policy, custom and practice.
- Share lessons learned and develop best practice – both internally and externally.
- Raise awareness of the safeguarding adults agenda across Cheshire Fire & Rescue Service.
- Support the development of meaningful partner relationships and multi agency collaboration.
- Support and develop a culture of appropriate alerts and notifications to other agencies.
- Strive to ensure that dignity in service provision and personalisation of services to suit the specific needs of the individual is of paramount importance.
- Will accept and respect the legal rights, freedoms and personal choices of certain vulnerable people to live independently which, at times, may involve a degree of risk.

Appendix 6

Allegations against Staff & Volunteers

1 Introduction

This Appendix offers guidance in relation to a complaint or allegation made against an employee or volunteer.

2 The initial allegation or complaint

- 2.1 An allegation or complaint may be made by an adult at risk, family member, member of the public or member of the Service.
- 2.2 When an allegation or complaint is made against any staff member the Duty GM must be informed immediately. The Duty GM must quickly gather information to inform the Duty AM and duty PO of the facts. The Employee Relations Manager or a HR Business Partner must be appointed as soon as is practicable.

3 Informing Police & local authority

- 3.1 Discussion will take place between the Duty GM and AM as to whether a complaint constitutes a crime or an allegation of abuse. In some cases the local authority or the Police may have made the notification to the Service. The Service's Designated Adult Safeguarding Manager (DASM) must be consulted so that other agencies requiring notification are considered and required actions instigated.
- 3.2 There will be an agreed approach to notifying the local authority DASM or the police; the DGM, DAM, DASM and DPO will agree who is to action the notification and be the designated point of contact.
- 3.3 Where the individual's continued presence in the workplace would be untenable, suspension procedures will be invoked in accordance with the Service's disciplinary policy/procedures.
- 3.4 The decision to suspend a staff member will rest with the Duty AM (as a minimum) with advice from the assigned HR representative. The Duty PO will be informed. It must be made clear to the employee that suspension is not a disciplinary action and does not involve prejudgement.

4 The Investigation

- 4.1 The Service's DASM will maintain ongoing contact with the local authority DASM and/or Police.
- 4.2 Where an allegation constitutes a potential criminal offence the Police investigation will take precedence over internal investigations. The actions of the Service must not

compromise the integrity of the Police investigation. An internal investigation may therefore be placed on hold pending the outcome of the Police investigation.

- 4.3 If, in consultation with the local authority DASM and Police, the complaint is not of a serious nature, it may be agreed that a Service manager will investigate and the matter be dealt with in accordance with internal procedures.
- 4.4 Internal investigations into an allegation made against staff or volunteers will be conducted according to the Service's complaints and disciplinary procedures. This will include the subject of the complaint being informed of the nature of the complaint and their right to representation.
- 4.5 Under certain circumstances an allegation may require a multi-agency meeting and external investigation in accordance with the safeguarding procedures of the local authority. This may be led by the local authority DASM, or another appointed body, and involve a number of other agencies including Police. Matters identified during such an investigation may have the potential to then cause commencement of a criminal investigation at a later stage.

5 Support for staff

- 5.1 Support for staff who are the subject of a complaint, disciplinary or criminal investigation will be offered in fulfilment of the Service's responsibilities as an employer.

6 Support for the alleged victim

- 6.1 The alleged victim, being an adult at risk, will be supported by his or her own family or by an identified person from the local authority or Police.

7 After the complaint has been investigated

- 7.1 If the allegation is proved to be unfounded the Service will give consideration to any requests for support from an employee/volunteer who has been under investigation.

Appendix 7

The Designated Adult Safeguarding Manager (DASM)

1. Introduction

- 1.1 From April 2015, the Care Act 2014 requires that there should be a process for every organisation under the umbrella of a Safeguarding Adults Board to respond to concerns raised about a person within that organisation who may have harmed or who may pose a risk to adults.
- 1.2 LSABs may require that each member of the Board nominates a DASM responsible for the management and oversight of individual complex cases and coordination where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid within that organisation.
- 1.3 Within the Service the DASM is the Group Manager (Prevention).

2 Background

- 1.1 Sometimes the behaviour of a person who works with adults or children may impact on their suitability to work with adults at risk and DASM's have an important role to play to make sure there are proper responses to such situations by organisations.
- 1.2 DASM's will already have an operational leadership role in their organisation and a significant level of expertise and knowledge in adult safeguarding. They also now have a number of additional responsibilities including:
 - Maintenance of contact with their counterparts in partner organisations
 - Highlighting the extent to which their own organisation prevents abuse and neglect
 - Supporting the activity required to ensure that their organisation meets its safeguarding responsibilities
 - Providing advice, guidance and expertise as necessary to employees of their organisation
 - Monitoring the progress of cases to ensure that they are dealt with fairly, thoroughly and as quickly as possible
 - Working with care and support providers and other service providers to make sure that employees are referred to the DBS and/or regulatory body.
 - Making sure that systems are in place to provide the employee with support and regular updates in respect of the safeguarding investigation
 - Make sure that appropriate recording systems are in place that provide clear audit trails about decision-making and recommendations in all processes relating to the management of safeguarding allegations
 - Ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements.