Adults at Risk – Safeguarding
(Policy & Procedure)

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<tr>
<td>Author</td>
<td>D/Inspector (Public Protection Unit)</td>
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December 2015
Policy

Statement

Merseyside Police is committed to the protection and wider safeguarding issues of Adults at Risk. The abuse of any Adult at Risk is unacceptable. The Force will, therefore, work collectively with its partner agencies to prevent abuse whenever possible and to deal successfully with any incidents that do occur.

Aims

This policy aims to support a common framework that helps all responsible partner agencies work together for the protection of Adults at Risk. It is designed to enable a consistent and effective response to any circumstances giving grounds for concern. These may range from formal complaints to simple informal expressions of anxiety. The overall intention is to ensure that all reasonable prevention measures are taken and that all incidents are thoroughly investigated.

This policy is underpinned by procedures designed to give clear, definitive and unambiguous direction for all those involved in its implementation.

Objectives

The main objectives of this policy are to;

a) Improve the quality of service to Adults at Risk
b) Increase the number of reports of identified vulnerability to Merseyside Police
c) Introduction of a consistent referral mechanism for each Local Protecting Vulnerable Persons Units (PVPU)
d) Ensure reporting and recording of crimes against Adults at Risk is compliant with National guidance
e) Increase active involvement with partner agencies to ensure the safety of Adults at Risk
f) Ensuring all allegations are thoroughly and consistently investigated via the entire multi-agency network.
g) Increase the number of offenders brought to justice.
h) Increase the use of Special Measures for Vulnerable Witnesses
i) Ensure that all relevant officers and staff are aware of their respective responsibilities

The policy has a number of broad and specific objectives relating to different activity. These include:

- Promotion of all victim and witness support services available within the Criminal Justice System for Adults at Risk.
- Ensuring all relevant incidents of abuse are brought to the attention of the Local PVPU
Application and Scope

All police officers and police staff, including the extended police family and those working voluntarily or under contract to Merseyside Police must be aware of, and are required to comply with, all relevant policy and associated procedures.

This policy document sets out principles to help guide decision making and is in some parts quite prescriptive. However, it is vital that officers and staff have the freedom to innovate, exercise discretion and take risk based decisions centred on the needs of the victim and the merits of each case. Non-statutory policies, including College of Policing APP, provide guidance only. They are ‘living documents’ and it is recognised that there may be a better way of doing this. Accordingly, if staff depart from a policy but are able to give a good rationale for their actions, and have acted with honesty, integrity and professionalism, to make the best decision for the community we serve, they will be trusted and supported. 1

All officers and staff will be held accountable for the adoption of this policy. Chief Officers and managers will show strong leadership in addressing relevant issues.

The Chief Officer lead for this policy is the Assistant Chief Constable with responsibility for Matrix Serious and Organised Crime.

Outcome Evaluation

The Head of the Public Protection Unit, reporting via the governance arrangements that cover Protective Services, will evaluate outcomes on a regular basis.

Based on outcomes, the PPU will amend policy and develop responses that keep people safe and hold perpetrators to account without stereotyping, stigmatising or making assumptions about any given individual or community.
Procedure

Version History

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<tr>
<td>16/05/2013</td>
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1. Introduction

1.1 Abuse of Adults at Risk is widespread, but frequently unrecognised in our society. Abuse can take place in any situation; care setting or hospital as well as at home. Perpetration of abuse may be by someone in a position of trust, power or authority that uses his or her position to the detriment of the health, safety or welfare and general well being of an Adult at Risk. The perpetrator may be a relative, friend or family member, those charged with a voluntary or professional care role, another service user or a stranger.

1.2 The circumstances in which harm and exploitation occur are known to be extremely diverse, as is the membership of the ‘at risk’ group.

1.3 An Adult at Risk’s vulnerability is determined by a range of inter-connecting factors including personal characteristics, factors associated with the situation or environmental and social factors.

1.4 Personal characteristics of the Adult at Risk that may increase their vulnerability include:

- Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions
- Communication difficulties
- Physical dependency – being dependent on others for personal care and activities of daily life
- Low self esteem
- Experience of abuse
- Childhood experience of abuse

1.5 Personal characteristics of the Adult at Risk that may decrease their vulnerability include:

- Having mental capacity to make decisions about their own safety
- Good physical and mental health
- Having no communication difficulties or having appropriate equipment/support
- No physical dependency or if needing help, able to self direct care
- Positive former life experiences
- Self confidence and high self esteem

1.6 Social/ situational factors that increase the risk of abuse may include:

- Being cared for in a care setting. i.e. More or less dependent on others
- Not receiving the right amount or the right kind of care
- Isolation and social exclusion
- Stigma and discrimination
- Lack of access to information and support
- Being the focus of anti-social behaviour
1.7 **Social/situational factors that decrease the risk of abuse may include:**

- Good family relationships
- Active social life and a circle of friends
- Able to participate in the wider community
- Good knowledge and access to a range of community facilities
- Remaining independent and active
- Access to sources of relevant information

Not having

- Need for intimate personal care
- Living in the same household as a known abuser
- Family history of abuse or violence
- History of alcohol or drug misuse in the family or others in contact with the person
- Members of same household have poor physical or mental health
- Carer lacks the necessary understanding of a person's illness / disability to be able to offer the most appropriate care
- Carer feels obliged to care and feels that their time/effort is not valued (These circumstances can give rise to feelings of guilt, resentment or anger, which could lead to abuse)
- Adult is dependent on others or others dependent on them.
- Existence of financial problems
- Difficulty/breakdown in communication

1.8 The experience of abuse and neglect is likely to have a significant impact on a person’s health and welfare. By its very nature abuse has a large impact on a persons independence. Neglect can prevent a person who is dependent on others for their basic needs exercising choice and control over the fundamental aspects of their life and can cause humiliation and loss of dignity.

1.9 Merseyside Police officers and staff should respond to all incidents of abuse against Adults at Risk in line with force values. They should, at all times, be:

a) Informative (explaining what will happen and when)
b) Courteous (treat everybody with dignity and respect at all times)
c) Professionalism (competent, courageous, firm but fair with honesty and integrity at all times)
d) Accountable (taking ownership and being realistic with members of the public)
1.10 The safeguarding duties in relation to Adult at Risk apply equally to organisations including NHS, Local Authorities and the Police. Local authority statutory Adult Safeguarding duties apply equally to those adults with care and support needs, this is regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of the setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. Senior representatives of these services can seek advice from the local authority if they encounter challenging issues relating to adult safeguarding matters.

2. Definitions

2.1 Adult at Risk

2.1.1 Adults at Risk are anyone:

Aged 18 years or over and

a) Appears to have needs for care and support (whether or not the local authority is meeting any of those needs) and

b) Is experiencing, or at risk of, abuse or neglect and;

c) as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect

2.1.2 Age can be a factor in vulnerability, but age alone does not make a person vulnerable.

2.1.3 The adult experiencing, or at risk of abuse or neglect will hereafter be referred to as the ‘Adult’.

2.1.4 It is known that Adults at Risk may be likely to suffer abuse, particularly those with learning difficulties or mental health problems. In cases of Domestic Abuse, Honour based Violence and Forced Marriage, many of those individuals will not have the capacity to consent to the marriage or consent to consummate the marriage.

2.2 Care and Support Needs

2.2.1 There are three conditions:

a) The Adult’s needs arise from or are related to physical or mental impairment or illness.

b) As a result of the Adult’s needs he/she is unable to achieve two or more of the specified outcomes listed below.

c) As a consequence of being unable to achieve these outcomes there is, or is likely to be, a significant impact on wellbeing – including the Adult’s ability to protect themselves from abuse and neglect.
2.2.2 Specified Outcomes

- Managing and maintaining nutrition.
- Maintaining personal hygiene.
- Maintaining toilet needs.
- Being appropriately clothed.
- Being able to make use of the home safely.
- Maintaining a habitable home environment.
- Developing and maintaining family and other personal relationships.
- Accessing and engaging in work, training, education and volunteering.
- Making use of necessary facilities or services in the local community.
- Carrying out any caring responsibility for a child.

2.3 Safeguarding

2.3.1 Safeguarding means protecting an Adult's right to live safely, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the Adult's wellbeing is promoted, including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding any action. This must recognise that Adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

2.3.2 Safeguarding adults can include any work or activity, which aims to support adults at risk to retain:

- Independence
- Well being
- Choice

And to be able to live a life that is free from abuse and neglect.

2.4 Vulnerability

2.4.1 Vulnerability may result from an environmental or individuals circumstances or behaviour, indicating there may be a risk to that person or another. Those who come to the notice of the police as a 'adult at risk', will require an appropriate, protective, safeguarding response. Additional factors to vulnerability may include mental health, disability, age or illness. Appropriate multi agency intervention is required, especially in cases of repeat victimisation.

2.4.2 The Care Act 2014 places statutory obligation on the police to safeguard and protect Adults at Risk. Officers now have a new statutory responsibility to identify and safeguarded Adult at Risk though the Vulnerability Assessment Framework (VAF) which is a simple tool to identify vulnerability in all adults that officers come into contact with E.g. victim/suspect/witness/member of the public.
2.4.3 The VAF is broken down into five checklist items:

A – Appearance and atmosphere: What do you first see? Including physical problems
B – Behaviour: What is the individual/s in distress are doing? Is this in keeping with the situation?
C – Communication: What is the individual/s in distress says? How are they saying it?
D - Danger: Whether the individual/s is in dangers and will their actions put other people in danger?
E - Environment: Where are the individual/s situated and is anyone else there?

2.4.4 If any three of the ABCDE are identified then appropriate safeguarding action must be taken and a Vulnerable Persons Referral Form (VPRF1) must be completed and submitted to the relevant PVPU

2.5 Abuse

2.5.1 A broad definition of Abuse is “The misuse of power by one person over another”. The more specific standard definition is “A violation of an individual's human or civil rights by any other person or persons”

2.5.2 Abuse may consist of a single act 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 an ‘adult at risk’ 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 to, or exploitation of, the person subjected to it.

2.5.3 The Law Commission has suggested that another key concept is 'significant harm' which helps to determine how serious or extensive abuse must be to justify intervention. "Harm' should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development.

2.6 Examples of abuse

2.6.1 Physical abuse – ‘Physical ill treatment of an adult, which may or may not cause physical injury’. This includes hitting, slapping, pushing, kicking, misuse of medication and force feeding. Physical abuse can occur in situations where people are caused unjustifiable physical discomfort. This can be through care being withheld, preventing access to health care or the application of inappropriate techniques or treatments. It can include forced isolation and confinement, for example people being locked in their room and inappropriate methods of restraint.

2.6.2 Sexual abuse – ‘Any form of sexual activity, including rape and sexual assault, that the adult does not want and to which they have not consented, or to which they cannot give informed consent or were pressured into consenting’.

2.6.3 Psychological or emotional abuse - This may be intentional or unintentional. It may involve the use of intimidation, indifference, hostility, rejection, threats, humiliation, shouting, swearing or the use of discriminatory and/or oppressive language, threats of harm or abandonment, deprivation of contact, blaming, controlling, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
2.6.4 **Financial or material abuse** - This is the exploitation, inappropriate use or misappropriation of a person's financial resources. Withholding money or the improper use of a person’s money or property or denying the rights of an adult who may be competent to handle their own affairs. Also pressure in connection with wills, property or inheritance.

2.6.5 **Neglect and acts of omission** - This is the deliberate withholding or unintentional failure to provide help or support which is necessary for the adult to carry out activities of daily living. Neglect also includes a failure to intervene in situations that are dangerous to the person, particularly when the person lacks the mental capacity to assess the risk.

2.6.6 **Discriminatory abuse** - This is motivated by discriminatory and oppressive attitudes towards race, gender, cultural background, religion, physical and/or sensory impairment, sexual orientation and age.

2.7 Any or all of the above types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance. The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important, therefore, when considering the appropriateness of intervention, to approach reports of incidents or allegations with an open mind. In making any assessment of seriousness the following factors need to be considered:

a) The vulnerability of the individual  
b) The nature and extent of the abuse  
c) Duration of the abuse  
d) The impact on the individual  
e) The risk of repeated or increasingly serious acts involving this or other Adults at Risk

2.8 **Abuse by another adult at risk**

2.8.1 Where a person causing harm is also an Adult at Risk the safety of the person who may have experienced the abuse must remain paramount. The needs of the alleged victim need to be addressed separately to the needs of the person who has allegedly caused the harm. The principles and responsibilities of reporting a crime apply regardless of whether the person causing the harm is deemed to be an adult at risk. Within the Care Act 2014, all agencies are obliged to identify arrangements, consistent with the principles and rules of fairness, confidentiality and data protection for making records available to those adults at risk affected by, and subject to, an enquiry. If the alleged abuser is using care and support then information about their involvement in the safeguarding enquiry, including the outcome should be included in their care record. If, after assessment the individual continues to pose a threat to other people this should be included in information passed to service providers or other people who need to know.
2.9 **Allegations against carers who are relatives or friends**

2.9.1 It is essential to remain open minded when responding to allegations and be aware of the potential impact on carers when allegations are subsequently deemed to be unfounded.

2.9.2 The Care and Support Statutory Guidance issued under the care Act 2014 indicates that the assessment of both the carer and the adult they care for must include consideration of both their wellbeing. Section 1 of the Care Act includes protection from abuse as part of the definition of wellbeing. As such, a needs or carer’s assessment is an important opportunity to explore the individual’s circumstances and consider whether it would be possible to provide information, or support that prevents abuse or neglect from occurring, for example by providing training to the carer about the condition that the adult they care for has or to support them to care more safely. Where that is necessary then the local authority should make arrangements for providing it.

2.10 **Making Safeguarding Personal**

2.10.1 Making safeguarding personal means it should be person-led and outcome-focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. See also [Making Safeguarding Personal](#).

Always ensure that vulnerabilities are identified and addressed on Vulnerable Persons Referral Form 1

3. **Roles and Responsibilities**

3.1 **Notification**

3.1.1 Reports of suspected or actual Adults at Risk abuse can come to police attention from a number of sources including:

- Victims
- Relatives and their representatives
- NHS
- Coroners
- Adult Social Care
- Other statutory bodies
- Concerned Informants (‘Whistle Blower’)
- Police officers identifying concerns through routine contact with the public
- Inspectorates and regulators

3.1.2 Often reports may relate to on-going concerns. Occasionally they may be via an emergency call relating to a violent incident in progress or on-going situation within a family, residence or any other situation where abuse is taking place.
3.2 Receiving Reports

3.2.1 Any allegation, however received must attract a response. If received via FCC, at a police station or in person, an officer should be directed to attend in order to make an initial assessment as per the Call Response Policy.

3.2.2 The majority of referrals are likely to be made from Adult Social Care directly to the relevant Local PVPU and an investigation begins with the referral. When not made directly to the PVPU, anyone receiving a report is responsible for notifying the PVPU as soon as practicable and completing the prescribed VPRF1 Form.

3.2.3 All reports of Adult at Risk abuse should be recorded in compliance with National Crime Recording Standards. Information and decisions made should be recorded in a format that is accessible to the Local PVPU and attributable to the reporting officer.

3.3 The Force Contact Centre (FCC)

3.3.1 If the report is made via a Control Room the receiving Call Handler will be the first point of contact for the informant. The Call handler should establish as much detail as possible to support a thorough investigation. A victim or witness making a report of ‘Adult at Risk’ abuse may not identify it as such. This therefore requires Call Handlers to ask all relevant questions to identify reports clearly as Adults at Risk.

3.3.2 When an Emergency or Priority Response is required the FCC operator must:

a) Prioritise the safety of the caller, victim and any other potential victims and give safety or other advice required:

b) Keep the caller on the line (any background noise from an emergency call or other tape recorded calls to communication centres could be used as evidence as well as allowing monitoring of the incident).

c) If the suspect has left the scene, advise the caller to lock and secure their premises and return to the phone.

3.3.3 In all cases, Emergency or Non-Emergency (Priority or Scheduled), the following information to be obtained should include:

a) Location and identity of person making report and the capacity in which they are making the report e.g. family member /neighbour/carer.

b) Nature of incident or concern

c) Location of the incident

d) Location and identity of the victim

e) Location and identity of any suspect and identity of any other parties involved

f) Have any parties been injured, if so is medical assistance required

g) Have any weapons been used

h) Are any weapons available to the suspect

i) Have any special needs of the victim been identified ie, language, disability etc.

j) Record details of the demeanour of the victim, suspect or witness

k) Take a first account of what the caller says has occurred and record it verbatim

l) Has the victim had a history of adult services involvement

m) Are there any children present

n) Details of the victims GP
3.3.4 Depending on the circumstances of the incident FCC operators should give basic advice about preserving any forensic evidence from the victim, scene or offender until the police arrive.

   a) Not to move any items  
   b) Not to clean up or tidy the house  
   c) The victim is not to wash or take a shower  
   d) The victim not to change their clothing  
   e) Not to allow children, relatives, neighbours or animals to enter the areas where the incident has taken place

3.3.5 The Storm log should be endorsed with the qualifying code of Adult at Risk and include the nature of the offence.

3.4 Considerations for first officers at scene

3.4.1 Officers must attend as soon as possible. If they are delayed for any reason, this must be passed onto the Control Room so that the informant/victim can be kept informed.

3.4.2 Officers attending any incident should be prepared to identify issues that affect the safety and welfare of victim, children, other members of the public, police officers and suspect. This is especially relevant in dealing with violent incidents e.g. Domestic Abuse, but may also apply in less obvious circumstances such as reports of antisocial behaviour or neighbour nuisance. Consideration should be given for the needs of victim, Achieving Best Evidence and the requirement of an intermediary/advocate

3.4.3 The likelihood of a prosecution in the future should not inhibit an officer from basic communication with a victim to determine their welfare. Care should be taken, however, to ensure that speaking to the victim is confined to establishing the persons safety, asking for the minimum amount of information and using open questions to enable the person to give a brief account of anything that has occurred. (e.g. identify any offences, suspect(s) and the scene and any information to preserve evidence).

3.4.4 As soon as the welfare of the person has been established or the officer has determined that the person is at risk of harm or has been harmed, the conversation should be brought to a close so that it does not constitute an interview. If an interview is conducted, this should be in accordance with the principles of "Achieving Best Evidence" and "Using Special Measures".

3.4.5 Officers should communicate with the person in a way that is appropriate to their understanding and ability. Conversations with the person should be conducted in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information. Officers should avoid leading and suggestive questions.

3.4.6 A record should be made of the content of the conversation, the timing, setting and people present.

3.4.7 It may be helpful to have an adult supporter present while the officer establishes the victim’s welfare. Where this is an option, the supporter should only have a presence in the interview; they should not be a witness in the case and should not take an active role
in the questioning. However, if it is apparent that the victim does not understand any questions then the supporter should be confident in informing the officer.

3.5 **Key considerations when investigating in healthcare settings**

3.5.1 The investigating officer’s task at the outset is to decide whether the incident is an expected outcome of an individual’s illness, the result of care and treatment that was necessary and proper, results from an error or mistake, or demonstrates wilful harm, neglect or recklessness of an individual or demonstrates the liability of an organisation.

3.5.2 Organisational liability is an important consideration in light of the Corporate Manslaughter and Corporate Homicide Act 2007 and the offences of Ill Treatment and Wilful Neglect under Section 20 of the Criminal Justice and Courts Act 2015.

3.5.3 The following considerations will help the investigating officer assess an incident in a structured way:

- Is the incident the expected outcome of the individual’s illness?
- Is the incident the result of care and treatment that was necessary and proper?
- Does the incident appear to be an unintentional error/mistake?
- Does the incident suggest an intention to kill or commit grievous bodily harm?
- Does the incident suggest that an individual(s) is liable? If so, does the incident suggest manslaughter, an unlawful act or gross negligence?
- Is there evidence of ill treatment or wilful neglect under the provisions of the Mental Capacity Act 2005 or under Sections 19 and 20 of the Criminal Justice and Courts Act 2015?
- Does the incident suggest that the organisation is liable? If so, then as a minimum the following conditions must be met: did the failings occur before or after the commencement of the [Corporate Manslaughter and corporate Homicide Act 2007](https://www.legislation.gov.uk/ukpga/2007/13); does the organisation come under the jurisdiction of the Act; is there a relevant duty of care; is the organisation covered by an exemption; is there evidence of senior management failure and is that failure a gross breach of the duty of care; did that gross breach lead to the death.

3.5.4 Investigating officers must have enough evidence and information available to reach an objective judgement in the first 3 circumstances detailed above. This may include the opinion of a pathologist, expert adviser and CPS lawyer. They should also have had access to healthcare documentation including any investigation report carried by the healthcare provider. In cases of death they should report their conclusions to the Coroner and, where appropriate, offer them to families and relatives.

3.5.5 Most errors and mistakes in healthcare are entirely unintentional and are investigated by the NHS under their own procedures which emphasise the importance of learning and improvement, not seeking to apportion blame. Where appropriate, the investigating officer can ask to be kept informed of the outcome of any such investigation through the incident coordination group. Information provided by the NHS may help the investigating officer make an objective decision as to whether to commission an investigation.
3.5.6 Cases concerning possible homicide, grievous bodily harm or investigations into large scale ill-treatment or neglect should be investigated in accordance with the provisions of the Murder Investigation Manual 2006.

3.5.7 The police will lead investigations if a serious criminal offence (other than under health and safety law) is suspected. However, it is important that the knowledge and expertise of the regulatory enforcing authorities such as the Health & Safety Executive and the Care Quality Commission are properly harnessed in any corporate manslaughter investigation.

3.5.8 Always consider in cases of an unexplained death in a care home or allegations of neglect, the preservation of any scene or the recovery of evidence is crucial. It is important that that the Care Plan is seized along with medication, personal records, food and hydration records and details of any specialist requirements that the adult may have had. This information may become vital at any future inquest or investigation. (See Section 3.14 Deprivation of Liberty Safeguards)

### Scene Protection

3.6.1 Protection of the scene of crime should be a consideration in all cases, including those where there is a time lapse between the report and the alleged offence.

3.6.2 The initial protection of the scene should be achieved by taking the following action:

- **a)** Secure, preserve and control the scene to limit any access until sufficient information is available to make an informed assessment of the situation;
- **b)** Note that the victim is the primary scene and should be treated as such.
- **c)** Remove people and animals from the identified areas of activity, and where practicable from the whole area;
- **d)** Establish physical secondary scene parameters – potentially the whole of the premises;
- **e)** Note that the suspect(s) should also be treated as a scene, and other persons at the premises may also be scenes;
- **f)** Note that the suspect’s actions following the incident may create further sites of forensic interest;
- **g)** Dependent upon the severity of the incident, consider erecting cordons and appointing a loggist, to record persons entering and leaving. The extent of an enquiry can always be scaled down. If the initial actions taken to preserve the scene do not comply with preservation protocols they may compromise the investigation;
- **h)** Consider any potential areas of contamination that could affect the integrity of evidential material;
- **i)** Request that a CSI attends or record the reasons why one was not requested or did not attend;
- **j)** Establish a work base in a safe area of the premises;
- **k)** Ensure the scene is photographed or videoed, where necessary, as soon as possible;
3.7 **Notifying the Multi-Agency Safeguarding Hub (MASH)**

3.7.1 Officers should notify the Multi-Agency Safeguarding Hub (MASH) of all cases that cause concern regarding an Adult at Risk. The notification should be in writing on Form VPRF1 (pages 2, 4 and 8) and forwarded electronically to the relevant MASH. The MASH will have responsibility for collating all information regarding the welfare and safeguarding of the Adult at Risk and for liaising with Adult Social Care and other agencies on those issues.

3.7.2 Timeliness of notification to the Local PVPU will be monitored by the MASH using Niche.

3.8 **Onward Referral Process**

3.8.1 Officers may attend an incident where no further police action is required but they have concerns that the person is vulnerable or may have mental health needs. In these circumstances the officer will complete a Form VPRF1 for ‘Vulnerable Adult’, detail what the concerns are, and then forward the VPRF1 to the relevant MASH. The MASH will create an information referral on NICHE with a brief synopsis of the concerns and the referral will then be closed using the ‘mental health’ dropdown option if necessary, detailing the fact that this is now an onward referral to Adult Social Services and that there are no outstanding issues for the police.

3.8.2 The PVPU has no further involvement and are not required to contact Adult Social Services for an update, unless of course, other issues come to light when the appropriate department have seen the individual which may require a police investigation.

3.8.3 If concerns are identified and the victim is not open to either Adult Social Care or Mental Health services then it must be recognised that the agency may not accept the VPRF1 as a formal referral. Therefore, when deemed appropriate, it is important that personal contact takes place with the Local Authority to discuss the concerns and the need for such a referral. If any officer remains dissatisfied with the response then the case should be escalated via supervision to the appropriate team manager and Adult Social Care.

3.9 **CHANNEL: Supporting Individuals Vulnerable to Recruitment by Violent Extremists**

3.9.1 Channel uses existing collaboration between local authorities, the police, statutory partners (such as the education sector, social services, children’s and youth services and offender management services) and the local community to:

- Identify individuals at risk of being drawn in to violent extremism
- Assess the nature and extent of that risk
- Develop the most appropriate support for the individuals concerned

3.9.2 Merseyside Police Channel Project is based at Headquarters within Special Branch. The project aims to support vulnerable individuals who are being targeted and recruited to the cause of violent extremism, which historically have included Vulnerable Adults with Learning Disabilities, Autism Spectrum Disorder (ASD including Aspergers) and Mental Health issues. For further information and details of how to make a referral please see Channel – Tackling Terrorism and Extremism.
3.10 Mental Capacity Act 2005

3.10.1 The majority of the Mental Capacity Act 2005 came into force in 2007. The Act sets out a number of key principles that run throughout the Act and which should govern decisions and interventions in relation to people lacking capacity. These include the principle that capacity should be assumed unless otherwise shown, and that unwise decisions do not necessarily mean that a person lacks capacity. The Act defines lack of capacity, and states that interventions have to be in people’s ‘best interests’, and should be the least restrictive consonant with those best interests.

3.10.2 It provides legal protection for people who provide care and treatment for a person lacking capacity, so long as they have done so reasonably and in good faith. The Act prohibits excessive restraint of a person and it contains separate rules about going beyond restraint and instead depriving a person, lacking capacity, of his or her liberty.

3.10.3 The Act has created a new offence of wilful neglect or ill treatment of a person lacking capacity. The offence can be committed by anyone responsible for the adults care and support. Ill treatment covers both deliberate acts of ill treatment and also those acts which are reckless which results in ill treatment.

3.10.4 The issues around capacity and consent are largely covered by the Mental Capacity Act 2005. The Act provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. This applies whether the decisions are life changing events or everyday matters. The North West Police Forces have an agreed protocol with North West Ambulance Service to ensure that adults who lack mental capacity and are refusing advice or care, receive care that is in their best interests using the least restrictive means necessary.

3.10.5 The Act sets out core principles and methods for making decisions and carrying out actions in relation to personal welfare, healthcare and financial matters affecting people who may lack capacity to make specific decisions about these issues for themselves.

3.10.6 The Act states that a person lacks capacity in relation to a matter if, at the material time he/she is unable to make a decision for him/herself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain.

3.10.7 A person is unable to make a decision for him/herself if he/she is unable:

   a) To understand the information relevant to make the decision and/or
   b) To retain the information and/or
   c) Use or weigh up that information as part of the process of making the decision and/or
   d) To communicate the decision (whether by talking, using sign language or any other means intermediary/advocate)

3.10.8 Issues of capacity and consent are central both in deciding whether an act or transaction was abusive and in deciding to what extent the person can, and should, be asked to make decisions about how they want the incident dealt with. During the investigation process, it is essential that the investigator is certain that the abused person fully understands the nature of the concerns and the choices facing them. It should never be assumed that because the person lacks capacity in respect to one area, that it equates directly to another situation. A single assessment approach should be made in relation to the presenting issue.
3.10.9 An assessment in respect of capacity should:

   a) Relate to the timing and nature of a particular incident
   b) Be undertaken by a person with expertise relevant to the abused person
   c) Consider whether the person is able to understand or retain the information relevant to the decision to be made
   d) Consider whether the person is able to make a decision based on that information
   e) Be fully recorded in the case file

3.10.10 Circumstances where the abused person is considered to lack capacity might include those:

   a) Where the person does not know that they have a decision to make
   b) Where the person does not understand the choices available or the consequences of those choices
   c) Where the person cannot communicate their decisions. Every effort must be made to assist the persons understanding of the situation and the communication of their wishes

3.11 Mental Capacity Advocacy Service

3.11.1 The Act introduces several new roles, bodies and powers, all of which support the Act’s provisions. One of the new services is the Independent Mental Capacity Advocacy (IMCA) Service, which introduces the new role of the Independent Mental Capacity Advocate (IMCA). This service provides independent safeguarding to support people who lack capacity to make important decisions who have nobody to support them.

3.12 Office of Public Guardian

3.12.1 The Office of the Public Guardian (OPG) protects people in England and Wales who may not have the mental capacity to make certain decisions for themselves, such as about their health and finance.

3.12.2 The OPG also help people plan ahead for someone to make certain important decisions for them, should they become unable to do so because they lack mental capacity. Mental Capacity Act 2005.

3.12.3 The Office of the Public Guardian has a safeguarding responsibility to protect and act in the best interests of donees of powers of attorneys and clients of Court of Protection (CoP) deputyships.

3.12.4 The Public Guardian is able to release personal information about attorneys/deputies under Section 29 of the Data Protection Act 1998, if it reasonably believes that the information it holds can assist the Police in the prevention or detection of crime.

3.12.5 Contact the Office of the Public Guardian if you have concerns regarding an, attorney or a deputy, eg the misuse of money or decisions that aren’t in the best interests of the person they’re responsible for.
3.13 **Requirement of Local Authority**

3.13.1 It is the Local Authority’s duty under Section 42 of the Care Act 2014 to make enquiries or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

3.13.2 The Local Authority must cooperate with each of its relevant partners in order to protect the adult. In turn, each relevant partner must also cooperate with the Local Authority.

3.14 **Deprivation of Liberty Safeguards (DoLS)**

3.14.1 The Deprivation of Liberty Safeguards (DoLS) are an integral part of the Mental Capacity Act 2005. They aim to ensure that people aged 18 or over who do not have the capacity to make decisions about their care and treatment, are looked after in a way that does not inappropriately restrict their freedom. They can apply to hospital patients, residents of care/nursing homes, supported living, and even those in their own homes.

3.14.2 The Deprivation of Liberty Safeguards (DoLS) provides protection to people in hospital and care homes. DoLS applies to people who have a mental disorder and do not have the capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment.

3.14.3 Requests for authorisation to deprive someone of their liberty, if considered in the person’s best interests, are made through the local authority supervisory body. All decisions on care and treatment must comply with the MCA and the DoLS Codes of Practice. In some cases of serious dispute, it may be necessary for the Local Authority to apply to the Court of Protection.

3.14.4 In December 2014 the Chief Coroner has advised that anybody who dies whilst under a DoLS has died in state detention, and under the 2009 Coroners Act, any death in state detention must be reported to the Coroner and an inquest held. As a result, GPs/hospital doctors can no longer issue a death certificate, even if the death is due to natural causes. These deaths must be reported to the Coroner via the police, therefore officers will now have to attend at the location and take a report of death in such circumstances.

3.14.5 When attending a death, the officer must now:

   a) Enquire if the deceased was subject to a DoLS and if so
   b) Inform the family that the death will be reported to the Coroner and an inquest held
   c) Inform the duty Detective Inspector
   d) Obtain as much accurate information as possible on the Form 97, which should then be scanned onto Niche and forwarded to the relevant coroner’s officer via secure e-mail at the earliest opportunity
   e) Ensure the Form 97 is marked/highlighted DoLs

3.14.6 This has the potential to bring officers into conflict with grieving families, as many of them will not understand why the death of their relative must be investigated by the police/coroner. Officers should reassure the families that the Coroner will prioritise these cases and will conclude the subsequent inquest in the shortest possible timescales.

3.14.7 For further information about DoLS, Chief Coroner’s Guidance No. 16 and Deprivation of Liberty Safeguards
3.15  Coroner

3.15.1 The Coroner may have specific questions arising from the death of an Adult at Risk. These are likely to fall within one of the following categories:

- Where there is an obvious and serious failing by one or more organisations;
- Where there are no obvious failings but the actions taken by one or more organisations requires more exploration;
- Where a death has occurred and there are concerns for others in the same household or other setting (such as a care home);
- Where a death falls outside the requirement to hold an inquest but follow up enquiries/actions are identified by the coroner or his or her officers.

3.16  Triage Car

3.16.1 The Triage Car (TC) is currently being piloted across Merseyside. It aims to improve the service provided to the people of Merseyside, who the police encounter and who may be experiencing difficulties with their mental health or learning disability. This is achieved by intervening at the earliest opportunity and directing people to the most appropriate service available.

3.16.2 The car provides an initial point of contact for officers who encounter incidents which have a mental health element. Those officers are expected to stabilise incidents and if possible contact the TC before exercising their police powers.

4.  Investigation and Prosecution

4.1  Consent

4.1.1 It is always essential in adult safeguarding to consider whether the Adult at Risk is capable of giving informed consent in all aspects of their life. If able, their consent should be sought. This may be in relation to whether they can give their consent to:

   a) An activity that may be abusive: if consent to abuse or neglect was given under duress then this apparent consent should be disregarded;

   b) Safeguarding enquiries going ahead in response to a concern that has been raised. Where the Adult at Risk with capacity has made a decision that they do not want any action taken and there is no public interest or vital interest considerations, their wishes must be respected. The person must be provided with the information and have the opportunity to consider all risks and fully understand the likely consequences of that decision over both the short and long term.
4.2 **Investigation Management**

4.2.1 An effective investigation will require that the principles set down in the [Core Investigative Doctrine 2005](#) are adhered to.

4.2.2 The management of the investigation should be consistent with any plan agreed at the strategy discussion/meeting.

4.3 **Recording**

4.3.1 At all stages in the investigative process, prompt and accurate recording of information, decisions made, the rationale behind those decisions, actions agreed and outcomes is vital.

4.4 **Strategy Discussion**

4.4.1 A strategy discussion takes place at the initial stages of the investigation between supervisors from both Local Authority Adult Services and police who will record any decisions or actions agreed. This can be held in a number of ways including telephone and e-mail.

4.5 **Strategy Meeting**

4.5.1 A strategy meeting is a face-to-face meeting with all relevant individuals to agree how to progress with the referral. This will include reviewing the need for additional enquiries, planning enquiries, assessing risk and agreeing interim protection arrangements.

4.5.2 The meeting should be attended by the supervisors from both Local Authority Adult Services and police and where possible the investigating officer(s), together with representatives from other agencies if appropriate.

4.5.3 During the meeting there will be an exchange of information and any actions agreed along with who has responsibilities for those actions will be accurately minuted. Strategy documents should be retained and/or disposed of as per Merseyside Police [Records Retention and Disposal Schedule](#).

4.5.4 Escalation Procedure - Concern or disagreement may arise over another professional’s decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry.

4.5.5 Professionals should attempt to resolve differences through discussion, however if the professionals are unable to resolve differences their disagreement must be addressed by a line manager.

4.5.6 Most day-to-day inter-agency differences of opinion will require a Care Line Team Leader, or Local Authority adult social care team manager to liaise with their first line manager equivalent in the relevant agencies.

4.5.7 If agreement cannot be reached following discussions between the above first line managers, the issue must be referred without delay through the line management to the equivalent of service manager, Detective Inspector or other designated senior professional.
4.5.8 The professionals involved in this conflict resolution process must date and contemporaneously record each inter-agency discussion they have. If professional differences remain unresolved, the matter must be referred to the heads of service for each agency involved. **LSAB Escalation Procedure**

4.6 **Intermediaries**

4.6.1 Examination of a witness through an intermediary is one of the special measures under S29 of the Youth Justice and Criminal Evidence Act 1999 and should be considered at the earliest opportunity. Intermediaries are trained professionals approved by the Home Office whose role is to help improve the quality of evidence of any vulnerable witness in an interview or in court. The intermediary is independent and does not pursue their own line of questioning.

4.6.2 The Intermediary scheme is available to persons considered vulnerable for one or more of the below reasons:

a) A witness who is under the age of 17 at the time of the hearing;

b) A witness who suffers from a mental disorder within the meaning of the Mental Health Act 1983, or who has a significant impairment of intelligence and social functioning, or who has a physical disability or disorder. In these cases, the court must be satisfied that the quality of the evidence given by the witness is likely to be diminished owing to the mental disorder etc.

4.6.3 The use of a registered intermediary is required as they operate in accordance with a Code of Practice and a Code of Ethics. [Full Guidance](#)

4.6.4 If an intermediary is utilised during an interview, the vulnerable person must be interviewed by a trained vulnerable witness (Achieving Best Evidence) interviewer.

4.7 **Special Measures**

4.7.1 Under the provisions of section 16 and 17 of the Youth Justice and Criminal Evidence Act 1999, Special Measures apply to all vulnerable witnesses under ss.23 to s.30 of the Act to be utilised at Crown Court.

4.7.2 Special Measures apply to both prosecution and defence witnesses but not to the defendant.

4.7.3 Special measures are designed to put vulnerable witnesses on the same footing as all other witnesses by ensuring they receive the necessary support and assistance to give their best evidence.

4.7.4 The measures include:

- Screening the witness from the accused
- Evidence by means of a live TV link
- Evidence given in private in cases involving sex/intimidation offences
- Removal of wigs and gowns
- Video recorded evidence in chief
- Aids to communication (signers, interpreters, pictorial techniques etc)
- Use of intermediaries
4.8 Victim Personal Statement Scheme (VPS) 2013

4.8.1 A VPS is a written or video recorded statement that gives victims of crime an opportunity to tell criminal justice agencies and the courts about how a crime has affected their lives. Whilst the VPS should not contain an account of the crime it is still an 'evidential' statement made under section 9 of the Criminal Justice Act 1967. As such the statement is shared with the defence if the case goes to court and the victim can be cross-examined about its contents.

Victim Personal Statements – Officer Guidance

VPS (for Victims of Crime)

Revised Code of Practice for Victims of Crime

4.9 Interpreters

4.9.1 Officers should consider the use of translation or interpretation services when working with children and families whose preferred language is not English. If an interpreter is required, it must be ascertained that the interpreter is not known to the person to be interviewed, unless in a professional capacity. This would include an interpreter who lives in the same community as the suspect or witness. Where possible, the witness or suspect’s preference as regards gender, religion or cultural background should be accommodated and, when possible, different interpreters should be used for the suspect, victim and witnesses.

4.9.2 Officers should not use family members, in particular children, to interpret unless as a last resort and then only to establish facts that might secure the immediate safety of all parties. Where a member of the family or member of the public interprets at the scene, their details should be recorded.

4.9.3 In preference to using a child or family member, officers should consider using a telephone interpreting service, the use of such a service should be limited to preliminary enquiries. The force currently uses CAPITA Translation and Interpreting Services (formally known as Applied Language Solutions) for all language services, including face to face interpreters. Similar considerations apply when communicating with children who have a disability that renders communication difficult.

4.9.4 CAPITA will provide the following services:

- Face to face
- Telephone interpreter services
- Translation and British Sign Language services

4.9.10 When an interpreter is required for telephone interpreting, officers should contact CAPITA on 0800 496 1508 and provide the PIN number: 900005. Officers will be asked to provide their name, the language of the required interpreter and a brief explanation for the purpose of the call.
4.9.11 When an interpreter is required for face to face interpreting, officers should access this service via the icon Interpreter Services which can be found on force systems:

- Click on blue Interpreter Services icon on desk top
- Enter your user name and password
- Capita customer portal will populate
- Click on place or trace a booking
- Enter user name – 900005
- Enter password – aFD359GFkf

Language Assistance for Non-English Speakers

4.10 Safeguarding Adults Board (SAB)

4.11.1 Safeguarding Adults Board is the partnership of statutory and non statutory organisations that provide joint working arrangements and strategic leadership for safeguarding adults. This is supported by a range of sub-groups.

4.11 Safeguarding Adult Reviews

4.11.1 Safeguarding Adult Reviews (SAR) replace Serious Case Reviews in adult safeguarding. Introduction of the Care Act 2014 delivers responsibility to Safeguarding Adults Board to arrange a safeguarding adults review in the event of an adult dying as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

4.11.2 SAB must also arrange a SAR if an adult has not died, but SAB knows or suspects that the adult has experienced serious abuse or neglect. Serious abuse or neglect should be considered where an adult would have died but for the intervention, or the adult has suffered permanent harm or has reduced capacity or quality of life as a result of the abuse or neglect. SAB can also organise a SAR whenever it feels it is appropriate.

4.12 Individual Management Review

4.12.1 Once a decision is taken to conduct a Safeguarding Adult Review (SAR) an Individual Management Review (IMR) of the police involvement with the Adult at Risk should begin, or sooner if a case gives rise to concerns within the individual police force. A review requires objective criticism of safeguarding adult procedures and is intended to be an independent process without the participation of those involved in the case.

4.12.2 Those conducting an internal review should not have been directly involved with the adult or family, or have managed those who were involved with the family. The purpose of such a review is to look openly and critically at individual and organisational practices to identify the potential for change.

4.12.3 A senior manager of the police force should be informed whenever a review may be called for. That person should be a senior officer responsible within the force for commissioning the review and should also be responsible for ensuring that recommendations are acted upon. When the review report is completed there should be a process for feedback and debriefing of the staff involved.
4.12.4 The Local Safeguarding Adults Board (LSAB) should commission an overview report that collates and analyses the findings of the individual management reports from other agencies. It should also make recommendations for future action. Following publication of this report there may also need to be a follow up feedback session if the LSAB raises new issues for the police and or individual members of staff involved.

4.12.5 Efforts should be made to encourage staff to participate honestly and openly in the review process and not be inhibited by disciplinary issues. Safeguarding Adult Reviews are not part of any disciplinary process but information that emerges may indicate a need for discipline action and further enquiries. Reviews may also be conducted concurrently with disciplinary action. Where appropriate, Internal Management Reviews should be conducted to include regular communication with Professional Standards departments. Findings from the review should be incorporated into the staff development and action planning process.

4.13 **Persons at Risk Unit (PRU)**

4.13.1 The Persons at Risk Unit provides assistance and protection to threatened, intimidated and vulnerable persons, including victims or potential victims of Honour Based Violence (HBV)/Forced Marriage (FM).

4.13.2 Having carried out a risk assessment, if there are features that indicate a significant threat to the individual, and it is believed that there is a need for support from the Persons at Risk Unit, advice can be sought and a referral made to the Unit. They will assess each case, make recommendations and offer any relevant support which may include emergency accommodation. The Persons at Risk Unit may support the individual or refer them to the North West Protected Persons Service should this be appropriate.

4.13.3 The Persons at Risk Unit can be contacted on extension 75864 during office hours. Outside office hours an on-call service is provided using 07921 399149. This is a message service and a call back will be provided, usually within one hour.

4.13.4 See North West Protected Persons Service and the Persons at Risk policy for more details.
5. **Victim Care**

5.1 **Initial Assessment of Needs**

5.1.1 At the point where the victim is being spoken to and information obtained to complete a crime report on Niche, the officer/staff member dealing MUST undertake an Initial Assessment of Needs (IAN) with the victim.

- [Initial Assessment of Needs Flowchart](#)
- [Initial Assessment of Needs Questions](#)

5.2 **Guidance when the victim does not want to prosecute**

5.2.1 Where a victim does not want to proceed with a prosecution the police should be mindful of Article 2 of the Human Rights Act 1998, 'rights of the victim', whereby the right to life shall be protected by law. Therefore, if a victim does not want to proceed any further with the case it does not necessarily mean that the case is no longer investigated by the police or considered by the Crown Prosecution Service (CPS). Other available evidence should always be considered.

5.2.2 A withdrawal statement should be taken stating why the victim is withdrawing. The CPS will ask the police why they think that the victim is withdrawing and to state the level of risk posed to the victim, children and other person’s safety. Police and CPS should explore ALL options fully. In some cases the violence is so serious, or previous history shows a real and continuing danger to the victim, children or other person, that the public interest in going ahead with a prosecution may outweigh the victim’s wishes.

5.2.3 Consideration should be given as to whether continuing with the prosecution would put the victim at increased risk.

5.2.4 The CPS will decide whether:

- a) It is possible to continue with the case without the victim’s evidence.
- b) It is in the public interest to do so.
- c) A hearsay application could be made.
- d) The victim should be compelled to give evidence.

5.2.5 Close consultation is required between the police and CPS as cases can be prosecuted on behalf of the public at large and not in the interest of any particular individual.

5.3 **Victim Withdrawal Statements**

5.3.1 Where an individual wishes to withdraw their complaint a full withdrawal statement will be obtained as soon as possible. The statement should, where possible, be taken by an officer from the PVPU. The statement should explain:

- a) Why the victim has withdrawn support;
- b) Whether the original statement was true;
- c) Whether the victim has been put under any pressure
- d) Who the victim has discussed the matter with
5.3.2 If it is suspected that the victim has been pressured or frightened into withdrawing the complaint, further investigation will be undertaken. If the victim’s evidence is not the same as the original complaint, guidance can be sought from Appendix 2 of the force Domestic Abuse Policy (Dealing with suspected false allegations).

5.3.3 The statement of withdrawal will be forwarded to the Crown Prosecution Service using form MG20. A report will also be submitted on the relevant form MG6 as unused material, and will contain the following details (without duplicating the withdrawal statement):

a) the officer’s views on the case, including the veracity of the statement, any suspicions of witness intimidation or pressure (if not already included in the withdrawal statement), and a general assessment of the reasons given by the victim
b) views on how the case should be dealt with, including proceedings against the victim’s wishes
c) how the victim might react to being compelled to give evidence
d) details of any identified risks to the safety of the victim, children or any other person
e) details of the support available to the victim (for example, access to an IDVA or any other support organisation)
f) whether any voluntary sector support organisation or IDVA has expressed a view
g) the likely impact on the victim and any children of proceeding or not proceeding with the case
h) In a sensitive manner the victim should be told that making a withdrawal statement will not automatically mean that the case will be dropped and that they may still be required to attend Court.
i) Any withdrawal statement should prompt a revised risk assessment and safety plan for the individual.

6. **Police Officers or Staff as Victims or Perpetrators**

6.1 Merseyside Police recognises that there may be both victims and perpetrators of vulnerable adult abuse within the organisation.

6.2 Police Officers and staff who commit such offences should not be seen or treated any differently from any other perpetrator and should be investigated and held accountable through the Criminal Justice System.

6.3 Victims of such offences are encouraged to report the matter to a supervisor, or seek the advice and support of the local PVPU, Occupational Health Unit, or any of the Staff Associations.

6.4 Guidance in relation to the arrest of police officers and staff is contained with the Professional Standards Department (PSD) Guidance for PSD On-Call Officers, Duty Superintendents and Force Incident Managers, is available upon request from PSD.
## Appendix A – List of Offences

The following list is not exhaustive but outlines particularly useful offences that may be applicable to Adults at Risk.

### Offences Against the Person:
- Common Assault - S39 Criminal Justice Act 1988
- Assault occasioning Actual Bodily Harm (ABH) - S47
- Wounding/Causing Grievous Bodily Harm (GBH) - S20
- Wounding/Causing Grievous Bodily Harm (GBH) with Intent - S18
- Threats to Kill – S16
- Attempting to Choke or Strangle – S21
- Administering Poison – S23-25

### Homicide:
- Murder - Common Law
- Familial Homicide - S5 Domestic Crime and Victims Act 2004

### Use or Threat of Force:
- False Imprisonment – Common Law
- Kidnapping - Common Law

### Public Order Act 1986:
- Affray – S3
- Threatening behaviour – S4
- Disorderly behaviour – S5

### Mental Capacity Act 2005:
- Ill-treatment/neglect of a person who lacks mental capacity – S44

### Mental Health Act 1983:
- Ill-treatment of persons on unsound mind – S127

### Suicide Act 1961:
- Aiding or abetting suicide – S2

### Sexual Offences Act 2003:
- Rape – S1
- Sexual Assault by penetration – S2
- Sexual Assault – S3
- Causing Sexual activity without consent – S4
- Offences against persons with a mental disorder impeding choice – S30-33
- Offences where there are inducements to persons with a mental disorder – S34-37
- Offences by care workers against persons with a mental disorder – S38-41

### Theft Act 1968:
- Theft – S1
- Robbery – S8
- Burglary – S9
- Deception – S15
- False accounting – S17
- Suppressing or destroying documents – S20 (1)
- Procuring the execution of a valuable security by deception – S20 (2)
- Blackmail – S21

### Fraud Act 2005:
- Fraud – S1 and S2

### Criminal Justice and Courts Act 2015:
- Sec 20 ill treatment or wilful neglect: care worker offence
- Sec 21 ill treatment or wilful neglect: care provider offence
Appendix B – Related Information

Adult Safeguarding Improvement Tool
Adult Safeguarding Consolidated List of Resources- http://www.local.gov.uk/care-support-reform-
/journal_content/56/10180/7521881/ARTICLE
Authorised Professional Practice – Major Investigation and Public Protection
Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing victims and
Witnesses, and using Special Measures (2011)
Mental Capacity Act 2005
‘Making Safeguarding Personal’
Office of the Public Guardian
Safeguarding Adults – A National Framework of Standards
Victim Care – Guidance
Vulnerable and Intimidated Witness Guidance

Crime Recording and Allocation Policy
Critical Incident Procedure
Domestic Abuse Policy
Missing Person Policy
Rape and Serious Sexual Assault Policy
Hate Crime Policy
Honour Based Violence and Forced Marriage Policy
Mental Ill Health Policy
Stalking and Harassment Policy

Safeguarding Adults;
Department of Health
Liverpool – Safeguarding Adults Procedure
Knowlsey – Safeguarding Adults Procedure
Sefton – Safeguarding Adults Procedure
St Helens – Safeguarding Adults Procedure
Wirral – Safeguarding Adults Procedure